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**AN EVALUATION OF THE DOCTRINE OF MIRACULOUS
HEALING WITHIN THE ROMAN CATHOLIC TRADITION**

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PREFACE

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Brother James Scott

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ABSTRACT

Key Terms:

Catholic Church; Cures; Diseases; The Fall; Healing Ministry; Lourdes; Magic; Miraculous; Scripture; Sin

According to biblical record, diseases and illness have troubled individuals almost since the beginning of creation (Wilkinson, 1998: 7). To understand and make sense of sickness, mankind turned to religion. In the Old Testament health is seen as a gift of God, but illness is perceived as a punishment for sin (Léon-Dufour, 1962: 543). The preaching of Job argues against this view. The problem of evil still causes difficulties for the Christian today. God permits such challenges and, in responding to them, mankind is spiritually transformed: spiritual growth. God has given mankind a soul, and this soul is not part of an evolutionary process towards perfection: only Christ was/is perfect! However, through the crucifixion, God recognizes our suffering and we can recognize His suffering elsewhere (Fiddes, 1988: 11).

The central question of this research is: How may one demonstrate the legitimacy and validity of miraculous healing through the *charism* of the Holy Spirit within the Catholic tradition?

As healing miracles have an important place in Scripture, an examination is needed of the words used to describe miracles, tracing the English translation back to the original Greek or Hebrew words. Miracle stories are also attested to in secular sources such as the *Antiquities of the Jews* and the Babylonian *Talmud*. Scripture contains accounts of healing miracles, particularly in relation to the ministry of Jesus whose healing miracles are in accordance with His teaching. Such miracles were not simply stories spread by the disciples; they were signs, evidence of who Jesus is and that He had come in fulfilment of prophecy. These signs contained the quintessence of the Gospel itself, promoting faith, and that faith is a personal response to an act of witness. Healing is not dependent upon sinlessness, but is a gift of God to His creature: it can be mental, spiritual, emotional, involving relationships and

the reconciliation of a person with God and his community through the receipt of the sacraments.

Scriptural accounts of healing miracles contained a message that the Kingdom of God had arrived. They were a demonstration of God's truth to believers and non-believers alike and they continued to play an important part in the first Christians' experiences and mission. The church's healing ministry has its roots and authority in Scripture and the continuation of that ministry is through the action of the Holy Spirit. Both in the Early Church and the Church of today, restoration to health is implemented through the Mass and in the practice of a ministry that includes physical care through the establishment of hospitals managed by religious orders and latterly, through care homes staffed by lay volunteers.

Consideration is given to Pasteur's (1822-1895) research into micro-organisms and the consequent shift in focus to the avoidance of infection and to the development of effective cures. Understandably, the medical profession has concerns about the healing ministry: why are some healed and others not and why cannot healings be tested scientifically in the laboratory? In the Roman Catholic Church tradition shrines have always played an important role as places of pilgrimage and healing and, in spite of the existence of medical committees made up of scientists, doctors and priests to test all claims of healing before the Church acknowledges these as genuine, scepticism remains (Theillier, 2000: 3). Historically inseparable, a gap has developed between science and religion; this thesis attempts to demonstrate the reasons for this and to show that, since both are concerned with aspects of human suffering and death, the wall of separation between medicine and religion can be demolished (Larson and Matthews, 1997 (2): 3-6). As well as modern medical, technological advancements, which have provided exciting developments in the treatment of diseases like cancer, universities such as Edinburgh and Lancaster have established programmes that focus on how a person's faith may influence the progress of illness in a beneficial way.

By considering the apparently opposing views of Hume and Lewis (1953: 51), questions arise concerning the extent to which the Laws of Nature are indeed fixed and unchanging; and concerning the contention that when God acts He does not suspend the Laws of Nature, but works with and through them. The researcher's views are either partially or fully endorsed by Boswell (1992), Brown (1984) and Wilkinson (1998); however, it is necessary to research the understanding of those whose scientific expertise prevents them from conceiving of the possibility of miraculous healing (Dawkins, 1997; Hume 1980; Williams, 1992; et al).

The thesis addresses contemporary issues: the extent of modern research into the healing ministry and the fact that this is not reflected comprehensively in the training programmes of the Catholic Church for those preparing for the priesthood or as monks and nuns (Hocken, 2001: 54); and the current debate on euthanasia, which demonstrates clearly that the Bible continues to influence not only medical ethics but also, our society as it debates and determines its evaluation of human life.

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1.0 CHAPTER ONE: INTRODUCTION

The area of research for this thesis is that of miraculous healings as they appear in the Scriptures, and the accounts of miraculous healings that have allegedly taken place in recent times. In relation to this fascinating subject, it will be essential to address whether:

- the recorded instances of such healing in Scripture are reliable;
- if those who claim divine healing were, in the first place, genuinely ill in the accepted terminology or were their symptoms psychosomatic; and
- can we reasonably answer why it is that some people are healed and others apparently are not?

According to the biblical record, diseases and illness have troubled individuals almost since the beginning of creation (Wilkinson, 1998: 7). The advances that have been made in medical science, even during my lifetime, seem to suggest that we must first understand the nature of sickness before we can conquer it. In Bible times, of course, recovery from disease was seen as the work of a compassionate God. Whilst for the believer this may still be true in a broad sense, converse logic would assert that ill fortune, whether related to health or otherwise, must be the product of disfavour on the part of the Divine Being. The account of Job in the Old Testament patently rejects this conclusion. Even in the New Testament, the Jewish people believed that mental illness was the direct result or expression of demonic possession (Jer 1971: 93), restoration to *normality* only being possible by way of exorcism (see Lk 4: 31-37; 8: 26-39).

From a scientific point of view, this poses certain difficulties. Against such a background, healing miracles might go relatively unnoticed. Although not necessarily commonplace, they certainly would not be subject to the same level of rigorous examination as would be the case in the almost anti-supernatural climate of the twenty-first century. Instances in Scripture of alleged healings pay little attention to detail, except perhaps in the writings of Luke who, as a doctor,

will have had a professional interest in such matters. Simply put, the Israelite people believed that sickness, terminal illness, the ageing process and death were all a product of The Fall – the coming of sin into the world. The New Testament presents Jesus, however, as coming into this world to announce a new creation, beginning with the Resurrection, where sin, sickness and death would ultimately be defeated. The question is, therefore, what is a miracle?

In the Scriptures, miracles are presented as events that run counter to the laws of nature. In some instances, even the methodology attached to the pronouncement of the miracle is absurd to human intellect (see Ex 14:15, 16; Jn 9:1-8). As a practising member of the Roman Catholic Church, I am all too aware of the scorn and ridicule that has been poured on accounts of miracles that have taken place throughout history, whether of a healing nature or otherwise. That this derision seems to be increasing apace both in frequency and volume, is due to a number of factors. Admittedly, there have been some dubious accounts of alleged miracles that must be subject to a certain degree of scepticism; this has, effectively, brought every claim of the miraculous into disrepute.

Arguably, the most significant contributing factor is the age in which we live. Much of the current perception of 'truth' (including, it has to be said, within certain branches of theology) is in some way governed by post-modern thought, itself a product of what, in another context, Drane (2000: 138, 139) calls: *an Enlightenment-inspired methodology based on that slippery concept known as 'pure reason'*. As man bows in honour of his own development, it is untenable to accept accounts of miraculous healing without some 'other' more rational explanation. The genuineness of the original diagnosis is called into question, the authenticity of the healing process is doubted, the qualifications of verifying experts are rescinded or, as a last resort, *the patient would have just got better, anyway*.

Much of the denial for the possibility of miraculous healing may be attributed to the apparent discord between science and religion, which only exists because of the finiteness of man's understanding: there is no such friction between God and nature. Indeed, as CS Lewis (1953: 51) points out: *Belief in miracles, far from depending on an ignorance of the laws of nature, is only possible insofar as those laws are known.* As such, it has been reassuring to find my views on this fascinating subject either partially or fully endorsed by such reputable writers as Boswell (1992), Brown (1984), Wilkinson (1998), Glynn (1999) and M^{ac}Nutt (1997). It has been no less worthwhile an exercise, however, to research the understanding of those whose specific expertise lies in a discipline that will not allow them to conceive of the possibility of miraculous healing as rational, scientific or medically comprehensible (Dawkins, 1997; Hume, 1980; Williams, 1992; Turbott, 1996; Sanford, 2003). The central theoretical problem of this work, therefore, is: How may one demonstrate the legitimacy and validity of miraculous healing through the *charism* of the Holy Spirit within the Catholic tradition?

The questions that naturally arise from this problem are these:

- Are the presentations of those who endorse this view biblically valid?
- Are those who object to this view on religious, medical or historical grounds being reasonable in their conclusions?
- What lessons can we learn from the Bible itself that are relevant to the main focus of this study?
- Are there any relevant implications of the findings of the above, and do other aspects play a role in the efficacy or otherwise of miraculous healing?

The main aim of this thesis is to evaluate, in the light of biblical, historical and medical evidence, the legitimacy or otherwise of miraculous healing. As an aid to arriving at a reasonable conclusion, it will be necessary to examine what is understood by the term *healing* in its fullest meaning and how this can be affected by faith.

The objectives of this study must be seen in their relationship to the aim. In attempting to realise these, I intend to approach the subject from four angles:

- i) to research and assess the legitimacy of those who are sympathetic to the main focus of this study;
- ii) to research and assess the legitimacy of those who are not sympathetic to the main focus of this study;
- iii) to evaluate the examples of miraculous healing in the Old Testament, in the recorded ministry of Jesus Christ and the accounts we have of the apostles in the New Testament, and reports of such healings that have taken place in history through the instrument of the Church;
- iv) to take account of the problem of the existence of evil in the world and the part that plays both in the reality of ill health and as a potential obstruction to miraculous healing.

The central theoretical argument of this study is that miraculous healings can and do take place through the *charism* of the Holy Spirit and are a legitimate and valid expression of ministry within the Roman Catholic Church.

It must be acknowledged that any research is in some way subject to the researcher's bias. This is no less true in the discipline of theology, whether such a tendency is denominationally motivated or historically predisposed. Given that I am a practising member of the Roman Catholic Church, I must concede that my innermost sympathies lie with that tradition. All Christian denominations have their ministry foundations in the scriptures; well - known scholars such as East (1977), Lawrence (1976) and Carter-Stapleton (1977) confirm this. The Christian churches set out their beliefs in various documents; for example, the Presbyterian Church's 'Westminster Confession' (1646). More recently, the Anglican Church commissioned a report (2000), under the chairmanship of the Bishop of Chelmsford, to examine its understanding and relationship with the

healing ministry; it updates the Wordsworth report (1904). The Methodist Church in Great Britain has also explored recently their understanding of these matters (Shier-Jones: 2005). In an attempt to avoid excessive prejudice, therefore, I will endeavour to give due recognition to sources of information that present the case in support of miraculous healing, as well as those that counter the basic premise of this argument. Having consulted works that are mainly historical and theological – though by no means to the exclusion of the philosophical, phenomenological and scientific arguments at my disposal, including research of an empirical nature – I propose to establish the essential nature of miraculous healing by using biblical hermeneutics (Henrichsen, 1978) and exegesis to establish the validity or otherwise of the collected data, which will, thereby, be subject to a process of selection to determine its value.

CHAPTER TWO: THE CORRELATION OF MIRACLES AND HEALING IN THE CONTEXT OF THE PROBLEM OF EVIL

2.1 Introduction

In Biblical times, the Devil was regarded as the cause of sickness and disease. Even in the modern world, when someone becomes seriously ill the rhetorical question often is - What have I done to deserve this? This demonstrates that deep in our subconscious, sickness and disease are still linked to sin and the devil, whereas healing is regarded as being in the providence of God's grace and mercy. This chapter sets out to deal with the problem of evil for the Christian, the nature of miracles, and the mystery of healing. The Christian faith teaches that God is our Creator, a loving Father who is all-embracing. But what we frequently experience as we journey through life can and does pose fundamental challenges to that tenet. For what we all too often witness is the appalling depth of human suffering in its many forms. I shall begin my examination of the problem of evil by stating what is meant when we speak of it.

2.2 The Problem of Evil

According to the account of the *Fall of Man* (Gen 3: 1 and following) we see that God gave mankind *free will*, to act in a way that he saw or sees fit at that time. *Free will* must be exactly that, for anything else would be to make mankind an automaton, a machine that functions as it was designed to do by its maker. Evans (1996: 99) suggests that: *a human person who is free and yet cannot choose wrongly is a person who is both free and not free. Not even God could create such a 'round square'.* Adam did indeed choose wrongly when he accepted the apple, and Eve's actions were equally wrong in picking the apple. Schaeffer (1968: 100) sees mankind as *fallen*; thereby, there is no moral answer to the problem of evil because whether mankind was created by God or is the product of some evolutionary process, this dilemma has always existed and is part of what being a *human* is. But, if mankind was created by God, does this mean that God is both good and evil? Exodus 34: 6 states quite categorically that God is a God of love and faithfulness. Epicurus, a Greek

philosopher, asks the question whether God could possibly be both good and all-powerful at the same time. Does God wish to prevent evil, but was not able to do so, or was He able to do so, but malevolent? It is, however, illogical to see God as both omnipotent and impotent at the same time.

We begin our examination of the problem of evil by stating what we mean when we speak of it. The philosophical/evidential problem of evil may be related to how one perceives God and the world. Rowe (19:126) argues from a more modern rationale and qualifies his criticisms by setting out the following formula when considering the problem of evil: omnipotence, omnipresence and goodness. He arrived at this view because the three cannot logically go together: the evidence in our world dictates otherwise. We must therefore have a clear understanding of what we mean by *evil*. By way of clarification, *evil* is that which adversely affects the life experiences of mankind and his life expectancy; in other words, simply that which reduces the quality and pleasures of life. Within this definition would be: pain (either physical and/or psychological), deprivation, social injustice, and premature death, *et cetera*. When we think of *evil* we may think of mental anguish; and to this list we must include immorality – wickedness. Moral wickedness can be the direct cause of pain and suffering; for example, one would hold to the view that Adolf Hitler's regime was immoral and wicked. His misrule caused untold human suffering on a global scale. The effects of evil are, therefore, strongly felt and evil is the root cause of our alienation, our despair, and our pain.

When we define pain, we ought to count within its scope poverty, oppression, war, injustice, indignity, persecution, all of which occur in human society. It is even possible for disease to be used as a means of suppressing people, though we have not yet been able to fully understand the pathology, as Hick observes (1977: 40, 88): . . . *precisely determined by psychosomatic medicine, by emotional and moral factors seated both in the individual and in his or her social environment.*

Next we consider the forms of suffering that arise from natural elements. That is to say pathogenic infections, earthquakes, storms, flooding, drought, and fires caused either by the sun or through electrical storms. Larrimore (1990:96 -102) sets out to relate Aquinas' view of evil as evident in his work *Summa Theologiae*; he argues that Aquinas believes that the word *evil* does not signify any essence, form or substance. Aquinas argues that it is simply the absence of goodness. Anything that lacks goodness can be described as evil. God, for Aquinas, could not have created anything less than good. Mankind, by his rebellion against God, is consequently less than perfect. The problem with Aquinas' position is that the Bible portrays evil as being an object and not merely an absence. The author would, however, wish to suggest that perhaps Aquinas' understanding of evil may have more in common with Islamic teaching - which leans towards the fatalistic - than to Christian teaching. Islam does not accept the Genesis *Fall* and hence, does not embrace any change to mankind's condition *vis-à-vis original sin*. But the *Qur'ān* does state that people are evil and that they deserve God's condemnation. The point that I am making here is that if there was no *Fall* in the Genesis story there can be no possibility of offering it as the reason for pain and suffering. It is a thing, an entity, because it is more than privation, for it is responsible for the *Fall of Man*, as recorded in Genesis 3. Neither do Aquinas' ideas provide answers to the questions raised by Rowe and others and, as such, cannot be used to argue against the existence of God. All that Aquinas appears to be saying is that good and evil are necessary counterparts. However, the problem with this position is that it assumes that evil is simply the absence of good and, unless that is the case, they are not logical opposites. But Aquinas is right when he states that something is good if it is in accordance with its nature. In other words, God is wholly and totally good because God can be no other and, therefore, it is in full accordance with His nature. For God to be evil, He would need to be acting in a way that is completely contrary to His nature. In all of this, we are presented with the acute problem of evil. The religious believer is presented with this dilemma: if God perfectly loves, then surely He must desire to eradicate such evils? If God is omnipotent, is He not then capable of implementing the eradication of all evil? Yet evil exists! Logically, therefore, God either is all-

loving or all-powerful. In this chapter, ways will be examined by which theists can respond to the problem of evil, and yet maintain faith.

Lewis (1971: 93) suggests that the ancients' approach to God may have been similar to that of an accused person standing before the judge at the Old Bailey. Interestingly enough, modern day mankind has reversed that role and it is he who now stands in judgment of God. Mankind demands to know why there is famine in the world, why there are wars like that being fought between the allies of the USA and UK against Iraq; and why are there natural disasters? Mankind will listen to any reasonable answer that God can offer in His own defence. For the sake of clarification, what is meant by God here is the God who is omnipotent, omniscient and good – the God of the Judaeo-Christian tradition, as opposed to Allah of Islam, or the gods of Hinduism, Buddhism, or some other kind of deist faith system. To deny that God is the Creator, Sustainer, Ruler, Judge, Father and Lover is to deny the God of Jesus Christ, who is revealed throughout the pages of the Bible.

2.2.1 Love and God

The greatest test of parental love is the ability to let their offspring go and allow them to make their own mistakes. God loves His creatures and the test of that love is that we are free to make up our minds for ourselves and are allowed the choice of whether to return that love or to reject it. The scriptures record that love, and mankind's reaction to it; for example Psalm 145: 17 (love and discipline); Jeremiah 31: 3 (eternal love); Luke 7: 47, John 14: 21 and Galatians 2: 20 (God's love through Christ). The problem is reconciling that all-embracing love with the suffering of mankind. To understand mankind's suffering, despite the all-embracing love of God, we first must understand the word *love*. Man tends to be selfish - thinking only about himself, his needs, what benefits him - and he becomes hurt when he does not get all his own way. It is the understanding of a child. The fact is, so Lewis (1977: 41) reminds us, mankind is not at the centre and God does not exist for mankind alone, and neither does mankind exist for its own sake. Mankind was created not so much to love the

creator – that is through free will to choose whether or not to love God, though mankind is capable of loving God - but to be the object of God's love.

Love can contain kindness, but love and kindness do not necessarily have the same boundaries. When kindness is seen outside of love, it can involve a certain fundamental indifference to its object. For example, when an animal is particularly poorly a veterinary surgeon may wish to use euthanasia as a 'kindness' to the animal. Euthanasia can be used to assist the animal to escape suffering and does not take into consideration whether the animal was good or bad. If God is *love*, then He is, by definition, something much more than kindness. An examination of scriptures shows that God has condemned and chastised mankind, but God has never held mankind in contempt.

In creating mankind, God has, from the outset, desired a relationship with His creature. God desires that mankind should love Him (Exodus 20: 3; Mark 12: 29-31), though He can exist without mankind's adoration. If mankind had been created as merely an automaton, creatures pre-programmed to love God, then His desire that mankind should love Him would be a contradiction because the automaton would only be responding as they had been programmed. It appears to the author that freedom to love is possibly the key to the whole question of God permitting suffering in the first place.

The psalmist (24: 1) says that the earth belongs to God and everything that is within it. As a Catholic I have no problem with this position. For me, God is immanent, compassionate and deeply concerned about His creation: He is both immanent and transcendent. Immanence does not mean interference, necessarily, for God gives mankind free will, but at the same time He can intervene if He feels the need to do so. Those who subscribe to the authority of the Bible can begin with the following assumptions:

- God exists and is the Creator and Sustainer of the Universe;
- God is good and gave birth to a good Creation – good not perfect;

- God is omnipotent and beyond our human ability to understand, to tell or describe. God is not the god of Buddhism – impotent and ignorant.
- God desires our good and not harm. Suffering is not part of God's plan for us but it is the consequence of others' actions which He *allows*.

If there are problems with the above assumptions for some, then perhaps the problem of evil may not be such a problem for them.

When considering the omniscience of God, care is needed. Swinburne (1996: 7) argues that God cannot be required to know what is logically impossible, to know simply, because it is logically impossible to know what another person can or will do in the future, for they have been given the gift of 'free will'. However, whilst I cannot know what a person may do tomorrow, perhaps, it is not beyond the capacity of God, who is omniscient. Which is to say that whilst God cannot do the logically impossible, His omniscience is far beyond mankind's ability to understand and is part of the mystery of God.

2.2.2 Possible Solutions

The question may justifiably be asked: is there a solution to the problem of evil? To answer this question there are some theories which need to be considered, beginning with those which emanate from the Judeo-Christian perspective.

Contemporary Christian Science puts forward the hypothesis that evil is merely an illusion of the individual's mind (for an example of this view see Eddy, 1913; and Burrell & Wright, 1973: 70 to 82, where there is a particular reference to Christian Science.) Evil is viewed, therefore, as nothingness, which can go away. But this is not true. It is both intellectually dishonest as an argument and clinically incorrect, as pathologists can confirm. Against this view, we must take into account that the Bible records faithfully various events, both good and evil, that are very much in keeping with our own human experiences. The Bible does not gloss over the less seemly traits of our human characteristics (Gen 4:

8; 27: 5-28; Jer 17: 9). Scripture tells of our inhumanity to our neighbours (2 Sam 11: 14-15; Mat 24: 3-13). Scripture tell of our sorrows and our sufferings (Lk 5: 12-26; 1 Pet 2: 18-25). Scripture regards evil as a dark force (Gen 1: 3-4), menacing (Gen 19: 4-10), ugly, and wicked (Lk 23: 26-49). Scripture has given us a picture of the world in which evil is seen as a tangible reality, not an illusion and, therefore, just because we cannot perceive the full dimension of all the ramifications of evil, this does not preclude its existence. There can be no doubt in our minds that evil is entirely real when we read accounts of those who have experienced it in their lives, as is recorded, for example, by Wissenthal (1989).

So what, if any, are the solutions to the problem of evil for the religious believer? There are three main responses:

- 1) St. Augustine's answer to the problem was based upon the *Fall of Man* from his original state of righteousness;
- 2) St Irenaeus' answer to the problem was based upon the idea of a gradual creation of perfection of mankind against a background of a highly imperfect world; and
- 3) modernist theologians take the view that God is not all-powerful and therefore is unable to prevent the evil that befalls mankind either through the process of nature or otherwise.

ⁱ Before outlining each of these theorems individually, I shall first of all note what each has in common with the other.

Each of the three responses above accepts the principle of *free-will*, especially where evil has arisen from mankind's inhumanity to other human-beings. The Christian's point of view has always been that each person must accept responsibility for his or her own behaviour. Moral evil is, therefore, related to the freedom given to mankind to choose whether to act for good or ill. There can be no guarantees as to how an individual will use that freedom. God

created mankind with a free will and it is illogical to expect that wrongdoing could not happen.

Against this position, modern philosophical thought on the problem of evil has claimed that there is contradiction involved by saying God has created mankind free, yet He also guarantees to act righteously. Indeed Mackie (1955: 209) argues that:

If there is no logical impossibility in a man's freely choosing the good on one, or on several occasions, here cannot be a logical impossibility of his freely choosing the good on every occasion. God was not, then, faced with a choice between making innocent automata and making beings, who in acting freely, would sometimes go wrong: there was open to Him the obviously better possibility of making beings whom would act freely but always go right. Clearly, His failure to avail Himself of this possibility is inconsistent with His being both omnipotent and wholly good.

Whilst Mackie has provided for us an undeniably well considered argument, it is not without problems that must be challenged; for example, what is actually meant when we refer to free will? Do we mean actions that have not been necessitated by external events? Or is it those actions that are beyond a person's control, to which they react? If that be the case, then it is difficult to perceive any contradiction to the Christian understanding of God and mankind. Free will is our God-given nature and therefore, in principle, predictable. We are free to act either in accordance with God's wishes or to ignore them. It is contradictory to say that God has caused our behaviour. We either have the God-given gift of freedom or we do not. Behaviour is a developmental process of the individual and is dependent upon (a) genetic make-up and (b) environmental influences. We are free and wholly independent agents in our relationship with God. If my behaviour has been divinely preordained then I am nothing more than a mere puppet, at the mercy of the puppet master. I would not be a free and independent agent, and could not be responsible for my actions, even if I had been allowed to believe otherwise. Whilst there is a firm

belief that God has the power to create such a puppet race of human beings, one fails to see why He would want to, for God is seeking sons and daughters! We are free to choose good or evil; right or wrong; to follow God or to ignore Him. We all know that sons and daughters can at times ignore the advice given to them by their parents. They can, and frequently do, please themselves. The author suggests that there is no point in God attaching strings to His creation, you and me.

2.2.3 Saint Augustine's Response

The Bishop of Hippo, Saint Augustine (354 – 430 A.D.) - renowned for his outstanding learning - provided a response to the problem of evil in his work. His solution has endured throughout the centuries and is now accepted by some as the traditional Christian view, though it is not without its critics. Augustine's theodicy contains the theological, as well as the philosophical school of thought. (The philosophical position is that of the privative nature of evil.) Augustine promotes the Judeo-Christian belief that the universe is 'good', which is to say that God is good. God created the universe and in so doing His purpose can only be good.

Saint Augustine differentiates between levels of good and evil. Some he values more than others. Good comes in a wide variety of ways. Everything that has being in its own right is good; except to that degree which evil has encroached upon it, thereby polluting that with which it comes into contact and giving rise to the question: where does evil come from?

Evil also comes in a variety of ways; for example: ill will, pain, disorder, or decay. These cannot come from God because He is good, but they are representative of that which is inherently good going wrong. By way of explanation of this position, Augustine uses the example of blindness. He suggests that the eye is not evil in itself and blindness is not a 'thing', but the evil of blindness is that the eye, which is good, has become dysfunctional. Evil can be seen, therefore, as the break down of something that is in itself good.

The universe owes its creation to God, who is good, and in this we must assume that the universe once was in harmony with the wishes of its Divine Creator. The universe included a variety of good, some greater, some lesser, but each in its own place. But this position begs the question: Where did evil come from? Augustine looks for the answer in the free will of men and of angels. Some angels he believed rebelled against God, the supreme good, to defer to a lesser good. It was these (Lucifer and company) who were responsible for the temptation of Adam and Eve in the Garden of Eden and for the subsequent Fall. This is how moral evil came into the world. Evils which come through nature, disease, earthquakes, tempest, *et cetera* are the penalties mankind pays for sin. God created mankind to steward all the earth, but mankind has rebelled against his Creator. The consequences of mankind's actions are the composite chain reaction in nature. Mankind's failure is the reason for nature's going astray: therefore, Augustine (1991:1.3.) concludes that: *All evil is either sin or the punishment for sin.*

Augustine argues that there is a judgment that will take place at the end of time. The Creator God will admit into eternal life those who have accepted His salvation; however, those who have rejected and rebelled against God will be doomed to eternal torment. Augustine continues his argument with the contention that, as misery has been caused by sin, the sinner can be saved through the penalty of misery, for it corrects the misdeeds. Sin has, therefore, been justly punished and is cancelled out. Sin no longer stains the perfection of God's creation. This may be compared with a later doctrine from the Reformation era, namely, *Justification by Faith*.

According to Augustine's argument, God has been completely removed from any responsibility for the existence of evil in the world. He states that it is entirely the responsibility of mankind. Evil had come into existence from the... *culpable misuse of creaturely freedom in a tragic act, of cosmic significance, in the prehistory of the human race...* (Hick, 1983: 43).

Mankind fell from God's grace by succumbing to the temptation provided by those angels who had fallen from the heavenly kingdom, the chief of whom is Satan – the arch enemy of God. However, Augustine ultimately found himself in a dilemma, since he believed that all things owe their existence to God. Thus, good and evil alike exist by His will. But he found it difficult to accept that God could be responsible for allowing evil to exist. In the final analysis, Augustine was unable to cope with, or to explain, the existence of evil.

Foremost amongst Augustine's critics on the problem of evil, is a German Protestant theologian called Schleiermacher (1928). Schleiermacher felt that the principle problem with Augustine's theodicy lies in the view of a good universe created by God with absolute power: a universe without any evil at all and completely in accord with the wishes of God. The question Schleiermacher raises is: how can mankind, created perfect in a perfect environment, fall into sin? Even if we accept that mankind was given free will, if there was no trace of sin in mankind who lives in a universe without evil, how can mankind fall into sin? Are we to conclude that Man is a god-like being, able to conceive of and generate good and evil of his own will. Schleiermacher argues that the idea of a perfect creation spontaneously going wrong is ludicrous. Once again the question: Where did evil come from? And particularly in the light of a perfect creation, this time it is pertinent. It is also significant that when Augustine (1909, volume 12, ch 12) was asked why some angels fell, whilst others did not, he replied that perhaps some angels received less grace of divine love than others. Or, if all angels received the same, then those who had not fallen into evil ways may have been given greater assistance, hence it was they who went on to a higher level of blessedness.

The criticism of Augustine's response may be summed up in these three points:

- 1) A perfect creation can never go wrong. If it should go wrong, then the creator must be to blame. This is also in accord with Mackie's position, which was referred to earlier in this work. It is entirely possible for mankind to have been created finitely perfect, but this

clearly is not the case. If Man is to become the heir of God, he must do so freely.

- 2) With the accumulated data that we have today, resulting from scientific research into genetics and anthropological data, it is difficult to accept that mankind was ever morally, spiritually and physically perfect, only later to fall into the chronic, selfish state in which he now finds himself. Anthropologically, it is possible to demonstrate how mankind has evolved from a crude moral and spiritual state. Whilst examining the remains of prehistoric creatures, archaeologists have found evidence that these creatures also suffered from arthritis, as is the case with humans. As these creatures pre-dated *Homo sapiens* by several thousands of generations, their physical disorder and diseases cannot be linked directly with the *Fall of Man*. Thus, it would seem inappropriate to present diseases, earthquakes, storms, droughts, *et cetera* as the consequences of human sin. If this were true, mankind's sin could be in not responding, or in delaying any response, for political or other reasons, in terms of humanitarian aid when such natural catastrophes occur.
- 3) Then there is the question over the purpose served by Hell with its eternal torments. Where is the good in it? Eternal punishment, never ending, can never be constructive. Logically, it could never prove to be a solution to the problem of evil for, in effect, it perpetuates evil. For the sinful nature, Hell brings about permanence within the universe and for the non-moral evil sufferings of individuals who have been consigned to such a place.

2.2.4 Saint Irenaeus' Response

Saint Irenaeus (1999(4): chapters 37 & 38) sets forth a theory that involved the human race being created in two stages. First, Irenaeus' does not perceive Adam and Eve as perfect, as they are seen by Augustine. He states that mankind came into being as immature beings but with tremendous capacity for

spiritual and moral development. Mankind is described as being in *the image of God*. Secondly, Irenaeus' argues that mankind is being gradually transformed, through free will, into children of God. This process is still continuing. Irenaeus describes mankind, at this point in his development, as being in *the likeness of God*. *Image* and *likeness* are references to Genesis 1: 26.

The question once again arises: Why were human beings created immature and imperfect, when God could have made a perfect animal? The answer probably lies in the freedom given to mankind to respond. There are two further points that must be taken into consideration.

- 1) There is the very valuable point of mankind's intuitive judgment when deciding moral questions, particularly when being severely tempted. There is more to be said for mankind's freedom than for a race of robotic automatons programmed for good. Humanity is therefore imperfect, but progresses through moral temptation towards a complete humanity. (Compare with Mat 4: 1-11; Mk 1: 12, 13 and Lk 4: 1-13.)
- 2) Could man be truly free in his relationship with God had he been formed in the direct presence of his Creator who is all-good, all knowledgeable, infinite in both life and power? It follows that mankind was formed at an epistemic distance from God. Mankind has been created as part of an autonomous universe in which God is not overwhelmingly evident, but in which He may be perceived through mankind's free, interpretative response of faith. Mankind's instinct to survive is naturally selfish, but the spiritual and moral tension he experiences counters this.

For the Creator God it must be more satisfying to have the freely given adoration of mankind rather than having to impose it by Divine Will.

Irenaeus, unlike Augustine, sees perfection as an aspiration. His theodicy states that the answer to the problem of evil, as a necessary condition of mankind's creation, can happen epistemically: a state from which mankind can freely and truly respond to God in a growing relationship that transforms us into children of God. In a sense, God has a will and purpose for His created order of which we have little knowledge, other than that which He chooses to reveal. If His created order is still evolving, and mankind is an integral part of it, we will not reach perfection until God's will and purpose is complete.

How can pain and suffering be accounted for from the position of Irenaeus' response? The misuse of human freedom is responsible for much of the pain that we experience. But this does not take into account suffering from natural causes. Sometimes we find it difficult to decide whether suffering is of human making or something other than human wickedness. Cancer, for example, can be solely a biological problem, or the result of radiation that, in turn, may have occurred accidentally or deliberately. Mankind tends to view suffering and pain, without qualification, as part of experience and, certainly, in the pastoral care of those who suffer, it is not helpful to make distinctions. Further, it must also be stated that it is impossible for us to show any good that may arise from such suffering and/or how that good serves God's purposes. But, Irenaeus stresses that it is possible to see that God's purposes cannot be established in a society that is entirely hedonistic.

In discussion with a relative, where the researcher sought to promote a belief in God, his relative countered with the view that there could not be a God because a benevolent God would not allow an environment to exist where pain and suffering are so evident and unchecked. Like most people who have difficulty with the Christian faith, the assumption is that a benevolent God would create a safe and pleasant environment where mankind could live in comfort. It is inherently clear that the relative subscribes to a classical, empirical view, as held by such philosophers as Hume and Locke (see Hume, 1990: part XI). The author, however, feels that it is folly to believe that God would create such a world. His purposes are not served by such a paradise because, if mankind

were to live in such an environment, situations would not arise where compassion is needed, or where a response is required to injustices. A perfect paradise cannot challenge mankind. When mankind is challenged, he responds; and from his response there is potential for spiritual growth.

Irenaeus suggests that the world is a place where spiritual development is promoted through mankind's endeavours to overcome challenges and, thereby, to become heirs of God. A world devoid of dangers, of suffering, of the murderer's evil intentions, or the robber's greed, cannot challenge mankind morally and inspire him to care for his neighbour (Compare with Mat 5: 43-48). The laws of nature could never exist, as we understand them, in a paradise state. Mankind needs nature to be flexible and work by special providence so that he can advance both morally and spiritually. Science could not exist, for there would not be the foundation for it. Such a world would be devoid of meaning.

A hedonistic society would not have the concept of right and wrong. Personal fortitude and courage could not exist because danger would not exist; equally, neither could such virtues as generosity, prudence, justice, *et cetera*. A hedonistic society could never provide for mankind the opportunity to develop morally. The environment needed for growth is one that functions according to general and dependable laws; the element of danger is needed, with some difficulties, areas of failure and defeat, times of pain, of sorrow, and frustration. The world in which we live would appear ideally suited, for it has all the characteristics required for mankind's growth.

To understand this very important principle is to accept that this world of ours has not been created for the maximum pleasure of mankind, but for the purpose of soul making and for the delight of God (Farrer, 1961: Chapter 5 and Hick, 1977: 309 to 317). In other words, the answer to the problem of evil, from the point of view of Irenaeus, is that the environment in which we live is necessary in order to promote the effective growth of free men to become the children of God. This would suggest that the pains and evils we suffer now are the second

stage of God's creative process. Irenaeus, from this base, springs forward to the subject of life after death by making three points.

1. There are many examples of how, through mankind's own free response, good can and does triumph over evil. There are also examples of the exact opposite. In times of particular danger we note the characteristics of courage and selflessness in mankind; for example, the action of Father Maximilian Kolbe OFM (Conv.), when he entered the Nazi gas chambers in order to save the life of a Jew, may be seen as heroic selflessness. When most Lutheran Protestants did not oppose Hitler, a pastor of the German Confessing Church - Dietrich Bonhoeffer- sustained opposition to Adolf Hitler's regime at a time when this required a great deal of courage. Calamities can draw out from mankind such virtues of patience and moral steadfastness. But they can also lead to fear, resentment, and to character disintegration. God's purpose in soul making must therefore continue beyond the grave if it is to achieve more than a mere partial success. Baldwin (1990: 47) would appear to agree with this view when he describes spiritual growth thus: *We shall be seeking to do God's will for eternity. . . . Christian discipleship is not confined to the realms of time, space, and mother earth.*
2. The author writes as one who suffers from a very serious illness so, the question arising in his mind is whether all the discomfort and pain that life brings is worth it? For him, the answer must lie in the long, rather than in the short term. The greater good must be realised at a future time in order to justify the present distress. Eternally, to enjoy the love of God will cancel out the burdens of today. It is his faith that enables him to cope with his condition and to make sense out of his present discomfort.
2. Irenaeist theodicy, certainly from the author's own experiences, is based upon the positive doctrine of a life to come, once mortal life ceases. Equally, such a position requires that all, everyone, at the end of time will be received into the Kingdom of Heaven.

Irenaean theodicy is not without its problems or its critics. It can be argued that Irenaean theodicy rejects the traditional doctrines of the Fall of Man and of the Atonement Day when some shall be damned. Equally, some philosophers feel that, despite the fact that Irenaean theodicy demonstrates a soul-making environment, this is not necessarily a paradise. It does not in itself justify the horrors of poverty and famine, greed and selfishness, where people have been forced to endure the evil regimes of Pol Pot's Khmer Rouge, Stalin's Soviet States, or Hitler's attempt at the annihilation of the Jews. How can we possibly equate mankind's inhumanity to other human-beings with that which we believe?

Whilst Irenaean theodicy certainly does show how such monstrous acts can happen in a world created by God, it does not emphasise the point that mankind is given the free will to choose good over evil. Free will inevitably comes with risks, which include the heinous crimes against God and humanity. It also questions the Irenaean concept of Universalism since, if in the end all will be saved, there is no need to attempt to be good.

The question still has not been resolved of whether pain and suffering are part of a creative process that leads to infinite good, as an expression of God's goodness (See Madden and Hare, 1968: chapter 5): and is unlikely to be this side of paradise.

2.2.5 Process Theodicy

Whitehead's (1929) philosophical argument towards a process theodicy has been accepted by a number of theologians. In answer to the problem of evil, process theology argues that God is limited in His power and that He interacts with the process of the universe. Further, process theology also argues that God has not created the universe but can influence it. From these beginnings Griffin's (1976) argument provides an indicative work upon which a theodicy was established.

The previous two theodicies outlined - those of Saint Augustine and Saint Irenaeus - would hold as true that God is the Creator and sustainer of the whole universe. He created the universe out of nothing, and has unlimited power over His creation. God, however, exercises restraint over His power in order to provide an environment in which human beings can grow freely, but in which God interacts in a non-coercive way, seeking a free response from His creatures.

Griffin would not object to the traditional views, with regard to God's non-coercive action, found in both Augustine's theodicy and Irenaeus'. He would, however, do that in respect of the Divine restraint, arguing that God exercises persuasive power and not controlling power. Persuasive power is required because of the nature of the metaphysical structure of reality. God, so Process Theodicy holds, is subjected to the basic laws of the universe. God did not create the universe out of nothing, but the universe is an uncreated process that includes God.

Whitehead appears to argue that a kind of primordial divine decision formed the ultimate metaphysical principles. Griffin and Hartshorne (1970) are in agreement when they state that ultimate principles are eternal necessities. In other words, they are not subject to God's sanction. The absolute generality of the laws of the Universe make it impossible for there to be an alternative. *God does not refrain from controlling the creatures simply because it is better for God to use persuasion, but because it is necessarily the case that God cannot completely control the creatures* (Griffin, 1976: 276). They even fall outside God's will.

Process Theodicy totally rejects the Irenaen view that God seeks to bring mankind to perfection through his own free will. Mankind is the creation of God and naturally inclined towards God. Process Theodicy argues that mankind came into being after a struggle with primordial chaos. The Divine Purpose is therefore imperfect. For the Process Theologian the ultimate reality is creativity

continually providing new unities of experiences from the manifold of the previous moment. Creativity does not add to what actually exists at a given time, but is the creative power within all actuality: therefore, actuality is charged with creativity. Hence, it is capable of influencing events. It can do this through the power of selection. From its received information it can exercise either a positive or a negative prehension. This becomes the unique concrescence. Process Theodicy maintains that with each wave of actual occasions, which makes up a new moment in the universe's life, there is a basic component of either creativity or self-causation. Actual occasions are never determined by the past. They are both determined, and form a determinant, influencing the future. This dual force is indivisible from the actual. Thereby, each occasion, as a moment of creativity, accordingly brings into play a dimension of power.

Finite actualities exercise power because they are part of the universe, which is to exercise creativity and, thereby, power. Indeed, God has not given this ability to the actualities for, by definition, God does not have exclusive power. Each and every actual occasion is partially self-creative and partially created by the previous actual occasion. In turn these previous, actual occasions are themselves partially self-created. The result of this is to limit God's power and direction over each occasion. God can, and does provide the best possibility to each occasion as it self-creates. However, each occasion is free to choose whether to accept God's offer or to reject it and, thereby, they will be acting contrary to His will. The result of this, according to Whitehead (1926: 51) is: ... *so far as the conformation is incomplete, there is evil in the world.*

Process Theology claims that there are two kinds of good as well as two kinds of evil. The criteria in deciding are more aesthetic than moral. As previously stated, an actual occasion is a moment of experience. Experience can combine harmony and intensity. The concrescence of a multiplicity into a new complex unity, fresh moments of experience can, therefore, hold more harmony and be less vivid and intense. Less harmonious experience implies discord. Whitehead (1933: 330) says that this discord ... *is the feeling of evil in the most*

general sense, namely physical pain or mental evil, such as sorrow, horror, dislike.

A moment of experience, which fails to achieve maximal, merited intensity, evinces the other form of evil – triviality. It may be argued that harmony and intensity are in competition with each other. A higher level of Intensity increases complication, thereby endangering harmony that could result in either discord or needless triviality. Greater complexity can provide a richer experience, but may also bring with it a new dimension of suffering. Lower life forms do not have the capacity for such experiences, which are enjoyed by mankind. But then mankind is subjected to moral and spiritual torments, which can build-up to such unbearable levels of stress as to cause an individual to take his/her own life. In this, we have another evil, but it is intrinsic to the creative process.

The entire universal evolutionary process is wholly reliant upon God's continual impetus to maximise harmony and intensity in each present occasion, whilst also providing new and future opportunities for greater harmony and intensity. God may justify His impetus, in that the good that has been produced (and is still to be produced) outweighs and renders worthwhile the evil that has been produced (and is yet to be produced). After all, God could easily have left the primordial chaos to itself. But instead, He chose to initiate development, an ongoing process of order in the universe and of higher life forms that present new occasions for the possibility of greater good as well as greater evil. God is therefore: *responsible in the sense of having urged the creation forward to those states in which discordant feelings could be felt with great intensity* (Griffin, 1976: 300).

Good cannot come about through the process of the world's creation without its opposite, evil, because they are both inextricably linked. God carefully considered this point and ensured that the quality and quantity of good surpasses all the evil that has been produced, or that may have been involved.

Should God have chosen not to intervene, then the result would have been the evil of needless triviality in a primordial chaos of nothingness (see Griffin, 1976: 309). Griffin continues his argument by stating, clearly, that God is directly involved in the risks of creation. Griffin argues that the quality of the Divine experience is inextricably linked, at least in part, to that experienced by His creatures. God shares in both the sorrows and the joys felt by mankind. God feels our agonies as well as our bliss. It is only by admitting our experience into His Divine consciousness that God is able to assess whether the good outweighs the evil and, therefore, whether it is an acceptable and justifiable activity. This school of thought, at first, seems a little strange, yet it is fairly common. Brother Carlo Carretto (1991: 84-85) when writing to his sister Dolcidia said: *God lacked nothing, but there was just one thing He did not have, did not know about: littleness, weakness. He wanted to experience it in Jesus and there, right there, He showed us the right relationship between creature and Creator.* Equally, Moltmann (1981: 82) claims that God sent... *His son through all the abysses and hells of God forsakeness.*

Carretto identifies rightly that God lacks nothing. Through His Son, Jesus, God could experience human suffering first hand and rejection, becoming in the eyes of this world a nobody. This total surrender to the abject poverty of the human state would lead to the ultimate desolation - the Cross - with its feeling of utter abandonment; for example, see the words spoken by Jesus from the Cross, *Eloi, Eloi, lama sabachthani?* (Mat 27: 46.)

During His earthly life Jesus told those who listen to Him that they should not worry about the needs of today because ... *your heavenly Father knows that you need them* (Matthew 6: 32). To know our needs, God must first experience them. How can God experience need when, as God, He lacks nothing? It is through the person of Jesus and the participation in human experiences that God can have that quality of experience. It is from that knowledge of deep need that, later, Jesus (the Incarnate God) was able to say: *Come to me, all you who are weary and burdened, and I will give you rest* (Mat 11: 28, N I V).

The researcher has had personal experience (see page 18) of how God can understand human need. After undergoing major surgery and suffering post operative complications, the chaplain was called to his bedside and the '*last rites*' were administered. Having reached a particularly low ebb, the researcher remembers looking at the opposite wall and seeing what he felt to be a projected image, which was the head, shoulders and chest of Christ on His Cross. The picture was amazingly detailed and as he watched the picture he began to have an understanding of Christ's pain. More importantly, he came to know that no matter how much suffering he felt, he was not alone in that suffering, for Christ was right there with him. Christ knew his pain. This experience added a new dimension to the researcher's faith. His understanding of God had been altered for all time.

This was also true for Kim Malthé-Bruun, a Danish cabin boy, who became unconscious from being horribly tortured by the Germans during World War II. In his diary, Kim writes afterwards that he had entered into a new understanding of the figure of Jesus (Gollwitzer; Kuhn; and Schneider eds., 1956:71 and compare with Solzhenitsyn, 1974: 451 – 455). In the New Testament, the letter to the Hebrews was addressed to them at a time of great persecution and suffering. Some had become weary and discouraged, whilst others had lost their faith due to the trials and the temptations which accompany such persecutions. The Catechism of the Catholic Church (1994: paragraph 164) teaches that the testing of faith can create a very real tension and can strengthen faith as well as undermining it. The unknown author of the letter to the Hebrews had himself suffered persecution and hardships. But in the midst of it, he turned to God and encouraged the Hebrews to do the same in order to strengthen their faith.

A theodicy that includes a view that God shares in the suffering of His creation has two appealing qualities:

- it avoids problems arising from the belief in Divine omnipotence; and
- the call to assist God to engage in the battle against the forces of darkness and evil.

God is a unique and basic part of the universe, but is not responsible for all that it contains. God is, therefore, not the all-powerful creator, who can fundamentally alter the universe. Thus God does not need to be justified for permitting evil, since it is not within God's power to prevent it. Griffin qualifies this point when he argues that God could have refrained from 'luring' the universe on in the evolutionary development that produced animal and human life, with all its pain and suffering. God, therefore, calls us into the fight against intractable evil. Mill (1875: 116-117) makes this particular point:

A creed like this allows it to be believed that all the mass of evil which exists was undesigned by, and exists not by the appointment of, but in spite of the Being whom we are called upon to worship. A virtuous human being assumes in this theory the exalted character of a fellow-labourer with the Highest, a fellow combatant in the great strife.

The issue of God's omniscience has brought a response from those of the Calvinist tradition. This response was fuelled by the theology of the Open Theists, who deny that God knows anything about the future because He cannot have knowledge of what has not occurred. Though God is sovereign, ultimately, over all things this does not mean accepting the view that God has pre-ordained all things. If God has pre-ordained all things, it surely follows that God is culpable regarding 'evil'; He would be responsible for suffering in the world. This is the only possible conclusion if God pre-ordains every action of His creatures and every consequent punishment for their 'behaviour'. God would be omnipotent and omniscient, but not good in the common understanding of the word. Being 'good' simply because 'God is good' is not the same as 'being good'. For God to say 'Do not kill' (Exodus 20: 13), but at the same time do so Himself is surely a contradiction.

Process Theodicy is not without its critics, amongst whom, for example, are Madden and Hare (see 'Evil and the Concept of God'); they argue that Process Theodicy is unacceptable because it involves a moral and religious elitism. Throughout time, individuals have lived lives of insecurity, oppression, slavery; have suffered debilitating diseases, been starving to death, so that only the fittest would survive. *To long for joy, support and comfort, to react violently against fear and anguish is quite simply the human condition* (Ward and Dubos, 1972: 35).

Whilst Process Theodicy attributes no blame to the individual for his or her wretched state, it does maintain that it is all part of the same complex process of the universe. However, to say this is what makes it acceptable to God is to accuse God of being nonchalant about the depravities endured by tens of thousands of human beings. Whilst these unfortunate people remain unfulfilled, a few find satisfaction in attaining some fine possibilities of human existence.

Process Theodicy, of course, is not saying that the privileged few benefit at the expense of the deprived majority. No one is expected to be selfless and self-abasing in order that others may be better off. The creative process would have been infinitely more effective had the extremes of human cruelty, as well as neglect, exploitation and so on, never have occurred. What Process Theodicy is saying, is that in order for a degree of human good to come about there is equally the risk of human evil. According to Process Theodicy, the good that has occurred outweighs the evil that has been committed and the suffering that has been experienced.

The question that Process Theodicy raises is whether God can be associated with the God of the New Testament: a God who loves and values all of His creation, or is He exclusively the God of saints, of the elite, and of geniuses, at the expense of sinners, of the academic plodders, and the anonymous millions? Process Theodicy does argue that God is not the omnipotent Lord of the universe, but it also holds Him responsible for creating mankind from *ex nihilo*.

It sets human suffering and wickedness against the finer human possibilities, all for the sake of moral and spiritual success in which God can rejoice. Perhaps God can balance the sum total of human experiences to be good, but what comfort is that to those who lived through Auschwitz, or to those who suffer oppression and starvation? What crumb of comfort can be gained by parents of a brain damaged, or injured child? To them, such a God can appear somewhat cruel.

Griffin's Process Theodicy is, at best, aesthetic rather than ethical. It can be compared to the teachings of the ancient Greeks, to the philosophies of the Neo-Platonists and the Stoics, which hold that whilst there is considerable evil in the universe, on the whole it is still good.

If God's will for the created order is that freedom is essential to the proper functioning of the world order it means, consequently, that we are free to experience good as well as bad, suffering as well as healing. Baldwin (2003: 13-36) argues that if freedom was removed from mankind then mankind would not be mankind at all. *We must attempt to think coherently about a God who is suffering and weak and yet who remains recognisably God within the Christian tradition of strength through weakness. We must try to think of a God who can be the greater sufferer of all and yet still be God* (Fiddes, 1988: 2).

2.2.6 Body and Soul

God has given mankind a soul and, according to Hick (1990: 169), mankind's soul is not in an evolutionary process from which it will emerge *perfect*. God gave the gift of free will and through that gift hopefully, mankind will become more God conscious. Those who call themselves Christian are on a journey, a pilgrimage to know and understand Christ more thoroughly and, thereby, become more Christ-like. The future for those who have chosen to follow Christ (Jn 14: 8) is not so much a *paradise lost* as it is to gain paradise through the experience of life's pilgrimage. The Christian seeks not to become Christ, for it is truly impossible, and wholly arrogant even to assume that could ever be the

case, but instead, to attain spiritual stature, as did Mother Teresa of Calcutta: in other words, to emulate Jesus in His search for higher attainment. When Jesus challenged those around Him to follow Him, this was an offer of redemption through His sacrificial atonement. His disciples were and are encouraged to make their decisions by choosing deeds that lead to the greater good of all, by denying oneself. Christ's crucifixion was the intervention of God in the world's affairs, which makes possible choices but, as argued by Hick (1990: 186), is the *final solution*. But is the scenario of the blind leading the blind a possible solution, or a total travesty? Some would argue that those who suffered gross indignities, starvation and loss of their lives in extermination camps such as Auschwitz are entitled to justice, to some kind of compensation – a greater good! For example, that those poor individuals who suffer unspeakable horrors at the hands of their murderers have their place in heaven, where the pain of the event is taken away, where they are healed, and where they are once again *whole persons*.

Life's tragedies can only make some kind of sense if they can be transformed. If Process Theodicy affirms a successful completion of the creative process, in another time and at another place, where all will eventually participate - that is in a heavenly kingdom – such tragedies would not then be viewed as the be-all and the end-all. Griffin argues admirably that we must not justify evil with the hope of a limitless final good. Even Griffin is not keen to exclude the possibility of a life after death, when he insists that justification can only be found in human existence in this world. Even if some global disaster were to happen that left mankind in a state of brutality, or extinct, Griffin (1976: 313) feels that ... *it will not cancel out the worthwhileness of the human goodness enjoyed during the previous thousands of years*. That *human goodness* must include the suffering of Christ on the Cross. Moltmann (1974: 244-245) argues that Christ's crucifixion was the beginning of the Trinitarian history of the suffering God: that the suffering of the Cross, the utter desolation, and the agonies, were assumed into the person of God. In that Christ died for all mankind and bore the weight of all our sins, this suffering contained the total history of human suffering.

I would suggest that God will always do right because He is a wholly good entity, who can do no other. For those who have no choice, there will be justice. By every definition of God, God is the final standard of good, for He is goodness. Good is that which God approves. This includes all those unanswered questions, all those prayers offered up in places like Lourdes for healing and from which there appears to be no benefit gained by those being prayed for, prayers for a peaceful world, and prayers during natural disasters such as the collapse of the swimming pool roof in Russia, or the flooding in New Zealand early this week (February 17, 2004). God is omnipotent, not impotent, (see Rev 1: 8) and He is also all powerful and has all authority (see Mat 28: 18-19). Evolution can not bring about the perfection of mankind; neither is God creating a perfect people, fit for heaven, from amongst all the world's major religions. God has, however, reconciled mankind to Himself (2 Cor 5: 17-19) through Christ on the Cross. Free will is an essential part of being human, without it there can be no spiritual growth, despite all the consequences. Free will means that mankind can choose either to do good or to do bad and it follows that there has to be the possibility of evil, for evil is opposite to good and an inherent part of mankind's psyche. Having said all of this, I would further suggest that there is no evidence that God is guilty of any kind of bad action. The fact remains that mankind has free will to choose to do good or evil and, given that the choices are mankind's to make, some will inevitably choose to do good, others will choose to do bad and, having chosen the wrong path, either will not or cannot accept the mercy of God. Instead they will accuse God of being unjust. There will be those who have not had the opportunity to learn about God, but this does not inhibit God from doing the right thing (Gen 25: 18) because, as free will is the gift of God to mankind, all things therefore become possible; God has made provision for all His creatures to find a way to Him despite mankind's nature.

Finally, we can perhaps best sum up the argument made by Process Theodicy in a way that is understandable to the Christian by quoting Lewis (1977: 88):

In the fallen and partially redeemed universe we may distinguish: 1) the simple good descending from God; 2) the simple evil produced by rebellious creatures; and 3) the exploitation of that evil by God for His redemptive purposes, which produces 4) the complex good to which accepted suffering and repented sin contribute.

2.3 The Nature of Miracles

For some people, such as the philosopher David Hume, the problem that they have with miracles is that they are contrary to the Laws of Nature. Such people believe that these laws are fixed and unchanging. They would argue that we know this from our daily experience of the consistency of our material environment and how it behaves. If the Laws of Nature were not unchanging, then we would not be able to understand our environment, and this view relates to the problem of evil, as it is developed in the Irenaean Theodicy. Science, since the time of Newton, revealed the Universe as running in accordance with fixed Laws; and our understanding of these laws has enabled us to develop technology that made possible the Industrial Revolution, which benefits mankind. This understanding of the Universe has changed our perceptions and events that mankind may once have considered miraculous - for example, rainbows - now can be explained in scientific terms. Equally, our increasing understanding of Psychology has made it evident that there is a clear and significant relationship between our general health, and our mental state. Some illnesses can have a psychosomatic basis; therefore, this can have a part to play in healings that have been termed *miraculous*. With this understanding, we can begin to see the part played by the belief/psychology/mental attitude of the sufferer (see for example Mk 10: 52). Within this term of reference, therefore, the idea of God interfering with the Laws of Nature, regularly breaking them and/or bending them to suit His purpose, is illogical. However, it is not

inconceivable that one or two miracles could happen without causing problems with the intelligibility and coherence of the universe.

There is another problem, which is that miracles in one faith system can contradict miracles within another. For example, within the Christian belief system there are the miracles of the Incarnation and the Resurrection. These beliefs cancel out the Islamic miracle of the dictation of the Qu'rān, which all Muslims must believe.

Since there are some people who have understandable problems in conceiving the possibility of such supernatural events in the natural world, the questions raised in respect of the healing miracles of Jesus cannot, therefore, be answered simply by reference to one's disposition either to believe, or not to believe. There are two important considerations that need to be examined:

- whether the miracle account being related is in accordance with the teachings of Jesus, especially those about Himself; and
- whether it is always precisely clear what some people mean when they talk of a *miracle*.

In the first instance, if we were to examine the claims made in one section and find them to be correct, it would be unusual for us not to trust accounts of miracles: this in itself does not provide for us sufficient grounds for belief. In the latter instance, there are those who would state that a miracle is something that goes against the Laws of Nature. But are the Laws of Nature actually fixed, or are they merely a rationalization of how things usually occur? Each of us can witness the same event and, depending upon our perspective, reach different conclusions as to how the event took place. Therefore, we need to look critically at all our sources of information before we consider the more general problems involved in understanding miracles. Should no evidence to be found to support the belief that Jesus did perform such deeds, then all other questions in respect of miracles becomes superfluous.

What historical evidence we have to support the belief that Jesus did perform miraculous deeds is unambiguous, not only in Christian sources - that is the Gospels - but also, from non-Christian sources (Josephus, 1840: 18.3.3). Josephus calls Jesus of Nazareth: ... *a doer of wonderful deeds, and a teacher of men who gladly receive the truth*. However, there are problems related to this passage, in that Josephus refers thus: ... *he was the Christ*. As Josephus was a Jew, not a Christian, such an affirmation is quite a revelation; and probably dubious, even if it had come from a renegade Jew. Such an unequivocal statement is more likely to have been a later insertion, placed into Josephus' work by a Christian editor, or perhaps Josephus may have simply referred to Jesus as, *the one called the Christ*, and in later editions the description became altered to be more specific. Despite this problem, there are no difficulties in accepting that Josephus described Jesus as a doer of wonderful deeds.

There is further evidence from a Jewish source in the Babylonian Talmud (tractate Sanhedrin 43a), which states that Jesus was executed because He practised *sorcery*. This is intriguing, especially when taking the Gospels into consideration, as they suggest that the Jews had no problems with the fact that Jesus performed healing miracles. The Jews did have a problem with the derivation of that power; they suggested that Jesus was in league with Beelzebub, the devil.

Strange as it may be, it is the Gospels which present us with the most formidable problems in relation to the healing miracles of Jesus. There are three main problem areas which must be considered here:

- form critical analysis;
- historical transmission and the tendency to attach miracles to notable figures; and
- that Jesus Himself refused to perform miracles (Mat 4: 1-11; Lk 4: 1-13).

First, form critical analysis of the Gospel accounts has shown that there are some stories in the Gospels which are similar to those found in Hellenistic literature; for example, Philostratus' (a third century author) account *Life of Apollonius of Tyana*, a first century Cappadocian prophet and wonder-worker. Philostratus claims that he has access to a diary written by a disciple of Apollonius, one Damis. Chilton (1986: 139) comments that there are a ... *number of historical and geographical errors...* in Philostratus' work which, therefore, cast doubt upon his claim. Philostratus' account is purely a propaganda document, propagating the Pythagorean tradition. Apollonius is depicted as an itinerant preacher, a virtuous and celibate man, who lives simply, wearing crude sandals, and who abstains from eating meat or drinking wine. Apollonius, it is claimed, has a special relationship with God, who has given him extraordinary knowledge of languages, the gift of prophecy, and the power to heal the sick, and to exorcise demons. The stories surrounding how Apollonius escaped from a shipwreck is reminiscent of Paul's experience in Acts (27: 9-44).

In John's Gospel (4: 43-54), there is the story of the healing of the official's son by Jesus. The setting is Cana in Galilee, where He was approached by the official and asked to go back with him to Capernaum, to attend to his son who was lying ill and close to death. Without ever leaving Cana, Jesus instructs the official to return home because his son was already restored to health. The official, believing Jesus, returned to Capernaum to find that at the very same time as Jesus had given the instruction, his son had begun to recover: an interesting story of a gentile who believed, as compared with many doubting Jews. But it is also a story with a parallel.

Again in the Talmud (Berakhoth 34b), we have a story of a well known teacher whose son was close to death through fever. The teacher sends for Rabbi Hanina ben Dosa asking him to pray for his son's recovery. On receiving the messengers, the rabbi leaves them in one place whilst he goes to another room to pray and, after a while, returns to the messengers, who are rabbis themselves, and tells them to return to the teacher for the child's fever had now

left him. The messengers, somewhat surprised, asked Hanian ben Dosa if he be a prophet, to which he answers that he is not a prophet. Hanian continues to tell the messengers that he drew his conclusions from his experiences of prayer. If the prayer came naturally and flowingly, then his prayer was heard and accepted; if not, then his prayers were rejected. On returning to the teacher, the messengers find that at the very point in time of Hanian's prayer, the child began to recover. Hanian has a good reputation in the Talmud for effective prayer; however, he never accepts credit, instead he places the glory for such acts firmly with God.

There are similarities between the stories about the Rabbi Hanian ben Dosa and those about Jesus of Nazareth. Both relate a story about a child who is close to death with a fever, and both state that the child is cured from a distance, once the person had been requested to pray for the child. But there are also differences; for example, in John's Gospel the father of the boy is not a rabbi but a Roman official. This official comes into direct contact with Jesus, unlike the teacher who sends two rabbis; and the Johannine account focuses on Jesus, not on the prayer of Jesus and the authority of Jesus.

We should not be too surprised at this, as the stories of Jesus of Nazareth were first written down by Greek-speaking people who, quite naturally, would use the literary forms with which they were familiar. Those who wrote about Jesus were influenced by the expressions of significance in their time and as part of the world in which they lived. These authors used the same language style when describing similar incidents in the same cultural situation. The Judaeo-Hellenistic conventions included not only religious vocabulary but, equally, accounts of religious figures. Within these accounts what we would call *miracles* appear. Did they happen? Were they believed? Could they be explained in a scientific way? Or were they told as an aid to faith? All are perfectly natural questions: the same questions that may arise when reading the New Testament. In fact, the parallels made between Jesus and Apollonius actually favour the originality of the Gospels because the Hellenistic stories have a much later publication date than the Gospels, and were written precisely

to discredit the Christian claims about Jesus. Should there be a question of which accounts had a dependence upon another, then it would be easy to accept that the later authors used material from the former: that is, that the Hellenistic stories were modelled upon the Gospel accounts.

Second, as to the matter of historical transmission and miracles being attached to notable figures, this we can certainly see in respect to various saints from the medieval era. I need to concede that it is quite possible that a similar process could have happened with regard to the stories surrounding Jesus of Nazareth. This is certainly true when an examination is made of the second century *apocryphal gospels*. These accounts contain all kinds of bizarre miracle stories but, on the whole, Drane (1986: 140) argues: *there is compelling evidence to suggest that the central miraculous element of the New Testament Gospels does not derive from this kind of speculation*. We know this because some of the most recent dates for certain of the books of the New Testament provide for us a date as early as A.D. 45, a mere fifteen years after the death of Jesus. Scholars, such as Hunter (1950: 13), suggest that the Gospel of Mark was written in A.D. 65, whereas others such as Nineham (1963: 41) provide for a slightly later date of A.D. 75. This would suggest a lapse of little over thirty-five years between the death of Jesus and the production of Mark's Gospel. Mythologizing the stories surrounding Jesus of Nazareth would certainly need a greater passage of time than is allowed by the dates given for Mark's Gospel. Given that, these dates also mean that there were surviving eye-witnesses to assist with the writing of the Gospel accounts, and to correct erroneous expansions of what actually took place at a given time or place.

The difference between the healing miracle stories of Jesus and those of the Hellenistic holy men, or for that matter those surrounding medieval saints, is quite striking. There is even a difference between those in the traditional gospels and those of the apocryphal gospels. For example, nowhere in the New Testament do we find a record of the Arabic Infancy Gospel (where Jesus produces three children from out of a goat), or the infancy account contained in the Gospel of Thomas (where Jesus turns twelve clay birds into living

sparrows). Such stories are grotesque and rightly rejected. It is made abundantly clear in the four Gospels of the New Testament that Jesus of Nazareth did not perform miracles to satisfy the idle curiosity of those around Him about the supernatural. Indeed the reverse is true, as is seen in Matthew (12: 38-42); Mark (8: 11-12); and Luke (11: 29-32).

It is generally accepted that besides the four Gospels in the New Testament, there was another source, which is referred to as 'Q', an unknown source to which the evangelists had access. 'Q' is thought to be composed of an early collection of Jesus' sayings, and it also records the healing of the centurion's servant, as related in Matthew (8: 5-13) and Luke (7: 1-10). 'Q' continues by stating that Jesus of Nazareth went about performing miracles; 'Q' also contains the account where John the Baptist's disciples are told to report what they have witnessed (Mat 11: 1-19 and Lk 7: 18-35). It also contains condemnation of the citizens of Galilee (Mat 11: 20-24 and Lk 10: 13-15) for not repenting, even after they had witnessed miracles that were performed.

When miracles take place in the New Testament, their meaning is unlike that attributed to miracles supposedly performed in non-Christian literature, or those sometimes connected to medieval saints. The New Testament miracles are more than a mere demonstration of supernatural power for the sake of itself. New Testament miracles are an essential part of Christ's message about the arrival of the Kingdom of God. This brings us to the third point. Jesus always refused to perform miracles to satisfy those who would question or doubt Him. Yet the feeding of the multitude (Mat 14: 13-21; Mk 6: 30-44; Lk 9: 10-17; and Jn 6: 1-15) does at first glance appear to fly in the face of that particular contention. Jesus did not wish to bring glory to Himself, as may be said of the many wonder-workers around at that time. Jesus' ministry was all about serving God with humility. In rejecting the devil's temptations Jesus clearly demonstrated that His ministry, even the healing miracles, were subordinate to that one particular point. Had Jesus acquiesced to the devil's temptations, then no doubt mankind would have been astounded by His power and this would have gained Jesus great renown and respect, but then what about God? Jesus'

teachings, His preaching, and His healing miracles, were a call to all mankind to repentance, to faith and to obedience to God.

Finally, given these arguments, the implication gained from both Christian and Jewish sources is that Jesus did indeed perform miracles, though there is room for judgment about certain kinds of miracles. It would be irresponsible to dispose of all the miraculous stories attributed to Jesus, for the sake of one or two accounts that may be particularly difficult. It would also be irresponsible to see the miracle stories as an end in themselves. Their real importance lies in what they can teach us about God.

2.4 The Mystery of Healing

Sickness and disease have beset mankind since time began and have caused him the gravest of problems. When we are ill, we are forced to confront our own vulnerability, to know our limitations and, in certain circumstances, even to face our own mortality. Those who are chronically ill can respond in different ways: for one person it brings a sense of anguish; for another it brings despair, or self-absorption, a need to rebel and lash out at the world and at God for permitting them to be reduced to such a state. For another, chronic illness can be a vehicle that brings about greater maturity, by providing the opportunity to identify in his or her life those areas that are essential, by comparison with those that are not, thereby, inspiring that person to search for God and to seek out a closer communion with their maker. In Isaiah (38) we see how King Hezekiah becomes ill and turns to God with pleas for healing. This is an example of how illness can become a way of conversion to God. Forgiveness initiates healing (Mk 2: 5-12). According to the Catechism of the Catholic Church (1502) the experience of the Israelites is that... *illness is mysteriously linked to sin and evil, and that faithfulness to God according to His law restores life: For I am the Lord, your healer (Exodus 15:26).*

For over a thousand years before the advent of Jesus Christ, the Jewish nation suffered war, persecutions, and hunger, obliging many to seek refuge in foreign lands. Yet, despite all of this, no matter where they found themselves, the Jews would seek each year to go on pilgrimage to Jerusalem. It was this practice that held them together and identified them as a *people set apart*. Of the one hundred and fifty psalms, fifteen are *songs of ascent*, sung as they were on the road to Jerusalem. There were many roads, from places as diverse as Egypt to Greece, as Ethiopia to Italy, all of which led to their holy city and today, there are still many roads that lead to a belief in a loving God.

The mystery about healing, for the Christian, is that it involves God's plan and design for our good, for our salvation, and also, that it would have remained unknown to us had God not chosen to reveal it to us. According to Christian teaching, at the very centre of this mystery lies the coming of God among us: to live, to die and to rise for us. Christians believe that they have been given, through Christ, a privileged view into the life of God and His love for His creation. The Christian church uses the word *mystery* in three specific ways. *Mystery* is always:

- divine and, by its very definition, is above and beyond the Christian;
- revealed and thereby to some extent, knowable. What the Christian learns from revelation is true but it is also limited. They can know truly about God's mystery but never fully.
- Merciful God always reveals His Divine mystery as merciful and loving. God's mystery is revealed as the merciful plan of unfathomable love.

The Catechism of the Catholic Church (1994: paragraph 50) says:

... by natural reason man can know God with certainty, on the basis of His works. But there is another order of knowledge, which man cannot possibly arrive at by his own powers: the order of Divine Revelation. Through an utterly free decision, God has revealed Himself and given Himself to man. This He does by revealing the mystery, His plan of loving goodness, formed from

all eternity in Christ, for the benefit of all men. God has fully revealed this plan by sending us His beloved Son, our Lord Jesus Christ, and the Holy Spirit.

Equally, Protestant Christians would hold this to be true.

There are times when it can be difficult to keep the faith, and easy to question if there really is a loving God. Why is there starvation in the world? Why do we have wars? Saddam Hussein, possibly amongst the world's most evil dictators, committed some terrible atrocities against his own people (the Kurds in the north and the Marsh Arabs in the south, not to mention those who just disappeared whilst being held in custody) and yet when the USA and the UK, together with one or two other countries, went in to remove this man from power, there were those who objected very loudly, pointing to the loss of lives and to those who lost their homes. A dichotomy: do we permit the evil dictator to continue with his regime of death and fear, or do we remove him? Which is the lesser evil? Such questions always pose difficulties for those opposed to evil in its various forms; and then the question: *Where is now your God?* An attempt to deal with such questions is found in 2: 1 of this chapter. However, as far as Iraq is concerned, the people appear to have a sense of a new dawn, a new future, a sense of freedom, freedom of speech, freedom to demonstrate and, despite the cultural differences of the Iraqi people, they have a desire for a more democratic country: healing has begun.

Jesus proclaimed that His works of healing were not solely His work alone but that of God also (John 5: 17) and, in this way, Jesus was associating this activity with that of the Creation, and with God's saving acts for His people in the past. It is interesting to note that when the Gospel of John speaks of Jesus' healing miracles, the author uses the word *erga* meaning *works* (for example Jn 14: 12) whereas when Matthew uses the word *erga* (11: 2) it is to reassure the disciples of John the Baptist that Jesus was the Christ. Each of these two examples demonstrates a different aspect of the healing miracles. Other words used in the description of Jesus healing miracles in the Gospel are: *thaumasia* –

wonderful things (Mat 21: 15); *paradoxa* – strange things (Lk 5: 16); *endoxa* – glorious things (Lk 13: 17); and *terata* – wonders (Jn 4: 48). The gospel writers were not just interested in the character of the healing miracles as wonders, so much as they were in their significance as signs. Our modern use of the word *miracle*, for the healing acts of Jesus, over-emphasizes the aspect of wonder. This word is derived from the Latin *miraculum*, which means *a thing which causes wonder* and, significantly, is not used in the Latin versions of the New Testament.

In John (11: 1-44), the raising of Lazarus, Jesus said to Martha (verse 40) that if she believed, she would see the glory (*doxa*) of God. Whereas, in the account of the man born blind, Jesus is reported as saying that His healing miracles were a manifestation of the works (*erga*) of God (Jn 9: 3). To reveal the glory of God is to manifest His power and majesty and, for John, these were seen as 'signs' (*semeia*). These signs not only reveal the glory of God but, also, they reveal Jesus as the Christ, the Son of God, for it is the same *doxa* (Jn 1: 14; 2: 11; 17: 5; compare with Luke (5: 25; 13: 13); Matthew (9: 8) and Mark (2: 12). Thus, the miracles of Jesus had evidential value, they bore witness to who he was and what He was, and that He was sent by God.

Jesus' rebuff to the official in John (4: 48) makes it clear that his miracles were never meant simply to be *endoxa* or *terata*, for the admiration and observation of mankind, they were always *semeia*.

In following Jesus, the disciples come to a new understanding of sickness and disease. Jesus instructs His disciples to have compassion on the sick, to anoint and heal them (Mk 6: 12-13). The Risen Christ (Mk 16: 17-18) instructs His church to lay hands on the sick in His Name and they will recover, thus providing a sign that, in a special way, Jesus is the God who saves (Mat 1: 21; Acts 4: 12).

2.5 Summary

In examining the problem of evil, it has been established that this still causes difficulties for the Christian today, for which there can be no definitive answer. In life, there are many tragedies and mankind suffers from a level of illness and disease that can challenge faith. Mankind can only make sense of life's tragedies if he or she can be transformed through them to become a better person. God permits illness and plagues to challenge mankind and, in responding, mankind gains from the experience through spiritual growth. God has given mankind a soul, and his soul is not part of an evolutionary process from which it will emerge, *perfect*. Only Christ was/is *perfect*! Christ's crucifixion was the intervention of God in the world's affairs, which allows choices, but is, as argued by Hick (1990: 186) the *final solution*. Commenting on this, Fiddes (1988: 11) says: *Because God has suffered on the Cross we can recognize our suffering as being akin to God's, and we can recognize His suffering elsewhere*. It has been argued that God will always do right because He is an *wholly good entity*, who can do no other; and, that there is no evidence that God is guilty of any kind of bad action.

Scientists such as Hume argue that miracles could not happen because they are contrary to the Laws of Nature. However, in examining this view, it has been established that we do not *know* what the Laws of Nature are; they are not as fixed and unchanging as Hume and others believed. It has been shown that when God acts He does not suspend the laws of nature, but works with and through them. God, as Creator, acts through and in His creation. Jesus' healing miracles are in accordance with His teaching, as found in the Gospels. Accounts of such miracles are not solely confined to the Scriptures but are, also, attested to in other secular documents: for example, *Antiquities of the Jews* and the Babylonian *Talmud*. It has been established too that the miracles of Jesus were meant to be seen as *wonderful things*, glorifying God, who revealed His power in the world. By following the example of Jesus, Christians have come to a new understanding of sickness and of those who are afflicted. The Christian is required to show compassion to the sick, minister to their spiritual and bodily needs, and promote their recovery.

ⁱ The word 'theodicy' according to Larrimore (2001: 191) was first used by Gottfried Leibniz to mean 'the justice of God': that God was a *just* Creator. Leibniz developed this word in response to philosophers such as Descartes and Hobbes who presented God as a kind of evil tyrant who cannot be loved.

CHAPTER THREE: HEALING AND THE OLD TESTAMENT

3.1 Introduction

Mankind has grappled since his beginnings, and most certainly throughout Old Testament times, with the question of sickness and disease and how these affect his relationship with God. An attempt will be made in this chapter:

- to examine this relationship and the part played by Judaistic religion within that framework;
- to establish what was understood by the term *health* in the OT;
- to evaluate the role, if any, of doctors in the Jewish community;
- to seek to demonstrate what lasting influences the Bible may have had on medical ethics and morality;
- to examine the part miracles play in the Old Testament and how they differ from the tricks of entertaining conjurers and of magic (witchcraft); and
- to demonstrate that the practice of *laying on of hands* has its origins in the Old Testament and to trace how this evolved.

3.2 Healing and the Old Testament

Sickness, and its causes, has bedevilled mankind almost since time began. In his efforts to explain sickness, mankind has tried to relieve the suffering that comes with it. As the Bible attempts to portray the human story and the relationship with a Supreme Being termed *God*, we should not be surprised to find fairly comprehensive accounts of diseases that have afflicted humans, and of the attempts made to cure or ease the suffering of fellow human beings. Such stories can be found in both the Old Testament and the New Testament. There are some references to the curative treatments commonly found in ancient societies.

Metzger and Coogan (1993: 507/508) state:

Although the existence of survivable surgical procedures on the skull trephination is attested from the Neolithic through the Arab periods, it is particularly difficult to identify and evaluate the therapeutic value of most specific treatments mentioned in the Bible. Such healing practices include the use of 'balsam' from Gilead (Jer 46:11), 'mandrakes' for infertility (Gen 30:14) and 'bandages' (Ezek 30:21).

However, healing, or the restoration of health in biblical literature is often described as the manifestation of God's power and of His compassion for His creatures. Health, therefore, is a gift from God; the Hebrew word for *peace* or *wholeness* can also mean *health*.

According to the Old Testament, it was the priests of the temple who were the guardians of public health. Let us use the disease of leprosy as an example. It was the priests who decided whether or not a person had been cured and who was, therefore, clean. The condition usually translated as *leprosy* (Hebrew *sāra'at*) receives greater attention in the Bible than any other disease (Lev 13 – 14). However, the Old Testament understanding of leprosy probably encompassed a large variety of diseases, especially those manifesting chronic discolouration of the skin. Therefore, it does not have a simple, modern equivalent. Most of the laws contained in the book of Leviticus deal with diet, health, quarantine, sexual practices, and observance of the Sabbath. All these areas were seen by the people of Israel as God's concern for their well being. However, in some books of the Bible, we can see that orthodox doctors and pharmacists of that time were also well respected; see Ecclesiasticus (38:1-15) (from the Deuterocanonical collection).

*Honour physicians for their services,
for the Lord created them;
for their gift of healing comes from the Most High . .
By them the physician heals and takes away pain;
the pharmacist makes a mixture from them.*

(Ecclesiasticus 38:1-2 and 7-8, New Revised Standard Version.)

The Talmud has within it a long line of rabbi-physicians.

The Hebrew noun for *sickness*, which comes from the verb *to be weak*, is usually translated in the Old Testament as *disease*, *sickness*, and *illness*. But in the New Testament the same word is used only to mean *weakness*, *misfortune* and *disease*. Mills (1990: 217), in continuing this literary understanding, maintains: *Even when more specific terms are employed with reference to an ailment, the designation is more descriptive than diagnostic in the medical sense.*

References to the signs and symptoms of the ailment may be present, but they tend to be vague. It is therefore difficult to gain a clear understanding of ailment because an accurate diagnosis is not possible, especially in cases of epidemics (Num 25; 1 Sam 5: 6-12). However, references to disabilities - such as blindness, deafness, amputation, skin diseases, and limb impairment - do appear frequently in the Bible. Whilst the disability goes without question, the reason for that disability may not be known.

The Old Testament provides at least two principal explanations for illness. The first view affirms that a healthy person (Hebrew *šālôm*) is so because he or she is living in accordance with the covenant stipulations that were fully disclosed to the Israelites. Violation of the covenant stipulations, therefore, led to illness, disease, and disability - as a punishment; for example, see Deut (28: 22): this passage forms a list of diseases that were supposed to be the result of disobedience. In each case, the sicknesses come upon people quite suddenly, are severe in their effect, can become epidemic, and those diseases listed are fatal. Therapies would include the reviewing of one's life style in light of the covenant. There are exceptions to this rule, and an example of this would be Job, whose illness, apparently, is not as a direct result of any sin committed by him.

It is true to say that the world's major religious traditions do engage in healing practices, amongst which are: blessings, exorcisms, and purification rituals. These religions, especially Judaism and Christianity, have developed elaborate theories about the origin of illness, the influence of evil and evil possession, human malevolent activities (sorcery and witchcraft for example), and the violation of religious codes. The Bible holds that God created the world *good* (Gen 1:31). When God created man and woman, they were meant to be social beings with the ability to relate to each other in love, not single, isolated entities. However, mankind rebelled against God – *The Fall* – an event that resulted in human beings becoming separate one from another. This is clearly demonstrated through such stories as: when Adam blames Eve for his disobedience; when Eve is made subject to Adam; and when Cain murders his brother Abel. Even so, Man is still a social animal. But the unity of mankind means that we are all corporately involved in sin. This does not excuse the individual from his or her particular responsibilities, but it does mean that the Bible sees sin as a social, as well as an individual reality.

In Christianity, Jesus is seen as the Saviour of the world, who has come to set people free, not only from their illnesses, but also from their sins. Jesus heals an individual at every level: personality, body, mind, spirit, emotional and bio-energy. Christians believe that Jesus is not only the source of such healings, but also the agent.

The book of Job provides for the reader a contrasting, yet complementary view that suggests illness might be part of a divine plan; that those affected by an illness may not be aware of the ramifications of this and, thereby, their illness does not lie within the domain of transgressions against the published rules. Those afflicted must trust in God and the working out of His divine plan.

There are some passages in the Old Testament (see Ps 38: 5; 39:9-11; Lev 26: 39; Ezek 24: 23; 33:10; Zech 14: 22) that provide the reader with a description of various diseases, together with their disfiguring effects. Clearly, the lurid language was meant as a warning to the individual of the consequences of sin.

The Old Testament also contains many references to wide spread illnesses that would affect large numbers of people, or to acts of nature such as drought that would beset the Israelites or their enemies (see Num 11:3; 14:7; 16:6; 25: 2 Sam 24:15; 2 Chr 21:14; Ps 91: 3; Jer 21:9 and 42:17 et cetera). The accounts of how King Asa (2 Chr 16:12-13) suffered for two years from a disease that affected his feet; Uzziah's leprosy (2 Chr 26:21); and the stomach problems of Jehoram (2 Chr 21:18 -19), are just three examples of differing types of illnesses recorded in the Old Testament. Also, we should take into account the problems regarding infertility. Whilst, strictly, it may not be a disease, it was still viewed as an illness that brought with it diminished social status for those poor women who were so afflicted (Gen 30:1-20).

There is little evidence from the Bible of the treatments available to the Israelite peoples when they became ill. Medical assistance that was provided for bruising, wounds, or sores, and was recorded in the Bible, tends to be in the form of external applications like those described in Isa (1: 6) or Jer (8: 22), as well as the therapeutic use of oils and wine (see Lk 10: 34).

It was the responsibility of the priests to decide whether or not a person had leprosy, as well as declaring when that person was *ritually clean*, free from leprosy (see Lev 13 – 14). Mills (1990: 217) states that the book of Leviticus ... *reflects the religious nature of disease and healing in the Old Testament. The priests were important figures in customs related to disease and healing. Prayers like Psalm 6 also indicate that ancient Israel's cult included rituals associated with illness.*

In fact, the priests had so much power in this respect that they were able severely to restrict access to the temple for the chronically ill (see Lev 13-14 [leprosy] in comparison with 2 Sam 5:7 [the lame and the blind]). The Essenes - a community who lived at Qumran and were responsible for the Dead Sea Scrolls - increased this list of illnesses, which meant more people could be excluded from Israelite society by the priests. This expansion included further restrictions for those with leprosy, as well as the blind and the lame (1QSa II: 4-

9). Their objections to such individuals were based on socio-economic reasoning, the fear of magical contamination and the fear of *impurity*, especially involving access to the temple. In the Old Testament, magic tends to be associated with disbelief in the power and the purpose of God; for example, in Genesis (41), where the power of God is sharply contrasted with the inability of Pharaoh's magicians. All these fears were probably responsible for increasing the restrictions applied to those who, through no fault of their own, suffered from terrible diseases and deformities.

The theology of impurity, as a system of social boundaries could serve to remove socio-economically burdensome populations from society; the chronically ill perhaps is the most prominent...
(Metzger and Coogan, 1993: 508).

The effect of this was the rationing of care to those individuals who were perhaps not so seriously/chronically ill: in other words, reducing the State's duty of care, together with the incurred financial responsibility. By the standards of modern day practice, this can sound uncivilised and outdated. Even in the United Kingdom's National Health Service in the current century, resources are often unequally applied and, whilst some treatments are made available to some groups of people, those same resources may be denied to another group. When making such decisions, the United Kingdom's National Health Service does not consciously do so, from a belief in God or His powers. The priests felt that cure and eradication of some medical conditions should be left for some future date and time when, perhaps, they could be more clearly understood (Ezek 47: 12; compared with Isa 35: 5-6).

In the Old Testament, God promises to heal His chosen people if they are faithful to Him (compare Ex 15:26; to Ex 23:25-26 and Deut 28). God is the bringer of health and healing, but He can also bring affliction (Hab 3: 5). Whether we live, or die, is at the discretion of God. He is the *Almighty* and it is He who controls our lives. But it must be noted at this point that God is not the instigator of evil (that remains the domain of the devil), but He does, and can allow all suffering, in order to bring about a greater good that is in line with His

purpose. The intervention of God, during the Old Testament period, in bringing about a cure, or restoration of health, is rather unusual. Where there are such instances, they tend to be around the period of the Exodus and during the ministries of Elijah and Elisha. Examples of divine intervention would include the following:

- Jeroboam's suddenly palsied hand was healed (1 Kings 13: 4-6);
- The recovery of Hezekiah is attributed directly to God because in verse 5 it states that God had heard Hezekiah's prayers, healed him and had given him an additional fifteen years of life (2 Kings 20: 1-11);
- The son of the widow of Zarephath was raised from the dead in answer to Elijah's prayers (1 Kings 17: 17-24);
- A similar miracle was attributed to Elisha with the son of the Shunammite woman (2 Kings 4: 1-37);
- Naaman is miraculously cured of a skin disease (2 Kings 5: 8-14); and
- Miriam recovers from leprosy (Num 12: 9-16).

By comparison with the New Testament, there are relatively few recorded healing miracles. Although such recorded healing miracles in the New Testament are related to Christ's compassion for those who are suffering, His healing miracles are not fundamentally different, in purpose, from other kinds of miracles. Miracle stories are there to reveal to the reader the christological purpose (Mk 10: 46-52; Mt 9:1-8; Jn 20: 30-31); therefore, curing the sick became an intrinsic part of subsequent apostolic practice, as evidenced by several accounts in Acts (3:1-11; 9:33-34, 36-41; 20:9-12).

The Israelites appear, as depicted in the canonical texts, to divide their health care system into two distinct groupings; legitimate and illegitimate. Presented with these, the Israelites were then to decide where to go to for help. But this division was rather false because, in so far as illness and healing are concerned, they came under Yahweh's jurisdiction (Job 5:18) and, thereby, non-Yahwistic options were prohibited. Prayers were the most accessible option for most Jews, and it needs to be said - inexpensive! (Ps 38 and Isa 38:10 -20 are examples of prayers that were used by the sick).

Amongst the illegitimate options were:

- the so called 'healers' (see 2 Chr 16:12; Hebrew *rōpě' im*, is translated in the New Revised Standard Version as *physicians*);
- the non-Yahwistic temples (see 2 Kings 1: 2-4); and
- probably, a large variety of sorcerers (see Deut 18: 10-12).

Warnings in the canonical texts, together with archaeological discoveries about fertility cults, suggest that such *illegitimate* options were used widely in ancient Israel.

Legitimate consultants were commonly thought of as prophets in the canonical text and, through their work and preaching, they denounced the so called *illegitimate* consultants. The reputations of prophets often included accounts of healing miracles (see 2 Kings 4:8). The primary function of these individuals lay in the prognosis of the sick (2 Kings 8: 8), and to pray (2 Kings 5:11) for the sick person's restoration to health. The competence of the prophets lay not so much in their detailed medical skills, as was the case with Israel's neighbouring states, but in their personal relationship with God. *The demise of the prophetic office early in the Second Temple period probably led to the wide legitimation of the rōpě' im* [see Sir. 38:1-15 (Metzger and Coogan, 1993: 508)].

Some Jews, particularly in the pre-exilic period, turned to the temple to find an answer and a possible cure for their illnesses; for example, 1 Samuel 1 reports that Hannah went to the temple at Shiloh because she wanted children, but was unable to conceive a child. Also Moses (Num 21: 6-9) manufactured a bronze serpent, which was erected on a pole to heal the Israelites who had been bitten by poisonous snakes.ⁱ Later on, as indicated by 2 Kings (18: 4), the bronze serpent was used in healing services at the Temple in Jerusalem.ⁱⁱ After the people recovered from their illnesses they would make *well-being* offerings (Lev 7:11-36) to the temple. These were, of course, always welcomed! Such offerings could, equally, be seen as a public notice that the once quarantined individual was now deemed fit by the priests of the temple to re-enter and take his or her place within the Israelite society (Lev 14:1-32).

3.3 The Bible's Influence in Medical Ethics and Morality

Medicine, as it is practised in today's Western society, owes much of its foundation to two main sources:

1. to the Greeks, from whom we have received the tradition of the Hippocratic oath; and
2. to The Bible, from which we have the tradition of love of one's neighbour (see Lev 19:18 and Lk 10:25-37).

It is this biblically based ethic that gives Western medicine its distinctive approach of being centred on profound respect for the individual.

Today, in Great Britain, there has been and still is much debate about euthanasia and abortion. In some respects, those who class themselves as supporters of euthanasia and abortion owe their pragmatism to the Greeks, who made no medical provision for the chronically ill, the unwanted, or for weak infants, and felt no moral obligation to do so. Their solution to this problem was that the weak should be allowed to die, for these sick individuals were perceived as useless both to themselves and also to the state (Plato, *The Republic*: 407). Christian, Jewish, and Islamic faiths see that, ultimately, mankind is answerable to God and it is this term of reference that provides for the perception of human life as a gift of the Creator God. Life, therefore, is priceless and the individual must be treated with dignity for he/she was made in the image of God (Gen 1:27). The Judaeo-Christian faith proclaims that in one's relationship to another, one should ... *love your neighbour as yourself* (Lev 19:18) and ... *do to others as you would have them do to you...* (Mat 7:12, New Revised Standard Version). These central tenets of medical doctrine are well summed up in the prayer of a Jewish doctor, Maimonides (1135 – 1204 AD): *May I never see in my patient anything else than a fellow creature in pain* (Metzger and Coogan, 1993: 509).

This moral obligation to care for all God's creation, irrespective of their disease, provided all the motivation required by the Early Christian Church to establish hospitals for the care of the sick, to provide refuges for the mentally and physically disabled, as well as Lazarus Houses for lepers. Through the provision of this moral base in medicine, the Bible has given more to modern medicine than modern medicine is prepared to acknowledge. However, such international medical codes as the Geneva Convention Code of Ethics (1949), and the Helsinki Convention (1964) of the World Medical Association, have at their core that respect for human life that originated in the Bible.

Not all the Bible's influences have had such a beneficial effect on medical ethics; for example, there was a tendency to see all sickness as a God-given punishment for sins. This arose, partly, through lack of understanding of the progression of diseases. There was no knowledge regarding how diseases were caught, or how they were initiated. Within the Biblical accounts, it is the religious component that dominates in any situation where religion and medicine are inextricably bound together. This can be seen in Israel's legal codes, where physical disease and ritual purity are not separated. It was God alone who sent disease and disaster, as a punishment for wrongdoing or, alternatively, He rewarded the righteous with good health and well-being (see for example, Ex 15:26; Deut 7:12-15). Whatever sinful actions people were guilty of, and for which they were punished, it was God's sole purpose to heal them and restore them (see for example, Ex 15: 26). The nature of God was one of forgiving, of rescuing, and of healing. The Law was, therefore, intended as a guide to the people, a warning of what they could expect in return for disobedience.

It might seem strange to a reader in the twenty-first century that individual transgressions against a religious moral code could be construed as the cause of illness. One of the outcomes of evil in the world is illness; such was the train of thought. People became sick, they grew old and they died as a result of *The Fall*, the point at which sin came into the world. According to the Book of Genesis, when God created mankind He created male and female with the

capacity to live with each other in love and harmony, to live life in society with other people. However mankind revolted against the Creator and, in effect, became separated from his neighbour; for example, Adam puts the blame firmly on Eve for his own disobedience. Even so, because we are social animals and still need to live in society, the whole of the human race is corporately involved in sin. That said, it cannot be interpreted that there is no such thing as individual responsibility, only that the Bible sees sin as a social, as well as an individual reality.

Today, we would reject the idea of sickness and disease being associated with sin (though there are some fundamentalist Christians who would definitely point to those poor unfortunate individuals suffering from AIDS as evidence that sin and sickness are linked). The question that the early Israelites were trying to deal with was: *Why me?* Today we may be honest enough to answer that question with: *I don't really know why you?* Often the question cannot be answered. The question was most often asked in connection with the contagious and disfiguring disease translated in English bibles as leprosy. The unfortunate person could have a variety of ritual prescriptions applied to the disease, aimed at reducing the risk of the spread of the disease to others in the community. Epidemics had to be avoided at all costs. Leviticus 12; 15: 16-33 lists similar regulations for other types of physiological functions. As the Scriptures provided such comprehensive directions for every day life, it is not hard to see why the Israelites felt that to consult a physician was to demonstrate a lack of faith in God, as well as a lack of willingness to acknowledge personal sin (2 Chr 16:12). The Torah provided important regulations for the promotion of health and the prevention of epidemics, all of which are set within a religious framework.

In the Old Testament guilt is essentially a religious concept and not a psychological concept. Guilt was both an individual and a community matter. It was possible for a person to die for the sins of another (Jer 31:29, 30). Entire families, or whole nations were held responsible for the guilty actions of one person; for example, when Achan took and hid various items needed by the Israelite army that resulted in Israel's defeat, he and his family, together with all

their possessions, were stoned and burned (Josh 7:24-25). According to the ancient views of Old Testament times, by executing families or nations any possible reoccurrence or resurrection of the original problem would be avoided: it was a preventative measure (see Isa 14:21).

The Revised Standard Version of the Bible uses three words to describe actions that are contrary to God's will.

- First, **'sin'**, which is a general term that can be applied to both the intention as well as the unintentional act of disobedience (Lev 4:13; Gen 20:3-7). Sin can be an act committed against God as well as against our neighbour (Ex 32:33). The original meaning of the word 'sin' was to 'miss the mark' or to 'miss the road'. So, therefore, when it is used theologically sin has come to mean 'failure'. A sinner is a person who has failed to comply with God's will and is not living in harmony with his/her neighbour.
- **'Transgression'** is the next word used to describe actions against God's will and is always used to convey an intentional action. A 'transgressor' is a person who deliberately chooses to be disobedient and who lives his/her life without accepting the authority of God. The same Hebrew word is also translated as 'rebellion', for example as in 1 Kings 12:19.
- **'Iniquity'** describes the attitude of mind that causes a person to act in such a disobedient way (see Job 31:24-28; Ps 36:1-4). Knowing this can help in the understanding of Ex 20:5 and similar verses:

...; for I the Lord your god am a jealous God, punishing Children for the iniquity of parents, to the third and fourth generation of those who reject me, but showing steadfast love to the thousandth generation of those who love me and keep my commandments.

What we have here is evidence of an exclusive relationship between God and His people and we should not fall into the trap of taking literally, and in isolation, an odd phrase. The statement expresses that God's judgement on the disobedient is limited, whereas His blessings knows no bounds, no limits and are thereby inexhaustible. God rewards those who are loyal to Him with His own covenant fidelity.

The Catechism of the Catholic Church (page 412, paragraph 1868) sets out sin as a personal act and one that can be committed by others when they participate in the action directly, when they order or advise or praise such actions by not stopping the action and through protecting those who commit the sinful act. Hence, one becomes equally responsible and shares in the guilt of the action. The attitude of just one person can affect others, even to the third and fourth generation (and who, it is possible, could all be alive at the same time). A person's actions can influence how others see God. The prophet Jeremiah (31:30) reminds his readers not to rely on the faith of their fathers or on the traditional false hope of salvation. Personal responsibility requires daily personal conversion to God and His ways, without disregarding the collective sense of common responsibility to future generations.

The Christian church inherits much of this from their Jewish forefathers, though the Book of Job challenges the simplistic acceptance of every detail of the code. The Early Church in her turn would lay a great deal of emphasis on prayer, repentance and fasting. Only post-Renaissance do religion and medicine become divorced from each other and consequently, allowed medicine freedom to grow and develop along scientific lines. However, the healing ministry has always had a central role to play in the life of the Christian church (see Lk 10:9). The modern day church would defend the role of the healing ministry by arguing that it is not meant to take the place of orthodox medicine but a complementary role alongside orthodox medicine. The individual today can be seen as a person with a body, a mind and a soul. Medical treatment should aim to treat the *whole* person, which implies that religion has a vital part to play, for when the individual's total needs are taken into full consideration, his or her condition

improves more rapidly than when one aspect of that person is completely ignored.

3.4 Miracles

Miracles are not purely works of chance or common answers to prayer. Miracles need to be differentiated from the kind of answers to prayer that are not *signs* or expressive evidence for the non-believer. They do, however, comprise a demonstrative result, such as that when the prophet Elijah asked God to send fire onto the altar of Jehovah (1 Kings 18:23-39). The priests of the pagan gods were unable to provide such evidence of the truth of their deity. But God answered Elijah and, in so doing, proved to the priest of Baal that there was only one true God.

Miracles should not be confused with the tricks of entertainers such as Paul Daniels, who is a conjurer. God does not perform such tricks. At this point it is probably best to understand fully the meaning of the word magic. In modern day usage, magic has come to mean nothing more than conjuring tricks with predetermined procedures designed to fool individuals that something is so when it is not; magic becoming, therefore, merely an illusion. Magic also has another more sinister side to it. Magic, as a term, also includes activities from the occult, such as sorcery, witchcraft, necromancy, divination, astrology and clairvoyance. Practice of these dark arts was wide spread in biblical times. Today, we believe ourselves sufficiently educated not to be fooled by incompetent charlatans, and cynically cast aside magic as some kind of innocent pastime best left to fairy tales. However, Warner (2002, 8) tells of how a school was fund-raising to purchase an Ouija board! The account contained in Ex 7:8-12 shows clearly the difference between miracles and magic. Pharaoh's court magicians could perform illusions and deceive the people but Moses' rod, when a snake, swallowed up the magician's rods. If Moses had been dependent upon magic then that could not have occurred, for rods are rods and nothing more. The court magicians performed their tricks, but Moses did not perform any tricks whatsoever, for he was the messenger of God and it

was God who made His will known to Pharaoh. True miracles of God always teach a lesson and give a definite 'sign', a demonstration of God's truth to believers and non-believers alike.

Christians, through Jewish heritage, do believe that God can and does perform acts of healing through supernatural means (miracles). They often question how the healing exactly occurred, its mechanics: is prayer alone needed, or must prayer be accompanied by anointing with oil, and does the person administering the act also count? Christians also believe that when they pray to God, God hears their prayers and will answer them with a miracle. Consideration of the many recorded miracles in the Bible can raise the question: Why was the miracle performed? Miracles can be simply summed up as signs of God's benevolence, but not all.

Focht (2002) sets out four aspects which set biblical miracles apart from myth and legend. These aspects are, as follows.

1. Unlike myths, biblical miracles are presented in a historical context; that is, in conjunction with actual historical events, many of which can be verified by archaeology.
2. Miracles are presented in a simple, matter-of-fact style: no fanfare, sometimes not even a comment.
3. Miracles occur in a framework of reason and logic. There are no miracles just for the sake of miracles. They are not performed for show; they are not magic tricks designed to entertain the reader.
4. Miracles are performed in the presence of hundreds, sometimes thousands of witnesses; and many of the witnesses are still alive at the time the events are written down.

To make the same point, but from a different perspective, during 1982 Pope John Paul II visited Great Britain. It was a great occasion, the Pontiff was well received and there were crowds of people numbering tens of thousands waiting

to greet the Pope wherever he went. It is an occasion that is still remembered with some affection in the hearts of the British people. If I were to write about this event and then invent miraculous stories surrounding his visit, would anyone take my account seriously or would the public dismiss my account and me as a crank? The fact remains that the Pope did visit these shores and people are aware of that historical fact. Next to this we must recall that the events of the Old Testament recall the history of Israel and whether it was clearly written down or not, the people knew their nation's history. Legends did become entwined with the history, but those legends have not received the same attention to detail as have biblical miracles. Legends are full of awe and mystery whilst, on the other hand, the biblical miracles are straight forward logical accounts; for example, God parted the Red Sea, perhaps using the forces of nature as a demonstration of His power and His care for His chosen people Israel, by delivering them from their oppressor. The Israelites were powerless to defend themselves against Pharaoh, yet despite his temporal might, he was unable to turn back the Israelites because they were protected by an infinitely more powerful king – God!

The parting of the Red Sea is an intriguing story for several reasons and, as with other accounts that relate the desert wanderings of the Israelites, we are dealing with mythical data; therefore, identifying specific localities is fraught with difficulties. There is, for example, a similar Egyptian story relating how the waters of a pleasure lake were piled up on either side at the bidding of one of their sages. He did this so that one of Pharaoh's concubines could retrieve an earring (Romer, 1988: 51). The Septuagint provides for us the Hebrew expression '*yam sūf*' for the Red Sea, as in the Exodus story. Later Greek biblical translations (for example Judith 5: 13; Acts 7: 36 and Hebrews 11: 29) connected the miracle of Exodus 14 to 15 with either the Gulf of Suez (western tradition) or the Gulf of Aqaba (eastern tradition), which is a branch of the Red Sea. In Exodus 2: 3-5 however '*sūf*' translates as 'reed' and this is exactly how the Septuagint and the Vulgate (Metzger and Coogan, 1993: 644) translate it. *Yam Sūf* refers to the eastern branch of the Red Sea in 1 Kings 9: 26 and Jeremiah 49: 21. The Sea of Reeds refers to a marshy area or a body of water with abundance of reeds at the eastern end of the delta. At Lake Sirbonis,

depending on tides, both fresh and saltwater may be found. Equally, if the account is examined from the 'J' tradition (Exodus 14: 21-22) this was nothing less than a miracle, whilst from 'P's tradition it was nothing more than a natural event. From 'E's perspective (Exodus 14: 24-25) it could be argued that there was no water or any miracle; the Egyptians had simply felt that something was not right and withdrew.

Christianity maintains that since The Fall mankind is intrinsically sinful. However, since God is a merciful God, when mankind confesses sins, God will forgive. This act of repentance plays a significant part in divine healing. Man must first examine his conscience and seek forgiveness so that he can be *right* with his *righteous God* and therefore at peace with himself, thereby permitting the healing influences of God unimpeded access to his soul, to his mind, and also to his body.

God in His healing actions can and does use various individuals from time to time. The people God uses are those with whom He has a special relationship. In the book of Isaiah (61: 1-3) (New Revised Standard Version), set out for the reader is the healing mission of God's minister in this way:

*The spirit of the Lord God is upon me,
because the Lord has anointed me;
He has sent me to bring good news to the oppressed,
to bind up the broken hearted,
to proclaim liberty to the captives,
and release to the prisoners;
to proclaim the year of the Lord's favour,
and the day of vengeance of our God;
to comfort all who mourn;
to provide for those who mourn in Zion –
to give them a garland instead of ashes,
the oil of gladness instead of mourning*

The earliest references to healing that we can find in the Old Testament refer to Abraham because he was perceived as a healer. Abraham, the father of the Jewish peoples, was acknowledged as having a special covenant relationship with God. Genesis 20:17 tells how Abimelech's household was plagued by barrenness and it was to Abraham that he went for healing. Abraham asked God to take away the barrenness of Abimelech's wife and female slaves so that they could bear children.

Another Old Testament figure who had a special relationship with God was Moses. Exodus 4:6-7 tells how Moses protested that he was not worthy to be called by God to accomplish His work. The result of this protest was that Moses' hand became infected with leprosy. However, after placing his hand back inside his cloak and then taking it out a second time, the hand was healed. God gave Moses a sign of His healing power. When Moses receives and accepts his calling, God assures the Israelites that they will be protected from the diseases that will afflict the Egyptians. Numbers 12:10 recounts that when Miriam contracted leprosy Aaron went to Moses to ask him to pray to God for healing. God required Miriam to spend seven days in quarantine outside the camp, after which she would be healed and re-admitted to the community.

2 Kings 5 relates the story of Naaman. Naaman was apparently another individual who was afflicted with leprosy (as related in the Bible this may not be as we understand the disease today. The term leprosy was used to cover a large variety of different skin complaints). Naaman turns to the prophet Elisha for healing, but because the prophet did not, at first, deal with Naaman directly, he was displeased. However, Naaman was persuaded to bathe in the River Jordan as Elisha had instructed, seven times, and he was healed of his infirmity. It is worth noting that not all translations of the Bible emphasise that Naaman's *impurity* was also dealt with, besides the fact that his skin became clean and healthy. It was the whole man that God made well, not just the physical ailment!

We have the wonderful account of King Hezekiah's illness and resulting death in 2 Kings 9-11. Hezekiah became ill around the time of the Assyrian invasion. It was the prophet Isaiah who informed the king that his illness was terminal. A death sentence was no easier to cope with in Old Testament times than it is today. Hezekiah was overtaken by emotion (compare Isaiah 38:10-20). His illness may have been caused by a boil, though the Deuteronomic scriptures may well attribute another cause altogether. From the scriptural point of view virtue would be rewarded, but vice would be punished. Hezekiah was therefore a sinner! The king seeks God through prayer, petitioning Him to tell the king why such a punishment had been delivered upon him. God healed Hezekiah of his disease and granted him an additional fifteen years of life, which he lived in peace and security.

All these healings were performed by people who had a special relationship with God and through that relationship had been given gifts from the Holy Spirit; for example, we read how Elisha had the gifts of the Holy Spirit passed onto him by Elijah. In fact, Elisha requested a double share (2 Kings 2) and his request was granted after Elijah's death. This may suggest that Elisha was being either greedy or arrogant: however, it was the custom for the eldest son to receive a double share of the inheritance coming to him from his father. Yet again, we read in Deuteronomy (34:9) how Moses laid hands on Joshua so that the spirit could be passed from him to Joshua.

But what about those people who did not put their faith in God and His prophets? By way of comparison let us take the case of King Asa (2 Chr 16:12-13). The prophet Hanani accused Asa of a lack of faith in God. About two years before his death, King Asa was afflicted with a disease of the feet (gout?) which was very severe. Unlike Hezekiah, for example, Asa did not place his faith in God, but instead consulted physicians who no doubt practised some form of magic, as well as other kinds of spurious near eastern *healing arts*. Asa lost his life because he had no faith in God and had been led into sinful ways. Marshall quite rightly makes the point that we should not take these verses as a *wholesale condemnation of medical science* (1976:76). However, Asa placed

his whole trust in physicians, including that which ought to have been given to God alone!

This *laying on of hands* is very significant because in the Scriptures it represents both power and blessings; for example, Isaac laid hands on his sons to give them his blessing, but something more irrevocable was given and received. When we read about *the hand of God* in the Bible it is meant to convey to us something of God's awesome power. Today, many different denominations ordain their ministers through the *laying on of hands*. We are confirmed members of our churches through the *laying on of hands*. When ministers visit the sick and pray for their well being, they do so accompanied by the *laying on of hands*. Human contact and touch are very important to us as individuals.

3.5 The Laying on of Hands

In the world today the phrase *laying on of hands* can have a more violent connotation. Yet, throughout the Bible, there are references to various individuals such as Aaron who have placed their hands on another individual for quite the opposite reason. Christians tend to associate the *laying on of hands* with the healing ministry of Jesus. But the *laying on of hands* can be seen, throughout both the Old and New Testaments, to provide the reader with an understanding that healing is part of God's nature and intention.

As seen in Scripture, the *laying on of hands* can come in a variety of contexts; for example, when authority is passed from one person to another (Deut 34: 9) in the testimony of witnesses (Lev 24: 13-14); the sacrificial scapegoat (Ex 29: 10); the bestowing of a special favour (Gen 27: 1-29); receiving the Holy Spirit (Acts 8: 18) and in healing a person (Lk 4: 40). The most important link here is the blessing of Israel with the patriarchal tradition, of which Jacob is the embodiment. All blessing originated from the very first blessing, that of Abraham by God!

Wansbrough (1966: 115) draws attention to an important reference contained in this blessing: ... *here for the first time God is called the **shepherd** of Israel; this pastoral image will remain dear to the biblical tradition and will be used richly throughout the Bible.* Christians will quickly draw analogies between the shepherd imagery used here and that of Psalm 23, and yet again in the Old Testament: Ezekiel 34.ⁱⁱⁱ Blessings are therefore an invocation that God will continually bless, protect and guide the individual, conveying a very special relationship between those who are blessed and God, which stretches back to Abraham the founder of the Israelite nation. His prosperity should be the standard for those who receive the blessing; therefore, there can be no better blessing for a person to receive.

A blessing is the direct opposite of a curse that expresses disapproval of a person, together with some form of impending judgment as a punishment. The curse has the effect of expelling that person from the community. In this way, curses were used as a means to maintain the covenant that God had made with Israel (see Jer 11:3 and Deut 27:15-25). Like blessings, curses were seen as powerful words that were often made in a cultic and corporate setting and normally pronounced by some authoritative person. The curse that was pronounced would be directly attributed to the power of God. In some cases God may curse an individual or a group of people directly (see Gen 4:11), or He may threaten the Israelite community with a curse if they were to become unfaithful (see Deut 27-29). Cursing of an enemy would only be legitimate as an expression of God's judgment upon them. Cursing an individual or a group of people out of anger, or as a desire for revenge, would not be a legitimate use of a curse. The most complete formula for a curse can be found in Deuteronomy 27:15-26 (New Revised Standard Version): *Cursed be anyone who All the people shall say, Amen!*

Yet again, in Genesis 48:20, we see this blessing passed on to Ephraim and Manasseh by Jacob. Ephraim and Manasseh were not among Jacob's sons, yet they would become one with the others and co-founders of the twelve tribes of Israel. Their inheritance had been assured by Jacob's actions and in so

doing Jacob 'adopted' them, though equally they remained the sons of Joseph. Jacob's behaviour appears a little odd for he gives the same blessing to Ephraim and Manasseh as he had to his own sons, and their uncles: a blessing that ought to have been given to Jacob's two eldest sons, who had disqualified themselves (Gen 49:3-7). The question raised is why did Jacob elevate Ephraim and Manasseh to equal status with that of Reuben and Simeon? Perhaps Jacob had become concerned, as is suggested by Janzen (1993: 184) and Wansbrough (1996: 115), about their mixed race background. But the intrigue does not end there. For when Jacob gave his blessing to Ephraim and Manasseh, it was the younger son who was given the more important position. This was expressed insistently by Jacob by the crossing of his hands to correct their father's manoeuvring. In Hebrew tradition the right hand carries with it the stronger blessing. In this, we have a direct comparison with Esau and Jacob and God making known His personal choice for the younger sibling. Wansbrough (1996:115) states that ... *natural ability, position and achievement mean nothing to God: He places His subjects as He wills.*

The laying on of hands, with its association of divine blessings, was also used to bring divine healing. In 1 Kings 17:17-23 we have the story of the widow Zarephath who was deeply distressed at the death of her son. The prophet Elijah prayed to God and, stretching himself over the boy, asked God three times that the child should be restored to life. The boy and his mother were reunited. Yet again, there is the Shunammite woman's son account. This time it was Elisha who interceded for the child (2 Kings 4:32-36) and actually lay on the boy, putting his mouth over the boy's mouth (is this the first written account of the practice of CPR?). Elisha then placed his hands onto the boy's hands, keeping them there until the child's flesh had become warm. This child was also restored to his mother. It is interesting to note from this that these great Old Testament prophets needed to *lay their hands* on those who were desperately ill more than once for the healing to take place.

Religious tradition has, for the most part, valued medicine highly, but there are tensions between the presence of disease as the will of God, and mankind's best efforts to heal his fellow human being from his suffering; for example in

Judaism the Karaites, a sect following the teachings of Anan ben David, oppose the use of all medicines for they hold the view that God alone is the physician. However, the classical approach of Judaism has been to encourage its adherents to seek out medical help. This approach recognises all human medical knowledge as a gift from God and, therefore, all healing comes by the hand of God. Islam also follows a similar path and considers the use of medicine as a solemn obligation for sustaining invaluable human life. The medical profession, in the view of Islam, is the pinnacle of meritorious service in the sight of God.

3.6 Summary

In the Old Testament mankind sees *health* as *wholeness*, and that this is a gift of God. As well-being is a gift from God then mankind assumes that sickness and disease are punishments for sin, though the prophet Job begins to see and to preach that this is not the case. The temple and the priesthood are given an important role in determining when a person is 'cured', 'clean' and thereby fit to return into society. Whilst there were some physicians in existence in the time of the Old Testament, they were largely not trusted and so a new breed of rabbi/physician emerges, once again confirming that God is the giver of good health. The prophet Job says in chapter 2 that the Lord gives and the Lord takes away, blessed be the name of the Lord, God is seen, therefore, as the giver of life and the giver of death.

Greek medical practice of euthanasia, as indicated earlier, was not acceptable to the religious views conveyed in Scripture. Only God has the right to take life because He gives life in the first place. These views became incorporated within the code of medical practitioners and are still enshrined within that code to this day. The Bible has played a seminal role in revising the code and in forming its ethical and moral protocols. The debate as to whether euthanasia is morally acceptable in some incidences is one which continues to this day, and is often contested in British courts of law. But the fact that there is a fight at all is a clear demonstration that the Bible still influences how society views and evaluates human life.

This chapter seeks to confirm that miracles are works of God and an indication of His will; they are not mere illusory tricks, or some kind of magic practised by witches and wizards. Miracles always provide a lesson and a definite *sign*, a demonstration of God's truth to believers and non-believers alike. It has been demonstrated that God uses various people in His healing actions; for example, from the earliest references to healing Abraham is presented as a healer.

As Christians, we associate the Laying on of Hands with the healing ministry of Jesus but it can also be seen that throughout the Scriptures healing is part of God's nature and his intention. It has been shown how the outstretched hands of Aaron (Lev 9:22) were not only to bless his people but also as part of a ceremony to transfer authority from one person to another (Deut 34:9). All blessing originates from the very first blessing, that of Abraham by God! In sacrificial worship (Ex 29:10 and Lev 1:1-4) priests would lay their hands upon the heads of the animals just before they would be slaughtered, in order to transfer the people's sin from themselves onto the *sacrificial goat*. To be pardoned of one's sin was to be made *whole, holy* again and therefore, it is not a big leap to the understanding that the *laying on of hands* may be used as the means of restoring someone to health. Therefore, this demonstrates that all blessings are an invocation that God will continually bless, protect and guide a person, which conveys a very special relationship between God and those who are blessed.

ⁱ Many medical service providers all over the world to this day still use the symbol of a serpent on a pole and the roots of the symbol lie in the Book of Numbers.

ⁱⁱ Interestingly enough in several temples the figures of bronze serpents were known to have been used in various healing rites during the first millennium for example the Asclepieion at Pergamon.

ⁱⁱⁱ This pictorial image of a shepherd can be compared with those in the New Testament; for example John 10:1-18.)

CHAPTER FOUR: HEALING AND THE NEW TESTAMENT

4.1 Introduction

The miracles of Jesus, as they appear in the New Testament, provide for us evidence of who He is. But are those miracles fact or fiction? In this chapter an attempt will be made to show that Jesus' miracles were widely acknowledged by those who were not His disciples: Jews, Greeks and historians. An endeavour will be made to demonstrate that Jesus' miracles played a major role in His ministry and His message. As the miracles have such an important place within the Gospels, an examination will be made of the words used to describe miracles, tracing the English translated word back to the original Greek, or Hebrew. Also, an attempt will be made to bring out the character of the miracles and how they were still very much part of the first Christians' experience, mission, and ministry.

4.2 Healing and the New Testament

During the mortal lifetime of Jesus of Nazareth, miraculous events were not unknown. Prophets such as Isaiah (35: 5-6; 53: 4-5) and Malachi (4: 2), for example, foretold that when the Messiah appeared, he would cure the sick. The disciples of Jesus recognised that those prophecies had come true in Him (see Mt 8: 16-17; 1 Pet 2:24). However, even if Jesus had not brought healing to the sick, the way in which He fulfilled the prophecy ought to have been sufficient proof that He was indeed the promised Messiah. This, taken into consideration with His healing miracles, provides us with the strongest evidence of who Jesus is. The miraculous deeds of Jesus were different from those claimed by other people. The miracles of Jesus attracted the attention of others; for example, contemporary writers such as the Roman historian Josephus and the Babylonian Talmud (tractate Sanhedrin 43a) which states: ... *Yeshu of Nazareth practised sorcery*. The meaning of this entry is that Jesus performed amazing works. This particular quotation is reliable and could not be based on Christian tradition because it also claims that Jesus worked in co-

operation with the devil. The Jews did not dispute that Jesus performed miraculous works, but they did dispute the source of His power (compare with Mk 3: 22 and following verses). Not even the Greeks challenged the miraculous events, but only their interpretation (Trench, 1949: 39). Perhaps, if the Gospel writers had written more enthusiastically about Jesus' miracles, then their contemporaries would not have taken much notice of them. However, because the Gospel writers did not dwell on the significance of Jesus' miracles, this may have compelled those same contemporaries to make comment.

Each of the four Gospels records some of the miracles performed by Jesus of Nazareth; in St. Mark's Gospel, the earliest of the four recorded gospels contained in the Bible, miracles make up one third of its content. The miracles of Jesus are an essential part of His story and have been so since its beginning. Miracles are, therefore, not later stories that have been incorporated within the Gospels, but they are part of the primary stratum. The miracles of Jesus may be classified under three different headings:

- nature miracles;
- those that pertain to human beings; and
- those that pertain to the spirit world.

Under each of these headings, there are some miracles that appear to transcend the normal laws of nature, and then there are some that seem not to overtly overturn the laws of nature. For example, the former may be found in Mark (6: 45-52), in the account of Jesus walking on the water; and for the latter, perhaps Luke (8: 22-25) provides evidence in the account of Jesus calming the storm. Lake Galilee is renowned for its storms. One minute the lake can be calm and still, the next minute a ferocious storm will rise, which in turn can quickly subside. What may be deduced from the miracle of the calming of the lake is Jesus' sovereignty over nature. This type of miracle would not be convincing for the non-believer, who would see the storm as sheer coincidence. Also, for the non-believer, the raising of Lazarus (Jn 11: 38-44) may appear to be an affront to intelligence because it is totally contrary to the laws of nature. For the Christian, however, miracles reach beyond all human comprehension.

They can represent proof of something that is much broader than the actual occasion - that is the action of God in His world. Miracles are part of the whole picture of Jesus in the Gospels and we can no more eliminate them from the Gospel story than we can remove the watermark from a piece of good quality letter-writing paper.

The biblical form critical scholar, Bultmann (1968), believes that miracles are a serious weakness to the acceptance of the Gospels. Far from seeing them as part of the sum total of the story of Jesus, Bultmann, besides other such scholars, believe that the miracle stories ought to be isolated from the picture of Jesus, for they believe that the miracle accounts present Jesus as a mere wonder-worker. Bultmann argues that the miracle accounts are later additions to the Gospel story, placed there to bolster the claim that Jesus is the Messiah and, therefore, they are historically dubious. Bultmann contends that the authors inserted the miracle stories into the Gospel accounts in order to meet the needs of the early church. However, this position is open to question: if early proclamation of the gospel did not need a saviour who performed miracles, then why did the evangelists include in their gospel writings so many miracle stories? The miracle stories were not set on the Gospels as grandiose seals, confirming authority on a written document, but are intrinsic to the document itself. The miracle stories do not form a semi-legendary framework that may be discarded, but they are the very picture itself.

The miracles of Jesus are:

- a visible manifestation of His divine power;
- an awe inspiring wonder; and
- an instruction revelation about God – a *sign*.

That is not to say that these three areas are three totally separate and independent elements, because they are not. They are three facets of the same thing. Miracles appear to have more than one purpose. First, they were an attraction. People were attracted to Jesus and they wished to listen to Him. To some of these people His miracles would be what were expected of a

prophet (compare with Jn 3: 2 and 4: 19). Though having said this, it needs to be emphasised at this point that Jesus of Nazareth endeavoured not to encourage any misdirected Messianic hopes (Mat 8: 4, et cetera), though it was His healing ministry that caused the people to gather (Mat 4: 24-25) to Him (see the Sermon on the Mount – Mat 5: 1 and following verses).

Jesus' miracles are depicted in numerous ways; for example, they may be used as proof of Jesus' divinity, or to tell us something about His nature. The very scriptural text that can be used to support Jesus can also be used critically. That is to say that how he/she interprets the miracles, as performed by Jesus, depends on the standpoint of the reader.

The four evangelists recorded the miracles of Jesus without dwelling upon the importance of each miracle. Sometimes they would give a miracle a theological context, as in the healing of the Centurion's Servant (Lk 7: 1-10). It could be argued that the real story here was not the healing, but the faith of a gentile Centurion! The evangelists presented the miracles of Jesus as nothing less than actual events that have a spiritual truth and that were accomplished in public places. They record these events as truly historical and, in such a way, as to show them to be ethical and consistent with the person of Jesus. They were, therefore, reasonable. However, the miracles recorded in the Apocryphal Gospels seem to be rather fantastic, accomplished through some kind of a supernatural power, akin to voodoo, and they are totally questionable. In the healing miracles, Jesus employs His power to meet a specific physical need, but He never uses His powers to sate His own appetite (Mat 4: 1-4), or the appetite of curiosity seekers (Lk 23: 8)! Jesus healed an amazing number of different types of illnesses (see table on page 68). France (1976: 67) has said about this very point that... *if even half of these are correctly diagnosed, the Gospel account of Jesus healing 'all kinds of disease' seems no exaggeration.*

Luke's Gospel shows a greater interest in the precise portrayal of illness; for example, as in Luke (4: 38 or 5: 12). Especially in Mark's Gospel, Jesus is represented as a healer of multiple physical diseases and also psychiatric conditions, but He does not use magical practices. Jesus' healing miracles

were performed on individuals with incurable diseases; for example, blindness (see Mk 8: 22-26), deafness, leprosy (see Lk17: 11-19), lameness (see Acts 3: 6-10), and paralysis (see Mt 9: 2-7). Peter's mother-in-law was healed of a high fever (Mat 8: 14-17; Lk 4: 38-41 and Mk 1: 29-34), and the term used suggests a severe condition; compare this with the use of the term in John 4 where the official's son was close to death. It is interesting to note here that Peter's mother-in-law's illness was, therefore, not a physical disability, but an organic dysfunction. Jesus healed people on the basis of faith. The majority of Jesus' healings as recorded in the New Testament were of those with physical disability. This trend is reversed in the Christian Church of today.

Today, we may see miracles as something very impressive, very important and awe inspiring. But during the New Testament period, the people were not quite so impressed. What does set Jesus' miracles apart, as something special, in New Testament times is the fact that Jesus had the authority to forgive sins. This act horrified the Pharisees and the teachers of the law (see Lk 5: 20-21). Not even they would claim the authority to forgive sins, for forgiveness of sins belonged only to God.

The Jewish people did not know about the biology of illness. It was commonly believed in biblical times that illness was the result of evil in the world; for example, in the healing of a demoniac as recounted in Mk (1: 21-28); Lk (4: 31-37). Jewish people believed that mental illness was caused by demonic possession. In order to be restored to health, therefore, the invalid would need to be exorcised. Against this background, healing miracles would go relatively unnoticed and certainly not questioned. Indeed the record of the healing of Peter's mother-in-law in Mark (1: 29-34) tends to be rather flippant, with little attention to details. Simply put, the Israelite people did not know much about illness and felt that people became sick, they aged, and they died, all as a result of *The Fall* – the coming of sin into the world. Illness was seen, therefore, as a result of sin; but Jesus rejected this view, for He came into the world, according to Christianity, to announce a new creation. In this new creation sin, sickness and death would be defeated, the blind will see; the lame walk; the deaf hear;

and skin diseases will be cured (Mat 11: 5) and this new creation began with the Resurrection of Jesus. Note that this new creation was seen to have begun – not completed, for completion was something that was to happen in the future!

The Jewish people believed that God was active in their world and was able to exercise His power through His chosen individuals and the prophets. The Israelites expected God to send His Messiah into the world and that this Messiah would be empowered by God to do battle against evil. If Jesus had not performed any mighty miraculous events, then His credibility was at risk. His life, without any such miracles, would portray Him simply as a good rabbi, or a well respected and wise man. His life was more than just a mere tale about a wonder worker (of which there were numerous in the ancient world) because His miracles were seen in the context of faith – making Him quite unique. Unlike pagan deities, Israel's God was viewed as having an essentially righteous relationship with His people. God had a holy purpose and His acts were geared towards that purpose. Jesus was part of that divine purpose and His miracles are intrinsic to that purpose. Jesus' miracles cannot, therefore, be separated from His teaching about God and His instructions about how to live a righteous life.

Jesus' ministry was one of service: He served the people by preaching, teaching and healing them. Jesus preached about the kingdom of God: that God wanted mankind to be saved; and that God was working to establish a new order of things, from which evil would be banished. This was the central core of Jesus' message. The kingdom of God was at hand, it was not something that could be expected at some future time and place, it was the here and now, something that was being ushered in through His ministry. The miracles were tokens of that new time, demonstrating that the power of God was at work in the world, through the person of Jesus. The devil and all his works were being defeated, whether it was through the exorcism of a demonic possession that distorted the character of a person, or whether it was through the healing of diseases. Not even death itself was to have the last word! Jesus' works confirm the reign of God in action, they were demonstrations of His power to

heal the sick and to offer forgiveness of sin: in essence, it was overpowering, all embracing love that was central to the kingdom of God.

Jesus was aware of the down side of miraculous works. Individuals may be thankful, at the time, but mankind can be greedy too, demanding more and more: and for what reason? So Jesus was adamant that He was not going to be made into some kind of wonder-worker and refused the role of thaumaturge. However, it is true that Jesus' miracles were an essential part of His message. Through parables, Jesus taught and challenged mankind, but His miracles engaged people in a decision based on faith. Jesus' works were signs for those with open minds to perceive that God was visiting His people in grace and judgment. For those with closed minds and hearts, the accusation came that it was not by God's good grace that Jesus performed such miracles, but by being in league with the devil and by the use of black magic. Jesus answered His critics (Mat 12:28 and Lk 11:20) by asking if the Devil could drive out his minions, then would that bring about his self destruction? It was by God, and through His grace, that Jesus performed such miracles as evidence that the kingdom of God was being established before their eyes. His miracles were the fulfilment of prophetic predictions about how the Messianic Age would begin.

Jesus' miracles were not just deeds to authenticate who, and what He was. They were an essential part of His message because they revealed the power of God. They reveal Jesus to be mankind's saviour, the second Adam, who had come to restore the fallen universe. In John's Gospel (3: 2) Nicodemus, a Pharisaic scholar, said to Jesus: *Rabbi, we know that You are a teacher come from God; for no one can do these signs that You do apart from the presence of God* (New Revised Standard Version). What the people around Jesus witnessed (Jn 2: 23; 20: 30-31) caused them to have faith in Him. Any study of Jesus' miracles must include a discussion of their significance for the first Christians as well as examining the credibility for their belief. Such a study involves a literary and historical criticism of the miracles in the context in which they are presented within the Gospel narratives. Equally, it also involves a

credibility study as to whether they are still held as miracles by Christians of the twenty-first century.

The Israelites expected the Messiah to present Himself through signs (Jn 7: 31): to perform miracles. The people would, therefore, see Jesus' miracles as proof that He was indeed the Messiah. That Jesus was able to exorcise demons (Lk 11: 20) was verification that the new era that was to be heralded in by the coming of the Messiah, had already begun.

4.3 Miracles, Wonders and Signs

Scripture does provide for us three very interesting words, in order to describe miracles. Each of those three words may be found in Acts (2: 22, New International Version): *Men of Israel, listen to this: Jesus of Nazareth was a man accredited by God to you by miracles, wonders, and signs which God did among you through Him, as you yourselves know.*

The word *miracle* (*dunamis* – a powerful act: the original word is very much like the English word, *dynamite*) describes an extraordinary event, attributed to some supernatural agency which triggers wonder. It emphasises the event, and the power and the energy by which that is accomplished. A miracle is, therefore, something that God does, and which is possible for Him, because God is *dynamite*. God demonstrated this when He created the world. The *Big bang* theory would certainly have required an almighty force. A miracle could be defined thus: a remarkable event in which the eye of faith sees the purposeful working out of the will of God.

If the word *miracle* emphasises the cause of the event, *wonder* (*teras*) underlines the effect that the event had on those who witnessed it. Miracles are not secret acts. Miracles are spectacular and fill people with amazement, simply because they are outside the normal experience of life. The Gospels tell us that on several occasions not only the crowds were amazed but, also, the disciples of Jesus (see Mk 2: 12; 4: 41). It is interesting to note that the term

wonder is never used by itself in the New Testament, but always in connection with another term, suggesting that something was experienced far greater than the actual spectacle.

Another term used in conjunction with *miracle* is *sign* (*se, meion*). When used in John's Gospel, *Se, meion* refers to the meaning of the healing miracle. Signs are mighty works, which are meant to help us understand a revelatory and redemptive event caused by and through Jesus. John also uses the word *ergon*, meaning work. *Ergon* is used eighteen times out of twenty-seven times in John's Gospel, to refer to the works of Jesus. His works are quite distinctive from those of men. Jesus' works come from the Father and they are meant to teach mankind. These terms can be difficult for us to comprehend. However, in Acts (2:22) *accredit* can point us in the right direction. The *sign* channels the witness's attention onto the deeper meaning of the miracle. A *sign* conveys a truth about Jesus and may not necessarily be in itself a *miracle* (compare with Lk 2: 12). *Signs* are valuable in themselves, not for what they are, but for what they can tell us about the doer of the *sign*. *Signs* demonstrate that God was with Jesus of Nazareth and that He had been sent by God. *Signs* were the proof that the Israelites needed in order to recognise Jesus for who He really was.

When the presentation of Jesus' healing miracles, in the Synoptic Gospels, is compared with those in the Gospel of John, clear differences begin to appear. In order to encourage faith in the reader, John chooses only to record seven miracles, as opposed to the far larger number recorded in the Synoptic Gospels, where the miraculous is emphasised in vivid detail. Of the seven accounts in John, there are three direct comparisons within the Synoptic Gospels; three other accounts have similarities with the Synoptic Gospels (the healing of the paralytic; the healing of the blind man; and the raising of the dead). The function of the healing miracles in John is purely symbolic, whereas in the Synoptic Gospels the healing miracles show the defeat of Satan and the establishment of God's kingdom. In fact, John does not record any exorcisms at all. John only ever uses the word *sign* when referring to Jesus' miracles.

That is not to say that the three synoptic writers did not use the word *sign*. It is to say that John uses it in place of the word *miracle* because he saw Jesus' miracles not merely as supernatural deeds or supernatural power, but as events providing witness to the underlying spiritual truth that Jesus was the Christ. From the many *signs* performed by Jesus, John only selects a few: those he considered best to provide evidence of Jesus as the expected Messiah, and that there was no other!

According to the gospels, not all who witnessed a *sign* went on to have faith in Jesus (see Mat 26: 1-5; Mk 14: 1-2; Lk 22: 1-2; and Jn 11:45-48). If they were to understand the true meaning of the *signs*, those who witnessed them required faith, for without faith the signs are meaningless prodigies. However, those who responded in faith had their faith strengthened. Jesus never used His *signs* as a means to compel or force belief in Him but they will serve to confirm and condemn the spiritually blind in their sinfulness.

John's Gospel is a gospel of faith, written that his readers may have faith in Jesus as the Christ. John wants to encourage and establish faith in his readership; as they read about the healing miracles of Jesus of Nazareth, they are confronted with the same question as those who witnessed it first hand. They can either believe or not believe.

4.4 Characteristics of Miracles

The miracles of healing, as recorded in the Old Testament, are few by comparison with those contained in the New Testament. In the New Testament, Jesus' healing miracles, performed in the name of God, take up a substantial part of the Gospels. Also, we need to note that in the New Testament, diseases are most often described in relation to the healings of Jesus and His Apostles. In the table below I have listed the various healing miracles and the Gospel(s) where they appear. For my purposes, I have also included those attributed to exorcism because, as we would understand today, illness in itself is not caused by demonic possession, though it was regarded as

such in biblical times. However, demonic possession can give rise to certain symptoms and signs that may be mistakenly diagnosed as some form of illness.

The Gospels contain thirty-six miracles of Jesus, but these are only a fraction of all the miracles performed by Him. Of these thirty-six miracles, eight were exorcisms, sixteen were so called healing miracles, three were resurrections and nine were nature miracles. The actual number each evangelist records varies, from just eight in John's Gospel, to more than twenty in Luke. No single Gospel contains all the miracles and each evangelist presents the miracles in his own preferred order.

It is characteristic of the human person to be sceptical, and this is especially so when the person concerned is challenged to alter his or her previously held conviction. The human mind demands proof before accepting that something is so. Take, for example, the story of the Apostle Thomas, who said to the other disciples in respect of the risen Christ: *Unless I see the mark of the nails in his hands, and put my finger in the mark of the nails and my hand in his side, I will not believe* (Jn 20: 25, New Revised Standard Version). Thomas wanted proof positive for himself before he would change his mind. According to John (20: 30-31), the miracles of Jesus were performed in order to bring people to faith that He, Jesus, was truly the Son of God. This view is supported elsewhere in the New Testament (see Heb 2: 3-4). Both Matthew (11: 2-19) and Luke (7: 18-35) record that, on learning about His miracles, John the Baptist sent two of his own disciples to Jesus to ask Him: *Are you the one who is to come, or are we to wait for another?* (Lk 7: 20, New Revised Standard Version). Jesus' response was to quote Isaiah (35: 5-6; 61: 1). Although John the Baptist was imprisoned by King Herod in Machaerus, east of the Dead Sea, many of his disciples remained loyal and visited him frequently during his imprisonment and attended to his needs. It was these same disciples of John's who kept him informed about the ministry of Jesus of Nazareth (John's cousin, Lk 1: 36). It was John who baptised Jesus in the River Jordan (Mat 3: 1-12; Mk 1: 1-8; Lk 3: 1-22 and Jn 1:19-11). John still needed confirmation as to when the Messianic age would be instituted and the Romans ejected from Israel? By way of answer,

Jesus pointed to the visible evidence: the lame can walk, the blind can see, the deaf hear, the dead are raised to life, and the poor have the good news preached to them. The healing miracles were the outward evidence that would authenticate Jesus as the Messiah, as foretold by the prophet Isaiah (Isa. 53: 5; 57:19; etc.).

A Table to show the dispersal of Miracle accounts in the Four Gospels

	<u>Matthew</u>	<u>Mark</u>	<u>Luke</u>	<u>John</u>
<u>Demonic Possession</u>				
A blind and dumb man	12: 22			
Daughter of Canaanite woman	15: 21-28	7: 24-30		
Dumb Man	9: 32-33		11: 14	
Epileptic Boy	17: 14-17	9: 14-21	9: 37-43	
Gadara Man/Men	8: 28-34	5: 1-20	8: 26-39	
(Mary Magdalene		16: 9	8: 2)	
Man in Capernaum Synagogue		1: 23-28	4: 33-37	
Woman bent double in a Synagogue			13: 10-17	
<u>Healings</u>				
Blind Bartimaeus	20: 29-34	10: 46-52	18: 35-43	
Bethsaida blind man		8: 22-26		
Man born blind				9: 1-7
Two blind men	9: 27-31			
Centurion's servant	8: 5-13		7: 1-10	
Deaf mute		7: 31-37		
Man with dropsy		14: 1-6		
A Leper	8: 1-4	1: 40-45	5: 12-16	
Ten Lepers			7: 11-19	
Peter's mother-in-law	8: 14-15	1: 29-31	4: 38-39	
Capernaum paralysed man	9: 1-8	2: 1-12	5: 17-26	
Bethesda Pool paralysed man				5:1-9
High priest's slave			22: 50-51	
Capernaum official's son				4: 46-54
Man with withered hand	12: 9-14	3: 1-6	6: 6-11	
Woman with haemorrhage	9: 20-22	5: 23-34	8: 43-48	
<u>Raising of the dead</u>				
Jairus' daughter	9: 18-26	5: 21-43	8: 40-56	
Lazarus				11: 1-44
Widow's son at Nain			7: 11-17	

These healing miracles of Jesus' ministry were *signs*, external proofs, signposts to, and verifying that He was indeed the Messiah. If we examine Jesus' miracles we can find that:

- they nearly all involved medical conditions that according to medical science of the day were irreversible;
- the cures that people received were instantaneous, whether or not Jesus was present in person and attending to the individual;
- the cures were complete and not partial;
- the cures were permanent with no recorded evidence of individuals who suffered relapse to their former condition;
- the cures were always successful; and
- the cures were clearly of a miraculous nature; for example, Lazarus was raised from the dead.

Jesus' miracles were *seimeia*, sign-miracles, because if they were to be effective in the face of a cynical public, they would need to have all the above qualities. His miracles needed to overcome ambiguity; otherwise they would have no value. As the news spread of Jesus' miracles of healing, the people came to Him from all over the place. They came because they were in need of healing for themselves, or for a relative who needed healing, or even for a friend. It is fair to say that, amongst those who came to Jesus for healing, there would have been the curiosity seekers. From amongst these people were some who became disciples of Jesus; for example, Mary called Magdalene, Joanna, and Susanna (Lk 8:1-3).

If we look at Jesus' healing miracles from a purely human point of view, the first thing we notice is the stress that He places on His recipients' need for faith. Faith is a precondition before Jesus performs one of His healing miracles. Faith in who and what He is, and what He has come to do. Without faith, His work could not come to fruition, as in His native Nazareth (Mk 6: 5, New Revised Standard Version). In Mark (5: 34) Jesus tells the woman who touched his cloak in order to be healed from a haemorrhage ... *daughter, your faith has made you well*. Again to Jairus (Mk 5: 36) Jesus says: *Fear not, only believe*.

Together with His demand for faith, Jesus requires the active co-operation of those who seek Him out to heal their infirmities. In John (5: 6), Jesus asks the cripple by the pool at Bethseda... *do you want to get well?* To the paralytic in Mark (2: 11), Jesus asks him to... *pick up his bed and walk* and in John (9: 11) He tells the man born blind to... *go and wash in the pool of Siloam*. This section would not be complete without reference to the pertinacity of blind Bartimaeus (Mat 20: 29-34), who refused to be silenced by the crowd whilst seeking out Jesus' healing powers. In each of these examples, faith is not just a kind of grey passivity, but a vibrant and energetic force that reaches out for God's help, present in the person of Jesus.

Prayer is also emphasised by Jesus, because prayer is faith in action (see Mk 9: 29). Jesus taught His disciples that whatever they asked for in prayer would be granted, so long as they believed (Mk 11: 24). As the *Our Father* also includes within it the petition for *daily bread*, we can be assured that material needs may also be requested through prayer. Jesus believed that the power of prayer affects the circumstances of life. His miracles were divine answers to His prayers. However, faith and prayer are just one side of Jesus' life: the human side. Jesus was also God: *But if I by the finger of God ...* (Lk 11: 20, New Revised Standard Version). His miracles were tokens of God's Spirit working through Him in all its fullness. Jesus' demand for faith: in those who asked for healing; the stress laid upon the human emotions of Jesus; His frequent command that those who are healed remain silent about their cure; all these stand in sharp contrast to the form critics' picture of Jesus as a thaumaturge.

The Gospel of John uses these signs to engender faith in those who read it. For John, these miracles were proofs of Jesus' divinity. Right from the start of his gospel, John tells us that Jesus was the incarnation of *the Word* (1: 1-2, 14). *Logos* is a Greek word that signifies *reason*, a quality that is the governing principle of the universe. From its use here, in relation to Jesus, we have John's explanation of how the divine became manifest in creation: in its ordering; and in the salvation of the world. Jesus is therefore the true Messiah,

the Christ, the manifestation of the incarnate *Logos*. This is established by Jesus through His miracles, *signs* that manifest His glory (Jn 2: 11), as well as through the witness of John the Baptist's disciples.

At His baptism Jesus was aware of ... *the Spirit of God descending like a dove and lighting on him* (Mt 3: 16, New Revised Standard Version). He, therefore, knew Himself to be anointed with the Spirit, and whatever else that may have meant, it confirmed that Jesus was equipped with divine power. Jesus re-affirms this in Luke (4: 18) when He quotes from Isaiah (61: 1). His mission was one of liberty – liberty from pain and sufferings, liberty from sin and liberty for the poor because they have the good news. Throughout this ministry, acts of power are revealed as Jesus is energized by God's Spirit (Jn 14: 10). *I think the Gospel view of the miracles is quite plainly that they are the work of Jesus' own faith in God, and of the Divine Spirit in answer to the appeal of His faith.* Cairns (1950: 193).

The healing ministry of Jesus had a central role in His life. His name, *Jesus*, means *one who saves* and the word *to save* includes the idea of *making well*. But Jesus did more than just heal sick bodies; He corrected things that would divide and spoil communities, as He changed relationships; for example, the healing of the Gentile Woman's Daughter (Mk 7: 24-30 and Mt 15: 21-31). For Jesus, healing was not just the removal of a particular illness or a disability, rather the healing of the whole person is involved: relationships, attitudes and emotions (compare with Lk 7: 36-8:1). Through His crucifixion, Jesus made it possible for all rifts to be healed. On the cross, according to Christian belief, He won victory over sin and death and over those powers that work to destroy our lives.

Sin spoils relationships between two or more people. One of the effects of Jesus' ministry was to bring about harmony: between one person and another; between one community and another; and between the people and their God. The Apostle Paul makes this point clear in his epistle to the Ephesians (see Eph 2: 11-22). His argument is that the enmity between Jew and Gentile was

removed through Christ's death on the cross. Jew and Gentile are now included as one, within a new undivided humanity, a new humanity that would free slaves and bring equality between the sexes. Social divisions came about as a result of mankind's disobedience and revolt against God. Such divisions are to be eliminated in order to provide the basis from which people can recover their true humanity.

Jesus appears to have been guided by the Isaianic vision (Isa 61: 1-2), locating God's redemptive activity among the poor (Lk 4: 18). His healing of those who were sick in body, mind or spirit was just a sample of what was to come. Jesus healed people of their infirmities because He took compassion on them (Mt 14:14). His healing was not just physical, but total and involved forgiveness of sins, for guilt can be a crippling disease in itself, eating away at the very core of the person. His healings were intended to validate who He was and why He had come. Everything that has been said up to now has been about seeing miracles as acts of God but, the Bible also states that some miracles can be performed by the unrighteous, in order to deceive the faithful (Mat 24: 24). Due to this warning, some Christians find the acceptance of certain miracles difficult, and believe them to be the work of the Devil, particularly when they are associated with other religions.

Miracles can also be confused with satanic influences and actions in the world, and should be distinguished from them; on the Mount of Olives (Mt 24: 24) Jesus Himself warns against this confusion? Despite the self-righteous and hypocritical attitudes of the people in Jesus' time, close to forty miracles were performed by Him, as recorded in the Gospels, and John (20: 30) implies that there were other miracles that were simply not recorded.

Demons are linked to the pre-eminent figure of the Devil – Satan. For example in Mark (3:22-30), Jesus challenges the teachers of the law (His critics) by asking how can Satan cast out Satan? Jesus apparently held the view that *demons* were subordinate to Satan, a lower form of evil working against God and the establishment of His Kingdom. Sickness and disease were part of a

wider campaign aimed at eradicating the root of evil in the world, found within the heart of mankind.

The miracles of Jesus of Nazareth are an expression of His nature and his character. They are signs that He was something more than a mere human being. They are signs which lead Christians to believe that Christ was at one with God and, thereby, were a direct indication of the Divine person of Jesus. The four evangelists use the accounts of miracle occurrences to demonstrate to their readership that God's influence can and does touch the life of the individual, and is not something that can be conveniently stored away in intellectual theses and beliefs. If God is good then the effects of God must, by their very nature, be good wherever they can be seen.

The main purpose for Jesus was to teach those who would listen to His message; to train His disciples, and above all, as Messiah, to bear witness to God. The divine purpose was the establishment of the Kingdom of God. The Israelite nation had longed for precisely this event: a time when God's power could be felt by all – the *eschaton*. The Israelites believed God to be all holy; He can do no wrong and hates all that is evil. So the establishment of His Kingdom would be a decisive victory for God over evil. Jesus' miracles were evidence of the dawn of that new era. His miracles had, therefore, an eschatological implication because when the last *Adam* came, all nature would recognise Him. Jesus came to restore mankind to its former state, before the *Fall of Adam*, and the rest of creation from chaos. By healing the sick, and particularly through His exorcisms, Jesus proved that He was the master of all creation. The final conflict between God and evil had begun. Jesus came to save the sick, not just from their infirmities but also to bring forgiveness to the sinner. Jesus of Nazareth came to redeem the whole man!

Jesus apparently healed all those who came to Him seeking a cure for their illness; and the cure, equally, appears to have been immediate and total. Jesus' ministry of healing the sick, and offering forgiveness for the sinner, was a clear demonstration of what the new creation was about, what it would be like,

and that it had already begun. In the healing of the paralytic by Jesus in Mark (2: 1-12) some of the Jewish rabbis and teachers of the law condemned Him for His actions, believing that God alone can forgive sins. However, the central principle that lies behind this action is that God brings healing and that God would not permit His power to be used by anyone who took divine honours and privileges to himself. That God worked through the individual of Jesus is witness that He was acceptable to God. Jesus proved to His Jewish critics that He had the authority to forgive sins. The feeding of the multitude (Jn 6: 1-14; Mt 14: 13-21; Mk 6: 30-44 and Lk 9: 10-17) was a demonstration of His power to be able to feed souls – particularly when this is compared with John (6: 26-35). Jesus also performed exorcisms (Mk 1: 23-26). In this account a man said to have been possessed by an evil spirit entered the Capernaum synagogue where Jesus was present. Jesus then freed him from his possession, much to the amazement of the people, for He even had authority over such demons. Jesus was conscious that the Spirit of God was present and active within His ministry, especially in such deeds of power as we call *miracles*; that is why He was outraged at His critics' suggestion that His power came from the devil. The deepest meaning of Jesus' miracles was the coming of God's Kingdom, which was discernible to those who had faith (see Lk 11: 20 and Mt 12: 28). The healing of the sick is evidence of the victorious work of God in establishing His new order. We have, in the life of Jesus Christ, the establishment of the Kingdom of God, preached not only in word but, also, through His mighty deeds.

Thus, the focus of God's purpose is not simply individual salvation, but the formation of a new humanity. Personal salvation is included, of course, but God's purpose is not limited to it. This is why Paul can write in his epistle to the Galatians ... *the life I now live in the flesh I live by faith in the Son of God, who loved me and gave himself for me* (Gal 2: 20, New Revised Standard Version). Paul is here underlining the meaning of Christ's death for him. It is God's desire, therefore, not only to save people, but to form a new people, a new humanity, and a new creation.

4.5 The Continuation of Jesus' Ministry

Jesus' vision of peace was inclusive and it recognised the healing power of God in suffering. For the Christian, Jesus would be the king who would fulfil another of Isaiah's visions (9: 7). He heals by voice command and He often touches a physically ill patient, but not a demonic. Jesus' healing ministry was continued through His disciples. Paul describes a gift of healing given to every church. The early Church continued Jesus' healing ministry, and the structure of the Gospel of Luke parallels closely the structure of Acts, so that this ministry is thrown into high relief. Oil was often used in healing (see Mk 6: 13; compare with Jas 5: 14).

The disciples of Jesus of Nazareth were widely respected individuals within their community and they continued to preach and teach the people that Jesus was the Christ. Acts 2 tells of the coming of the Holy Spirit upon the disciples, changing them; the timid, frightened character of Peter in the courtyard, who denies knowing Jesus and that is recorded in each of the Gospels (Mt 26: 69-70; Mk 14: 66-68; Lk 22: 55-57 and Jn 18: 15-27), as opposed to the Peter who speaks out boldly in Acts (2: 14-42). The disciples were given the gift of the Holy Spirit (Acts 2: 1-13), through which they were able to dedicate their lives to Christ; follow His teachings in their lives by being aware of one another's needs; make provision to meet those needs (Acts 6: 1-7); and care for those who were sick and suffering.

They too, like their Master, were able to do *wonders and signs* of healing and, for those who listen to the apostles with open hearts and minds, it can be seen that it was by God's power that the disciples were able to do such things (Acts 3). The disciples banded together as a community and lived in fellowship, they still attended the services of the temple, but they also came together in their homes for prayer, for teaching, and to celebrate the Last Supper. From the books of Acts we can see that the gifts which the disciples received from the Holy Spirit changed them into being like Jesus (compare Acts 4:13). They received the power to heal and to see right into what lay in people's hearts (Acts

5: 3), as had Christ and, as with Christ, the people flocked to them to be healed (Acts 5: 12-16).

The remit of the apostles was that they were to reveal God's truth directly through the action of the Holy Spirit. It is this same assignment that the church of today is charged with. The apostles were also given the job of looking after the church, which meant exercising discipline. This mandate was given to them by God, as was evident through their apostolic deeds. Like Jesus, they had the power to cause the lame to walk, the blind to see, the deaf to hear, the sick to become well, the dead to be brought back to life, and evil spirits to be driven out. Such works proved that Jesus was God's only Son, the Messiah, and they also proved that the apostles were Jesus' chosen ones, through whom He was personally continuing His work. Such miraculous works of healing were a clear demonstration that the apostles preached the Good News: God is our medicine; He is our restoration to health and a new life in Him. It needs to be clarified that the apostles did not heal with herbs or drugs, or magic, but only through faith in God. They laid hands on the sick and through this action proclaimed the healing power of Christ, and this had a positive effect. When illness was the result of demonic possession, the condition of the person and his or her actions could be very frightening. However, the healing power of God could also be witnessed in a very dramatic form.

Part of the work of the apostles and prophets was to drive out demons. The first Christians believed that evil spirits were the root cause of mortal sickness. They saw that these spirits were led by Satan himself, who was intent on destroying humankind through sickness and corruption, wrecking mind and soul, and breaking down mortality. Even in our time, there are events that Christians perceive as the work of evil forces. The Devil, so Christians believe, is the god of this world, the spirit that controls men. Christians held that pagan gods are also the work of Satan, who endeavours to deceive the innocent. The forces of evil stand in hostile opposition to the Creator and Restorer of the world and the apostles, by their deeds and witness, challenge these powers to a decisive battle. The apostles were able to do this because they were certain of

victory. Demons are vulnerable and defenceless when faced with the conquering power of the name of Jesus Christ (see Origen, *Against Celsus* 1.6; Irenaeus II.31.2; and Justin, *Second Apology* 6, *Dialogue with Trypho* 30, 85; see also Tertullian [Apology 23-27, 37] and Tatian [Address to the Greeks 7-18]). The Son of God became man in order to destroy demons and the works of the devil (Justin, *Second Apology* 6: *The son of God became man to destroy the demons*. See also Tertullian, *Apology* 23; Pseudo-Clementine, *Two Letters Concerning Virginity*: 1.12). There is much more at stake than the healing of individuals. The main, and most important issue here, is the purification of the earth in its entirety: to liberate its atmosphere, its social and political life, thereby bringing about God's kingdom on earth.

The restoration of the sick formed a part of the subsequent apostolic practice, as evidenced by several accounts in the Acts of the Apostles, (see 3: 1-11; 9: 33-34, 36-41; and 20: 9-12). Jesus gave His disciples a commission to preach the Gospel and to heal the sick (Mt 10: 1). The Ascension of Christ made it possible for the outpouring of the Holy Spirit upon His disciples and, from this phenomenon, *greater works* became possible for the disciples. These works would not be the specific actions of an individual disciple, but rather that Jesus would be acting through each one of them. The Holy Spirit, thereby, empowered the disciples and inaugurated Jesus' heavenly intercession; thus, the Church was enabled to fulfil the commission given to her in Matthew (10:1).

The first thing that we learn about Stephen is not about his role as a deacon in charitable relief work, but about his ability to perform great wonders and signs (Acts 6: 8), and his skills in preaching the good news (6: 10) among the people. Implied in these miraculous deeds were healings, together with the presence and working of the Holy Spirit (Acts 6: 5; 7: 55). These signs are taken by the people to mean that God approved of Stephen's ministry and guided him through the Holy Spirit. Philip in Samaria is also described in similar terms (Acts 8: 5-8), when he preaches the good news, telling his listeners that Jesus is the fulfilment of the prophecies, a hope which the Samaritans shared with those of Judea. Philip also healed the sick in both body and mind and,

amongst those who heard his preaching and were converted, was a *magician* called Simon.

The Acts of the Apostles provides ample evidence that the disciples did indeed perform works of healing (Acts 19: 11 and following); for example, in Acts (14: 8-10) Paul heals a cripple; in Acts (16: 16-18) Paul exorcised the demon that possessed a slave girl, and in Acts (20: 9-12) Paul apparently revives Eutychus who, fatally, had fallen from a window. In Acts (28: 5) Paul himself is bitten by a poisonous snake after landing in Malta, and yet the snake bite has no ill effects on him. There is no good reason to doubt that Paul and Peter, like Jesus before them, were able to restore health to both body and mind (2 Cor 12: 12; compare with Rom 15: 19 and Gal 3: 5). The account of the seven sons of Sceva, a self styled Jewish high priest, reflects the then held view that mental illness was caused by demons. The seven sons tried to bring healing to an individual suffering from a mental illness, by using the name of Jesus of Nazareth as part of a magical incantation, in order to exorcise the demons. Their failure in this attempt was because they did not believe in Christ, or share the Christian faith (Acts 19: 13-17).

But the healing ministries of the apostles may not have been as comprehensive as that of their Master. Paul complained about his ... *thorn in the flesh* (2 Cor 12: 7). This was a persistent and painful physical ailment (2 Cor 10: 10) that dogged Paul during the course of his ministry. Paul prayed three times for this affliction to be healed. However he was to write (2 Cor 12:9, New Revised Standard Version), that the answer to his prayer came when God said to him: ... *my grace is sufficient for you, for power is made perfect in weakness*. Paul was conscious of God's call to preach the good news to the Gentiles and of God's approval of his ministry, which was accompanied by *signs and wonders and mighty works* (2 Cor 12: 12, New Revised Standard Versions).

Paul was a charismatic figure, who drew people to himself and who radiated faith in God and love of neighbour. When such people come to the fore in our history, they seem to have the ability to empower those around them, making

them stronger people, both physically and psychologically. So when we come to the question of *Paul's handkerchief*, is it any wonder that a token of his could influence people in such a positive way. This is not to explain away a miracle that occurred, but it is to try to understand how it could have happened. As already stated, a positive mental attitude can have a profound effect on one's well being. No sensible doctor today would claim that he or she knows everything, or that they would need to follow some regime from a medical text book in order for their patients to be restored to full health. The people of the book of Acts experienced the intense power and goodness of God. For them the natural healing processes and survival were heightened. Thus, in chapter 3 of Acts the lame man walked after the ministrations of Peter because he had faith and believed.

The Christian will often testify that God uses a given situation in order to bring about a greater good. Theologically, God is beyond human comprehension and not limited by time. Hence, He is continually working out His purpose. God can heal in a miraculous way, if that serves our spiritual good; but, at other times, He may permit suffering, if that should prove to be to our (*our* meaning not only as an individual but also as a community of believers) spiritual benefit. When Timothy became ill, Paul needed to leave him behind (2 Tim 4: 20) and he was also urged by Paul to take wine to aid the digestion (1 Tim 5: 23). In Colossians (4: 14), Paul refers to Luke as his *beloved physician* – a phrase that suggests that Luke's skills as a doctor were far from being redundant. All of this is in keeping with what we find in the Old Testament – in general the miraculous tends to come at key points in salvation history. The ministry of Jesus of Nazareth and His disciples, in some respects, is unique and foundational.

It is, perhaps, startling to note that, when we read the Epistles of the New Testament, we do not read about Jesus' healing miracles. In fact, the only references we find to healing come in just two chapters (1 Cor 12 and Jas 5). In the Corinthian letter, healing is referred to as a gift of the Holy Spirit that may be given to faithful Christians; whilst in James, the reference is to those who are critically ill and unable to leave their homes. They were to ask the church elders

to visit them and anoint them with holy oils and pray for healing. This raises the question as to the prominence of healing in the early church. In view of the passages in Corinthians and James, we have an indication that the healing ministry did play a part in the early church. There is nothing there which would suggest that this ministry was, in any way or form, temporary! What can be found in the Epistles is an emphasis on the grace of God as an aid and support for those who are suffering some form of distress (Rom 8: 28). Other examples of different kinds suffering in the Christian life may include Romans (5: 3, 8: 18-22); 2 Corinthians (1: 5-8, 12: 7-9); Philippians (1:29); Colossians (1:24); 1 Thessalonians (1: 50; 2 Timothy (1: 8); 2 Timothy (2: 9); Hebrews (12: 10-12); James (1: 2-4) and 1 Peter (1:6). From these examples we have a clue that God is not only interested in sickness.

The Christian Church was one of the first communities to found hospitals, and its religious sisters have been foremost in devoting their lives to the ministry of healing. The healing of the sick is alluded to in the sacramental practice of the Anointing of the Sick. Some denominational movements substitute such healing for conventional medicine; for example, the Christian Science Church. The Church has received this charge - to heal the sick - from Christ Himself, and strives to carry it out by taking care of the sick, as well as by accompanying them with her prayer of intercession. The Christian Church believes in the life-giving presence of Christ, the physician of souls and bodies.

Until the completion of Jesus' new creation, which will occur at the end of time, the church cannot reverse the processes of sickness, ageing and death. People will continue to become ill, they will grow old, and they will cease to be. But this is not to say that the Church should stop providing her healing ministry, because God intends that the Church will continue until Christ comes again into the world. At this point in time, the kingdom of God will have then been completed – then there will be no more tears, no more pain, and death will cease to be fearful to mankind, for life will be eternal.

4.6 Miracles – Fact or Fiction?

Can the Christian church of the twenty-first century continue to believe in the miracles of Jesus without loss of intellectual integrity? To answer this question we must first consider two points.

1. Accepting that there is a possibility of miracles as recorded in Scripture, we must first satisfy ourselves that there is sufficient evidence for that particular story and miracle. Miracles are very unusual events and, consequently, should be well attested to. For example, if the author were to relate to you how he had met members of the British royal family and, perhaps, was able to show you a photograph, or related the specific occasion, then that would be enough to assure you that the truth was being told and not a mere fairy story. However, if I were to say that I had also met Queen Victoria, then that would stretch credibility to the limit and, only after quite substantial evidence, could you even begin to accept the story. On this basis, it is possible to see that there are certain of Jesus' miracles that are more soundly based historically than others. Blind Bartimaeus (Mat 20: 29-34; Mk 10: 46-52 and Lk 18: 35-43), because it appears in three gospels, has more credence than say the miracle at the Wedding in Cana, which is only recorded by John. Equally, both Matthew and Luke tell how Jesus healed the Capernaum officer's servant, which John relates as the Capernaum officer's son. As John's is an independent gospel from the synoptic gospels, this tends to make that account more acceptable. Doubt about a particular miracle, for example the cursing of the fig tree, does not mean that all miracles should be discredited.
2. It is significant that, at the time when Jesus performed His miracles, the Israelites as a people had no Doctrine of Secondary Causes. In consequence, they sought supernatural explanations for those events they were unable to understand. Today, we have an understanding of secondary causes and, therefore, we are more likely to try to rationalise the miracle stories. This is not a bad thing, provided historical evidence is not misrepresented. An incidence of this may be found in the

unfortunate rendering of the account of the calming of the storm, as told in Matthew (8: 23-27); Mark (4: 35-41) and Luke (8: 22-25), which portrays Jesus as providing stress counselling! With these two points clearly in our minds we can now turn our attention to the credibility question.

Hume (1990) believes that no testimony is sufficient to establish a miracle. This position may appear to run contrary to the above. However, if we examine his statement carefully, all he is saying is that the more surprising an event is, and the more an event seems to run against our common experience, then the greater the need for stronger evidence in support of that event, if it is to be accepted.

As far as the historicity of Jesus' healing miracles is concerned, there is not much of a problem. Even Bultmann (1958: 124) had no doubts about accepting that Jesus healed the sick or performed exorcisms. It is possible that some of the elements of the healing accounts may well have been accentuated during the course of oral transmission. However, there is abundant evidence that Jesus did heal the sick. But as to the question of exorcising demons, that is still a debatable point. Whether or not we accept the possibility of demonic possession, there is still the question stated earlier, that some illnesses exist that in their signs and symptoms are similar to demonic possession. In such cases, a healing rather than an exorcism is required. How far did the people who witnessed Jesus' healing miracles understand that particular point? Also, modern day psychiatry probably prefers to note those incidents of deliverance from demonic possession as morbid psychology. Whether we side with those who believe in demonic possession or with psychiatry, the fact still remains that Jesus released those individuals from what ailed them. As to the raising of the dead – this can seem hard to accept by modern day standards. Did Jesus know how to, and expertly carry out, CPR (cardiopulmonary resuscitation) as some, even the unlearned in theology, may suggest? After all, does not Genesis state that God formed mankind from the earth and ... *breathed into his nostrils the breath of life* (Gen 2: 7)? And is this not an excellent description of

one form of CPR! But for all that, all four evangelists record such miracles, which give credence to the story. God is the creator, the giver of life, so surely it is not impossible for Him to restore life.

Advances made every day in medical science can often provide a surprising source of support for Jesus' healing miracles. Universities and colleges, such as those at Edinburgh and Lancaster, are researching the potent part played by the mind in relation both to the cause of sickness and to the cure. Not all paralysis is caused by organic malfunction. The phrase *frozen with fear* is an excellent example of how paralysis can sometimes have a psychogenic origin. Stress and worry are well noted in connection with the problem of stomach ulcers.ⁱⁱ To add to these advances we also have modern day evidence of individuals having their medical condition cured after attending healing services; for example, the healing ministries of such noted Christians as Monsignor Michael Buckley of the UK, Father Peter Rookey, OSM of the USA and Ireland, and Ruth Carter Stapleton, also from the USA. (Their ministries will be examined in more detail later on in this thesis.) All these things come together to bring the healing ministry, as practised by Jesus of Nazareth, closer to the every day experience of people today. They help us to understand the healing accounts which the Gospels have provided for us and lend them more credence. True modern day ministers may not be gifted with the same powers as Jesus, but we must remember that Jesus was an extraordinary person, a charismatic man *par excellence*. We do well not to be too quick in dismissing any particular healing story simply because it does not fit in with our own experiences, because all healings are sought through and in the name of Christ and are therefore divine answers to His prayers.

It is interesting to note at this juncture in this thesis that neither Jesus nor the authors of the Gospels made any distinction between the healing miracles and the nature miracles. Nature problems can disturb us for the two following very good reasons.

First, we feel that science can now explain why these problems occurred, or have shown that they were not possible. To answer this very genuine concern it must be said that respectable scientists long ago rejected the theory that the universe was regulated by some kind of cast-iron system of natural law. They no longer consider matter as a *hard fact*. This has been replaced with entities so intangible that it is no longer outrageous to use the analogy of the universe as being a great *thought* rather than a great *machine*. Responsible physicists now hold that natural law is merely the way we perceive how nature works. Rigid views of the laws of nature are now outdated. Having reached that conclusion, they also agree that with recent discoveries about how matter behaves, they are no longer able to say with any degree of certainty, what is and what is not possible.

Second, we have the suspicion that some of the nature miraclesⁱⁱⁱ are not in keeping with what we know and understand about the character of Jesus. Historical criticism can relieve some of our difficulties with this problem. In the account of Jesus walking on the water in John's Gospel, which is independent of the synoptic gospels (6: 16-21 compare with Mat 14: 22-33 and Mk 6: 45-52), the chief component is not that He can actually walk on water, but the recognition that He was unexpectedly present when the disciples needed Him. The storm being brought under control may have been divine providence. Jesus had faith, trusted in God His Father and God did not betray that trust. The cursing of the fig tree may be seen as a parable about divine judgment facing the Israelites; for example, Jeremiah 19: 1-13 – *ōth*.

When God goes to work, He is not breaching the laws of nature but simply adding to the extraordinary events in mankind's history. God is, after all, the father of history and He works through and within His creation. This is the revelation of God to mankind. God is alive and well and is known by His works. Jesus is the only Son of God on whom the divine Spirit was incarnated and through whom it was active. Jesus was God made human, who intervened in the history of mankind in order to bring about the defeat of evil that had plagued mankind since his creation. This being the case, can we limit the ability of

Jesus of Nazareth? If we do, we limit also the power of God, who is claimed to be our creator. God leaves us with the impression of almighty power that is controlled power.

Mankind, in his attempt to understand the miracles of Jesus, cannot do them justice because, when all is said and done, we still have our doubts: doubts that take away the dynamism of the word that became the deed. Those who witnessed Jesus' healing ministry were left with no such doubts. Yet, His teachings are as relevant today as they were then. In that we can have no doubt. Surely then, as His teachings have lasted over two thousand years and are still relevant, then His miracles must also have been stamped with that unique authority and, thereby, be equally relevant.

4.7 Summary

In this chapter, it has been demonstrated that the role of the miracles of Jesus and their significance within His ministry, provide evidence of who He really is. These miracles were not merely stories promulgated by Jesus' followers because we have evidence that they were also attested to by non-Christians and Jews. We also know that from the experiences of the first Christians, miracles continued to play an important part in the church's mission and ministry, post-Crucifixion, Resurrection and Ascension of Jesus Christ. It has also been shown that, despite our sophisticated technology, current research at Universities such as Edinburgh and Lancaster are providing support for the miracles of Jesus as recounted in the Gospels.

ⁱ Indeed during the author's thirty years of voluntary service with the St. John Ambulance I would be asked to give instruction on CPR to various public groups. I would always begin by pointing out that the first written account of CPR may be that which is to be found in the Bible in Genesis.

ⁱⁱ The author has both suffered from stomach problems and been advised to alleviate those areas in his life that are stressful and in recent years has experienced severe problems with eczema. Whilst the eczema can be related to a particular medical condition it has become very clear to me that during times of a stressful nature the condition is also aggravated.

ⁱⁱⁱ Could the feeding of the multitude not be seen as giving in to the temptation to be a bread messiah or could the walking on the water be seen as a 'prodigy' of that He had already abjured? Let alone the cursing of a poor fig tree just because it had no fruit in early April. Isn't that the actions of a peevish wonder-worker?

CHAPTER FIVE: THE THEOLOGY OF JESUS' MIRACLES

5.1 Introduction

In chapter five I shall be attempting to show what kind of spiritual effect the Gospel story had on the lives of the first Christians both individually and as a community. Interpretation of the Gospel plays a significant role in how one understands the story and so, I shall be looking at the fundamentalist and the more liberal approach to the Gospel. Whether we accept or reject the miracle stories cannot rest merely upon our own disposition, therefore, they need to be examined carefully. But what are the questions that need to be asked? And what did they mean to those who witnessed the miracles? These are the questions that will assist our understanding of the miracle stories and I shall attempt to explore these avenues in this chapter.

5.2 The Theology of Jesus' Miracles

When considering this area, it is important that we try to understand from the very outset exactly what those first Christians, who had Gospel narratives relayed to them, made of the four Gospel accounts. We need to realise that they made sense of the Gospel stories through relating them to their own lives, and, particularly, through their baptism into the Christian faith, as well as in their worship of God through the *Lord's Supper* or, as Christians would refer to it today, the Eucharist. The first Christians to accept the Gospel believed that through their baptism and the Eucharist, they were inextricably linked to the Risen Jesus and, therefore, not only to Himself but also to His power. But this link was not just a personal, one-to-one link – as important as that may be – but a communal link. Their link to Jesus also connected them to each other; therefore, Christianity was a faith lived in the community. It was a spiritual link, a link to the Risen Ascended Jesus in all His heavenly glory and, via the community, to the world of their day, today, every day: meaning, that whilst they saw Jesus as their king and His Kingdom as a spiritual realm, they also had a foot in the more earthly domain of secular life. Because they were part of the secular world and lived in the secular world, they would try to apply their

spiritual experiences, and what they had been taught, to their everyday living. So, these first Christians began to see that what Jesus taught could be lived out; they had the ability to do that, and this confirmed Jesus' teachings and also empowered them to continue doing so. The practical experiences of those first Christians are implicit throughout all four Gospel accounts and are central to their credibility.

5.3 Fundamentalist and Liberal Christian Interpretation

Normally, there is not much difficulty in understanding the teachings of Jesus Christ. Even those who are unable to accept Jesus as the *Christ*, and see Him purely as an historical figure, often respect His ideals (Drane, 1986: 136) and will often wish to put them into practice. However, when it comes to the miracles of Jesus, we are presented with more complicated issues. Many people may find the miracles of Jesus hard to accept, and that would include some who are Christian.

There are some Christians, usually termed fundamentalist, who believe that the miracles happened quite literally in the way that they are recorded in the Bible (see Smith, 1996: 369). From this point of view, they also believe that such miraculous events can still occur today, if it be the will of God. Such Christians also tend to believe the whole Bible as the revealed word of God (compare with 2 Timothy 3: 16) and thus, not a man-made document but a Divine document. They believe that the Bible has faithfully recorded every small detail and that it is to be followed equally as faithfully.

Then, there are some Christians who hold that the miraculous events did not happen as they are recorded literally in the Bible. Such a Christian position argues that miracle stories are merely exaggerated stories of normal events. Christians who are persuaded by this view are termed liberal Christians (Faithnet, 2002: 3). Liberal Christians see the Bible as a human document that God is able use to teach the people about Himself. Thereby, liberal Christians do not believe that a literal reading of Scripture is necessary in order to

understand God's will for mankind. The Bible is perceived as a human document, rather than a divine document, which implies that such Christians need to apply God's word afresh in each situation. They argue that the eternal aspect of God's truth cannot be found in a literal interpretation of Scripture, but it can be found in the implicit teaching.

Liberal Christians understand the Bible (Faithnet, 2002: 3) from the standpoint of their own personal experience. For example, if they do not witness people rising from the dead after three days, then they do not search for a natural explanation for the accounts (Mills, 1990: 579) in Scripture that relate such events. Liberal Christians see early Christians as naive scientifically and, consequently, expect them to have interpreted unusual events as miraculous; whereas the same events would be approached today using science, psychology and medicine to provide us with an explanation. For example, liberal Christians do not believe that Moses literally parted the Red Sea but, instead, hold that the sea level merely dropped at the appropriate time and permitted the Israelites to cross through it on dry ground and escape from their pursuers. Equally, they would believe that Jesus did not literally rise from the dead, but rather that the Resurrection accounts are about the disciples' understanding of Jesus being alive in heaven. The Resurrection is therefore a religious experience.

Whichever stance one takes, whether we accept the fundamentalist or the liberal traditions of interpretation, there are advantages and disadvantages. The problem arises, if we were to take a liberal stand, as to where to draw the line between what we accept as it is written and what we reject (Faithnet, 2002: 3). For example, if we were to reject the healing miracles as described above, then we would have problems in justifying acceptance of the sayings of Jesus as they are recorded in the Gospels. Or do we reject those too! However, it can also be equally important to seek to interpret the Scriptures, and to apply its teachings, according to the times in which we live. If we do not seek to apply Scripture in this way, then it would become stale and irrelevant to our situation, the Bible would become a dead book and not a living document. Yet again,

there are other sources that confirm many of the events recorded in the Bible. For example, Josephus (1840: 18.3.3) says of Jesus that ... *he was a doer of wonderful deeds, and a teacher of men who gladly received the truth*. However, this passage also proclaims Jesus as the *Christ*, which causes problems for Josephus was a Jew not a Christian. It is possible that some later Christian editor inserted the phrase, or did Josephus perhaps originally say something like, *Jesus whom some called the Chris'*! Whilst this passage has caused much debate there is little doubt that Josephus' description of Jesus as ... *a doer of wonderful deeds...* is authentic. The *Babylonian Talmud* (tractate Sanhedrin 43a) suggests that Jesus was executed because He practised sorcery and that Jesus misled the people. This makes for an interesting comparison with Matthew (12: 22-28) and (Luke 11: 14-23), where Jesus' Jewish opponents apparently had no quarrel over the ability of Jesus miraculously to heal people (they clearly accepted without any problem the reality of Jesus' healing actions), but they did have a problem over the source of that power, for they believed, or at least suggested, that His power came from Beelzebub.

Dodd tried to reconstruct the Kerygma (Drane, 1986: 99) of the early church in which there appears a statement of belief that the prophecies and promises contained in the Old Testament came true in the life, death, and resurrection of Jesus Christ. The miracles of Jesus feature in several places within the Kerygma; for example, at the time of Pentecost, Peter is recorded (Acts 2: 22) teaching about Jesus as: ... *a man attested to you by God with deeds of power, wonders, and signs that God did through Him among you* (see also Acts 10: 38).

But again, by their very nature, miracles are unusual and unique events that are believed (Mills, 1990: 577) within the context of a particular setting by a particular group of people. To understand these arguments better, let us look at the account of Jesus walking on the water (Mat 14: 22-33; Mk 6: 45-52 and Jn 6: 15-21). Is it reasonable to claim that Jesus of Nazareth, who did some amazing things, actually walked on the water? Looking at this from a fundamentalist position, we are then left with the following problems: did Jesus

actually walk on top of the waves, or did He in some way part the sea as He walked across it? Or is this debate superfluous because all that really matters is that His disciples recognised Him as the Son of God! In the end, our own understanding and interpretation of the miracle accounts will depend upon how much we trust the written accounts that we have, and the reliability of the witnesses. One final point for this section: many of the miracles that we have researched were recorded by Saint Luke, a doctor (Col 4: 14 compare with 2 Tim 4: 10-11 and Phil, 24).

5.4 The Place of Miracles in Jesus' Ministry

The question posed by the healing miracles of Jesus cannot be answered merely by reference to our own disposition to accept them or not. There are two other important considerations which must be taken into account.

First, there is the question: Are the healing miracles consistent with the teachings of Jesus (Hunter, 1950: 83; Léon-Dufour, 1962: 363), particularly those teachings that relate (Metzger and Coogan, 1993: 519) to Himself? Christians cannot prove the truth of the healing miracles by reference to their own postulations of who Jesus is; and what is equally true is that non-believers cannot prove the reverse by using the same method. It is absolutely essential that all the evidence is taken into full account.

Second, it is not always easy or clear what people mean (Drane, 1986: 137) when they speak of the healing miracles. Are healing miracles considered as events that happen contrary to the ... *laws of nature*...? (Mills, 1990: 578.) In other words, are healing miracles interruptions in the sacrosanct order of nature and, thereby, could not have happened? If that is the case, then how can we be sure that there are such fixed laws of nature? The answer to this question is probably that what we call laws of nature are really our rationalisations as to how we perceive events (Drane, 1986: 137) happening normally! For example, a young mother successfully carries her baby to full term after several miscarriages; to her, the baby is the most beautiful thing on earth and the fact

that the baby is healthy is a miracle. Yet statisticians would claim that it was all a matter of averages and that no miracle was involved. Two different views from two different people, each of whom sees the event from his/her own perspective.

There are some healing miracle stories that make us pause, for in accepting them as genuine we are presented with problems. The fact remains, that no matter how many healing miracles can be explained, we are left in the end with an empty tomb: the ultimate miracle (Mills, 1990: 579).

It may be an interesting exercise to ask modern day scientists to give us a rational explanation of the Gospels, but I fear that is as far as it would go. We would not find much help in understanding the healing miracles of Jesus. The authors of the Gospels wrote their books as faith documents (see Filson, 1965: 80-82). They believed that God was at work in Jesus of Nazareth and it was perfectly logical that He should perform healing miracles as evidence of God's presence. Hence, the question John the Baptist sent to Jesus with his disciples when he was imprisoned. Jesus' response was that His healing miracles, amongst other things, provided all the evidence that John required and were a clear demonstration (Filson, 1965: 106) that the Kingdom of God had come (Luke 7: 18-23). Jesus' healing miracles were a call to faith and not a side show for the entertainment of the crowds. That is why He steadfastly refused to provide signs when they were demanded of Him (Matthew 4: 1-11; Mark 1: 12-13 and Luke 4: 1-13).

In the book of Exodus (15: 26 - New Revised Standard Version), the Israelites, who had been liberated from the Egyptians, are told by God: *I AM the Lord who heals you* (see Dobson, 1977: 91). One of the names given to God is *Jehovah Ropheh* (Shaheen, 2002: 1), which means *The Lord who heals*. We can find recorded accounts of Jesus' healing miracles as far back as it is possible to go in the Gospel tradition. He was able to heal the souls and bodies of those with whom He came into contact; He was able to raise them from the dead and, apparently, on various occasions had extraordinary power over the forces of

nature. In this way, Jesus was proclaiming Himself to be Jehovah Ropheh. The evangelist John (11: 47-54; 12: 10, 11) said in his Gospel that not all of Jesus' great healing miracles were recorded because there were so many. Jesus placed much emphasis on the need for faith and on the power of prayer; He proclaimed that His mighty works were not His as such, but were the work of *the finger of God* (Luke 11: 20); in other words, it was the working of the Divine Spirit through Himself (Talbert, 1982: 138).

Why did Jesus perform miracles? As has already been stated, Jesus often refused (Léon-Dufour, 1962: 363) to *give a sign* (Mark 8:12; compare with Matthew 4:5f; 26:53; Luke 16:31): in other words to provide evidence of His claims by some act of thaumaturgy. Jesus did not over value the miraculous, and He certainly had no desire to take on the role of some kind of wonder worker. Nevertheless, we can see from His reply to the question from John the Baptist that Jesus did regard His miracles as *signs* for those who were not blind to what was going on. For these were *signs* that the Kingdom of God was present amongst them (Léon-Dufour, 1962: 544). The healing miracles, the exorcism of evil spirits, and the forgiveness of sins, were all the *works* of the Kingdom of God right there in their very midst. Such signs were not *addenda* to the message of Jesus but an integral part of it (Metzger and Coogan, 1993: 519). They were out-goings in power of the Love that was central to the Kingdom of God: the miracles were the Kingdom of God in action.

Jesus' parables, on the other hand, are concerned with the Kingdom of God, and they presuppose it as a present reality. They imply ... *an eschatology that is in process of realisation* (Jeremias, 1954: 230); for example, the Parable of the Sower says that God has made a start, whereas, the Parable of the Leaven says that, like yeast in the dough, the Rule of God is already working among you. All the parables observe and compare the Kingdom of God, not to the dead or the static, but to that which is very much alive, active, and proclaims that for we who have ears to hear: *For, in fact, the Kingdom of God is among you* (Lk 17: 21, New Revised Standard Version).

The question that frequently arises for most of us is: what is a miracle? Strange as it may appear, the Scriptures are not exactly forthcoming with the answer (Macleod, 2003: 1). Sometimes, miracles are seen as those events that are against nature or above nature: for example, when Jesus used clay and spittle to heal blindness. However the very word *nature* in this explanation is itself a cause of much confusion because *nature*, as we understand it today, never occurs in the Bible and, therefore, the Christian should be cautious about subscribing to such an explanation. *Nature* does not care for fauna and flora; neither does it produce the earth's architecture. God alone does such things. *Nature* is just another way of describing the works of God (Macleod, 2003: 1)!

The Gospels were, therefore, examples of God's power, and the healing miracles were a part of that power. Jesus, apparently, could cure people of their infirmities merely by speaking the word, or through the Laying on of His Hands (Hale, 1996: 105) and, in one case, He even created new eyes (Shaheen, 2002: 2) when He placed mud over a blind man's eye sockets (John 9: 6-7). The Gospel accounts are full of stories of people's faith in Jesus, which in turn was a response to the power of God. This example they had of Jesus allowed them to see that God's love is (Rhymer, 1991: 24), essentially, a two-fold relationship: offer and response. God offers mankind His love that is free to respond. He offers His love through His creative and redeeming work. The accounts of the healing miracles clearly demonstrate how that creative and redeeming love works for those who place their trust in God (Rhymer, 1991: 24). Indeed, Jesus seemed not to be able to do very much for those who did not trust Him. For example, when Jesus returned to Nazareth, His home town, He was surprised at their lack of faith and was only able to heal a few people (Matthew 13: 53-58; Mark 6: 1-6 and Luke 4: 16-30). Jesus was not willing to impose His miracles upon people who were uncooperative (compare with Hunter, 1950: 84).

The stories of healing in the Gospel accounts emphasise the faith of those who came to Jesus for healing in Jesus Himself. The faith, not just (Rhymer, 1991: 27) of the afflicted (compare with Mk 5: 34) and of their relatives and friends as well (compare with Mat 8: 10 and Mk 2: 5), but also of Jesus Himself (compare with Jn 11: 41-43). The miracles of Jesus were free of charge. No fee was expected or accepted, for His ministry was one of grace (Rhymer, 1991: 28). When healing the sick, Jesus is seen turning His attention to the faith of those who are healthy. Caird (1963: 93-94) argues that Jesus pronounced the paralytic's forgiveness because of the faith of his friends (Mat 9: 1-8; Mk 2: 1-12 and Lk 5: 17-26). He continues this argument by pointing out that interdependence and corporate solidarity, whilst alien to the mind of the mankind who dwells in the individualistic society of today, *are part of the stuff of biblical thought, and without them there could be no Gospel*. The clue to what is going on here is precisely the free response of love (Rhymer, 1991: 28). Love requires the free response of faith for it to be effective. Without it, there is a problem: no faith. Without faith, mankind handicaps God in His actions. The love, free response initiative is an essential ingredient (Rhymer, 1991: 28) in the healing miracle stories and was, therefore, of great practical importance to those early Christians, and it has remained so ever since.

The most significant miracle that we read about in the Bible is that of the Resurrection (Mills, 1990: 579) of Jesus of Nazareth, simply because this one action validates the whole of Christ's ministry and is evidence that God accepted Jesus' sacrifice on the cross as a sacrificial atonement for the sin of mankind for all time. Not one of the other major faiths in this world has this event as part of their belief system and, therefore, it could be argued that it points to Christianity as being the one true faith.

Next to the Crucifixion and Resurrection, the miracles are the most dramatic, and the most controversial events to be recorded (Rhymer, 1991: 9) within the four Gospels. The miracles performed by Jesus of Nazareth were only one part of a much wider picture: the whole picture presents us with the beliefs held by Early Church about the person of Jesus. We should not consider the miracles

outside this context because, if we ignore this element, the Gospel accounts merely become records of acts of magic (Rhymer, 1991: 7 compare with Warner, 2002: 13); or even exaggerated stories told by those early Christians in order to gain a place of importance for their founder and, not least, for themselves. Without the wider picture, the healing miracles could even be seen as stories told in all innocence, by naive people, who lived in a pre-scientific era and were subject to superstitious beliefs about how the gods controlled their lives.

The healing miracle stories of the early Christians were not simply part of a faith blindly accepted by the people. The followers of Jesus in those early days, both during His earthly ministry and after His Resurrection, tested and confirmed (Rhymer, 1991: 7) what the stories told and were assured of their truth by the way these affected their lives. For example, the process of verification can be seen at work through the explicit correspondence that they exchanged, and that became part of the New Testament.

There are various questions that can be asked in relation to the stories of healing miracles performed by Jesus.

1. What did actually take place?
2. Why did Jesus work those miracles?
3. What was His power source?
4. What kind of effect did the miracles have on those who witnessed them? and
5. Why did the evangelists find it necessary to include the healing miracles within their individual Gospel accounts?

Each of these questions may produce very different answers, depending upon how miracles are perceived by the person being questioned.

The Gospel accounts are faith documents, not historical biographies (Rhymer, 91: 12, et. al.). But, like biographies, they focus on an outstanding feature of Jesus, which explains everything He did. They are not independent, neither are they objective (Rhymer, 1991: 10). Those who do not understand this are likely to have real problems when reading about the healing miracles performed by Jesus. Jesus performed miracles when He was confronted by a particular situation that required His special powers (Rhymer, 1991: 10). His healing miracles had far reaching effects. Some who saw them were angered by them (Rhymer, 1991: 11), as for example the Jewish religious leaders and teachers of the law. They felt that miracles performed on the Sabbath constituted a breach of the law of God (Rhymer, 1991: 11). It is only natural that these religious leaders felt threatened by Jesus and His healing miracles because they did not possess the ability to perform such healings themselves. To explain this apparent lack of ability on their own behalf, the Jewish leaders told the Israelites that Jesus was in league with the Devil (Rhymer, 1991: 11 compare with Mat 12: 22-24), and that what He did was achieved by using the forces of evil.

In the healing miracle accounts, faith has an important part to play in the cure (Rhymer, 1991: 27). On these three separate occasions - the woman who touched Jesus' cloak (Mk 5: 25-34); blind Bartimaeus (Mk 10: 46- 52); and the healing of ten men (Lk 17: 11-19) - Jesus told the recipients that it was their faith (Rhymer, 1991: 27; Wilkinson, 1998: 101) that made them well and, according to Mark (6: 5-6), the absence of faith is a hindrance. Jesus' ministry was hampered through lack of faith, and it was their lack of faith that motivated the Pharisees (Matthew 12: 24) to allege that Jesus was in partnership with the devil.

Later on in this thesis will be discussed the psychiatric view (see Wilkinson, 1998: 101-102) that faith forms an integral component of cure. This view, held by the psychiatric fraternity, contends that such faith goes some way to explaining how Jesus performed His healing miracles. These observations help our understanding of the Gospels too, and bring some to accept the truth

contained within them. But, it gives rise also to the interesting question that, if Jesus knew the hearts and minds of mankind (John 2: 23-25), did He then use this knowledge to facilitate His work, and in so doing anticipate the practice of modern day psychology?

According to Professor Maurice Placeⁱ, a psychiatrist, when a doctor in his field treats a person, that person must want to be well. The faith that Professor Place demands from his clients is that they should want to be well. The faith demanded by Jesus was not grounded in the desire simply to be well, but was the unconditional acceptance of the grace and love of God. John's Gospel makes this more explicit than do the Synoptic Gospels. In John's Gospel, faith is directed towards Christ, whereas, in the Synoptic Gospels, faith is about God (Sinivirta, 1995: 1) and His Kingdom, as proclaimed by Jesus. In the Synoptic Gospels, having faith and believing are used without a particular object and frequently, are connected to the healing miracles. When Jesus is asked for healing it is because that person is prepared to accept God into his or her heart and life (Beswick, 2000: 3): this is the faith that He demanded. Implicit trust in God is what Jesus proclaims as essential in people's lives (Matthew 8: 13; 15: 28) and, no less, in Jesus as the Son of God. Those who were able to rally to His clarion call shared in the benefits of the Kingdom of God as proclaimed by Christ.

The evangelists recorded the healing miracles because they had a purpose for doing so. That purpose of the healing miracles was to bring people to faith by informing them about what they needed to know about whom Jesus was (Rhymer, 1991: 12) and of His *Good News*. The healing miracles recorded in the Gospel accounts are selected because they were sufficient for that purpose. The Gospels each devote a full third (Mills, 1990: 578) of their space in order to inform the people about their very own redemption. The healing miracle stories are part of that, and were selected to aid and strengthen the individual's faith. When the disciples witnessed such miracles, it had a powerful effect upon them, demonstrating to them what was required of them if they were to be part of Jesus' ministry. When they saw the sick being healed, this helped to affirm in

them a conviction as to who Jesus was (Shaheen, 2002: 1). However, it was so much a matter of people not only experiencing healing miracles for themselves but also, that those recorded miracles defined Jesus as being the Son of God (Willis, 1977: 1). The concept of using miracle accounts to reinforce the central Gospel message and its authority can be found in other parts of the New Testament, as in for example the epistle to the Hebrews 2: 2-4 (New Revised Standard Version),

For if the message declared through angels was valid, and every transgression or disobedience received a just penalty, how can we escape if we neglect so great a salvation? It was declared at first through the Lord, and it was attested to us by those who heard Him, while God added His testimony by signs and wonders and various miracles, and by gifts of the Holy Spirit, distributed according to His will.

To this point in the thesis, miraculous accounts have been treated as though they were acts of God. It needs to be stated, and this thesis would be incomplete without this statement, that not all healing miracles were the action of God. Scripture says itself that some miracles may be performed by the *unrighteous* in order to deceive (see Church, 1960: 127 [New Testament]; Drane, 1986: 141) the innocent and lure them away from God (see Mat 24:24). It is for this reason that modern day Christians often reject miraculous accounts that appear in other religions as not being the work of God. Such accounts were meant to deceive, and to lead people away from the truth (Faithnet, 2002: 3) as found in the Bible. Of course this same argument can be used by adherents of other faiths, against the Christian religion!

5.5 Miracle Stories and the Gospels.

Strange as it may seem, problems in connection with the miracles stories arise in the Gospel themselves. We, therefore, have three pre-eminent questions deserving of our attention.

First, literary criticism has shown that the stories we find in the Gospels are similar to those that may be found in Hellenistic literature (Drane, 1986: 139): for example, the parallels between Philostratus' *Life of Apollonius* and the Gospel accounts. However, it may be argued that the first century Gospel accounts were initially written down by Greek-speaking peoples (Drane, 1986: 139) who would, logically, use the forms and conventions with which they were familiar. We should not therefore be surprised by such similarities. Equally, such parallels between the accounts of Apollonius and Jesus actually demonstrate the originality of the Gospel tradition (Drane, 1986: 139). Third century Hellenistic authors, writing at a later time than that of the first century Gospel stories, were often published to discredit the Christian claims about Jesus of Nazareth. Therefore, any argument arising from such similarities can be dangerous because it could equally be argued that the Hellenistic writers modelled their stories on the Gospel accounts (Drane, 1986: 140)!

Second, it is not usual for miracle accounts to be attached to any individual who has gained high regard (Drane, 1986: 140) within his or her community. Would it be impossible for such a thing to have occurred in respect of Jesus of Nazareth? When they attribute all kinds of bizarre miracles to Him, the so called apocryphal gospels are evidence that this did indeed take place (Drane, 1986: 140). There is conclusive evidence that the central miraculous accounts of the New Testament do not owe their origins to that kind conjecture (Drane, 1986: 140). It needs to be asserted that some of the first written records of the life of Jesus are thought to be from as early as AD 45 (Drane, 1986: 140), which is a mere fifteen years after his crucifixion. Nineham (1963: 41) and Filson, (1965: 82; et. al.) argue that the Gospel of Mark was written between AD 65 and 75: only thirty-five years after the crucifixion! In order to enshrine the life of Jesus, the mythologizing process would require a longer period of time than can be allowed here, because the Gospels were already taking on a form at the time when eyewitnesses (see Filson, 1965: 80-82) were available to the authors. No doubt, any inconsistencies would have been brought to the notice of the authors by the eyewitnesses and corrected.

There are also striking differences between Jesus and the Hellenistic characters: or, for that matter, between the Hellenistic stories (Drane, 1986: 140) and those of the New Testament. In the New Testament, there is nothing that we can compare with, for example, the weird *Arabic Infancy Gospel* (Drane, 1986: 140) that states that Jesus took goats from an oven and then created three children from them or, for that matter how, in the Gospel of Thomas' infancy narrative, Jesus used twelve clay birds to produce actual sparrows (Drane, 1986: 140)! Accounts such as these are truly outlandish when compared to those in the New Testament. In the latter, we do not find such garish displays of His special powers. Jesus always refused requests for Him to use His powers merely to satisfy idle curiosity (Catechism of the Catholic Church, 1994: paragraph 548 compare with Shaheen, 2002: 2) about the supernatural (see for example Mat 12:38-42; Mk 8:11-12 and Lk 11:29-32).

When researching accounts about the life of Jesus, the earliest source available to us is that of 'Q' (Filson, 1965: 74; et. al.) and, whilst 'Q' is mainly concerned with Jesus' sayings, it also records one of His miracles. This is the healing (Drane, 1986: 141) of the Roman centurion's servant (Mat 8:5-13 and Lk 7:1-10), and it is within this source that we find John the Baptist's instruction to his followers to report the miracles that they witnessed (Mat 11:1-19 and Lk 7:18-35). Perhaps the best reason for distinguishing between the healing miracle accounts of the New Testament, by comparison with those contained in non-Christian and other dubious sources, is that the healing miracles mean (Drane, 1986: 141) something in the New Testament. They are far more than mere displays of supernatural powers created for their own effect. The New Testament miracles are a crucial part of Jesus' proclamation of the arrival of God's Kingdom.

Mark (1:15) reads: *The time is fulfilled, and the Kingdom of God is close at hand. Repent, and believe the gospel ...* (New Jerusalem Bible translation). Jesus' phrase, *close at hand*, has an eschatological implication that the Kingdom of God was heralded by the advent of Christ's birth (Catechism of the Catholic Church, 1994: 115 compare with Hale, 1996: 233). Jesus Himself

makes this quite clear in His miracles, where the Kingdom of God is both declared and explained. The Kingdom of God is not a defined area with borders on it like an Ordinance Survey Map (see Catechism of the Catholic Church, 1994: 122-123) that we may consult, or a place where the good citizens are governed by some local authority. Richards (1987: 22) even suggests that, in biblical times, Kingdoms were far less structured than we understand them to be today. The word *malkūtā* (Jeremias 1971: 98) does not have the same meaning for the oriental that it has in the westerner's mind. In ancient times, the monarch's authority and power was not measured by the acres of land that he claimed as being under his jurisdiction, but by how many people were influenced by him. In other words, it was not so much the territory that counted as it was the hearts and minds of the people. The world as seen in Mark's eyes (Richards, 1987: 22) had for too long been governed by Satan, money and power were the ideals that the people pursued. However, Jesus was seen both as someone who was stronger than Satan, and one who through His life and death showed the people that goodness was more powerful than evil. The Kingdom of God came through the life of Christ and endures through the lasting influence that He has had on the hearts and minds of people during the last two millennia.

Although the Kingdom of God was to be a central theme in Jesus' public proclamations as far as the synoptic gospels are concerned, that is not true for the rest of New Testament literature. Jeremias (1971: 96) argues that the form of the Kingdom proclamation stands in striking contrast to the rest of Judaist literature for that time period and that, to understand the sayings of Jesus, we need to know what ideas the people of His time associated with the saying, *the Kingdom of God*. Very rarely does *malkūt* denote a territory but, when it is used, it denotes the power and influence of a king in the process (Jeremias, 1971: 98) of being accomplished! The Kingdom of God which is at hand is, therefore, neither spatial nor static by concept- but dynamic. It is the reign of God in action, which should be seen in contrast to secular monarchies initially and latterly to all governance in both in heaven and on earth. God is the righteous monarch that the world has waited for since time began. He is the

monarch who extends protection to the weak, the poor, the widows and the orphans.

The Kingdom of God contains two concepts: the Kingdom present and the Kingdom future (compare with Drane, 1986: 143-145). This distinction goes back to the Old Testament, when Daniel (4: 34) speaks of God in the present age:

I blessed the Most High, and praised and honoured the one who lives forever. For his sovereignty is an everlasting sovereignty, and his Kingdom endures from generation to generation". However in 2: 44 Daniel speaks of God's reign at some future time, "And in the days of those kings the God of heaven will set up a Kingdom that shall never be destroyed, nor shall this Kingdom be left to another people. It shall crush all these Kingdoms and bring them to an end, and it shall stand forever (New Revised Standard Version).

This understanding of the Kingdom of God is fundamental to the mind of Judaism because God's reign was over Israel alone (see Metzger and Coogan, 1993: 408). God is seen as the Creator of all things, but Israel alone has subjected itself to Him, the other nations having turned away from God. The Kingdom was established, therefore, through the proclamation of the royal will (see Mills, 1990: 487) in the Law, and God's reign can be seen where the people live in obedience to God's will. They do this of their own volition. In public prayer the Jewish people acknowledge the reign of God over Israel. But the reign of God is both limited and hidden because Israel has been subjected to Gentile rule and in those Gentile countries God's reign over Israel had wilfully ignored. The Jewish peoples believed that the time would come when that problem would be resolved, Israel would be free, and the whole world (see Léon-Dufour, 1962: 292-293) would come to see and acknowledge God as their ruler (compare with Zech 14: 9).

The answer to the question of how Jesus understood the expression, *the Kingdom of God* - was it present, future or both - lies within the *Our Father*. The second petition is similar to that of the Kaddish (Jeremias, 1971: 99 and 198) demonstrating for us that Jesus used *malkūtā* in an eschatological way. Let us look, for example, at the Gospel of Mark (9: 1), where Jesus promises His disciples that they will not die (Jeremias, 1971: 100). Here, clearly, Jesus is speaking of a future event. Such sayings show that the *basileia* is some time in the future and will come with the last judgment. In fact, these Jesus sayings, like those in Mark (9: 43-48) contain the idea that the last judgment will precede (Jeremias, 1971: 100) the *basileia*. *There will be weeping and gnashing of teeth when you see Abraham and Isaac and Jacob and all the prophets in the Kingdom of God* (Lk 13: 28, New Revised Standard Version): this shows that Jesus conceived of the *basileia* in an eschatological sense.

Before we leave this particular point we must address Luke 17: 20, where the Pharisees ask Jesus about the actual time of the coming of the Kingdom of God. Jesus' answer has a Jewish apocalyptic theme (Jeremias, 1971: 101) that includes two negative points and one positive. The negatives relate to the time and the place. It is not possible (Jeremias, 1971: 101) to work out in advance when the revelation of the *basileia* will occur (see Mat 24: 26). The positive statement is that God's reign will arrive suddenly and unannounced and that this will be an occasion for ... *ingathering of the faithful, whether they have already died or are still alive, and for the last judgment, which, though it will come as sudden destruction upon the unwary, will nevertheless hold no terrors for those who by faith are united with Christ* (Caird, 1963: 196).

Third, it is often cited (Drane, 1987: 141) that Jesus refused to perform miracles during two of His temptations (Mat 4:1-11 and Lk 4:1-13): to turn stones into bread; and to throw Himself off the temple roof without incurring injury. Why, then, did He feed the 5,000 (Mat 14:13-21; Mk 6:30-44; Lk 9:10-17 and Jn 6:1-14), which resulted (Drane, 1987: 141) in their wishing to make Him King? Jesus of Nazareth was more than just a wonder worker (Hunter, 1950: 83). He did not use the tricks of magicians who practised their arts to impress their

audiences. Jesus' role was one of humble servitude, bringing the Good News to all (Hunter, 1950: 83), and not one in which He sought to hold a position of power over people. In His temptation He positively rejects such a position of commanding the people's blind obedience. Jesus' miracles were always subordinate to establishing the Kingdom of God here on earth. Like His preaching and teaching, Jesus' miracles were calls to faith (Hunter, 1950: 83) on the part of those who witnessed them.

Jewish and Christian sources appear to claim that Jesus did indeed perform miracles. Whilst there may be speculation about this or that particular miracle (Drane, 1987: 141), it would be wholly wrong to discount all the miracles because we encounter difficulty with one or two. But we must also remember that the miracles were never meant to be an end in themselves. They are one aspect of the totality of Jesus' ministry (Drane, 1987: 141).

5.6 Miracles and the Kingdom of God.

When someone was healed through the actions of Jesus of Nazareth the story spread far and wide (Mat 4: 23-24). Even Jesus' opponents were hard pressed to deny them. Jesus' healing miracles not only proclaimed the arrival of the Kingdom of God; they are parallel explicit messages (Drane, 1987: 143) about the teachings of Jesus. It is easier for us to see in retrospect that certain types of Jesus' healing miracles can highlight particular points in a particular parable. Dodd (1961: 16) describes parables thus: *the parable is a metaphor or simile drawn from nature or common life, arresting the hearer by its vividness or strangeness, and leaving the mind in sufficient doubt about its precise application to tease it into active thought*. Basically, Jesus' parables can be sorted into three (Drane, 1987: 143) different groupings:

- what the Kingdom means for the individual;
- what the Kingdom means for the world as a whole; and
- what the Kingdom means for the future.

These three categories will be examined in turn.

What the Kingdom Means for the Individual. In Matthew (4: 8-9), Satan proclaims himself as the master of the whole world (see Fenton, 1995: 6-7; France, 1996: 16-17; et. al). In the time of Jesus' mortal life, many Jews would have agreed with that, and Christians today still refer often to Satan as a temporal monarch. As the people of Jesus' era looked at their lives, full of pain, suffering, drudgery, and injustice, it would not be hard for them to accept that Satan was indeed lord of the entire world and that his influence brought evil into their lives. They also held, as stated before in this thesis (for example Chapter 2, page 5), that illness and disease was caused by him – sin and evil resulted in disease. Mankind's illnesses were seen as part of human 'fallen-ness' away from God's good creation. The Pharisees took this a little further and suggested that sin and evil in a personal sense brought sickness (Fenton, 1988: 59) to the particular individual (see for example Jn 9: 1-12, Jesus Heals a Man born Blind).

Jesus taught that mankind could be freed from the slavery of sin in his life. His healing miracles and His exorcisms made this announcement in a spectacular way (Rhymer, 1991: 11). His miracles also tackled another very important issue of their day, and of our day too, in that his healing miracles often involved those who were considered outcasts of society, the dregs with whom no one would wish to be associated: Roman officers (Mat 8: 5-13; Lk 7: 1-10), tax collectors, lepers (Mat 8: 1-4; Mk 5: 21-43), and even prostitutes. It was these very people who benefited most from Jesus' healing miracles and His message.

What the Kingdom Means for the World. If Jesus' healing miracles released individuals from the slavery of sin and the devil, so too the *nature miracles* were Jesus' way of prising creation out of Satan's hands. Jesus says (Jn 12: 31): *Now is the judgment of this world; now the ruler of this world will be driven out.* Satan was, in a very real sense, ruler of this world and Jesus came to cast him out of it entirely (Fenton, 1988: 82). In Mark (4: 39), Jesus rebukes both the wind and the waves saying: *Peace! Be still!* He uses words not unlike those with which He rebuked the demons: *Be silent, and come out of him!* (Mk 1: 25 – New Revised Standard Version). Jesus came to save mankind, but He came to save mankind within the context of his complete environment. During His

temptations in the wilderness, Jesus declared war on the old king of this world, routed him out of every crevice, and established a new rule (Fenton, 1995: 9): the Kingdom of God.

What the Kingdom Means for the Future. The future Kingdom of God in Judaic thought was seen as a meal (Wansbrough, 1998: 180-181; Léon-Dufour, 1962: 343; compare with Browning, 1960: 158), and so Jesus used this term in His teaching (see for example Lk 22: 30). The accounts of the feeding of the masses, both the five thousand and the four thousand, (Mat 14: 13-21; 15:32-39; Mk 6: 30-44; 8: 1-10; and Lk 9: 10-17) are, in fact, dramatised presentations of that teaching, in which Jesus is seen as the Messiah (Fenton, 1995: 35-37) feeding the people of God. In John (6: 14-15) the people are so impressed with this that they want immediately to make Jesus their earthly king.

The following miracles – The Raising of Jairus' daughter (Mk 5: 21-43), The Widow's Son (Lk 7: 11-17) and The Raising of Lazarus (Jn 11: 1-44) - are clear demonstrations to those who followed Jesus of what happens to them after death: Jesus will raise (Fenton, 1995: 28-31) them up unto eternal life (Jn 3: 16). The raising of the dead belongs in this category simply because the Jews, (Léon-Dufour, 1962: 497) who witnessed these raisings, could then anticipate what future blessings they could expect in the messianic Kingdom. The purpose of the healing miracles was as a revelation to those who willingly trusted in God and, unfortunately, for those who could not, they were a stumbling block (Léon-Dufour, 1962: 363), preventing enlightenment.

The Marcan Gospel account depicts Jesus' healing miracles in numerous and different ways. Mark is concerned to show that Jesus worked with God's authority (Léon-Dufour, 1962: 362; Fenton, 1995: 14-15) to carry out God's work. For example, Jesus had the authority to forgive sins (Mk 2: 5). In this story of the healing of the paralysed man, priority is given to Jesus' ability to grant forgiveness over and above His ability to heal (Fenton, 1995: 15). There are other Marcan accounts where the importance of faith is stressed within the healing context; for example, as in Mark 5: 36. The phrase: *Do not fear, only*

believe (New Revised Standard Version) cannot be found in any of the other two synoptic Gospels. However, faith leading to healing is not at all unique to Mark. The phrase ... *your faith has healed you*... or similar words are repeated throughout all the synoptic Gospels, which suggests that this phrase is an authentic Jesus' saying and not merely an evangelist's addition.

Another concern for Mark was how the disciples perceived (Fenton, 1995: 35-37) Jesus. In Mark (8: 21, the Feeding of the Four Thousand; and in Mark 6: 52, Jesus Walking on the Water), he records Jesus' disappointment at the failure of His disciples to understand its fuller meaning. What we have recorded for by Mark is a typical human response; throughout history, those who could be described as close to the character of Jesus of Nazareth, often failed to understand who He was and consequently, never completely understand the underlying Christian principles.

In Matthew's Gospel, what we find is an expansion of Mark's Jewish presentation of Jesus' healing miracles. Matthew takes these miracles, developing them to illustrate that Jesus came to fulfil the Old Testament prophecies (Fenton, 1963: 17-18; Willis, 1977: 1; et. al.). Matthew's Gospel was aimed purposely at the Judaeo-Christian readership (Alexander, 1980: 262; Drane, 1986: 60; Mills, 1990: 558-559; Metzger and Coogan, 1993: 503; et. al.), and so we read how Jewish leaders were opposed to Jesus and His message. The Jewish leaders wanted to stop (Metzger and Coogan, 1993: 503) those they saw as faithful Jews becoming Christian. By means of Matthew's theme of Jesus coming in fulfilment of the Old Testament prophecies (Alexander, 1980: 262; Drane, 1986: 60; et. al.), it would be easier to persuade Jewish believers that Jesus was truly divine. Also, showing the strength of the objections from the Jewish leadership (Drane, 1986: 60-61) would lend certain credence for his gentile readership. So Matthew uses numerous quotations from the Old Testament, especially the Suffering Servant prophecies of Isaiah (for example, see Mat 8: 17 and compare it with Isa 53: 4). The implication of these was that a new era had begun for the people of Israel and this fitted in exactly with what Matthew saw as the message of Jesus.

Matthew also uses the saying, *It is I* (Mat 14: 27), like Mark (Fenton, 1963: 235) in the story of Jesus walking on the water. His Jewish readership would not have had any difficulty in understanding the significance of this phrase. The Greek for the Hebrew *ego eimi* (Ashby, 1998: 23-24) is the term God uses when revealing Himself to Moses (Exodus 3: 14). Hence, Matthew's Jewish readership would have seen this as Jesus revealing Himself as God! Matthew uses the Old Testament in relation to the Pharisees' request for a *sign* (Mat 12: 38-42). Jesus refuses, and tells the Pharisees that the only *sign* required should be like that of Jonah (Fenton, 1963, 202) - a self revelation - referring to how He would rise from the dead after three days.

In Luke's Gospel, Jesus is portrayed not only as a prophet but also as charismatic; a Man of the Spirit (Wansbrough, 1998: 15) whose miracles tell the readership something about who He is and what He is like. This is a very important point because this makes the healing miracles of Jesus quite unique. They were performed to tell us about who He was (Wansbrough, 1998: 50-51): to reveal to us His divinity. Whereas, the healing miracles in the Old Testament and in the Early Church are more about how God continues to work in and through the world. When Jesus was in the synagogue at Nazareth, He was invited to read from the book of Isaiah (61: 1-2); He goes on to proclaim that He has fulfilled the prophecy. Jesus is stating that He is a new prophet for a new era: the Spirit's anointed one. Equally, when Luke relates (4: 23-27) how Jesus associates Himself (Caird, 1963: 86) with the prophets Elijah and Elisha, he is justifying this position.

As a physician himself (Caird, 1963: 16), Luke is interested in caring for the sick and he tends to show Jesus as a gentle, caring physician. As a gentile (Caird, 1963: 15), Luke does not have the same cultural propensities towards the female sex as does Matthew. So Luke is concerned with the women of the community, as exemplified in the story of Martha and Mary (10: 38-42), which both Matthew and Mark omit. They are not as concerned, either, about the detail of Jesus' personality in the same way as is Luke.

Luke (17: 11-19) relates the story of the ten lepers, which is not recorded (Wansbrough, 1998: 134) in either of the gospels of Mark or Matthew. However, the point of this account is to demonstrate Jesus' compassion for the disadvantaged. Jesus is portrayed by Luke as less judgmental, less authoritarian (Caird, 1963: 194) than He appears to be in both Mark's and Matthew's gospels. In the story of the calming of the storm (Mat 8: 23-27; Mk 4: 35-41 and Lk 8: 22-25) this point is well made, for Luke has Jesus saying, *Where is your faith?* Whereas the other two disciples quote Him as saying, *You of little faith...* Luke is attributing to Jesus all those great qualities of a healer: He is loving, caring and forgiving.

John's Gospel is structured in a slightly different way from those of the synoptic Gospels, and it is this structure that provides John with a different emphasis when relating the miracles of Jesus to his readers. John sees the healing miracles of Jesus as *signs* (Metzger and Coogan, 1993: 373; Mindling, 2002: 2) that all point to who He is and that indicate His glory. John records seven (Brown, 1988: 12) such *signs* that were *miraculous* or wonderful things done by Jesus. John is careful to give us the first two *signs* and leaves the next five for his readers to find out for themselves. BurrIDGE (1998: 16/17) suggests that those seven *signs* could be:

- the water into wine at the Wedding in Cana (2: 1-11);
- the healing of the official's son (4: 46-54);
- the healing of the lame man (5: 1-15);
- the feeding of the five thousand (6: 1-15);
- Jesus walking on the water (6: 16-21);
- the healing of the blind man (9: 1-11); and
- the raising of Lazarus (11: 1-44).

His enumeration does not take into account the other *signs* of Jesus performed in Jerusalem and that the Galileans found impressive (2: 23 & 4: 45). The first two *signs* at the beginning of John's Gospel are followed with passages that describe conversations and discussions that provide for John a template on which to write his Gospel. Some of his *signs* are linked to discourses; for

example, the Bread of Life as in 6: 25-28 and the Light of the World as in 8: 12-59. *Signs*, as John saw them, were not so much about miracles, extraordinary events, because God is always at work in nature (Ps 77: 14). They were events that signified something other than themselves (Drane, 1986: 143; Mindling, 2002: 2). *Signs* for John were symbolic, and to understand the meaning was to strengthen one's faith (Mindling, 2002: 2). Each *sign* contains the quintessence of the Gospel. Jesus, according to John, was not so much interested in faith gained through signs and wonders as He was in having the individual's trust, that the person should be able to accept Jesus at His word (Sinivirta, 1995: 1-2; Mindling, 2002: 2). For John, therein lies faith. The seven sayings of Jesus, each beginning with the phrase *I am* (Burridge, 1998: 17), are self-declarations in which Jesus uses both symbol and metaphor to explain to those who were listening to Him who He really is and what He really does.

In the story of the healing of the officer's son (4: 46-54), John is not interested in expounding that Jesus healed the boy from afar, but to question the relationship between *signs* and *wonders* and *faith* (Burridge, 1998: 74). This passage has the advantage of working on two levels: as an account of Jesus' healing ministry; as a symbol of faith, and life through faith. The healing of the officer's son leads to the conversion of not only the officer, but his whole household. The story moves on from the narrative level to a symbolic level. The *sign* led the officer and his household into faith (Rhymer, 1991: 89), but it was the life-giving word of Jesus that affected them. Jesus gave the child new life, even at a distance. It is easy to promise some one life, but Jesus brings that promise into the very midst of pain and suffering.

We can see this pattern again in John (5: 1- 47) (Fenton, 1988: 34). Jesus is therefore the bringer of life (Fenton, 1988: 34) and this is the essential message of John's Gospel. Isaiah, many years before, predicted that a man would come to bring the people back to God but who would be rejected by the very people of God: the Jews. Jesus came in fulfilment of these very same prophecies of Isaiah (Alexander, 1980: 262; Drane, 1986: 60; Sheheen, 2002: 1 et. al).

When John writes about faith he never uses the noun *pistis*, as in the Greek, but the verb *pisteuein* that means *to believe* (Sinivirta, 1995: 1), which he uses ninety-eight times: three times more than it is used in the Synoptics. The verb *pisteuein* can also be translated as either *to have faith* or *to come to faith*. The reasoning behind John's differing literary style lies in his desire that faith should be understood in the actual act of believing. Faith in the Gospels is a matter of relationships, whereas *pistis* can appear to be correct theology about contents and creeds (Sinivirta, 1995: 1). John sees faith as being both knowledge and a personal relationship with God through Jesus Christ. Both of these are concerned with the ministry of Jesus, who is the Son of God; both are ways for arriving at the truth. Faith can help mankind to come to know Jesus and, having arrived at that point, more faith is required. Faith can also be seen to have a connection with obedience (Jn 3: 36), for the believer is contrasted with the disobedient. Faith is more than an intellectual accomplishment; it is also a moral commitment. Faith, therefore, is always mankind's response to witness, irrespective of whether that witness comes from John the Baptist (1:7, 15, 34), from the words of Jesus (3:11; 8: 14), from the works of Jesus (5: 36; 10: 25), from the Scriptures (5: 39), from other people (4: 39) through the Holy Spirit (15: 26), or by the disciples themselves (15: 27, 19: 35). Faith is the active response that mankind makes in response to the *signs* of Jesus (Metzger and Coogan, 1993: 222-223).

The authors of the Gospels write their accounts each from his own perspective. They relay the message of the Good News according to the needs of their readership (Rhymer, 1991: 12). But that does not alter the central message of the Gospel; it provides the different ways that four very different people perceived and interpreted the message.

There are two main areas where the reader of today may have difficulty in accepting the healing miracles of Jesus. First: they were written in a pre-scientific age (Filson, 1965: 105), or perhaps in a non-scientific atmosphere, and for the person of today who has need of scientific explanation for why something is so, this would appear to discredit the stories of the healing

miracles. This is a good point, and there is some truth in it, but the modern scientific view is not in itself a final truth (Filson, 1965: 105) because, whilst science may explain how something happens, it can never explain why! Another difficulty for the modern reader is that some of the healing miracle accounts have been embellished with the telling and retelling (Filson, 1965: 105) over the period of time: for example, the account of Jairus' daughter, as told in Mark (5: 21-43) and Matthew (9: 18-26). We find that, in Mark's account, Jairus' daughter is at the point of death when Jairus leaves home to find Jesus, and only later are we told that she had died. In Matthew's account, however, Jairus' comes to Jesus saying that his daughter had just died! Perhaps what we have here is an earlier story, as told in Mark, which is then précised in Matthew. Whilst we cannot confirm every small detail (Filson, 1965: 105), what we do have is evidence from the Gospels that Jesus healed the sick of body, mind, and spirit.

At this juncture it is probably better to mention that there are parallels between the healing miracles of Jesus Christ and those in non-Christian accounts, some of which are very similar to those in the Gospels. Jeremias (1971: 88 and following) argues that some of the miracles accredited to Jesus in the Gospels have their origin in a stock of legends common to Mediterranean peoples; for example, well known legends relating to the raising of the dead were common during Jesus' earthly ministry. Elaboration of the details surrounding the great and famous was fairly common amongst ancient peoples, particularly if the individual had a religious background! For example, the Emperor Vespasian (Beswick, 1995: 3) supposedly healed a blind man using spittle (compare with Mk 8: 22-26). The people expected miraculous acts (Jeremias, 1971: 89) from such a person as Jesus and it is quite possible that they attributed to Jesus miracles derived from these commonly held legends.

Jeremias is a theological scholar who commands wide respect. However, his case against Jesus' healing miracles - that they were structured in a recognised stylised form - does not in itself count against their veracity. If we examine this stylised form we need to ask what would have constituted the healing miracle.

- There would be some kind of illness;
- Jesus would have taken some form of action (Beswick, 1995: 3) as a direct result of encountering the suffering individual;
- that individual would have experienced a healing;
- and the bystanders would quite naturally be overawed.

Far from counting against a miracle having taken place, the stylised format shows exactly what we expect to have occurred (Beswick, 1995: 3).

Yet again, the use of a recognised literary style in a healing miracle story is not evidence in itself that the account is fictitious. An author of a play may decide to relate a particular truth, albeit told from a specific angle, by arranging the events to suit his purpose. That does not alter the validity of the truth being told (Beswick, 1995: 3). The same is true with literary style: material may be selected and arranged to suit its purpose. It may not recount all the facts right down to the smallest detail, but can present the significant elements of the story as seen through the eyes of the witness(es).

Ultimately, it is a matter of whether or not we believe in the healing miracles (Mills, 1990: 578). Some people today have experienced a cancer being healed, either at a service of healing or by visiting a holy shrine (see Chapter 7 of this thesis). There are those who know an individual (Beswick, 1995: 3; Hale, 1996: 103) who has been healed. These are first hand experiences by people who would have no difficulty in believing in Jesus' healing miracles. They have seen for themselves and this is a very powerful experience. But those who have difficulties in believing in Jesus' healing miracles (Jeremias, 1971: 86-92) may also have difficulty in understanding healings that take place today. They may wish to argue that some unknown natural factor comes into play, or even that the person healed merely had a psychosomatic illness. Perhaps there is an argument for self-healing (Beswick, 1995: 3): *They believe so they are healed*. Medicine's role may be to assist our belief that healing will come; for example, some individuals who take part in double blind trials of a new drug

may see an improvement in their condition though they had been taking the placebo pill!

But we should not underestimate the power of faith and the part it plays in healing (Hunter, 1950: 83) because it is compatible with what we see in the Gospels. Jesus Christ always demanded faith from the person as a precondition of their healing. It could be argued that, through faith, individuals become open to the workings of God, whose power then empowers them and, thereby, assists them in their self-healing (see Hunter, 1950: 84 – Mark 5: 34) abilities. Even biblical sceptical scholars such as Bultmann (1958: 124) have no doubts that, *Jesus healed the sick and cast out demons*. What we can never do is prove beyond all reasonable doubt that the event was an act of God. But then, if we could, where is the place for faith? By contrast, we cannot disprove that an action came from God. This is a fruitless exercise and we are better employed collecting as much *data* (Beswick, 1995: 3) as we are able to in order to make a judgment. What we may see from that collected evidence is whether or not an action provides the focus for religious experience. A simpler assessment may be: Has the event brought one into a personal experience of the divine presence? This could be when, or if, we become aware of a powerful presence acting for our own good. A healing miracle would then not just be an act of God but a divine revelation (Beswick, 1995: 3) for the individual concerned.

When we try to answer the question to what the truth is concerning the Gospel materials, we find that there are four different categories of what truth is, depending upon one's own point of view.

1. If one is an atheist, then the truth could be that healing miracles never happened. An atheist may even question whether Jesus of Nazareth ever actually lived (McBrien, 1995: 108). They would maintain that the recorded accounts of Jesus' healing miracles in the Gospels were either pure fiction (Trench, 1949: 39) or versions of a mundane event that has been exaggerated, simply because the evangelists wanted to convince themselves and others that

there is some supernatural meaning to their everyday, dull lives. The atheist may perceive the miracle stories as forming an obstacle, causing them to have strong doubts about the Gospels.

It is strange, therefore, that many later scholars have not taken any of the healing miracles of Jesus seriously. For example, Hume argues (Gaskin: 136) that the healing miracles are simply incredible because they do not comply with mankind's normal understanding of the order of things, or come within his experience. His whole argument is based on the contention that, as nothing can be known absolutely, events and experiences that take place outside mankind's normal experience of the world can never be accepted as true.

The atheist's view is somewhat extreme and totally fails. However, to take into account the non-Christian sources; for example, the Jewish writings that were mentioned earlier demonstrate that inexplicable occurrences were attributed to Jesus of Nazareth. The atheist's position relies totally upon there being no 'truth' at all in the biblical accounts; they were works of fiction and, consequently, there is no message or significance to be gained from them.

The stories of miraculous healings are intrinsic to Jesus' ministry. They are a vital part of it and substantiate His message. The connection between proclamation, miracle, and faith, is inseparable (Hunter, 1950: 84-86). The healing miracle that occurs within a Gospel story cannot be separated from service. None of the healing miracles takes place within a vacuum! The miracles are not performed for their own sake or cause (Harrison, 1968: 109): *their significance is only as actualisations of His Word, as calls to repentance and faith.* The healing miracles validate Jesus of Nazareth's claim to be the Messiah.

2. Where atheists are able to accept the historical person of Jesus of Nazareth, they certainly reject any claims that He performed miraculous works and regard His claim to be the Son of God as an aspect of some kind of irrational delusion. Again, they would see the evangelists' accounts of Jesus' works as exaggeration, aimed to convince people about the divinity of Jesus (this view is arrived at from various conversations with individuals who have been atheists

over many years)ⁱⁱ. What we have here is, perhaps, a more opened minded position by individuals who could be persuaded to accept that the bible does have some historical basis. It is a rather comfortable position for non-Christians, for they can take the position that Jesus was a rather special individual, with a special role to play, without acceding to the necessity of faith in God.

3. The third view would be that of the Christian, where Jesus is seen as the Son of God; and that He performed healing miracles as evidence of His divinity (Catechism of the Catholic Church, 1994: paragraph 548; Frost, 2003: 2-3). The Christian would see the Gospel accounts as factual reporting with a logical continuation between the history and the events. This strong Christian view is the basis of most Christians' faith and belief. However, Christians of a more liberal theological position of belief and interpretation would argue that the Gospels contain some inconsistencies and would advocate that the reader should not take a literal stance on its interpretation (Faithnet, 2002: 3). But they would assert that the fundamental message remains the same and that the inconsistencies and variations have very little effect on the essential *truth*.
4. Another view would be that all that matters is the kerygma. This is the view of existentialists, who have little regard for historical events. They argue that the actual detail of Jesus' life is of little importance. What is important for them is the message that lies behind the bible: that is the *kerygma* which is *truth*. Their search is not for the historical Jesus but for the spiritual truth (McBrien, 1995: 502). However, this position fails to recognise that without any historical evidence there can be nothing to base one's faith upon. Pope Pius XII (1950) (*Humani Generis*) rejected existentialism as an encounter at odds with scholastic theology's emphasis on eternal truths and immutable essences. There needs to be something to create and sustain faith, otherwise how can one consider being Christian, as opposed to being a follower of some other mystical/spiritual religion?

The Christian may be persuaded that a miracle has occurred because of some religious experience that they themselves have undergone. Such a position may be countered by questioning whether or not the religious experience was either genuine (Beswick, 1995: 3) or possible. The problem with this countering approach is that religious experiences are universal *phenomena*. A better argument for the objector to take up would be to try to bring doubt as to whether the religious experience (Beswick, 1995: 3) was indeed a divine meeting between God and His creature. If one can accept that religious experience is possible, that God can reveal Himself to His creature, then presumably one will be able to accept that miracles can and do take place. The root of the problem is whether we perceive it possible that God can have a relationship with His creation (Beswick, 1995: 4), and how we understand that relationship. For the atheist, a belief in God is not possible: therefore, healing miracles never existed. Those who can and do believe in God will seek to understand how God acts within their world and their lives. For example, does the believer see God as being beyond the world, and restricted by the laws of nature, or does God's powers extend above and beyond the laws of nature. Presumably, a God who created the world also created the laws of nature. If He did create the laws of nature then He is beyond them and able to act outside those laws. Or does God influence those laws by acting through them to bring about a greater good (Frost, 2003: 1)? If God cannot act outside the laws of nature, then the Christian may have real problems with the incarnation. It would be unsustainable and, subsequently, the Christian faith would fall with it. The Christian believes that God can and does act within the world and that God is not restricted by the laws of nature; thereby, miracles are possible (Beswick, 1995: 4) though that is not proof positive.

If God can work within the world, if miracles are possible, then we are left with the question of why His abilities are absent in some cases or areas; why has He not acted to remedy the problem of evil within the world? Jesus did not cure every person in Israel (see Hunter, 1950: 83; Shaheen, 2002: 1; et. al.) and today, not every one who is ill is cured. Jesus fed the five thousand, and yet in twenty-first century Africa many more thousands are starving to death. Such

questions go unanswered, but they do lead us to consider mankind's relationship with the creator, his responsibilities to his neighbours, and his stewardship of the earth's resources.

Perhaps, the parable of The Weeds (Mat 13: 24-30, 36-43) may help the Christian to a limited understanding of the problem of evil (Dodd, 1935: 132; Hunter, 1960: 33-34; Hale, 1996: 202; et. al). Jesus tells His listeners that if God were to destroy evil men, it is possible that some innocent men may also suffer. A God who interacts with His world, working with raw materials such as imperfect mankind - yet respecting his self determination - can at least go some way towards helping mankind to understand the problems faced by God.

There is a view amongst some Christians that God's time scale is not the same as ours. His view is long term, the eternal, whereas our view is short term, the here and now. Given this understanding there is an expectation that His will is worked out in the long term. God's omnipotence is not challenged by mankind's mortal limitations or by his inability to fully comprehend how His will is being accomplished in the long term. God has the ability to work with and through the natural world, but not against it (Beswick, 1995: 4). God continues to work towards His ultimate aim: the full establishment of His Kingdom here on earth. God can use the evil that exists within the world to bring about His greater purpose (Catechism of the Catholic Church, 1994: paragraph 312): the abolition of all evil. The ultimate expression of this position is the crucifixion of His only Son, Jesus. The crucifixion was the ultimate of all humiliations, the degradation of a person and yet, through it mankind was saved. In effect evil destroyed itself. The Christian believes that the sin and suffering we witness in this world is not insurmountable; it does not form an objection to faith and belief in a merciful God, but merely provides evidence of His unfinished work.

5.7 What Do They Mean?

In order to have any understanding of the meaning of Jesus' healing miracles, we must first return them to the context of Jesus and His ministry. The Gospels see Jesus' life and ministry against the backdrop of the promises contained in the Old Testament (Hunter, 1950: 81-82; Filson, 1965: 105; Drane, 1986: 141; et. al.) which, according to the Gospel writers, were being fulfilled in Jesus Christ. If we were to take the teachings of Jesus, for example about the *Son of man*, this by itself would not mean very much, unless taken in conjunction with the book of Daniel; therefore, if we are to understand the miracles, we must turn our attention back to the Old Testament.

The Hebrew word, *dabar* (Drane, 1986: 141) has two meanings: *word* and *action*. In the Hebrew mind, word and action are very closely linked, thus providing the healing miracles of the Old Testament with meaning: the extension of God's words is in His actions (Hunter, 1950: 81). What God says is identical to what He does. This can be a difficult concept to understand. However, if we take the story of Moses before Pharaoh in the Book of Exodus (chapters 7 to 11) we find some remarkable deeds being performed by Pharaoh's own magicians, for effect (see Ashby, 1998: 47). But the deeds performed by Moses were totally different because they were living signs of the truth of God's message (Exodus 10:1-2). The prophets Isaiah (Isa 20:1-6) and Ezekiel (Ezek 4:1-3), in their efforts to bring God's message to their peoples, used various deeds to focus people's attention on that message. When considering this particular point, Drane (1986: 142) says about the prophets and their deeds that they, *were closely bound up with the meaning of God's activities in the history of His people*.

When we referred to Jesus' healing miracles as *signs* earlier in this chapter, it is precisely this kind of dynamic illustration of God's message to His creation. In medical parlance, a sign is merely something that one sees that leads one to diagnose the problem (Weller and Wells, 1912: 435). Signs when seen in this way may appear to have an insignificant and even a disposable nature. However, signs lead the physician onto something more important than the sign

itself. Jesus' *signs* lead man onto something of life-giving importance (Léon-Dufour, 1962: 547-548) for they are God's words: His message in animated form challenging mankind to prepare, to work towards, and to make straight the road to life in God's Kingdom. Having arrived at this juncture, we must now consider three aspects of that Kingdom, namely:

- the Kingdom and the individual;
- the Kingdom and the world; and lastly
- the Kingdom and the future.

The healing miracles of Jesus can be seen as meeting two principle purposes: in the first place, they always meet a human need that can only be met through Divine intervention; next, His healing miracles are evidence of who He is (Shaheen, 2002: 2). Those who experienced healing at the hand of Jesus, or who witnessed the spectacle, caught a glimpse of His supernatural powers as the Son of God (Shaheen, 2002: 2). They provide evidence that Jesus had power over Satan, over nature, and had the authority to forgive people their sins. When Jesus spoke, He spoke with omnipotent, divine authority that many recognised (Lk 8: 25).

Jesus' healing miracles were neither effectuated as the means to impress others, nor for personal gain or benefit (Léon-Dufour, 1962: 362-363). They were not performed merely to satisfy the idle curiosity of those who crowded around Jesus. When such people required of Jesus some kind of healing miracle He, knowing what was in their hearts and minds (Matthew 12: 39; Luke 23: 8-9), would not comply with their demands (Léon-Dufour, 1962: 363; et.al.). Motivation for instigation of miracles was as acts of mercy, goodness, grace, compassion and love (Acts 10: 38). His healing miracles were never judgments!

The healing miracles of Jesus were not in contravention of the Old Testament Laws (Caird, 1963: 92); for example, when lepers came to Jesus to be healed from their infirmity, after they were free of their disease, Jesus would instruct

them (Mat 8: 1-4; Lk 5: 14) to present themselves to the priests so that they may be pronounced publicly clean. Also, in respect of the healing miracles that took place on the Sabbath (Mat 12: 7-8, 12), Jesus explained that He had not broken the Sabbath regulations because the Sabbath was made for mankind and not mankind for the Sabbath. Jesus continued by declaring Himself Lord of the Sabbath (Léon-Dufour, 1962: 362; Fenton, 1963: 188-189; Hale, 1996: 239) and therefore, it was right and proper for good actions, such as healing, to take place on the Sabbath. Jesus is to be seen as the person who fulfils the law and the prophets (Matthew 5: 17) and through Him a new era (Catechism of the Catholic Church, 1994: paragraph 1967) dawned: an era of grace and mercy reflected in His healing miracles.

Through Jesus' healing miracles the works of Satan were destroyed (Léon-Dufour, 1962: 363) and the people restored to where God desired them to be (Lk 10: 17-20; 1 Jn 3: 8). Satan's demons knew that Jesus was the Son of God (Mk 1: 23-28) and that their battle was lost.

The disciples of Jesus were taught that when the Holy Spirit was with them, they too would be able to perform acts of healing (Burridge, 1998: 175) in the name of Christ (Jn 14: 12-14; Mk 16: 17). In the Acts of the Apostles (Acts 2:43; 5:12, 15; 19: 11-12) we are told how Peter's shadow brought about a healing (see Barrett, 2002: 38), and that Paul's handkerchief had a similarly powerful effect. The healing acts of Jesus, continued by and through His apostles (Léon-Dufour, 1962: 364-365), assisted in the rapid growth of the early church (Acts 2: 47). As the people witnessed healing miracles, so they came to believe in the message of Jesus and to recognise that God was with the church. Hebrews (13: 8), says: *Jesus Christ is the same yesterday and today and forever* (New Revised Standard Version). The Christian Church claims that Jesus' presence is still with them and, thereby, healings can and do take place. The presence of such healings is for them a clear indication that Jesus is still at work (Barrett, 2002: 38) amongst them.

5.8 Laying on of Hands

The *laying on of hands*, as a phrase, may bring about thoughts of a violent struggle between two individuals. In the biblical sense, it could not stand in sharper contrast because it symbolises the bestowing of a blessing, someone being given authority, or the commissioning of a ministry (see 1 Sam 24: 6 compared to 1 Sam 16: 13). Biblically speaking, therefore, the *Laying on of Hands* sets a person apart from his community, or to confirm him or his office within it, to do the work of God. As we have seen in chapter two of this thesis, in the Old Testament the Aaronic priests transferred the guilt of the people onto a sacrificial animal (Ex, 29: 10; Lev 1: 1-4); or, for example, when Moses transferred the leadership of the Israelite people to Joshua (Deut 34). In the New Testament, the *laying on of hands* had similar functions. Jesus laid His hands on the children to bless them (Mk 10: 16 compared with Gen 48: 14-16; see also Perryman-Delfanne, 2003: 29) and, while lifting up His hands, Jesus also blesses His disciples (Lk 24: 50; compare to Lev 9: 22).

The *Laying on of hands* occurs more frequently within the context of accounts of healing by Jesus (for example as in Mat 9: 18, Mk 5: 23 and Lk 4: 40), and by His disciples (for example as in Acts 28: 8 compared with 9: 10-17). According to the Gospel writers (Hunter, 1950: 83; et. al), touch was the chosen method of healing used by Jesus, whether that was by touch alone, or by a combination of touch and word. The New Testament recognises touch as an effective method of healing (Jas, 5: 14). This is demonstrated by the demands made upon Jesus by the people (for example, Mk 5: 23; 7: 32 and 8: 22). As well as these requests made of Jesus, there were those who felt that all they needed to do was to touch Jesus themselves (Hunter, 1950: 84; et. al.) in order to be made well again (for example, Lk 8: 44). What we have here is the belief that God uses this ritual act to restore the sick person to full health. Jesus and His disciples healed the sick by touch, yet miracles often occurred without physical contact (Rhymer, 1991: 89). It was not physical touch that healed the sick: faith and active co-operation on the part of the person was essential so that God's help was present in Jesus; then healing could be bestowed through the miraculous power of God.

The Gospels relate seven occasions when Jesus healed by touch only. And on four of those occasions (Wilkinson, 1998: 90), Jesus took the initiative Himself. Those accounts of healing are:

1. Luke 14: 4, The Man With Dropsy;
2. Luke 22: 51, The Ear Of Malchus;
3. Mark 6: 5, The Nazareth Healings;
4. Luke 4: 40, The Evening Healings;
5. Luke 8: 44, The Woman With The Haemorrhage;
6. Mark 3: 10, The Seaside Healings; and
7. Matthew 14: 36, The Gennesaret Healings.

In each of these examples, where the word, *touch* is used, it has been used to translate the Greek verb *haptomai*. *Haptomai* (Wilkinson, 1998: 108) is the strongest of the three Greek verbs used to describe *touch*. It is used to relay the idea that a voluntary and deliberate effort was required in order to take hold of something (Micklem, 1922: 126). It is interesting to note that Jesus speaks of the woman's faith (Lk 8: 42-48) as the method of healing, not that she had touched His cloak; but the touching Jesus' cloak caused the power *dunamis* (Wilkinson, 1998: 79 and 86) to flow to her from Him (Mk 5: 30). It is also intriguing that the woman who was suffering from haemorrhage had had the condition for twelve years (Mk 5: 25; Lk 8: 43), and Jairus' daughter was twelve years old (Mk 5: 42; Lk 8: 42).

Haptomai is the Greek verb used most frequently in the Gospels to describe the act of healing by touch, but there are two other verbs that are used to a lesser extent. The second most frequently used Greek verb is *epitithemi*, and the least used is *krateo*. When the verb *epitithemi* is used, it is always in the phrase (Micklem, 1922: 126; Wilkinson, 1998: 108) *epitithemi tas cherias* (to lay hand on). This phrase is used five times in connection with Jesus' laying hands on the sick (for example, Mk 6: 5; 8: 23, 25; Lk 4: 40; and 13: 13). The phrase simply means to touch a person with one's hands in a deliberate and purposeful fashion, as in the case of *laying on of hands* or, perhaps, in the giving of a blessing (Matthew 19: 15). *Krateo* is the least used verb in respect of Jesus

touching the sick and it is used in the phrase (Micklem, 1922: 126; Wilkinson, 1998: 109) *krateo tes cheiros* (to take by the hand), where the verb is derived from *kratos* (strength). The phrase is used ambiguously, and can mean either the method of healing, or to provide assistance, *to give someone a hand*. It is used in the first sense to describe the method of healing for Peter's mother-in-law (Mk 1: 31); and in its second sense in Mark 9: 27, which tells how Jesus helped the epileptic boy to his feet after casting out the demon. All three verbs are occasionally used synonymously; for example: *haptomai* in Mark 10: 13 becomes *epitithemi tas cheiras* in Matthew 19: 13; and *krateo tes cheiros* in Mark 1: 31 becomes *haptomai* in Matthew 8: 15.

The three most commonly used words to describe healing in both the Gospels and in Acts are:

therapeuo (Wilkinson, 1998: 78) for example in Acts 4: 14; 5: 16; 8: 7 and 28: 9; **iaomai** (Wilkinson, 1998: 79) for example in Acts 9: 34; 10: 38 and 28: 8; and **sozo** (Wilkinson, 1998: 80-82) for example in Acts 4: 9 and 14: 9.

Therapeuo as used in Acts is used in the passive voice and never in relation to the healing ministry of Jesus. However, by way of contrast, in the Gospels the verb *therapeuo* is used in the active voice in respect of Jesus' healing activities. Also, in the Gospels, the verbs *therapeuo* and *iaomai* are used synonymously. Luke uses the verb *therapeuo* fourteen times (Wilkinson, 1998: 77) in his Gospel, of which nine relate to physical healing where the person is made 'whole', and the remaining five occasions refer to deliverance from danger. Whereas, Luke uses the verb in the Acts thirteen times, of which two relate to healings (Acts 4: 9 and 14: 9), the remaining eleven occasions were in respect of deliverance from danger (for example, Acts 27: 20).

In the Acts of the Apostles, several other words are used for healing that are not found anywhere else in the New Testament in their medical usage. For example:

stereoo is used for example in Acts 3: 7 in a medical sense and also in Acts 16: 5 in a non-medical way. It means to *make firm, to make strong or solid*.

apallasso is used for example in Acts 19: 12 in a medical sense and also in Luke 12: 58 and Hebrews 2: 15 in a non-medical way. This verb means to set free or to release; and

iasis is used for example in Acts 4: 22. This verb has its root in *iaomai*. It means the act of healing.

Sometimes the *laying on of hands* is accompanied by a command or some form of words. In the case of Peter's mother-in-law, Luke (4: 39) reports Jesus as having rebuked the fever, after which it left her (compare with Mat 8: 15 and Mk 1: 31 who make no mention of this). However, all the synoptic gospel writers appeared to be in agreement (Mat 8: 3; Mk 1: 41 and Lk 5: 13) that, in the case of the leprosy patient, Jesus stretched out His hand and touched the leper saying, *I do choose. Be made clean* (Lk, 5: 13, New Revised Standard Version). Again, in the story of Jairus' daughter (Mk 5:41 and Lk 8: 54), we are told that Jesus addressed the child saying, *Child, get up* (Lk 8: 54, New Revised Standard Version).

The story of Peter's mother-in-law is of particular interest. It would appear that she may have been suffering from an attack of malaria. Malaria is carried by mosquitoes and the fresh water of the Sea of Galilee would have been an ideal breeding ground for mosquitoes. Symptoms of malaria include a high fever, obliging the patient to take to his or her bed (compare with Mk 1: 30). Tradition says that St Luke was a physician and that he was not a Jew, but a Gentile, and so Luke refers to Peter's mother-in-law's condition as (Wilkinson, 1998: 112), *puretos megas* (Lk 4: 38), which is how the Greek physicians would describe a serious high fever, perhaps life threatening. An ordinary fever would have been termed as (Wilkinson, 1998: 112) *puretos micros*. Doctors today still distinguish between lesser and more serious fevers when they use the terms *pyrexia* and *hyperpyrexia* (Weller and Wells, 1912: 403) respectively. After Jesus' ministrations, Peter's mother-in-law was apparently quite able to rise from her bed and serve her guests. The question that arises from this account is what words were used in the rebuke? And to whom or to what was that rebuke addressed? For example, in Luke 4: 35, he uses the verb, (Wilkinson, 1998:

112) *epitimao* in the description of an exorcism of a demoniac, but he also uses the same verb when relating the story of Peter's mother-in-law. But this does not necessarily mean that this was also an exorcism, since the verb also appears in the accounts of Jesus rebuking the wind and the waves in the storm on the Sea of Galilee (Mk 4: 39 and Lk 8: 24). To argue that it was an exorcism would be to maintain that in each case Jesus rebuked a demonic power behind the physical phenomenon. This gives rise to a further problem: why would Jesus rebuke the phenomenon, rather than the cause. What might be suggested is that we have, in this example, an assertion of Divine power and authority over the phenomena of physical nature. When all three synoptic Gospels are taken into consideration, the healing of Peter's mother-in-law is seen not as an exorcism, but, simply, an example of healing by both word and touch. (Both Mat 8: 15 and Mk 1: 31 have recorded the *touch* but on the other hand Lk 4: 39 relates only to the *rebuke*.)

In the case where Jesus heals the lepers through word and touch (for example as in Mat 8: 3; Mk 1: 41 and Lk 5: 13), He would, in that situation, become ritually unclean Himself. The verbs used, which are translated as (Wilkinson, 1998: 113) *to stretch out* (*ekteino*) and *to touch* (*haptomai*), are not found anywhere else in the New Testament and, combined together in this fashion, suggest that Jesus actions were deliberate and intense. The use of *haptomai* alone would not convey the same meaning. The evangelists' use of *ekteino* can also indicate that the leper was keeping his distance (Morris, 1974: 115) from Jesus. After the leper is healed, Jesus instructs him to show himself to the priests in accordance with the Jewish Law (Lev 14: 1-32) and make the appropriate offerings, but He does not feel obliged to ritually purify Himself. Only the priests could pronounce someone clean and fit to take their place within the community. This same problem also occurs with Jairus' daughter and is further compounded by the fact that, because of Jairus' position within the religious community, he too was well aware of the regulations contained in Leviticus. Whilst Mark (5: 23) states that the girl was at the point of death, according to Matthew (9: 18) she was already dead. Yet Jairus still wanted Jesus to lay His hands upon her, so that she may once more live (Mat 9: 25; Mk

5: 31 and Lk 8: 54). Jesus took the girl by her hand and restored her to life and, yet again, there is neither a suggestion of Jesus being ritually unclean nor any record of Him making any religious acts to become ritually clean, as required in Numbers (19: 11-13). For Jesus, what defiles a person comes from within and not what he comes into contact from without (for example, see Mat 15: 1-20). Uncleanness, for Jesus, did not lie in physical contact, or nature, but in the realms of morality and spirituality: uncleanness came from the heart of mankind.

The question of what actually took place when Jesus laid His hands on the sick is not answered explicitly, but implicitly, by looking at what happened when the sick touched Jesus. For example, as in the case of the woman with the haemorrhage (Mk 5: 25-34) who, traditionally, has become known as either Berenice or Veronica (Wilkinson, 1998: 110), and who resided in Caesarea Philippi. She consulted the local doctors, who failed to cure her (Fenton, 1995: 30). Her haemorrhage was the result of a chronic uterine problem, not unlike benign fibroid tumours that present with chronic vaginal bleeding. According to the regulations in Leviticus (15: 25-28), the woman with this disease would be classed as unclean (Fenton, 1995: 30; France, 1996: 72; et. al.). Strangely, there is no mention in the Gospels of her being unclean; and Jesus certainly recognised her as in need of healing, not cleansing! Mark (5: 25) states that her condition was deteriorating (Wilkinson, 1998: 110), *rhusis haimatos* had become as a *pege* (verse 29): fountain like (Wilkinson, 1998: 110). In Leviticus, 12: 7 (LXX) the amount of blood that a woman lost in child birth is described as (Wilkinson, 1998: 110) *pege tou haimatos*. At this point, she must have been desperate for a resolution to her condition and, after learning about Jesus, felt that if only she could touch Him, she too could be healed (*sozo*). It was in this state of desperation that she decided just to touch the edge of Jesus' cloak, which she did. Apparently, Jesus was aware and turned to see who had touched Him. Mark (5: 30) states that, through her touch, power (*dunamis*) had been transferred from Him to her; the woman's haemorrhage was immediately healed. It is also worth noting that Mark uses the verb *iaomai* (Wilkinson, 1998: 79), in the perfect tense of *iatai* (5: 29), meaning that she was completely healed, with no further possibility of her condition returning. Jesus also speaks

(MK 5: 34) of her healing in this way when the verb *sozo* is also used in its perfect tense (Wilkinson, 1998: 81), *sesoken*.

How was the woman healed of her haemorrhage? We may conclude that the healing was not accomplished either by autosuggestion or hypnotism, for when she touched Jesus it was the *dunamis* that brought about her healing (Wilkinson, 1998: 111), and rid her of her tumours. The power that is referred to here is the power that Jesus possessed in Himself, as the Son of God. There was nothing magical about His clothing. The power left Him, not His clothes (Wilkinson, 1998: 111). The power to heal came from Jesus and He used it as required, to heal the sick (Lk 6: 19); it was this same power that healed the women, in response to her touching the edge of Jesus' cloak. The power to heal comes from God Himself (Wilkinson, 1998: 111) and is under God's control. Clearly, it was His will that the woman with the haemorrhage be healed at that point, as it was used to bring about a greater good in the fulfilment of the Divine plan.

It is interesting to note that the *laying on of hands* was given in circumstances other than healing; for example, as in Acts (8: 14-19; 19: 6), where it was understood as supplementing baptism by the giving of the Holy Spirit (Metzger and Coogan, 1993: 428; Basic Doctrine, 1998: 2). Usually, so Christians believe, the Holy Spirit was given by the laying on of hands at baptism (see Navarre Bible, 1989: 99-100). However, there are instances where the Holy Spirit was received either before or after the baptismal event. We can see this (as in Acts 8:14-17), when the Samaritans received the Holy Spirit after baptism; and in Acts (10:44-48), where we learn that Cornelius' household had already experienced the Holy Spirit (Metzger and Coogan, 1993: 428; Basic Doctrine, 1998: 2). What this shows is either that God cannot be confined to a timetable or that He is beyond human comprehension. The act also bestowed authority (Metzger and Coogan, 1993: 428) on to individuals whose lives had been touched by the Holy Spirit: the seven (Acts 6: 3-6; Barrett, 2002: 88) and Barnabas and Saul/Paul (Acts 13 2-3 compared with Rev 1: 17).

As time progressed, the *laying on of hands* became a more formal ceremony (Heb 6: 2) and officials used it to impart spiritual gifts (Metzger and Coogan, 1993: 428); for example, when Timothy was given the gifts of wisdom and teaching (1 Tim 4: 14; 2 Tim 1: 6). Paul reminded Timothy that his ordination bestowed such gifts upon him and that he had a responsibility to use them wisely and correctly. The ceremony could also be used in the reconciliation of sinners who no longer were in the church, but who wanted to return (1 Tim 5: 22). To this day, it is still used in ecclesiastical ceremonies, such as ordinations, and the sacrament of confirmation (Metzger and Coogan, 1993: 428).

The church, following biblical precedent, uses the *laying on of hands* for requesting the Holy Spirit after baptism, anointing the sick, ordaining ministers, consecrating marriage vows, blessing little children and requesting special gifts of God. Today, faith healing tends to be identified with certain practices and services connected with charismatic Christians, both Protestants and Catholics (McBrien, 1995: 516). Healings are sought through ecstatic prayer, the laying on of hands and, infrequently, anointing with holy oils. Such healings often invoke the notion of the exorcism of evil spirits or malign powers. Catholics are not required (McBrien, 1995: 516) to believe in such healings.

5.9 Summary

It has been demonstrated in this chapter that the miracle story content of the Gospels is a crucial part of Jesus' message, which is about the arrival of the Kingdom of God and, therefore, cannot be summarily dismissed. It has been shown that the miracles were *signs* that the Kingdom of God had come with the Advent of Christ; that these *signs* contained the quintessence of the Gospel itself, promoting faith, and that faith is a personal response to an act of witness, which in this instance came from Jesus. It has been shown that Jesus came in fulfilment of the promises contained in the Old Testament; that the two principle purposes of miracles were to meet a human need that could only be met through Divine intervention; and His healing miracles are evidence of that which He is: God Incarnate!

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- ii For example with Uta Clay, formerly a Labour Councillor of Sunderland, and my father's brother, Edward Scott, who leans to the political right.

CHAPTER SIX: THE CHURCH'S HEALING MINISTRY

6.1 Introduction

The church's healing ministry has its roots and authority in Scripture and is called by Jesus to the continuation of that ministry through the Holy Spirit. In this chapter, the Scriptural element will be examined and the evidence presented for this, as taught in the Roman Catholic Church today. It will be noted how it is the Holy Spirit who provides both good physical and spiritual health in the Church; and how the Mass became part of the restoration to health, both in the Early Church and the Church of today. In her ministry, the Church has expanded care of the sick to include actual physical care, through the establishment of hospitals managed by religious orders, and latterly through care homes staffed by lay volunteers.

6.2 The Continuation of Jesus' Healing Ministry

The Acts of the Apostles is the fourth book of the New Testament; it relates the first thirty years of the Christian Church from the Ascension of Jesus of Nazareth in Jerusalem to the imprisonment of Paul in Rome. Within its passages, we learn how the church spread far beyond Jerusalem and Israel, to places as far away as Italy and Greece. The Good News spread far and wide, and quickly, which the Christians claim is evidence of God's will and the actions of the Holy Spirit. The accounts of those actions of the Holy Spirit, through the missionary activities of Paul, Peter, and Timothy, leave little doubt for the believer, that the development of this early period in church history was due to God and His grace and, also, to human endeavour. God was manifesting Himself to His people, (for example, Acts, 2: 1-13; 43-47), and His people were on fire for God.

The Acts of the Apostles conveys the work of Jesus, continued through His Apostles, aided and guided by the Holy Spirit. It is Luke's intention to continue the story of Jesus through the life and mission of His followers (Acts 1: 1 and Lk 1: 1-4). The Acts of the Apostles is not so much about the activities of those

followers, as it is about a description of the early years of Christianity, linked to the missionary work of Peter and Paul: the two most prominent figures appearing in Acts. Jesus Himself, in His Resurrection appearances, had instructed the disciples to, *make disciples of all nations* and assured them that, *I am with you always, to the end of the age* (Mat 28: 19-20, New Revised Standard Version). Acts seeks to provide an account of how the Church was originally established, after the Ascension of Jesus and the Pentecost, to preach the Gospel and heal the sick. In relating these beginnings of the Church, its aims are firstly to strengthening the faith of the Christians, assuring them as to the origin and basis of their faith. Second, Acts is a kind of apologetic work, which became more prominent later on in the second and third centuries, by arguing that Christianity is a *lawful religion* (See Metzger and Coogan, 1993: 8-9)

6.2.1 A Question of Authority

The question of authority goes straight to the roots because it deals with our basic assumptions about what we understand as truth and reality in general and, therefore, what we accept as a credible explanation. The Twelve Apostles were Jews both in faith and nationality and they would have been raised to understand that the Law of Moses was the ultimate authority. So it is hardly surprising that, when the Jews witnessed the healing miracles of Jesus, they proclaimed that such works were at the behest of the devil (Lk 11: 15 compared with Jn 9: 29). Yet, Jesus had come in fulfilment of the Old Testament prophecies and, as evidence of that, miracles had occurred, *signs* to confirm (Mk 16: 20) that He was indeed the long expected Messiah. The Holy Spirit was sent as evidence that Jesus was the Son of God and that His Words and Works were of God.

The Greek word most commonly translated as *authority* is *exousia*, which can mean:

1. **understanding or knowledge;**
2. **certainty or confidence:** we gain confidence in a person when we see and understand that they know what they are talking about; or, that they clearly have a particular skill or gift. In the Sermon on the Mount, we see the crowd proclaiming (Mat 7: 29) that Jesus taught with *authority*.
3. **Power:** in this context the power being referred to is not so much *might* - physical power – as the ability to call upon it should it be required.
4. **Conferred privilege:** something that has been bestowed upon another by another who is in a greater position. Revelation 22: 14 uses the Greek word *exousia* when it states that they are blessed who follow the commandments of God, because, *they will have the right to the tree of life....*

What is being referred to here is a person who is either an authority; or someone who acts and speaks with authority; or who has authority conferred upon them. The first two examples relate to the qualification for authority, whereas the latter two refer to a person who exercises authority.

From the Judaeo-Christian perspective God is the Author of Creation (Wilcock, 2001: 278) and has undoubted power over it (see for example, Ps 147: 5). God is omniscient, knowing everything, what is happening, and when. God is also omnipotent. God is sovereign over His creation. However God does not wish to be a despotic ruler over mankind, striking fear into mankind's heart, but wishes to establish His authority over mankind through the qualifications of His character and benevolent intentions (see Catechism of the Catholic Church, paragraphs 62/64). In the form of a human, God became as weak as a human, suffered crucifixion in mankind's place in order to reconcile mankind to Himself (see Catechism of the Catholic Church, paragraph 2795), so that mankind may learn to trust in God who went to such lengths on mankind's behalf. The reason for this was that the Old Covenant prevented such an intimate relationship between God and mankind.

Mankind cannot possess *spiritual authority* because this belongs to God alone, for it is based upon such attributes as omniscience, a perfect heart, and a sinless character: man is not a perfect being. However, the Holy Spirit can work through mankind (Mills, 1990:330). He can perform miracles or use mankind to take His message to others and, in this way, mankind can be perceived as moving in *spiritual authority*. Such gifts of the Holy Spirit as seen in mankind are, according to Romans 8: 16 (Dunn, 2001: 99), witnesses to the Spirit.

The Body of Christ is a mystical, invisible entity whose members already operate in the Spirit. Its members (Mills, 1990: 150/151) are the faithful, who are not always very effective or efficient in the use of their talents and gifts. The corporate life of the Christian Community is a group of people sharing the same faith, with varying ministries (Mills, 1990: 330/331), some of which relate to the management of the church (1 Cor 12: 28). The church is the visible Body of Christ here on earth, which has at its head, Christ (Eph 2: 21 compare with Catechism of the Catholic Church, 1994: para 779). The faithful make up the other parts of the body (1 Pet 2: 5). The Church is not so much an institution, as it is the body of believers, a group of people known to God (see the Catechism of the Catholic Church, 1994: para 781-782).

The gifts given to the Church include *manifestations of the Spirit* (1 Cor 12: 7-10) and the *Ascension gifts* of Christ given to the Church (Eph 4: 11). 1 Corinthians 12: 5 states that there are varieties of services, but the same Lord. The word, translated here as *services*, comes from the Greek *diakonion* (from where we get the word *deacon*). *Services*, therefore, is a good translation because what is being described here is not a position, but a function, a service to be performed for the benefit of the whole community. That is not to say that a *service* is in some way inferior and less important than an *office*. *Ubi caritas et amor, ubi caritas, Deus ibi est!*

The Christian Church teaches that God has said all that He wants to say by sending Jesus Christ, the Word of God made incarnate, who is the perfect revelation of God (Baxter, 1987: 3; Maryvale Institute, 2003: 17). The Christian therefore receives the Word (Maryvale Institute, 2003: 18) and hands it on (1 Corinthians 15: 3). The Word is the Good News, the message of salvation which Scripture calls a *Deposit* (Maryvale Institute, 2003: 18) because God has entrusted it to the Church (see 1 Tim 6: 20). The Word therefore lives in the Church, and is passed down to us through the power of the Holy Spirit (Maryvale Institute, 2003: 18). Jesus promised (John 16: 13) that the Holy Spirit would lead the Church into the fullness of truth. This has been passed on: through the Holy Spirit and Scriptures; through the Apostles and their successors; through the sacraments and life of the Church. God's authority is perfectly represented by His Word and the Holy Spirit, who is in the midst of His people (compare with Catechism of the Catholic Church, 1994: paragraphs 714/715).

The Church as such, and by today's understanding of the word, is very much the visible, imperfect institution that has local assemblies. However, the Kingdom of God is a spiritual Kingdom. The work of the Church is seen to be the corporate work whereby she sends out missionaries, and provides relief for the poor through agencies such as CAFOD and Christian Aid (Catechism of the Catholic Church, 1994: paragraph 2441). The Church also seeks to evangelise through local projects; for example, by *Outreach Programmes*, which involves visiting a person at home, particularly someone who may not have been attending church lately, and finding out how the church may be of assistance to that person.ⁱ

Whilst the Twelve Apostles and St Paul were alive, there was no problem on authority, or who people could turn to for answers. However, as each of these Apostles died, problems began to emerge. Jesus Himself handed on authority to Peter, the rock: (Mat16: 19) who did Peter pass that authority onto? According to the Roman Catholic tradition, the Pope is seen as the spiritual

successor to Peter (Catechism of the Catholic Church, 1994: paragraph 816 compare with Thomas, 1992: 7).

6.2.2 The Mission of the Apostles

The mission of the Apostles was to reveal directly God's truth through the Holy Spirit and, in so doing, to provide the foundation of the church's ministry. The very first Christians looked to the Apostles for leadership within what was to become the Church. With that responsibility, came the task of maintaining unity and freedom for the church communities. God had given the Apostles the power to heal the sick as he had given Jesus before them: the lame walked (Acts 3: 1-10); the blind saw (Acts 9: 17-19); the deaf heard; the sick became well (Acts 5: 12-16); the dead rose; and evil spirits were driven out (Acts 19: 11-20). This all provided proof for those early Christians that Jesus was working through the Apostles by the immediacy of His spirit. Their activities provided for the people of their time a demonstration that the Apostles' work was given to them by God. The healing ministry of the Apostles was not one that required herbs, drugs, or magic, but faith in God. With the Laying on of Hands, the apostles proclaimed the healing of Christ. Their healing ministry was often more dramatic when it involved healing a person with a demonic possession.

The apostle and prophets went out into the world to drive out demons. The first Christians knew that evil spirits were at work behind the demonism and mortal sickness of this present era (Arnold, 1970: 33 compare with Mk 3: 14-15). The author of this activity was seen to be the devil, Satan, whose desire is to destroy humankind through sickness and corruption, wrecking minds and souls, and breaking down mortality. Even today, when we look around us and we witness incidences of people being murdered, robbed, raped; we see wars around the world, and famine often made worse through the corrupt individuals distributing aid (for example, the former regime of Saddam Hussein in Iraq, where aid was withheld from his political opponents); retrospectively, we see evil at work in our world. In Christian thought and belief, Satan is seen as influencing this world (Isa 13: 11 compared with Léon-Dufour, 1962: 523). Satan is believed to be in direct opposition to the Creator and Restorer (Mat 16: 23) of the world, and the

Apostles felt themselves called into the battle to challenge and to repel Satan. They could do this because they were certain of victory. Where the Apostles came across demonic activity, they conquered it, and drove it out (Acts 4: 16) in the name of Jesus Christ. (See Origen, *Against Celsus* 1.6; Irenaeus II.31.2; and Justin, *Second Apology* 6, *Dialogue with Trypho* 30, 85; see also Tertullian [Apology 23-27, 37] and Tatian [Address to the Greeks 7-18].)

According to Christian belief, Jesus was sent into the world to bring salvation (Acts 13:26), thereby, destroying the influence of the devil and his works (Rom 16: 20). (Justin, *Second Apology* 6: *The son of God became man to destroy the demons*. See also Tertullian: *Apology* 23; Pseudo-Clementine: *Two Letters Concerning Virginité* 1.12). The ministry of the Apostles and the church entails a great deal more than the healing of individual people. It is about purifying and sanctifying man's heart (2 Peter, 3: 2), setting him free to do good works and winning souls for Christ.

Each Christian has power over the raging enemy and its host (Cyprian, *To Donatus* 5.), because he reveals the supreme power of Christ, which the demonic powers have to acknowledge (Tertullian, *Apology* 46). All Christians are capable of unmasking demons and no demon can resist his command or persist in any lie. According to the Gospels (see Mat 4: 1-11 – The Temptations), by overcoming Satan's most persuasive offers, Jesus has therefore authority over demons. *This victory qualified Him to begin evicting demons from their human homes* (Metzger and Coogan, 1993: 162). In fear, anger, and pain, they abandon their hold when the Crucified is proclaimed (Tertullian, *Apology* 27; Tatian, *Address to the Greeks* 16).

The Acts of the Apostles is an indispensable source of documentation on the life of the Church in its very earliest beginnings. In it, the Church is shown as the instrument of God, used to fulfil the Old Testament promises. The Church is, therefore, the new people of God, a world-wide community joined by spiritual links.

Luke, as the author of Acts, does not try to minimise the difficulties that the early church faced at that point in history. For example, Christians are no less subject to human failings as is anyone else; selfish and dishonest people, who failed to distribute accumulated wealth amongst the poor, found their way into the church (Acts 5: 1-11; Ananias and Sapphira); some assemblies had difficulties with immorality (1 Cor 5); inevitably, there were those who felt themselves unfairly treated by the community (Acts 6: 1-7); some local Christian communities held erroneous beliefs and, thereby, were falsely led (1 Cor: 12); and some individuals even stopped working altogether (1 Thess 5: 12-13)! Paul devotes significant amounts of time and space in his correspondence with the local churches in correcting such false and erroneous teachings.

Yet, despite all our human failures, Jesus continues to work through His disciples and, in the Acts of the Apostles, there are thirty-six miracles: people are healed (Acts 3: 1-10); Acts 8: 39 (Philip and the Ethiopian Eunuch) is the first written account of a person being translocated; and (Acts 9: 32-43) a young girl is raised from the dead. The Acts also relate six visions and five other experiences that may be called visions (for example, Cornelius Acts 10; Paul Acts 9; and Peter Acts 10: 3-8). Acts of the Apostles tell us that, on fourteen different occasions, the believers heard an audible voice, either from God or from an angel. God used all these different ways to manifest Himself to the early church and to guide them along the path to accomplish His will.

Acts (3: 1-10) recounts the cure of a man born lame, who had complied with the instructions of Peter: this was the first miracle performed by the Apostles that witnessed by its very act to the Resurrection of Christ. Miracles call for co-operation (faith) from those who wish to be cured (see Léon-Dufour, 1962: 362/323). The time had arrived for them to use the supernatural power given to them by God. Marshall (1990: 57) states: *His Name is now powerful, in the same way as the 'Name' of the Father Himself is powerful.* What Christ did in the Gospels, the Apostles were doing in Acts, through and in His Name, using His power, but always as His agents who call upon His Name.

Peter and John continued attending the Jewish temple to worship, and had gone for the services at three in the afternoon, for prayers. Though they had put their faith in Jesus, they still followed the Jewish religion (Hale, 1996: 465). Christianity arose from Judaism. They did not approach the temple gate with the intention of healing the lame man (Casciaro, 1989, 55). Healing miracles in Acts, as we may observe from this example, were not performed casually or suddenly. Casciaro (1989: 55) quotes from St John Chrysostom here when he states: *This cure testifies to the resurrection of Christ, of which it is an image . . .* (see also Léon-Dufour, 1962: 364). Jesus, in the Gospels, used his own Divine power when healing the sick. God is attracted to men and women of faith, which is as true today as it was in the time of the Apostles (Casciaro, 1989: 56). God continues to use such people in the Christian economy of salvation.

The limbs of any one who has been crippled since birth will show signs of being badly deformed and shrunken (Smith, 1990: 143 – Atrophy); so the crippled beggar's legs would certainly have shown such signs. No medicine could have cured him and, certainly, there was no prospect of surgery to help him overcome his disability. All he could hope for from Peter and John was money to buy food (Hale, 1996: 465) just to get him through yet another day. This is what he asked for (Acts 3: 3) and this is why he held out his hand towards them. Peter and John had no money (Acts 3: 6) to offer the beggar; they had left their occupation as fishermen in order to follow Jesus. What they could offer him was more valuable than money – faith (Hale, 1996: 465)! Through their faith, and in the power of Jesus, they cured the beggar for all time (Casciaro, 1989: 56). Peter instructed the beggar, in the Name of Jesus, to get up and walk (Acts 3: 6) and, at this point, through the power of the Holy Spirit living within Peter, Jesus (Hahn and Mitch, 2002: 22) healed him. But the miracle did not affect the beggar alone, despite his obvious delight, because those who were also about, who knew the beggar, perhaps had given him money as they had passed him on previous occasions at the temple gates, could not be any thing else other than astounded (Hale, 1996: 466). Their faith, too, must have been called into question (Acts, 3: 11 following). They must have recalled how the

prophet Isaiah (35: 6) had once said, *then the lame shall leap like a deer*, when he had told them about the time when the Messiah would come to save Israel. Jesus kept His promise to empower His disciples to work miracles (Casciaro, 1989: 55) – visible *signs* of the coming of the Kingdom of God (Léon-Dufour, 1962: 362).

It is the ordinary little things in the life of the early church that are striking; for example, the joyfulness of those early Christians. Peter says himself (1 Pet 1: 8) that the way of Christ is always, *an indescribable and glorious joy*. This joy, of which Peter speaks, comes from an understanding of the work of Jesus in their lives (Hale 1996: 953). The Acts of the Apostles is the record of the manifestation of Christ in and through His followers (Casciaro, 1989: 29) and, in that respect, the book remains unfinished.

Signs and wonders (Acts 2: 22) is a term borrowed by Luke, the author of the Acts of the Apostles, from the Old Testament (Mills, 1990: 823); for example, Exodus 7: 3. *Signs and wonders* were there to ignite faith, never for their own sakes (Léon-Dufour, 1962: 545), and this was just as much the case in Acts as it was for his Gospel. They are the continuation of Jesus' work and they are integral to His teaching (Léon-Dufour, 1962: 547; Mills, 1990: 823). Miracles are always performed in Jesus' name, and never in the name of the individual disciple (see for example, Acts 19: 11). Miracles authenticate the work of the Apostles as coming from God (Mills, 1990: 823; Léon-Dufour, 1962: 548). Through miracles the love of God is manifested to His people (Léon-Dufour, 1962: 326).

Miracles in the New Testament obviously occur in situations where grace is concentrated intensely. However, that is not to say that miracles do not continue to happen in the life of the Church today; mankind's salvation often demands miracles of different kinds (Léon-Dufour, 1962: 364/365), performed because God is attracted to people of faith.

The Church is the outcome of the invisible but real presence of the Risen Christ, who is the focus of Christian worship (Metzger and Coogan, 1993: 121). Jesus' presence is really and truly affected in the *breaking of the bread*, also called the Eucharist or Holy Communion (Catechism of the Catholic Church, 1994: paragraph 737), which Jesus' disciples were already celebrating on Sundays.

The disciples, in accepting Christ's invitation to follow Him, acquired a new understanding about illness and the sick because they came to share in His ministry of compassion and healing. The Risen Lord confirms their ministry (Acts 9: 34) through the *signs* that the Church performs, by invoking His name, and that the Holy Spirit gives a special charism to some to heal the sick (1 Cor 12: 9). The Church (Catechism of the Catholic Church, 1994: paragraph 1509) therefore, has...

received this charge from the Lord and strives to carry it out by taking care of the sick as well as by accompanying them with her prayer of intercession. She believes in the life-giving presence of Christ . . . This presence is particularly active through the sacraments, and in an altogether special way through the Eucharist.

Any examination of the healing ministry, as practised by the Apostles, confirms that two points (Frost, 2003: 3) need to be made:

- first, we have moved on from the time of Christ's earthly ministry and His unique relationship to miracles. The Apostles were merely human beings and, as such, they were not called upon to manifest any personal deity (Acts 3: 1-6, 12; 14:8-18);
- second, that we have regressed to that sphere of relationship experienced by the Old Testament prophets.ⁱⁱ Equally, they too were only human beings and, equally, they too were not called upon to manifest personal deity (Ex 7:1-5; Dan 2:27-28).

The miracles are central to understanding who Jesus is, and His role in the inauguration of God's kingdom here on earth (Metzger and Coogan, 1993: 519 /520). The Baptist sent his followers to Jesus to ask Him who He was, to which Jesus replied by pointing to the healing miracles as evidence that the prophecies were being fulfilled (Lk 7: 18-23; compare to Isa 29: 18-19; 35: 5-6; and 61: 1). Their number – twelve - is of equal importance, for it was meant to be seen as representing the twelve tribes of Israel. The Apostles, thereby, constituted a new Israel.

The word *apostle* is derived from the Greek verb *apostellō*, meaning *to send*. Paul was convinced that God had set him apart before he was born (Gal 1: 15). The Apostles were those who were called by God and spoke His message (Metzger and Coogan, 1993: 42). They had been set apart from other men (Mk 16:15-20; Rom 15:18-19 and 2 Cor 12:12). According to Léon-Dufour (1962: 24), Jesus' use of the word *apostles* has its antecedents in Jewish literature; the apostle represents the person who sends him and, therefore, they represent Jesus (Jn 13: 16). The apostolate was a function, and the apostles' function was to preach the Gospel, and to drive out demons (Mk 3:14; 6: 6-13), armed with the authority of Jesus (Mat 10: 40). The purpose of the miracles in the Apostles' ministry had a twofold objective:

1. they were the continuing manifestation of Jesus' Divine power and goodness; and
2. they provided irrefutable evidence of the Apostles' Divine calling and mission.

This assists in explaining several matters in connection with the Apostles' healing ministry and miraculous works. Metzger and Coogan (1993: 520) state, *Miracles of various kinds abound in Acts*. When reading the Acts of the Apostles, compared with that of the Gospels, whilst the largest group of miracles are concerned with healing (Mills, 1990: 578), we can see a divergence in two main areas. First, the miracles are the confirmatory type; for example, the glossolalia (Acts 2: 1-11). And second, they can be judgmental, as in the account of Ananias and Sapphira (Acts 5: 1-11) and, also, they may be

miracles of deliverance; for example, Paul's shipwreck and the episode with the snake (Acts 27 – 28). Jesus promised (Mat 28: 20) that He would be with the Apostles until the end of time, so perhaps it is not astonishing that the Apostles, *should renew His salvific deeds . . . for He had promised them this power* (Léon-Dufour, 1962: 364). However, aside from the display of this supreme power, the Apostles like the prophets, never duplicated this, or ever performed as many healing miracles as we see recorded in the Gospels and attributed to Jesus. He, in His own person, and in the short space of three and a half years according to the Gospels, performed thirty-six miracles (Rhymer, 1991: 25); whilst the twelve Apostles, in the course of over thirty years (according to the Acts of the Apostles), performed about ten. (These figures cannot represent the sum total of the healings performed by Christ and the Apostles. On the contrary, Scripture states that there were numerous miracles that were not recorded [Mat 8:16; Acts 2:42-43; 5:12-16]. But we may conclude that the Spirit had a purpose in specifying the cases which He did, both as to their number and kind and that, therefore, He sought to establish a comparison between the miracle-works of Christ and that of the Apostles.) It would be remiss of the author if he did not point out at this juncture that there is no record of any of the Apostles performing nature miracles (Frost, 2003: 3); for example, turning water into wine, and multiplying bread and fishes: these being reserved for the Divine Christ. The diseases that the Apostles healed, as far as we have on record, were beyond the ability of the doctors of their day to heal. It may be concluded that the Apostles abstained from healing where men could heal, displaying the power committed to them only where physicians were unable to help, thus making their miracles all the more effective from the evidential standpoint.

It was Jesus Himself who gave the Apostles the power to perform healing miracles (Lk 10: 8-9). As God confirmed the message of the prophets through miraculous happenings, so now He affirms the Apostles as His agents to those persons who witnessed their actions and heard their message (see Filson, 1965: 173). Their type of ministry was as unique to them, it may be argued, in the same way that a particular pastor's ministry is unique to him; for example, from amongst those of the present day, that of Fr. Peter Rookey, or Mgr. Michael Buckley's healing ministry is unique to them. The first generation of

Christians did not have the Gospels as we have them today, but they would have had handed onto them accounts from the disciples of Jesus (Rhymer, 1991: 18). Rhymer (1991: 17) states that it may have been at least thirty years after the death of Jesus before any kind of compiled Gospel stories were circulated. The Gospel of Mark is generally agreed to have been the first written Gospel as we have it today and the date of that is approximately A.D. 70 (Fenton, 1995: 2). The Acts of the Apostles is a history of about thirty years following the Ascension of Jesus (Rhymer, 1991: 17), which begins to show how the early church began to grow and develop, as well as its experiences. With progress inevitably comes change. Equally, it must be stated that there cannot be a recurrence of that apostolic era of miracles – whatever else God may grant – because the Apostles as a class have ceased to exist (Frost, 2003: 3). However, the supreme miracle of all miracles is that God came to earth in human form: to redeem mankind; and to certify the Incarnation and the Resurrection. To understand this, is to understand the ultimate of all miracles: the very corner stone of the Christian faith. Healing miracles are deeds that speak of God's love for His creation (Mills 1990: 579). From the very beginning of the church, the Holy Spirit has (Léon-Dufour, 1962: 364), *granted miracles to the confident prayers (cf. Matthew 21:21; James 5: 16) of certain of the faithful: marvellous charisms (John 14:12) were subsumed under the higher gifts of teaching (1Corinthians 12:28) and finally of charity, the supreme marvel of Christian life.*

Christ was unique as the Son of God and, therefore, displayed His miraculous powers solely from His standpoint, as related to Himself; and the Apostles, including Paul, were unique as those who had seen Christ (Léon-Dufour, 1962: 24/25), to establish the church (Mills, 1990: 47). Present day saints come in a later official order and, whatever miraculous powers they may display are from their point in time, as relates to them. This brings us, so the author would argue, to the following deduction: Christ had the greatest place and needed the greatest confirmation and, accordingly, He displayed the greatest miraculous powers; post Pentecost, the Apostles, who had changed, became bolder (Baxter, 1987: 59), but this event was a prelude to a new series of *signs and*

wonders (Acts 2:43; 4:30; 5:12 etc. Heb 2:4) that accredited the apostles by confirming their word (Mk 16:20). These apostolic signs are different from the charism of glossolalia. These healing miracles are a permanent sign that continues to give witness... *to the Church of Jesus, by showing that the Holy Spirit acts in it* (Léon-Dufour, 1962: 545). Today, we have doctors and hospitals, and the God-given gifts of scientific developments to heal all manner of diseases; thereby, we have less evidence, though there are still some healings gained by miraculous intervention.

Should this argument be seen as true, then the decrease of miracle manifestation – initially, from the time of Jesus Christ; subsequently, from the days of the Apostles; and finally, during the period of the post-apostolic church - can be understood logically. The New Testament, like the Old Testament, has accounts of individuals being brought back to life from the dead. In the Synoptic Gospels, there are two *resurrection* miracles: those of Jairus' daughter (Mk 5: 21-43; Mat 9: 18-26; and Lk 8: 40-56); and that of the son of the widow of Nain (Lk 7:11-18). John's Gospel has the account of Lazarus (Jn 11: 38-44) and the Acts of the Apostles provides us with the stories of Tabitha (9: 36-42) and Eutychus (20: 7-12). The point that must be made, when examining these *resurrections* by comparison with that of Jesus, is that their restorations appears to be a different kind from the (Mills, 1990: 755) ... *transforming effect of Jesus being raised by the power of God*. Those who had been revived were ... *returned to a previous state while the Risen Christ manifests the glory of God in a transformed body*. Those individuals' *resurrections* are a majestic demonstration of Jesus' God given authority (France, 1996: 75) in word and action (Wansbrough, 1998: 77). Through those resurrection miracles, Jesus was demonstrating that He is the long awaited *Messiah*, as foretold in the prophecies and, in particular, when the son of the widow of Nain is compared to that of the widow of Zarephath (1 Kings 17); here, there is a clear analogy between Jesus and Elijah. Elijah is the messenger who, in Jewish thought, is believed will return to herald-in the coming of the Messiah and the establishment of His kingdom (Mills, 1990: 244). Unlike Jesus, Lazarus, and Tabitha, and the son of the widow of Nain, et cetera, will all taste death again.

The resurrection, as is understood in Christian belief, is that which is grounded in the Resurrection of Jesus. After death, the Christian believes that God will transform his body in a way appropriate to the new life of the kingdom of God (McBrien, 1995: 1111). This may in part explain why there are no accounts of the saints, from the apostolic period until the present time, raising the dead (Frost, 2003: 4). This need not lead to the assertion that the reason for the reduction in healing miracles, from the time of the Apostles to those who follow on later, can be explained simply by saying that there has been a spiritual decline since Apostolic times. Instead, one would wish to argue that it can be explained rather by the sovereign choice of God and the peculiar official position, accredited by appropriate gifts, which He designed and permitted the Apostles to hold (Acts 5:15; 19:11-12). The Apostolic miracles, therefore, were the Divine sign to mankind that God had chosen the apostolic company as Christ's special representatives and messengers (see page 137). It follows, for this reason that their miracles of healing are not necessarily to be repeated.

In addition to the above, we do well to remember that both Jesus Christ and the Apostles had the definite mission before them of offering the Messianic Kingdom to the Jews. The Old Testament prophets promised the Jewish people that they would experience many physical blessings when the kingdom should come. Christ and His Apostles, in proclaiming the kingdom, came in fulfilment of those promises.

There is abundant evidence in the Gospels that Jesus did remarkable deeds. He, *healed disturbed minds and diseased bodies . . . and the healing ability of our day is no final standard as to the scope of His power* (Filson, 1965: 106). The miracles are the product of the Divine power that worked through Jesus: *that something greater than Jonah, or Solomon, or even the Temple itself* (Black, 1962: 737) was at work here. The miracles were evidence, for those who had eyes to see, that the kingdom of God was now being established through the person of Jesus Christ. Christians believe that there are two stages, or phases, to the coming of the Messiah. The first stage has taken place through the life, death and Resurrection of Jesus. The second stage is

the return of the Messiah, bringing the Messianic Age to fulfilment (Maxwell, 1997: 103). John the Baptist was thought to have been the *Elijah figure* in the first stage; however, it is the Christian Church which is now called to be the new Elijah.

Miracles, in exceptional circumstances and for specific purposes, can and do happen today as part God's Divine will in the bringing about of His Divine Kingdom (Drane, 1986: 143).

In consideration of the Apostles, as distinguished from the disciples, Chilton (1986: 25) makes the point that, in early Christian understanding, the Apostles' commissioning might have occurred after Jesus had been raised from the dead; they were men through whom the Christ worked (see page 137), but were not divine. They still had their doubts (Jn 20: 24), were still capable of denying Christ (Lk 22: 54-62) and yet, after Pentecost, they had changed; they became bold and courageous in sharing their faith in Christ (Drane, 1986: 219). Indeed, they are human, with all that implies: as Paul said of himself, we're men, *appointed unto death* (1 Cor 4:9). It is probable that the Apostles, as traditions affirms, excepting of John, suffered martyrs' deaths (Frost, 2003: 4). Farmer (1978: 340) suggests, for example, that Matthew may have been martyred in Ethiopia; Mark, it is suggested by Eusebius, (*Ecclesiastical History*, 2.16.1-2) was martyred in Alexandria in the eighth year of Nero's reign. John suffered persecution under Domitian's rule and ended his days in Ephesus. James was beheaded by Herod Agrippa in Jerusalem (Acts 12: 1-3); however, James the Less was sentenced to stoning by the Sanhedrin in AD 62 and may have been beaten to death with a fuller's club. Bartholomew was flayed alive and then beheaded in Derbend (Farmer, 1978: 41); as for Andrew, tradition has it that he was crucified on the saltire cross (Kenneth, 1981: 160); and Paul was beheaded in Rome (McBrien, 1995:972), at Tre Fontane by Nero.

The corporate vocation of the Church may be seen through the command given to her by Jesus Himself, which is:

Hear, O Israel: the Lord our God, the Lord is one; you shall love the Lord your God with all your heart, and with all your soul, and with all your mind, and with all your strength. . . . You shall love your neighbour as yourself (Mk 12: 29-30, New Revised Standard Version).

The membership is therefore called to a vocation of love and service. The Catechism of the Catholic Church (1994: paragraph 1506) states that by receiving the call of Christ, accepting that call, and acting out its vocation, the disciples of Christ, *acquire a new outlook on illness and the sick*. Jesus Himself, according to the Gospels, took compassion on the poor and healed the sick, and this was the example that He left to the Christian Church. The Church has, therefore, a responsibility to promote the well-being of her members, as well as encouraging and producing healing in situations as it is required. To do otherwise would be contrary to the call of Christ. Should a particular person have the gift of healing, he or she must accept and use that gift, for as the Catechism continues, *These signs demonstrate in a special way that Jesus is truly, 'God who saves'* (1994: para 1507 compared with Mat 1: 21 and Acts 4: 12). That gift maybe to test their vocation within the medical professions as doctors, nurses, physiotherapists et cetera and, thereby, share in the Church's healing ministry in that specific way. It is of little consequence whether they serve hospitals or health care schemes in the secular or Christian sphere: their vocation is to use their gift.

6.3 Divine Health

The Holy Spirit gives life to the church both physically and spiritually, as well as reinforcing and strengthening the growth and development (see Catechism of the Catholic Church, 1994: paragraph 686) of the Christian community. It is from these actions that the faithful are able to undertake specific tasks and ministries (Wilkinson, 1998: 155) within the Church, which is the work of God. The Christian believes that it is the Holy Spirit which is the driving force,

motivating closer communion with the Creator (Catechism of the Catholic Church, 1994: paragraph 2003). John (20: 22-23) relates how Jesus breathed on His disciples saying, *receive the Holy Spirit*. On the day of Pentecost (Acts 2), we are told how tongues of fire descended upon the heads of the Apostles, endowing them with spiritual gifts. There can be little doubt from the evidence given in Scripture that the work of the Early Church was not down to mankind, but to God, through the action of the Holy Spirit. Baldwin comments (1990: 22): *Ordinary people are thus empowered to extra-ordinary things which bring about results and achievements pleasing to God and beneficial to man*. The Church, by living in the Spirit, has become a new creation; the Church is the new people of God.

Within the very first pages of the Bible, in the Book of Genesis, we see God creating life out of the void with the Holy Spirit. But that was not the end, only the beginning, because God continues to give life anew to His creation. When the Old Testament speaks of the *spirit of God*, it is referring to the creative power of God in action; Davidson (1973: 16) describes this as *dynamic activity and presence of God in the world*. There is no distinct word for *spirit* in the languages used in the Bible and so, metaphors were used, such as wind or breath (Hebrew, *rûah*; Greek, *pneuma*). Wind presents us with an invisible, unpredictable force, whilst breath seems to be more precise and more positive in its biblical use; for example, see Genesis 6: 17. The Old Testament attributes to the *spirit of God* all that is extraordinary and beyond the natural ability of mankind. Metzger and Coogan (1993: 287) state that the actual designation, *Holy Spirit*, occurs in the Old Testament in Psalm 51: 11 and Isaiah 63: 10-11. It is this same *Spirit of God* that descended at Pentecost on the Apostles (Acts 2: 33) now as the gift of Christ (see Filson, 1965: 169). God gave the Holy Spirit to the Apostles in order that they go on to preach the Good News and, over two thousand years later, that message is still being proclaimed. Therefore, He has continued to bestow that gift upon the disciples of today: the Church. Lewis (1940) speaks of God's omnipotence as, *a power to do all that is intrinsically possible, as well as not to do the intrinsically impossible*. The Christian may attribute miracles to God: but not nonsense.

Healing, for the Christian, is more than mere physical healing; it is the ordinary will of a loving God that affects the human condition, which is internal, *hidden from our human eyes and minds, which crave excessively for proof and confirmation of a Father's love already revealed in His only Son* (Buckley, 1987: vii). The Laws of Nature appear to operate in defiance of mankind's suffering, which are... *not turned aside by prayer, seem, at first sight, to furnish a strong argument against the goodness and power of God* (Lewis, 1940: 23). However, the Christian learns that God is love and has love for all His creatures. It should not be surprising that, when the Christian becomes ill - in this context an illness that is more serious than just a mere head cold - they come to understand their frailty, weakness, vulnerability, and in that realisation they determine to become well again. The Christian, therefore, seeks solace in Jesus, who became human and knew the human condition, who died on the Cross, and who had compassion for those who were sick both of the body and of the soul (Mat 20: 34). It is to the same Jesus that Christian turn in such times: to find answers for their own sufferings; and to take strength from His example and from His promises. In further recognition of this, the Pope, John Paul II, declared the feast day of Our Lady of Lourdes, 11th Februaryⁱⁱⁱ, to be a day especially for the sick, when the Mass should be especially celebrated for healing of the sick in every Catholic Church throughout the world.

There can be little room for doubt that the Early Church believed the health and well being of a person as a gift from God and that only God could bestow such a gift. The Church expected that the healing of the sick could and would still happen. In the Middle Ages, the Church held as a *norm* (a standard for canonisation), that a candidate for sainthood would have healed at least two people during his or her lifetime. The large numbers of saints in the Church's calendar are testimony to its belief and practices. Healing the sick is a fundamental ministry in both the Western traditions and Eastern traditions of the Church.

From this, the question arises as to exactly what format the healing ministry took in the Church. First, it must be made absolutely clear that the healing ministry of the Church was seen to be the work of the *whole* Church (Mk 3: 14-15). Wherever the Christian community came together to celebrate the Last Supper (Acts 2: 44) and to renew fellowship, they were to pray for the sick and afflicted. As stated previously in this chapter, *member* here means quite literally a *limb* a body, and the parishioners of the Church are held to be Christ's arms and legs. A person who has lost a limb was maimed; in the same way, when the Church was missing some of her members, she, too, in a spiritual way, was maimed because her spiritual power was incomplete. A Church that was less than complete had incomplete spiritual powers and therefore could only partly manifest her powers of wholeness. Healing is about making someone *whole* (Wilkinson, 1998: 17; Gusmer, 1974: 35) and wholeness is *holiness*.

The source of life for the Early Church was making the Body of Christ real (Harding, page 4), through which her membership received the Bread of Heaven – the Body of Christ in communion – which they believed was the medicine that would give them eternal life (Catechism of the Catholic Church, 1994: paragraph 1129). Often, they would leave the service with a small silver box, in which there would be a fragment of the *Corpus Christi* (Harding, page 4). They would continue to receive Communion by consuming a tiny amount from the fragment each day and, thereby, remain in spiritual communion with the rest of the Body (Smith, 1996: 256). At the gathering of the faithful, the sick receive a blessing (see Metzger and Googan, 1993: 427) and the whole Church would offer prayers for them and on their behalf (Jas 5: 14-15). It was commonly held that the sick should attend church frequently, so as to enjoy the corporate prayer of the Church (Gusmer, 1974: 12). If that were not possible, the clergy, together with the choir and some of the laity, were to visit the sick at their bedsides (Gusmer, 1974: 44; Smith, 1996: 256) twice a day, so that the afflicted could attend services. The emphasis being placed here is on the prayer of the Church, rather than the faith of the individual, though the sick person would be assumed to be playing his or her full part.

As has been shown consistently in this thesis, the healing ministry of the Church is firmly rooted in Scripture and in the person of Jesus of Nazareth. In the Gospels, Jesus practised the healing ministry in the community at large, as did the Apostles who came after Him (Wilkinson, 1998: 290). In the epistles, the healing ministry has become confined to the Christian community, being used solely for the common good of that community (1 Cor 12: 7, 28).^{iv}

The Gospels (Mat 10: 1-15; Mk 3: 13-19 and Lk 6: 12-16) relate how Jesus sent His Disciples out in pairs to heal the sick and, in the letter of St. James (5: 14-16), stresses that it is the duty of the sick to send to the Church for help. The Early Church on visiting the sick at their bedsides would also administer holy oils, lay hands on the sick, and pray that they may be made well (Wilkinson, 1998: 258-259). Only the early practice of anointing with oil was slightly different from recent experience. The Early Church would use prayers for the sick, after which the bishop or the priest would thoroughly anoint the sick person on his neck and throat, between his shoulder blades, on his chest and, especially, directly on the site where the pain existed (Gusmer, 1974: 43). If possible the sick person would kneel (Gusmer, 1974: 43) beside his or her bed and the priest would recite prayers for the sick person to be restored to full health, in the Name of the Father, and of the Son, and of the Holy Spirit. (That formula still is the same today.) The priest would bid the sickness invading the body of the person to leave him or her and request that the Holy Spirit take up residence, where once sickness had dwelled. After these administrations the sick person would be given Holy Communion (Gusmer, 1974: 44). But that was not the end of things, for the priest would then invoke a blessing on the sick person's medicine, their food, and the water they drank. Holy Oils would be left with the sick person (Harding, page 5), in order that his or her family could regularly anoint him or her at home. A sick person, having received such administrations from the Church, must have felt spiritually comforted, totally supported by the Church and not alone in his or her experiences, but that the Church was there in support.

A priest of the Early Church, who is reciting prayers to cast out sickness from every part of the body, and requesting that the Holy Spirit (Gusmer, 1974: 43-44) take up residence, may sound like an exorcism to the modern ear. But today, we know that frequently, a problem of the mind can produce physical illness; to heal the illness we must first sort out the problem (See McManus, 2002: 85). The way into what St. Theresa of Avila called her *interior castle* is blocked by weakness and ignorance, wrong thinking and doing (see St. Teresa of Avila, 1911: 141 para 6). To the old ways of prayer and meditation we can add the new way of depth psychology, through which religion is once more coming into its own. In the New Testament, Jesus promised a solution to these problems; the way of healing is a rediscovery of the answers which He gave. It is the way of feeling: love your neighbour as (part of) yourself; love your enemies and, in so doing, becoming sons and daughters of God (see McManus, 2002:97-99). Not to feel is to live without hope and, to live without hope, is a life without God. To shut ourselves off from suffering is to close ourselves off from the suffering of others (see Larrañaga, 1997: 257). Inevitably, by shutting ourselves off from others we close ourselves off from our hearts, which means also from God. Perhaps, this is what was meant when Jesus (Mat 10:39, New Revised Standard Version) said: *Those who find their life will lose it, and those who lose their life for my sake will find it.* To acknowledge the suffering of others means we *know* suffering.

Through the ages, the Church has been involved in the healing ministry, whether that healing ministry was of a miraculous nature at the intercession of a saint, or through the monastic institutions. Most books that support the work of the healing ministry in England, cite the evidence of healing in the primitive Church (Garlick, 183-191: 1952); the most complete of such works is that of Frost (20-70: 1940), who maintains that the Ante-Nicene Church was totally transformed by the Risen Christ. The power of the Easter victory over death, by Jesus, was not solely confined to the salvation of souls, but was extended to include the preservation of the whole person – body, soul and spirit. The Church's sacraments of Baptism and Holy Communion have a particular and special part to play in that role. The pre-Nicene Church Fathers pointed to the

Easter victory of Christ manifesting itself in powers shown in direct relation to persecution: powers over what was earlier attributed to demons; and powers over physical death and disease. Examples of healing tend to occur in patristic passages dealing with problems ascribed to demonic possession and disease. The Early Church was totally convinced that the battle that they were engaged in was not merely with human foes, but with Powers and Principalities (Eph 6: 12). Frost (56-70: 1940) continues the argument by stating that, as healings often occurred after exorcism, it can be easily seen how they became attributed to the Easter victory. Justin [d.c. 165]; (2003: xxx 3) proclaims that countless demoniacs were healed by exorcists who exorcized in the name of Jesus Christ; and he maintains that the gift of healing is one of the charismata still received in the Church (xxxix).

Divine healing from sickness was a proof of the power of the Resurrection at work upon humankind's physical nature. Irenaeus of Lyons [d.c. 202] (1999: III, v, 2) argues that the healing ministry - that includes sight to the blind, hearing for the deaf, curing the weak, lame and paralytic, casting out demons, etc. - of the Christian Church was superior to anything the Gnostics had to offer. In a world where sin and sickness were inextricably linked, Christ was the only cure! Exorcisms also played a major part in the thinking of Tertullian (iii) and Origen (I, vi).

Cyprian [d. 258]; (vi) relates how sin weakened the power of the Christian Church. Demons would only be stilled by a Church at peace. Changes had taken place. Dr. Frost (1940: 69) comments:

From the time of Cyprian onwards the Church is involved in controversy; the problems of discipline and order and of theological definition land the Church in a battlefield; the first freshness of the Spirit-filled life of the previous centuries has passed away, no longer has the Church all things in common, no longer is it of one heart and mind, no longer is there the same degree of power in prayer, no longer is there a rich harvest of

*testimony to healing, although never has the power of healing
the sick by prayer and sacrament been completely lost.*

This loss of unity and spirituality seriously weakened the witness of the Church. The emergence of conventional Christianity, through the conversion of Constantine, led to it becoming the state religion, which was also very damaging. The cosy church-state relationship left no room for the Spirit-filled activity of first Christians and, by the time of St. Augustine [d. 430], whilst healing miracles were still occurring, they had become infrequent and were seen as somewhat *unusual*. Whilst this may be the commonly accepted view of the progression of the healing ministry, it is far from complete. For example, Puller (149-198: 1904) lists twenty-two healings after the sick had been anointed as late as the time of St. Cuthbert [d. 687]. Whereas, Dearmer (353-400: 1907) has listed healings attributed to people as diverse as Martin Luther [d. 1546], to Philip Neri [d. 1595]^v, to John Wesley [d. 1791], to Father Theobald Matthew [d. 1856], and George Fox [d. 1691], to Father John of Cronstadt [d. 1908]. Through the centuries and to this very day, the Church has always had compassion for the sick and felt a duty towards their care. The author accepts that sometimes the Church's ministry may be less spectacular than that practised in the primitive Church, but it was of this caring compassion for the sick that led to the founding of hospitals as early as 369 in Edessa, Asia Minor, by St. Basil [d. 375].

6.3.1 Religious Communities and the Hospitals

As religious orders came into being, they established their abbeys, priories and monasteries, so that each religious house would have as part of their establishment an infirmary from which the sick, both from within the monastery as well as the local population, could seek assistance. Religious houses often had herb gardens and one or more of their community would have skills as an herbalist – the root of modern day medicine. Some religious orders came into being with the specific task of looking after the sick; others, such as the Franciscans, whilst not specifically established to care for the sick, nevertheless, saw it as their Christian duty to provide aid when they

encountered the need, as instructed in the parable of the Good Samaritan (Lk, 10: 25-37).^{vi} Communities, such as the Order of St John, with its beginnings in a hospital in Jerusalem in the twelfth century (Scott, 1988: 1), became widely known and popular. There is another order with a similar name, the Order of St John of God (McBrien, 1995: 711), also a hospital order, but its origins lie in sixteenth century Spain, and whilst it is very similar it must not be confused with the former. These are just two of many such religious orders, some of which are still working to this day.

6.3.1.1 The Order of Saint John

The origins of the Order of St. John (Scott, 1988: 1) are obscure, but it is known that a hospital dedicated to St John the Baptist was functioning in Jerusalem before the first crusade in 1099, providing care for sick and weary pilgrims. It was situated on a site near the Church of the Holy Sepulchre and the Benedictine Convent of St Mary of the Latins and, at the end of the 11th Century, was administered by Brother Gerard de Martignes, better known as the Blessed Gerard (Cole-MacKintosh 1986: 2). The Benedictines originally funded the work of the hospital.

After the capture of Jerusalem by the Crusaders in 1099, the work of the hospital and its brethren became widely known (Scott, 1988: 3). Many Crusaders were nursed in the hospital and, in gratitude, lavished gifts of money and land upon it. The increase in wealth and power enabled the Blessed Gerard to establish it as an independent institution. Pope Paschal II recognized the Hospital of St John in Jerusalem as a separate Order of Canons Regular in 1113 (Renwick and Williams, 1958: 9). By the time the Order came to Rhodes, it was a large, international institution with brethren coming from many different countries and speaking many different languages (Cole-MacKintosh 1986: 3). Whilst the Order was still in the Holy Land, it began to realise the need to accommodate the brethren into *groups*; each group would contain brethren who all spoke the same language. So, in Rhodes, the Order firmly established a system of *Langues*, where the Order was divided up into *Tongues*. Each

Tongue consisted of the Knights and other Brethren, who came from the same country, spoke the same Languages, (Renwick and Williams, 1958: 12 and 23) and lived in the same *Auberge* or Inn. There were eventually eight *Tongues*, which were: France, Provence, Auvergne, Italy, England, Germany, Aragon and Castile.

A high level of cleanliness and attention to sterility is paramount in contemporary hospitals; this is not simply a modern day pre-occupation. Patients receiving treatment in hospitals run by the Order of St John were served their meals using silver utensils and the equipment used was also silver. This was not because the Order had inherited the Benedictine sense of hospitality towards its patients. Even in those early days, the Order knew that silver is hygienic and easier to keep free from germs. To that extent our modern hospitals have inherited their hygiene standards from the brethren of St John.

In England, the Order became very large, with substantial estates and many possessions; for administration purposes, and in keeping with the rest of Western Europe, it needed to be divided again into Priories and Commanderies (Renwick and Williams, 1958: 43 and 45). The Order in England assisted the Order internationally, by providing funding for the defence of the Holy Land and later, for the islands of Rhodes and Malta. About 1144, the English branch of the Order was granted some land at Clerkenwell (Cole-MacKintosh, 1986: 5) on the outskirts of London and it was there that the Knights built a Priory as their headquarters in England, which remained the case throughout the Middle Ages. The Gate House of the Priory, rebuilt in 1504, and still standing to this day, is the Chancery of the Order of St John in the British Realm, and is still the headquarter for the Order to this day. Subordinate to the Grand Priory of England are the Grand Priories of Ireland and Scotland.

The Grand Priory of England was dissolved (Scott, 1987: 8) during the time of suppression of the monasteries by King Henry VIII, and the Order's estates and possession confiscated. Under Queen Mary (Renwick and Williams, 1958: 53),

England temporarily returned to the Roman Catholic Communion and, in 1557, the Queen issued Letters Patent reviving the Order and restoring its estates. These Letters Patent were never revoked, but Elizabeth I again confiscated the Order's property, and for nearly three centuries the Order in this country remained in abeyance. During the greater part of this period, the so-called Titular Grand Priors of England were appointed in Malta (Renwick and Williams, 1958: 54) and the *Tongue* of England was kept alive there. In 1782, the English *Langue* was temporarily re-established under the name of the Anglo-Bavarian *Langue*. So the modern British Order can justly trace its descent from the foundation of the Hospital in Jerusalem in early times.

In 1831, the Order was revived in this country through a group of French Knights (Renwick and Williams, 1958: 57) called the Capitular Commission, and the English Committee elected the Reverend Sir Robert Peat to be Prior of the *Tongue* of England. With religious differences, however, and despite prolonged negotiations, the revived English *Tongue* was refused recognition by the parent body, the Sovereign Military Order of the Knights of Malta whose headquarters are in Rome. Happily though, in 1963, a Declaration of mutual friendship and understanding was signed at St John's Gate (Scott, 1987: 9) by the Lord Prior, on behalf of the Venerable Order, and by the Grand Chancellor, representing the Grand Master of the Sovereign Military Order of the Knights of Malta.

In the latter part of the 19th Century, the Order in England was very active in the development of Ambulance, First Aid, and Nursing work, both in war and peace; and also, played a leading part in the foundation of the British Red Cross Society (Scott, 1987: 9). This valuable work soon attracted the attention of the Royal Family and, in 1888, Queen Victoria granted the Order its first Royal Charter (Cole-MacKintosh, 1986: 8). Since that year, the reigning monarch has been Sovereign Head of the Order and the Grand Prior has always been a member of the Royal Family. The interest in Ambulance and First Aid work spread to the British Dominions, and in consequence, in 1907, Edward VII granted the Order a Supplemental Charter (Scott, 1987: 9), enabling it to establish Priories within the Empire. There are now Priories in Wales, South

Africa, New Zealand, Canada, Australia, and Scotland, established in that sequence with regard to dates; and also, Commanderies in Northern Ireland and Western Australia. The Association and the Brigade are represented in almost all Commonwealth territories overseas.

The St John Ambulance Brigade was established in 1887 (Scott, 1987: 13), at the request of many individuals who, having successfully gained St John Ambulance Association First Aid Certificates, wished to have the opportunity for on-going training. They formed themselves into divisions, so that they could be ready to provide assistance as required to the sick and injured. All members of the Brigade - the uniformed branch of the Order - hold a First Aid Certificate and a Manual Handling Certificate as their basic qualification. In addition to this, they may also be qualified in other areas, such as Health and Social Welfare, Ambulance Aid etc., which provides the opportunity for the membership to continue their learning and gain higher skill levels (Scott, 1987: 13). Such training is given to volunteers to equip them for the demands and the responsibilities of the service they wish to be involved in. They maintain their efficiency in all subjects by constant training and annual re-examination.

In 1892, the first division of the St John Ambulance Brigade overseas was established in Dunedin, New Zealand (Scott, 1987: 13). The Brigade Overseas continued to be operated as a separate entity of the Brigade until 24th June 1950, when it was amalgamated with the Brigade at home, under the complete title of the St John Ambulance Brigade. In recent years, most St John activities in the Territories Overseas have been granted varying degrees of independence. Priorities in other countries have been established in order to regulate the work and activities of divisions within their own country. Where members of St John Ambulance are providing emergency medical coverage at public events worldwide, it is worth reminding ourselves that their foundations lie in the monastic system of the eleventh century.

Whilst the Order of St. John may have given rise to the organisation called St John Ambulance, which still carries out its work amongst the sick, other communities, though not formed of monks and nuns, have also arisen, for example L'Arche. L'Arche was founded by Jean Vanier and cares, within a community environment, for those with learning disabilities.

6.3.1.2 L'Arche

The L'Arche Communities provide adults with learning disabilities and those whom society calls 'normal' with the opportunity to live together, sharing their lives, their work, and their leisure (Thomas, 2002: 7): a healing community in which the assistants support, as needed, those with learning disabilities and, in return, find that they are the ones being healed! Dr. Jean Vanier, who founded these communities, relinquished his post as a teacher of philosophy at St Michael's College in Toronto declaring: *I felt strongly the call of the Gospel to work more deeply with the weak and rejected among God's children* Clarke (Clarke, 1973: 44). Setting up a new home in France provided Vanier with the opportunity to share his daily life with two former patients of a psychiatric hospital and it was this direct experience that illuminated his approach to teaching those with learning disabilities (Vanier, 1995:27). He realised that they had the capacity and need to share their lives with those whom society calls 'normal' and this led him to establish *L'Arche*, meaning The Ark, a home where support and assistance was provided for residents within a community ethos. This daily challenge taught him about what it means to be a Christian, how much that Christian life must grow in commitment to a life in community, and how much that life needs faith and the love and presence of Jesus, if it is to deepen.

The chance to extend his work arose when the live-in centre in Trosly-Breuil, which catered for up to thirty male residents with learning disabilities, was threatened with closure and Vanier was approached with a view to managing the home (Thomas, 2002: 9). The power of daily prayer, a celebratory approach to mealtimes, a sense of joy and peace following their pilgrimages – their first to Lourdes in 1965 – helped to create a flourishing, positive

atmosphere, where before there had been depression and violence. Although Vanier felt that God was leading him on he had his critics. Mosteller (1972: 13) considered him foolish to relinquish his career in education to live with those who had learning difficulties. She quotes Vanier as saying:

The beautiful thing about Jesus is that He never calls us alone. When Jesus says 'Come' to Philip and Andrew, then Andrew goes to Peter and says 'We have found the Messiah'. Philip goes to Nathaniel and says 'We have found the peacemaker'. So it is when He gives us His Spirit. He very quickly creates a family. He gives us brothers and sisters and the Spirit of oneness and love.

God, however, chooses what is foolish and what is weak to shame the wise and the strong.

The realisation that the parents of those who have learning disabilities also need support led Vanier and others, in particular Marie-Helene Mathieu^{vii}, to found the Faith and Light organisation, which is an international Christian association of small communities including those with learning disabilities, their families and friends. This close-knit association is a source of support and strength to those who need it; it exists in some thirty-seven countries (in the U.K. there are nine communities) and from time to time gathers together to go on an international pilgrimage.

The Organisation of L'Arche

In L'Arche, people with and without learning disabilities share home life in ordinary houses with all that entails: cooking, cleaning, shopping, and meal times. It is through these daily routines that people learn and grow. The community is about (see Kearney, 2000: 212):

- commitment to one another;
- sharing home life;
- having choice and responsibility;
- being valued and respected;

- having respect for others;
- taking part in the wider society;
- working to alleviate pain or difficulty; and
- experiencing God in all things.

There is something very simple and yet profound in this statement of purpose. The ordinary experiences of the community are shared: joys and sadness as well as the difficult times, but equally, when disagreements arise possible solutions to crises are shared.

Many volunteer helpers, capturing the vision of Vanier, have come to assist him in his *L'Arche* homes that have been established worldwide since 1965. Each community of *L'Arche* has a charter (see appendix one), and a covenant, which elucidates the mission statement and the expectations for members. Communities require meetings and celebrations, so that life can be lived in communion and each house develops a liturgy that tends to centre on the evening meal.

Those who come to share in the life of *L'Arche* are called *assistants* and they stay for varying periods of time from a few months, a year or more, to a whole lifetime (Thomas 2002: 34). *Assistants* need to be dedicated people with a sense of purpose in their lives. Life in *L'Arche* is not easy, *assistants* work long hours for little remuneration, in a profession that offers no glamour or status. Hard work and long hours require dedication and inner strength; therefore, a strong interior life is needed. Spiritual guidance is provided.

The time spent working with *L'Arche*, for an *assistant*, can be a time of personal growth. *Assistants* enable those with learning disabilities, but what may be surprising is that the reverse is true: those with learning disabilities, in sharing with the *assistants*, enrich the quality of their lives, teaching them how to care and, thereby, enabling personal growth. For example, Johnston (1986: 9), a consultant psychiatrist who worked with an *L'Arche* community said this:

It continues to be my bias that assistants come to L'Arche out of their own pain. This is not a criticism. Indeed it is a strength. This is not something to be avoided. Indeed it is essential that all helpers understand their own stories. This will give more understanding to the therapeutic nature of our community.

The atmosphere of care extends to everyone; the *assistants* are supported in their difficulties, and in their weaknesses too (Thomas, 2002: 37). A new *assistant* will enter his or her community, which is a small family group, believing in the uniqueness of every single individual. The community life style is taken from the Gospels and inspired by the Beatitudes. Kearney (2000: 78) writes:

The dual identity of L'Arche as a faith community and service provider for people with learning disabilities does indeed create a daunting workload and an intensity of life. While it enables the core members to enjoy a relaxed pace of life it often calls assistants to assume a busy and demanding rhythm.

On entering L'Arche the new *assistant* is given a companion, a person who will guide them through the life that is L'Arche and assist him or her to discover areas for possible personal growth. Through mutual respect, the community will help the new arrival to discover hidden talents and to be more forgiving and accepting of self (Thomas, 2002: 34). This depth of relationship and personal sharing enables the organisation to turn sorrows into joy (see John 16: 20). L'Arche is not about the needs of those with learning disabilities depending upon the *assistants*: L'Arche is about interdependence.

To enable a sense of achievement, most L'Arche communities offer skilled work, therapy, and training in craft work, or horticulture workshops (see for example, L'Arche Community Newsletter, Issue 55, 2002: 7; Thomas, 2002: 17). Some members may be able to take up employment outside the community, or attend college; others may attend local day centres, whilst the older members are helped to find new hobbies in their retirement years.

Pope John Paul (1992: subsection II) declared that ... *communication is the giving of self in love*. In the ministry of Jesus, there is a *a priori* emphasis on communication. Recognising the need to talk about values, to acknowledge the deep built-in hunger - often unrecognised - to share hopes, disappointments, expectations and dreams, *L'Arche* uses social gatherings, exchange visiting, prayer weekends, and discussion times, to examine the experiences of the individual and the community, to evaluate the present and plan for the future (Vanier, 1995: 35). Travel is important to *L'Arche* for both those with learning disabilities and the *assistants* (see Thomas, 2002: 59-61). The international gathering of *L'Arche* communities in Rome can draw hundreds of people from all over the world.

The *L'Arche* community embraces the domestic family, small friendly groups, and the parish community as a whole. Each of these communities is meant to offer a fourth characteristic, that of liberation (Thomas, 2002: 31; Vanier, 1975: 37).

That Which Is *L'Arche*

In Luke's Gospel, we have the story of Jesus in the synagogue at Nazareth (4: 16-30) expounding the message from the book of the prophet Isaiah: *The spirit of Lord Yahweh is on me for Yahweh has anointed me. He has sent me to bring the news to the afflicted, to soothe the broken-hearted...* (Isa 61: 1, the New Jerusalem Bible). Schillebeeckx (1990: 18-24) devotes an entire section to the ministry of Jesus with that passage from Isaiah in mind, to which he ascribes the word, communication. Schillebeeckx sees Jesus' ministry with the afflicted as a kind of ... *opening up a dialogue with them*. Jesus dines with sinners (Lk 15: 2), and welcomes tax collectors (Mat 11: 19) and, in the eyes of the Pharisees, just how low could the man get? Jesus was seen, specifically, as seeking out the lost. With these individuals, with whom Jewish society would not associate and who they had rejected, Jesus opens up dialogue, so that none were excluded. In turn, those same people are expected to communicate with others and so on. Gunstone (1976: 64), in describing the beginnings of a lay Christian community, tells of the need for each of us to accept ourselves for

who we are and for those who live within the community to accept others for whom they are. In acknowledging our sinful nature, we come to repentance and find forgiveness. He continues: ... *as individual members of the community, we learned that healing began when we acknowledged before one another what we really were. And it was in being accepted by the rest of the community for what we really were that the love of God flowed through them to us.*

This could also be true for *L'Arche*. Dr. Vanier's work expanded rapidly and, through that expansion, he came into contact with other groups of people who had been pushed away and marginalised by society. Following the example of Jesus, Vanier's mission, according to Thomas (2002: 12-13), is to affirm the dignity and value of all, even the most broken: this is something essential, something holy (Vanier, 1995: 56). Every human being has a value beyond price (Vanier, 1995: 6) because we are made in the image of God and that price is not altered or reduced according to an individual's personal success or the lack of it. Humanity is therefore sacred.

In pursuance of this mission, Vanier (1995: 25) rejected the notion of 'no-go' areas: he visited every major prison throughout Canada, responding to one of the inmates by spending two days with him in his cell (Vanier, 1975: 37). In India (Thomas, 2002: 14) Vanier mixed with the 'untouchables', those whom society rejects and isolates, out of fear and prejudice: Vanier made himself available.

Central to Vanier's philosophy regarding the care of people is his belief that each of us is sacred and infinitely dear to God and the answer to our problems lies within the commitment that is given to us. This is something that needs to be experienced, for it is something that is not easily described, or understood. Visiting York Minster one notices that the Seven Sisters' window - rather drab, grey and forbidding when seen from the outside - may be seen in all its ethereal beauty when viewed from the inside. In this description there is something of the work of the *L'Arche* communities with those who have learning disabilities,

they do not see the outside but go within, where a person can be seen in all his or her beauty (Vanier, 1975: 41).

Jesus said (Mat 11: 28): *Come to me all who are burdened...* the emphasis being on *all*, and there is something about *L'Arche* that speaks of the *all* in Christ's call (Vanier, 1995: 56). Those with learning disabilities have two handicaps: first, there is the one they have been born with, a wound left from a particular combination of genes, or from an accident at birth; second, there is the one that society visits upon them: rejection (Vanier, 1975: 1; 1995: 58)! Young (2004)^{viii}, who is a registered nurse for those with learning disabilities, comments in interview that those who have come into contact with God's special people will often tell of their capacity to love (see also Vanier, 1995: 32-33). This capacity to love appears to be infectious because those who care for them cannot help but be influenced by the handicapped person's deeply sensitive life. In fact, close contact with these 'special people' often has an unquieting result; it brings out our own pain, our own wounds, our anger, fragility and limitations, all come to the surface (Vanier, 1995: 33-35). Vanier describes this experience (1975: 89) thus: *In the meeting of people there is something that has no end and we do not know where it will take ^{ix}us*. Jesus can be found in the lives of those we value least and in our own weakness (Vanier, 1975: 90-91). When we are laid open, vulnerable, our defences are down and Christ can enter (compare Mat 5: 3 with 2 Cor 12: 10). When we serve the poor, Christ can use us and we in turn, through that ministry, become nourished, loved and evangelised because in the poor... *by His wounds we are healed* (Isa 53: 5). Vanier himself said: (Tyrrell, 1989: 48): *When we become conscious of our own poverty, our lack of fidelity, and our fears . . . then Jesus will reveal Himself as the quiet and gentle healer*. Helping those with learning disabilities to achieve and grow is only part of the story, the other half is about the healing of the brokenness of the *assistants*. Thus divided we fall, united we stand in the communion of Christ, whole and holy, becomes the recognised norm.

6.4 Signs of Life to a Dying World

The Church continues to discover its healing ministry. The thought that healing miracles were for the times of the Apostles only is now being shown to be wrong. Miracles of healing still occur, as can be testified by leading Roman Catholic figures such as Monsignor Michael Buckley (1987: 133-134)^x, Father Peter Rookey, OSM (1994: 110)^{xi}, Father Jim McManus, CSsR (2002: 149-150)^{xii}. Communities of lay Christians have taken root, like that of *El Shaddai*, founded by Father Buckley and offering healing through conferences, and retreats, and in other places: religious houses such as St Mary's, Kinnoull, Scotland; a Redemptorist Institute also offers similar conferences and retreats. But it is not only in the Catholic Church that we find these initiatives. In the Anglican Church there is, for example, the Acorn Christian Healing Trust at Bordon, Hants; and in Ireland, there is the interdenominational community in Rostrevor whose vocation it is to bring healing to a divided Christian community.

In the late 1960's and early 1970's an Anglican priest, with whom the author has both spoken and corresponded with over many years- one Reg East - felt called out from a parochial ministry to a community life (Gunstone 1976: 12) where lay Christians would devote a few years of their lives. This came into being in 1971 at Whatcombe House (Gunstone 1976: 16) in Dorset and was called the Barnabas Fellowship. As is readily testified by Fathers Buckley, Rookey and McManus from their own experiences, the healing ministry that came to be part of Whatcombe and Fr East was lead by the Holy Spirit. The Community at Whatcombe would arrange conferences (Gunstone, 1976: 33) throughout the year on a variety of topics of Christian life, but by far the most popular were those surrounding renewal in the church, and healing (Gunstone, 1976: 79). Those who came to Whatcombe also had their own problems and they would seek out a member of the community to confide in, to share their burden with, and for counselling (Gunstone, 1976: 82). The problems that people brought with them to Whatcombe covered the whole range: personal problems, marriage problems, guidance in making an important decision in their life, spiritual conflicts, and requests for prayers for healing. The Community felt themselves privileged to witness, first hand, the work of the Holy Spirit as

people were healed and renewed, and this was their reward. Gunstone (1976: 82) states:

Various members of the community, especially Reg himself, were particularly gifted in the task of listening to and praying with people who came to them with their problems. There must be dozens if not hundreds of folk whose lives have been transformed in this way. I have seen many who, coming to Whatcombe for the first time with faces drawn in anxiety, have returned the second or third time with eyes lightened with fresh hope.

I have witnessed this for myself, whilst living with a similar community (the Scargill Community in the Yorkshire Dales, where I was resident from 1977 to 1979). I was sought out by individuals who shared their most painful problems with me, in a complete way, which people would not normally relate to another person. These people laid themselves open and vulnerable before me. Having shared their burden, I would encourage them to pray through their problems, after which they would become, somehow, visibly lighter. Having given consideration to this phenomenon over a long period of time, I came to the conclusion that when people came to participate in a conference, they probably expect something cold, clinical, and professional. But what they experienced was the total opposite. They came to a community where the love of Christ was so self-evident that they became overwhelmed in that love (compare with Gunstone, 1976: 10). This experience brought their pains, often deep emotional pains, to the surface and in so doing the Holy Spirit (compare with Gunstone, 1976: 85) could bestow upon them the healing power of Christ.

6.4.1 The Self Image

Self image plays an important part in our spiritual, physical and emotion health (Buckley, 1987: 106-107). Self image is based somewhere in the subconscious and it controls the way we feel about ourselves (McManus, 2002: 126). It is not something that we are born with, but it is something that is moulded as we go through life and ultimately it may be constructive and destructive. A good self

image leads to true self-esteem, whereas a poor self image leads to low self esteem. We feel bad about ourselves and we can feel bad about those around us.

Self-rejection may be said to have come from Adam and attributed to sin. Adam tried to hide himself from God so that his sin could not be seen. Those who are keenly aware of sin may develop a strong guilt complex (McManus, 2002: 132 compare with Wright, 1982: 69), feeling that their sin has robbed them of their dignity before God. The Second Vatican Council (1965: paragraph 91 - *Gaudium et Spes*) contends that they have lost the sense of ... *the surpassing dignity of humanity*. As children, we learn that some things please our parents (Buckley, 1987: 105-106), relations, teachers and others, and so we desire to continue to do such things to win their approval. However, we also learn that some behaviour invokes chastisement that appears to separate us from the love of our parents. (I use the word 'appear' because, in most cases, for those of us who experienced a more fortunate upbringing, that was never the case.) The lesson we learned was that behaviour decided whether we were good or bad children and, thereby, we began to place conditions upon our self worth (Carter-Stapleton, 1977: 89 compare with Wright, 1982: 41). Good children are those who: please their parents and significant others in their lives; who do well at school; who are helpful around the home; and who become enthusiastic members of certain youth organisations; and excel in sporting achievements: from these will be earned praise. This is a very negative learning experience: worth is dictated by being good and pleasing others. From this message we may learn to reject ourselves; we do not accept ourselves for who we are, unconditionally (compare to Carter-Stapleton, 1977: 90). As soon as we place conditions on our own worth, no matter what these conditions are, we are on the road to self-rejection (McManus, 2002: 107).

Good self esteem is arrived at through self-knowledge and self acceptance (Buckley, 1987: 107-108). Self-knowledge is that which we learn about ourselves. It is therefore important, very important, that we are able to trust the source of that self-knowledge. The Christian may point to the Scriptures and in

particular quote the prophet Isaiah (43: 4) as evidence that we are all ... *precious in His sight*. To know that someone holds us as precious is a boost to our self image. We have worth and value. For the Christian, knowing that God loves him/her is extremely important; and, knowing that love led God's only Son to die on the Cross (McManus, 2002: 178) for us means that that love is unconditional and beyond price. It is in knowing this that we can begin to understand our true worth, which can be liberating: a liberation dependent upon the word of God. Entering into this liberation, growing in the freedom gained through this liberation, maintaining and protecting this liberation can only happen if we live each day with the word of God. Pope John Paul (1993: paragraph 85) said this: *The Crucified Christ reveals the authentic meaning of freedom; He lives it fully in the total gift of Himself and calls His disciples to share in His freedom*.

6.5 Summary

It has been demonstrated that the authority for the Church's healing ministry comes from Jesus Himself; that the healing ministry is a continuation of Jesus' activity in the world, and as such was passed onto His Apostles, and from there to the Church. As the Church grew through time, so her religious orders provided, through the foundation of infirmaries, a more direct health care to the sick who came to her looking for help. Those infirmaries gave rise to the modern day health structure that is used universally in today's world. Also, it has been established that lay people felt called to become involved in the caring ministry of the Church, through international organisations like St. John Ambulance that, itself, owes its existence to its monastic foundation.

It has been established that healing is not dependent upon sinlessness and the saintly nature of a person, but is a gift of God to His creature. When Jesus called His disciples, He called Matthew, (Mat 9-13; Mk 2: 13-17; and Lk 5: 27-32), a tax collector, who would be held in contempt and ridicule in Jewish society. During His healing ministry, He healed a Roman officer's servant (Mat 8: 5-13 and Lk 7: 1-17) and argued the case for compassion towards the sinful woman (Luke 7: 36-50). In these examples, we are shown something of the

boundless grace of God. But we can limit the gift of healing by our own sense of worth, or lack of it. Equally, healing can mean more than just the remission of disease or handicap. Those who live with *L'Arche* may not have their handicap removed, but the atmosphere generated as a result of being valued, coupled with faith, allows those with learning disabilities to grow and develop as individuals and, equally, to provide the means for the unexpected healing of the 'brokenness' of the *assistants* – the carers. When Jesus said (Mat 25: 35-37), *for when I was hungry and you gave me food, I was thirsty and you gave me something to drink, I was a stranger and you welcomed me, I was naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited me ...* He was alluding to His deep personal sensitivity towards the pain and suffering of humanity (see Spencer 2003: 115). This is surely a sign of life to a world dying from increasing secularism and commercialism: healing freely bestowed!

As Christians live by the word of God, they are enabled to develop a positive image of themselves, seeing themselves as God sees them, *precious in His sigh*". There are no conditions to that, no strings attached, just unconditional love from the Creator to His creature. In accepting that unconditional love, the Christian knows that external conditions of worth are superfluous.

ⁱ According to a report, compiled by Revd. Peter Allen from Our Lady of Lincoln (written in 2004 and held at Our Lady of Lincoln, Catholic Church) for the Catholic Diocese of Nottingham, the total population covered by the parish amounted to 55,000 of which those who attended Our Lady of Lincoln numbered 1,700. The Outreach Programme assisted the parish to update its records and, as a result of the Outreach Volunteers visits, found that there were some 550 'Catholic households' within the parochial area. Allen states that, *the national average of 3.16 persons per household then gives an approximation of 1,729 Catholics, a growth rate of 1.7 %*. The Outreach Programme also told us that, of those 1,729 Catholic parishioners, there was an imbalance in the age range make up of the parish with greater percentages of people who were 65 plus and, surprisingly, also larger number of those aged between 15 years to 25 years old. The average age in the parish is 40.27, indicating an ageing population. Considerations needed to be made for those persons who had become ill or frail and housebound; perhaps, there may be other physical problems, such as transport to church and so on. The priority of the parish became clear, *affirming the parishioners' faith by human contact* (Allen, 2004: 6). Needless to say, the work of the Church is seen to be the work of God accomplished through His people. The success of such ventures is difficult to evaluate because it involves the work of the Holy Spirit. We can never be quite sure why someone will respond to a visit and yet another person will not. Often the person visiting is unable to understand why they had success in one household and failure in another. Most Christians

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- can readily identify in retrospect, with the situation where they were being used by God in some way or in something that they have said and, without knowing it at the time, God had used them to accomplish something of His will. It was for this reason that St. Paul could glorify in his limitations (2 Cor 12: 9-10). Even the professional has his or her limitations, beyond which God takes over because, if all eventualities had been foreseen and catered for, then there would be no room for God!
- ii **The Old Testament Prophets** played a part in the well being not just of the individual but also of the state. For example in 2 Kings 5; 1-14 Elisha's advises Naaman to wash in the River Jordan for a cure and in 2 Kings 20: 7; Isaiah 38: 21 Isaiah advises that a poultice ought to be applied to Hezekiah's boil accompanied by prayer. Where as in 2 Samuel 12: 14-23 Nathan tells King David that the child born to Bethsheba would die and in 2 Chronicles 21: 12-15 Elijah's letter to King Jehoram of Judah fore warns of a plague that would beset his subjects and that he himself would suffer from a bowel disorder. The prophets looked forward to a time when Israel would be restored to God, their sins forgiven and they would be *well* again.
 - iii **11th February, Our Lady of Lourdes feast day.** In his letter, *'Message for the Celebration of the First World Day of the Sick'*, 21st October, 1992, Pope John Paul II declared that the feast of Our Lady of Lourdes be a day when the whole of the Roman Catholic Church throughout the world should celebrate the Sacrament for the Sick. He sees Lourdes as a continuing sign of God acting in our history through the person of the Blessed Virgin Mary reminding us of the infinite goodness of God. The Marian shrine at Lourdes attracts over two million pilgrims each year most of whom are ill or disabled. Of the five thousand cures proclaimed as taking place in Lourdes, the Roman Catholic Church has declared sixty-six to be truly miraculous cures.
 - iv This ministry continues down to the Church of today; for example, on the 5th October, 2003 Bishop Malcolm McMahon, O.P. visited the parish church of Our Lady of Lincoln, in Lincoln, at which time a service of healing was held for the sick and infirm. The service still followed the Scriptural traditions with a short time of penitential reflection, the laying on of hands, anointing with holy oils and the reception of Holy Communion. This format has not altered much in centuries. **Bishop Malcolm McMahon, OP** made his Life Profession in the Dominican Order in 1977 and ordained a priest in 1982. From 1989 to 1992 Bishop Malcolm was Prior Provincial of the English Province of Dominicans and was based at St Dominic's Priory, London. On the 8th December 2000 he was consecrated Bishop of Nottingham (Roman Catholic Diocese) UK.
 - v **St. Philip Neri (1515 – 1595)** was an Italian priest who co-founded a religious community called the Confraternity of the Most Holy Trinity. The community's mission was to take care of weary pilgrims and to tend the sick. The Congregation of the Oratory takes its inspiration from St. Philip and their aims are to promote holiness in the priestly life and good preaching. The U.K.'s Prime Minister, Tony Blair, had his two sons educated by the Oratory Fathers' at their school in Brompton, London.
 - vi St Francis of Assisi had an encounter with a leper, a disease that held mortal dread for him, as part of his conversion experience. That leper was Christ, that Francis had embraced, and from that time onward the Franciscans would see caring for lepers as a part of their calling after the example of Francis, though their principal vocation was as a mendicant order of friars preaching the Good News in the towns and villages, wherever there were people gathered who would listen to them. Interestingly, today, some Franciscan friars feel called to care for the victims of HIV and AIDS – a modern day equivalent of leprosy, from the way the world views those who suffer from that terrible disease.
 - vii **Marie-Helene Mathieu** is a teacher of children with special needs. In 1963 Marie-Helene founded the Christian Organisation for Handicapped People (OCH). In 1968 she went on to create the 'Shade and Light' show which she continued to manage up until the year 2000. Together with Jean Vanier in 1971 Marie-Helene founded the international movement called the 'Faith and Light' which is a group of communities for mentally handicapped individuals, their families and their friends – some 1,500 communities in 78 different countries throughout

the world in all five continents. 1979 she became the International Co-ordinator of the Faith and Light movement. Pope John Paul II appointed Marie-Helene in 1984 as his representative for laymen and she was appointed the expert on caring for handicapped people at the European Committee for the Vatican. In 1988 she made history by being the first woman to lead the Lent Service at Nôtre Dame Cathedral in Paris. Marie-Helene has been invested with three of her country's honours which are: Chevalier de l'ordre National du Mérite in 1976; Chevalier de la Légion d'Honneur in 1988; and Officier de la Légion d'Honneur in 1999.

- ^{ix} **Ann Young, S.S.St.J.; RN (LD)**, is a registered nurse caring for those with learning disabilities for the past 35 years of which for 12 years she worked at Prudhoe Hospital, Northumberland; 12 years with community based residential schemes in Gateshead and 11 years attached to training centres also in Gateshead. Ann also the rank of Superintendent (with additional responsibilities) in St John Ambulance, responsible for the divisions of Ryton Quadrilateral; Ryton Badger Sett; Gateshead Combined Adults; Gateshead Combined Cadets; and Gateshead Badger Sett (Badger Setts cater for children from the age of six years old). Ann is also a trainer for St John Ambulance teaching: first aid; nursing; and ambulance skills.
- ^x **Monsignor Michael J. Buckley, D.D.** is a retired priest of the Roman Catholic Diocese of Leeds, UK. He founded the El Shaddai community for inner healing in 1985. From 1957 to 1960 he was the Professor of Philosophy at Beda College in Rome and in 1968 was appointed the Roman Catholic religious advisor to Yorkshire Television. He has a regular column in the Roman Catholic weekly publication; 'The Universe' dedicated to healing and is the author of several books on healing including, 'Healing Touch' and 'Christian Healing'.
- ^{xi} **Father Peter Rookey, OSM** is a member of a religious community called the Order of the Servants of Mary (known as 'Servites'); he entered the Order's Seminary of Mater Dolorosa in Chicago, USA, in the September, 1930 at the age of thirteen. Fr. Peter made his Life Profession 1st November, 1939 and ordained priest 17th May, 1941 at Our Lady of Sorrows, the Servite Basilica in Chicago, USA. In 1947 to 1953 he assisted in the founding of the Servite order in Ireland, at Benburb, County Tyrone and in 1953 was elected to the position of Assistant General of his Order and was based in Rome. For six years from 1959 to 1962 Fr. Peter became the Superior of the Servite Order theology department at the University of Louvaine, Belgium. Between 1963 – 1968 Fr. Peter was a 'missionary' in Missouri, Ozarks to its five mission churches covering a distance of 200 miles It was during his time in Ireland that Fr. Peter realised that he had a vocation to the healing ministry and from 1968 he was recalled back to Chicago to begin healing services and the foundation of the International Compassion Ministry in 1986. Fr. Peter is known for his healing ministry throughout the USA, Europe and other parts of the world.
- ^{xii} **Father Jim McManus, CSsR**, is a priest in a religious community called the Congregation of the Most Holy Redeemer popularly known as the 'Redemptorists'. He made his Life Profession on 8 September 1957 and was ordained priest on 12 January, 1964. Fr. Jim was a Lecturer in Moral Theology from 1967 to 1973. From 1973 to 1981 he became the Director of Hawkstone Hall Renewal Centre, Shrewsbury. After which Fr Jim became the Rector of St. Mary's, Kinnoull in Scotland which is a Redemptorist Institute of Spirituality. From 1990 to 1999 Fr Jim became his order's Provincial Superior and is currently serving again as Rector of St. Mary's. Amongst his published works are: 'Healing Power of the Sacraments', 1984; 'Healing in the Spirit', 1994; 'Hallowed Be Thy Name', 1996; 'All Generations Will Call Me Blessed', 1999; and 'Inside Job: Spirituality of the True Self-Esteem', 2004.

CHAPTER SEVEN: SHRINES AND HEALING

7.1 Introduction

For those of the Roman Catholic tradition of Christianity, as well as for some Christians of other traditions, shrines have a very special place in their faith. They are seen as holy places, places of pilgrimage, and places where the sick may be healed. Louis Pasteur (1822-1895) discovered the problems caused by micro-organisms (Crystal, 1994: 728) and, from that point in history, the medical profession's attention has been focused on curing illness by attacking disease, either through elimination of germs, or by finding antidotes. The medical profession, understandably, has concerns about the healing ministry, as have some scientists, who naturally question why some people are apparently cured, whilst others are not. The emphasis of the medical fraternity is on physical healing, but is that the only kind of healing a Christian can expect? In this chapter, that question will be explored, specifically in relation to the shrine at Lourdes; and an attempt will be made to demonstrate that healing, to which some priests have been called, is an essential part of the ministry of the Roman Catholic Church today.

7.2 Faith or Fiction?

A shrine is simply a container holding holy relics that are exhibited within a church or a chapel. The church of Our Lady of Lincoln, situated in Lincoln, is also a shrine; there are no holy relics to be found there, but it does hold a sacred statue of Our Lady and the city of Lincoln was dedicated to Our Lady during the Middle Ages (Hill, 1979). For faithful Catholics, Lincoln is a special place where the pilgrims wish to come and worship; however, it does not have the same strong appeal as the Marian shrines in Lourdes, France (for example, Watling, 1993; Bertrin, 1908); Fatima, Portugal (Tindal-Robertson, 1998); Medugorje, Bosnia, Guadalupe, (Mexico) or Walsingham England (Connelly, 1973). It is, therefore, a lesser shrine but, no less - a shrine. In Lourdes, whilst there is a large church, the main shrine, where it is said Our Lady appeared, was no less than the town's garbage dump. Needless to say, it has all been

cleaned up and built up, but the site is separate from the main church. In Assisi, the remains of Saint Francis of Assisi are held in the basilica, as are the remains of Saint Anthony in Padua. So the sites for a shrine can vary.

Shrines such as Lourdes, Medugorje or Walsingham, for example, are called Marian shrines. These are holy places, devoted to the Blessed Virgin Mary and have become destinations for pilgrimages. These shrines have continued to draw large numbers of people since medieval times because, it is believed, Our Lady has appeared to the faithful; for example, it is claimed that Our Lady appeared to Bernadette Soubirous between 11th February, 1858 and 16th July, 1858 (Watling, 1993: 27; et. al). The Lourdes experience will be discussed in more detail later in this chapter. Amongst the pilgrims to these places are the sick and disabled, some of whom claim to have received healing as a result of their pilgrimage. It was June of 1987 when my father and I visited the shrine of Medugorje, more out of religious veneration than seeking healing, during which time an apparition of the Blessed Virgin Mary occurred. Our Lady appeared to be directly above me, as I sat in my wheelchair at the back of church. I shall never forget this experience as, at first, I could not understand where the brilliance of light and the intensity of heat were coming from. Whilst I am still disabled and still have symptoms, a friend who is a professional Health Visitor (Kathleen Grantham, RN, RM, RHV), seeing me upon my return, noted that I had greatly improved. Attending an outpatient appointment with my then neurosurgeon at the Regional Neurosurgical Unit, Newcastle upon Tyne General Hospital, on the 26th July 1999, he showed me the pictures from the MRI scan of the preceding June. I asked Mr Alistair Jenkins where the remainder of my six inch tumour was, for I could not see it. He replied that he did not know; it had gone and he went on to say that he felt that, taking into consideration the entire circumstances surrounding my illness, it was nothing less than a miracle.

Healing can come in different ways. Some people are given physical cures, but there are also cures of the mind, of emotions, of spirituality and of personal relationships. Dr. Patrick Theillier¹ is the Director of Lourdes' Medical Bureau and whilst he would not suggest that he performs any miracles himself, he certainly sees all the pilgrims to the shrine who claim to have received healing (Theillier, 2003:7); and some have undergone unexpected cures. In his investigations, he has seen a few cases where sufficient precise documentation has been produced to enable the Roman Catholic Church to recognise those cures as *miraculous* (Theillier, 2003: 7). One of the first recorded miracle cures from Lourdes relates the case of Louis Bouriette, who was born in 1804 and who, whilst working in a quarry, lost his sight in his right eye. His sight was restored in March 1858. One of the most recent cases relates to Jean-Pierre Bely (Lourdes, 2003: 17), born on 9th October, 1936; he was diagnosed with multiple sclerosis in 1972. By 1985, he became confined to a wheelchair and was unable to stand or walk. After receiving the Sacrament of the Sick on a pilgrimage to the Sanctuary of Lourdes on 9th October 1987, he was completely cured. His cure was officially recognised by the Roman Catholic Church on the 9th February 1999. In Appendix Two, I have provided a comprehensive list of all recognised cures from Lourdes from its earliest times and up to the most recent information available to me in 2004.

7.2.1 Process of Certification

If one views proclaimed miracle cures from a cynical perspective, it may be seen that the Church has more to gain than it has to lose from such a proclamation. So how can we be sure a *miracle* has taken place? Would the person have been healed anyway with the passing of time, or had the cure indeed been precipitated by the intervention of medicine? These questions are legitimate and the Roman Catholic Church, for those who know it well, can sometimes appear to be a doubter in relation to miracle cures, rather than a believer. However, if the Roman Catholic Church is seen to support spurious evidence of cures, its veracity would then be called into question. It has good cause to be cautious and to seek out the truth of any claim (see Theillier, 2003:

34). To assist in this, the Roman Catholic Church has an established process through which all such claims are submitted, and that is called the Medical Bureau of Lourdes, which reports to the Bishop of Tarbes-Lourdes. According to expert opinion (Theillier, July 2003), the date for the establishment of the Bureau has been fixed as July/August, 1883.

Pope John Paul II made the following statement to the members of the International Medical Committee of Lourdes when, on the 18th November 1988, they met with the Roman Consulta, in Rome, for the Canonisation of Saints (Theillier, 2000: 1):

Since a long time, the participation of doctors has been precious in the discernment of miraculous cures according to their own degree of competence. As science progresses we understand better certain facts. But there are numerous cures that constitute a reality which has its explanation only in faith, that scientific examination cannot deny a priori and that one must respect, precisely in its own order.

The Medical Bureau makes its decisions from investigation carried out at two levels:

1. at a scientific level, where a medical practitioner carries out his work using all the skills and knowledge available to him, as well as his own experiences;
2. at a spiritual level, respected as it is for it concerns the light of faith which is beyond scientific experience and explanation and which it cannot claim or conceal.

If a cure is to be recognised, it must satisfy the following two conditions:

1. that it defies the usual laws known in the progression of the illness (prognosis and pathology);
2. that it has led both the cured person, and those who witnessed the event, to recognise a spiritual meaning.

Two sides must, therefore, be taken into consideration when reviewing any claim of a cure:

- the abnormal fact, that the phenomenon of healing was, according to medicine, unexpected; and
- the sign, the faith element that leads those who are cured, and those who witnessed the cure, to the position that the cure was established at the intervention of God and through the agency of the Blessed Virgin Mary.

It is vitally important that any enquiry into a cure has this two-pronged approach of both the spiritual and the scientific.

7.2.1.1 Certified Cure

An examination of Jesus' miracles in the Gospels leads us to see that miracles multiply (Mat: 14: 13-21; John 2: 1-12), transform (Mk 7: 24-30; Lk 9: 28-36; Jn 8: 1-11), or heal (Mat, 9: 1-8; Mk, 5: 21-43; Jn 11: 1-44). What they do not appear to do is create. They were not thaumaturge, a magician trick, making rabbits appear apparently out of mid-air. A miraculous cure, therefore, is a natural phenomenon, where rapidity and vastness have exceeded the normal rules (Lk 5: 1-11; Jn 6: 15-21). They surpass the laws of nature, without violating them. The determinism has not been displaced: they are used as if by a higher Liberty and, accordingly, it is by directing them that this Liberty inexplicably shows itself. When considering whether a cure is natural or supernatural, a number of steps have proved to be necessary.

According to Theillier (document, 2000: 2) - if rather obviously - it needs to be established that a cure is indeed a true cure. That is to say, that there is or was an identifiable medical condition from which the person has been cured, other than through medical intervention. The Medical Bureau in Lourdes employs a permanent doctor who examines carefully each patient who claims to have been cured following their pilgrimage to Lourdes. The Medical Bureau doctor seeks out evidence of the disease from the patient's own doctor and, if the

patient has travelled with an organised trip to Lourdes, where a doctor has been available, the Bureau will seek future evidence from that medic. All medical documentation in respect of the patient's disease, prior to the proclaimed cure, will need careful examination.

Second (Theillier, 2000: 2/3), the Medical Bureau doctor meets annually with the patient for ongoing examination, keeping up-to-date records of the person's progress and, thereby, permitting a comparative study to be accomplished both before and after the cure. The Bureau has recruited a number of doctors and health professionals, irrespective of their views or beliefs, together to form the International Medical Association of Lourdes. The comparative study is therefore not the work of one person, but of a college of health care professionals.

Third, the medical inquiry is based upon a sevenfold principle of exclusion that is required by the Roman Catholic Church when deciding if a cure is miraculous. These are (Theillier, 2000: 3):

- The illness needs to be life threatening;
- The diagnosis and the reality of the illness must be exact and without doubt;
- The illness must be only organic, lesional;
- Any medical treatment received by the patient must not have resulted in the patient's cure;
- The cure received by the patient must be sudden, unexpected and instantaneous;
- The resumption of function needs to be total and complete without convalescence; and
- The patient must not be in remission but needs to have a lasting cure.

Fourth (2000: 3), once these objectives have been attained, the patient's file is then passed to the International Medical Committee of Lourdes. This consultative body consists of twenty permanent doctors; its task is to study each

case and to ensure that sufficient information is available; after which, they will organise a medical and a psychiatric evaluation. When this body is satisfied and able to confirm the inexplicable nature of the cure, they will present the file to the Church for official sanction.

7.2.1.2 Signified Cure

Leon-Dufour (1967: 365) said this about miracles today:

But physical miracles, too, continue, as in the times of the Old and New Testaments, to turn our attention toward the Word and the definitive kingdom, to arouse men first to conversion and then to re-conversion (Matthew 18: 3), and to translate divine love into living deeds.

He continues this statement by suggesting that those with open hearts readily understand what appears to be unintelligible to others, that nothing is impossible for God (compare with Gen 18: 14 and Lk 1: 37) and those who respond in faith and love then recognise it is God who is giving them a sign.

God continues to show Himself in ordinary ways and, through simple signs that those with faith immediately recognise. When the Medical Bureau comes across something that challenges the accepted norms in life, they then pass it to the Church for her assessment, for Jesus committed to the Church the responsibility for the discernment of the faith. The discernment of a miracle is, therefore, the responsibility of the Bishop of the diocese of the person healed. Again, not just one person undertakes the assessment. It is the responsibility of the Diocesan Canonical Commission which, after the patient has been examined both pastorally and by the diocesan panel, receives the material. The Diocesan Canonical Commission judges the sincerity of the patient and carefully notes any positive signs that have accompanied the circumstance of the cure: the spiritual fruits that follow; and how these conform to the Gospel message. It is bishop who takes responsibility for the canonical proclamation.

According to the report of the Medical Bureau of Lourdes (made on the 25th March, 2000 by Dr. Patrick Theillier, who is the Director of the bureau), by the beginning of the new millennium (the year 2000) only 66 of the 6,784 proclaimed cures from Lourdes had been officially recognised by the Roman Catholic Church as miraculous. Such canonical recognition that a cure is miraculous is very rare. When the Medical Bureau declares a cure to be miraculous, it is visible, corporal, physical, a cure that can be objectively analysed, from which there are gifts for everyone and not just for the fortunate few. When we accept that God can cure the diseased in this way, then the number of invisible cures - cures of the interior, and cures of a spiritual nature - must be without number and beyond our comprehension (see Buckley, 1987: 109). As human beings, we are all prone to feelings of fear or guilt (McManus, 2002: 190), which we bring with us to the altar when we receive Holy Communion. Through the action of the Holy Spirit, these feelings can be relieved (see for example Gunstone, 1976: 93/94). Dr. Theillier (2003: 80) aptly reminds us that, *God also works through medicine: doctors, health professionals and everyone who looks after the sick.*

The Gospel proclaims that Jesus of Nazareth was the Son of God, who took upon Himself human form in order to save humankind (Lk, 2: 11; Jn, 4: 42). In this, Jesus came to make mankind whole in all its dimensions and in this way gave mankind the most precious gift of all, the dignity of a beloved child of God. Divine intervention can never be proved scientifically, for it is a matter of faith (see McBrien, 1995: 868). Those who refute all miracles fall into the trap of scientism. Miracles are signs that show us that the world is not blocked by its tendency towards evil, of mankind's inhumanity to other human beings, but reminds us of the Good News.

7.2.2 Background to Lourdes

Between the months of February and July, in the year 1858, a fourteen year old girl was visited on eighteen separate occasions by a beautiful lady – the Blessed Virgin Mary. Those apparitions took place two miles outside the small

town of Lourdes in France. The girl was called Marie-Bernarde Soubirous (Lane, 1997: 5), better known today as Bernadette.

Bernadette was born in Lourdes on 7th January 1844, the eldest child of François Soubirous and Louise Castérot. The Soubirous managed a small mill called Boly, but unfortunately the business did not last and by 1854, François was obliged to accept any odd jobs to support his growing family. The Soubirous family home consisted of one single room under the garret in the *Rue des Petits-Fossés*, which was owned by André Sajous, a cousin. The room was called *the dungeon*, for in fact it was a disused prison cell (Watling, 1993: 26). The only home comforts the family had were two poor beds, two chairs and box in which they placed what clothes they had. Beside the dungeon was a cesspool and a manure heap – certainly not a desirable residence!

The Soubirous family were faithful Catholics, daily family prayers were said, the children were sent to school, and André Sajous witnessed the strong family bond that existed and which united them. Bernadette, as the eldest child, was required to help look after the younger children, particularly when Louise was away at work. She was also acquainted with hunger, cold and misery. As a result, she became permanently weak and asthmatic and was not always able to attend school. During the summer of 1855 (Watling, 1993: 26), cholera swept through the district of Lourdes, and Bernadette became very ill with the disease. There were no medicines to give her, as we may have today; but if the medicine had been available, her family would not have been in a financial position to obtain them. All that could be done for her was to rub her back with straw until the skin peeled. Despite this Bernadette survived.

A friend of the Soubirous, Marie Laguës, took Bernadette to her farm two miles outside Lourdes. Here, Bernadette worked, partly in the house with domestic chores and, partly in the fields looking after the sheep. Whilst looking after the lambs, she would build little altars, decorate them with flowers and she would say the rosary. Her guardian, Marie Laguës, worried at Bernadette's lack of knowledge of the Catechism of the Catholic Church and set about trying to

teach her. However, this was not an easy task and she failed: Bernadette was not a scholar. She was most anxious to make her first Communion and requested to be allowed to return home to Lourdes.

Bertrin (1908: 3) relates that on 11th February 1858, Bernadette, now fourteen years old, pleaded with her mother to be allowed, together with her sister Marie-Toinette and her friend Baloume Abadie, to collect wood. In order to persuade Louise, Bernadette promised to wear her hat, her stockings and her *sabots* as the day was very cold and it was also foggy. The three girls crossed a meadow that was intersected by watercourses (Gave de Pau; Canal d'ingalion; Canal de Savy and Ruisseau de Lapacca) to arrive at Massabielle (Old Rock). In front of the children lay a Grotto, in which a quantity of rubbish had been deposited there by the flow of the Gave.

Marie and Baloume took off the *sabots* and crossed the stream, disappearing into the wood and leaving Bernadette behind. Bernadette also began to remove her stockings and *sabots*. It was midday when Bernadette heard a strong wind, but she noted the trees were not moving. Bernadette approached a cave at back of which was a narrow tunnel that led to an arched opening a little higher up and to the right. As she looked toward the grotto, she saw that the vegetation growing beneath the higher opening was swaying, though nothing else. It was at this point that Bernadette, to her complete amazement, saw a figure in the opening, a *beautiful Lady*, as she herself would later describe the apparition. The *Lady* was surrounded by light and was alive. The apparition inclined her head towards Bernadette and stretched her hands outwards as if to invite Bernadette to approach. Upon the *Lady's* right arm was held a rosary with large white beads on a yellowish coloured chain. Bernadette was a little afraid, as well as fascinated by her mysterious experience. Bernadette's first thought was to take out her rosary and say her prayers. The beautiful *Lady*, holding her hands together with the rosary, turned towards Bernadette and made the Sign of the Cross. Bernadette was impressed by the *Lady's* manner, so reverent, and signified that she tried to copy the action for the rest of her life. The *Lady* passed the beads through her fingers, but she did not speak; only

Bernadette recited the rosary prayers (Watling, 1993: 28). Bernadette noted that the *Lady's* dress was white, reaching from the neck to her bare feet, upon each of which was a yellow rose. Covering her head, the *Lady* had a large white veil that fell to almost the same length as the dress. She also wore a blue girdle whose ends, too, almost reached the ground.

The vision lasted for about a quarter of an hour. After Bernadette finished saying the rosary, the *Lady* bowed, smiling (Bertrin, 1908: 5), and moved back into the opening, then suddenly disappeared. When Marie and Baloume returned, they found Bernadette on her knees and so they complained to her that she was lazy (Bertrin, 1908: 6). On the journey back to the *cachot*, Bernadette told her sister about the apparition and made Marie promise not to tell anyone (Watling, 1993: 29). Marie did not keep her promise and that evening Louise became very puzzled by Bernadette's story and her father, François, became angry.

In all, Bernadette witnessed eighteen apparitions, the second of which took place on 14th February 1858. Bernadette convinced her parents, after she had attended High Mass, to return to the grotto with some other children from the town. Once more, she began to recite the rosary and the Vision appeared, but only to Bernadette. She threw some holy water towards the *Beautiful Lady* and questioned her as to whether she came from God or not. If not, Bernadette requested that the apparition go away. Bernadette turned to her companions and said (Bertrin, 1908: 8): *She is not angry; on the contrary, she nods approvingly and is smiling.* Bernadette fell into a state of ecstasy. From this second apparition came the first of many testimonies in respect of Bernadette's countenance. The girls who had accompanied Bernadette saw that her face had become pale, that she was calm and bright and appeared to be transformed. They were greatly afraid and thought that Bernadette was close to death. However, a miller called Nicolau approached the group and, seeing Bernadette in ecstatic state, made the following statement (Bertrin, 1908: 9): *Never had I seen a more striking spectacle. It was in vain I reasoned with myself; it seemed to me that I was not worthy to touch the child.*

It was during the ninth apparition on 25th February that Bernadette was seen to be scraping in the soil and trying to wash her face in mud. The local people were totally disgusted by the spectacle. However, the next day a spring had arisen in full force, producing 27,000 gallons (122,000 litres) of water per day (Bertrin, 1908: 19). During the sixteenth apparition on 25th March the *Lady* announced to Bernadette, in response to her many entreaties to know who she was: *Que soy era Immaculada Councepciou (I am the Immaculate Conception)*.

Bernadette was not a girl of much learning and certainly had no idea about the meaning of such words as *Immaculate* or *Conception*. Her parish priest was Abbé Peyramale and he frequently demanded to know from Bernadette the identity of her *Beautiful Lady*. When Bernadette told her pastor the answer to his question, he became somewhat abashed because he knew that a girl with Bernadette's educational background could not have invented such an unheard-of title. According to Watling (1993: 42), Abbé Peyramale's problem was that the... *doctrine concerning the Immaculate Conception had not been proclaimed by Pope Pius IX (1846-1878) until four years previously*. Whilst Bernadette endeavoured to resume her life, the fact was that it had changed and would never be the same again.

The municipal authorities were perfectly hostile towards the grotto at Massabielle, not because they were irreligious, but for political reasons. They feared that such religious fervour by the masses of people who visited the grotto may be detrimental to their cherished positions. So they closed the site and banned all visits to the grotto. However, on 5th October 1858, they were overruled by none other than Napoleon III, Emperor of France (1808-1873), who issued a command allowing free access to the grotto (Watling, 1993: 45).

On 7th December, the Bishop, Monsignor Laurence, summoned Bernadette Subirous to appear before a commission, over which he would preside (Bertrin, 1908: 60). Once again, Bernadette was asked to recount the details of the apparitions, including imitating the gestures and attitude that she had seen adopted by the Vision, and including the statement about the Immaculate

Conception. The commission's report of January 1862, the *Mandement de Monsignor Laurence*, proclaimed that the accounts were genuine and that they were supported by reliable witnesses. A copy of the report was sent to Pope Pius IX (Bertrin, 1980: 64).

Bernadette Soubirous, in 1864, entered the convent of the Congregation of the Sisters of Christian Instruction and Charity at the order's motherhouse in Nevers and took the name Sister Marie Bernard. Ill health dogged her remaining years (Lane, 1997: 29) as an *ordinary* nun, occupied with the routine of religious life. Life in the convent was not easy and her superiors, particularly the Novice Mistress, Mother Marie-Therese Vauzou failed to understand the sensitive nature and spirituality of Bernadette (Lane, 1997: 29). 1 Peter 1: 6 says, (New Revised Standard Version): *Even if now for a little while you have had to suffer various trials, so that the genuineness of your faith – being more perishable, is tested by fire – may be found to result in praise and glory and honour when Jesus Christ is revealed.* This scriptural saying was no less true for Bernadette, as through her trials she was given the gift of virtue; her humility was such that she saw herself as nothing (Lane, 1997: 29) and actively sought obscurity. Bernadette's testing was rewarded by a happy heart and a tranquil spirit (Lane, 1997: 29). She may have been one of God's saints, but she was subjected to human illness because she was simply human and not divine.

7.2.2.1 Three Examples of Cures from the Beginning

Louis Bouriette (2003: 36) witnessed Bernadette scratching about (Lourdes Magazine, 2003: 36; Cures of Lourdes, 2003: 2) in the soil, which eventually led to the discovery of the spring during the ninth apparition, on the 25th February. Louis was a quarry worker who had lost the sight in his right eye following an explosion in the mine. His sight loss was permanent. As soon as Bernadette had made the water flow from the ground of the grotto, he bathed his eye in the water and his sight was returned. Louis was praying to Our Lady as he bathed his eye.

Blaisette Cazenave from Lourdes, France, was 50 years old (Lourdes Magazine, 2003: 36 and Cures of Lourdes, 2003) and had suffered with serious eye problems over a number of years. Her doctors had declared her incurable. Blaisette decided to go to the grotto and copy the actions of Bernadette. Visiting the grotto in March 1858, she drank from the spring and washed her face there. She visited the grotto a second time and during her ablutions she was completely cured.

Henri Busquet from Nay, France, an adolescent young man suffering from tuberculosis, could no longer bear his pain (Lourdes Magazine, 2003: 36). Besides this, he had an abscess on his throat and an ulcer at the base of his neck. He asked to be taken to Lourdes, but his parents refused. A neighbour gave Henri some water from Lourdes, which his family used to soak his bandages with and after a calm and peaceful night, he was cured in April 1858.

In each of the above cases, Monsignor Laurence, Bishop of Tarbes (Watling, 1993: 45), recognised the cures as miracles. So, from its earliest days, the grotto had become associated with healing and attracted people from far and wide.

7.2.2.2 Were the Apparitions Genuine?

Were the apparitions that Bernadette claimed to have witnessed true or false? Was all this a mere delusion of some poor girl, or worse, a ploy to gain status in the community and wealth for a family that was extremely poor? I am sure that these were the questions asked both by the clergy and the doctors in Bernadette's day, as they are by inquiring Christians and non-Christians today.

Bertrin (1908: 52) points to a panel of doctors, headed by Dr. M. Dozous, from Lourdes, who examined Bernadette in order to answer the questions concerning her physical and mental health. Dr. Dozous was counted as one of those who had doubts about Bernadette's experiences. Bernadette was subjected to intensive examination by the panel (Watling, 1993: 45).

Hallucination lowers and degrades its victims, but Bernadette's experiences had raised and ennobled her (Bertrin, 1908: 32-37). The effect of this can be observed in the mind and in the character of the victim. For example, a person who is subjected in a hallucination has a disordered brain, which can be detected if that person is asked to speak of a dream they have had. The result is a line of quotations and predictions that apparently have no logical connection (see for example Smith, 1990: 504). The person's phrases are incomprehensible and their sentences may be incomplete; their account will be incoherent. The character of such a victim of delusions, in general, leans towards bad-temper, irritability, obstinacy, pride, selfishness and a lack of family affection (Bertrin, 1908: 45). With Bernadette, however, the complete opposite was the case (Bertrin, 1908: 35). After the apparitions, she remained mentally sound. The effect of the apparitions was such, that despite her lack of learning, on the subject of Massabielle she was full of ebullience and common sense. The conclusion of the medical panel was that Bernadette was judged to be a weak young woman of 21 years old, not physically fit but ailing (see Lane, 1997: 27), but she was mentally sound. So, as to the question in respect of Bernadette being mentally deluded, this was not the case.

Academically, as has already stated, she was no scholar and had no knowledge of the terminology (see Lane, 1997: 8) that she used: she could not have invented such a message. As to the question of fame and riches, it is true that the Soubirous family were very needy and living in abject poverty. The experiences of Bernadette Soubirous became well known and, because of this, she herself became a hunted person by friend and foe alike, cross questioned by the curious, and obliged to repeat her story over and over again. No doubt, her family could have used the situation to benefit themselves financially, as well as social climbing and associating with those in a position of power. But that was not the case. Watling (1993: 45) states that, despite the once hostile questioning of their parish priest, Abbé Peyramale, he re-housed the family in the old Gras Mill, which lay at the confluence of the Lapaca and the Gave, in order to save the family from any further embarrassment. In 1863, the Soubirous went on to rent the Lacade Mill.

7.3 Facing the Evidence

In an interview with a friend, Professor Placeⁱⁱ (2003, 18/03) said that it can be difficult to separate religious belief from delusion. The Roman Catholic Church has a rigorist system of enquiry into spiritual experiences as claimed by individuals (Theillier, 2000: 3; see pages 165 to 167 of this chapter). Only if they can be authenticated will the Church acknowledge the experience, to do otherwise would be to bring the probity of the Church into question. Christians, such as Bernadette, who believe sincerely that they have had a vision, can present a dilemma for the psychiatrist, who is assessing whether they have experienced a genuine religious phenomenon, or are simply deluded. Professor Place provided me with this example: *I had great difficulty with a western man who had converted to Buddhism and believed that he had lived previously as a mouse. Was the conversion to legitimise an odd belief or a true belief that came with the conversion.* Was the man merely deluded about a previous existence as a mouse and did he use Buddhism to justify that belief, or had he genuinely had a religious experience that led him to Buddhism?

Intriguing as the question is, it is a difficult one to untangle. The clue, often, is what becomes of it, what happens subsequently? The events surrounding the shrines at Lourdes, Fatima, Knock and Medugorje have their sceptical critics and their supporters. Some of the critics can be found within the Christian Church, so it is not simply faith versus agnosticism. For example, in conversation with Patricia Watersⁱⁱⁱ (2003, 03/02) she told me that because of their support for the shrine at Fatima her husband will be cured from his illness. Yet, Mrs. Waters is very critical about the shrine at Medugorje and has no faith in it whatsoever. However, as has been previously stated, thousands of people claim to have been healed at Lourdes, and there is my own experience at Medugorje. This phenomenon has led people to faith and to deepen their faith and is that not the real test? What has happened, subsequently, is a greater good.

7.3.1 Other People's Faith

In preparing for this part of the thesis, it was decided that the research could not be complete without individual accounts of healing. In this research, several significant accounts became available to me and those involved were prepared to recount their experiences.

The first account comes from a fellow Franciscan brother in Lagos, Nigeria. Nnaji^{iv} told me that he had been suffering from ill health for some time and, during Lent 1981, he decided to ask for healing through the intercession of Saint Anthony of Padua. Nnaji fasted for four days until Easter Sunday morning, when he attended Mass and received Holy Communion together with his family. A week after this he had a dream in which... *a woman appeared standing at the main entrance of my door, knocking and seeking for help.* It appears, at this point, that he had actually arisen from sleep and, checking the time which was 2.a.m., he went back to bed. Two days later he had the same dream. Nnaji told his wife about his strange dream and described, in detail, the woman he had seen in the dream. His wife recognised the woman as a local person who was pregnant whose baby was over-due. Nnaji and his family are Catholics, but the pregnant woman was an Anglican. Nnaji felt that this was a sign that he should help the pregnant woman through prayer and fasting. So, Nnaji and his family used St Anthony of Padua Triduum (which a period of three days) for their intercessions, concluding with Mass and receiving Holy Communion. After this, he went to visit the pregnant woman. He said that ... *the woman needed real help for she could not stand firm because her legs were swollen.* Nnaji encouraged the woman's husband and family to surround her with prayer and praise, which continued right through until 9.00 p.m. that day. By 11.00 p.m., the woman was safely delivered of a baby girl. Nnaji attributes the whole episode to God's grace and mercy through the intercession of St. Anthony of Padua. As for Nnaji himself, he also made a full recovery and is back at work.

Is this a miracle or a story of a baby that came into the world late? If it is the latter, then we must ask the question: why did Nnaji have the dreams? Also, it must be noted that it was the dreams that prompted him to take action in faith. All births are something of miracle, but one in Nigeria, delivered at home without hospital assistance, that is truly a miracle. The baby is called Mercy and is a happy and healthy child.

A second story comes to me from Richard D. Culbertson^v (2003, 04/06) whose story is in connection with a pilgrimage to Rome and Fatima, organised by the Blue Army of Our Lady of Fatima in the U.S.A., and using an aircraft owned by the Blue Army. The two main people in Richard's story are: Father Santos Mendoza, a Filipino attached to St Jude's in Dallas; and one Betty Sulak (also known as Elizabeth May Hope Watterson Sulak) who was the widow of Leo Sulak.

On arrival in Rome the group had the option of either a visit to a stigmatist priest, Father Gino, and the Vatican Museums, or a visit to Assisi. Richard had learned about the reputation of Father Gino and was in awe of him, as well as a little afraid of stigmatists in general, so he went with the group to Assisi. Whilst in Assisi, Richard and his friend Bill Moncrief had lunch with Father Santos. It was only after the passage of a year or two that Richard was told that Father Santos was also a stigmatist and realised that, perhaps, God was playing a little trick on him.

Back in Fort Worth, Texas, Richard was involved in giving talks about his experiences of the pilgrimage to Rome and Fatima. During one such event, Richard was approached by a lady, Betty Sulak, who told him about her daughter and a legal problem. Richard, being an attorney, felt that God had placed him there. The two became firm friends and Richard began to learn more about Betty's faith journey. Betty had had polio, diabetes, been involved in a motor car accident, suffered a heart attack, and had cancer. At a reunion at All Saints Catholic Church, Dallas, Richard invited Betty along and introduced her to Father Santos Mendoza. Father Santos told Betty that she would be in

good health. She did recover. Interestingly enough, Richard, who has known Betty for a little while, began to recognise something about her. So, he asked her if she knew a Betty Watterson, who taught the third grade in Forth Worth. Betty replied that Betty Watterson and she were the same person. Richard had been re-united with one of his teachers. A charming coincidence, and not necessarily a miracle, but the Bishop of Fort Worth, Texas, is investigating the cause of Betty Sulak for canonisation, for she too was a stigmatist and there are several spiritual accounts surrounding her.

In 1983, an aircraft left Forth Worth International Airport for a pilgrimage and the Blessed Virgin is said to have appeared on the aircraft to a priest from Philadelphia. As the plane took off in a blizzard, it suffered a broken cockpit window yet all was well, no one was injured. It made the journey. That was surely a miracle.

Another story has come to me from Bob Moyse^{vi} (2003, 03/06) whose father was one of Wavell's 30,000 during the war and had fought in the Western Desert. The sand badly affected his asthma. In the earlier 1970's, Bob's father needed surgery, for which a general anaesthetic would be needed. He was admitted to Stretford Memorial Hospital, Manchester (this hospital is part of the Trafford Healthcare NHS Trust). Bob became concerned that the anaesthetic may have had an adverse effect due to his father's asthma. At the proposed time for the operation (Bob himself estimated the date of this as between 1969 to 1971), Bob went to Salford Cathedral and prayed to St Anthony of Padua; he lit a candle asking the Saint to intercede for his father's well-being and to safeguard him during the surgery. After the surgery, Bob visited his father; to his surprise, his father told him that he seen Bob at the foot of his bed on the day of his operation. Bob's father described exactly the clothes Bob had been wearing when he had entered Salford Cathedral, and was quite clear in his mind that he had not been dreaming. The timing of this apparition coincided with the time Bob was standing at the foot of the statue of St Anthony of Padua, seeking the saint's intercession. Bob's prayers were answered and, it was not until September 1996 did his father die in the arms of Bob.

These are three recorded examples of valid accounts concerning cures and healing; and of people's faith. There are many more, too many to relate, which is why I have selected three completely different stories from individuals who live thousands of miles from each other, and who have never met or known each other: faith is the only thing they have in common. As it is a matter of faith, these accounts cannot really be proved or disproved. In proof there is no room for faith.

7.3.2. The Healing Priests

Father Francis MacNutt^{vii} was a priest in the Dominican Order in the United States of America. His training at the seminary had been very much along conventional lines and, for him, miraculous cures were events that happened in Scripture or, in exceptional circumstances, in connection with particular shrines. However, the connection between miraculous healing and priests was not something that he subscribed to. With the advent of the Second Vatican Council came changes in the Roman Catholic Church and, as from 1st January 1974, change occurred concerning the Sacraments. The Sacrament, *Anointing of the Sick*, often referred to as the *Last Rites*, was no longer perceived as preparation of the soul for death, but for the healing of the whole person. With this re-orientation of the sacrament's purpose, it is now administered not solely to those whose death is imminent, but to anyone who is suffering from a serious illness. These changes have brought the sacrament back to an earlier view, prevalent in the Roman Catholic Church prior to the Middle Ages.

During Father Francis' noviciate, he kept asking himself how the saints of bygone days had so much success in healing those who came to them asking for their intercession, and yet seminarians of these more modern and enlightened times were never encouraged to do the same. Praying for someone to be healed was thought to be presumptuous; after all, he was not an extraordinary person and unworthy of such manifestations of God's power. It was several years later, whilst Father Francis was teaching homiletics at Aquinas Institute of Theology and also trying to counsel individuals, that he

began to realise that something was missing from his ministry. He knew that he needed to do something; but what? It was then that Father Francis learned that an Episcopalian priest called Alfred Price was to give a lecture at the Presbyterian Seminary of Dubuque. Mr Price spoke about the healing ministry and Christ's charge to His Apostles to carry on the ministry of healing and teaching. Father Francis knew that what Mr Price said was irrefutable. This was the beginning of a long road that led Father Francis (1974: 14) to realise that he too had a vocation to bring God's healing to the sick:

Since then I have seen many people healed – especially when I have prayed with a team or in a loving community. . . . I would make a rough estimate that about half those we pray for are healed (or are notably improved) of physical sickness and about three-fourths of those we pray for are healed of emotional or spiritual problems.

On one occasion, whilst Father Francis was attending a conference on prayer, for priests held at the Benedictine house in Marvin, South Dakota called the Blue Cloud Abbey, he was to witness the most direct challenge ever to the Roman Catholic Church's attitude towards the healing ministry. It came from a group of Sioux Indians. The conference was led by Father Frank Callahan of Baltimore. Blue Cloud Abbey is situated in an isolated area and some Sioux Indians of the Dakota lived around the abbey. The Indians had become Christian and took part in a charismatic prayer group. Father Francis asked the Benedictine prior, Father Odilo Burkhardt, whether it would be possible for the Indians to share something of their experiences with the conference. But Father Odilo did not think that would be possible; he felt that the Indians might be embarrassed and shy in front of a group of priests. However, three Indians were willing to contribute by relating to the conference the account of a healing miracle that the tribe had recently experienced.

One Indian, Lucy Keeble, gave a personal testimony, telling the conference how she had been a gossip, hated people, and took part in witchcraft, until Jesus came into her life. She continued (MacNutt, 1974: 329-330): *He healed me*

from many things, he healed me from my sickness. Every time I get sick I pray and then he heals me. Simon Keeble then came forward and began to speak to the group on Acts 1: 1-9, after which he challenged the group. Simon said (MacNutt, 1974: 332): But it is the person – you – who will heal. You have to forgive the sick man yourself, and to give him time: You ask him, 'Do you have faith?' 'Do you love God?' And he answers, 'Yes, yes, sure!' You question him. You tell him he must leave all his sins at the bottom. You ask him again, 'Do you believe him?' he says, 'Yes'. Then go touch him and you heal him right now. Powerful how Jesus acts! It was at this point that Simon posed his most telling question on how the modern Church views and reacts to sickness. (MacNutt, 1974: 333): Now, who likes Jesus? Raise your hand! (Here the priests didn't know what to expect. They all raise their hands hesitantly.) How many of you ever heal anybody? (Here only about two hands went up.) How come? How come you know Jesus and you no heal nobody? (Dead silence)

Earlier in this thesis mention was made of Father Peter Rookey, O.S.M., who has much experience with the healing ministry. On 4th July 1925, as an eight year old boy, Peter Rookey was strolling down the street in Superior, Wisconsin, USA, with his brother Bernard, kicking an old tin can. Just two young brothers without a care in the world but then, they found a large fire work, a fire cracker that had apparently failed. The two boys disputed ownership and then proceeded to take the fire work home. They were eager to ignite it and were excited as to exactly what kind of display they would witness. So, in the back yard, they lit the fire work, but it did not seem to ignite. Peter picked up the seemingly dead fire work to inspect it and to locate the problem. All he could remember was a large explosion, searing pain, and not being able to see. He had been blinded; and Dr. Barnsdahl, a specialist, (Parsons, 1994: 13) told Mrs. Johanna Rookey that Peter would never see again, the damage was just too great.

Mrs. Rookey could not accept that diagnosis and assured the young Peter that things would be different. The family would pray the rosary each day, asking for his sight to be returned. Johanna Rookey would increase this devotion in May,

which had been dedicated particularly to the Blessed Virgin Mary. The young Peter himself prayed, asking God to return his sight, and he promised that should it be restored, he would become a priest. Gradually, Peter's sight was regained and, at thirteen years old, Peter kept his promise and entered the Mater Dolorosa Seminary in Chicago. This is where the healing ministry really began for Father Peter Rookey. He knew that the sick could be healed by the prayers of the faithful.

There are many stories of miraculous healing surrounding Father Peter, amongst which is the following account. He was invited to a church in Chicago that he had not visited before, to conduct a Mass for the Healing of the Sick. It took Fr Peter four hours travelling time from his home to reach that particular church. During the service, a lady came forward and told the congregation how she had attended a Healing Mass conducted by Father Peter during the previous year in another place. She and her husband had gone there looking for healing. At 46 years old he had terminal cancer. She admitted that their attendance was more out of desperation than out of faith. As Father Peter prayed for them both and anointed them with holy oil her husband (Parsons, 1994: 82) ... *had rested in the spirit, she had not, but had felt what seemed like a heat wave go through her body as the Father laid his hands on her husband standing beside her.* Despite the fact that both were born and raised in the Roman Catholic faith, they had lapsed from the faith. Their life was good and, financially, they were comfortable. This was the first Mass that the couple had attended in a long time. The miracle the couple were given was not perhaps the healing miracle they had envisaged. One month later the husband died peacefully in the arms of his wife. However, they had received a great spiritual healing, giving them both a peace unlike any other they had ever experienced in their hearts. That peace continued with her. They both returned to the Church and to the Sacraments. Those final four weeks of the husband's life were the happiest of their married lives.

Then, there is the case of Heather Duncan, a nurse in Aberdeen, Scotland, who in 1985 fell whilst attempting to lift an elderly patient (Parsons, 1994: 84). Heather had irreparably damaged the nerves at the base of her spine and was confined to a wheelchair. She underwent three operations to reverse the damage, none was successful. She consoled herself by trying to come to terms with her disability, believing that she had been given an apostolate of suffering (Parsons, 1994: 85).

Heather joined a pilgrimage to Medjugorje, Bosnia-Herzegovina (Parsons, 1994: 85) along with some friends. She did not go in expectation of healing, but to give thanks to God because, despite her disabilities, she had been given peace and joy. Heather loved Medjugorje and spent considerable time attending the services (Parsons, 1994: 85) in the Catholic Church of St James. At some point in the pilgrimage, one of her friends told her of a healing service that was taking place in the cemetery down behind the church. Heather was not interested (Parsons, 1994: 85) and was adamant that she was not going to attend. She simply did not believe that healing was part of Jesus' plan for her. But her friend was not going to take 'no' for her answer and took Heather to the healing service much to the latter's annoyance.

Heather felt that it was right for her to pray the rosary with every one else who was present and so took part in that way. She witnessed a girl in a wheelchair being cured. Once more Heather's friend rounded on her, (Parsons, 1994: 86): *They wanted to bring me up to the priest, but I refused. Again I told them that I just didn't believe that God wanted to heal me. And I really felt that my life was as it was meant to be.* Once again, Heather's friends refused to accept this for an answer and pushed her through the crowd towards Father Peter Rookey. Father Peter asked Heather about her condition and she told him that there was no hope of improvement. He gave Heather a crucifix to hold and asked that she look at Jesus. Over the next fifteen minutes the only thing Heather was aware of was Jesus, and an intense heat in her body. She continues (Parsons, 1994: 87) *Then I felt something tugging at the crucifix. I knew that somebody wanted to take Jesus away from me, but I did not want to let Him go, and held tightly on*

to it. I heard the Hail Mary being said then, and I realised that my prayers were necessary for the healing of somebody, so I join in. She became aware that it was Father Peter trying to retrieve his crucifix. He questioned Heather about whether she believed that Jesus could heal her. She did: but not for her. Then Father Peter said (Parsons, 1994: 87): *Silver and gold have I not, but what I have I give you. In the name of Jesus, stand up and walk.* Heather did! For the first time since her accident, Heather was without pain and standing up straight.

Back home in Scotland, Heather's doctors were astonished. They requested a complete set of new X-rays and compared them with those taken at the time of her accident. There was no difference, her spine was still crushed and the damage was still present. It was medically impossible for Heather to be able to walk. But walking she was, and not just walking but also, running up and down stairs carrying weights: all of which defies medical science.

In these two examples, which arose through the healing ministry of Father Peter Rookey, we see two different kinds of healing: physical and spiritual.

In Great Britain, we have two priests of the Roman Catholic Church, who are well known for their healing ministry who are Monsignor Michael Buckley and Father Jim McManus, CSsR. Father Michael is the founder of 'El Shaddai' movement that specialises in Inner Healing, and Father Jim is the Director of the Redemptorist Institute of Spirituality in Kinnoull, Scotland. Father Michael also has his own column in one of the Roman Catholic Church's most widely read weeklies: *The Universe*.

Father Michael believes that the need for healing is as great today as it was in the time of Christ; and that the Church's teaching does not match the needs of those who need healing in their lives. But there is much ignorance and prejudice about the healing ministry that blocks the work of the Holy Spirit. The very word, healing, can generate all kinds of highly charged, emotional and irrational reactions. This, when what it ought to be is a source of Christian unity

and evangelical power, but sadly that is not the case. In general, our attitude towards healing depends largely upon our churchmanship, our background, and our culture. Healing is simply the ordinary will of a loving God for His creation. Fr. Michael is quick to maintain that healing is not the sole prerogative of any one denomination, but it belongs throughout the Church of Christ (1987: vii): ... *the power of the Holy Spirit at work in the world, continuing the reconciling and healing mission of Jesus Christ*. He also firmly believes: *Priests of all Christian denominations tend to regard healing as an optional extra. But they have got their priorities wrong* (1987: iv).

Healing is a very personal experience and can affect different people in different ways and, therefore, it is difficult to demonstrate in any analytical way. It is for this reason that the Church has been rather suspicious of this ministry, for it can not be learned. Like Father Francis MacNutt's experiences in the seminary, Father Michael never received instruction about the healing ministry. Instead, he learned about the need through his experiences as a parish priest. In the 1960s, Father Jim McManus had studied moral theology in the Alphonsianum in Rome, an institute that had well prepared its seminarians for the priesthood. However, this training did not touch on that area of a priest's life that centres on acquiring holiness, in their distinctive way: by exercising their functions sincerely and tirelessly in the Spirit of Christ (Decree on the Ministry and Life of Priests, paragraph 13). Father Jim states that (2002: 26), *I had been taught well how to minister with theological and psychological insight. But there was no course on how to minister in the Spirit*. His training did not provide him with any dimension on the healing ministry. In a church that understands that people can receive miraculous healing, by participating in pilgrimages to shrines such as Lourdes, and that expects those to be 'beatified' to cure the sick, this is very strange. This lack of instruction in the Roman Catholic seminaries needs to be corrected. The healing ministry must have its place on the curriculum with subjects such as theology, philosophy, homiletics, church history and hagiography.

Father Michael has little time for the sensationalist and for the over-emphasis on physical healing. Healing will often conjure up in the mind the words *faith healers*, who claim to have special powers to cure ailments. Healing in this context is Christian healing that has, at its essence, the power of Jesus to restore the individual to a full and proper relationship with God, with their neighbour, and within themselves. This is the fullest theological meaning of the word *reconciliation*, which the Roman Catholic Church now chooses to use in preference over *confession*. *Reconciliation* is more than confession, it is a restorative, healing sacrament. *Reconciliation*, in the practice of healing, is in its fullest meaning because all *reconciliations* are healings: the two are inseparably linked. Christian healing involves the forgiveness of sins as well as physical healing, and it is emotional/spiritual healing. In chapter two, the position of the ancient Hebrew people towards sickness was discussed. The Hebrews did not divide the human person into little boxes: body, mind, and spirit. They viewed the person as a whole, and that whole included the person's background and genealogy. Healing for the Hebrews meant healing the person in all his or her aspects, all that he or she was, and is. Christian healing should, therefore, be concerned with the whole person. The Christian healing ministry needs to be about the healing collectively of the body, the mind, and the soul. Healing only a person's body is only a part healing, it is equally important that the person's soul is healed. As the power of Christ's healing affects all parts of the individual, healing is rendered interactive.

Father Jim firmly maintains that those who wish to be healed must accept the *Word of God* into their life, to shape it; then, they can experience the liberating power of healing. By listening to the *Word*, welcoming the *Word* into our lives, and responding to the *Word*, real spiritual growth becomes possible that, in turn, allows the individual to rejoice in God's healing love. If those who seek healing do not receive healing, there may be problems in one or more of five areas, preventing healing from being experienced. These areas are: self rejection, unrepentance, un-forgiveness, guilt, and bondage. Father Jim specialises in inner healing, which deals with: self image; healing of relationships and healing of memories. He promulgates healing with a prayer for the healing of self-image

for, if the self-image is deformed, it will act as a barrier preventing inner healing. The self-image must be formed by the *Word of God* so that it can respond to how God sees us. This means that we need to see ourselves as God sees us. If we cannot accept ourselves for who we are, then we are blocking God's healing love. Self rejection is the first fruit of sin, for as Adam tried to hide himself from God's gaze, so we also try to hide ourselves from God's presence.

God wishes that our relationships with each other be enriched with love and unity (1 John 4: 16). Our relationships with each other can be the source of much joy, and enriching when they are right relationships, but they can become painful and bitter when love and unity are lost. God can heal such relationships through His forgiving love, which must be without bounds (see for example, Mat 18: 21-22). Forgiveness is the sign of a Christian, without forgiveness there is a lack of Christian life. Forgiveness for the Christian must be an act of divine love. Christ died for the Christian (and the world), on the Cross, and in this action left an example for all Christians to imitate. Whilst we may not be able to offer such forgiveness by our own power, we can through Christ. In Luke (6: 36), the Christian is taught, *Be merciful, just as your Father is merciful* (New Revised Standard Version). Fr. Jim argues that compassionate forgiveness (2002: 98) ... *makes us like God himself. In the very act of forgiving, we radiate God's image and likeness.* For Fr. Jim forgiveness, including very importantly the ability to forgive one's self brings new life for the soul, as forgiveness liberates us from the hurt caused by others and ourselves.

The healing of memories is as important as forgiveness. Memory is a great gift; it can be a treasure house of happy times, of loved ones, and of blessings received. But it can also harbour sad and painful times. For the *Word of God* to heal it must be recalled and dwelt upon as the psalmist said (Ps 103: 2-4): *Bless the Lord, O my soul, and **do not forget all His benefits** – who **forgives all your iniquity, who heals all your diseases, who redeems your life from the Pit, who crowns you with **steadfast love and mercy**...*** The psalmist bids the reader to remember that it is God who forgives us everything, who heals our sickness, redeems us through His steadfast love and mercy. When this is

understood, we are directed to give thanks to God, not just through prayer and praise, but from within our very being.

Hurtful events in our lives are bad enough at the time; they rob us of that peace and joy we had hoped to experience. If those events are then committed to memory, they continue to cause us pain throughout our lives. As the memory lies within us, it can fester and become the cause of much bitterness and resentment. The bitterness and resentment can then surface and seek to shape our future behaviour, the way in which we react or respond to a person or an event. Such painful memories can only be effectively dealt with through healing. Time alone can not do this. It can be difficult at first to go near the memory but that, in it self, must not stop us from accessing the memory at some other point. Approaching a painful memory can be managed in a similar way to approaching a sinful event in our past. We offer up the sin to God and seek forgiveness, after which we give thanks. We give thanks because God has forgiven our sin, and He does that by being close to us, and caring for us. With a painful memory, where someone has hurt us, or where we have brought hurt to ourselves, we need to offer it back to God, renew our forgiveness and give thanks to God for being with us at the time, and caring for us through the event. This response is similar to the grateful response that the Christian has towards the Eucharist. Once gratitude is allowed in, the pain begins to subside and loses its power to control our reactions. We can realise then that we are grateful to God for **all** our life's experiences, and that gratitude becomes part of who we are in the present time. Healing commences when we let go of the past and offer it all back to God with a grateful heart.

Without these responses, without inner healing, we can become very embittered, deeply depressed individuals, who have low self esteem. This is the recipe for mental illness, which can affect our physical well-being. The Catechism of the Catholic Church (1994: paragraph 1509) has this to say about healing and the Eucharist:

The Church has received this charge from the Lord and strives to carry it out by taking care of the sick as well as by accompanying them with her prayer of intercession. She believes in the life-giving presence of Christ, the physician of souls and bodies. This presence is particularly active through the sacraments, and in an altogether special way through the Eucharist, the bread that gives eternal life and that St Paul suggests is connected with bodily health. (Compare Jn 6: 54 and 58 to 1 Cor 11: 30.)

God is glorified in the Eucharist and those who participate in the Eucharist are affected and changed. Sin is forgiven; and the wounds of sin are being healed through the spiritual action, and in the reception of the Lord's Body and Blood. The Second Vatican Council comments further on this point, ... *for in the most blessed Eucharist is contained the entire spiritual wealth of the church, namely Christ Himself our Pasch and our living bread, who gives life to people through His flesh – that flesh which is given life and gives life by the Holy Spirit.* (Decree on the Ministry and Life of Priests, 5.) Those who participate in the Eucharist do so through listening, responding, offering and receiving.

In the Eucharist we listen to the word of God, and we respond to it by seeking forgiveness for our sins; by prayer and praise; and through intercession and adoration. We seek to offer our whole selves, not just the good and the healthy, but also the sinful and the weak, our wounds, and our pain, and we also offer bread and wine. At the altar all is offered, all is accepted and becomes holy. The bread and wine become transformed through the wonderful action of the Holy Spirit into the Body and Blood of Christ. What we receive is the precious body and blood of Christ. In the same way we ourselves, through participation in the Eucharist, are accepted by God; we, too, become transformed and holy. The Eucharist is, therefore, a transforming sacrament, with healing for the body and the soul.

7.4 Summary

In this chapter, concerned with shrines and healing, it has been demonstrated that shrines are generally accepted as places of healing, and that some of those who embark upon a pilgrimage to a particular shrine can find healing. The Roman Catholic Church employs a mechanism that utilises the services of medical personnel, and others, to review the history of those claiming to be healed, and there is evidence, both scientific and religious, supporting genuine claims. Physical healing is not the only kind of healing that an individual can receive from God. Healing can be mental, spiritual, emotional, and effective in relationships. Healing involves reconciliation of the person with God and receipt of sacraments; both these play intrinsic parts in the church's healing ministry and in the recipient's well-being. The Acts of Apostles provides us with a picture of Jesus' disciples continuing His healing ministry, through the power of the Holy Spirit, and that ministry is not solely confined to the early church but is still practised in the church of today. However, it has also been demonstrated that those priests involved in the healing ministry today feel that insufficient teaching had been offered to them in seminaries, to equip them for that ministry. The Christian must look to St. Paul (2 Cor 12: 9; Col 1: 24, New Revised Standard Version) and learn from his example that His ... *grace is sufficient for you, for my power is made perfect in weakness* and that the endurance of suffering can mean that ... *in my flesh I complete what is lacking in Christ's afflictions for the sake of His Body, that is, the Church.*

ⁱ **Dr. Patrick Theillier** was born on the 28th January, 1944 at Valenciennes. He is married with six children and in 1969 graduated with a PhD in Medicine at Lille. Dr. Theillier has worked in General Medicine for 25 years and is currently the Director of the Lourdes Medical Bureau. He is the author of the book 'Talking About Miracles' (Redemptorist Publication) which has been translated into 8 different languages.

ⁱⁱ **Professor Maurice Place** gained his MBBS from the University of Newcastle upon Tyne in 1975 and became a member of the Royal College of Psychiatrists in 1979. In 1987 Professor Place was elected Fellow of the Child Psychiatry Research Society; Fellow of the Royal College of Psychiatrists in 1993; and occupies the chair for Child and Family Psychiatry at the University of Northumbria. In 1989 he gained an MD from the University of Newcastle upon

Tyne; 1995 LLB from the University of Northumbria and in 1996 MBA from Durham University. For many years he has been associated with the work of St John Ambulance initially as Area Surgeon being promoted to County Surgeon and charged with providing the on going training programme for its membership beyond the basic first aid stage to more advanced skill levels. Currently he serves on the Council of St John, Northumbria – a post given through the Order of St John in Great Britain in recognition of his expertise.

- iii **Mrs. Patricia Waters** – I first came into contact with Mrs Waters on the 21st January, 2003, which was facilitated through the Order of Franciscans Minor (Conventual) in Padua. Mrs. Waters lives in Kidderminster, Worcestershire in England. She is of the Roman Catholic Church tradition and has a very strong faith with a particular devotion to the Holy Marian Shrine at Fatima in Portugal. Pat and her husband Eddie had bought a farmhouse in Fatima to allow them to remain in residence for periods of time thereby allowing them to tour the hotels with slide presentations on the story of Fatima. During such a stay Eddie became very ill and on returning to Great Britain needed radical surgery to remove a large section of his stomach due to cancer. The doctor's prognosis was not good as the cancer had spread to other parts of the body. Slowly Eddie recovered but then unfortunately became very ill once again. This was due to an abdominal obstruction as a result of the first surgical intervention according to Pat. Post surgery the doctors told Pat and Eddie that they could not find any cancer (Mrs Water's letter 21st January, 2003). Pat and Eddie's faith is truly impressive of the kind that is almost tangible.
- iv **L.C. Nnaji** – Brother Nnaji is a member of the Franciscan Third Order and lives in Apapa, Lagos whom I came into contact with also through the Order of Friars Minor (Conventual) – Padua. Nnaji sent me his story on 9th July, 2004 which is kept in my files. He is of the Roman Catholic Church tradition with a particular devotion to Saint Anthony of Padua (who after Saint Francis and Saint Clare is probably one of the best known Franciscan saints).
- v **Richard D. Culbertson** – during the course of my researches I was contacted by Mr Culbertson (his letter containing his account is kept on file at my home). He had received word of my research through the Order of Friars Minor (Conventual). Mr Culbertson is an active member of the Blue Army of Our Lady of Fatima, a Catholic religious organisation promoting devotion to Our Lady of Fatima and arranging pilgrimages to Fatima and Rome. Mr Culbertson was for thirty-two years an attorney in law (a lawyer or a solicitor as we might know them) gaining his degree from the University of Texas and had served as served as the Assistant Attorney General of Texas. He also teaches history at Tarrant College in Texas.
- vi **Bob Moyse** – contacted me with his account on 3rd June, 2003 (his letter is kept in my files). Bob lives in Blackpool, is a member of the Roman Catholic Church whose family is of Irish extraction. During his father's illness, Bob found himself in Salford Cathedral (Catholic

Church) in Manchester praying before the statue of Saint Anthony of Padua. His experiences have left Bob with a deep and abiding faith.

vii **Father Francis MacNutt** became an internationally respected authority on the healing ministry in the Catholic Church and has written several books that include, 'Healing', 1974; 'Power To Heal', 1977; and 'The Prayer That Heals', 1982. Currently he is the founding Director of Christian Healing Ministries.

CHAPTER EIGHT: THE MEDICAL PROFESSION AND HEALING

8.1 Introduction

This chapter is concerned with medical ethics and morality and an attempt will be made to show how these have been influenced by the theology of the Bible. Why does religion still have an important role in medicine and why do we, as individuals, still turn to our faith for answer when we are ill? These are questions that will be raised in this chapter. Through the monasteries and convents the Roman Catholic Church established hospitals and infirmaries, but today there is a gap between science and religion (Metzger and Coogan, 1993: 510). An attempt will be made to demonstrate why that happened and to show that the gap between science and medicine is not really a gap at all. Also, in this chapter, another focus will be on the extent to which healings are part of the ongoing process of God as Creator.

8.2 The Bible's Influence in Medical Ethics and Morality

There are examples of surgical procedures on the skull (trephination) that have survived and are attested from the Neolithic through the Arab periods. What is not possible, or at least difficult to know, surrounds the therapeutic value of medical treatments mentioned in the Scriptures. Those applications would have included the use of *balsam* from Gilead (Jer 46: 11), *mandrakes* for infertility (Gen 30: 14) and *bandages* (Ezek 30: 21).

According to Metzger and Coogan, (1993: 508) archaeologists have been able to establish the possible existence of some kinds of intestinal diseases that were prevalent in ancient Israel; for example, tapeworm and whipworm infections. The identification of most diseases mentioned in Scripture is not so easy, especially when dealing with epidemics (for example Num 25; 1 Sam 5:6-12). Leprosy, or what the Bible translates as being leprosy (Hebrew *sāra'at*), has prominence in the Bible (Lev 13 – 14). But a large variety of under-skin complaints, that are identifiable today, were probably assessed then as leprosy, more especially if they were manifesting chronic discolouration of the skin. A

problem that has caused many young couples a great deal of anguish in contemporary society was also recognised in the Bible: that is infertility. Barren women were held in low esteem by society (see for example, Gen 30: 1-20).

The Old Testament has at least two explanations for illness.

- One affirms that healthy (Hebrew *šālôm*) people are those who have lived in strict obedience to the *covenant* stipulations, as fully disclosed to members of the society (Ex 15:26; Deut 7:12-15; Deut 28); and that illness stems from not keeping the Law. God rewards the good with health, but punishes the sinner with illness. Therapy includes reviewing one's actions in light of the *covenant*.
- The other explanation, from the Book of Job (36: 15), offers a contrasting but complementary view. Job argues that illness may have more to do with bringing about the divine plan (Job, 36: 15) for humankind, which the sufferer may not know of; therefore, illness has nothing whatsoever to do with sin and failure to observe Jewish regulations. The person caught up in this needs to have faith that God has good and just reasons.

The most distinctive feature of the Israelite health-care system depicted in the canonical texts is the division into legitimate and illegitimate, consultative options for the patient. This dichotomy is partly related to monolatry (a single layered structure that has responsibility for both the spiritual and physical well-being of the person), as illness and healing are, ultimately, in Yahweh's control (Job 5:18) and non -Yahwistic options are prohibited. Since it was accessible and inexpensive, prayer to Yahweh was probably the most common and legitimate option for a patient. Petitions and thanksgiving prayers, uttered from the viewpoint of the patient, are attested in the Bible (Ps 38; Isa 38:10-20).

Illegitimate options included consultants, designated as *healers* (2 Chr 16:12; Hebrew *rōpē' im*, NRSV *physicians*), non-Yahwistic temples (2 Kings 1:2-4), and probably a large variety of *sorcerers* (Deut 18:10-12). Warnings in the canonical texts, along with archaeological evidence for fertility cults, indicate that such *illegitimate* options were used widely in ancient Israel.

Hannah (1 Sam 1) went to the temple at Shiloh to have her infertility cured. This was one of the acceptable options open to her, particularly in that pre-exile period.

Offerings, given to the Temple in thanksgiving (Lev 7: 11-36) for recovery from an illness, were most welcome and economically advantageous. Such offerings provided public notice that the sufferer was to be re-admitted into the community from which he or she had previously been ostracized (Lev 14: 1-32). In 2 Kings (18: 4), prior to Hezekiah, it is indicated that Moses made a bronze serpent: a device for healing (Num 21: 6-9) during the rituals practised in the Temple at Jerusalem. Bronze serpents have been found in temples known to have been used for therapy during the first millennium; for example, the Asclepieion at Pergamon.

The most far-reaching consequence of the priestly code was, perhaps, the growth of chronically ill populations who had little access to the temple. The fact that Jesus and His disciples appear to have focused on these populations (Mat 10:8; Mk 14:3) suggests that early Christianity may be seen, in part, as a critique of the priestly health-care system. In early Christianity, illness may have been caused by numerous demonic entities, who were not always acting at Yahweh's command (Mat 15:22; Lk 11:14), rather than through the violation of covenant stipulations (Jn 9:2). Emphasizing that the cure for illness may be found in this world (Metzger and Coogan, 1993: 509), early Christianity preserved many older Jewish traditions regarding miraculous healings (Acts 5:16; 9:34) and collective health (James 5:16); although the influence of Hellenistic healing cults, like the Asclepius cult, may be seen too.

Such concepts as these were perpetuated in Christianity, despite the fact that the Bible actually challenges such simplistic views (see for example, the Book of Job; or Jn 9: 1-3). The Early Church held to such views and, thereby, medical treatment became displaced in favour of spiritual exercises, such as prayer and fasting. All this was meant to purge the individual of his or her sin. It is not surprising that by the time of the Renaissance and onwards, there was

a parting of theology from medicine; this permitted the development of medicine from the sixteenth or seventeenth centuries onwards along the now-familiar lines of scientific principle. However, there has always existed within the Roman Catholic Church, a healing ministry that has been biblically based (see Lk 10: 9). In most hospitals within the U.K., there exists a chaplaincy system, which not only serves the Christian faith community, but also has within it clergy from other faiths, who work alongside the medical professionals. As Scott and others have established through their researches, chaplains have a vital role to play in the over all well-being of the patient: the medical profession is starting to value this ministry. There exists, amongst more fundamentalist Christians, a tendency to return to a pre-scientific world view that, inevitably, will bring them into conflict with modern medical practice.

Modern Western medicine (Metzger and Coogan, 1993: 509; see also McBrien, 1995: 603) has two main sources of origin: the Greek ideals - as enshrined in the Hippocratic tradition - to which was added the influence of the biblical teaching of love of one's neighbour (Lev 19:18; Lk 10:25-37). The Greeks had a pragmatic approach, reflected not only in the way they dealt with unwanted or weak infants, through exposure, but also, in how they solved the problem of the chronically ill. The latter, being useless both to themselves and to the state, were allowed to die without medical attention (Plato, Republic: 407).

In the Bible, however, there can be detected a profound respect for the dignity and instinctual value of the human individual, who is seen as being created in the image of God (Gen 1: 27). Inherent in this, is the place of a transcendent God, to whom humankind, ultimately, is answerable. The responsibilities of biblical faith, whether Jewish or Christian, in respect of the relationships of people one with another, are summed up in texts like...*but you shall love your neighbour as yourself* (Lev 19:18); and: *In everything do to others as you would have them do to you* (Mat 7:12, New Revised Standard Version). From the standpoint of medicine, this was admirably summed up in the prayer of the great Jewish physician, Maimonides (1135 – 1204 AD): *May I never see in my patient anything else than a fellow creature in pain.*

Such biblical precepts had an influence on medical thinking and, consequently, an element of moral obligation was integrated into its ethics, particularly as it developed in parallel with the rising influence of Christianity in the later Roman Empire and throughout the medieval period in Europe. It also provided motivation to the Church to establish hospitals for the care of the sick. Such institutions included a place of refuge for those who suffered blindness, leprosy and the mentally ill, as well as a dispensary accessible to the poor. At a much later stage (for example as in the nineteenth century) this self-same obligation led the Church to include medical care in its programme as an intrinsic part of its missionary work.

Without that biblical influence, what we have come to accept as standard, moral, medical practice would not exist today. In fact, the Bible has given to modern medicine a great deal more than it might now care to acknowledge. The biblical concept of respect for the individual has not only had an influence in medicine but, also, has become enshrined within other medical codes, such as the Geneva Convention Code of Ethics (1949) and the Helsinki Convention (1964) of the World Medical Association.

However, it is true that not every aspect of the Bible, or the way it has been interpreted and applied, has had such a positive effect; sometimes, the influence has been negative (Oxford Companion to the Bible, 1993: 509). The Medical World needed to understand the pathology of diseases affecting humankind, and reject the view that sickness was caused by sin: and, therefore, a divine judgement. There is not much information about physicians in the Bible, simply because, in the faith of Israel, it was God alone who was the healer and giver of life. What references there are to physicians tended to be uncomplimentary (as in Mk 5:25-26; and more temperately in Lk 8:43), or at best, neutral. Luke (Col 4: 14), who is reported very favourably, appears to turn this tendency on its head. The only other positive remarks, besides Luke's, can be found in the Deutero-Canonical book, Sirach (38:1-15), where the reader is exhorted to ... *honour physicians for their services*. Within this source are listed the acceptable and the unacceptable consultative options for the patient.

According to the canonical texts, the only recommended consultants are the prophets, who worked in competition with the *illegitimate* consultants. Accounts of healing miracles (for example, as in 2 Kings 4: 8) may reflect an effort to promote prophets as the legitimate consultants. Their function was to provide a prognosis (2 Kings 8: 8), and to pray on behalf of the sufferer (2 Kings 5: 11). The efficacy of the Israelite prophets resided not in their technical expertise, but in their relationship with God; a characteristic that stands in contrast to the healing consultants who may be found in other Near Eastern societies. It is probable that the demise of the prophetic office during the early Second Temple period led to the expansion of the healing role and to the acceptance of the *rōpē' im* (see Sirach 38: 1-15). But, even here, the emphasis is placed upon the need for the sick to confess their sins before any true healing can take place, and on the role of God as healer. (Note the much later dictum of Ambroise Pare (1510 – 1590): *I treated the patient, but God healed him.*)

Within the biblical context, it is the religious element that takes precedence in any circumstance where religion and medicine are inextricably linked. Israel's legal codes are a good example of this, since they do not separate physical disease from ritual purity. The sanitary code contained in the Torah has important regulations for the promotion of the health of the people, and for the prevention of epidemics amongst them, but these regulations are set within a religious framework.

When we fall ill, seriously ill that is, the question more often on our minds is: *Why me?* It is very difficult to answer such a question, but the causal relationship that existed between disease and failure to meet religious and moral obligations, was an attempt to answer that question. One of the best ways to see this prescription in action is through the terribly disfiguring disease of leprosy. Various rules and regulations were formulated for the protection of the community and to stop the spread of the disease. As an unfortunate outcome of this, lower priority was given to the treatment of those who were stricken down with leprosy than to its containment. In the post-exile period, the severity of the priestly code restricted access for the chronically ill (lepers in Lev

13-14; compare with 2 Samuel 5:7, on the blind and lame) because of fear of *impurity* in the Temple. The Essenes Community added even more excluding illnesses to the priestly list, and they also expanded the restrictions for *leprosy*, for the blind, and the lame (1 Q Sa II: 4-9).

Similar ritual restrictions were also imposed in relation to normal physiological functions (see for example, Lev 12; 15:16-33). The theology of impurity, as a social demarcation system, served to relieve the community of the socio-economic burden of care for those who were suffering. This priestly code effectively minimises state responsibility for the chronically ill and leaves the eradication of illness for the future (Ezek 47: 12; compare to Isa 35: 5-6).

Asking for help from a doctor would be seen as denial of the primary role of God: a lack of faith in Him on behalf of the sick person; and a lack of willingness to confess personal sin (2 Chr 16: 12).

8.3 Science and Religion

In order to make sense of disease and suffering, humans turned to religion. Inevitably, this can lead to anxiety and to religious projection, which allow diminishments to be both understood and tolerated. The great rabbi-physicians of Judaism (McBrien, 1995: 604), such as Moses Maimonides (McBrien, 1995: 808) emerged from such religious institutions. The world's greatest religions provide in their scriptures paradigm stories about individuals who struggle desperately to find meaning in suffering; for example, Judaism's Book of Job; Christianity's suffering Jesus; and Buddhism's many stories of overcoming the inevitable reality of human suffering.

From its very inception, the Church has followed faithfully the example of her founder, Jesus Christ, and has been involved with caring for the sick. Even so, the Church in the Middle Ages had concerns about some practices connected with medical healing (Wilkinson, 1998: 274); consequently, in 1139, the Second Lateran Council, initiated by Pope Innocent II (1130 -1143), barred the study of medicine to the monks and clerics of the Church (McBrien, 1995: 752). The

Council felt that their proper role was for the cure of souls and not as doctors looking after the physical ailments of the body. By 1163, the Church had commissioned the Council of Tours, which initiated further regulations in order to prohibit the practice of surgery (Wilkinson, 1998: 275), on the grounds that *Ecclesia abhorret a sanguine* – the church detests the shedding of blood. Medicine had now been removed from the Church's domain and became, instead, the responsibility of barbers. They founded guilds (Wilkinson, 1998: 275), from which developed the surgical colleges and professional organisations of today. This is one of the reasons why a surgeon is still, to this day, addressed as *Mister*, rather than *Doctor*. This shift of responsibility from the Church to the barbers also caused problems in respect of anointing those who were sick (Wilkinson, 1998: 275). According to the Letter of James (5:14-15), anointing was a means of healing. Now, however, the practice of anointing is perceived not as healing, but as a preparation for death (Wilkinson, 1998: 275).

The practice of the healing ministry never died out entirely because, for example, the work of the eleventh century Waldensian Church's (Wilkinson, 1998: 275) evangelists practised both medical and non-medical healing. In 1746, John Wesley (Wilkinson, 1998: 276) opened the very first free dispensary in England, and the following year published a practical guide to medical aid. By the middle 1800's, both in Europe and in North America, there were those who felt the need for the Church to return to its healing ministry. One of these was Dorothea Trüdel (1810 to 1863), who lived in Männedorf in Switzerland by Lake Zurich (Wilkinson, 1998: 276). Four of her employees, who were making artificial flowers, became incurably ill; doctors were unable to help, so she requested the clergy to act in accordance with the Epistle James, chapter 5. When the Church authorities refused, she established a hospice (Wilkinson, 1998: 277), where the incurable could be taken and where the only three things practised were: prayer; Laying on of hands; and anointing. The medical fraternity protested at this and were partly successful in closing down her infirmary; however, on appeal it was re-opened. In North America, an Episcopalian layman who had graduated from the University of Vermont as a

doctor, Charles Cullis (1883-1892), became impressed with the work of Dorothea Trüdel (Wilkinson, 1998: 278). Cullis combined what he had learned from orthodox medicine with homoeopathic medicine and had a very successful practice (Wilkinson, 1998: 278). Each year, through the Holiness Movement in New Hampshire and Maine, he would organise holiness conferences. The theme of those conferences was, *Faith Cures Through Prayer*. Two of those who attended these conferences were Albert Benjamin Simpson (1843 to 1919) and William Edwin Boardman (1810 to 1886) (Wilkinson, 1998: 278). Simpson was a Presbyterian minister from Canada, while Boardman was also a Presbyterian minister, but in the United States. Simpson began an organisation that, eventually, became known as the Christian and Missionary Alliance (Wilkinson, 1998: 278): the first modern Christian body to place emphasis on the Church's healing ministry as an integral part of its mission. Boardman, on the other hand, published one or two books about the Christian healing ministry and these, in turn, influenced a Dutch Reformed Church minister in South Africa, Revd. Andrew Murray (Wilkinson, 1998: 278). Murray, in 1882, had contracted a severe form of laryngitis and came to Britain looking for treatment (Wilkinson, 1998: 279); this ailment required him to refrain from preaching for several months. While in London, he sought out Boardman at his Bethsan Institute, where he spent three weeks (Wilkinson, 1998: 279); it was from this point that Murray became a firm advocate of the Christian healing ministry, and this led to his publishing a work entitled, *Divine Healing*.

Many organisations have developed within the Church that have the healing ministry at their core: The Guild of Health founded in 1904 (Gusmer, 1974: 10); and in 1905 the predecessor of the Divine Healing Mission (Gusmer, 1974: 10), which, originally, was known as the Society of Emmanuel, but changed its name in 1933. By 1915, the Guild of Health had become an ecumenical group (Gusmer, 1974: 10), rather than a specifically Anglican society, and that gave rise, in 1915, to the Guild of St Raphael being formed in the Church of England (Gusmer, 1974: 11). Since 1996, however, the Guild too has become an ecumenical organisation. Eventually, all the mainstream churches had groups that were dedicated to the healing ministry and, in 1944, under an Anglican

Archbishop, William Temple (Wilkinson, 1998: 281 and Gusmer, 1974: 21), work began to establish a new, interdisciplinary, umbrella organisation to promote co-operation between the various denominational groups and with those in the health care professions, the doctors and the nurses. In April 1944, under the auspices of the Council of Churches, the organisation given the task was the Churches' Council for Health and Healing (Gusmer, 1974: 21). Besides the clergy and lay Christians, its membership is also made up from amongst the Royal Medical Colleges (Wilkinson, 1998: 281).

Modern day health care facilities are very costly (Wilkinson, 1998: 283) and most denominational churches are unable to fund the running of hospitals and health care centres, apart from one or two specific exceptions where financial assistance has been gained from another source, such as the World Council of Churches. In 1968, a sub-committee was established called the Christian Medical Commission of the World Council of Churches, charged with assisting the Church to exercise her ministry to the sick. This Commission has made a significant contribution to the ... *theology and practice of the Christian ministry of healing in the Churches throughout the world* (Wilkinson, 1998: 283). The Commission also plays a role within the World Health Organisation of the United Nations. All this activity has led to greater understanding and co-operation between the Church, on the one hand, and the medical profession (Wilkinson, 1998: 284) on the other, as well as mutual respect. The Medical profession is beginning to realise that an individual's faith can, and does influence the progress of illness, and they are keen to learn more. The Church wishes to co-operate with such research, for it can assist in weeding out false claims for healing and, at the same time, in promoting the genuinely healed, as evidence of the probity of the Gospels and the Church.

Medicine and religious areas of concern overlap because both deal with the phenomena concerning human suffering, illness, dying and death. Medicine deals with these from an empirical view point, whereas religion deals with them existentially, on the level of meaning and interpretation. Since man's earliest times, illness was felt to be the direct result of some form of sin, a transgression

against a religious code (Léon-Dufour, 1962: 543), for which a religious leader, a minister, would be required to restore the spiritual balance. Even in today's world, with all our sophistication, this plea from someone who has become suddenly ill and/or disabled can still be heard: *What have I done to deserve this?* Historically, therefore, medicine and religion have, for the most part, been inseparable.

8.3.1 The Religious Valuation of Medicine

Today, modern medicine provides us with antibiotics to cure infections, analgesics to relieve pain, and surgery to remove diseased body parts. Modern medicine, however, can never change the fundamental frailties that define the human condition and mortality (compare with Wilkinson, 1998: 288). This is why religion plays a major role in the health-care setting; for most people, religious rites and interpretations, alone, serve as adequate mechanisms for coping with understanding of our finite status (compare with Sloan, Bagiella and Powell, 1999: 664). While secular psychiatry has emerged as a source of interpretive insight for some people, it can not replace the centrality of religious meanings, nor is it ever likely to. Contrary to Sigmund Freud's predictions about modern culture, religion has grown and blossomed, it has not disappeared. No one involved in the care of the sick who is insensitive to the role and importance of religion, can ever claim to understand clients as whole persons.

Generally speaking, religious traditions have a great respect for medicine and value its contribution. There is, however, some tension between the presence of disease as divine providence, and human efforts to heal that are recognised by our religious systems; for example, in Judaism, there is a sect called the Karaites, who follow the teachings of Anan ben David and are opposed to the use of all medicines. The Karaites (Smith, 1996: 690) believe that God is the only physician. Having stated that, it ought to be stated that the classical approach of Judaism, in dealing with human frailty, is to support and encourage

the practice of medicine, while recognising that behind all healing is the hand of God (Smith, 1996: 690; McBrien, 1995: 604; Léon- Dufour, 1962: 545; et al.).

The Christian religion holds medicine in great respect and promulgates the virtues of doctors as being consistent with the virtues of charity and love. In the Gospel accounts, the most common stories are about Jesus Christ healing the sick and, thereby, for early Christians, faith healing was very much part of their experience. Not all Christian denominations have such a positive stance to medicine; for example, the Christian Science movement rejects modern medicine. Mary Baker Eddy (1821-1910), having undergone a healing experience in 1866, founded the Christian Science movement (Smith, 1996: 264) and laid down the principals in her book (1875). Eddy, formerly a Calvinist, maintained that the mainstream churches belief about... *disease and death are the result of incorrect understanding* (Smith, 1996: 264) and, further, claims that she had found the key to their correct understanding in the Scriptures: the... *correct knowledge of the Ultimate and, when put into practice, bring an end to disease, suffering, and even death* (Smith, 1996: 264). The dominant theme of the Christian Science movement is: *Superiority of spiritual over physical power, and that this power can be reliably – even ‘scientifically’ – demonstrated in the lives of people today* (Metzger and Coogan, 1993: 111). Encompassing the occurrences of the Bible was a spiritual law, and was central to Eddy’s belief; far from being a relic of ancient history, she regarded it as dynamic and applicable in all times, in order to bring about the restoration of the sick, and redemption from sin. Her metaphysical interpretation of the Bible can be found in her 1875 publication, as previously mentioned. Eddy’s critics charged her with using language not found in the Scriptures, having no theological training or expertise, and having ... *deviated from orthodox Christianity* (Metzger and Coogan, 1993: 111). Her critics felt that she had elevated her own writings to having the same authority as the Bible. Eddy’s views are a clear departure from the doctrinal interpretation of the Bible, as provided by the Catholic Church; and, in consequence of her views not being accepted by the church, they are regarded as heretical.

In recent decades, with the advent of the charismatic movement sweeping over all the Christian denominations, a considerable number of Christians now advocate the healing ministry, though usually in complementary practice with medicine. Mainstream Christianity, in both its Catholic and Protestant traditions, follows the Jewish assertion of medicine, and appeals to the Hebrew Biblical passages that, *interpret medicine as God's creation and honour the physician* (Smith, 1996: 690). Medicine is never seen as an alternative to prayer and spirituality, but it can be understood as a vehicle which can be used by God to bring about a greater good.

8.3.2 The Medical Valuation of Religion

Historically, medicine has valued religion, but with the advent of secularisation and empirical science, religion has been devalued to varying degrees. There has been a recent, significant development in psychiatric ethics, as published by American Psychiatric Associations (1990). Guidelines were produced to aid the psychiatrist in his or her approach to their clients, stating that psychiatrists: *Should maintain respect for their patients' beliefs*. If conflict between a practitioner and patient arises in respect of religion, they are to... *demonstrate empathy for patients' sensibilities and particular beliefs*.

There is no doubt that psychiatric illness can manifest itself in religious expression. Professor Place, as quoted in Chapter 7, has stated in interview that it can be difficult for a practitioner to determine the relationship between a client's religious beliefs and the origin and symptoms of a given psychopathology. While in some cases, religious belief can assist in a person's recovery, in other manifestations it may be the symptom of a deeper problem; but it should never be assumed, or held as a view, that religious beliefs and practices are generally indicative of illness: *Psychopathology sometimes occurs in the religious context, but religion generally plays a constructive role in human life* (Smith, 1996: 691). While a certain amount of good will emanates from the medical community, and the rights of the patient to practise his or her faith is respected, some tension between religion and psychiatry still exists.

There is some empirical research being carried out by medical scientists on the affects of religious belief and experience on mental and physical health; this will be examined later in this chapter. Such research will always be needed, if we are to reach a clear understanding of the role of religious belief and how it affects our health; recent studies indicate that religious belief and practices can contribute to a person's well-being.

8.3.3. The Context of Tension

To help us understand the human condition, biomedicine and psychiatry have become the prime movers in Western society. Post World War II psychiatry, in the United States, has become particularly influential, which may be to the detriment of religion, as a bias against religion will adversely affect the care and treatment of large numbers of patients. Biomedicine and psychiatry in the United States have become dominant in providing interpretive models for behaviour and experience, thereby, eclipsing religion in the scholastic domain. Amongst the wider population, however, religion still provides the central framework for understanding the human situation. Medical practitioners need to remember that religious attitudes can have a powerful and positive affect in restoring a patient to full health. It is intriguing that today, despite all our technologies and knowledge, more people wish to be seen as *whole* people by their doctors, and that *wholeness* should include their faith.

In Western society, a person is perceived by medical practitioners through the prism of years of historical struggle to achieve the ascendancy of the scientific view (Smith, 1996: 691), countered by historic theologies. The rational, scientific view won, and is still held and accepted widely today. The tension and suspicion between the two frameworks still remains: science needs proofs and verifications, it needs to quantify and replicate (Smith, 1996: 691); religious belief is subjective and experiential: the two sides will always encounter difficulties.

In the medical journal, *The Lancet* (1999; 353: 664-667), Sloan and others argue that today there is a growing interest in various forms of healing, including both alternative and complementary practices, and that the idea of linking *religious and medical interventions has become widely popular* (Sloan, Bagiella and Powell, 1999: 664). Undoubtedly, for those who suffer from chronic and debilitating diseases, *religious and spiritual activities provide comfort in the face of illness* (Sloan, Bagiella and Powell, 1999: 664): an individual's faith appears to provide the added dimension of strength.¹

Sloan and others continue in this article by relating the results of a poll carried out in the USA, taking in 1,000 adults. *79% of the respondents believed that spiritual faith can help people recover from disease and 63% believed that physicians should talk to patients about spiritual faith* (Sloan, Bagiella and Powell, 1999: 664). King and Bushwick (1994; 39: 349-52) reported that, *48% of hospital inpatients wanted their physicians to pray with them*. At the 1996 meeting of the American Academy of Family Physicians, from the 295 doctors surveyed, *99% were convinced that religious beliefs can heal, and 75% believed that prayers of others could promote a patient's recovery*. Benson (1996) has said that, *faith in God has a health-promoting effect* and Larson and Matthews (1997; 2: 3-6) called for the *wall of separation* between medicine and religion to be torn down. Matthews and others (1998; 7: 118-24) have gone even further, when they reportedly urge doctors to ask: *What can I do to support your faith or religious commitment?* In 1999, it was widely reported, *that religion can be good for your health*.

There have been many studies into how a person's religious faith can affect the outcome of a person's illness, with just as many ways of measuring its effectiveness; for example, assessments along the lines of religious behaviours, frequency of attending church services, the individual's own personal religious experience (or spiritual growth), and the denominational degree of orthodoxy. Equally, studies follow specific groups of diseases affecting individuals; for example, mental illnesses, terminal illnesses, cardiac diseases, and so on. All these various areas may produce different data.

The researcher has been following a recent study, conducted by Dr Scott Murrayⁱⁱ of the University of Edinburgh, which explores whether those with life-threatening illnesses, together with their carers, have, or are aware of, the need for spiritual support during the course of their illness. Those individuals who took part in the study were patients of the following hospitals: Royal Infirmary of Edinburgh; Western General Hospital, Edinburgh; St John's Hospital, Livingston and Liberton Hospital. The spiritual needs of all the patients were assessed within the context of their overall needs. Over the last twenty five years, increasing emphasis has been placed upon the spiritual care of the patient, especially within palliative care. Reports from such bodies as the World Health Organisation (1990), and professionals like Heath (1996: 1-53), have had an influence on policy; routinely, in practical guidelines for those involved in providing health care, there is encouragement to note the spiritual needs of the patient as an essential component of holistic health care assessment. In Scotland, the National Health Service (2002: October) is now required to develop and implement spiritual care policies, tailored to the needs of the local population. Dr Murray feels that to exclude the spiritual dimension of a patient's needs is to fail to acknowledge the totality of human experience. In his research, Dr Murray, therefore, tries to understand how those spiritual needs may vary - if they do - according to a patient's particular disease's grouping. This research was carried out over the period of one year from amongst the following: 20 patients with inoperable lung cancer, 20 patients in the final stages of heart failure: a total of 149 in-depth, qualitative interviews conducted on a three monthly basis.

In interview with Dr Murray, he outlined that spiritual and emotional issues were predominant in the patient's mind while he or she waited for treatment to commence. In this period, Dr Murray found the following: it was not unusual for both the patient and the carers to experience fear, deep pain and desperation, as the terminally patient struggled with the question: *Am I going to die?* The patient would have regrets about unfulfilled hopes and ambitions, would wonder about what had been achieved in his or her life, and if there was anything that could, perhaps, be achieved before dying. Treatment that might give patients some extra time, and improve the quality of their lives, gave them hope;

however, hope and despair were frequently intermingled. The kindness of staff towards patients, during their treatment, often helped them gain confidence and, through that confidence, they developed strategies for coping with their illness. While treatment helped most patients to feel physically better about themselves, emotional and spiritual needs were ever present and needed to be met.

While a diagnosis of terminal lung cancer signifies that death is approaching, patients with heart failure may live for some time before succumbing to the disease. But it is true too that those patients with heart failure had equally challenging needs, as they struggled with trying to find meaning in their lives. Often, these patients were older, with additional physical disabilities due to age, so they were more concerned about the practical difficulties they encountered in their daily lives, and in their efforts to maintain a social life. These patients may be more disadvantaged because, when they are admitted into hospital, it is more likely to be an acute admission, leading to busy hospital wards where their spiritual needs may be unrecognised. In interview, one patient's experience sums this up: *Members of staff are too busy, and you have to learn to look out for yourself. . . . I try to hide my grief and be nice to others. That's what they want to see, someone coming in who's cheerful and doesn't complain* (Murray, 2003). It is a very sad indictment of our health care system that, in an effort to please the staff, a patient feels the need to hide his or her true need. This patient's needs were not being met and the system completely failed. Patients often feel that their lives have no value, that they are useless, and a burden to others (Murray, 2003).

Many patients from both groups felt that during the earlier and the later stages of their illness spiritual concerns were important to them (Murray, 2003). Those patients and carers without a specific religious belief system felt just as strongly as those with a faith that there was need for love, for meaning, for purpose to life and, sometimes, for transcendence (Murray, 2003). There were contrasting spiritual issues between the two groups of patients, and the carers had their own spiritual needs. Generally speaking, they were all reticent to speak of their

spiritual needs, but as the interviews progressed, and a relationship built up between the patient and the researcher, that initial reserve disappeared.

As the study progressed, It became clear that meeting the spiritual needs, for both the patients and their carers, was of vital importance and part of the preparation for facing their demise in a controlled and dignified way (Murray, 2003). Often, however, those same spiritual needs went unmet, giving rise to fear and distress. What is more, the patients would often keep such fears to themselves and not share them with anyone else, especially their own families (Murray, 2003). In their efforts to make sense of their disease, they would often review their past lives and, as one particular patient revealed in interview, ask if their illness could be attributed to some sin or transgression (Murray, 2004; 18: 41). Dr Murray contends too that many health care professionals do not have the skills, or the time, to uncover the spiritual needs of the patients under their care. From the researcher's point of view, this is clearly a role for the Church: the patient's priest/minister/pastor, for their lay chaplain/ extraordinary ministers of the Eucharist/and for home visitors. The main obstacle preventing that role from being made readily available to all patients is, at this time here in the UK, the Data Protection Act; this prevents hospital authorities from informing chaplains when a patient of their own denomination has been admitted. Where patients state specifically on admission that they are Catholic, Anglican, or Methodist, or whatever, the hospital authorities are still unable to pass on that information to the relevant chaplain; therefore, many patients go through hospital without seeing a priest and, because of this, many Catholics are denied the sacraments during their stay and, crucially, before they die. To ensure that chaplaincy services are available to an individual in hospital, it is necessary for that patient to inform his or her parish priest, so that the information may be relayed to the hospital chaplain. The problem here lies not so much with the medical profession, as with the Law; this needs to be changed to take into account the spiritual needs of an individual at the point of death, one who may be unable to ask for help but, nevertheless, by practice, would wish it.

Dr Murray confirmed that his research enabled him to identify those in spiritual need from those who were spiritually well. He used the following to identify those in need (Murray, 2003).

1. Was the patient giving expression to frustration, fear, hurt, doubt or despair?
2. Did the patient feel life was not worthwhile?
3. Was the patient feeling isolated and unsupported?
4. Did the patient have feelings of being useless?
5. Did the patient lack confidence?
6. Does the patient have relationship problems?
7. Did the patient feel that he/she was losing control?
8. Had the patient asked the following: Where do I fit in?
What have I done to deserve this?

On the other hand the following tended to indicate that the patient had, or was experiencing spiritual well-being (Murray, 2003).

1. The patient exhibited inner peace and harmony;
2. The patient displayed hope, had goals and ambitions;
3. The patient retained his or her place in his/her social life and within the community;
4. The patient felt unique and individual and retained dignity;
5. The patient felt valued;
6. The patient was able to cope with emotions and was able to share those emotions;
7. The patient retained the ability to communicate truthfully and honestly;
8. The patient still practised his/her faith and could find meaning in life.

Many of the patients drew strength from being able to maintain their relationships with their families (Murray, 2004: 18; 43) and clearly, needed opportunities to both give and receive love – to be connected to their social world. Those who had a religious commitment gained comfort from their beliefs (Murray, 2004: 18, 43) and from their worshipping communities. Patients did

not see spiritual care necessarily as part of the health care professionals' role and were very reluctant about turning to them for spiritual support (Murray, 2003). If, however, they had come to confide in a health care professional, who was able to discuss their spiritual needs, patients often valued that contact. Equally, it is most concerning that health care professionals can contribute towards feelings of worthlessness and loss of dignity in some patients. In interview, Dr Murray (2003) stated: *... that spiritual care recognises the relationship between illness and the spiritual domain, and acknowledges the possibility of a search for meaning in the big questions of life and death* (see also Wright, 2002; 16:125-132 and Walter, 2002; 16: 133-139.) Is it really appropriate, as Matthews, et al (1998; 7:118-24) recommend, for a doctor to ask his or her patient about what can be done to support faith or religious commitment? Could this be seen as an abuse of their status as professionals? Some patients may become aware that they and their doctor share a common faith and, in this instance, I see no ethical objection to medical issues being discussed within the context of shared faith. My own general practitioner is an adherent of Islam, while I am a practising Roman Catholic. We have the common ground of a monotheistic faith with a certain amount of shared Scripture. When consulting my doctor, no problem arises from discussions of the management of my disease that include a spiritual dimension and, what is more, my doctor is also comfortable with this practice. A thorough understanding of a patient's religious values can be extremely important in discussing critical, medical issues (see for example, Powell, 1995; 6:73-77).

A systematic set of religious beliefs was important for many of the patients; even those who professed no religious belief acknowledged that they might pray at particularly times where life was threatened. Spiritual needs were expressed in terms of the need to maintain a sense of self and self-worth, and to make a contribution in life. Dr Murray's findings are well supported (Daaleman, 2001; 53:1503-1511 et al): he identified 'personal agency', which is a combination of coping strategies, connectedness to others and a sense of control, as the link between health-related spirituality and subjective well-being. Spiritual needs, therefore, seem to be inextricably intertwined with the patient's

physical, social and emotional needs. Dr Murray found in his research that services such as hospital chaplaincy were under-utilised. That may be due, at least in part, to the Data Protection Act as outlined above. Adequate time needs to be given to listening sensitively to patients' fears, utilising empathy and open, gentle questioning, so that the patient may feel able to communicate their hopes and fears.

Levin carried out a review of twenty-seven (27) studies on the effects of religious attendance on health (1994; 38: 1475-82). He found that of those twenty-seven (27) studies, twenty-two (22) showed faith can have a significant positive effect on improving a believer's health. These findings led Levin to reverse completely his previous position: that any association between attendance and health is highly questionable.

8.4 God and Nature

Quite frequently these days, we hear scare stories about global warming, about the polar ice cap melting and, in consequence, how this raises sea levels. The question that presents itself is: *Do these occur naturally and have they occurred before in earth's history? Is this the direct result of man and, if so, how do we begin to put it right, since we are responsible?* Biblical scholars have entered this arena, in an attempt to resolve these ethical and philosophical questions. The Scriptures tell us that it was God who created not just the world, but the whole universe (Gen 1 & 2); that humans are the stewards of creation with a duty to take care of the earth, to safeguard its resources, and to pass it on to the next generation. Creation and humankind are therefore interdependent in the Bible. (The relationship between God, miracles and the Laws of Nature has been discussed in chapter 2 pages 29 to 35 of this thesis.)

In essence and in purpose, man was made from the fertile soil ('*ādāmā* – Genesis 2: 7, 15; 3: 19, 23.), to which we return after death, and our primary work is agriculture – serving the soil ('*ābad*'). Living in such a setting, with fertile soil producing plentiful crops, was held to be the very best of human existence and the possibility of life after death was not important to man. From a religious

perspective, the earth and its produce are inherently good (Gen 1) but, historically, land and its produce are seen from a political standpoint: power, wealth, and the community identity (Deut 8) of Israel as a nation. The prophets (see for example Hos 2; Joel 1 -2; and Am 4; 9) told the people that when the crops failed it was because of their sin, but when the harvest was good, it was a reward for their faithfulness: a redemptive experience. The Psalms (104; 144) relate the sense of Divine activity in agriculture, whereas the sages (Prov 25 – 29) merely reflect on human wisdom and husbandry of the land.

The religious rites practised by the Israelites reflected their feeling of dependence on arable land throughout its annual cycle. They celebrated the harvests (Ex 23: 14-17; 34: 18; Lev 23; and Deut 16) of cereal crops, such as barley and wheat in the spring, as well as the fruits in autumn. As a thanksgiving to God, the Israelites would offer to Him the first fruits (see for example, Ex 34:19, 20; Lev 1:2; Deut 26: 1-2; and Neh 10: 35-37) of their produce, literally the very best specimens of their flocks and crops. The natural phenomena, on which the lives of the Israelites were dependent, took on a religious meaning: for example, Mount Sinai, where Moses ascended to commune with God and from which he brought down the Ten Commandments; (Ex 20) and, in Biblical theophanies, thunderstorms provided a vision of Divine activity. These attitudes to nature have been assimilated into Christianity, which has its origins in Judaism.

The life and the ministry of Jesus of Nazareth and His disciples are located in the same agricultural community and Jesus often used agriculture as a dynamic in His parables (for example; Mat 13: 24-30, 36-43; Mat 13: 47-50; Mat 20: 1-16; Mat 25: 31-46; Mk 4: 26-29; Lk 13: 18-19 and Lk 15: 1-7.) Christianity is, therefore, rooted in the land and the agrarian culture of its Hebrew Scriptures, though their views were modified through the influence of new social and intellectual forces that prevailed at that time. For example, urbanization had its effect on Christianity because, within a couple of decades of the Crucifixion, the centre of Christian communities had shifted from rural villages to the great cities of the Roman Empire. St Paul took the Gospel message to the Gentiles, who

lived in cities; in his letters, he attempted to address the problems relating to religious life in city churches, with little reflection on nature.

An additional force that had its effect on Christianity, began with the apocalyptic thinking of Judaism, as seen in the book of Daniel (12: 1-4), which affirms the transcendence of the human character, the soul, after the death of the mortal body. The world appears in sharp contrast to the new spiritual world yet to come. It is perceived as less important as the home of humankind because the true home is in another time, another place, or another dimension. Life in this world began to be seen as tainted with evil. Christianity, therefore, affirms that the highest form of human experience is not in a fertile, agricultural world, but lies beyond death, in a paradise that is free from earthly struggles (Mk 13; Jn 14; 1 Cor 15; 1 Thess 4-5). This new world takes on the earthly environment model - rooted in apocalyptic Judaism - together with its ancient heritage, which in the end participates in mankind's final redemption (Rom 8: 19-23; Rev 21-22) with the resurrection of the body, as had been the experience of Jesus (1 Cor 15). God creates, God can re-create, and therefore God can heal.

When a miraculous healing occurs, as has happened in places such as Lourdes, it is astonishing because it is unexpected. The cure needs to be viewed from two standpoints: the abnormal occurrence itself; and its significance. These are best viewed separately, but not in opposition to each other. The scientific approach calls for precise rules; the spiritual approach is different but nevertheless equally as important. Dr Theillier (Director of the Lourdes Medical Bureau) agrees with the Roman Catholic Church's position, when it states (2001: 34): *Nothing can help the case of religion more than the scientific pursuit of the truth.* The more proficient we can be in understanding the Laws of Creation, the better we shall be in understanding its Creator and His mysteries. Science and religion are not irreconcilable opponents, but rather complementary approaches for, as things are explained scientifically, so this in turn invites religious reflection. Science can lead mankind back to God. When science and religion are seen in opposition the result is bad science and bad religion. Separating them out leaves far too many question unanswered,

tempting one or the other to provide answers in situations beyond their expertise. Pope John Paul II (1998) said: *Faith and reason are like two wings on which the human spirit rises to the contemplation of truth*. Science may have progressed a great deal but it must be acknowledged that it is still evolving and, therefore, none of its conclusions are absolute, but relative.

A miracle is therefore a supernatural event which is not unnatural (Pearsall and Trumble, 1995: 922). A miracle is above the law, but it is not opposed to the law. A miracle occurs when God is working at a level which is wholly familiar to Himself, but with which mankind is not familiar (Metzger and Coogan, 1993: 519). God works the miracles at a level that transcends mankind's comprehension and for which he has no explanation; miracles are presented in such a fashion as to cause wonderment, and they may be interpreted as a sign of God's ongoing activity in His Creation. It follows, therefore, that miracles are opportunities taken by God to demonstrate something of Himself to mankind, and as a comparison with mankind. Miracles demonstrate God's all powerful force for good (Rhymer, 1991: 11) and that He is not just almighty, but eternal. Miracles are mighty acts that cannot be explained by any power within a creature, or in the creation. They are actions explicable only as putting forth the Divine power of God (McBrien, 1995: 867).

If the Laws of Nature were fixed and inflexible, mankind would have problems in trying to understand his environment. The Laws of Nature must therefore be susceptible to change (McBrien, 1995: 868). God does not constantly interfere with the Laws of Nature, changing them to suit His purposes at any particular time. If that were the case then we would not have any Laws of Nature. Our fires remain hot when they are burning, showing that there is consistency in nature. It is conceivable that God can work with and through nature in bringing about a miracle, without causing any problems with the intelligibility and coherence of the universe (Fernandes, 1997: 1; Beswick, 1995: 4).

The question that arises from such studies is of another order that goes beyond the domain of natural sciences. Theology is dependent upon God's revelation to provide for us knowledge about God. However, there are processes which are observable and, taken together with human reason, can provide for us the source for the knowledge of God. For example, it is perfectly conceivable that human reason, unaided by revelation, can arrive at the conviction that God exists. This position was confirmed by the First Vatican Council in 1870 (*Dei Filius*). Science may ask: *What is the human person?* But theology extends this line of questioning to: *What is the nature of God?* When science and theology attempt to answer these questions, they are at best partial even when true. The question is not so much about the origins of the universe or when mankind first appeared on the earth, but is about the meaning of such an origin. Is the universe governed by chance or by a transcendent intelligence referred to as God? The Catechism of the Catholic Church (1994: paragraph 286) states:

Human intelligence is surely already capable of finding a response to the question of origins. The existence of God the Creator can be known with certainty through His works, by the light of human reason, even if this knowledge is often obscured and disfigured by error. This is why faith comes to confirm and enlighten reason in the correct understanding of this truth: By faith we understand that the world was created by the word of God, so that what is seen was made out of things which do not appear.

Apart from the knowledge that men and women have of their Creator, God is constantly revealing Himself through the mystery of creation. Creation is an act of God and it is inseparable from mankind's salvation, for Creation is the first step towards the holy Covenant between God and mankind: it is the first universal witness of God's all-powerful love. God is therefore capable of using His creative forces to bring about healing and wholeness.

Philosophy states that we can know how things behave, their measurements and appearances, but not their natures. However, activity, change, and process presuppose the relative stability of acting, changing atoms, or molecules, or other such organisms, independent of human thought and manipulation. In theology, concepts such as the *Trinity of Natural Law* are arrived at by analogy, from knowledge of material objects, but must never be understood unequivocally and reductively. God's nature is not an object, but the pure act of absolute personal life, wisdom and love. Human nature differs from non-personal objects in our self-consciousness, freedom and historicity.

8.5 Summary

In this chapter, the researcher has tried to establish how the Bible has influenced the ethical and moral practice of medicine. Historically, medicine and religion have been inseparable. Without that biblical influence, what we have come to accept as standard, moral, medical practice would not exist today. The canonical text identifies for a patient who may be legitimately consulted from who may not be. The Karaites (Smith, 1996: 690) believe that God alone is the only physician. Prayers of petition and thanksgiving are provided for in the Bible (for example Ps 38; Isa 38:10-20). This dichotomy is related partly to acceptance that both illness and healing are in God's hands (Job 5: 18). Since earliest times, illness was felt to be the result of sin (Léon-Dufour, 1962: 543), for which a religious leader would be required to restore the spiritual balance.

It has been shown that God is constantly revealing Himself through the mystery of creation, and that creation is an act of God. The better we understand the laws of creation, the more we will understand of God and His mysteries. Creation is an act of God and inseparable from mankind's salvation, God is capable of using His creative forces to bring about healing and wholeness.

The early church held similar views, displacing medical treatment in favour of spiritual exercises, such as prayer and fasting. Biblical attitudes in the Roman Catholic Church led to the formation of hospitals organised by the monasteries. Gaps arose between science and religion that grew with the Second Lateran Council and become more evident through the work of people such as Pasteur (1822-1895). The Ministry of Healing is a term that can be traced back to 1881 (Wilkinson, 1998: 274). Medicine became the domain of professional barbers' guilds, from which the surgical colleges of today derive their foundation.

The healing stories of Jesus are common in the Gospel accounts and for early Christians faith healing was part of their experience. The healing ministry never entirely died out (Wilkinson, 1998: 275). In order to make sense of his sickness, mankind has turned to religion. Within the Roman Catholic Church there has always existed a healing ministry that has been biblically based (for example, Lk 10: 9). Simpson founded the Christian and Missionary Alliance (Wilkinson, 1998: 278), placing emphasis on the Church's healing ministry as being an integral part of its mission and in 1944 Churches' Council for Health and Healing was established, under the auspices of the Council of Churches (Gusmer, 1974: 21). Modern day health care is expensive (Wilkinson, 1998: 283) and beyond the ability of individual denominations to finance. However, there are some denominations that reject modern medicine, for example the Christian Science movement.

The medical profession is beginning to realise that a person's faith can influence the progress of illness in a beneficial way. It is undoubted that for those who are suffering from chronic and debilitating diseases, *religious and spiritual activities provide comfort in the face of illness* (Sloan, Bagiella and Powell, 1999: 664). Medical and religious areas of concern overlap because both are dealing with aspects of human suffering and death. Modern medicine alone can never change the fundamental frailties that define the human condition (Wilkinson, 1998: 288). Spiritual needs seem to be intertwined with physical, social and emotional needs.

With growing secularisation and empirical science, religion has been devalued. The American Psychiatric Association (1990) has produced a set of guidelines for those situations where conflict arises between practitioner and patient, which require the practitioner to be empathetic to a patient's belief system. Whilst psychiatric illness can manifest itself in religious expression, religion can have a constructive role in human life (Smith, 1996: 691). Larson and Matthews (1997: 2: 3-6) have called for the *wall of separation* between medicine and religion to be torn down. Science can lead mankind back to God (see Wilkinson, 1998: 288). When science and religion are seen in opposition, the result is bad science and bad religion (see Larson and Matthews, 1997: 2: 3-6; Theillier, 2001: 34). Science and religion are not opponents, but simply complimentary approaches.

Research is required if we are to have a clear understanding of the role of religious belief and how it affects our health. Recent studies indicate that religious belief and practices can contribute to a person's well-being. Amongst the wider population, religion still provides the central framework for understanding the human condition.

Dr Murray has carried out a recent study in various Edinburgh hospitals researching the spiritual needs of patients, especially those in palliative care, in the context of their overall care. Murray feels that to exclude the spiritual dimension of a patient's needs is to fail to acknowledge the totality of human experience. Whilst treatment can help patients to feel physically better, emotional and spiritual needs were ever present and needed to be met. However, sometimes the system completely failed them. Patients do not necessarily see spiritual care as part of the health care professionals' role and can be reluctant about turning to them for spiritual support (Murray, 2003). A thorough understanding of a person's religious beliefs can be extremely important when discussing critical medical issues (Powell, 1995: 6:73-77). In most hospitals within the U.K. there exists a chaplaincy system, which not only serves the Christian community but also has clergy from other faiths, who work in conjunction with doctors.

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- i I recall a time as a patient in the Freeman Hospital, Newcastle upon Tyne, in the 1980's, when an elderly, (approximately in his late seventies or early eighties) frail, Asian man had been taken to theatre for surgery on his prostate gland. Within minutes of being returned to the ward, he was sitting up, inter-acting, eating and drinking tea, much to the astonishment of his surgeon and others. There were others who had had the same operation that day and who were poorly for the next three or four days. The Asian gentleman went home the next day! He had somehow gained strength from his Islamic faith, which had spurred his recovery.
- ii **Dr. Scott Murray** is the senior lecturer in General Practice at the University of Edinburgh. Since 1995 he has been the international advisor to the Royal College of Practitioners; from 1996, a consultant for the Overseas Development Agency; and from 1998, he became the World Health Organisation Advisor in Primary Care. Also for the WHO he advises on the health service reforms in Germany. Dr Murray is a visiting lecturer at Birzeit University in Palestine. He is the author and co-author of many papers that have appeared in medical journals such as the British Medical Journal; European Journal of Heart Failure; Palliative Medicine; Journal of Palliative Care, etc.

The interview Dr Murray gave the researcher was based on the results of his research that culminated with his paper of February, 2003. These results have subsequently appeared in such medical publications as: British Medical Journal (2003, 326: 368-372; British Journal of General Practice (2003, 53: 957-959) and Palliative Medicine (2004, 18: 39-45).

CHAPTER NINE: CONCLUSION

Essentially, there are two questions that this thesis is trying to answer.

- Does and can God heal our infirmities?
- Do Christians really believe in the power of their God to heal their infirmities or, are they so caught up with modern day medicine that they have become blind to the healing hand of their God?

Since time immemorial, questions have arisen as to why certain events have taken place (Wilkinson, 1998: 7). Why am I sick? Why am I disabled? Why has God allowed this or that to happen? One does not need to be a biblical scholar to know that life is beset with all kinds of tragedies and that these experiences offer a challenge to the very core of our faith. In examining the problem of evil, I have established that there is no definite answer that can satisfy wholly our search for answers (Schaeffer, 1968: 100; Evans, 1996: 99; et al.). The only way that one can make sense of being struck down with cancer of the spinal cord at 23 years old, for instance, is by allowing oneself to grow beyond the tragedy. God did not send or visit this terrible disabling disease upon the victim, so our faith would decree. He permitted the experience, out of which greater good could be established. Through the process of responding to the challenges presented in one's lifetime, true spiritual growth may be derived. No one is perfect: only Christ was/is perfect. Through Christ on the cross, God made possible certain choices: but it is also the *final solution* (Hick 1990: 186). Christians can identify with the suffering of the Crucifixion through their own sufferings and, in so doing, may recognise the suffering of others which, in turn, prompts a response. That response is compassion for the sick, ministering to their spiritual and physical needs, all of which promotes recovery.

This thesis has shown that in Biblical times illness and disability were often attributed to demonic possession (Jeremias, 1971: 93 and for example Lk 4: 31-37). Whilst we may regard this view as rather naïve, even today modern science can only give us some answers about the causation of sickness and

disease. It can tell us very little about why disease afflicts humanity in general or any individual in particular. Despite the apparent lack of medical understanding (compare with Léon-Dufour, 1962: 543; Mills, 1990: 217) in biblical times and despite the simplicity of the first century Christians, perhaps today we may find an element of truth in their position (compare with Buckley, 1987: 3/4). Sickness and disease may be seen, ultimately, as the devil's work, but only insofar as they manifest the fallen nature of humanity and the effects of evil (see for example, Wissenthal, 1989; also Catechism of the Catholic Church, 1994: paragraph 1502). From time to time, we all experience sickness and with that, perhaps, come the realisation that sickness spoils the perfection and beauty of human nature, which was created by God; therefore, sickness in a child becomes even more unacceptable. It is as if the power of the evil (see Chapter 2 of this thesis) wished to taunt the loving Father (see Chapter 2 page 8 of this thesis) of creation by vandalizing the beauty of His creation.

It is difficult to establish the existence of any understanding of medical science in Hebrew history, or of properly recognised medical practitioners. What therapies were used apparently correspond to ancient procedures; for example, the treatment of ailments through local application (Isa 1: 6; Jer 8: 22; 51: 8) and the use of wine and oil (Lk 10: 34). There is a hygienic code, however, that can be seen in the Pentateuch, including laws regarding personal and communal sanitation. The Book of Leviticus reflects the religious nature of disease and healing in the Old Testament. The priests were important figures in relation to the customs surrounding disease and healing. The Jewish priests were responsible for diagnosing *leprosy* (a generic term including a variety of skin diseases) and, in the case of restoration of health, for declaring a person as free from *leprosy* (Lev 13 – 14). Recovery from leprosy, for example, in the cases of Miriam (Num 12: 9-16) and Naaman (2 Kings 5: 8-14) appears to have been miraculous. Prayers like Psalm 6 also indicate that ancient Israel's cult included rituals associated with illness.

Cures in the Old Testament that were attributed to God were unusual, with most cases clustering around the period of the Exodus and the ministries of Elijah and Elisha. A selection of some of those healings may include the following examples:

- the raising from the death of the son of the widow of Zarephath Elijah (1 Kings 17: 17-24);
- a similar miracle is attributed to Elisha with the son of the Shunammite woman (2 Kings 4: 1-37);
- the healing of Jeroboam's palsied hand (1 Kings 13: 4-6); and
- the recovery of Hezekiah that is directly attributed to God (2 Kings 20: 1-11).

In the New Testament, the healing of diseases is related in ministry of Jesus and of His disciples. All kinds of sicknesses are encountered and healed, for example:

- blindness (Mk 8: 22-26; 10: 46-52);
- leprosy (Lk 17: 11-19);
- lameness (Acts 3: 6-10; 14: 8-10); and
- paralysis (Mat 9: 2-7; Mk 2: 3-12 and Lk 5: 18-25).

When compared with other New Testament authors, Luke has an interest in providing exact details in describing an illness (Caird, 1963: 29); for example, Peter's mother-in-law suffered from a *great fever* (Lk 4: 38), and a leper is said to be *full of leprosy* (Luke 5: 12). This predisposition may be accounted for by the view that Luke's profession was as a physician (Col 4: 14). The penal understanding of sickness that had survived into New Testament times was significantly modified by the teaching of Jesus (Jn 9). One of the first recorded statements attributed to Jesus about His ministry indicates (Luke 4: 18-27) that He had come to bring healing to the mind, body and soul of those who were sick.

The miracles of Jesus are an essential part of His story, providing a visible manifestation of His Divine power (Cairns, 1950: 193). When Jesus heals in a miraculous way, it is not so much that the laws of nature are suspended, but rather that the laws of eternal, heavenly life take precedence. It has also been established that we do not fully know or understand the Laws of Nature because those laws are not fixed (see Chapter 2.3 page 29 of this thesis). When God acts, He acts as Creator through His Creation (Lewis, 1977: 88). Healing is therefore a gift bestowed by God on an individual and not dependent upon that person's sinless-ness or saintliness (Léon-Dufour, 1962: 362-363). Indeed, when Jesus healed the Roman officer's servant (Mat 8: 5-13; Lk 7: 1-17) and interceded for the sinful woman in Luke 7: 36-50, He was saying clearly that healing is part of God's boundless grace.

Miraculous healings are not merely confined to biblical times (Chapters 3, page 40; 53 and 6, page 125 of this thesis), but have continued through the ages; and the authority for that ministry comes from Jesus of Nazareth Himself (Catechism of the Catholic Church, 1994: paragraphs 1506 to 1510). They are, in fact, a continuation of His activity, passed onto the Apostles, and from them onto His Church (Baldwin, 1990: 22 and Chapter 6.2, page 125 of this thesis). The Church's response to that ministry, as shown by her history, has been two fold: there are evidences of the continuation of miraculous healing as has been shown through an examination of the healings attributed to such holy shrines as Lourdes; and the Church also has provided care for the sick by the provision of establishments such as hospitals and infirmaries (see chapter 6.3.1 of this thesis). Religious orders such as the Order of St. Camillus, or the Order of St John of God, were founded specifically to discharge that responsibility (McBrien, 1995: 213; 640; 711).

Such institutions also included a place of refuge for those who were blind, those who suffered from leprosy, as well as for those who were mentally ill. Through the services of the brother/sister Hospitaller in these religious houses, the poor could also find (McBrien, 1995: 640) a dispensary from which they could access medicinal herbs and poultices. Those infirmaries became the model (see

Chapter 6.3.1.1 of this thesis) on which modern day health services are provided. These religious orders have, in turn, been instrumental in influencing the creation of other organisations that care for the sick, whose membership is not made up of monks and nuns; for example, the *L'Arche* Communities (Thomas, 2002), and St. John Ambulance (Cole-Mackintosh, 1986), where lay people inspired by the Gospels can become an integral part of the Church's mission to care for the sick.

From the experiences of those individuals involved with *L'Arche*, it has been shown (Chapter 6, page 150 of this thesis) that healing can have more than one dimension (Vanier, 1995: 27-34). Those who reside in one of the *L'Arche* communities may not have their handicaps removed, but personal growth and development can be generated for those with learning disabilities by creating the right atmosphere, and by valuing them as individuals (see pages 149 and 150 of this thesis). But healing has not been restricted to those with learning disabilities, for some of those who have been called to live for a time with *L'Arche*, as *assistants*, have also found their brokenness being healed (Johnston, 1986: 9). Spencer (2003: 115), commenting on Matthew (25: 35-37), said that Jesus was alluding here to His deep personal sensitivity towards the pain and suffering of humanity. This is surely a sign of life to a world dying from increasing secularism and commercialism. Here, we have the promise of healing that is freely given. As science and religion were perceived as separate subjects, and not always in agreement, the Church became increasingly unhappy with this provision (Wilkinson, 1998: 275). Consequently, there was some reluctance, both from the world of medicine and religion, to enter into each other's spheres. The church became less happy about the healing ministry, particularly as not everyone who was prayed for received the kind of healing that was, perhaps, expected. Today, however, the worlds of medicine and religion have each come to realise that both have valuable roles to play (Benson and Larson, 1997; 2: 3-6) in the well being of individuals: that the individual needs to be treated as a whole person: body, mind and spirit. To this end, a number of studies have been carried out by various universities around

the world that clearly demonstrate the significant influence of the individual believer's faith on the progression of illness (Murray, et. al., 2003; 00: 1-7).

The Bible tells us that we are made in the image of God (Gen 1: 27). In acknowledging that concept, the Christian is drawn to see a positive image of himself, the image of being valued, and precious in His sight (Davidson, 1973: 25). There are no conditions to that, no strings attached, only unconditional love from the Creator to His creature. By accepting that unconditional love, the Christian comes to realise that all external measures of self worth are superfluous!

The Greek tradition of leaving the chronically sick, or weak infants, exposed to the elements and allowing them to die without medical attention - as contained in Plato's *Republic* (407) - would be unthinkable from the biblical perspective. Biblical teachings provide for the profound respect of, for the dignity of, and instinctual value of humankind: mankind is perceived as being made in the image of God (Gen 1: 27). Medicine, as practised in the West, owes its origins to both the Greek ideals that are contained in the Hippocratic tradition and to the Bible, which has significantly influenced the ethical and moral codes; for example, the Bible's teaching on love of neighbour, as contained in Leviticus (19: 18) and Luke (10: 25-37). The biblical concept of respect for the person, not only had its influence on medicine, but also found its way into the *Geneva Convention Code of Ethics* (1949) and the *Helsinki Convention* (1964) of the World Medical Association. It was these biblical precepts that provided motivation for the Church to establish hospitals for the care of the sick.

During this research, and within the body of this thesis, it has been demonstrated (Chapter 7, pages 164 – 167) that the Roman Catholic Church has implemented protocols for the evaluation of incidents of miraculous healings (Theiller, 2000: 2-3), particularly in connection with such shrines as Lourdes. The Church has accepted that it has a responsibility to sort out those whose claims are genuine from the more fantastic. Indeed, the Church's own probity is at stake should she proclaim any healing as true, when it could be

proven otherwise. With that in mind, the Roman Catholic Church has set up panels, consisting of professionals from the world of science and medicine, as well as theologians and priests (Theillier, 2000: 1). This is to the Church's credit; however, it has also become evident that seminarians (trainee priests attending one of the Church's colleges) are not being given the opportunity, at any level, to study miraculous healing in depth (McNutt, 1974: 42; McManus, 2002: 25-26); the healing ministry; and the pastoral care/needs associated with the healing ministry. This lack of education in the formation of the Church's future priests has been highlighted by those who are currently in the vanguard of the Church's healing ministry: namely, the Dominican Father Francis McNutt; the Servite, Father Peter Rookey; the Redemptorist, Father Jim McManus; and Monsignor Michael Buckley. Having made that criticism, I feel that I must also assert that theological education in the seminaries covers areas of ecclesiology, moral theology, church history, philosophy, homiletics pastoral theology, human development et cetera to the highest standard of any theological institution and receives accreditation from external universities such as Surrey, Birmingham, Durham and Leuven, to mention but a few. Nevertheless, given the rise in interest from the world of medicine, as shown from the study recently compiled by the University of Edinburgh (Murray, et. al., 2003; 326: 1-5; 2003; 53: 957-59; and 2004; 18: 39-45), which highlights the place of faith in the recovery and well-being of an individual person, it seems essential for the Roman Catholic Church to re-evaluate its academic programme, in order to give as much priority to the place of the healing ministry as she does to any other theological subject.

The Roman Catholic Church is to be commended in her practice of the healing ministry, for large numbers of men and women from her congregations have undergone training as *Extraordinary Ministers of the Eucharist* since 1973 (the Vatican Decree authorising this ministry came in through *Eucharistiae Sacramentum*, issued on 26th June, 1973, as a result of the Second Vatican Council) and not only assist regularly with Communion in Church, but also take the Blessed Sacrament to those unable to attend mass every week. The housebound faithful are, therefore, not being deprived of Holy Communion because of their ill health. Many of these *special ministers* take their role

seriously, and will return at another point to visit those committed to their care, thereby providing valuable pastoral support in their parishes.

Buckley (1987: 49) maintains that the healing acts of Jesus are proof of God's love for humankind and evidence that God wishes us to be whole and healthy. His healing ministry and acts of healing were not so much *miracles* (1987: 49) as *works* (compare with Chapter 4.3, page 67 of this thesis) given to him by His Father, and it was in His Name that Jesus' healed. Taking into account the aspect of the theology of the Holy Trinity, and how that may interact with Jesus' ministry, Buckley (1987: 49) argues that Jesus' healings were not performed solely as God, but also as a man with a divine mission: a mission that Jesus left to His church (for example, Mat 4: 23; Lk 9: 11).

The Catholic Church today makes provision for the implementation of healing services; this can vary from parish to parish and from diocese to diocese, according to the interest of the clergy. For example, in the parish of Our Lady Immaculate, Washington where I worshipped from 1993 to 1999, services of Holy Communion for the Housebound were arranged four or five times a year. Many of the parishioners were actively involved in assisting with transportation of those who were less mobile, and the services of St John Ambulance were employed to care for the sick whilst the service was in progress and, afterwards, in the parish rooms/local school where light refreshments were provided. In my current parish of Our Lady of Lincoln, Lincoln, only two services of healing have been held in the last five years, both coinciding with the visitation of our Bishop. Revd. Peter Allen stated (7th June, 2005) that the reason behind this is that it is part of the accepted ministry of the Bishops of the Roman Catholic Church; healing services outside the Episcopal visit would require official approval. Bearing in mind what has been said above; this apparent lack of services of healing detracts from an otherwise excellent record and, perhaps, shows reluctance on behalf of the Church to engage in a ministry left to her by her founder. The healing ministry is a continuation of Jesus' activity in the world.

As to the contents of such services: whilst the basic format of laying on of hands (Jam 5: 14-15), anointing with holy oils (Catechism of the Catholic Church, 1994: paragraph 1511), and communion (Catechism of the Catholic Church, 1994: paragraph 1524) is standard practice, these too differ from parish to parish in the way they are celebrated (McManus, 2002: 169 & 202). The way in which these sacraments were used changed after Vatican II. Prior to Vatican II they were called *Extreme Unction* or *Last Rites*, preparing a person for the last journey towards God (Buckley 1987: 209). This sacrament is now called *Anointing of the Sick* with ... *strong overtones on healing* (Buckley, 1987: 209), bringing the sacrament back into line with that practised in the Early Church. An important part of any service of healing is the place given to Acknowledging our Sins (Léon-Dufour, 1962: 543; Buckley, 1987: 20; & McManus, 2002: 127; et al); this can be provided through the format of a *Service of Reconciliation*, which varies in content from parish to parish. I have attended *Services of Reconciliation* during Lent and Advent in various parishes: some have been good and helpful; and some have been poor and basic. Healing is about the whole person and part of that is reconciliation. Buckley (1987: 8) argues that healings have ... *emotional and spiritual overtones which affect the soul... healing affects the whole person, then the spiritual, emotional and physical healings are interactive....* (compare with Mk 2: 3-12). Reconciliation has an important role in healing and, therefore, *Services of Reconciliation* must be given high priority within the context of any healing service, and be well thought out. The priest does not simply proclaim forgiveness of sins to his penitent congregation with a promise of a heavenly life for their souls after death of the mortal body. The priest proclaims the full Good News, *of the final deliverance from all forms of evil in the resurrection of the body...* (Hocken, 2001: 137). The work of salvation embraces all levels of God's creation, for all has been tainted by sin and disease and the consequences have been experienced. What the priest proclaims through the Good News is God's promise of the new heavens and the new earth (Hocken, 2001: 137).

The Roman Catholic Church should audit the provision for *Services of Reconciliation* throughout Great Britain, assessing which services were helpful, by contrast with those which were not; and acknowledging where a congregation may have felt that something was lacking. From this survey, the Church could then identify those elements that were felt to be helpful, as opposed to those that were not, and produce a standard format for implementation in the parishes. For example, during the part given to the *Service of Reconciliation* within the healing service, the congregation needs sufficient time in order to be gently guided through a period of meditation. The Ten Commandments are used as a basis and theme for the meditation with various Scripture readings, hymns, and answers and questions, before moving to a *Litany of Penance*, ending this part of the service with a *General Absolution*. The participants, having undergone a period of self-examination and acknowledgment of their need for God and for forgiveness, are now ready for the *Laying on of Hands*, which may be given not only by the clergy, but also by all those who feel a calling to this type of ministry. The next part of the service would be the *Anointing of The Sick* by the clergy, followed by reception of Holy Communion.

Within the remit of the Sacrament of Reconciliation, all faithful Catholics know that what is confessed to a priest stays with the priest. It helps to know that when we confide in someone, he is not going to pass on one's confidences! It helps to hear the priest say, before the penitent leaves him: *Please pray for me a sinner!* The priest takes his place along side the penitent, shouldering the burden, and is not sitting in judgment. However, not all priests are counsellors or have counselling skills. In the early days of the Church, the healing ministry was not confined to the priesthood (Buckley, 1987: 209). Healing is a ministry to which one needs to be called and commissioned, yet a cursory glance at the ordination service reveals that a priest is expected to be a healer. The Roman Catholic Church needs to encourage her priests to administer (Buckley, 1987: 209) this sacrament, emphasizing its healing content so that it will once again become alive in Holy Orders... *rather than* [in a] *purely functionary way*... (Buckley, 1987: 209). Catholics do look to the Church and the Sacraments as a

source of healing and we have a lot to learn about the gifts of healing and the ministries of the spirit.

In the Catholic Church of today, there is an organisation called *Marriage Care*, which has a valuable role to play in the preparation and support of those who are applying to be married, or are married but are experiencing some difficulties (in the Nottingham Diocese, this has been the practice for the last ten years, according to Revd. Peter Allen). Counselling has a role to play in healing and the Church needs to extend the availability of such counselling services. There would be need for the provision of a national programme (see McManus, 2002: 15; 17 & 143, particularly where he states, *clergy and lay people involved in this ministry should have appropriate training*), where clergy and lay people could access training. This could be implemented by utilising those training programmes that already exist in the community, not just for counsellors in Marriage Care, but also in Bereavement Counselling, Stress Counselling; Abuse Counselling; and so on. When a parish priest becomes aware of an individual with a problem that could be helped through counselling, he could request the help of a counsellor with the appropriate skill: problems left untreated can develop into illnesses (see McManus, 2002, 113 following). A range of counsellors in a given locality would be a major asset to the local clergy in carrying out their role as the *cure of souls* committed to their care. Certainly, any ministry of healing needs those who are prepared to listen (Gal 6: 2), as well as those who administer the sacraments. With that in mind, Buckley (1987: 211) maintains that we would ... *become more open to the Holy Spirit, our sacraments will become truly living personal contacts with the healing Christ. They will be His touch and not something which produces its effect 'ex opera operato', independent of our faith.* In this way, the Church would discharge her duty of care by making provision for healing to be given to body, mind, and spirit; for the healing of emotional, mental, spiritual and relationship problems, as has been argued consistently throughout this thesis.

The Roman Catholic Church has a long tradition of pilgrimages, undertaken by the faithful to sites of particular religious significance. Amongst such venues, even today, the list may include amongst the shrines of popular saints: Lourdes, Fatima, Knock, Medugorje amongst the Marian shrines and Assisi, St Anthony's Basilica, Padua, Santiago de Compostela, et cetera. The faithful often claim that their illnesses are cured as a result of their pilgrimage. Evidence has been provided in Chapter 7 that healings can and do occur at such shrines, and at the intercession of a particular saint. Faith clearly plays a significant part in the recovery of those who are cured. If it was not so, then the authorities in Lourdes, for example, would have produced scientific evidence by this time for the claim that the waters from the grotto have therapeutic qualities.

When an individual becomes ill, particularly in the case of a chronic illness, he or she often turns to their faith, looking for answers. It is precisely for this reason that the Roman Catholic Church, as well as other Christian Churches, has a major role to play in the overall care of those who are sick. The worlds of science and medicine in particular are now researching seriously how a person's faith can influence the outcome (King and Bushwick, 1994; 39: 349-52; Larson and Matthews, 1997; 2: 3-6; et. al). The Roman Catholic Church needs to respond positively to the spiritual needs of patients, by implementing a comprehensive programme in healing ministry (McManus, 2002: 17), supported with quality training for her young men training in seminaries (MacNutt, 1974: 10; Hocken 2001: 54; McManus, 2002: 24-26); as well as those monks and nuns undergoing formation through their religious orders, as has been outlined above. Hocken (2001: 54) states plainly: *Our pastoral training and practice still pay insufficient attention in the training of men for the priesthood for the ministries of healing and deliverance.* Buckley's (1987: 9) contribution in this great debate is to state how the *institutional churches have assumed into their system of thinking and believing the Greek philosophical concept of the dichotomy of soul and body, and a theology which presumes that Jesus came to save souls not bodies.* Both Hocken (2001: 54) and McManus (2002: 143) point out that too few diocese in the Catholic Church make any provision to support and encourage clergy in this ministry, let alone the laity, by comparison

with the Anglican Church; for examples, see both of Perry's works dated 1996 and 2000. Where provision is made for *Healing Masses*, these are often monthly services and very well attended (Hocken 2001: 54), providing an excellent opportunity for evangelisation and renewal (Hocken 2001: 136). When the individual approaches the church looking for healing, he or she cannot be divided up into three convenient components for he or she is one person and any such division places limitations on the healing power of Christ (Buckley, 1987: 9-10). Such divisions as these, at best, offer a false philosophy of human nature and a narrow concept of the theology of sin.

Credible training must also be made available to lay people (McManus, 2002: 15) who are carrying out the Church's work as catechists, Eucharistic Ministers, and counsellors. To do less would not only be an abnegation of duty to for the care of the sick, but failure to answer the call of the Lord to heal the sick. Science and religion must be seen as working together (McManus 2002: 6-7), not fighting for the faith of the sick, but ministering to the whole person - body, mind, and spirit - and in this way, a healthier and well adjusted population will emerge to give thanks to God for their recovery. The greater the understanding we have of how God acts through His creation, the more we will understand of the mysteries of God, which are in themselves inseparable from mankind's salvation.

ANNEXURE ONE

CHARTER OF THE COMMUNITIES OF L'ARCHE

(Adopted by the General Assembly of the Federation of L'Arche, Cap Rouge, Quebec: May 1993.)

L'Arche began in 1964 when Jean Vanier and Father Thomas Philippe, in response to a call from God, invited Raphael Simi and Philippe Seux, two men with learning disabilities, to come and share their life in the spirit of the Gospel and of the Beatitudes that Jesus preached.

From this first community, born in France and in the Roman Catholic tradition, many other communities have developed in various cultural and religious traditions. These communities, called into being by God, are united by the same vision and the same spirit of welcome, of sharing, and simplicity.

I Aims

1. The aim of *L'Arche* is to create communities which welcome people with learning disabilities. By this means *L'Arche* seeks to respond to the distress of those who are too often rejected, and to give them a valid place in society.
2. *L'Arche* seeks to reveal the particular gifts of people with learning disabilities who belong at the very heart of their communities and who call others to share their lives.
3. *L'Arche* knows that it cannot welcome everyone who has a learning disability. It seeks to offer not a solution but a sign, a sign that a society, to be truly human, must be founded on welcome and respect for the weak and the downtrodden.
4. In a divided world, *L'Arche* wants to be a sign of hope. Its communities founded on covenant relationships between people of differing intellectual capacity, social origin, religion and culture, seek to be a sign of unity, faithfulness and reconciliation.

II Fundamental Principles

1. Whatever their gifts or their limitations, people are all bound together in a common humanity. Everyone is of unique and sacred value, and everyone has the same dignity and the same rights. The fundamental rights of each person include the rights to life, to care, to a home, to education and work. Also, since the deepest need of a human being is to love and to be loved, each person has a right to friendship, to communion and to a spiritual life.
2. If human beings are to develop their abilities and talents to the full, realising all their potential as individuals, they need an environment that fosters personal growth. They need to form relationships with others within families and communities. They need to live in an atmosphere of trust, security and mutual affection. They need to be valued, accepted and supported in real and warm relationships.
3. People with learning disabilities often possess qualities of welcome, wonderment, spontaneity and directness. They are able to touch hearts and to call others to unity through their simplicity and vulnerability. In this way they are a living reminder to the wider world of the essential values of the heart without which knowledge, power and action lose their meaning and purpose.
4. Weakness and vulnerability in a person, far from being an obstacle to union with God, can foster it. It is often through weakness, recognised and accepted, that the liberating love of God is revealed.
5. In order to develop the inner freedom to which all people are called, and to grow in union with God, each person needs to have the opportunity of being rooted and nourished in a religious tradition.

III The Communities

1. Communities of faith

- 1.1 *L'Arche* communities are communities of faith, rooted in prayer and trust in God. They seek to be guided by God and by their weakest members,

through whom God's presence is revealed. Each community member is encouraged to discover and deepen his or her spiritual life and live it according to his or her particular faith and tradition. Those who have no religious affiliation are also welcome and respected in their freedom of conscience.

1.2 Communities are either of one faith or inter-religious. Those which are Christian are either of one church or inter-denominational. Each community maintains links with the appropriate religious authorities and its members are integrated with local churches or other places of worship.

1.3 Communities recognise that they have an ecumenical vocation and a mission to work for unity.

2. Called to Unity

2.1 Unity is founded on the covenant of love to which God calls all the community members. This implies welcome and respect for differences. Such unity presupposes that the person with a learning disability is at the centre of community life.

This unity is built up over time and through faithfulness. Communities commit themselves to accompany their members (once their membership is confirmed) throughout their lives, if this is what those members want.

2.2 Home life is at the heart of a *L'Arche* community. The different members of a community are called to be one body. They live, work, pray and celebrate together, sharing their joys and their sufferings and forgiving each other, as in a family. They have a simple life-style which gives priority to relationships.

2.3 The same sense of communion unites the various communities throughout the world. Bound together by solidarity and mutual commitment, they form a worldwide family.

3. Called to Growth

- 3.1 *L'Arche* communities are places of hope. Each person, according to his or her own vocation, is encouraged to grow in love, self-giving and wholeness, as well as in independence, competence and the ability to make choices.
- 3.2 The communities wish to secure for their members education, work and therapeutic activities which will be a source of dignity, growth and fulfilment for them.
- 3.3 The communities wish to provide their members with the means to develop their spiritual life and deepen their union with and love of God and other people.
- 3.4 All community members are invited to participate, as far as possible in decisions concerning them.

4. Integrated in Society

- 4.1 *L'Arche* communities are open and welcoming to the world around them. They form an integral part of life in their localities, and seek to foster relationships with neighbours and friends.
- 4.2 The communities seek to be competent in all tasks they are called to accomplish.
- 4.3 The communities wish to enable people with learning disabilities to work, believing work to be an important means of integration.
- 4.4 The communities seek to work closely with: the families and guardians of people with learning disabilities; professionals; government authorities, and with all those who work in a spirit of justice and peace for people who have learning disabilities.

IV Conclusion

L'Arche is deeply concerned with the distress of people who suffer injustice and rejection because they have learning disabilities. This concern should impel the communities of *L'Arche* to do all they can to defend the rights of people with learning disabilities, to support the creation of places of welcome for them, and to call on our society to become more just and respectful towards them.

The communities of *L'Arche* want to be in solidarity with the poor of the world, and with all those who take part in the struggle for justice.

ANNEXURE TWO: A LIST OF THOSE PEOPLE WHO HAVE BEEN CURED AFTER A PILGRIMAGE TO LOURDES AND WHO HAVE BEEN OFFICIALLY RECOGNISED AS CURED BY THE ROMAN CATHOLIC CHURCH

LIST Ref. N° Actual Previous		NAME AND DOMICILE	AGE AT THE DATE OF CURE	NATURE OF ILLNESS	Diocese and date of Recognition
1	3	Mrs LATAPIE Catherine, called CHOUAT, of LOUBAJAC (France).	About 38 years old on 01-3-1858.	Ulnar Paralysis due to traumatic elongation of the brachial plexus for 18 months.	Tarbes, Mandate of Monseigneur Laurence on 18-1-1862
2	1	Mr BOURIETTE Louis, of LOURDES (France).	54 years old in March 1858.	20-year-old injury to the right eye with blindness for 2 years.	
3	2	Mrs CAZENAVE Blaisette, (born SOUPÈNE), of LOURDES (France).	About 50 years old in March 1858.	Chemosis or chronic conjunctivitis with ectropion for 3 years.	
4	5	Mr BUSQUET Henri, of NAY (France).	About 15 years old on 28-4-1858.	Fistular adenitis of the base of the neck (undoubtedly tuberculous) for 15 months.	
5	4	Mr BOUHORT Justin, of LOURDES (France).	2 years old on 06-7-1858.	Chronic post-infective malnutrition with retarded motor development. Diagnosis at the time : « consumption ».	
6	6	Mrs RIZAN Madeleine, of NAY (France).	About 58 years old on 17-10-1858.	Left hemiplegia for 24 years.	
7	7	Miss MOREAU Marie, of TARTAS (France).	About 17 years old on 09-11-1858.	Major diminution of vision with inflammatory lesions especially of the right eye, progressing over 10 months.	
8	24	Mr DE RUDDER Pierre, of JABBEKE (Belgium).	52 years old on 07-4-1875.	Ununited fracture of the left leg with pseudarthrosis.	Bruges (Belgium) 25-7-1908.
9	14	Miss DEHANT Joachime, of GESVES (Belgium).	29 years old on 13-9-1878.	Ulcer of right leg with extensive gangrene.	Namur (Belgium) 25-4-1908.
10	37	Miss SEISSON Elisa, of ROGNONAS (France).	27 years old on 29-8-1882.	Cardiac hypertrophy with oedema of the lower limbs.	Aix-en-Provence 2-7-1912.
11	27	Sister EUGENIA, (Marie MABILLE), of BERNAY (France).	28 years old on 21-8-1883.	Abscess in the right iliac fossa with vesical and colic fistulae. Bilateral phlebitis.	Evreux 30-8-1908.
12	36	Sister Julianne, (Aline BRUYÈRE), of LA ROQUE (France).	25 years old on 01-9-1889.	Cavitating pulmonary tuberculosis.	Tulle 7-3-1912.
13	28	Sister JOSÉPHINE-MARIE, (Anne JOURDAIN), of GOINCOURT (France).	36 years old on 21-8-1890.	Pulmonary tuberculosis.	Beauvais 10-10-1908.
14	33	Miss CHAGNON Amélie, (Religious of the Sacred Heart on 25-9-1894), of POITIERS (France).	17 years old on 21-8-1891.	Tuberculous osteo-arthritis of the knee and of the foot (2 nd metatarsal)	Tournai (Belgium) 8-9-1910.
15	17	Miss TROUVÉ Clémentine, (Sister AGNÈS-MARIE), of ROUILLE (France).	14 years old on 21-8-1891.	Osteo periostitis of the right foot with fistulae.	Paris 6-6-1908.
16	18	Miss LEBRANCHU Marie, (Mrs WUIPLIER), of PARIS (France).	35 years old on 20-8-1892.	Pulmonary tuberculosis (Koch's bacillus present in the sputum).	Paris 6-6-1908.
17	19	Miss LEMARCHAND Marie, (Mrs AUTHIER), of CAEN (France).	18 years old on 21-8-1892.	Pulmonary tuberculosis with ulcers of face and leg.	Paris 6-6-1908.

LIST Ref. N° Actual Previous		NAME AND DOMICILE	AGE AT THE DATE OF CURE
18	9	Miss LESAGE Elise, of BUCQUOY (France).	18 years old on 21-8-1892.
19	25	Sister MARIE de la PRÉSENTATION, (Sylvie DELPORTE) of LILLE (France).	46 years old on 29-8-1892.
20	12	Father CIRETTE, of BEAUMONTEL (France).	46 years old on 31-8-1893.
21	15	Miss HUPRELLE Aurélie, of ST-MARTIN-LE-NEUD (France).	26 years old on 21-8-1895.
22	20	Miss BRACHMANN Esther, of PARIS (France).	15 years old on 21-8-1896.
23	8	Miss TULASNE Jeanne, of TOURS (France).	20 years old on 8-9-1897.
24	29	Miss MALOT Clémentine, of GAUDECHART (France).	25 years old on 21-8-1898.
25	21	Mrs FRANÇOIS Rose, (born LABREUVOIES) of PARIS (France).	36 years old on 20-8-1899.
26	22	Reverend Father SALVATOR, of ROUELLE (France).	38 years old on 25-6-1900.
27	10	Sister MAXIMILIEN, (Sister of Hope) of MARSEILLE (France).	43 years old on 20-5-1901.
28	26	Miss SAVOYE Marie, of CATEAU-CAMBRESIS (France).	24 years old on 20-9-1901.
29	23	Mrs BÉZENAC Johanna, (born DUBOS) of SAINT-LAURENT-DES-BÂTONS (France).	28 years old on 08-8-1904.
30	16	Sister SAINT-HILAIRE, (Lucie JUPIN) of PEYRELEAU (France).	39 years old on 20-8-1904.
31	13	Sister SAINTE-BÉATRIX, (Rosalie VILDER) of EVREUX (France).	42 years old on 31-8-1904.
32	11	Miss NOBLET Marie-Thérèse, of AVENAY (France).	15 years old on 31-8-1905.
33	30	Miss DOUVILLE-de-FRANSSU Cécile, of TOURNAI (Belgium).	19 years old on 21-9-1905.
34	34	Miss MOULIN Antonia, of VIENNE (France).	30 years old on 10-8-1907.

NATURE OF ILLNESS	Disease and date of Recognition
Tuberculous osteo-arthritis of knee.	Arras 4-2-1908.
Chronic tuberculous gastro-enteritis.	Cambrai 15-8-1908.
Amyotrophic lateral sclerosis of spinal cord.	Evreux 11-2-1907.
Acute pulmonary tuberculosis.	Beauvais 1-5-1908.
Tuberculous peritonitis.	Paris 6-6-1908.
Lumbar Pott's disease, with neuropathic club foot.	Tours 27-10-1907.
Pulmonary tuberculosis with hæmoptysis.	Beauvais 1-11-1908.
Fistular lymphangitis of the right arm with enormous œdema.	Paris 6-6-1908.
Tuberculous peritonitis.	Rennes 1-7-1908.
Hydatid cyst of the liver, phlebitis of the left lower limb.	Marseilles 5-2-1908.
Rheumatic mitral valvular heart disease.	Cambrai 15-8-1908.
Cachexia and lupus of the face probably tuberculous.	Périgueux 2-7-1908.
Abdominal tumour.	Rodez 10-5-1908.
Laryngo-bronchitis, probably tuberculous.	Evreux 25-3-1908.
Dorso-lumbar spondylitis.	Reims 11-2-1908.
Tuberculous peritonitis.	Versailles 8-12-1907.
Fistulous osteomyelitis of right femur with arthritis of knee.	Grenoble 6-11-1910.

LIST Ref. N° Actual Previous		NAME AND DOMICILE	AGE AT THE DATE OF CURE
35	35	Miss BOREL Marie, of MENDE (France).	27 years old on 21/22-8-1907.
36	39	Miss HAUDEBOURG Virginie, of LONS-LE-SAULNIER (France).	22 years old on 17-5-1908.
37	31	Mrs BIRÉ Marie (born LUCAS), of STE-CEMME-LA-PLAINE (France).	41 years old on 05-8-1908.
38	32	Miss ALLOPE Aimée, of VERN (France).	37 years old on 28-5-1909.
39	40	Miss ORION Juliette, of ST-HILAIRE-DE-VOUST (France).	24 years old on 22-7-1910.
40	38	Mrs FABRE Marie, of MONTREDON (France).	32 years old on 26-9-1911.
41	54	Miss BRESSOLLES Henriette, of NICE (France).	28 years old on 03-7-1924.
42	55	Miss BROSSE Lydia, of ST-RAPHAEL (France).	41 years old on 11-10-1930.
43	41	Sister MARIE-MARGUERITE, (Françoise CAPITAINE) of RENNES (France).	64 years old on 22-1-1937.
44	46	Miss JAMAIN Louise, (Mrs MAÏTRE) of PARIS (France).	22 years old on 01-4-1937.
45	44	Mr PASCAL Francis, of BEAUCAIRE (France).	3 years 10 months on 31-8-1938.
46	42	Miss CLAUZEL Gabrielle, of ORAN (Algeria).	49 years old on 15-8-1943.
47	56	Miss FOURNIER Yvonne, of LIMOGES (France).	22 years old on 19-8-1945.
48	43	Mrs MARTIN Rose, (born PERONA) of NICE (France).	46 years old on 03-7-1947.
49	48	Mrs GESTAS Jeanne, (born PELIN) of BÈGLES (France).	50 years old on 22-8-1947.
50	47	Miss CANIN Marie-Thérèse, of MARSEILLES (France).	37 years old on 09-10-1947.
51	57	Miss CARINI Maddalena, of SAN REMO (Italy).	31 years old on 15-8-1948.

NATURE OF ILLNESS	Diocese and date of Recognition
Six faecal fistulae in the lumbar and abdominal region.	Mende 4-6-1911
Tuberculous cystitis, nephritis.	Saint-Claude 25-11-1912.
Blindness of cerebral origin, bilateral optic atrophy.	Luçon 30-7-1910.
Multiple tuberculous abscesses with four fistulae on to anterior abdominal wall.	Angers 5-8-1910.
Pulmonary and laryngeal tuberculosis, suppurating left mastoiditis.	Luçon 18-10-1913.
Chronic inflammatory bowel disease, uterine prolapse.	Cahors 8-9-1912.
Pott's disease, paraplegia.	Nice 4-6-1957.
Multiple tuberculous fistulae with wide undermining in left buttock.	Coutances 5-8-1958.
Abscess of the left kidney with phlyctenular oedema and « heart attacks ».	Rennes 20-5-1946.
Pulmonary, intestinal and peritoneal tuberculosis.	Paris 14-12-1951.
Blindness, paralysis of the lower limbs.	Aix-en-Provence 31-5-1949.
Rheumatic spondylosis.	Oran (Algeria) 18-3-1948.
Extending and progressive post-traumatic syndrome of left upper limb (Leriche's syndrome).	Paris 14-11-1959.
Cancer of the uterine cervix (epithelioma of the cylindrical glands).	Nice 17-3-1958.
Dyspeptic disorders with post-operative obstructive episodes.	Bordeaux 13-7-1952.
Dorso-lumbar Pott's disease and tuberculous peritonitis with fistulae.	Marseilles 6-6-1952.
Peritoneal, pleuro-pulmonary and bone tuberculosis with coronary disease.	Milan (Italy) 2-6-1960.

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