



The Healing Church and Its Ministry*

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The church has almost always had difficulty in knowing how to respond to the Lord's command to heal. In responding to other imperatives—to preach, teach, baptize—the church has usually known how to develop a missionary plan of action, but the imperative to heal has been avoided. The Lutheran Church, while noted for its social ministry and its strong commitment to pastoral care and hospital chaplaincy, shares this embarrassment concerning a healing ministry along with most other Christians.

The church's state of embarrassment is matched with a general state of confusion in the public sector. The expectations for health of most people in our society and the vested interests of so many constituencies in providing health care services make it difficult at best to have a coherent conversation on issues of health policy and practice. We have become victims of our own myths. There is no general agreement as to the nature of health, the purpose of a health care system, or the healing ministry of the church.

I. THE NATIONAL AGENDA: COMMITMENT TO HEALTH

In 1979 the Public Health Service released *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*. The thesis of the report is that if our nation is to improve the health of its citizens, it must reorder its present priorities in health care and put a greater emphasis on the promotion of health.¹

In a speech at the meeting of the Catholic Health Association on June 2, 1981, Secretary Schweiker of the Department of Health and Human Services spoke of a determined effort toward health promotion and health protection. He

*The Division for Mission in North America, Lutheran Church in America, commissioned a study in health care so that it might review ways to expand its health promotion ministry. The study was written by the Reverend Ralph E. Peterson, formerly pastor of St. Peter's Lutheran Church, New York, New York, and the essay which appears here is excerpted from that considerably larger work with minor revisions.

¹"Healthy People: The Report and the Prospects," *Focal Points* (Atlanta: U.S. Department of Health and Human Services; February, 1980) 1-8.

pointed out that a health strategy with prevention as its core offers us many ways to foster health with a minimum of federal involvement and personal expense. To quote from that speech:

Prevention, it is said, has been a step-child of our health care system. But we

intend to see that change. In the years ahead our continuing challenge will be to devise ways to help Americans embrace healthy, nondestructive ways of life. This is consistent with our tradition of individual responsibility and personal choice. Hospitals, volunteer organizations, professional groups, government at all levels—all must get involved. We need to emphasize more than the role of treatment in health. We must see the importance of behavior. But government cannot mandate it. Nor can we enforce it. We can only choose it—freely and for ourselves.²

A recent move by leaders of the American Hospital Association, the American Medical Association, the Blue Cross and Blue Shield Associations, The Business Roundtable, the Health Insurance Association of America, and the American Federation of Labor and Congress of Industrial Organizations to cooperate in a major voluntary effort to control the cost of health care is a significant response. As reported in the January 14, 1982, issue of the *New York Times*, the leaders saw themselves as “part of the problem so they must also be part of the solution.”

II. THE RELIGIOUS COMMUNITY AS A RESOURCE FOR HEALTH

The irony of our current national crisis in health is that much of the renewed interest in health promotion is directed toward developing a role that the religious communities once assumed. The vocation to serve as a “healing community” has its origin in the life and teaching of Christ. The Jewish community has a strong tradition in functioning as a “community health maintenance organization.” However, despite strong interest in counseling and hospital chaplaincy, American congregations have not developed their potential as a resource for health.

Religious institutions form by far the largest network of voluntary associations in American society. Yet, for reasons both ideological and historical, their role has been frequently overlooked in discussions of health policy. The churches and synagogues can no more be overlooked in considering health than can the labor movement, the corporations, or the schools. Indeed, as we recover the importance of the family, we recover the significance of religion as well. Religious institutions are significant not only as players in the public realm, but they are also significant in the ways that people order their lives and values at the most concrete and local level of their existence.³

The Lutheran Churches, more than almost any other denomination, have provided important national leadership in the health field. Fritz Norstad and

²Richard S. Schweiker, unpublished address given at Dallas before the Catholic Health Association, June 2, 1981.

³The Mediating Structures and Public Policy Project, directed by Richard John Neuhaus and Peter Berger, provides important insight into the rediscovery of the congregation as a public resource.

Granger Westberg urged the church to “get back into health care” decades ago. It is only recently that many of us have really understood the scope of their vision. The consultation on Health and Healing in March 1980, sponsored by the Wheat Ridge Foundation, is an important national breakthrough. The Vesper Society, founded by Eugene Heckathorn in California and inspired by the Evangelical Academies in Germany, has continued with an innovative quest for health. The

Institute for Human Ecology has undertaken a major research project in human values. The potential contribution from Lutheran initiative for a renewed understanding of a health ministry in our country is exciting. It might also be true that this potential is recognized more outside the church than within it.

Norman Cousins has observed,

The health care system must be converted into a healing system. Then the healing system must be connected to the belief system. We must once again discover how to potentiate ourselves. There is a climate for change. People are as dissatisfied with health institutions as they are with religious institutions. Once again we must connect with the tradition. At the heart of our dilemma is the question: What is a human being? We no longer understand the gift of life.⁴

Once again we must connect with the tradition. This states most clearly the challenge to the religious community. In developing a major proposal for connecting with the tradition of healing, Merrill M. Clark has suggested four fundamental questions that need to be faced by American denominations: How much and in what ways *are* religious resources now used to provide health services of all kinds? How much and in what ways *could* religious resources be used to provide health services of all kinds? How much and in what ways *should* religious resources be used to provide health services of all kinds? In what manner and by what means would such an imperative be realized?⁵

III. AFFIRMATIONS ON HEALTH CARE: A MISSIONARY MANDATE

The gospel and the tradition of the church affirm that health is life as God intended it to be. Humanity, according to the Scriptures, is created “in the likeness of God” (Gen 1:26-27). To be like God, through the gift of God, is the essence of our human being and of life. For us to fulfill ourselves as created in the image and likeness of God, we must be the temple of God’s Spirit. One either chooses life by the grace of God and the power of the Spirit—the “abundant” and “eternal” life given by God in creation and salvation through Jesus Christ—or one chooses death. The whole pathos of human existence consists in this choice, whether we are aware of it or not. To choose life is the way we show ourselves to be in the image and likeness of God. Health for the Christian is to choose consciously the way of life.

The Church as the Body of Christ is called to be a community that chooses

⁴Private conversation with Norman Cousins in Los Angeles on December 20, 1980.

⁵Merrill M. Clark, “A Proposal: Religious Resources for the Health of Americans,” (unpublished typescript, February 16, 1981) 12.

life and promotes health in its most comprehensive terms: individual, communal, societal, global, and cosmic. We minister in the name of Jesus by: (1) respecting the image of God through reverence for what is human in birth, growth, sickness, suffering, and death; (2) nurturing the healing life of the People of God gathered around the altar to celebrate God’s presence; (3) sharing the healing love as we live our liturgy in service with our families, community, and society; (4) promoting the health of all humankind, preventing disease, and healing those who are

ill; and (5) fostering the physical, emotional, social, and spiritual well-being of all persons.

Health is Ministry: The Gospel and Christian Tradition.

Health in the perspective of Scripture means wholeness, having “fullness of being” (Eph 3:19). This is not only physical wholeness, but mental, emotional, and spiritual wholeness as well. “May God make you holy in every part, and keep you sound in spirit, soul, and body” (1 Thes 5:23). Health in Scripture is not only individual wholeness, but it is a social and institutional wholeness as well. “In Christ the whole building is bonded together and grows into a holy temple in the Lord” (Eph 2:21). Jesus Christ is the Divine Healer who comes to restore health. He healed people’s physical and spiritual ills. “Jesus healed all who were ill to make good the prophecy of Isaiah, ‘He took away our illnesses and lifted our diseases from us’” (Matt 8:16-17). He came to make us fully human and to enable us to realize our dignity as creatures made in the image of God. Jesus said, “I have come that you might have life and have it in all its fullness” (John 10:10).

Jesus’ acts of healing stand out as dramatic high points in a ministry of reconciliation. His teaching and preaching were linked to his healing. He gave sight to the blind, enabled the lame to walk, and cured the leper. He demonstrated that illness is an opportunity for God to prove his love for his people rather than an expression of punishment. “Jesus’ disciples put the question, ‘Rabbi, who sinned, this man or his parents? Why was he born blind?’ Jesus answered, ‘...he was born blind that God’s power might be displayed in curing him’” (John 9:2-3). From the earliest New Testament times the ministry of the church has included healing. “Is one of you ill? Send for the elders of the congregation to pray over him and anoint him with oil in the name of the Lord” (Jas 5:14). We follow Jesus in the work of healing, for individuals as well as for the community, when we care for the ill and when we work to restore and maintain health in all aspects of human life.

The sacraments are essential to the healing ministry. Baptism gives us a new birth in Christ, the genuine life of God. This new life is made possible by “the seal of the gift of the Holy Spirit.” This chrismation, in which the candidate’s body is anointed with oil, has been restored in our most recent American Lutheran liturgy. “It is God also who has set his seal upon us and as a pledge of what is to come has given the Spirit to dwell in our hearts” (2 Cor 1:22).

The new life in Christ and the Holy Spirit in the Church is nourished and sustained in the mystery of the Eucharist, the Holy Communion. The mystical supper of the Son of God is the center of our life and of the life of the Church. For the Christian there is no life or health without it. “I am the bread of life....

If anyone eats of this bread, he will live forever; and the bread which I shall give for the life of the world is my flesh” (John 6:48-51). So it is that in the great Lutheran tradition of the ministry of pastoral counseling and soul care, illness and suffering have been seen in the context of the mystery of victorious life in the Body of Christ.

Scripture affirms that all human beings are created in God’s image. This dignity is the source of the reverence that we have for what is God-like in every human being. Health care is a basic right because it is essential to this human dignity. The healing ministry of the church expresses this reverence for life when it speaks out for justice and works for liberation of people from social and environmental conditions that have become obstacles to the wholeness of God’s creation.

Health is Stewardship: The Christian Responsibility for Health

Health is not something “provided” by “providers.” Health is not a product that can be purchased from doctors or hospitals. Health is wholeness; it is life as God intends it to be. Health is a responsibility that is given to us as stewards of creation. Either we live in an unending process of life and growth in union with God or else we are in an unending process of decomposition and death by returning to the dust of nothingness out of which we were formed.

We are given responsibility to be the stewards of our human bodies. There is an ambiguity in Scripture concerning the expression “the flesh” just as there is with the expression “the world.” In some cases “flesh” is used positively to mean “the fullness of human existence.” “The Word became flesh and dwelt among us, full of grace and truth” (John 1:14). It is also written that on the day of Pentecost God poured out the Holy Spirit “on all flesh” (Acts 2:17). The word “flesh” here carries no negative meaning. It is the affirmation of the positive nature of created material and physical being, exemplified by Christ who commands us to “eat of my flesh” (John 6:53).

In other parts of Scripture, particularly in the writings of Paul, the expression “the flesh” is used in the same negative way as “the world.” It is a catchword for godless and unspiritual existence. “For those who live according to the flesh set their minds on the things of the flesh....To set the mind on flesh is death, but to set the mind on the Spirit is life” (Rom 8:5-6). However, Paul also makes the distinction of glorifying God with our bodies. “The body is not meant for immorality, but for the Lord....Your body is a temple of the Holy Spirit...so glorify God in your body” (1 Cor 6:13-20).

As stewards of creation, we must be careful about the ambiguity in “the world,” “the flesh,” and “the body.” God’s creation is not evil. Material existence is not evil. Human flesh is not evil. It becomes evil when human beings treat the created world and human flesh as objects of idolatrous adoration and godless desire. For the Christian there can be no health if we worship the creature rather than the Creator.

As stewards of God’s creation and the gift of our human bodies, we must not think of the church’s health ministry as a special kind of “religious life” different from life itself as we have received it in creation by God. There are not two lives, natural and religious. There is one life. We have been given one body and are to live it with God.

Stewardship involves caring for what God entrusts to us as partners in creation. As stewards, we are caretakers, exercising care in overseeing the proper use of the gifts of creation. We care for persons, for ideas, for ideals, for institutions—we care for ourselves and our bodies. To care implies being productive and creative. Caring persons are “generative” persons, to use the terminology of Erik Erikson.⁶ The opposite of generativity is stagnation. As we move in our journey from birth to death, a growth in our capacity to care is growing into our vocation of stewardship. Care binds individuals, families, neighborhoods, communities, nations, and indeed generations together. This vocation to care, this responsibility as stewards of creation, is exercised in a number of ways:

a. *As individuals.* We respect our own life and dignity when we adopt a lifestyle that enhances our health and well-being. In gratitude and with reverence, we act as stewards when we choose life and health.

b. *As families.* The family is the primary setting for health education. The household has a unique responsibility to promote the health of its members. It is the “little church,” the “little healing community” that is the source of primary care. In its education and catechesis it motivates and informs its members in the disciplines of health. The household unit has great opportunity to be a source of strength to one of its own with chronic or terminal illness. A household reaching out to another family or individual through compassion and care can be a source of Christ’s healing presence.

c. *As congregations.* The congregation also has a primary role in the health ministry. In its liturgy and through its prayer it brings the healing touch of the Lord. In its support of fellowship and visitation the “caring network” is extended. It promotes health as it equips and enables its people to realize their ministry through service. In advocating for the rights of others and in showing concern for the community environment it fulfills another important role in its health ministry.

d. *As churches and judicatories.* The church at large is responsible for a corporate witness of the health ministry. In collaboration with its institutions and agencies it affirms a Christian understanding of wholeness. In relationships with ecumenical, governmental, and professional groups, opportunity exists to find new ways to promote the health of its people, as well as others, within its boundaries.

Health is Witness: The Christian Presence in the Public Arena

It is important to recognize that public policy has an enormous impact on health care in our society. The church has the responsibility to bring its values to the social and political order. The government, working for the common good, has an essential role in protecting the right of all people to adequate health care services.

While we affirm the independence of church and state, it is equally important to affirm that the absence of dialogue about religion and politics serves

⁶Erik H. Erikson, *Life History and the Historical Moment* (New York: W. W. Norton, 1975) 243.

neither the church nor the state. A discussion of health policy must begin with the church expecting neither favoritism nor discrimination for health care facilities that are religiously sponsored. However, we should also be clear that acceptance of separation of church and state is not to be used to separate the church from society. To accept this reduces the church to a purely private role and prevents the church from fulfilling an essential dimension of its healing ministry: preaching the Gospel truth on moral questions concerning personal or social, private or public, individual or institutional ethical issues.

The healing ministry is inevitably a social ministry. We are compelled by the Gospel to work in the public arena of our pluralistic society in a struggle to withstand these social, political, and economic forces that threaten human dignity. One of the most distressing aspects of groups that have concern for Christian healing mission is the inordinate attention given to the individual and almost a total blindness to the community and environment. The church participates in shaping American society by actively sharing its moral and religious vision of health in the public arena.

IV. PERSONAL POSTSCRIPT

During this past year I have had the rare opportunity to follow my pastoral instincts in exploring the world of contemporary medicine and health care. This quest started with a friend who shared with me a copy of a letter in which he had written the following words: “The Church is the single most overlooked resource in health care delivery today.” I did not know what he meant, but I knew that I wanted to find out.

Fifteen years as a pastor of a church in the heart of New York City was dedicated to serving the City of “Man” while seeing the City of God. It was an integrated ministry. The effort of designing, developing, and building an urban space brought together the dimensions of body, mind, society, and spirit. My friend Granger Westberg would visit during this time, and I always respected the genius of his vision; yet I also knew that my vision, for the moment, was not leading to a clinic but to architecture and liturgy.

However, the “mystery of the body” emerged not in the sanctuary but on a floor below. There, in our theater, I shared in the formation of the first American production of *The Elephant Man*. It was a profound and haunting experience as I watched the development of a medical case history into a powerful drama.

At the same time we had an exhibition of Finnish icons in our Living Room gallery. I understood for the first time that God’s most perfect icon is the human body, the visual expression of God. This convergence of architecture, liturgy, drama, painting, and my spiritual development led me to an important new insight into pastoral theology. My final sermon as pastor of Saint Peter’s Church was titled, “Anatomy of Faith.” The quest for the anatomy of a health ministry has been the focus of my continuing ministry.

In this quest there have been signs that have become important in trying to read the map: We do not produce health, but we do have the God-given capacity to enable it.

We must not reject medicine or health science. Twisted attempts to make science out of religion or religion out of science should encourage us to look at medical science as one of the gifts of God’s creation.

The paschal nature of Christian worship is central to health. It is at the heart of the Body of believers as well as in the heart of the bodies of all believers.

Drastic changes are needed in Christian initiation—changes in liturgy, catechesis, and lifestyle, as well as a change of heart.

The church’s primary role in health is to promote it and not to provide it. For the church health is a ministry, not an industry.

The nursing profession is the most overlooked and unappreciated resource for the church’s ministry today.

The quest for health and the issues first raised in Tübingen in 1963 still remain. We have evaded and avoided the basic questions of the healing mission.

Health is linked with spiritual formation. Only if we recover the prayer of the heart are we able to meet God as total persons.

The way ahead in health mission means turning things upside down. Reformation is needed, within our institutions and within ourselves, if we are to choose the way of life.