



Scripture's Paralytic and our Mission

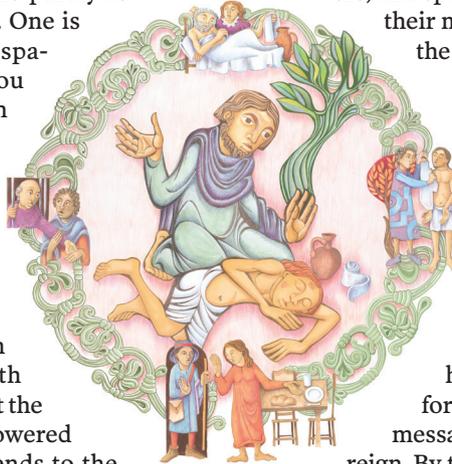
BY BRIAN P. SMITH, M.S., M.A., M.DIV.

Recently, Sr. Patricia Talone, RSM, Ph.D., vice president of mission services for the Catholic Health Association (CHA), asked me about the subject of my M.A. thesis in New Testament Scripture. I told her I had written on the total healing of the paralytic in Mark's Gospel. "Oh, my gosh," she said. "You are surrounded by artistic images of that Scripture passage every day you come to work!"

It is true. Every morning that I walk into the CHA office in St. Louis, I pass by two artistic renderings of the healing of the paralytic (Mark 2: 1-12; Luke 5: 17-26). One is a painting by Br. Steve Erspamer familiar to many of you because it is associated with CHA's "A Shared Statement of Identity for the Catholic Health Ministry." The other is a sculpture by Clay Enoch called "The Advocates" which is used as the Achievement Citation Award presented each year at the Catholic Health Assembly. Both pieces depict the paralytic on his mat, being lowered through the roof by his friends to the place where Jesus is preaching. Little did I know when I wrote my thesis in 1992, one day I would be surrounded by this Scripture passage.

I decided to shake the dust off my 21-year-old thesis and read it through the eyes of a mission leader. I will spare the reader the pain of my exegesis and barely passed Greek translation. I would, however, like to revisit this passage and explore how the insights I made in 1992 align with aspects

of mission integration in Catholic health care. My hope is this article will illustrate for senior leaders, and specifically mission leaders, how their ministry may be seen in light of the Gospel.



PROCLAIMING THE KINGDOM OF GOD IN WORD AND DEEDS

The whole story of Mark's Gospel is set in motion by the words, "This is the time of fulfillment. The Kingdom of God is at hand. Repent, and believe in the gospel (Mark 1: 15)." The miraculous healings and exorcisms performed by Jesus demonstrate this message of the in-breaking of God's reign. By the time the reader reaches the story of the paralytic, the breaking through of the reign already has been manifested in the triumph of Jesus over the temptations of Satan in the desert (Mark 1: 12-13), the cure of the man possessed by the demon (Mark 1: 23-26), the cure of Simon's mother-in-law and all of the sick and possessed of Capernaum (Mark 1: 30-33) and the cure of the leper (Mark 1: 40-42).

Mark makes the point that the Kingdom of

God is in-breaking not only through Jesus, but through those he commissions to act in his name. When Jesus sends the Twelve on their first missionary journey, he gives them “authority over unclean spirits” (Mark 6: 7), and instructs them to “shake the dust off your feet” when the message is unheard (Mark 6: 11). The narrator fills out the story by saying: “So they went off and preached repentance. They drove out many demons, and they anointed with oil many who were sick and cured them”¹ (Mark 6: 12-13).

The missionary command of Jesus is twofold: proclaim the Good News and perform signs that will give evidence of God’s Kingdom breaking through. In short, along with preaching the reign of God comes the work of healing. This is a fundamental theological truth for those who continue the mission of Jesus.

Those of us in Catholic health care continue the healing mission of Jesus. Perhaps we do not see the kinds of miracles and exorcisms that Jesus performed happening in our facilities; however, I would venture most of you have “miracles” happening every day in your institutions. I am not talking about the miracles of modern technology. I am talking about patients who are healed physically, emotionally and spiritually every day in our Catholic health facilities:

■ The coma patient who later recounts the exact words and actions delivered by caring nurses who assumed he was still “in there,” just not able to communicate

■ The cancer survivor who attributes her cure to the prayer and loving support she received from her family, faith community and treatment team

■ The suicidal patient who recounts how a social worker took the time to hear about the stressors that contributed to his depression and how he was put in touch with resources he needed so he would no longer be overwhelmed

■ The family who is reconciled to an estranged father or mother who is dying and has the opportunity to begin the healing of old wounds

As these healings happen around us every day, are we mindful that these are the signs reminding us the “reign of God is in our midst?” Proclaiming the Kingdom in word and deed might simply be summarized by asking: How do my words and actions, and those of my organization, give evidence that God’s Kingdom is breaking through into the world? Does anybody notice this?

ADDRESSING COMMUNITY NEED

When the town of Capernaum hears Jesus has returned home, “Many gathered together so that there was no longer room for them, not even around the door” (Mark 2: 2). This scene recalls for the reader what had previously taken place in this home, the cure of Simon’s mother-in-law (Mark 1: 30-31), and the healing of all the ill and possessed who had gathered that evening outside the door of this home (Mark 1: 32-33).

Initially, there is no mention this crowd has brought with them the sick and possessed, as they had the last time Jesus was in this house. Jesus is preaching the word to the crowd when some people “came bringing to him a paralytic carried by four men” (Mark 2: 3). The reader is expecting something to happen because God’s power already has been manifested in this setting. The reader also recognizes an emerging pattern: while Jesus preaches the need for repentance and faith, those who exhibit faith are the ones being healed (Mark 1: 23-26, 1: 30-33, 1: 40-42).

We then read the story’s most curious and memorable detail. “Unable to get near Jesus because of the crowd, they opened up the roof above him. After they had broken through, they let down the mat on which the paralytic was lying” (Mark 2: 4).

THE EXAMEN

One way to ensure we stop in awe, wonder and thanksgiving each day is to practice the *Examen* taught by St. Ignatius of Loyola, founder of the Jesuits. There are five simple steps to this form of reflection:

Pray for light: Begin by asking God for the grace to pray, to see and to understand.

Give thanks: Look at your day in a spirit of gratitude. Everything is a gift from God.

Review the day: Guided by the Holy Spirit, look back on your day. Pay attention to your experience, thoughts and emotions. Look for God in it.

Choose one feature of the day and pray from it: If something went wrong, ask God where you fell short and what could you have done differently.

Look forward to tomorrow: Ask God to give you the ability to see where grace is present tomorrow.

It is significant that Mark has gone to great care and detail in describing this extraordinary process. The reader already knows that the size of the crowd gathered is so huge, they no longer fit inside the house and are gathered outside the door. The reader is now amazed to see the extreme measures the four bearers have taken to reach the spot where Jesus is delivering the word. Further, the reader is impressed by the faith evidenced by the paralytic and his friends, and the reader is challenged to ask if he or she has that kind of faith within, too.

I will say more about the faith of these men in a moment, for I want to focus on the relevance of these details for leaders of Catholic health care. Many of us can relate to the image of huge crowds gathered in our emergency departments and clinics as they are trying to keep up with the health care needs of the uninsured. The No. 1 health need in the United States continues to be access to care. Even with the passage of the Affordable Care Act (ACA), many worry whether there will be enough providers to see the newly insured population. Would it really surprise any of us if a group of people cut a hole in the roof of one of our facilities and lowered a sick friend down in front of a provider, if they thought this would gain them quicker access to care?

The analogy between the crowd in the Gospel seeking the healing of Jesus and people seeking access to care today is not the only detail I wish to highlight. The tension the reader experiences in the Gospel story is one of an unmet need. There is a paralytic in need of help, and there are obstacles preventing him from getting the treatment and

The faith exhibited by the four in the Gospel story and the stories of our founding congregations inspire us. But their faith also challenges us. Do we have that kind of faith?

healing he desires. All of us involved in community health needs assessments, community benefit planning and strategic planning processes aimed at addressing unmet health needs know all too well the tensions that keep us awake at night.

Yet, all of us have stories within our heritage that recall how the founding congregations of our

health care institutions overcame obstacles to meet the needs of underserved populations. Religious women and men came to the New World with limited resources and raised the money needed with remarkable efficiency. They overcame hurricanes, floods, fires, wars, depressions and kept addressing more and more health and social needs. These brave women and men were literally the companions or advocates for the sick of their day, as were the four friends of the paralytic in Mark's narrative.

This leads us to ask who are the companions and advocates for the sick and underserved today? We all can take pride in the role Catholic health and social institutions have played in advocating for the uninsured, and the role we continue to play in creating greater access for the millions of immigrants who are not covered under the ACA. But we know we have, and will continue to face, many obstacles. The faith exhibited by the four in the Gospel story and the stories of our founding congregations inspire us. But their faith also challenges us. Do we have that kind of faith?

SUPPORTING PERSON- AND FAMILY-CENTERED CARE

Mark's narrative continues, "When Jesus saw their faith, he said to the paralytic, 'Child, your sins are forgiven'" (Mark 2: 5). Note that no words of faith are spoken by the paralytic or his companions. The extraordinary measures taken by the four companions to bring their friend to Jesus is interpreted as faith by both Jesus and the reader.

Faith by its very nature must have an object in which to believe. Mark clearly conceives of God as the ultimate object of faith. Yet, faith for Mark is not a generalized confidence in a God "out there," but a specific commitment of trust in him insofar as he is active and present in the person and ministry of Jesus. The faith Jesus finds in these five companions will not be found in the scribes (Mark 2: 6-7).

Many times patient care teams will remark they are caring not just for the patient, but for his or her family. Sickness affects not only the person who is afflicted. I remember once being called for what I thought was an ethics consult with the ICU staff at one of our facilities in Corpus Christi, Texas. It turned out I was actually being called to mediate the expectations of a family and a care team for a particular patient who was dying.

This hospital had historically served the His-

panic community. When I entered the room to speak with the family, I was introduced to 23 people! Simultaneously, they were trying to convey to the care team the patient's wishes around pain management, dying with dignity at home, receiving the sacraments of the church and their desire to be with their loved one as much as possible in his final days.

This came at a time when we were beginning to educate the staff about patient- and family-centered care. Historically, the ICU unit limited the number of visitors in a room to two and "closed" the ICU to family and guests for four hours in the morning and afternoon so patients could rest. These rules were not patient- and family-centered; they were centered on the staff's needs.

The nurse manager and I met and agreed that the patient's and family's wishes were not unreasonable. Certainly we could not have 23 people at a time in a small ICU room, but we asked how we could use the love and enthusiasm of this group to help the patient and prevent the situation from becoming adversarial. By holding a dialogue with the patient and family about their needs and what the team needed in order to care for the patient, we were able to reach an agreement on the plan that put the patient's and family's needs first.

In Mark's narrative of the healing of the paralytic, clearly Jesus is dealing with the whole group, not just the patient. It is the faith and persistence of the companions that ultimately achieves healing for the paralytic. We sometimes forget that the patient, family or support system know the patient's needs better than we who are caring for them. "Standards of care" must always be adapted to a particular patient with consideration given to their specific cultural, spiritual and personal preferences.

When our focus is on meeting the patient's needs and those expressed by the family or support system, our approach to healing is one of service and ministry. Sometimes it is easy to forget that simple reality. We are ministers and servants imitating the one who gave us the example to wash one another's feet (John 13: 1-17).

ENCOUNTERING CONFLICT WITH AUTHORITY

As in any good story, there is conflict in Mark's narrative. "Now some of the scribes were sitting there asking themselves, "Why does this man

speak that way? He is blaspheming. Who but God alone can forgive sins" (Mark 2: 6-7)?

The foreshadowing of conflict with the authorities has been noted by the reader in Mark 1: 22, 27. Mark already has contrasted the teaching authority of Jesus to that of the scribes. The effect of Jesus' teaching on the people is that they become "astonished." He taught "as one having authority and not as the scribes" (Mark 1: 22). In addition, Mark notes the teaching of Jesus represents a "new teaching with authority" that we can assume is being contrasted to the old, status-quo teaching

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and authority of the scribes (Mark 1: 27).

The scribes do not show their opposition outwardly but, rather, inwardly, by thinking in their hearts. Unlike the paralytic's companions, the scribes do not have confidence or trust in Jesus. They belittle him by referring to him as "this man." The faith of the paralytic and companions is being contrasted to the unbelief of the scribes.

Their comment also serves to call attention to the position they hold in the community as the legal experts or guardians of the law. In Judaism, God alone can forgive sins, and to claim a power reserved to God alone is an affront to the majesty and authority of God, which is the essence of blasphemy. When the scribes ask, "Who but God alone can forgive sins?" they are alleging Jesus' blasphemy.

Scripture scholars call this type of conflict story in the gospels an apophthegm, or pronouncement story. The literary device can be summarized in its three basic elements: 1) Opponents question or object to something said or done by Jesus or his followers as being contrary to the law or will of God; 2) Jesus counters the question or objection with superior questioning or argumentation; and 3) the final result or climax is a powerful pronouncement revealing a new teaching about God or a new aspect of Jesus' character and relationship to God.²

The first element of the literary genre, the objection, is demonstrated by the scribe's question, "Why does this man speak that way? He is blaspheming. Who but God alone can forgive sins" (Mark 2: 6-7)? The second element, the supe-

REFLECTION QUESTIONS

The following questions relate to the major sections of this article. They are offered for personal reflection and may also be used by senior leadership teams as part of their ongoing formation.

Proclaiming the Kingdom of God in Word and Deeds

Reform means ongoing conversion in our own lives and within our institutions. What ongoing reformation do I need?

How can my organization make the Kingdom of God be even more evident to the community we serve?

Is my organization doing everything it can to be a good steward of the earth's resources?

Is my organization offering just wages and benefits to all employees and helping everyone to develop his or her full human potential?

Before my organization eliminates a service line, makes workforce cuts or outsources positions to an outside vendor, do we involve key stakeholders? Do we weigh how each of the proposed options will affect the stakeholders, especially the poor and the vulnerable?

Addressing Community Need

Are we willing to be the companions and advocates for the poor and underserved?

Are we willing to help remove the barriers and obstacles the poor and underserved experience?

Where have we been creative in eliminating barriers in order to make access to health care easier and simpler for those who need it the most?

Supporting Person- and Family-Centered Care

What is the evidence we can give that the care provided in our organization is patient-centered and family-centered care?

How do we include the patient and family in the plan of care?

Where do we experience resistance to the concept of patient-centered care? What has worked to help minimize that resistance?

Encountering Conflict with Authority

Where do we experience conflict in our organization? Is the conflict from internal or external sources?

The fruits of the Spirit include love, joy, peace, patience, kindness, goodness and faithfulness. In

the midst of this conflict, what kind of fruit are we producing? Are they the fruits of the Spirit?

Do our words and actions look like Jesus?

Providing Holistic Healing

Are our actions bringing healing, forgiveness and restoration of unity to broken relationships and communities?

Do we have qualified, board-certified chaplains on our staff?

Do we ensure that the sacraments of healing (reconciliation and anointing of the sick) are available to our patients?

Beyond spiritual care, what else are we doing to promote healing environments?

How can we imagine new ways of integrating healing of mind, body and spirit into wellness programs as well as plans of care for those with chronic disease?

Jesus' holistic healings usually involved coming into contact with a person only once for a brief moment of time. What can we learn from this?

As health care moves into the outpatient non-acute settings, how are we planning to attend to the whole person? What will holistic care look like when we only see the patient for 30 to 60 minutes?

Thanks and Praise

How do we give daily thanks and praise to God?

How do we routinely come together as an organization to give thanks and praise to God for sharing in the ministry of healing?

Do we offer the staff opportunities for praise and thanksgiving that reflects diverse faith traditions?

Are we comfortable being in the role of "spiritual leader?" In other words, can we point others to the "sacred" present in this moment and time (i.e. the Kingdom of God in our midst)?

Have we ever considered using, either individually or collectively, the *Examen* taught by St. Ignatius of Loyola, founder of the Jesuits, to inspire wonder and thanks each day?

rior question or argument of Jesus, is found in Mark 2: 8-9: “Jesus immediately knew in his mind what they were thinking to themselves, so he said, ‘Why are you thinking such things in your hearts? Which is easier to say to the paralytic, ‘Your sins are forgiven,’ or to say, ‘Rise, pick up your mat and walk?’” The third and most important element, the new pronouncement is found in Mark 2: 10-11: “‘But that you may know that the Son of Man has authority to forgive sins on earth’ — he said to the paralytic, ‘I say to you, rise, pick up your mat and go home.’”

Those in health care leadership, particularly Catholic health care, are no strangers to conflict. Sometimes the conflict is internal, coming from employees or physicians; other times external (for example, government entities, insurance companies, media, etc.). The “murmuring” may come from the very communities we are trying to serve. And sadly, we must acknowledge that sometimes Catholic health organizations have been accused by some as not being Catholic, a modern-day equivalent of being called a blasphemer.

I do not have the time nor space to go into each of these types of conflict, nor am I saying we in Catholic health care are always innocent when we are accused by internal and external parties. I think it is helpful to point out, however, that Mark is telling the reader those who follow Jesus can expect to

come into conflict. The status quo never likes to be challenged or told there is “another way.” Just think of all the grumbling you have heard from all parties over the changes coming with health care reform!

A helpful article by Kami Timm, published three years ago in *Health Progress*, spoke of the tensions lay health care leaders experience in their roles of priest, prophet and king. Speaking of the lay leader as “prophet” Timm stated:

“This active living of the Gospel, however will result in tensions and challenges as we encounter the prevailing mind-sets focusing on obtaining or maintaining health care market share, the advances of technology, the possibilities of hospital mergers or acquisitions and the inevitable pluralistic nature of our employees, physicians and patients. How do we preach without offending? How do we evangelize without

proselytizing? Ultimately, our identity as a ministry of the Catholic Church will rest on our actions in this world.”³

Jesus’ actions are what help the reader determine whether he is a “blasphemer” or whether he is a man of God. In Matthew’s Gospel, Jesus tells the disciples you will know false prophets by their deeds: “So by their fruits you will know them” (Matthew 7: 20). Timm’s article suggests the actions of lay leaders in health care (that is, their words, behaviors and decisions) will ultimately determine if what we are doing is truly the ministry of the Catholic Church or not.

PROVIDING HOLISTIC HEALING

As previously mentioned, the new pronouncement of Jesus is the critical point of the healing of the paralytic: “‘But that you may know that the Son of Man has authority to forgive sins on earth’ — he said to the paralytic — ‘I say to you, rise, pick up your mat, and go home’” (Mark 2: 10-11). The revelation is that he is not just “this man,”

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as the scribes contemptuously suppose, but the “Son of Man” who “has authority to forgive sins on earth.” This climactic pronouncement reveals a new aspect about Jesus’ character. He reveals himself as the messianic agent of God. The unique authority of God, who alone forgives sins, is being entrusted to his agent on earth. The reader sees Jesus in a new light. His authority not only includes preaching and healing, but administering the effects of salvation now.

The command Jesus gives to the paralytic to “rise, pick up your mat and go home,” brings the story to a climax that must be resolved. If Jesus and the implied reader are to be vindicated, a healing of the paralytic is necessary. The confirmation is revealed in Mark 2: 12:

“He rose, picked up his mat at once, and went away in the sight of everyone. They were all astounded and glorified God, saying, ‘We have never seen anything like this.’”

The reader begins to sense for the first time

that the healing ministry of Jesus may be all-encompassing. The reader begins to ask if all the physical healings of Jesus are spiritual healings as well. It would appear for Mark, the gift of healing is always accompanied by the gift of forgiveness and reconciliation. When Jesus heals the body, he reaches into the heart of the person's spiritual need as well. The person is restored spiritually,

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emotionally, physically and communally.

When I began writing my thesis over two decades ago, holistic healing was an emerging research field at Johns Hopkins University Medical School, Baltimore, under the direction of a psychiatrist, Jerome D. Frank, MD. He observed there had long been the implicit belief among the medical community that there is little possibility of cure unless the patient has faith that he or she will be cured. "There is good possibility that the emotional state of trust or faith in itself can sometimes rapidly produce far-reaching and permanent changes in attitude and bodily states, though the occurrence of these phenomena cannot be predicted or controlled. The major evidence for this lies in the realm of religious conversions and so called miracle cures ..."⁴

Research has continued to grow in the area of "non-medical" forces that can assist in restoring a person to wholeness. Research has shown the positive effect prayer, meditation, presence of family, support persons and faith communities can have on health outcomes. While it is exciting to see science and religion come together to research this area, some researchers' attempts to localize what part of the brain is affected during prayer and meditation raises some suspicion as to whether they see the value of faith, or if they are trying to replicate the effect of faith through stimulating brain centers pharmacologically or electrically.

What science is beginning to discover in terms of the importance of a holistic approach to healing, we have always held deep in our Catholic tradition. As the *Ethical and Religious Directives for Catholic Health Care Services* reminds us:

"Since a Catholic health care institution is a community of healing and compassion, the care offered is not limited to the treatment of a disease or bodily ailment but embraces the physical, psychological, social and spiritual dimensions of the human person. The medical expertise offered through Catholic health care is combined with other forms of care to promote health and relieve human suffering. For this reason, Catholic health care extends to the spiritual nature of the person. 'Without health of the spirit, high technology focused strictly on the body offers limited hope for healing the whole person.'"⁵

What does this mean for leaders of Catholic health care? As leaders of a ministry which models its approach to healing on Jesus, it is our responsibility to ensure the whole person is attended to. We strive for excellence in clinical outcomes and quality measures, and rightfully so. Do we strive for the same excellence when it comes to promoting healing environments, offering spiritual care to patients, families and our staff, and providing psychological and social support to our patients when they are in our facilities and after discharge? Is our approach to healing total?

I once worked with a chief medical officer who read about research showing patients heal more quickly in quiet environments that allow them to sleep and rest. We began a quality improvement initiative around noise reduction in our facility. Our hospital policy was changed so that overhead pages were limited to Code Blues, disaster preparedness measures and the arrival of the Joint Commission. We went from over 500 overhead pages a week to only a few. The noise level in the hospital came down dramatically, and we began to look at other ways to reduce noise in the halls so patients could get the rest they needed to heal. When we pay attention to all aspects of the healing process, we are imitating the holistic healing of Jesus.

THANKS AND PRAISE

The miracles stories in Mark's Gospel usually end by mentioning the healed person and perhaps their loved one(s), and the crowd offers praise and thanksgiving to God for this in-breaking moment of the Kingdom. In the healing of the paralytic, Mark includes the paralytic, four companions and the entire crowd (including the scribes) as the ones offering praise: "They were all astounded and glorified God, saying, 'We have never seen anything like this (Mark 2: 12).'"

Keep in mind the pronouncement of Jesus. The

healing of the paralytic is offered as validation that he, the Son of Man, has the authority to forgive sins. The awe expressed is not only because the once-paralyzed man is walking, but also because Jesus has given proof that he not a blasphemer. Jesus is God's agent of forgiveness and salvation to those willing to reform their lives and believe the good news.

Stopping to give thanks and praise to God for a miraculous healing and the revelation that God's salvation is being offered freely to those who believe seems like a simple thing to do. Yet, we know not all who experienced the healing power of Jesus stopped to give thanks and praise. Recall the story of the 10 lepers in Luke 17: 11-19. Only one of them returned to Jesus to offer thanks and praise. "Ten were cleansed, were they not?" Jesus asked. "Where are the other nine? Has none but the foreigner returned to give thanks to God" (Luke 17: 17-18)? The implied question Luke raises to the reader is: "Are you giving thanks and praise to God for the healing power you are experiencing?"

Are we? It is easy to excuse ourselves and say we are busy keeping our ministries open. When we do not stop to give thanks and praise to God, we run the risk of thinking it is our ministry instead of God's. The sin of pride creeps in when we begin to believe we are the ones accomplishing great things. We also miss the opportunity to be spiritual leaders in our institutions. It is essential for leaders in Catholic health care to remind everyone it is God's work we do. God's grace flows through us, and we need God's grace to guide us so this ministry continues. The healings, reconciliations and other manifestations of the Kingdom we are privileged to witness every day in our organizations need to be accompanied with

thanks and praise. Thanksgiving will always keep us focused beyond ourselves and pointed in the direction of God and the service to others.

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NOTES

1. The so-called "longer ending" to the Gospel of Mark, (Mark 16: 9-20), while probably not written by Mark, also connects the relevance of preaching the message of the Kingdom with the signs that accompany the Kingdom. After Jesus instructs the disciples to "go into the whole world and proclaim the gospel to every creature" (Mark 16: 15), he tells them the signs that will accompany them, including the power to expel demons and heal the sick (Mark 16: 17-18). The "longer ending" concludes by stating: "They went forth and preached everywhere, while the Lord worked with them and confirmed the word through accompanying signs" (Mark 16: 20).
2. Robert C. Tannehill, ed., "Pronouncement Stories," *Semeia* 20 (Atlanta: Society of Biblical Literature, 1981), 1-13; 101-19.
3. Kami Timm, "What Did Jesus Do? Lessons for Health Care Leaders," *Health Progress* 91, no. 4 (July-August, 2010): 67.
4. Jerome D. Frank, "The Faith That Heals," *The Johns Hopkins Medical Journal*, 137: 127-131.
5. United States Conference of Catholic Bishops, "Introduction to Part Two: The Pastoral and Spiritual Responsibility of Catholic Health Care," *Ethical and Religious Directives for Catholic Health Care Services*, 5th edition (Washington, D.C.: USCCB, 2009).

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