

CHAPTER 4

Christianity

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Introduction

Christianity is the world's largest religion, with a highly developed understanding of the impact of religious belief and commitment on personal and social wellbeing. Although the basic elements of such understandings of the relation of spirituality and wellbeing are found in the New Testament, the foundational document of the Christian faith, the full development of these ideas dates from later periods, most notably the Middle Ages in western Europe. [1,2] This period witnessed substantial growth in reflection on the relationship between Christian spirituality and healthcare, physically demonstrated in the establishment of hospitals within monastic communities,[3] and intellectually manifested in a significant number of treatises dealing on the relation of faith with what is now recognizable as issues in mental health and emotional wellbeing.

This connection between Christian commitment and healing continues to the present day. The category of the 'medical missionary' remains an important witness to the Christian belief that spiritual, mental, and physical wellbeing are interconnected.[4,5] Particularly during the nineteenth and early twentieth centuries, substantial numbers of Christian missionaries melded both spiritual and medical skills in their 'care of souls.' The inner dynamics of the Christian faith posit a natural connection between salvation and healing,[6] traditionally traced back to the healing ministry of Jesus of Nazareth, continued and extended in the early church.

According to Christian tradition, Luke—the author of both the gospel bearing his name and the Acts of the Apostles—was a physician, often leading to his being spoken of as a 'physician of the soul' in Christian spiritual and devotional writings. Although routine assertions to the effect that the churches opposed medical advancement—such as the use of chloroform to relieve pain in childbirth—are still encountered in more popular discussions of pain relief or medical history,[7] these have long since been discredited in the scholarly informed literature.[8]

This article sets out to assemble the various ways in which the rich Christian spiritual tradition relates to issues of healthcare. This takes a number of forms, including the inculcation of values and attitudes that are conducive to wellbeing and care for the ill. Readers who are not familiar with the Christian tradition need to appreciate that it is complex and multifaceted, and hence difficult to summarize adequately. What follows is, however, a representative account of some

important themes, values, and practices that are of direct relevance to the themes of this volume.

The personal ministry of the founder of Christianity

There are a number of components to the gospel accounts of the ministry of Jesus of Nazareth. Two of the most important are teaching and healing. According to the gospel accounts, Jesus of Nazareth both taught the values of the 'kingdom of God' and undertook a healing ministry, seeing these as two sides of the same coin. This dual emphasis was, in turn, passed on to 'the Twelve'—the group of disciples closest to Jesus of Nazareth, who would play a decisive role in shaping the ethos and beliefs of the early church. Luke records that Jesus gave authority to these disciples to teach and to heal, and 'sent them out to proclaim the kingdom of God and to heal' (Luke 9:1–2).

Jesus of Nazareth played a critical role in establishing and consolidating the ethical and pastoral values of the Christian faith.[9] The nature of this influence must be understood as operating at several levels. First, the early Christian community regarded the memory of Jesus, including his teachings and actions, as determining its identity. Yet this essentially historical understanding of the formation of attitudes and values must be supplemented at a more rigorously theological level. The doctrine of the incarnation—that is, that God chose to enter into human history in the person of Jesus of Nazareth—led to certain decisive aspects of his teaching and ministry being understood to be divinely mandated and authorized, including the importance of promoting healing and personal wellbeing. A commitment to the importance of healing did not, of course, directly lead to an interest in the scientific discipline of medicine; rather, this development is better seen as preparing the ground for such a development, by emphasizing the spiritual importance of the pursuit of personal health as an aspect of authentic Christian existence.[10]

The importance of the example of Christ for the church's commitment to a ministry of healing can be illustrated from countless documents throughout its history. A good example lies to hand in the statements concerning healthcare of the United States Conference of Catholic Bishops, which ground this commitment

explicitly in the ministry of Christ, and the benefits this is understood to convey:[11]

The Church has always sought to embody our Savior's concern for the sick. The gospel accounts of Jesus' ministry draw special attention to his acts of healing ... Jesus' healing mission went further than caring only for physical affliction. He touched people at the deepest level of their existence; he sought their physical, mental, and spiritual healing (John 6: 35, 11: 25–27). He 'came so that they might have life and have it more abundantly' (John 10: 10).

The interconnection of salvation and healing

The understanding of salvation set out in the New Testament is complex, involving the intertwining of notions, such as reconciliation with God, the forgiveness of sins, the achievement of true human potential, the restoration of humanity to its proper condition, and the transformation of its understanding of its own situation and its future destiny.[12] The Greek term *sōtēria*, normally translated as 'salvation', bears a rich range of meanings, including 'healing', 'restoration,' and 'rescue'.

The Christian tradition has developed these ideas extensively, at both the theological and pastoral levels. Theologically, the transformative impact of the Christian gospel upon individuals is often articulated using medical models. Augustine of Hippo (358–430), widely regarded as the western church's greatest theologian, made extensive use of medical images in exploring the many aspects of the Christian gospel. God's grace healed spiritual blindness and restored people to spiritual health. Augustine thus argued that the Christian church was to be conceived as a hospital—a place in which wounded and broken people might receive care and healing.[13] While Augustine insisted that the ultimate healer of humanity was God, he considered human beings to be involved in this process of healing and restoration.

Augustine's approach was consolidated during the theological renaissance of the early Middle Ages, and played an important role in laying an intellectual foundation for the development of hospitals as an integral aspect of the ministry of monasteries and churches. While not reducing the full Christian understanding of the nature of salvation to the promotion of wellbeing and the achievement of healing, Augustine ensured that these elements would be fully integrated within an overall understanding of the preaching and ministry of the church.

An issue of particular importance concerns how the crucifixion and resurrection of Jesus of Nazareth are implicated in this vision of salvation. Traditional Christian theology takes its cues from the New Testament, which sees the suffering and death of Christ as possessing a transformative significance for humanity: 'by his wounds you have been healed' (1 Peter 2: 24). Christians traditionally understand Christ as God incarnate, thus establishing a connection between the sufferings of Christ and the Godhead.

This theme was expressed visually in what many regard as one of the finest pieces of art of the early sixteenth century—the Isenheim altarpiece by Matthias Grünewald (ca. 1475–1528). Around the year 1515, Grünewald was commissioned to produce an altarpiece for the hospital chapel of Saint Anthony's Monastery at Isenheim, about 20 miles south of Colmar, in Alsace. The hospital specialized in the treatment of skin diseases, such as leprosy, which often caused terrible disfigurement to those affected by them. The central panel

depicts the crucifixion in a dramatic manner, portraying Christ as emaciated, pock-marked, and discoloured. Christ is thus portrayed as 'a man of suffering and acquainted with infirmity [who] has borne our infirmities and carried our diseases' (Isaiah 53: 3–4). The theological message is unambiguous: this is the one who bears human afflictions, and is the ultimate hope of human renewal.

The Christian conception of salvation is also future-orientated, shaped by the resurrection of Christ. An integral aspect of Christian hopes of salvation focuses on the idea of the final renewal of all things in the 'New Jerusalem.' The New Testament holds that faith ensures that believers will share in the resurrection of Christ. This has important consequences for attitudes to illness, suffering and death. Many early Christian writers considered the resurrection of the body as being like the recasting of a metal statue, which had lost its original beauty, and was now damaged and tarnished beyond any hope of human repair. Methodius of Olympus (died ca. 311) asked his readers to imagine that the same craftsman who had made the original statue in all its beauty and glory, melted it down, and recast it, with all its blemishes and defects removed, and all the damage repaired. This process of recasting affirmed both the continuity between the old and the new, while insisting upon the transformation brought about by the resurrection. The hope of the resurrection is thus linked with that of renewal: 'See I am making all things new' (Revelation 21: 5). The human physical body may become ravaged and disfigured by age, sin, and illness. Yet it is possible to live with this debilitation in the hope of future renewal and transformation.

The interconnected themes of 'resurrection' and 'eternal life' play an important role in shaping Christian attitudes towards suffering and death,[14] and their relevance to healthcare should be noted. Christianity holds that believers will share in the resurrection of Christ. This idea is often conceptualized in terms of being 'citizens of heaven', with a right to return to the homeland. Although located in this world, the hope of being in a better place illuminates and transforms the way in which the present is understood and perceived. Christianity thus casts the present life as a prelude to something greater, with the hope of the latter enabling believers to deal with the ambiguities and tribulations of the former.[15] As Karl Marx noted with some reluctance in the 1850s, such beliefs enabled people to cope with physical suffering and social deprivation. For Marx, this was an irritation, in that it discouraged radical social action against the political and economic system that caused many of these problems in the first place.[16]

Yet Marx's judgement is misplaced. The New Testament refers to Christ's resurrection as the 'first fruits of the new creation' because it demonstrated that the realities of new creation could be realized, however imperfectly, in the old, giving a role to human agency in bringing these about, however imperfectly. This framework of belief thus gives a powerful intellectual and spiritual motivation for political action on the one hand, and commitment to healing and pastoral ministries on the other.[17] Both are seen as an attempt to actualize the values of the 'New Jerusalem' on earth, providing a motivation and inspiration for action. Far from disempowering political engagement or commitment to a ministry of healing, belief in the resurrection—when rightly understood—enables and encourages both.

At a more popular level, Christian ideas about salvation find their expression in sermons, homilies, hymns, and spiritual songs. These affirm the leading themes of a Christian approach to salvation in

accessible terminology and imagery, often accentuating the hope that religious belief and commitment brings to those experiencing illness or mental despair. One of the most familiar of these is the Afro-American spiritual 'There is a balm in Gilead', whose origins are thought to date to the 1850s. This simple spiritual uses the biblical image of a medicinal 'balm' (Jeremiah 8:22) to emphasize the hope and transformation brought to the human situation by God:

There is balm in Gilead,
To make the wounded whole;
There's power enough in heaven,
To cure a sin-sick soul.

Pastorally, considerations such as these have led Christian community to embrace with particular concern those who are seen to be wounded, damaged, and marginalized. Theologically, this is often expressed in terms of a 'theology of the wounded', which speaks of a wounded saviour bringing salvation and renewal to a wounded people.[18] Pastoral commitment to such groups of people is thus informed and directed by a theological belief that something can and should be done to help them.

Christianity and post-traumatic growth

In recent years, there has been growing interest in the way in which the specific features of the Christian faith relate to traumatic experience, and establish a framework for post-traumatic growth.[19] Psychological accounts of trauma generally place an emphasis upon the psychological and existential threats that trauma poses to human wellbeing. Not only does the experience of trauma pose a threat to human wellbeing and survival; it also calls into question core positive beliefs about the world or the individual through the shattering of personal assumptions that relate to the meaning of life and the value of self. Developing means of engaging and transforming such shattered assumptions is thus of therapeutic significance.[20, 21] The central Christian narrative of the crucifixion and resurrection of Christ provides what is, in effect, an exemplary metanarrative of post-traumatic growth, with the potential to illuminate and transform the human situation.

While Christianity shares a belief in a single God with Judaism and Islam, it offers a distinctive understanding of the nature of that God that sets it apart from the other Abrahamic religions. Knowledge of God is held to be linked to (and shaped by) the crucifixion of Christ. The gospel narratives depict this act of violence and brutality against Christ as leading to distress, incomprehension, and hopelessness on the part of the disciples, accompanied by radical questioning of existing ways of thinking that are now held to be inadequate in the wake of events.

The New Testament shows how this traumatic development shattered certain existing ways of thinking, particularly concerning the way in which God acts in history and in personal experience. Yet this questioning of existing modes of understanding leads to reconstruction and renewal, enabling people to make more sense of things, and cope with the paradoxes of experience. The resurrection of Christ is depicted as initially engendering fear, partly on account of its unexpectedness, but partly also on account of the challenge that this event poses to existing mental maps of reality (or 'schemas'). Both the gospels and some of the epistles of the New Testament speak of the radical changes in thinking that are

required in response to this event, and the challenges to 'wisdom' that it brings.

The distinctive Christian capacity to cope with suffering and trauma is ultimately grounded in the historical origins of the church in a traumatic paradigmatic context. In the aftermath of the shattering of certain unrealistic expectations arose a new way of thinking, which enabled Christians to face the paradoxes of suffering in a new light and with a new confidence. This point has not been overlooked by those working in the field of post-traumatic growth. One leading authority in the field begins their discussion of the phenomenon by highlighting a section in a New Testament letter, which illustrates this response:[22] 'but we also boast in our sufferings, knowing that suffering produces endurance, and endurance produces character, and character produces hope, and hope does not disappoint us' (Romans 5: 3–5). Although Tedeschi and Calhoun omit Paul's reference to the ultimate grounding of this radical revision of ideas in what J. R. R. Tolkien terms the *eucatastrophe* of Christ's resurrection, they correctly identify the radical alteration that ensues from it. Within a Christian context, this revision of ideas is grounded in the narrative of crucifixion and resurrection, which both acts as its foundation, and shapes its values.

Given the importance of trauma in contemporary western culture and its implications for healthcare professionals, on the one hand, and the fabric of society at large, it is clear that such a spirituality has potential to encourage post-traumatic growth. Although grounded in (and ultimately dependent upon) a specifically Christian metanarrative, this approach clearly has wider potential. If it is true that 'growth occurs when the trauma assumes a central place in the life story,'[23] then the Christian community's constant recollection and celebration of the trauma of the crucifixion in its regular rehearsal of the narrative of Christ's death in the liturgy of the eucharist must be considered to generate a potentially therapeutic community for those now affected by such trauma.

Coping with suffering

The centrality of the image of the crucified Christ within Christianity is reflected in its willingness to engage with suffering as both an existential and intellectual issue. Dealing with suffering is of significance at two distinct levels in relation to human wellbeing. First, a feeling that suffering is devoid of meaning or purpose—especially if it is held that its presence points to a meaningless universe—is often destabilizing, leading to depression or disengagement. If suffering can be understood within a greater context, this can lead to more positive mental attitudes conducive to good health.[24,25] We have touched on this issue already in relation to the question of trauma. Secondly, suffering is not simply something to be understood or rationalized. It is something that has to be endured, raising the issue of how people can cope successfully with such situations.[26,27] The question thus arises as to whether the Christian tradition offers resources that enable people to cope with suffering—for example, long-term illness, or the illness and death of a close relative, friend, or colleague. In this section, we shall consider both these issues.

The philosopher Iris Murdoch (1919–99) is one of many writers to emphasize the 'calming' and 'healing' effect of ways of looking at the world that suggest it is rational and meaningful.[28] Christian theologians have, since the earliest times, argued that the presence of suffering in the world does not constitute a challenge to its rationality,

nor to the notions of meaning and purpose that are embedded within the Christian faith. Augustine of Hippo (358–430), for example, set out an approach to the presence of evil within the world that affirmed the original integrity, goodness, and rationality of the world. Evil and suffering arose from a misuse of freedom, the effects of which are being remedied and transformed through redemption.[29] Augustine argues that the believer is enabled to make sense of the enigmas of suffering and evil in the world by recalling its original goodness, and looking forward to its final renewal and restoration in heaven.

Other Christian writers have developed different explanations to account for the origins of evil and suffering, and their persistence within the world (for a summary, see [30]). Such approaches are essentially concerned with resolving the mental enigmas and intellectual puzzles arising from suffering. Yet many regard such approaches as inadequate to deal with the real problem caused by suffering and evil, which is better understood as *existential*, rather than *rational*. An example will make this point clearer.

In his 1940 work, *Problem of Pain*, the noted Christian apologist C. S. Lewis (1898–1963) argued that belief in God was consistent with the existence of pain in the world. Pain, he famously argued, was God's 'megaphone to rouse a deaf world.' Yet Lewis's reconciliation of faith and experience was rational, not existential.[31] It was at the level of abstract ideas, not the harsh, brutal realities of suffering and death. To its critics, Lewis's approach in *Problem of Pain* amounted to an evasion of the reality of evil and suffering as experienced realities; instead, they are reduced to abstract ideas, which require to be fitted into the jigsaw puzzle of faith.

Two decades later, Lewis published (initially under a pseudonym) *A Grief Observed*. This moving work consisted of the painful and brutally honest reflections of a man whose wife has died, slowly, and in pain, from cancer.[32] One of the most moving and memorable features of this work is Lewis's description of his dawning realization that his rational, cerebral faith has taken something of a battering from the emotional crisis that has overwhelmed him. The slow death of Lewis's wife did not lead him to reject his belief; it did, however, reveal the precarious nature of a faith based only on ideas, and disconnected from the harsh realities of life.[33] Lewis recovered both his faith and sense of determination to get on with life. However, he realized that his earlier approach to suffering had been rationally adequate, but existentially unsatisfactory.

The point here is that rational frameworks of reality often collapse under severe emotional and existential pressure. As we noted earlier when considering the importance of post-traumatic growth, this implosion of mental schemas often results in their reassembling in more optimal and viable forms. This process, often described in terms of growth in 'maturity' or 'wisdom', can be seen as the outcome of provisional schemas being challenged by experience, and subsequently being rebuilt in more accommodated and robust forms.

Perhaps on account of such issues, more recent approaches to such questions within the Christian tradition have dealt with the question of how faith enables believers to cope with suffering, illness, and trauma. Approaches of this kind dominated Christian spirituality during the Middle Ages, when there was a widespread acceptance that suffering was simply a fact of life that did not require explanation; it did, however, need to be engaged. Many writers of the age explore the question of how someone can grow in wisdom and maturity through suffering, often using images of

the crucified Christ as an imaginative gateway to reflection.[34] Where academic theologians wrote about the cognitive tensions arising from suffering, most writers focused on how people could deal with such pain and perplexity, using them as stepping-stones to wisdom and maturity.

These more pragmatic approaches have re-emerged in western Christianity, with an increased emphasis upon the importance of enabling people to survive suffering and pain, and find these as pathways to personal growth. Perhaps the most discussed of these is Jürgen Moltmann's *Crucified God* (1974), which argues that reflection on the crucified Christ allows the believer to be reassured of God's solidarity with people in their pain, and God's presence with them as they struggle to make sense of it and cope with it.[35] Earlier, Dietrich Bonhoeffer had developed a similar approach, finding that such a form of meditation enabled him to cope with life in a 'godless world' as he awaited execution in a Nazi concentration camp.

Ultimately, the issue raised by the existence of evil, suffering, and pain focuses on the question of *meaning*. Is the world merely a random, meaningless, accumulation of accidental events? Or may a deeper picture be discerned, which enables the issues of human existence to be brought into sharper focus. We shall therefore consider this issue in more detail in the following section.

Finding purpose and meaning in illness and trauma

One of the more significant questions concerning life relates to the attribution of purpose, meaning or value to actions and individuals.[36,37] A distinction is drawn between 'surface' or 'empirical' readings of situations and more significant interpretations that are held to lie beneath their surface. Resilience in the face of illness, suffering or trauma is widely agreed to be enhanced if this is seen as purposeful, intentional, or productive. A religious belief system, such as Christianity or Judaism, provides a framework of meaning and interpretation, which allows such an interpretation to be placed on these events, thus facilitating individual believers to cope with their distress and anxiety.[38,39]

This point was emphasized by Erich Fromm (1900–80), who was shocked by the insanity and destructiveness of the First World War. Fromm began to reflect deeply on what people really needed if they were to remain sane. The answer, he argued, lay in developing what he called a 'framework of orientation and devotion,' a way of thinking about the world that endows existence with purpose and significance.[40] The specific framework that Fromm himself developed is secondary to his recognition that we need such frameworks if we are to live and act in the world without going insane. Living purposefully and meaningfully requires a frame of reference, which offers us a secure foundation and focus for our lives.

These insights were further developed by Viktor Frankl (1905–97), whose experiences in Nazi concentration camps during the Second World War led him to realize the importance of discerning meaning in coping with traumatic situations.[26] Survival depended on the will to live, which in turn depended on the discernment of meaning and purpose in even the most demoralizing situations, which were directly experienced as threats to survival and self-preservation. Those who coped best were those who had frameworks of meaning that enabled them to accommodate their experiences within their mental maps. Without the capacity to make

sense of events and situations, and to attribute meaning to them, people are unable to cope with reality.

The importance of such points in considering the relevance of religious faith in general, and Christianity in particular, to issues of healthcare and wellbeing will be clear.[41] A sense of coherency in life appears to engender emotional stability and promote wellbeing.[42] Christianity provides a series of possible mental maps that position illness and suffering in such a manner as to allow them to be seen as coherent, meaningful, and potentially positive, allowing them to foster personal growth and development. Some of these maps—such as those offered by Augustine of Hippo, Ignatius Loyola (1491–1556), and Edith Stein (1891–1942)—portray illness as something that is not part of God's intentions for humanity, but can nevertheless be used as means of growth; others, such as that offered by Martin Luther (1483–1546), tend to see suffering as something intended by God, with the objective of stripping away illusions of immortality and confronting human beings with the harsh reality of their frailty and transiency.

This provision of a framework of meaning engenders a positive expectation that something may be learned and gained through illness and suffering. It discloses the true human situation; it makes available new ways of thinking about life; and it catalyses the emergence of more mature judgements and attitudes. Although this consideration has clear implications for attitudes to illness and their outcomes, it is increasingly being recognized as being of significance in coping with ageing, including its associated medical conditions.[43,44]

There are evidential grounds for suggesting that wellbeing and successful recovery from illness and trauma are both influenced by positive mental attitudes on the part of patients.[45] While it is potentially simplistic to propose a direct correlation between religious belief and such positive outlooks, the issues discussed in this section nevertheless point to the importance of such mental maps in fostering recovery from illness and injury.[46]

Values and practices for living

Finally, it is important to consider the personal and social values and practices that arise from religious commitment, which are often prosocial.[47] Once more, it is important not to overstate this factor, as individual believers tend to adopt core values of their faith somewhat selectively, whether this is informed by theoretical judgements or personal inclinations. Nevertheless, it remains clear that the personal and social moral visions associated with the Christian faith from the outset have important consequences for issues of wellbeing and healthcare.

From the outset, the Christian churches saw a resilient link between their faith and the care of the sick, weak, and socially marginalized—such as the 'widows and orphans'. The practice of care for the ill was envisioned as an integral part of the ministry of the church, to be supplemented—not contradicted—by the development of medicine. The close semantic and theological links between salvation and healing were reflected from the outset in a concern for the development of healing ministries as part of the mission of the churches.[10]

Value systems that emphasize moderation or disengagement from substances or practices which could be physiologically damaging—such as the excessive consumption of alcohol—have clear implications for health. Other values, however, may be

argued to have more questionable outcomes for healthcare, such as the traditional Catholic refusal to condone artificial contraception, even in situations where population growth leads to health issues. Traditional Christian emphases upon monogamy arguably lessen the risk of sexually-transmitted diseases within populations.

The role of prayer in healing remains empirically unclear,[48] yet is seen as an integral part of the practice of faith. Pentecostal communities, for example, often regard physical health and personal prosperity as the natural outcome of faith and prayer as the means of securing them both. Others adopt more nuanced approaches, tending to regard prayer as an expression of a relationship of dependency and intimacy with God.

Yet, perhaps most significantly, the values and beliefs of the Christian tradition affirm the importance of healthcare as a calling, and the positive role of the church in encouraging such a profession—an attitude admirably summarized in the traditional Collect (appointed prayer) for the feast of St Luke:

Almighty God,
you called Luke the physician,
whose praise is in the gospel,
to be an evangelist and physician of the soul:
by the grace of the Spirit,
and through the wholesome medicine of the gospel,
give your Church the same love and power to heal;
through Jesus Christ your Son our Lord,
who is alive and reigns with you,
in the unity of the Holy Spirit,
one God, now and for ever.

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