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Religion and Healing: The Four Expectations

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Religious approaches to healing and physical well-being can present physicians, nurses, medical researchers, and other health care professionals with a veritable maze. The claims of flamboyant and well-publicized "faith healers" can puzzle, even put off those who stand as observers. At the same time, we know that millions of educated and serious people in our scientific age do connect the faith dimension of their lives with their search for healing. What help is available for sorting out the various claims such people make, the expectations they have?

For ages and until recently most healers acted through religious means. Even quite recently, most people looked to religious resources for aids to healing. But it is also true that in recent centuries some of the ties between religion and healing have come to be jeopardized, tested, broken, and even spurned. The rise of scientific medicine in the age we call *modern* progressively called the old religious approaches into question. Many people in faith communities thereupon compensated by becoming suspicious of the very medicine on which most of them relied in times of crisis. It seemed as if the scene was being divided between "medical materialists," who made no room for faith, and "faith healers," who paid at best grudging respect to medicine and scientific research.

Caught between these were less easily categorized people desiring to be well: patients with diseases or disabilities, and sufferers who sought help. For them, neither medical materialism nor faith healing alone sufficed to account for reality or provided sufficient resources for healing. So many have called the old divisions into ques-

tion that we might begin to speak of ours as a *postmodern* situation. Theorists, scientists, practitioners, and patients, on one side, have come to be more open to the voices of faith and the spiritual searches for well-being. Meanwhile, on the other side, theologians, religious philosophers, pastors, and ordinary believers, discerning such openness, have grown friendlier to science. They have become hopeful that their own inquiries and proposals will have a bearing on the search for healing.

Today, outlooks on life that we might call "merely" or "utterly" secular no longer have a simple monopoly (if they ever did) in the quest for well-being. Spiritual understandings of well-being have become at once both more tentative and more promising.

No one should portray the new situation as one of easy concord or relieved tensions between the two general approaches, and in fact the public would be ill served by an absence of conflict. Theoreticians, scientists, practitioners, and patients, if they are reflective, remain probing, skeptical, full of doubt, and inimical to credulity. On the other hand, theologians, philosophers, pastors or rabbis, and believers, if faithful to their promptings and traditions as they voice their expectations about wholeness, may call for some suspensions of disbelief to permit the opening of fresh conversation.

These representatives of religious fields seek not so much assent to their often conflicting findings and proposals as respectability for their inquiries. They are devising larger frameworks that will give thoughts about healing, efforts to heal, and interpretations of the healing process as much range and scope as possible.

Just as no single entity exists as "modern medicine," so no single element connects all things in a zone marked "religion and health." People in faith communities seek guides to help them comprehend the signals about healing that they get from their physicians, from mass media, and from literature designed for the nonspecialist. In turn, both patients and professionals in medical fields, in order to make sense of the world of religion, are looking for maps of its zones. More and more of them are aware of theological contributions to medical *ethics,* and interest in religious *interpretations* of medical worlds and healing processes is now also growing.

Two recent surveys surprised researchers in locating more than 250 published studies of religious factors in epidemiology. The authors recognized that "epidemiologists are largely resistant to the development of any 'epidemiology of religion' as an interdisciplinary enterprise" (Levin and Vanderpool 1987; Levin and Schiller 1987). But they propose that scholars would do well to posit one or more "epistemic relationships" (ways of addressing theories of knowledge) that would serve at least as starting points for future explorations.

Levin and Schiller (1987) first note and then complain that most empirical research has simply and naively measured only institutional religion, asking who belongs to and attends church or synagogue. But physicians who hear the

voices of their patients or are alert to their culture know that understandings of faith and healing do not simply follow the lines of denominational membership. People also send out other signals to indicate what they mean when they practice religion or when they voice faith-filled hopes.

What follows in broad outline are four classifications ("ideal types," as sociologist Max Weber would call them), designed to show what North Americans from broadly conceived religious clusterings expect when they speak of healing. These are by no means mutually exclusive denominational camps. Many individuals can be "plural belongers," and some draw on one class for one set of needs and on another for a different set.

These four fundamental outlooks do, however, represent distinct expectations. The people at ease in one of these four classifications differ as much from those in the others as medical researchers differ from shamans, herbalists, and witch doctors, or as much as chiropractors or acupuncturists differ from neurosurgeons. The categories can help physicians know what to look for and listen for as they observe what patients or health seekers are drawing upon, claiming, or hoping for. They may also help religionists to discern some boundaries and to pursue their own further inquiries. Clergy, theologians, and ethicists will have their own comments to contribute.

The categories offered here reflect my own observations of the religious world in the past four decades. They may suggest a matrix for research in medical and theological schools or for comparison by health seekers and religious searchers alike. While intending to be faithful to complex sources, I have generally used nontechnical language. This does not mean that I "talk down" to experts in nonreligious fields, to people not professionally occupied with theological vocabularies. Instead, I wish to "talk across" the borders of communities and disciplines to intelligent people who, when they in turn talk across similar boundaries, also have to engage in acts of translation.

I have assigned to the four clusters names that are not and never will be names of sects or schools of thought. They are coinages designed to obscure any traces to sectarian impulses and institutions or to conventional scholastic outlooks. Other mapmakers and explorers may fill in details, redraw lines, or add other labels.

Overlaps and spaces between the four approaches exist. Here my metaphor of mapmaking has proved inadequate. In cartography, boundaries are boundaries and designate something precise. Still, we recall from primitive maps that when pioneer cartographers came to draw the edges of the charts, they would fill in the unexplored regions with pictures of fanciful dragons and sea monsters. These represented the spheres where their ignorance left them stranded. Large zones are inevitably open for the figurative cavortings and snarlings of such beasts here. In these early postmodern days we are as blighted by ignorance as we are tantalized by prospects of new knowledge, therapy, and experience.

It must be stated that mapmakers' jobs are not those of travel agents: they are not in the recommending business and maybe not even in the warning business. Nor can they be compared to priests who commend a particular way or apologists who defend one religious system as true. The very designation of approaches that are finally mutually contradictory suggests that they cannot all be true in the normal sense of that term.

In summary, I offer the four categories as an attempt to answer this question: *What precisely do people have in mind when they express the hope or make the claim that their faith has something to do with the understandings of illness and health and the processes of healing?* Here are the categories.

"I Am the Master of My Fate": Autogenesis

In medicine "autogenesis" means "produced within the organism." So in general matters biological as well as humanistic, the autogenous is self-produced, self-generated. In religion, the autogenetic therefore would represent a purely naturalistic and humanistic religion. Such religion is not likely to show up in the almanacs and yearbooks, yet all scholars recognize it. Such a worldview contains no reference to God or gods, to supernatural or supra-human forces that act upon a person. When the autogenetic type combines religion with healing, the result is strenuous human impulses and endeavors toward the possible achievement of well-being.

Why should we allow the designation of this approach as religious, when in our culture religion has ordinarily been associated with God or gods? For one thing, many people who employ it insist that they are also religious, and their voices should be heard. For another, these citizens strive for something that in so many respects resembles that which conventionally religious people pursue. We can best understand them as being at least quasi-religious.

This sort of humanistic religion has even achieved a measure of official recognition. The United States Supreme Court had to take up this question in *United States v. Seeger* in 1965–66, when a conscientious objector to military service received exemption. The young man was recognized by the Court as religious, which he claimed to be, but he explicitly did not believe in a supreme being. The plaintiff cited a definition by the Reverend John Haynes Holmes, one that the Court found convincing: religion is "the consciousness of some power manifest in nature which helps man in the ordering of his life in harmony with its demands. . . . [It] is the supreme expression of human nature; it is man thinking his highest, feeling his deepest, and living his best."

In 1961, in *Torcaso v. Watkins*, justice Hugo Black footnoted a ruling that also allowed for religions that lacked reference to a supreme being by pointing out that "among religions in this country which do not teach what would generally be considered a belief in the existence of God are Buddhism, Taoism,

Ethical Culture, Secular Humanism and others" (to which I might add, most notably, much of denominational Unitarian Universalism).

Adherents of such religion in the formal sense of the term may be proportionately few in the United States. In fifty years of inquiring about belief, the Gallup poll has never found more than 6 to 10 percent of its sample disbelieving in "God or a universal spirit" (*Gallup Report* 1985: 50). In this relatively small cohort, naturalistic religion must share partnership with many thousands of people who are formally atheistic or agnostic, who refuse to designate themselves as religious and thus are beyond the scope of this chapter.

Autogenetically religious people, however, tend to be articulate. They often find company with citizens for whom belief in God or a universal spirit is vague, thin, almost unable to be summoned, or on occasion violently rejected. Yet from the times of ancient religious naturalism and Stoicism down to the present, there have been significant calls for people to "tough it out" when in pain, to "seek self-transcendence" in times of misfortune. Those who hold such religious outlooks claim to have resources for promoting well-being. They profess no deity, but the mythical figure behind all these endeavors is Prometheus, who stole fire from the gods and generated humanism. The philosophical patron is Protagoras, for whom the human "is the measure of all things."

"I am the master of my fate." The autogenetic approach does not call those who hold it to be critical of medical materialism. Indeed, this view begins with materialist notions of the human body as a merely biological entity. Technically, such a type is reductionist, meaning that religion expresses "nothing but" this or that biological need under unnecessarily confusing and never helpful theological terms.

Having begun naturalistically and materialistically, however, religious humanists are not necessarily content to be passive in the face of threats to health. Many develop interests in the interaction of mind and body. They are quite eager to talk of the psychosomatic connection. They contend that attitudes of mind may well have influence on the condition of the body, but this "mind" is also part *of* natural processes. No outside unseen power or force impinges or need impinge upon it. The best-known recent figure to give visibility to such an approach is Norman Cousins. In *Anatomy of an Illness* (1979) and subsequent work, Cousins relies on philosophy and humor more than on any suprahuman *or* supernatural reference in order to begin his inquiries or to effect his therapies. Some of the more conventionally religious people find a kinship with Cousins and his kind.

Many articulators of Promethean views discipline their inquiries about health in relation to elaborate systems of symbols. Here they match perfectly the classic definition of religion proposed by anthropologist Clifford Geertz. Religion is "(1) a system of symbols which acts to (2) establish powerful, pervasive, and long-lasting moods and motivations in men by (3) formulating conceptions of a general order of existence and (4) clothing these conceptions

with such an aura of factuality that (5) the moods and motivations seem uniquely realistic" (1973: 90).

Those who use the autogenetic framework often seek out the company of the like-minded. They may ritualize the search for health, as in certain Unitarian Universalist orders of worship. They are often uncommonly interested in the ethics and promotion of preventive medicine for themselves and others. However, if they cannot often be found in a denomination or sect, this is natural, for they accent autonomy or self-determination and may choose to "go it alone."

The alert physician or medical researcher will often find resources in this outlook on which to draw. Stoic heroism can have health-giving power, and defiance of the fates can help a patient summon strength. We currently lack studies that set out to measure the impact of what (to use Clifton Brown's phrase) the "religiocification" of humanism does in pursuit of health (1971: 18). We need to measure what separates it from ordinary naturalism or what in it might be more productive of well-being than is humanist religion of sorts that do not focus on healing.

It may seem inefficient to call "religious" such a hard-to-define and fragile minority outlook. Yet medical professionals, of all people, are ready to deal with the exceptional. In any canvass of all the options in the West today, it is clear that the autogenetic approach not only fills out the "left" end of the spectrum but may well become an ever more self-consciously expressed faith. One may have to listen more closely to comprehend it as religious, but in the sense given to it by the Reverend John Haynes Holmes and in the definitions of many others, so it is.

"I Am in Tune with the Infinite": Synergism

In medicine synergism represents the "cooperative action of discrete agencies (as drugs or muscles) such that the total effect is greater than the sum of the two or more effects taken independently." Similarly, synergism in religion implies the cooperation of human and superhuman activity. In the present context we do not associate the synergistic with a personal God, a God humans can address, though in traditional disputes over theological synergism in the West such a connection was constant. Instead, synergism (*syn* "with" + *ergon*, "work") here evokes the energies of a person "working together with" forces, agencies, or powers beyond the visible and beyond that which is immediately empirically verifiable. Thus it is not content with medical materialism as a beginning point.

The people representing this approach occupy a more prominent place in opinion polls than do religious humanists. The *Gallup Report* says that "while the vast majority of Americans [94 to 98 percent] believe in some unifying and

organizing power behind the universe, far fewer (66 percent) believe in a personal God who watches over and judges people . . . [a God] to whom man is answerable" (1985: 50).

Many millions of Americans could locate themselves religiously in this spiritual sector. They wish to cooperate with their religious resources in order to produce better health and well-being. In a typical half year of American book publishing, for instance, hundreds of what came to be called "New Age titles" on health and well-being appeared (see Tuller 1987; Lenz et al. 1987). Whereas descriptions of miracles or faith healing occupy only a couple of pages in extensive modern surveys, for example, in *The Healing Arts* (Kaptchuk and Croucher 1987), "imaging," "breathing," meditation, herbalism, and hypnosis are but a few of the many technique for being in tune with the infinite.

Advocates of synergy find its force to be somehow inherent in the universe, in nature, and then in "supernature" of some sort. Its power is somehow accessible to humans, though not in the form of a personal God. Disease and disability are described as disruptions of the positive elements in this working agency. What people believe and think, how they organize life, what regimens they pursue, how they ritualize response—all these make up what the public has come to know as "holistic" therapies.

Some of these conceptions draw on contemporary versions of Western Enlightenment religion. As such, they recall reference to "nature's God," a god who needs no revelation in scripture or in a particular history. This power or force or energy is simply available in the structure of things. These synergistic approaches, however, may also draw upon ancient, Eastern, or occult religions and ways.

One North American advocate, Richard B. Miles, aptly summarized the worldview of the synergistic, holistic types as

> a point of view about the Universe, about human life in the Universe, and about how one finds this extra something in life. . . . The basic assumption . . . views the Universe as a friendly and supportive place. . . . Harmony and resonance are the result of vibrations which enjoy one another. Within the assumption of a friendly Universe . . . [the] creative intention, emerging from within the individual, leads each person to . . . stand in communion with a benevolent Universe; seek a personal knowledge of the inner vision and spirit of the Higher Self (God within) through creative intuition and imagination. (quoted in Wimber 1987: 274)

Some contemporary physicians and biological researchers may themselves practice holism as a complement or supplement to "scientific medicine." Or they encounter holistic practices (though never under that name) in the circles of people they might regard as "primitives"; in urban America, Vodou, shamanism, and the practice of magic still survive as methods for obtaining heal-

ing. One glance at the advertising section of the back of popular magazines shows the vogue of the synergistic approach.

Medical professionals will more likely observe the synergistic type among those within middle-class cultures who want to be "in tune with the infinite." It is a popular notion among educated people who have access to holistic texts and to the centers where holistic medicines proliferate. Whenever one comes across best-selling books or sold-out workshops devoted to healing that do not draw on the support of God-inspired faith healers, the chances are that they will advocate synergism and will speak the language of "spiritual forces."

The synergistic type, normally cooperative with scientific medicine, sees itself in a "yin and yang" relation to medicine. Or its partisans recognize this approach as one that may lessen the need for medical intervention in the first place. Rarely is it an out-and-out rival, for it regards itself as scientific and sees medicine, properly practiced, as an enhancement of what is in nature or in the natural force, the "work" of the universe.

Recall that some aspects of this approach may be found among adherents of another. We recognize that a synergistic approach is also possible in, and sometimes integral to, more explicitly theistic Western religions, though it does not exhaust their possibilities. For example, three of the major new religions of nineteenth-century America—Mormanism, Adventism, and Christian Science—have synergistic features. A Christian Scientist "cooperates" with principles inherent in the metaphysical order yet still prays to God in pursuit of "science and health." A Mormon cooperates with influences of moral good that inhere in the process of "growing into Godhood" yet still prays to God as a responsive external agent. The Adventist runs effective modern hospitals and prays orthodoxly to the God of Christian faith but still advocates strenuous bodily disciplines in order to produce good health synergistically. God enters the picture in all these cases. However, as believers in this God, the members of these three groups finally belong with theists in the next class.

It is possible for an epidemiologist to measure longevity among devotees of these faiths and assess whether their disciplines and beliefs are effective in the communities that profess and practice them. The medical materialist in the laboratory, of course, would not attribute health that is credited through these means to the supernature professed in these religions. Instead, the materialist would credit the salutary practices themselves, practices that could be identical with those of nonbelievers who on other than faithful grounds practiced vegetarianism or calisthenics and avoided nicotine, caffeine, and alcohol.

In dealing with practitioners of religious or quasi-religious holistic health systems, the physicians who listen will almost immediately recognize the advocacy of synergy. They may even find reasons to endorse synergistic practices without assenting to the metaphysical context on which each draws. When a synergistic understanding competes with conventional medicine, patients may

be deferential. They may be reluctant to start an argument and may not bring up the "alternative medicine" they practice. Thus one may undergo radiation or chemotherapy in the daylight of the clinic and then moonlight in a circle where people "image" the disease, find mythological frameworks for addressing it, and rely on powers inherent in the infinite universe in efforts to transcend the illness and induce the cancer to go into remission. Physicians may find little reason to intervene against such practices unless participation in them leads to a patient's neglect or repudiation of prescribed medical practices. Autogenetic approaches, on the other hand, need not represent such competitions or challenges.

The task of measuring the effects of synergetic practices poses problems for science. It is easy, as already noted, to measure longevity and the state of health among advocates of nontheistic holistic approaches. But how would one measure and credit or discredit the agency of the unseen, invisible forces? How would one go beyond recognizing that people motivated in certain ways to undertake certain health-giving practices have experienced good health through the equivalent of a "miracle"? Achievers of these miracles work with the forces in the universe and the properly synergetic disciplines that bring people into proper contact with them. How can that be measured? There is room for sophistication in studying the claims of this company.

"God Experiences with Me": Empathy

Concurrent with the move from the force-filled synergistic approach to the empathic type is a move to belief in the divine agent. This agent, God, experiences with humans—"empathy" is from the Greek *empatheia: en* (in) + *pathos* (suffering). At this point along the spectrum, then, distinctive theism emerges. Some scholars would even want to reserve the term *religious* for just this point. Thus theologian Julian Hartt: "We ought to say that a man is not really religious unless he feels that some power is bearing down on him, unless, that is, he believes he must do something about divine powers who have done something about him" (quoted in Gustafson 1975: 97).

It is not likely that such a stringent approach to language will win out in the Supreme Court, in encyclopedias of religion, among many world religions, or increasingly in popular culture. But it is true that in the face of this third class one grows confident that people are speaking of religious healing in more explicit and historically recognizable terms. Here researchers and physicians locate many millions of believers within at least Judaism, Islam, Catholicism, Orthodoxy, and Protestantism, people who worship a God and pray to this God. They somehow connect this God with nature and with the physical condition of humans, but they ordinarily resist reference to "miraculous healing" as a

suspension of the "laws of nature." They may even make a theological point against such notions of miracles as being contrary to their understanding of faith.

For an example of this rejection we turn to a noted Islamic scholar, Fazlur Rahman, who points to an instance where Muhammad showed some anxiety over the fact that miracles were no vouchsafed to him. But the Qur'an finds God almost chiding the Prophet, and Rahman summarizes: "Although, therefore, God has the power to create miracles, there shall be henceforth no miracles because they are out-of-date. The Qur'an is, of course, talking of 'supranatural' miracles but still upholds other 'natural' or 'historical' miracles" (Rahman 1987: 35).

Those whom we associate with empathic versions of theism tend to use "wholistic" approaches (I use this spelling simply to differentiate from "holistic"). They ordinarily resist narrowing the concept of wholeness and health to the absence of infirmity or disease. They thus provide fewer subjects for epidemiological research than do synergetic or "miraculous" types. Such believers concentrate instead on the larger human ecology, the search for well-being that comes with life in social systems and circumstances which reduce suffering and are devoted to justice. But for present purposes we must focus on the narrower interests, addressing health as an alternative to infirmity and disease and not as part of a social system.

A second mark of the adherents of this view: they tend to have accommodated their religious outlooks to modern scientific viewpoints. To some scientists who cannot conceive of development within orthodoxy—thus seeing all religion as "fundamentalistic"—this may look like compromise instead of developed faith. But the believers themselves work with more dynamic concepts of God and process. Indeed, in their liberal and modernist stages—rare in Islam and Eastern Orthodoxy—but even in more moderate versions, they have worked to anticipate and advance scientific progress.

For such believers, the historic warfare of science with theology recalls old, unhappy, unproductive encounters that must now be transcended. They may be critical of the impersonal disposition of health care or of unjust medical systems and eager to complement technical medicine with insights drawn from their traditions and faith communities. But they readily commend themselves to the care of those who advocate and practice the most advanced scientific medical techniques.

Some would ask: Does this mean that they believe in God but not in miracles or in supernatural intervention? Does it mean, therefore, that they have a limited view of God as one who is all-powerful but who, astoundingly, does not have the potency to effect miracles of cure? Does it mean that they commend themselves to God's care and then, in effect, turn Deist and see God as having no living encounter with what concerns them?

Not as they tell it. If one listens for the testimonies of those who advocate

responsibility to God and empathy with God, one will hear them delighting when unexpected reversals of the progress of a disease occur. These believers welcome cures that are not immediately explicable in conventional medical terms. They may even use language redolent of the concept of miracle in their sacramental and prayerful activities. Yet they would not be measured by these uncharacteristic expectations and do not hold God to account because "miracles" do not occur.

Philosophically, ever since the time of Immanuel Kant (d. 1804), such believers live on "this" side of a great divide in worldviews associated with his name, even though they may not know it or refer to it. Kant contended that one could know only objects of experience, phenomena (for example, the effect of radiation on cancer cells). Noumena, elements that lie beyond experience, cannot be known because no one can confirm or deny them. Post-Kantian religion, therefore, assigns the source of what others call miraculous healings to the realm of the noumena. These cannot be "checked out," just as the mind and will of God cannot be measured or known empirically. To be able to speak assuredly of a miracle rather than of something merely exceptional and inexplicable, one would have to know the mind and will of God.

Before Kantian philosophy, however, there had long been anticipations of this view in Western theologies that professed belief in a *deus absconditus,* a hidden God. One can even go back to the Book of Job and the Psalms in the Bible for such witness. This God could be known through the revelation regarded by a believing community as authentic—as in the Qur'an, the Hebrew Scriptures, the New Testament. Believers did not assuredly connect this God's works with a reading of particular signs, like cancer remission or the healing of arthritis, as being certifiably a miraculous expression of the will of God. Similarly, the withholding of cure would not be seen as a sign of God's displeasure, of God's arbitrary or mysterious refusal to engage in positive, particular intervention on behalf of a prayerful and responsible ill person.

A popular book brought to wide public awareness one version of Jewish thought about the empathic view of God: Rabbi Harold Kushner's *When Bad Things Happen to Good People* (1981). Although formal theologians often treated the book condescendingly, Kushner did speak out of a context that many of them employ. For them God is the ground of order and of innovation. Biologist Edmund W. Sinnott posed the issue of order: "One of the attributes of God is the Principle of Organization." Hence medical knowledge is possible. And philosopher Alfred North Whitehead spoke to the issue of innovation: "Apart from the intervention of God, there could be nothing new in the world, and no order in the world" (quoted in Rolston 1987: 317).

Such empathic theism, then, departs radically from godless autogenetic views and from force-filled synergetic approaches, which see transformations (toward illness, toward cure) as being innate or inherent in mysteriously conceived nature. But this third type of faith also rejects those theisms that it sees

concentrating on an apparently tyrannical, arbitrarily predestining deity who kills or cures. At this point, religions like Islam may appear to deviate in part from the empathic approach, yet Islam's lack of interest in contemporary miracles keeps it from being in the fourth category of our study.

Those who concentrate on the sympathetic or empathic view of God in biblical traditions often stress the accounts of the God who would persuade, cajole, and revisit a people, as God has normally been seen doing in biblical Israel. In Whitehead's phrase, this dimension of divine experience reveals God as "the fellow-sufferer who understands." All such theisms which begin with the love and care of God have to deal with or temporarily bracket a corollary issue. That is, how to deal with "the dark side of God," with pain and suffering and evil, and with the question whether these are caused or permitted by God or are beyond the power of God. This is not the place to take up the theologians' task, which means to address the antinomies or deal with the paradoxes of religions. I am dealing only with their direct bearing on the voice of illness and the expectations of healing.

I have spoken of this as an empathic approach, in the spirit of philosopher Charles Hartshorne, who said that God is a "sympathetic spectator who in some real sense shares in the sufferings he beholds," a God who "derives whatever value possible" from sufferings and, I would add, presumably shares in whatever leads to their transcendence (quoted in Rolston 1987: 319).

Citation of names like Whitehead and Hartshorne may lead some to suspect that empathic views are confined to a formal school called "process theism." However, it would be misleading to restrict them to that philosophy. The strand of piety runs deep in the Bible, in many Jewish and Christian forms of therapy and devotion, and wherever God as "sufferer with" (as opposed to God as "agent of suffering and miraculous cure") receives first attention. Most who worship a mysterious but empathic God do not follow the theme to one logical consequence, its witness to a "finite God." Those who are classically orthodox leave more to the mysterious side of the hidden God than do such philosophers.

Worshipers and sufferers who hold empathic views of God readily acknowledge that in biblical times people held worldviews in which both the arbitrary character of God and the miraculous "signs and wonders" of healing *were* daily occurrences. As part of their therapy, therefore, they tend to retell the stories of that ancient world as they reinterpret them, as they witness to the reality of faith even though such interruptions of the natural order with the divine order are not expected or accounted for.

The more extravagant theistic faith healers in our time are most critical of religious believers of the empathic type because they do not expect, account for, or claim miraculous cures. Those who do not look for ordinary "supernaturalistic" miracles respond by saying that they have not less faith but a different kind of faith; not no theism but a different interpretation of theism. Therefore,

in their turn, they charge that those who seek faith healing are vulnerable to charlantary, exploitation, or inappropriate theologies that do not do any sort of justice to the mysterious ways of God. Empathic theists seem less impassioned, desperate, or exuberant than do people at a faith-healing revival. But they bid the critics to observe them when they are engrossed or exulting in the many ventures in the laboratory, the clinic, the university, the legislature. These they conceive as arenas of divine activity where agencies of healing can develop.

Through the centuries people holding these forms of theistic traditions have overcome heritages of mistrust and have encouraged scientific medicine. They have built hospitals and promoted research. Muslims promoted medicine, not miracles, yet believed in God as healer. They did not all seek shrines. Not all Catholics went for healing to Lourdes or Campostello. Jews did not all go to the Pool of Siloam. They built universities and laboratories. But they also kept coming together to worship God, to ask for divine participation in their life—and they still do. They see illness and health as something that affects their larger community of faith, not just one individual. They engage in intercessory prayer, commending members of the community and others to divine care.

In the world I am calling postmodern, where science and faith meet again, many in these traditions are more ready than in the recent past to bring the healing dimensions of their faith to the fore. They allow their faith dimensions to come forward in the search for care and cure. Physicians know their hospital chaplains. They see ministers in these traditions distributing sacraments with healing intent, their priests using anointing oils. Medical professionals may know that some of their churches have encouraged the development of "orders" (like the Episcopal Order of St. Luke) that deal specifically with healing, or that they schedule special healing-oriented services of worship. They overhear unaffiliated believers who share this outlook expressing the idea that the ill are to be sustained by a God whose character it is to "suffer with" or share the experience of healing.

Believers within this empathic context commend themselves and their fellows to the God whose love they believe to be stronger than death. From such faith they get courage to cope with tribulation and often triumph. They believe that answers to intercessory prayers will help sufferers to deal better with their setbacks and to interpret what is going on in their bodies, whether in time of sickness or health. Such believers do not expect any divinely instigated interruption of what they perceive to be "laws of nature." They bring some presuppositions not restricted to those of medical materialism, and they feel rapport if the physician is respectful of the sets of meanings that patients bring. They want to be assured that it is appropriate to speak of religious faith in clinical settings.

Can these approaches to religion and healing be measured? Can their effects be tested by epidemiologists and students of human ecology? The in-

struments for doing so are difficult to conceive. Such believers would be the first to say that empirical methods cannot touch or measure the divine point of reference, the God who shares empathy with humans.

After their centuries-long encounter with modern science, leaders in these communities have become more stringent and skeptical in interpreting signs. Thus at Lourdes, the most frequently visited Christian shrine, attended by 9 million each year, the appointed Catholic authorities declare fewer than *one* healing per year to be certifiably and unexplainably a "miraculous" cure of "so-called 'organic' diseases" (Kaptchuk and Croucher 1987: 101–2). Scientists working on simply secular premises would not be likely to find many evidences with such a narrow base!

The empathists must be measured by a wholistic standard, not by the number of miracles wrought. The survival of healing and indeed the fresh accent on it in this scientifically informed community of believers are signals to the medical community of the resilience of faith. They are signs that faith has a bearing on attempts to provide care and cure. In the late twentieth century, such broad approaches characterize millions in great religious bodies. Yet they are often overlooked or seen as "less religious" than those who claim supernaturalistic cures. At times members of the medical community may dismiss the role of faith for empathic theists, or even make the mistake of lumping them with those who claim that legs were miraculously lengthened by inches or that cancer cells were suddenly transformed to healthy ones—all a result of faith healing.

"God Worked a Miracle in Me": Monergism

The term "monergism" does not come, as do the terms for the other three types, from words with analogues in biology and medicine but from theology itself. This is appropriate, for this approach is single-mindedly theological and theocentric. It ascribes all agency to a God who may withhold physical healing or may impart it to those who follow prescriptions such as praying for cures. This name comes from an early Protestant controversy in which the party of monergists, over against *theological* synergists, allowed no integral role for human cooperation in "rebirth," in becoming right with God. Monergism left God as the sovereign agent.

In extreme forms, monergists are most familiarly and sometimes exhaustively connected with the highly visible and flamboyant "faith healers," but they are by no means confined to such extravagant expressions. Millions of very serious, often highly educated, sometimes scientifically informed people adhere to the monergistic view that a personal and all-powerful God who created and established the laws of nature can and will directly interrupt the regularity of such laws to effect miracles when it pleases his mysterious will to do so.

Some of these believers work out elaborate syntheses, which in effect return to a pre-Kantian mind-set. That is, the noumenal is for them accessible, and they speak with confidence of its effects in the natural world. Faith and fact simply match. Others may compartmentalize their lives, dwelling intellectually within a scientific worldview that they are often adept at relativizing. On one hand, as people of faith they can be believers in a supramundane order of being, which, they must say, only apparently conflicts with the presuppositions and effects of science. They ask: If "signs and wonders" were present in ancient (for example, biblical) times, on what grounds should one determine that they have ceased now? To consider that miracles have thus ceased, they say, is to express weak faith, half faith, wrong faith, or lack of faith.

The fixed center of all monergistic systems is that, whatever else happens through the use of medicine and the agencies of human care, God's response to disciplines and prayer for healing can be the direct, miraculous, personal, and particular intervention in acts of healing. They may include healings of so-called organic diseases that cannot be explained except by divine reference.

The trend among articulators recently has been away from the terms "miracle healing," "supernatural healing," "psychic healing," and "faith healing." Miracle healing, we are told, can occur under the agency of Satan and demons. Supernatural healing is not always synonymous with divine healing: demons can act, too. Psychic healing includes the occult. Faith healing sounds too synergistic, too reliant on the participation or achievement of humans. That leaves the preferred "divine healing, . . . the direct intervention of the one and only true God, the living and *personal* God" (Baxter, quoted in Wimber 1987: 6–7).

This monergistic tradition has survived and even prospered in the modern world, where some fundamentalisms grow concurrently with technological development. Often the same people use and welcome both fundamentalist faith and technology. By no means do all monergists join with the suspicious or antimedical faith healers in shunning hospitals. They may with true enthusiasm support scientific research and its applications, while adhering to a metaphysic and faith that includes the prospect of divine disruption of regularity and process.

The monergist type prospers in contemporary charismatic and Pentecostal movements, millions strong, and in the folk piety inside some of the more formal religious institutions. Its advocates are critical of those who claim open and frank faith in God but then resist supernaturalistic accountings of healing, seeing them as covert or halfhearted secularists. A follower within the divine-healing movement points out that one way to be faithless is to "find it difficult to accept super-natural intervention, especially physical healing, in the material universe" (Wimber 1987: 8).

Thus at Lourdes and wherever the pious claim direct healing phenomena, scientifically minded religious authorities tend to be embarrassed. They try to

dampen fervor or minimize the claims; they even formally examine claims and usually dismiss them. Monergism is also a part of orthodoxy within some traditions. Leaders in these contexts refer to "signs and wonders" more economically and modestly than do those who call themselves divine healers.

Monergism as a metaphysical proposition need not limit humane sympathy or empathy and may even energize them; monergistic believers are as capable as others of crying or shouting in anger at a deity when a terrible disease takes a beloved child, when visions of the agony of mass starvation or plague confront them, or when they suffer pain. They simply relegate to the realm of mystery any final accounting of why God withholds healing and comfort when God does so, or they may at times blame their own apparent lack of sufficient faith. In either case they reserve the right to assign credit to the same God when they perceive signs and wonders happening.

Claims of faith healing today are so extravagant that they get much, though rarely good, press. The scientific community writes them off as belonging in religious analogues to the *National Enquirer* and not the modern university or clinic. They sometimes catch the eye of wan believers, some of whom wonder if there might not just be something to such healing, when the unexplained occurs in the context of prayer for healing. Yet the monergistic type is prevalent in so many locations and forms that those who do not share its worldview are finding it ever more urgent to try to gain insight into it.

Social scientists, being post-Kantian sorts, find difficult if not impossible the task of setting up instruments for measuring the effects claimed by monergists. Almost by definition, it is finally impossible to engage in scientific inquiry on this subject because satisfying answers to the questions monergists ask would have to give an accounting verifiably connectable with the ways and works of God, and God is not available for empirical verification. At the same time, it should be possible to engage in more careful examination of faith healing in communities than we have seen to date; certainly, much attention has been given to exposing the manifest frauds at their margins.

Do people who belong to communities that share this metaphysic and faith and who pursue practices congruent with them live longer and in better health than do others? Do they have fewer and shorter hospital stays? Why do not physicians and medical researchers get to measure a leg before and after the Pentecostal prayer that releases God to act to lengthen it? Why are so many verifications of a nebulous, unattributable character? How does one draw lines between "the unexplained" and what the community regards as "miraculous"?

Furthermore, could the marginalized faith-healing communities have insights into the obsolescence of some scientific paradigms that the synergists now so regularly employ? If so, why are the synergists so often regarded as being more respectable than the monergists? Are cultural biases or unquestioned theological or antitheological presuppositions present in the different

kinds of regard shown the two? These questions simply indicate the wide compass in which further inquiries would occur.

One may well despair of efforts by scientists to measure and assess the effects of monergistic divine healing, since scientific measures cannot accept the rules of the game of such faith communities. And yet frustration on that front does not remove claims of divine healing as a legitimate subject of humanistic, social, scientific, and laboratory analysis.

Monergistic faith is believed by many to be a factor in their well-being. It sustains millions in community and motivates their participation also in the clinical world. It challenges and complicates isolated scientific medicine. As such it may seem to be at once a threat to science and a way of putting questions that could help elicit fresh inquiries.

Conclusion

That religion has a bearing on the larger contexts of wholeness and well-being is coming to be an established point. In narrower contexts where wholeness is dealt with as the absence of infirmity, disability, or disease, it is much more problematic. It is not likely that the problem focused this way can be capably addressed, unless the public and the professionals have better instruments for knowing what the expectations of various sorts of believers are. Discriminating among the types can also have a bearing on the delivery of care. It can permit more intelligent understandings of the various personal and communal meanings that serve either to complicate or to promote health in today's world.

We are early postmoderns, primitives in a new period of understandings. It may be that the wisdom and practice of one or another or all of these types, and the communities through which they live, can be of help to scientists, whether these would be measurers or healers. Taking these types, or better, these people, seriously might help us buy some time until more appropriate understandings begin to appear. Although the logic of empirical science in the laboratory may not have changed much in recent decades, the models for interpreting that work have.

Some inherited hostile attitudes of science to every dimension of faith in respect to care and cure derive from what may once have been necessary safeguards against religious intrusions into medical fields. The scientist stood guard at the door to protect human freedom. Today the religious person may as readily be there to protect human dignity. Therefore, some of the hostile attitudes of the past may be seen as increasingly limited and obsolete. They may grow increasingly unfruitful. It would be as unscientific to overlook the insights of faith communities as it may be faithless to fear the effects of science in the healing communities.

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