

# Bible Interpretation Speaks Mission Integration at Every Turn

By GEORGE BOUDREAU, OP, PhD

**M**ost everyone engaged in Catholic health care mission can quickly produce a list of courses, programs and webinars that have prepared them for this important ministry. Included, no doubt, would be courses on sacraments and the healing ministry. Health care ethics and public policy. Justice and Catholic social teaching. Healing in the Scriptures, Jesus the healer, or a study of select Gospel passages. But a course entitled “Interpretation of the Bible,” focusing on what biblical scholars do with their day? Few, I surmise, would even mention such a course; some would be surprised at making it a requirement.

Given the Bible’s present-day reputation as an outdated source on many important social and ethical issues, and how some Catholics have interpreted certain passages in years past, there is good reason for those in Catholic health care ministry to eye the Bible’s interpretive value with suspicion. More to the point: Backed by book, chapter and verse, some Catholic readers of the Bible have argued God’s absolute word to the faithful as follows:

1. Wives must be submissive to their husbands in all things (Ephesians 5:22-24; Colossians 3:18).

2. The institution of slavery is to be honored (Colossians 3:22; 1 Timothy 6:1-2).

3. All same-sex activity is an abomination punishable by death (Leviticus 18:22; 20:13).

4. Catholic clergy and religious women and men have chosen the better part over those who have opted for marriage (Luke 10:38-42).

5. Battered women must turn the

other cheek, as must adult victims of sexual abuse and parents of children abused by priests (Luke 6:27-31).

And the list goes on.

There is much here to advocate a return to the sole use of the Catholic family Bible as the official place where baptisms, confirmations, weddings and funerals are recorded.

On the other hand, given the many difficult conversations stemming from differences in interpretation, biblical or otherwise, might there possibly be some gain in welcoming such a course in a health care mission program?

If nothing else, such a course could possibly unveil our vastly different takes on the isolated, conveniently chosen, biblical verse taken out of context, exposing us as no more biblically literate than the patients, radiologists, accountants, nurses and doctors seeking our

advice. Put more positively, perhaps a weekly conversation, in a calm and fairly safe environment, with classmates whose Scriptural interpretations are highly at odds with ours would result in beating our double-edged swords into plowshares.

Today, Roman Catholic Bible interpretation courses usually focus on up to 10 interpretation methods, with the historical-critical method — textual, source, form and redaction criticisms — as the one interpretive approach that merits the most attention. The other biblical methods usually include

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several of the following: early church allegorical, prophetic and typological; medieval; social-scientific; narrative; rhetorical; reader-response (Latin American, African-American, Hispanic/Latino, feminist/womanist/*mujerista* and lesbian/gay); structuralist; and post-modernist interpretations.

Having had the privilege over the past decade of teaching Bible Interpretation to graduate students in the Aquinas Institute of Theology Master of Arts in Health Care Mission program, I have realized that there are many reasons why students find the course significant. They include personal edification, of course, which is understandably true for students in most graduate theology courses. Secondly, students are thankful for any tool that helps them to better understand ongoing Catholic faith development and tradition and assists them to formulate a sound Roman Catholic theology.

But the most important attraction to the course, I believe, eventually stems from two interconnected principles it teaches: that the Bible as text is meaningless until it is interpreted; and that interpretation is inseparable from the life experience of the student. From these principles comes a discovery that the common life element students in this program share — health care mission — will always be a main focus of the course.

More importantly, because students are periodically asked to relate each interpretive method to their ministries, it's just a matter of time before the theme of mission integration, so crucially important in their work, begins to color all of the assigned readings and discussion. The result is that Bible Interpretation speaks volumes to mission integration.

A sampling of comments made by MAHCM students during their weekly discussions in the course ending in December 2015 makes these connections clear.

**MEDIEVAL INTERPRETATION: THOMAS AQUINAS**

Thomas' method of biblical interpretation is analyzed through excerpts from his commentaries on the book of Job and the Gospel of John. In the ensuing online discussion that week, these students said:

**Kimberly Zoberi, MD**

*Family and Community Medicine, Saint Louis University*

Thomas Aquinas' systematic technique for interpreting Scripture can certainly be useful to us as we struggle for deeper truth. Thomas first divides the Gospel of John into significant themes and other rational categories, and then proceeds to analyze each on sub-levels, then on sub-sub-levels, etc. In my work as a family physician, there is often one level of truth in a diagnosis (diabetes), another level beneath the diagnosis (poor nutrition, poor education), and sometimes even

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deeper levels under that (people in wealthy countries, people who do not have equal access to healthy food, good education, etc.) This method can be applied to so many aspects of health care.

**Gregory Pope**

*St. Thomas Health, Nashville, Tennessee*

In Thomas's commentary on Job, it is apparent to me that genetics, heritage, family of origin, internal thoughts, external stimuli, and unseen movements of Providence are crucial in understanding the very complex situation of Job facing his human condition. The ability to read and understand human nature is a foremost predictor of ministerial quality, especially as it relates to connection and intervention. Thomas demonstrates that a nuanced understanding of subtle gestures, arguments and petitions is invaluable when ministering to individuals who are processing life, especially in the midst of suffering, as was Job. Those of us in health care mission are well advised to study and learn from this Doctor of the Church!

## **SOCIAL-SCIENTIFIC CRITICISM**

This approach to interpreting the Scriptures seeks an understanding of how ancient societies functioned. Various sociological aspects of ancient biblical groups are emphasized: gender roles; class; collectivistic and individualistic societies; hierarchical and egalitarian societies; patriarchy; honor and shame; insider and outsider; curing and healing; physician and faith healer; free citizen and slave, and so on.

### **Rita McCloskey Paine**

*St. Vincent Northwest Region, Kokomo, Indiana*

Many of the not-so-positive social-scientific perceptions present in the ancient biblical communities — secrecy, shame, and outsider assumptions, for example — are evident in hospital communities today. My awareness has been heightened this week concerning those who suffer from such assumptions. Periodically, some say they aren't worthy of healing because they haven't been to church for years, or that they don't want to see a chaplain because they (and even God) think they are a bad person, or that they're divorced and therefore "outside" the church, or that their smoking caused this cancer and now they feel guilty that their family has to shoulder the financial burden for them. This is all hugely impactful in their healing process. Even when they are "cured," they are still in need of healing.

### **Andrew Ochs**

*Seton Center, Kansas City, Missouri*

As we see in John Pilch's commentaries this week, the social-scientific method can help us more fully understand Jesus' healing ministry. We are faithful to our mission when we take Jesus as our model: restoring meaning to our patients' lives, reconnecting them with their community, and offering spiritual as well as physical healing. The rich context offered by social-scientific approaches helps us not only to study Jesus' healing ministry, but also to meditate on it, allowing us to "put on Christ" (Galatians 3:27) as He offers healing through us.

## **RHETORICAL CRITICISM**

Assessing the persuasive quality of the biblical text, rhetorical criticism helps us analyze the effectiveness of the author's argument as gauged

by the strength of the argument's impact on the reader, both us and the ancient reader. The study of biblical rhetoric in this course centers mainly on the New Testament letters of Paul, with an in-depth analysis of 1 Corinthians 15, Paul's defense of our future bodily resurrection.

### **Peg Tichacek**

*Via Christi Health, Wichita, Kansas*

Rhetorical criticism can be useful as we tackle ethical issues with the help of both objective and subjective information. Every day we deal with questions pertaining to just wages, available finances as we care for the poor, and end-of-life treatment plans. We enter into discussion with opposing parties, in some cases within the same family, and often there are Bible passages supporting opposite sides. Yet, the discernment process allows for respect and honest argument and works to reach a common understanding and action plan. Rhetorical criticism, a fine art, helps us in both making better medical moral decisions and in assessing them once they are made. Two more fine arts!

### **Sr. Thuy Tran, CSJ**

*St. Joseph Health System, Orange, California*

The readings this week have persuasively convinced me that there are seven absolutely crucial characteristics of rhetoric that I would like to utilize when speaking in our rapidly changing field of health care mission: 1. Listen with care. 2. React at the right time. 3. Ponder an issue in depth. 4. Respond dispassionately. 5. Be brief and to the point. 6. Use fitting words and ethically persuasive arguments. 7. Realize the power of the tongue and be gentle ... Oh, that I were able to remember any two of these on any given day!

### **Christopher Manson**

*St. Joseph Health System, Orange, California*

My ministry is one of advocacy, and I am often asked to make arguments that support the position of St. Joseph Health. Often explanations involving complex subject matter on health policy are made to people who know little about the subject, or, perhaps more challengingly, have an opposing viewpoint. The readings for this week have challenged me to reflect more deeply on how I educate and advocate for people, and I have picked up



several pointers that will no doubt make me much better at this.

**POST-MODERNIST INTERPRETATION**

A post-modernist approach to Bible interpretation knows no limitations. All interpretations of Scripture are in process, unique to each reader, dependent on the life experience of the reader and subject to change. Interpretations are never final, correct or absolute. All interpretations are temporary stops in an ongoing process. Every text has a potentially infinite number of interpretations, all interpreters are respected, and even the bias of the interpreter is to be celebrated.

**Deanna Ford**

*Mercy Health, Youngstown, Ohio*

One highly positive effect of post-modernist biblical interpretation is its concern for the other. In health care, we are encouraged always to look beyond the many boundaries that can tend to separate us: of cultures, ethnicities, geographies, and yes, even religions. Jesuit author T. Howland Sanks points to how “difference” and “otherness” open and color the lens of the post-modernist. Just as anthropologists, after engaging in a lifelong study of a particular culture, can never fully understand that culture, we should certainly exercise a humble openness toward every person we encounter in Catholic health care.

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*St. Joseph Health System, Orange, California*

Being bicultural (Asian-American), I have long noticed that Asian patients are often passive when decisions about their hospital care are being made. The result is a clear indication of what the family would like for their loved ones, while the patient’s needs remain in the shadows. The wide lens of the post-modernist approach challenges me to create more opportunities to sit down with patients and their families and exercise a more holistic, inclusive approach when they are educated about health care options and/or end-of-life decisions.

**CONCLUSION**

Bible Interpretation is a course required of all master’s level students at Aquinas Institute, from seminarians preparing for parish ministry to women and men training to become spiritual directors, teachers in high school and chaplains in hospitals and mission leaders. The course is first and foremost about how biblical scholars interpret Scripture. In fact, none of the weekly read-

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ings specifically mentions the terms “health care” or “mission integration.”

There is an old Dominican adage taken from the writings of Thomas Aquinas that loosely translates from Latin to, “Study is for the purpose of bearing fruit in ministry.” When health care mission students take Bible Interpretation at a Dominican school, therefore, it should hardly be surprising that the course quickly becomes one in how Bible interpretation can further the mission of health care. By planting this course early in the program for a master’s in health care mission, the stage has thus been firmly set for tackling what I believe is the major goal of the MAHCM degree: mission integration. Bible Interpretation serves as a crucial step in getting the learned, cultivated, and habitual process of mission integration up and running to bear fruit in ministry.

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