

TOWARD A THEOLOGY OF WELLNESS

Health, in the Judeo-Christian Tradition, Is Understood Holistically and Connected to the State of One's Relationship to God

The current widespread interest in alternative and complementary medicine focuses attention on an understanding of health, disease, and the respective roles of physicians and patients that is very different from the conventional medical view.* These differences raise questions, particularly for spiritual care providers in health care settings, about the theological point of view concerning such things.

The underlying philosophy of alternative and complementary systems is holistic, which is to say that health is understood as a state of harmony and balance between various human dimensions and disease is seen as disharmony and imbalance.¹ Typically, these dimensions include the physical, psychological, and spiritual, but some systems also include the emotional and social. From the holistic viewpoint, all dimensions interact dynamically with one another and must be taken into account as far as maintaining health and treating disease are concerned.

In contrast, the philosophy of conventional medicine is considered, by people who share the holistic view, to be reductionist² or materialistic,³ focusing primarily on the physical body and physical processes. Health, in this account, is the

"absence of disease,"⁴ which is usually determined on the basis of physical symptoms and quantifiable measurements.

These basic differences can also be seen in the two schools' approaches to disease. Conventional medicine treats disease by "waging war"⁵ against the germs or pathogens that are understood to cause it. Surgery, radiation, and powerful antibiotic drugs are the acceptable means of fighting disease. In their efforts to treat physical processes through physical substances, conventional healers control for the "placebo effect," or the power of suggestion, and eliminate it as much as possible.⁶ For holistic healers, balancing the "internal environment" (*milieu interieur*) of the body—through proper diet and lifestyle and the use of natural substances and medicaments—is more important than fighting germs or pathogens.⁷ The body—and nature—have their own inherent healing powers, which are important to nourish and support.⁸ Insofar as possible, one should "do no harm,"⁹ from which it follows that one should use natural medicines and substances, thereby avoiding the harmful side effects of conventional drugs.¹⁰ As for the "placebo effect," which is understood to affirm the power of the mind, it should be encouraged, not discouraged.¹¹

Such different opinions about the nature of health and disease reflect in large measure the contrast between prevention and intervention as treatment strategies; each school of thought attributes differing roles to patients and doctors. Prevention and intervention, as schools of thought, trace their origins to the Greek mythological figures of Asclepius and Hygeia.¹² According to legend, Asclepius was a physician who, instructed in the art of healing by the god Apollo, himself became a god and the focus of a priestly temple cult devoted to healing.¹³ Hygeia, his daughter (in other versions his sister or wife),

BY JAMES MORGANTE,
MDiv



Mr. Morgante, a certification-eligible member of the National Association of Catholic Chaplains, lives in Spokane, WA.

* A 1991 Harvard Medical School survey estimated that, during the previous year, Americans had made more visits to alternative practitioners than to primary care physicians (*Nurse's Handbook of Alternative & Complementary Therapies*, Springhouse Corporation, Springhouse, PA, 1999, p.4). Six years later, a Harvard Medical School survey found that 42 percent of Americans were using alternative therapies, for which they were spending \$21 billion annually. In 2000 courses in alternative medicine were being offered in 75 U.S. medical schools (Michael Castleman, *Blended Medicine*, Rodale, Emmaus, PA, 2000, p. 4).

was revered as the Greek goddess of health. Conventional medicine today is understood to be the inheritor of the tradition of Asclepius, the focus of which is primarily on the physician "hero" or "rescuer" who restores health by treating disease and correcting "imperfections and accidents." Alternative and holistic systems, in contrast, trace their philosophical outlook to the tradition of Hygeia. Health, in this tradition, is a part of the natural order and results from living wisely. The purpose of medicine, therefore, is to "discover and teach" the laws that govern health. From this perspective, the physician is a teacher,¹⁴ and the self-responsibility of the patient comes to the fore, which is a hallmark of the holistic point of view.¹⁵

Although both prevention and intervention as treatment strategies trace their origins to hallowed traditions, they sometimes conflict. This conflict can be seen, to choose a dramatic example, in their differing treatments of the so-called "diseases of civilization or affluence"—the chronic, degenerative diseases of the times (such as arthritis, many forms of cancer, diabetes, and heart disease)—that have been definitively linked to the Western diet and lifestyle.¹⁶ Treating these diseases—the leading causes of death—takes up

the majority of health care expenditures today.¹⁷ Conventional medicine treats aggressively with drugs, radiation, and surgery—therapies that, from the alternative medicine viewpoint, are not only harmful in themselves but also misguided because of their relationship to lifestyle and diet. Such debates are not irrelevant to spiritual care providers. Whether the pain and suffering associated with these diseases are considered inevitable or to a significant extent preventable is an important question to them.

What attitude should spiritual care providers take toward the philosophical differences between conventional and alternative medicine? More important, what are the theological points of view concerning health and disease and the respective roles of doctor and patient? To gain a perspective on such questions, it is helpful to turn to the witness of the tradition.

DISEASE, HEALTH, AND THE PSYCHOSOMATIC UNITY

In the Judeo-Christian tradition, the notions of disease, health, and healing are intertwined with notions of the Covenant and Law, relationship to God, sin, and evil. One is confronted with the idea of a psychosomatic unity between body and mind because physical disease is largely (but not

* "Holism requires an individual to accept responsibility for his own well-being—his own physical, mental, emotional, and spiritual health, his personal choices, and the health of his relationships" (*Nurse's Handbook of Alternative & Complementary Therapies*, p. 62). See also Evans, pp. 22-24, 38, 123; Murray, *The Complete Book of Juicing*, Prima Publishing, Rocklin, CA, 1997, p. ix; Phalen, p. 2.; and Weil, *Health and Healing*, p. 273.

† The "diseases of affluence" are cancer of the colon, lung, breast, brain, stomach, and liver; leukemia; diabetes; and coronary disease. The "China Project" studied the incidence of these illnesses in China, noting a higher incidence in more affluent regions. In 1990 the World Health Organization found a correlation between the incidence of heart disease, cancer, diabetes, gallstones, dental caries, and bone and joint disease and the diets of wealthy nations (Phalen, pp. 110-111).

Murray adds arthritis, stroke, and high blood pressure to what he calls the "diseases of civilization." He notes the classic work of Denis Burkitt, et al., who, in *Dietary Fibre, Fibre-Depleted Foods and Disease* (Academic Press, New York City, 1985), documented stages in the appearance of degenerative diseases among primitive peoples following their introduction to the Western diet (Murray, *The Complete Book of Juicing*, pp. 4-5). Murray says that most diseases are traceable to diet and lifestyle (Murray, *Natural Alternatives to Over-the-Counter and Prescription Drugs*, p. 32). The editors of

Alternative Medicine suggest that almost all illnesses are "reversible" (*Alternative Medicine*, p. xxxvii).

The National Institute of Diabetes and Digestive and Kidney Diseases found that Pima Indians living in southern Arizona had an 85 percent higher rate of type II (adult-onset, noninsulin-dependent) diabetes than Pima Indians in northern Mexico. The institute attributed the difference to the convenience-food diet and sedentary lifestyle of the Arizona Pimas (Castleman, p. 233).

The Centers for Disease Control indicate that 54 percent of heart disease, 37 percent of cancer, 50 percent of cerebrovascular disease, and 49 percent of atherosclerosis can be prevented by lifestyle changes (Strohecker, p. 4). Evans says that U.S. surgeons general have long maintained that 80 percent of disease is preventable (Evans, p. 63).

‡ In 2000 the four leading causes of death (in order) were heart disease, cancer, stroke, and chronic respiratory disease. Diabetes was sixth on the list, chronic liver disease twelfth, and hypertension thirteenth (U.S. Department of Health and Human Services, *National Vital Statistics Report*, vol. 49, no. 12, October 9, 2001, pp. 2-3, which can be accessed at www.cdc.gov/nchs/releases/01news/mort2k.htm). Chronic disease accounts for 70 percent of all deaths in the United States and more than 75 percent of the national health bill (www.cdc.gov/nccdphp/overview.htm).

exclusively) viewed as originating in the mind, which must also—and especially—be treated.

The traces of this notion of psychosomatic cause and effect can be observed in ancient, primitive attitudes, which saw disease as the result of hostile magic or the violation of a taboo.¹⁵ In the case of hostile magic, the cause of the sickness was imputed to another person. In the case of taboo violation, the sick person himself or herself was seen as responsible for the sickness. Although the ancient Babylonians thought that some simple illnesses resulted from natural causes, they attributed most disease conditions to demonic forces.

The biblical tradition attributes disease to various sources, but most frequently to a “psychic element” rather than natural causes.¹⁷ In Exodus (4:11) and Deuteronomy (32:39) disease is seen as a punishment from God. In Job it is caused by the jealousy of others (5:2) or the work of the adversary (2:7). In the Gospel of Mark, spirits of dumbness (9:17) or uncleanness (9:25) cause disease. In Ecclesiasticus (or Sirach), self-indulgence is the cause (37:30-31). All of these explanations have in common an intentional or volitional element, whether the agent is God, the adversary, evil spirits, others, or oneself. And yet, according to the most popular and persistent biblical notion of disease, it is God’s punishment for disobedience and sin,¹⁸ that is, the result of personal intentions contrary to divine intentions. Conversely, healing is understood as a sign of divine forgiveness; health is the result of following the divine commandments that guarantee it. This understanding illustrates the close connection seen between disease and human and divine relationships—but especially a shift in emphasis to personal responsibility: Humans are responsible for cooperating with the divine to heal disease and maintain health.

The Mosaic code specifies the actions necessary for maintaining health, which involve staying in right relationship with God and divine intentions. The Law treats disease prophylactically or preventively; following the Law prevents disease by ensuring health and right relationship with God. In fact, because Moses was the mediator of the Law, one could be justified in considering him the “father of preventive medicine.”¹⁹ In effect, health becomes an aspect of the Covenant, or contract, between humans and God. Maintaining the contract ensures health, whereas breaking it results in disease. Thus, within the context of the code, individual responsibility remains paramount. The bestowal of health or

disease is not arbitrary on God’s part but, rather, the result of individual actions or intentions.

A closer look at the Mosaic sanitary or hygienic code reveals seven basic principles, the most relevant of which are the Sabbath commandment and the laws regarding edible foods.*

The Sabbath commandment was considered an important prophylactic health measure for the whole human being—body, mind, and spirit. It provided an opportunity for spiritual worship and mental stimulation, as well as for the physical rest needed by a people and society whose livelihood was predominantly pastoral and agricultural.²⁰

The laws regarding edible foods are especially interesting because of their relevance to modern-day health concerns. In Genesis, God describes both plants and animals as food: “And God said, see, I have given you every plant yielding seed that is on the face of all the land, and every tree with seed in its fruit; you shall have them for food (Gn 1:29). . . . Every moving thing that lives shall be food for you; and as I give you the green vegetables and plants, I give you everything” (Gn 9:3). Although a vegetarian diet is not required,²¹ Leviticus (chapter 11) and Deuteronomy (chapter 14) limit meat consumption to those animals “chewing the cud and parting the hoof,” animals that, the commentators note, are themselves vegetarian.²² A further restriction distinctly and emphatically forbids the consumption of fat (Lev 3:17; 7:23-24) (and also blood). The recommendations concerning fowl mention only those that are prohibited: scavengers, carnivores, and birds of prey.²³ And fish consumption is limited to those with fins and scales. Crustaceans or shellfish were excluded because, feeding as they do on decomposing matter, they were thought susceptible to disease.²⁴ All these dietary restrictions are understood to protect the inhabitants of a subtropical climate from the dangers of parasites and food poisoning.²⁵ And the emphatic prohibition of fat is indicative of the kind of wisdom in the code that has been affirmed by modern science today.²⁶

Most important, the dietary code and the Sabbath commandment (as well as all other aspects of the sanitary code) reflect the divine will to safeguard health and protect people from illness. Health is synonymous with faith in God and the Covenant and following the Law, whereas sickness

* The other five principles concern circumcision, sexual relationships, sexual hygiene, cleanliness, and sanitation (George A. Butterick, et al., *The Interpreter’s Dictionary of the Bible*, vol. 2, pp. 544-546).

and disease signify falling out of relationship with God and God's intentions. The Hebrew people did not turn to physicians for healing, nor was there a general practice of medicine; health and disease were bound up with living in right relationship with God and the Law (and yet a more positive evaluation of doctors and the use of medicines appears later in the tradition).*

THE ROLE OF SIN AND EVIL IN DISEASE

The notion of individual responsibility for keeping or breaking the Law is the link to sin's role in disease. Sin in the Old Testament is generally understood as the state of "estrangement or alienation from God who is the only source of well-being."²⁷ It also signifies "missing the mark," or straying, as the result of ignorance. And yet the most profound theological understanding emphasizes revolt and willful disobedience from God.²⁸ Although sin relates to keeping the Law, a moralistic approach to the Law that focuses on keeping every "jot and tittle" is considered degenerate. For these Hebrew writers believed that the Law was not an end in itself but the means to maintain relationship with God and prevent the estrangement that sin brings.²⁹

The Hebrews located sin in the rebellious heart, the seat of the will, and characterized it as "an act of perverted freedom."³⁰ Although sin

overpowers individuals and even enslaves their wills, they remain ultimately responsible for it. Sin, the separation from God, entails pain and suffering (and yet some virtuous people—Job, for example—suffer too). And the ultimate consequence of sin is death.[†] Although the Hebrew tradition tries to mitigate sin's effects through ritual and observing the Law, in the end the problem of sin remains unresolved.³¹

The role of evil adds a complicating factor to the understanding of health and disease. Disease itself is understood as a manifestation of evil.³² But the origin of evil itself is not so transparent. Evil is described as a punishment from God.³³ But it is also closely associated with human sin (either synonymous with sin³⁴ or the direct result of sin³⁵) and is described as one of the "works of the devil" as well.³⁶

Evil seen as a punishment from God is understandable in a context in which disease is seen as a punishment from God. If disease signifies falling out of relationship with God by breaking the Law, abandonment by God can be seen as the "cause" of evil. And for the ancient Hebrews of the Mosaic code, "the omnipotent Lord" was the source of both good and evil.³⁷ Yet, by breaking the Law, human beings were just as responsible for evil. In this sense they bore responsibility for the evil of disease,³⁸ which becomes actualized only through sin. The Hebrews' understanding of a personalized devil or Satan as the source of evil—whose power comes from God but is limited and transitory (as depicted in Job)—is a late development of the tradition.³⁹

Rev. R. K. Harrison has helped us clarify the relationship between disease and evil, and the roles of their various prospective agents, by offering a Christian interpretation of disease in light of the ministry of Jesus.⁴⁰ He notes disease's various characteristics: It is abnormal and impairs well-being; it reflects antagonism and conflict within the organism; and it works in a degenerative way. Disease's key characteristic, Harrison writes, is its parasitic nature, reflecting the fundamental opposition between good (health and well-being) and evil (sickness). On the material plane, disease reflects a spiritual conflict involving the whole creation and is ultimately a reflection of evil itself, with death as its most virulent form.

Yet from a Christian perspective, disease can never be attributed to God as a punishment for sin. For Christ's mission is to cast out evil in all of its forms. The Atonement involves taking on sickness and disease in order to conquer them.[‡] The healings in the Gospels are steps along the way to

* Medicaments were not unknown to the ancient Hebrews. Isaiah (1:6) speaks of treating wounds and sores with balm and oil. The use of medicaments (and physicians) signified relief from disease, but they were secondary to revitalizing one's relationship to God. By the time of the writing of Ecclesiasticus (or Sirach) in the second century BCE (Ecl 38:1-15), the status of both medicines and physicians is changing. God is still the Supreme Healer, but the curative power of natural substances and the healing power of physicians are viewed as gifts from God (Butterick, et al., vol. 2, p. 546; vol. 3, p. 332).

† Death as the ultimate penalty for sin is foreshadowed in the warning given Adam about eating the forbidden fruit: "In the day that you eat from it you will surely die" (Gn 2:17). After the Fall, the penalty is pronounced as one of the curses resulting from it: "For you are dust and to dust you return" (Gn 3:19).

‡ Harrison combats pietistic notions that justify sickness and suffering by relating them to "spiritual blessings" or embracing them in imitation of Christ. Disease and suffering are tragedies that reflect sin—but especially reflect evil, which God can never wish to perpetuate. The Atonement is the source of hope for the ultimate conquest of sin and evil; it does not justify sickness and suffering.

the final eradication of evil and the sin and disease associated with it. God's attitude towards evil and disease through the work of Christ is clear—God intends to abolish it completely, which the victory of the Resurrection over death ultimately signifies in its final form.

In line with the Hebrew tradition's sanitary code, Harrison sees part of the solution to disease in an "informed prophylactic approach to living," involving responsible attention to the care of physical and mental needs.⁴¹ And yet he notes the perennial, recurring problem of the entire Judeo-Christian tradition: the human "disposition to sin," which allows disease to take hold and proliferate.⁴²

Harrison's reflections relate to topics discussed here: first, a psychosomatic understanding of disease that links it to sin and evil, and, second, the question of human or divine agency. And yet he clearly indicates that God's will is not to punish sin through disease but to abolish disease and the sin (and evil behind it) through Christ's healing ministry and ultimately the victory of the Cross.

A closer examination of the Christian Scriptures themselves will help to provide further insight into the Christian understanding of the relationship between the various parameters involved with disease, health, and healing.

THE HEALING MINISTRY OF JESUS

The first healing narrative of the synoptic Gospels affirms the divine will for healing. In this story, a leper tells Jesus that he can heal his disease if he wills it, to which Jesus replies: "I will; be made clean" (Mt 8:3; Mk 1:41; Lk 5:13). All subsequent healings underscore God's will to heal through Jesus. Further issues that emerge involve the role of sin, the Sabbath healings, the role of faith, and the incompleteness or impermanence of healing.

The role of sin comes up relatively infrequently in the healing narratives. Jesus directly implicates sin as a factor in disease only twice—in the cases of the paralytic lowered through the roof ("Your sins are forgiven you" [Mt 9:2; Mk 2:5; Lk 5:20]) and the man at the pool of Bethesda ("Sin no more, lest something worse befall you" [Jn 5:14]). The question of sin comes up once more in the case of the man born blind (Jn 9). When the disciples ask Jesus who (the man himself or his parents) sinned to cause the blindness, he replies that neither sinned and that the blindness is an opportunity for "The works of God . . . to be made manifest in him" (Jn 9:3). Although there are other significant aspects to this healing

(which I will mention later), the point here is that Jesus does not reject the association of disease and sin. He simply affirms that sin is not a factor in this particular case.

In the various Sabbath healings,* sin does not appear to play a direct role except in the case of the man at the pool of Bethesda (Jn 5:1-18). And yet the Sabbath healings are about sin in a different sense—in that breaking the Sabbath (through the "work" of healing) signified breaking the Law, which meant estrangement from God. But such an implication is turned on its head by Jesus' manifestation of healing power, which can only come from an intimate relationship with God (as indicated by Jesus himself [Jn 9:30-33]). Perhaps the deeper meaning of the Sabbath healings is that they emphasize that the true purpose of the Law is to maintain a state of grace, or communion with God, which is what health in the tradition is all about. It cannot be sinful to heal on the Sabbath, because the purpose of the Law is to maintain relationship with God and thereby to preserve health and wholeness.

But more significant than sin, in the Gospel's healing narratives, is the role of faith. Eleven different stories emphasize faith, although in them the faith of someone else is just as operative as the faith of the sick person. In seven of the episodes,† Jesus responds to the faith of another (a relative or friend), and in the other four,‡ healing results in response to the faith of the sick person. Although breaking or keeping the Law determines health and is the measure of faith in the Hebrew tradition, in the Christian tradition faith itself becomes the guarantor of health as well as the measure of the Law.

The question of permanence or completeness of healing comes up in the stories of the man at the pool of Bethesda, the return of the unclean spirit

* The man with the withered hand (Mt 12:9-14; Mk 3:1-6; Lk 6:6-11); the crippled woman (Lk 13:10-17); the man with dropsy (Lk 14:1-6); the man at the pool of Bethesda (Jn 5:1-18); the man born blind (Jn 9:1-41).

† The centurion's servant (Mt 8:5-13; Lk 7:1-10); a paralytic (Mt 9:1-18; Mk 2:1-12; Lk 5:17-26); Jairus's daughter (Mt 9:18-26; Mk 5:21-43; Lk 8:40-58); the Syrophenician woman (Mt 15:21-28; Mk 7:24-30); many sick people (Mt 15:29-32); a deaf person (Mk 7:31-37); the blind man of Bethesda (Mt 8:22-26).

‡ The woman with a discharge (Mt 9:20-22; Mk 5:25-34; Lk 8:43-48); two blind men (Mt 9:27-31); the healings at Gennesaret (Mt 14:34-36; Mk 6:53-56); Bartimaeus (Mt 20:29-34; Mk 10:46-52; Lk 18:35-43).

(Mt 12:43-45; Lk 11:24-26), and the 10 lepers (Lk 17:11-19). Although Jesus heals the man at the pool, his advice to "sin no more, lest something worse befall you" (Jn 5:14) indicates that the lasting effect of the cure is an open question and depends on the activity of sin. The possibility of impermanence becomes more concrete with Jesus' saying about the unclean spirit. For although the spirit has been cast out, it returns with seven others, so that "the last state of that man becomes worse than the first." The story of the 10 lepers brings out more concretely the importance of faith in achieving a lasting cure. When one leper returns with thanksgiving and praising God, Jesus asks about the other nine and remarks that "your faith has made you whole." The implication is that the others, who have manifested no such faith, have not been made whole or fully cured, even though they have been freed from sickness.*

The importance of the degree of faith also becomes evident in the course of the Gospel narratives. In the story of the boy with a spirit (Mt 17:14-21; Mk 9:14-24; Lk 9:37-43), the apostles' "little faith" or "unbelief" prevents them from casting out the spirit, thereby necessitating Jesus' intervention. Although Jesus' walking on water (Mt 14:22-33) does not involve a healing, it does illustrate the saving power of faith,[†] especially great faith. For when Peter attempts to follow Jesus but begins to sink into the sea, he is admonished: "O you of little faith, why did you doubt?" (Mt 14:31). Faith appears to involve a continuum—of small faith to great faith, weak faith to strong faith. The implication is that more healing or salvation—bringing with it the power to make whole—is to be found in great or more perfect faith.[‡]

The healing of the man born blind (Jn 9:1-41) has a special significance among the Gospel healing narratives. The precipitating cause of the blindness is not sin, nor is faith a factor in the cure (although faith results). Both the sickness

and cure are the opportunity to "manifest God's works." The healing is also distinguished by the use of clay, as a kind of medicinal substance.⁴³ Yet the episode's most important aspect appears to be the emphasis put on the activity of the healer, who heals to manifest God's works. In this healing in particular, the question of the sick person's personal responsibility for either the disease or the cure effectively disappears, while the activity of the healer, who represents God's will for health and healing, comes to the fore.

One final point about the Gospel healings must be reemphasized. Jesus' healing ministry signified the overcoming of disease, sin, and the evil that stood behind them. And yet the final resolution of the problem they pose is not the healings themselves but the Resurrection, which signifies victory over death—death being the most serious manifestation of disease, sin, and evil. Healing disease and restoring health in the Gospel narratives are transitional steps to the ultimate goal of a complete and permanent cure through the Resurrection.

RESOLVING THE DEBATE

Now what about the debate between holistic medicine (with its emphasis on prevention) versus physical medicine (with an emphasis on intervention)? We can, from the preceding outline of the Judeo-Christian tradition's understanding of health and disease, draw some conclusions about these questions on the basis of a theological point of view.

The Judeo-Christian tradition is clearly holistic in its understanding of health and disease. Disease and health are bound up with psychospiritual factors. On the one hand, they are influenced by the relationship to God or the Divine, as mediated by the Law, which includes natural laws.[§] Breaking these laws (summarized by the theological concept of "sin"), whether willfully or

* Evans indicates a similar view (p. 72).

† Cherry (p. 30) notes the "sympiotic connection" between the notions of salvation and healing expressed by the Greek word *sōzō* (σῴζω), which means "to save" but also refers to curing illness.

‡ John's Gospel, which identifies Jesus as the Logos or Divine Word, suggests that greater or more perfect faith is based on *hearing* the Word rather than on *seeing* signs and wonders. The theme first appears in the story of Nathaniel (1:47-49) and continues through the following episodes: distrust of those who believe because of seeing signs (2:24); the Samaritan woman and the

Samaritans (4:1-42); the healing of the official's son (4:46-54); promises to those who hear and believe in God (5:24); the failure to arrest Jesus because of his words (16:29); and doubting Thomas (20:29). Although John's Gospel was written later than the others, thereby providing a transition for generations of Christians who could not be eyewitnesses but only "hearers" of the Word, his emphasis on belief based on hearing (rather than seeing) clearly implies that it is a more profound form of faith.

§ The Law is relevant for Christians as well as Jews. As Butterick, et al., remind us "the time-honored distinc-

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through ignorance, leads to disease. On the other hand, disease and health are conditioned by the power of faith and the degree to which it becomes integrated into one's life.

But health and disease are not determined by individual psychology and spirituality alone. Although evil in the soul (sin or lack of faith) contributes to disease, it is also an objective spiritual reality outside the human being. Even the righteous get sick (as witnessed by Job) and even the righteous grow old and die. Health and disease are embedded within the psycho-spiritual conflict of sin and faith in the soul, in the will of the adversary for sickness and disease, but also in the will of God for health and healing. Human powers cooperate with spiritual powers—in causing but also in curing disease.

It is evident that the Judeo-Christian tradition resolves the question of intervention or prevention by supporting *both* at the same time. The laws governing health illustrate the prevention-oriented side. Yet Jesus, who discourages sin and encourages faith, is also the archetype of the intervening physician who heals in order "to manifest God's works"—God's will to heal—while also raising the question of whether any cure can last without the living faith in God that serves to protect health.

As René Dubos points out, the Asclepian and Hygeian approaches to health are complementary.⁴⁴ Their complementary character can be seen in the male and female deities they embody, as well as in the relationship between them (with Hygeia as the daughter, wife, or sister of Asclepius, depending on which version of the myth is being told). In fact Hippocrates, in his

famous oath, invokes both.* And although Asclepius's tradition has become associated with conventional medicine and a materialistic point of view, in ancient times he was revered as a god and represented a spiritual understanding of both the cause and cure of disease.⁴⁵ The roots of both the Asclepian and Hygeian traditions are divine, and they accord with the two major poles in the Judeo-Christian tradition, prevention and intervention. And yet the health care debate has served to highlight conventional medicine's lack of appreciation for the psychological and spiritual dimensions of disease and the importance of prevention. This turn of events must particularly be a cause of concern for *religious* health care institutions. A neglect of any treatment parameter compromises the integrity of the tradition, for which the call to repentance—"Change your ways!"—is as integral as the gift of healing. Just as there is a movement today towards notions of "blended," "integrative," or "complementary" medicine to describe the synthesis of both approaches, the theological perspective also argues for the full inclusion of both as equal partners.[†]

The tradition's holistic understanding also has implications for spiritual care providers (and for other health care professionals as well). Just as Jesus himself treated the whole human being—body, soul, and spirit—spiritual care providers must take lifestyle issues into account; physicians should do the same with patients' psychology and spirituality. Drawing a clear distinction between the mind and the body and treating each separately is the attitude of the conventional medical model; but it is the attitude of neither the holistic model⁴⁶ nor the holistic tradition. A holistic

tion between the OT [Old Testament] as a book of law and the NT [New Testament] as a book of divine grace is without grounds or justification. Divine grace and mercy are the presuppositions of law in the OT; and the grace and love of God displayed in the NT events issue in the legal obligations of the New Covenant. . . . Paul's polemics against the law in Galatians and Romans are directed against an understanding of law which is by no means characteristic of the OT as a whole" (vol. 3, p. 77).

Elsewhere, Butterick, et al., note that "[the New Testament documents] all affirm that the law, insofar as it is the expression of the holy will of God, remains valid, radicalized, and at the same time relativized, by the absolute claim of love" (vol. 3, p. 102).

* "I swear by Apollo the physician, Aesculapius, Hygeia, and Panacea, and all the gods and goddesses . . ." (Venes and Thomas, p. 902). Panacea was a sister of Hygeia.

† Hence Castleman's *Blended Medicine* and Phalen's *Integrative Medicine*. The National Institute of Health's Office of Alternative Medicine, established by Congress in 1992, has since been renamed the Office of Complementary and Alternative Medicine. Many conventional health care facilities now include complementary healing therapies such as acupuncture, relaxation, and meditation. Alternative practitioners such as Andrew Weil (in *Health and Healing*, pp. 82 and 115), Joseph Pizzorno (in Castleman, p. 118), and others acknowledge the strengths of conventional medicine (treating acute and infectious disease and dealing with emergencies and trauma) as well as its weaknesses (particularly in treating chronic disease). And yet the difference between conventional medicine's attitude toward chronic disease, on one hand, and holistic medicine's, on the other, suggest that, in this respect at least, the latter is more an "alternative" to the former than a "complement" to it.

understanding poses challenges to patients, but to health care practitioners as well.

The conventional definitions of "health" and "wellness" are holistic, in that each implies health and well-being in both physical and mental terms.* Yet "wellness" is the more dynamic of the two concepts and more clearly embraces lifestyle issues (as well as hinting at the faith or spiritual dimension). In beginning to outline a "theology of wellness," we would say that, from the theological point of view, health involves a dynamic balance between multiple dimensions working together. Such a conclusion is compatible not only with those produced by the current health care debate but also, as I have tried to show in this article, with one grounded in the tradition. The tradition may also help to shed further light on other aspects of the continuing debate.† □

NOTES

1. See, for example, the *Nurse's Handbook of Alternative Therapies*, p. 64; James Strohecker, ed., *Alternative Medicine: The Definitive Guide*, Future Medicine Publishing, Puyallup, WA, 1994, p. 5; and Andrew Weil, *Health and Healing*, Houghton Mifflin, Boston, 1998, p. 51.
2. *Nurse's Handbook of Alternative Therapies*, p. 22.
3. Weil, pp. 25, 37, and 47.
4. Abigail Rian Evans, *Redeeming Marketplace Medicine*, Pilgrim Press, Cleveland, 1999, p. 27; Weil, p. 47.
5. Strohecker, p. 6; Weil, p. 114.
6. *Nurse's Handbook of Alternative & Complementary Medicine*, p. 63.
7. Michael T. Murray, *Stomach Ailments and Digestive Disturbances*, Prima Publishing, Rocklin, CA, 1997, pp. 27-28; Strohecker, p. 5.
8. Strohecker, p. 8; Michael T. Murray, *Natural Alternatives to Over-the-Counter and Prescription Drugs*, Quill/William Morrow, New York City, 1994, p. 30; Weil, preface, pp. 205, 232, and 273. Weil cites the body's ability to heal itself as the main theme of his book *Spontaneous Healing* (Fawcett Columbine, New York City, 1995).
9. Murray, *Natural Alternatives to Over-the-Counter and Prescription Drugs*, p. 11. The motto "First, do no harm" (*primum non nocere*) is attributed to Hippocrates (Epidemics, bk. 1, sect. XI). It is one of Murray's four fundamental principles of holistic and naturopathic care (the others are the healing power of nature, identify and treat the cause, and the physician-as-teacher). From the conventional point of view, "doing no harm" "is an idealistic but virtually unattainable goal because there is no medical procedure, operation, or drug that does not have the potential for harm" (Donald Venes and Clayton L. Thomas, eds., *Taber's Cyclopedic Medical Dictionary*, F. A. Davis, Philadelphia, 1997, p. 1,561).
10. A review of 1994 statistics indicates that more than 100,000 Americans died as a result of adverse drug reactions and 2.2 million were seriously injured (Jason Lazarou, Bruce H. Pomeranz, and Paul N. Corey, "Incidence of Adverse Drug Reactions in Hospitalized Patients," *JAMA*, April 15, 1998). An *Archives of Internal Medicine Report* of September 9, 2002, indicates that potentially harmful drug errors involving the administration of medication (given at the wrong time or not at all) occur, in U.S. hospitals, on the average of more than 40 times a day; a 1999 Institute of Medicine report estimates that more than a million injuries and as many as 98,000 deaths result annually from medical errors (Lindsey Tanner, Associated Press, September 9, 2002).
11. *Nurse's Handbook of Alternative & Complementary Therapies*, p. 63. Weil writes at length in *Health and Healing* about the significance of the powers of the mind and the placebo response for healing, and the implications to be drawn from it.
12. Rene Dubos, *Mirage of Health*, Rutgers University Press, New Brunswick, NJ, 1959, pp. 129-169. The author writes, in a frequently quoted passage, "For the worshipers of Hygeia, health is the natural order of things, a positive attribute to which men are entitled if they govern their lives wisely. According to them, the most important function of medicine is to discover and teach the natural laws which will ensure a man a healthy mind in a healthy body. More skeptical, or wiser in the ways of the world, the followers of Asklepios believe that the chief role of the physician is to treat disease, to restore health by correcting any imperfections caused by accidents of birth or life" (p. 131). Evans (p. 34) and Weil (*Health and Healing*, pp. 138-139; *Spontaneous Healing*, pp. 3-6) also refer to the traditions of Asclepius and Hygeia.

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* The *American Heritage Dictionary* defines health as "soundness, especially of body and mind." Wellness is defined as "the condition of good physical and mental health, especially when maintained by proper diet, exercise, and habits" (4th ed., Houghton Mifflin, Boston, 2000, pp. 808, 1,953). *Taber's Cyclopedic Medical Dictionary* defines health as "a condition in which all functions of the body and mind are normally active" (Venes and Thomas, p. 845). Wellness, in turn, is defined as "more than a lack of disease symptoms; it is a state of mental and physical balance and fitness" (Venes and Thomas, p. 2,110).

† The holistic emphasis on the doctor as teacher finds a clear echo in the Gospels, where Jesus is addressed as "Teacher" or "Rabbi" on numerous occasions. As for

conventional medicine's metaphor of "waging war," Scripture is both violent and nonviolent in its imagery (for example, the parable of the wheat and the tares in Mt 13:24-30; and the words "If your eye offends you, pluck it out" in Mt 18:9). Conventional medicine's rejection of the challenge to "do no harm" seems disingenuous, both because of the generally nontoxic effect of natural medicines and the fact that prevention might obviate the need for potentially harmful interventions. This is an issue worth further theological reflection. Weil's emphasis on the placebo response and the powers of the mind (in *Health and Healing*) is especially noteworthy because of its correlation with the tradition's stress on the role of faith in healing. This is another issue worth further investigation.

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13. "Asclepius" and "Greek Medicine," at BBC Medicine through Time, www.bbc.co.uk/education/medicine/nonint/prehist/dt/prdtb1L.shtml and www.bbc.co.uk/education/medicine/nonint/prehist/dt/prdtcs2.shtml.
14. Strohecker, p. 13; Castleman, p. 116; and Murray, *Natural Alternatives to Over-the-Counter and Prescription Drugs*, pp. 32-33. Murray notes that the primary meaning of the word *doctor* (Latin: *docere*) is "teacher." The doctor-as-teacher is one of his basic health care principles (see note 9).
15. George A. Butterick, et al., eds., *The Interpreter's Dictionary of the Bible*, vol. 1, Abingdon Press, New York City and Nashville, TN, 1962, p. 847.
16. Butterick.
17. Butterick, p. 848.
18. Butterick, vol. 2, p. 542.
19. Butterick.
20. Butterick, pp. 541, 543. Considering the intent of the Sabbath commandment to provide rest for a physically active people, one can ask whether a modern-day version might include physical activity for the physically inactive.
21. Butterick, p. 543.
22. Butterick, pp. 543-544.
23. Reginald Cherry, *The Bible Cure*, Harper, San Francisco, 1998, p. 23.
24. Butterick, p. 544. Today shellfish are considered unhealthy because they concentrate heavy metals (Cherry, p. 26).
25. Butterick.
26. Cherry, pp. 19-20.
27. Butterick, vol. 4, pp. 361-362.
28. Butterick, p. 361.
29. Butterick, p. 363.
30. Butterick, p. 365.
31. Butterick, p. 367.
32. Butterick, vol. 1, p. 849.
33. Butterick, vol. 2, p. 182.
34. Butterick, vol. 4, p. 365.
35. Butterick, p. 451.
36. Butterick, vol. 1, p. 849; see also 1 Jn 3:8.
37. Butterick, vol. 2, p. 542. The Hebrews, thinking of God as the source of both good and evil (including disease), saw that idea as an advance over those of other ancient peoples because, unlike those peoples, they no longer attributed disease to magic or hostile spirits.
38. Butterick, vol. 4, p. 451.
39. Butterick.
40. R. K. Harrison, "A Christian Interpretation of Disease," *The Churchman*, vol. 62, no. 4, 1953, pp. 220-227.
41. Harrison, p. 226.
42. Harrison.
43. Cherry, p. 13; Evans, p. 100.
44. Dubos, p. 131.
45. "Asclepius," BBC Medicine through Time.
46. *Nurse's Handbook of Alternative & Complementary Therapies*, p. 63.

COMMUNICATION STRATEGIES

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Health care materials don't have to be complex to achieve favorable outcomes.

the topic, rumors, or misinformation and the types of questions they have. Obtain this information through interviews and group sessions that offer topics and questions in advance and include individuals who share common age, sex, and socioeconomic status. "People are more relaxed among others with similar backgrounds," says Mayer. The facilitator should speak the language of the participants and have a thorough understanding of the issues presented.

3. *Once you know the audience and what you want to communicate, determine how to say it.* Mayer suggests using simple language, short words and sentences, an active rather than a passive voice, a 14- to 16-point typeface, plenty of white space in the layout, and language at the fifth grade level or lower. "Arrange information logically and effectively in a user-friendly fashion by prioritizing and repeating the most important points and including question-and-answer sections," she states.

4. *Use line drawings, photographs, cartoons, and other art.* Present one message per illustration and avoid charts and graphs. "Use appropriate colors for the culture because certain colors may have different connotations," advises Mayer. "And beware of humor—not all cultures perceive the same things as funny."

5. *Pre-test your materials.* Ask a focus group of the intended audience if the text and artwork are understandable and acceptable.

6. *Ensure that your staff understands the information and is trained to use it effectively—before distributing the materials.* "All staff must know

why and how the materials have been prepared and how their use will make their jobs easier," says Mayer.

7. *Explain each page of the materials to patients.* Although mailing, handing out, or e-mailing the material is better than doing nothing, the more time you can take explaining the information to patients personally, the better the chance of them using it. "There is a lot of shame among patients who have trouble reading. They will not tell you they can't understand what you are giving them," says Mayer. "You may not be able to ask them about their reading ability because of embarrassment and trust issues. Therefore, the best patient approach is to have easy-to-read and easy-to-understand materials that you can review with them in a private place, leaving time for the patient to ask questions."

8. *Verify the message has been received.* Interview patients to determine their understanding, use, and recall of the materials as well as the actions taken to improve their health and wellness.

Developing, producing, and distributing patient education materials to a low literacy level population require a great deal of time and energy. Health care materials don't have to be complex, elaborate, or high-tech to achieve favorable outcomes. By paying careful attention to your patients' needs and by choosing words they can understand, your organization's communications efforts will see positive results. □

Ms. Weiss is a Santa Monica, CA-based health care consultant and speaker. She can be reached at 310-393-5183 or at rweiss@memnet.org.