

Some Christian Perspectives on Health and Sickness

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Introduction

'There's nowt so queer as folk' – this, now non-politically correct, maxim from the North of England applies pretty well to the common human experience of taking good health for granted, while becoming anxious at the onset of illness. But, of course, there may be good reason for such anxiety – even minor ill-health causes inconvenience and loss of energy, while major illness, chronic or acute, brings great suffering and raises serious life and death questions. In what follows, I want to propose some Christian perspectives on health and sickness that may help to address some of the questions that arise at both a personal and a societal level.

Jesus Christ and Health and Sickness

We are not told if Jesus ever caught a cold or suffered from a migraine. We do know, however, that he experienced human weakness; that 'he was like us in all things except sin' (Hebrews 4: 15); that he wept at the news of the death of his friend Lazarus; that, in one version of Luke, in his anguish at Gethsemane 'his sweat fell to the ground like great drops of blood' (Lk. 22: 43–44).

Moreover, we do also know that when he preached his central message of the coming of the Kingdom of God, he accompanied it with many miraculous healings. When the disciples of John the Baptist came to enquire if he really was the Messiah, he answered by saying: 'Go back and tell John what you have seen and heard: the blind see again, the lame walk, lepers are cleansed, and the deaf hear ...' (Lk. 7: 22). And he could also have mentioned the healing of the many people the society of the time deemed to have 'evil spirits', who we may conjecture were suffering from mental illnesses of various kinds or epilepsy.

Healing Ministry of Jesus

There are several aspects to the healing practice of Jesus that give us an insight into his – and so, we believe, God's – attitude to health and sickness.

Compassion

First, Jesus always agrees to heal, and we are often told that he does so because he has

compassion. Of course, one might say, this is only what could be expected: if he was a good person, if he had this power, then why not? But there is a deeper layer of meaning involved here. Jesus is implicitly telling us that our salvation, that deep friendship with and love of God which is our destiny, that 'life to the full', includes physical and mental health as values to be cherished. Ill-health, then, is at least a pre-moral evil, and is to be avoided.

This attitude is a far cry from a notion of salvation that is purely spiritual, or, indeed, from a notion of illness (present in parts of the Old Testament tradition) as a punishment from God – 'Rabbi, who sinned, this man or his parents, for him to have been born blind?' 'Neither he nor his parents sinned', Jesus answered (Jn. 9: 1–2). Of course, we may bear some responsibility for illnesses which afflict us – individually because, for example, of our choice of poor diet or lack of exercise; communally, for example, because of our creation of a hazardous environment or our tolerance of social and economic conditions that damage health. But good people sometimes needlessly compound their own anxiety with the often unspoken notion that their illness is due to the fact that God is 'out to get them'. Nothing could be further from the attitude of Jesus in the Gospels. Jesus wants to heal and it is part of his mission to his disciples that they continue his ministry of healing.

Need

Secondly, it is clear that the ministry of healing which Jesus exercises is conditioned by need, not by class, nationality, or ability to pay. We can suppose that those he healed were mostly poor: this, of course, was the largest social group at the time, and the group with which Jesus most identifies. Nonetheless, he is not deaf to the plea of the synagogue official, or to the faith of the Roman centurion. The only time that Jesus even questions this universal, inclusive approach is in relation to his encounter with the Syrophenician woman whose daughter had 'an unclean spirit' (Mk. 7: 24–30) but, perhaps learning from the insistent need of the woman herself, he decides firmly in her favour and in favour of inclusivity.

The Kingdom

Thirdly, the Kingdom that Jesus preaches is to come in the future and yet is already among us. Theologians use the term eschatological to express this reality: the fullness has yet to come, but there are anticipations, given as a pledge of that fullness, already present. Jesus, then, did not cure everyone who lived in Palestine in his day. In fact, according to St Paul, sickness and weakness may sometimes have a beneficial effect in God's plan for us: '... I was given a thorn in the flesh ... about this thing I have pleaded with the Lord three times for it to leave me, but he has said, "My grace is enough for you: my power is at its best in weakness" ... so I shall be very happy to make my weakness my special boast ... for it is when I am weak that I am strong' (2 Cor. 12: 7–10).

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This surprising slant on what we spontaneously view as negative is quite often borne out in our experience, and not just in a faith that 'hopes against hope'. So, for example, you will hear someone who has recovered from a serious illness express the conviction that now they appreciate life in an altogether different, more profound way, while others will testify to the life-changing experience of being loved as never before in their situation of illness and vulnerability.

This perspective is reinforced by the remark elsewhere in Paul that 'it makes me happy to suffer for you, as I am suffering now, and in my own body to do what I can to make up all that has still to be undergone by Christ for the sake of his body, the Church' (Colossians 1: 24). This line of thought is re-captured in the intuition of Martin Luther King that 'unearned suffering is redemptive' – the intuition that at the heart of the world is a struggle between good and evil which only a redemptive love involving sacrifice and suffering can resolve, that Jesus Christ is the one who brings about this resolution, but that, graciously, he has allowed us a part in this resolution through our own offerings of a love that will sometimes suffer.

This third aspect makes it clear that sickness, and even death, are best understood according to the premise of St Augustine's theodicy that God 'judged it better to bring good out of evil than not to permit evil to exist at all'.¹ Nonetheless, there is real negativity here, at least a pre-moral, physical evil, and the predominant tone of the New Testament is to encourage prayers for good health and healing, which are regarded as symbolic anticipations of the final coming of God's Kingdom.²

Social Aspects

Fourthly, it needs to be noted that there are inherently social aspects to the healing practice of Jesus. What I refer to here is not just the inclusivity of his ministry, but also the reality that, for poor people in particular, illness could involve the stigma of being 'unclean' in a way that cut them off from the worshipping community. We are told that there were as many as 248 commands and 365 prohibitions making up the Law, many of them to do dietary matters and hygiene.³

Apart from the fact that knowledge of the Law became the prerogative of scholars and the Establishment, the poor, as always, were more likely to suffer from illness. And so, when Jesus cures a leper, for example, or casts out an 'evil spirit', one needs to reckon with the fact that what is involved here is not merely a personal matter but also the re-integration of that person in the community. Leprosy, in particular, is often a 'catch-all' title for various skin diseases, often due to poor diet and hygiene, which resulted in automatic expulsion 'outside the camp' – precisely where Jesus himself ended up at his crucifixion, such was his identification with the poor and sick.

Discipleship of Healing

There is, fifthly, the way in which the healing practice of Jesus ought to be understood today. While living in Northern Ireland in the 1980s, I attended many Protestant Pentecostal and Evangelical services which often included a healing dimension: one was encouraged to believe that if one had faith, one would be healed. On the Catholic side, there has been a resurgence of interest in this kind of healing service through the Charismatic Renewal movement, while there has been a more constant belief in the power of healing associated with holy places such as Lourdes and Knock, not to mention the intercession of saints and holy people like Padre Pio and John Sullivan. And why not – after all, did not Jesus give this mission to his disciples, did

he not say, in sending them out to the whole world, that ‘they will lay their hands on the sick, who will recover’ (Mk. 16: 18)?

There are two dangers in any simplistic reading of this understanding of what discipleship might involve. One concerns the so-called Prosperity Gospel approach, popular in parts of the United States in particular but often exported more widely. This approach teaches that if you have faith – if you *really* have faith – then life will be good, you will make money, and you will have good health. Well, apart from this being a misreading of the sense of the Bible taken as a whole (neither money nor health is the ultimate criterion of the good life) it also can be psychologically very damaging – think, for example, of the seriously ill person who does not experience healing after prayer, and who now may feel the burden of guilt and depression at his or her presumed lack of faith, or may doubt in the very existence of the God who could comfort at a time of suffering.

The other danger is that this approach ignores, or undervalues, the principal way in which God works in our world through us. St Irenaeus liked to speak of Jesus Christ and the Holy Spirit as the two hands of God the Father. Carrying on this theme of instrumental causality, St Ambrose spoke of every worker being ‘the hand of Christ’. In other words, the principal way in which God is present in our world, in which his Kingdom comes, is through the conscientious, competent, inventive work of us human beings. And so there is the human desire to help the sick, the medical skill that is required, the social and bureaucratic policy and organisation that can make those desires and skills as universally available as possible – this is at the heart of Christian discipleship of the healing Jesus in our world of today, a mission we gladly share with those of all other and no faiths.

None of this ought to be taken as denying the rightful place (and the power) of prayer, or of the turn to holy places and people for help. The Catholic Church, in particular, has made a Sacrament of this ‘turn to God’ for help, the Sacrament of the Anointing of the Sick (still, it seems, too closely associated only with the kind of sickness which is close to death, and so still in practice often conjuring up the older title of the Sacrament of Extreme Unction). We are talking about ‘both/and’, not ‘either/or’ – as applies, indeed, across a whole range of related topics

which are often reduced to alternatives of separation rather than distinctions of relationship (for example, religion–science; religion–politics, and so on).

This more inclusive approach makes intellectual sense because ultimately all is ‘in God’s hands’, God is working through the skilled individuals and systems that are the professional healers of today. There is also a great deal that these professionals don’t know, strange things happen (as is evidenced, for example, in the old tradition of faith-healers), and the believing Christian will have faith not just in the God-inspired professionals but in the mysterious irruptions of the Kingdom into our ‘now’ that accompanied the ministry of Jesus and that can, as St Ignatius put it in a different context, occur today as instances of ‘consolation without cause’.

Vision and Values

From this consideration of the healing practice of Jesus, to which we might add his other prescriptions regarding a moderate lifestyle, we may extrapolate a notion of the person and society in which health of mind and body – a holistic model of health care, in today’s jargon – is intrinsic to the Christian vision. In an earlier study, the Jesuit Centre for Faith and Justice along with the Adelaide Hospital Society outlined four principal values which we argued ought to accompany this vision: care, excellence, justice and freedom.⁴ It remains to comment briefly on some pertinent implications of the social implementation of this vision and these values.

Social Implications

The principal source of the nuanced application of the teaching of Jesus to the social arena is to be found in our day in Christian social ethics, and for Catholics in Catholic Social Teaching. I limit myself to two observations taken from this corpus of teaching.

First, with reference to the question of introducing a system of universal health insurance, as raised earlier in this issue of *Working Notes*, the attitude of Catholic Social Teaching to the free market is worth recalling.⁵ On the one hand, the teaching is appreciative of the positive value of the free market:

It would appear that, on the level of individual nations and of international relations, the free market is the most efficient instrument for utilizing

resources and effectively responding to needs. However, the teaching is also acutely aware of the limits of the market:

But this is true only for those needs which are 'solvent', insofar as they are endowed with purchasing power, and for those resources which are 'marketable', insofar as they are capable of obtaining a satisfactory price. (Centesimus Annus, n. 34)

The market, then, is never sacrosanct, but rather:

It is a strict duty of justice and truth not to allow fundamental human needs to remain unsatisfied, and not to allow those burdened by such needs to perish. (Centesimus Annus, n. 34)

And so, useful though the market is, 'there are important human needs which escape its logic', and an 'idolatry' of the market 'ignores the existence of goods which by their nature are not and cannot be mere commodities' (*Centesimus Annus*, n. 40).

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One needs to avoid a fundamentalism in applying Catholic Social Teaching, just as one needs to avoid a biblical fundamentalism. And so the application of this teaching concerning the value and limits of the free market to the issue of health care in any particular context needs, as always, to be guided by prudent political judgements and not some *a priori*, however sacred in source, ideology. However, given what we know about the workings of the free market in our world today, given in particular the experience of the United States of America (following a free market approach) with the highest expenditure per capita in the world for health care and the worst outcomes of all developed countries, then it really does behove us in this country to ask whether indeed it is better to be closer to 'Boston rather than Berlin'. Our two-tier health system in Ireland is a scandal; it offends against justice and the socially inclusive practice of Jesus Christ, and it

requires radical reform.

Secondly, with the increasing professionalisation of health care, its tendency to be seen nowadays as a job rather than as a vocation, there is real need for the value of care to be understood as going beyond technical expertise. When people are sick, 'they may be vulnerable, dependent, needy, and issues of intimacy and trust come to the fore'.⁶ In this context, it is wise for civil authorities to attempt to integrate this aspect of care into professional training, but also to allow, and indeed where necessary (one thinks of chaplaincy services) subsidise, the more explicitly vocational approaches of voluntary and religious groups which address this real need.

Conclusion

There are many positive realities in the Irish health service, not least the competence and dedication of those working within it, and there have been real improvements too – one thinks, for example, of what is happening in the provision of more reliable cancer diagnosis and treatment. However, a Christian perspective would also identify severe shortcomings, which include the basic model employed which, with over-reliance on the free market, perpetuates the private–public divide, widening and deepening the two-tier nature of the service. And, in the holistic context that this Christian perspective offers, it is also appropriate to ask questions about the level of provision of social care and support services and our society's commitment to addressing the income inequality and lifestyle factors which endanger public health.

Notes

1. Gabriel Daly O.S.A., *Creation and Redemption*, Dublin: Gill and Macmillan, 1988, p. 161.
2. Dermot Lane, *Christ at the Centre*, Dublin: Veritas, 1990, pp. 30–31.
3. Gerald O'Collins, *Interpreting Jesus*, London: Chapman, 1983, p. 51.
4. The Adelaide Hospital Society and the Jesuit Centre for Faith and Justice, *The Irish Health Service: Vision, Values, Reality*, Dublin: 2007.
5. For what follows, see Pope John Paul II, *Centesimus Annus (On the Hundredth Anniversary of Rerum Novarum)*, Encyclical Letter, 1 May 1991.
6. The Adelaide Hospital Society and the Jesuit Centre for Faith and Justice, *op. cit.*, p. 3.

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