

REFLECTIVE PRACTICE

In this new section of the journal, those involved in the delivery of Spiritual Care, Religious Care, or Healthcare Chaplaincy are invited to share their experience of practice by way of reflection, case study, discussion of current issues or response to previous articles.

REFLECTIONS ON ASPECTS OF HEALTH, WHOLENESS, SUFFERING AND HEALING

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Abstract: In 2008, the Church of Scotland set up a working group to examine issues of health and healing in the context of the Church's ministry and mission. This paper represents a contribution to the ongoing discussions from the perspective of hospice chaplaincy. It calls for a basic understanding of what it means to be healed and to be whole.

Keywords: spiritual healing, wholeness, ministry of healing, cure

An historical problem

Wrestling with problems related to the meaning of suffering, and seeking to make sense of pain and our ultimate mortality, are as old as time itself. Theologians, philosophers and mystics, over all the ages of reason and intellectual investigation, have offered many insights, ideas, treatises and systems to assist with our understanding.

A current issue

In recent times, there has been a resurgence in an interest in all aspects of healing and the meaning of suffering, resulting in a plethora of publications and an increase in the number of people who are seen as guides, facilitators or experts in this field. As a consequence, there is a much greater awareness of "healing" and "healers" than in recent generations, and, as a result, a deepening of a polarisation of

people's understanding of and response to these issues.

The polarising of understanding

This polarisation comes, by and large, from different interpretations of the meaning of health and healing. These different interpretations are prevalent within and out-with religious structures. So, religious and non-religious people alike take opposing views (and there is seldom a broad spectrum on these matters, as polarisation usually pushes people to extreme viewpoints on either side) – some believing that healing can and should come through faith, prayer, laying on of hands, baptism of the Spirit, and the like, with others believing that such an approach is mumbo-jumbo and, if this is religion and a manifestation of the nature of God, they wish nothing to do with it.

An open exploration

What is needed, therefore – and what is seldom available in this climate of polarisation, both to those involved with healing and those who look at such issues from afar – is an exploration of the meaning of health and healing, and to see this exploration as important and useful because it is removed from the

immediacy, emotive and polarised positions which affect people's understanding and judgement.

The hospice context

In the context in which I work - dealing regularly with such explorations in the face of people's mortality, and finding people with a need to articulate and reinterpret things which they have either been certain of or have never articulated before - facing death puts this issue and related discussions into a different category. There are, as a result, a number of strands of thought which inform my ministry and my understanding of the nature of health and healing. I shall list these briefly, though, of course, there may be a need to explore them in more detail and to think through our interpretations and understandings of them.

Death is 100% certain. Healing which purports to offer people cure as a way of staving of the inevitability of mortality is dishonest and destructive. Living with our mortality liberates us into thinking, believing and living in new and creative ways. Denying our mortality creates a climate where everything is fixable and there is no need, therefore, to face the reality of death and the important issues of life.

Healing is about wholeness and not cure. We have in Western society, and with the increase in the availability of curative or life-lengthening processes in our health care system, an increased belief that health is about the mending of the body alone. When this is allied to a lack of understanding of the "integration of all aspects of being", ie that body, mind and spirit are inextricably linked, we have the development of a climate in which healing always equals cure.

Cure happens. It is, of course, a truism that cures are available to us. Such cures can be understood and explained, or can be mysterious and apparently random, but they are the "fixing" of our brokenness so that the machine which is the body continues to function well. But when such a cure is seen *simpliciter* as the ultimate fixing, and does not look as other aspects of being, while it may be deemed "success", it may not be, or lead to, the wholeness that is ultimately needed.

Suffering happens. It is a given that suffering is part of being human. While some suffering, disease or other aspects of brokenness clearly can have a causality connected with them - eg if you smoke too much you are likely to get cancer, and if you drink too much you are liable to have sclerosis of the liver - many aspects of suffering have no root cause, other than the random nature of the frailty of the human body. In addition, some suffering can have their cause in aspects of society which is about the brokenness of our world and not a person's lifestyle or choices. For example, TB was rife in the 1930s because of the poverty of the inner cities, and people are maimed because of the placing of random landmines in the world's trouble-spots.

Illness, suffering, pain and death are not a consequence of sin. It is destructive, insensitive and pastorally extremely unhelpful for people to be encouraged to see sin and illness as linked. Illness as a "punishment" for sin fails to answer the problem of innocent death, or people who have lived an exemplary - and often Christian - lifestyle who die of cancer. The corollary of this -and equally destructive -is the belief that "cure" is available to those whose sin is "cast out". What do I do, for example, with a woman who has prayed - alone, with her family and with her church - and believed that faith will cure her of her cancer, who finds out from the oncologist that the tumour has grown and that her life expectancy is further compromised, and goes to her pastor for support and is told that the growth of the cancer must be her fault because she does not have enough faith? She is now not only broken in her body, but she is broken in her faith because of the destructiveness of this insensitive interpretation of suffering and cure.

God wills us to be whole; He does not will us to be cured. We will die. Death, in Christian or, indeed, in medical terms, is not failure. What God wills for us is "fullness of life" even in the face of mortality, illness, suffering or disability. Did Jean-Dominique Bauby ("The diving bell and the butterfly") not have "fullness of life" after his stroke at the age of 43 even though he could only communicate with the blink of one eye? Wholeness, in these terms, has to be our aim and our belief.

People can die healed. If we are to die - the ultimate of the "non-fixing" of the body - is this failure? Not so. If people find peace of mind, rightness of perspective, strength of faith, and renewed self-belief in

the face of their mortality, are they not healed? Can the inevitability of death threaten our wholeness?

Expectations of physical healing can cause more harm than good. When they fail to see wholeness in the context of 6 and 7 above, the lack of physical healing is often seen as failure and can be viewed as an ultimate rejection – or even punishment - by God. A belief that one aspect of cure means everything else is sorted can fail to see the bigger picture and side-line other aspects of well-being which need to be looked at.

The apparent arbitrariness of God's love and intervention. We are often left with, at best, puzzlement, and, at worse, downright anger, at the perceived arbitrariness of God's healing through our faith, prayer, laying on of hands, and the like. Why does someone of faith, believing in the love of God,

die of cancer at the age of 32, while someone who has lived a dissolute, abusive life live until there are 89?

Breadth and not exclusiveness. What is needed, therefore, is a breadth of understanding of health and healing and not an exclusive one, which, as I hope might be clear from the above, is counter to good pastoral care, the underpinning theology of our Church, and the nature of the Love and Being of God.

Tom Gordon recently retired as Chaplain to the Mairi Curie Hospice in Edinburgh. The Editorial Board wishes to express its gratitude to Tom for his wise presence and guidance on the Board since its beginning and trust that he has a long, happy and productive time as writer and trainer.