Transforming the healing narrative: A pastoral understanding of Christ's healing ministry and the anointing of the sick

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Transforming the Healing Narrative: A Pastoral Understanding of Christ's Healing Ministry and the Anointing of the Sick

A Thesis
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Introduction

When people become sick, they often search for a reason to explain why. If they are people of faith, they more than likely turn to religion for an explanation. The answer usually comes in the form of a particular religious narrative. Such narratives incorporate an understanding of God's relationship to the sickness, an interpretation of certain Gospel passages, and an expectation about being healed. The religious narrative goes a long way in determining if people will cope positively or negatively with their sickness.

When afflicted with serious sickness, Roman Catholics often receive the Sacrament of Anointing of the Sick. The Rite includes both a proclamation of Scripture and certain liturgical actions, most notably the anointing with oil. Together, these create the opportunity for sick people to experience holistic healing from Jesus Christ. This encounter can transform their own religious narrative into one more in keeping with Jesus' healing ministry, and can help them cope positively with their sickness.

To explain and demonstrate this process, I present the case of the Tillmans as a concrete example in which to develop certain understandings about sickness and healing. I will then offer a definition of religion, religious coping, and religious narrative. With the case and the definitions in place, I will conclude this introduction with an overview of the remainder of thesis.

The Case

Steve and Marion Tillman live in rural Alabama. Marion is a retired schoolteacher, and Steve has recently retired from the local manufacturing plant. Steve is six feet and three inches in height, and is overweight. A strong man, he has worked hard all his life in the factory. His major source of exercise is taking care of their large piece

of property. For his diet, he enjoys Marion's rich southern cooking, and has been on high blood pressure medication for several years. He does not drink, though he does use chewing tobacco. The Tillmans have three grown children, several grandchildren, and two great-grandchildren. They have attended the same small rural Roman Catholic Church for many years and have participated in various service opportunities. They are excited to have reached retirement, and look forward to traveling and spending more time with their family and friends.

On a particularly hot day, Steve lies down on the couch to take a nap after working in the yard. Surprised at the unusually longer length of Steve's nap, Marion is unable to wake him up. She calls 911 and, within several minutes, the paramedics take Steve to the hospital. After evaluation, the tests reveal that Steve had a significant left hemisphere ischemic cerebrovascular accident, more commonly known as a stroke. Although Steve will live, the doctors are unable to determine to what extent the stroke will affect him.

When Steve awakens, he is unable to speak and cannot move his right side. Tests confirm that Steve has expressive aphasia, right hemiplegia, and some difficulty swallowing. The expressive aphasia means that Steve can understand what people are saying, but he has lost the ability to form words and sentences. The hemiplegia means that Steve has lost the use of his right extremities, with the arm more affected than his leg. This is unfortunate because Steve is right-handed. Due to the effects of the stroke, Steve is very weak and sleeps a lot.

Marion is grateful that Steve is alive, but she is very shaken up. Her children and grandchildren have come to help her and check on Steve. The hospital chaplain pays

them a visit. The members of the parish pray for Steve and also lend their support to Marion by preparing meals and visiting her. Steve and Marion plead with God often and fervently that Steve will make a full recovery. Their religious faith and network of family and friends will remain an important means of support throughout the various stages of the recovery process.

After a week in the hospital, the doctors recommend that Steve spend a month in an intensive rehabilitation center about two hours from their home. The Tillmans agree and make arrangements to go there. After spending a month in the rehabilitation center, Steve has made some progress. He can roll by himself in both directions in the bed, but he needs Marion's help to sit up on the side of the bed and to put on his clothes. He is able to swallow, but can only make certain sounds. Aided by fellow church members, the Tillmans' children have built a ramp to give Steve wheelchair access to their house. Although satisfied with his progress, Steve and Marion wish that it was both faster and more pronounced. Also, they begin to long for the days when everything would return to normal.

The doctors recommend that Steve continue speech, occupational, and physical therapy on an outpatient basis. This will require Marion to assist Steve in and out of both his wheelchair and the car, which she is able to do by herself, though it requires much effort. She will also have to drive him the thirty minutes into town for his thrice-weekly appointments, and then must wait the two hours for them to take place. The reality that Steve's recovery may take longer than the Tillmans expected sinks into their consciousness, and they both begin to think that Steve may not make a full recovery.

With this in mind, they set up a meeting with their pastor. When the pastor asks them how they are doing, Marion begins to cry, and Steve lets out a sigh. The pastor asks what is wrong. Through her tears, Marion explains that she does not know why God is doing this to them. She continues by expressing how she and Steve have lived a good life. They have gone to church regularly and prayed faithfully. They have also helped other people. More importantly, they have not done anything wrong. She is confused and does not know why God is punishing them in this way. What is worse is that she also feels that God has abandoned them when they have needed God the most. She begins to sob, and Steve begins to cry as well. To understand how the Tillmans have arrived at this state, one needs to have an understanding of religion, religious coping, and religious narrative.

Definition of "Religion"

The *Handbook of Religion and Health* outlines several characteristics of religion. First, religion is concerned with the "transcendent" or the divine. Second, religion entails certain teachings about proper living and the afterlife. Third, it has established worship practices that take place both individually and communally. Finally, religion involves a community that passes on and develops its tradition from one generation to another.

These characteristics help make a distinction between religion and spirituality.

The *Handbook* emphasizes that spirituality involves individualistic practices that are concerned with the transcendent or divine.² *The Oxford Textbook of Spirituality in Healthcare* identifies the "search for meaning" and "relationship" as two distinct

¹ Harold G Koenig, Dana E. King, and Verna Benner Carson, *Handbook of Religion and Health*, 2nd ed. (New York: Oxford University Press, 2012), 45.

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² Koenig, *Handbook of Religion and Health*, 46.

characteristics of spirituality. It also underscores spirituality's focus on the particular "behaviors and practices" that individual people use to relate to themselves and others.³ My thesis draws on these understandings of spirituality and religion to develop its own definition.

In this thesis, religion is defined as the formalized practice of certain beliefs and rituals of an established faith in a communal setting that allows people the opportunity to experience the divine. Spirituality is defined as certain individual practices such as prayer and meditation that people use to commune with the divine. I use the term "religious faith" to encompass an expression of people's faith that includes both communal religious rituals and individual spiritual practices.

Definition of "Religious Coping"

One of the first steps in restoring balance in people's lives is to help them cope with the actuality or existence of their sickness. Coping draws on people's "orienting system." This structure is the collection of values, understandings, thoughts, and behaviors that give meaning to what causes people's stress. For certain people, religious faith has an important role in the formation of their orienting system because it is the foundation of their lives and informs how they understand the world. When faced with sickness, they can turn to their religious faith to find meaning.

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³ Mark Cobb, Christina M. Puchalski, and Bruce D. Rumbold, eds., *Oxford Textbook of Spirituality in Healthcare* (Oxford: Oxford University Press, 2012), 235.

⁴Crystal L. Park and Roshi Joan Halifax, "Religion and Spirituality in Adjusting to Bereavement: Grief as Burden, Grief as Gift," in *Grief and Bereavement in Contemporary Society: Bridging Research and Practice*, ed. Robert A. Neimeyer (New York: Routledge, 2011), 358.

⁵ Kenneth Pargament, *The Psychology of Religion and Coping: Theory, Research, Practice* (New York: Guilford, 1997), 155.

People who are inclined to use religious faith to help them cope with difficult situations generally have several characteristics. First, they pray and attend church on a consistent basis. Second, they are orthodox in their beliefs and devout in the practice of their faith. Third, they understand God as loving and benevolent, and feel as though God is present or close to them.⁶ This latter characteristic is important because researchers have determined that difficult situations are easier to deal with when God is understood in this way.⁷ Going back to our case study, these characteristics describe the Tillmans' religious faith. Finally, religious people have a greater awareness of the "limitations of the human condition." This may explain why they more readily turn to religious faith in difficult situations because such crises push them up against their known limits. The good news is that "people who reported more spiritually based coping also reported better adjustment to life crises."

The process of using religious faith to cope involves three important aspects. The first is "religious beliefs," which play an important role in helping people make sense of their sickness.¹¹ The second is "religious practice," which fosters communal worship services and personal prayer.¹² The third is the "religious community," the faith-filled network of people who provide much needed encouragement, assistance, and support.¹³

⁶ Pargament, *The Psychology of Religion and* Coping, 145.

⁷ Ibid., 290.

⁸ Ibid., 153.

⁹ Ibid., 154-155.

¹⁰ Ibid., 289.

¹¹ Melissa M. Kelley, *Grief: Contemporary Theory and the Practice of Ministry* (Minneapolis: Fortress, 2010), 108.

¹² Kelley, *Grief*, 109.

¹³ Ibid., 110.

It is important for sick people to understand the role that religious faith is playing or not playing in their religious coping.

The degree to which certain people turn to religious faith to cope can depend on their type of sickness as well as their cultural context. The extent to which they see their sickness through a spiritual lens determines the part that religious faith plays in coping. If it is a greater extent, then religious faith has a larger role; if it is a lesser extent, then religious faith has a smaller role or may have no role. 14 In the case of the Tillmans, since religious faith is an important part of their lives, it plays a key role in the coping process.

Researchers show that more deeply devout people profit more from religious faith in the coping process. In addition, their results conclude that religious faith has its own specific part to play in the "coping process." Researchers believe the reason for this is that religious faith helps people to regain their sense of control that the sickness has taken away. Through religious faith, people believe and trust that God has power in the midst of the situation where they feel powerless.¹⁵ This belief that God is in control mitigates people's feelings of being out of control. Researchers show that those who give a significant amount of the management of their situation to God are better able to accept and adjust to their new situation. Such researchers also demonstrate that those who are able to trust in a benevolent God have "better outcomes." ¹⁶

This leads to the question of which religious practices have the best effect in helping people to trust in a compassionate God in the midst of their sickness. The research is inconclusive on the effectiveness of particular religious rituals, such as

Pargament, *The Psychology of Religion and Coping*, 147. ¹⁵ Ibid., 310.

¹⁶ Ibid., 290.

particular communal healing services, in helping people deal with their sickness. The effectiveness of the ritual may depend on the specific ritual and its significance to the particular person within his or her religious faith.¹⁷ Certain devotional practices such as praying and reading the Bible are also useful in helping people deal with sickness.

Although many use religious faith to help cope with their serious sickness, it can be a double-edged sword. While religious faith can be very helpful, it can also be very harmful if understood in particular ways. This complexity can be seen in the case of the Tillmans. They are trying to turn to their religious faith to cope with Steve's stroke, but it is not helping. Instead, it is actually hurting because of the particular aspects of their religious faith where they are placing their focus. They need to reframe their experience within other aspects of their religious faith in order to help them cope positively with Steve's stroke.

Reconstruction of "Religious Narrative"

The making of meaning is an important part of people's lives. It is what people do to make sense of the world, to find the significance of key life events, and to determine the purpose of their lives. Meaning making also has a role in helping people to understand God's involvement in the world, God's relationship with them, and God's response to sickness. People's family, faith, community, education, and culture strongly influence the meaning that they give to certain experiences. Since everyone has a unique background, different people can give different meanings to a similar experience.¹⁹

 17 Pargament, *The Psychology of Religion and Coping*, 292-293. 18 Ibid., 10.

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¹⁹ Kelley, *Grief*, 75-76.

People often have a difficult time understanding the meaning of certain experiences. Sickness is one of these occurrences. Susan Sontag explains that sicknesses that allow for the greatest variety of meanings are ones that sick people find strange, mysterious, or difficult to understand.²⁰ The method through which people predominately learn what meaning to assign to a particular experience is through the production of a narrative.

People often use stories in order to tell others about themselves.²¹ In these accounts, people assign different meanings to particular occurrences. This allows them and others to understand experiences in a certain way. While the meaning they assign to certain experiences can be based on what they learned from others, people are also free to make their own meaning.²²

When people use their religious faith as the basis for meaning making, this creates a religious narrative. The religious narrative explains God's role in a particular situation. In the case of sickness, it describes God's relationship to the sickness. It also identifies how people can overcome their sickness. Thus, the religious narrative builds on people's religious faith to explain why they became sick and how they are to get better.

The Tillmans have such a narrative. In this case, they understand the stroke as a punishment for sin. Since they cannot recall a transgression that deserves such a severe punishment, they believe it is unfair and cannot accept it. The Tillmans ask God for a cure, but they feel that God does not hear their prayer because Steve's stroke symptoms persist. This leads them to believe that God has abandoned them. Even though this

²⁰ Susan Sontag, *Illness as Metaphor* (New York: Farrar, Straus, and Giroux, 1978), 61. Kelley, *Grief*, 78.

²² Ibid., 81.

religious narrative is not helping them cope positively, the Tillmans continue to use it because it gives meaning to Steve's sickness in a way that fits with their religious faith and understanding. They need a new religious narrative that explains the stroke and the events that followed in a new way, but one that is still in keeping with their religious faith.

The process of reconstructing people's religious narrative involves several steps. First, it comprises acknowledging and dealing with people's unpleasant feelings and emotions. Incorporating changes into their understanding of themselves is the second step. Third, reconstruction of religious narrative encompasses learning new methods of doing things. Establishing new ways of interacting with other people is the fourth step. Fifth, it includes searching for answers and making new meanings. Finally, it consists of coming to know and relate to God in a new way.²³

Since the Tillman's religious narrative is not helping them cope in a positive way with Steve's stroke, they have become frozen in it and cannot see a way out. In order for Marion and Steve to move forward, they must first let go of their religious narrative that sees his sickness as punishment for sin.²⁴ Next, they need to be reminded of or to appreciate other aspects of their religious faith in order to create more plot material. This will allow them to rewrite their religious narrative that can give new meaning to Steve's sickness and include healing from God.²⁵

Overview of the Thesis

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²³ Thomas Attig, "Relearning the World: Making and Finding Meanings," in *Meaning Reconstruction & the Experience of Loss, Meaning Reconstruction & the Experience of Loss*, ed. Robert A. Neimeyer (Washington, DC: American Psychological Association, 2001), 41-42.

²⁴ Kelley, *Grief*, 85.

²⁵ Ibid., 83-84.

Since the key themes in the Tillman's narrative are sickness and healing, the first chapter focuses on them. After explaining the difference between sickness and disease, I describe the physical, psychological, spiritual, and social aspects of the experience of sickness. Then I set forth how different religious narratives understand the relationship between God and sickness. This treatment will include an outline of how this understanding influences sick people's expectations of how God, through Jesus Christ, brings about their healing. In addition, I reveal how people can feel anger, abandonment, or confusion when their hopes for a cure are not met. Next, I provide a treatment on mystery and sin's relationship to death. After making an important distinction between healing and curing, I will present an understanding of holistic healing.

The second chapter explains how sick people may interpret certain Bible passages to support or confirm their religious narrative. I begin by showing how Mark 7:31-37 and 8:22-26 can set up an expectation of equal exchange between God and the sick, so that if they do certain activities, God will give them a cure. Next, I explain how Mark 2:1-12 might foster an understanding of sickness as punishment for sin. After revealing how Mark 9:14-29 could make sickness into a test of faith that people need to pass in order to receive a cure, I explore how Mark's focus on the suffering Messiah can lead sick people to certain conclusions about their suffering. Transitioning to John's Gospel, I suggest how John 5:1-18 can lead sick people to assume that their healing will come in an unexpected and extraordinary way. To close the chapter, I explain how John 9:1-41 might be read to confirm sick people's assumption that their healing will come through the expected medical means.

The third chapter starts to consider how the religious narrative of sick people can be transformed. Building on Chapter 2, I begin by using scholarly exegesis of the Markan passages to develop the healing themes of Mark's Gospel. After I provide an understanding of the suffering Messiah that offers comfort to sick people in the midst of their experience, I use scholarly exegesis of the Johannine passages to identify the healing themes of John's Gospel. I close with a discussion of key elements in a scriptural theology of healing.

The fourth chapter focuses on the Sacrament of the Anointing of the Sick. I start with an overview of the celebration of the Rite of the sacrament. Building on this, I identify five theological elements. In closing, I use these to develop of a sacramental theology of healing.

The conclusion uses the context of Steve's reception of the Sacrament of
Anointing of the Sick within the communal celebration of the Mass. I argue that in the
celebration of the Rite the scriptural and sacramental theologies of healing work together
to offer an experience of Jesus' holistic healing. Next, I contend that this experience can
transform sick people's religious narrative into one that is in keeping with the teachings
of Jesus' healing ministry. I conclude that this new religious narrative allows for positive
religious coping.

Chapter 1: Sickness and Healing

Difference between Disease and Sickness

People often use the words "disease" and "sickness" interchangeably, but there is an important difference between them. Disease describes a medical diagnosis or problem. The cause of the disease or disorder can come from inside of the body like cancer, or from outside of the body like an infection. In Steve's case, a piece of cholesterol plaque from inside a large blood vessel broke off and blocked a smaller blood vessel. This prevented the flow of blood and oxygen to a particular part of Steve's brain. This area became damaged and caused Steve's disorder, the stroke. Since a disease or disorder pertains to the physical realm, it exclusively focuses on the body. ²⁶

Sickness refers to the patient's complete experience of being ill. Sickness includes the physical effects as well as the psychological, spiritual, and social effects.²⁷ In this way, sickness encompasses the whole person. Because of the care that Steve received, he survived and continues living with his sickness, the condition deriving from the stroke. This means that the Tillmans have to deal not only with the stroke's physical symptoms but also with the full range of emotions, questions of faith, and changes in relationships that the experience of sickness presents.²⁸

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²⁶ Patricia Maloof, "Sickness and Health in Society," in *The Pastoral Care of the Sick*, ed. Mary Collins et al. (London: SCM, 1991), 21.

²⁷ Paul J. Philibert, "Transitions in the Meaning of Health and Health Care: A First-World Perspective," in *Illness and Healing*, ed. Louis-Marie Chauvet et al. (London: SCM, 1998), 2.

²⁸ Kristiaan Depoortere, "Recent Developments in the Anointing of the Sick," in *Illness and Healing*, ed. Louis-Marie Chauvet et al. (London: SCM, 1998), 91.

Experience of Sickness

People can articulate or internalize their experience of sickness in several different ways. One approach is as a crisis. The sickness causes a disruption in their routine communication with their bodies, families, friends, and God. It is the loss or diminution of dialogue with all the important parts of their lives that causes their predicament. Often, the crisis causes sick people to search for the "meaning of life" and to face the problem of death. The lack of answers to these questions can be overwhelming.²⁹

The experience of sickness can be very frightening. Since they do not know what is wrong, sick people may become anxious. This leads to fears that they may not get better or cured. If they are admitted to a hospital, they get scared because they are surrounded by strange people and in an unfamiliar place. During their stay, they worry about what their family and friends might be thinking of them. They are also concerned that they are letting them down because they cannot fulfill their normal responsibilities. Often, their sickness brings them face to face with their biggest, yet most unspoken, fear that they may die.³⁰ Thus, they are afraid of what they might lose due to sickness.

Loss is another way that people articulate the experience of sickness. Because of the disease or disorder, they lose a certain level of physical ability and emotional composure. Coupled with their decrease in autonomy and freedom, they lose control over their lives. The sick often feel robbed of their dignity when health care

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²⁹ Charles W. Gusmer, *And You Visited Me: Sacramental Ministry to the Sick and the Dying* (New York: Pueblo, 1984), 139-143.

³⁰ Bruce T. Morrill, *Divine Worship and Human Healing: Liturgical Theology at the Margins of Life and Death* (Collegeville: The Liturgical Press, 2009), 194.

professionals treat them like objects or as a disease.³¹ This complete loss of normalcy makes sick people's lives seem strange or foreign.

Some experience sickness as alienation. Since their bodies feel and act different than normal, they sense a disconnect from them. Since their medical treatment focuses exclusively on their bodies, they begin to feel detached from them. Sick people often experience isolation because they are separated from their family and friends. This is compounded by their feelings of abandonment by God.³² For many, the feeling of being completely alone is tantamount to torture.

Suffering is a very common way that people experience sickness. Suffering is more than the endurance of physical pain. Suffering captures the psychological struggles with unanswerable questions or insurmountable challenges.³³ Suffering also can encompass the feeling of being spiritually punished. Health care professionals add to suffering when they fail to acknowledge it or when they respond in a demeaning way.³⁴ Family members increase suffering by not visiting and ignoring sick people when they do. When both groups make decisions without consulting the sick, they cause them more suffering.

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United States: 1981), 44.

³¹ James L. Empereur, *Prophetic Anointing: God's Call to the Sick, the Elderly and the Dying* (Wilmington: Gill & Macmillan, 1983), 144,147.

David N. Power, "Anointing of the Sick" in *Systematic Theology: Roman Catholic Perspectives*, 2nd ed., ed. Francis S. Fiorenza (Minneapolis: Fortress, 2011), 563.

Cornelius J. Van Der Poel, CSSP, "Suffering and Healing: The Process of Growth" in *The Ministry of healing: readings in the Catholic health care ministry*, ed. Catholic Health Association of the United States (St. Louis: Catholic Health Association of the

³⁴ Meredith B. McGuire, "Religion, Health and Illness," in *The Pastoral Care of the Sick*, ed. Mary Collins et al. (London: SCM, 1991), 91.

The experience of sickness can cause people to become preoccupied with themselves or feels sorry for themselves.³⁵ They first try to figure out a way to get rid of or remove their sickness. When they cannot do this, they begin to question why they are sick and look for reasons for it. For religious people, the experience of sickness often leads them to think about God's relationship to sickness.

Sickness and God

When religious people become sick, their thoughts often turn to God. They question why God is allowing the sickness to happen. In order to answer the question, they inherently create a religious narrative to explain the relationship between God and sickness. The religious narrative usually incorporates one or a combination of the three themes that I term equal exchange, punishment, or test.

Equal Exchange

"We went to church regularly and prayed faithfully. We also helped people." These are the words that Marion said at one point to the pastor. These words reveal a common subtle belief among religious people, especially in American Christianity, that there is a relationship of equal exchange between God and faithful people. This belief has its roots in economics.

The economic structure of the United States is capitalism. In order for it to function properly, capitalism relies on one person paying another for a service rendered. Under capitalism, anything that people desire should be attainable through a process of equal exchange. This is not a problem when applied to business. It becomes a problem when it begins to be applied, even unconsciously, to other relationships in people's lives.

³⁵ Van Der Poel, "Suffering and Healing," 46.

This can become especially problematic when people believe that their relationship with God should function like a business partnership. Unacknowledged by them, they expect God to grant each and every want and need in response to their faithful prayer and regular church participation.³⁶ In this way, God becomes a divine vending machine in which people put in a certain amount of devotion and expect to receive certain benefits in exchange. Bigger and more important requests require more prayer and good works in the same way that larger and more luxurious items require more money.³⁷

One of people's greatest desires from God is good health. People practice their faith and expect that, in return, God will protect them and maintain their well-being. Thus, health is no longer seen as a blessing or a gift from God. Instead, health is understood as something God is contractually required to grant for the consistent practice of religious faith.³⁸

This mindset has also had an effect on the relationship between medicine and religious faith. Ideally people should worship God regardless of their health and turn to medicine to help restore their well-being in order to continue to worship God. The reality is certain people tend to worship God in order to have good health. When they are sick, they expect God to cure them or at least work through medicine to return them to good health.³⁹ This understanding turns God into the major protector and restorer of health.

³⁶ Joel J. Shuman, and Keith G. Meador, *Heal Thyself: Spirituality, Medicine, and the Distortion of Christianity* (New York: Oxford University Press, 2002), 42.

³⁷ Shuman, *Heal Thyself*, 88.

³⁸ Ibid., 91.

³⁹ Ibid., 43.

The understanding of equal exchange is foundational to the Tillmans' religious narrative about the relationship between God and sickness. For many years, the Tillmans enjoyed good health. They understood that the reason for this was that they went to church regularly, prayed faithfully, and helped others. This created the expectation that God would continue to protect them from serious sickness like a stroke if they consistently practiced their religious faith. Then, when Steve has the stroke, they cannot understand why God would let this happen because they were doing their part; that is, they were keeping up their end of the "bargain."

As they deal with the experience of the stroke, they pray and also know that others are praying that Steve's health be restored. Since Steve's health has not returned in the time and to the extent that they expect, God seems not to be honoring God's part of the exchange. Since the Tillmans believe that God is always faithful, they decide that God must have a reason for allowing the stroke to happen. Therefore, they need a religious narrative that explains why God would permit Steve's sickness to persist.

Punishment

"We did not do anything wrong," reveals the belief that sickness is punishment for sin. This understanding relies on the understated influence of causation that suggests that everything in the world can be explained by cause and effect. The rise of science and, in its own way, medicine has led to the proliferation of this belief. In the case of Steve, an artery in his brain became blocked and caused his stroke. This sickness has now left him with his current disabilities. This explanation is simple cause and effect. While this relationship works in science, it can be problematic when it is applied to one's relationship with God. The difficulty is especially true when one tries to figure out why

something happened. The relentless search for answers to this question can become a source of consternation for sick people.

After Steve had his stroke, the Tillmans were left wondering why it happened. They believe in an all-powerful, all-loving, all-knowing, and perfectly just God. Since God is all-powerful, they believe that God has the power and ability to prevent or stop it from happening. Since God is all-loving and the stroke is something terrible, they are unable to believe that God would simply allow it to happen to them. Therefore, they believe that God must have a reason for allowing it to happen. Since God is all-knowing, God is aware of all that they have done in their lives, both good and bad. Since God is perfectly just, they believe that God rewards the good and punishes the bad. Since they know that they have at times sinned and disobeyed God, they interpret the stroke as a punishment for something they did wrong.⁴⁰

The idea of sickness as punishment for sin has scriptural roots. The Jewish Scriptures make a connection between sickness and punishment.⁴¹ A good example is the story of the ten plagues found in Exodus. Another example is in the book of Job where Job's friends insist that Job must have done something wrong or sinned because so many bad things, including sickness, happened to him.

This tradition flowed into the thought of the early Christian community. Jennie Block explains that "many scholars claim that the notion that sin, by whomsoever committed, was the cause of blindness and other disabilities was common thinking in the

⁴⁰ Pargament, The Psychology of Religion and Coping, 226.

⁴¹ Jeffrey John, "Anointing in the New Testament" in *Oil of Gladness: Anointing in the Christian Tradition*, ed. Martin Dudley (London: SPCK, 1993), 56.

first century Jerusalem."⁴² She uses the example of the story of the man born blind in John 9 to support this point. Thus, many sick people feel that some personal sin is the root cause of their sickness.⁴³

The religious narrative of sickness as punishment for sin understands a specific personal sin as the cause of their disease or disorder. Since sin is wrong, the argument unfolds that it requires retribution. The sickness serves as the effective penalty. The idea of personal sin as the cause of sickness allows some people to accept and deal with their predicament as long as they can remember what they have done wrong. Since no one is perfect, they can usually think of some possible cause in their past.

In order for sickness to be a fair punishment, it should be in proportion to the sin. For example, a person realizes that the reason why he or she has a cold is because he or she told a small lie to his or her boss. A more serious example is a person becoming infected with AIDS because of risky sexual behavior. If the gravity of the sin and the extent of the sickness are proportionate, then, one might argue, the person feels the punishment is deserved. This is causation coupled slightly with equal exchange.

The religious narrative of punishment gives the Tillmans an answer to the question of why Steve had the stroke. It also places the blame for the stroke on them. This responsibility compounds their experience of sickness with guilt.⁴⁶ The Tillmans

⁴² Jennie W. Block, *Copious Hosting: A Theology of Access for People with Disabilities* (New York: Continuum, 2002), 111.

⁴³ Lizette Larson-Miller, *The Sacrament of Anointing of the Sick* (Collegeville: The Liturgical Press, 2005), 73.

⁴⁴ Harold G. Koenig, *The Healing Power of Faith: Science Explores Medicine's Last Great Frontier* (New York: Simon & Schuster, 1999), 153.

⁴⁵ Sontag, *Illness as Metaphor*, 57.

⁴⁶ Ibid., 47-48.

begin recalling all the mistakes and sins that they are guilty of committing in order to determine which one caused the stroke.

The Tillmans can remember many things that they have done wrong over the years. The problem is that they cannot think of anything that was serious enough to deserve such a severe punishment. When sick people are unable to blame themselves for sickness, they can then look for someone else to blame. The "someone else" can be another person, such as a family member or medical professional. For example, they can believe that they are being punished because their sister was divorced or their father does not believe in God. The problem remains if they cannot think of someone else to account for the cause of the punishment. If there is no one to take the blame, then the religious narrative of punishment does not help people understand why God allows sickness. When this happens, a different religious narrative is required.

Test

Although the Tillmans did not do this, sick people can understand their situation as a test from God to assess their faith. This understanding also has its basis in the story of Job. At the challenge of the "satan," God allows all the bad things to happen to Job to see if he will remain faithful. In the same way, sick people believe that God is waiting to see if they will curse God or stop believing in God because of their sickness. They believe that they begin to pass the test if they remain faithful to God in the face of their sickness.

The second part of the test involves getting better. Some believe that, if they have enough faith, then God will grant them a miracle cure. But when this does not occur,

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⁴⁷ Sontag, *Illness as Metaphor*, 41.

they conclude that they do not have enough belief. As the cure takes longer to come or the progress is slower than they expect, they believe more and more that they do not have enough faith to pass the test. This realization adds the desperate feeling of failure to the already complex experience of sickness. Here again, the beliefs of equal exchange and causation combine to have an underlying effect on how sick people write their religious narrative.

Strangely, under certain circumstances, the religious narratives of equal exchange, punishment, and test can help people cope positively with their sickness. If people consistently practice their religious faith and enjoy good health, then the religious narrative of equal exchange allows for positive religious coping. If sick people pray, participate in healing services particular to their religious faith, and get well, then the religious narrative of equal exchange again allows for positive religious coping.

The religious narrative of punishment may help people cope positively with sickness in two ways. The first is when sick people can think of something they did wrong that is in proportion to the seriousness of their sickness. The second is if they ask for God's forgiveness in a manner that is in keeping with their religious faith and then become well. The religious narrative of test leads to positive religious coping when sick people demonstrate that the amount of their religious faith is in proportion to the serious of their sickness and they then become healthy. As long as sick people eventually get well or make a full recovery, the religious narratives of equal exchange, punishment, and test explain both why they became sick and what they needed to do to get better. Even though the three religious narratives help sick people cope positively, they are ultimately problematic and deficient because the image of God that underlies them does not reflect

the fullness of Christian revelation. They also cannot help people cope positively if they do not get better.

These three religious narrative run into problems when sick people have a chronic disease or a slow recovery. All three are predicated on sick people eventually getting well or making a full recovery. When sick people do not, the religious narratives cannot explain why they are not making progress or restored to full health. This causes sick people to look for another narrative to explain why. The search for this answer ends, I believe, in one of three experiences: anger, abandonment, and confusion.

Anger, Abandonment, and Confusion

Anger results from the feeling that the lack of recovery is not right. Let's take up the three aforementioned narratives for purposes of illustration. If sick people pray, participate in healing services, and do not get well, then they can feel that God is not being fair. Similarly, if they feel the severity of their punishment is greater than the gravity of their sin, then they can feel that God is being arbitrary. Likewise, if they believe that they have done enough to prove their faith to pass the test and they do not get well, then again they can feel God is vindictive. When people believe that God is being unfair, they usually become angry with God.

Often when people become mad at God, they can turn on God. This can lead them to one of several behaviors. One manner is ignoring God by abandoning the practice of their religious faith. They believe that they can show God up by overcoming their sickness without God's help. A second reaction in anger is to engage in sinful behavior. Here, the angry person believes he or she can punish God by disobeying God's will. A third angry response is to deny God's existence. In this case, because people

believe that God cannot be unjust but their sickness is unfair, then there must not be a God. When sick people's religious narrative leads to anger, it does not help them cope positively with their sickness.

Abandonment by God is a feeling that sick people can experience when their healing does not come in spite of their faithful religious practice. I again take up the three narratives we have been discussing. For some, when they pray, participate in a healing service, and do not get well, they can be led to believe that God does not hear their prayer. The reason God cannot hear their prayer, they deduce, is because God is not there. For others, if they do what is required for forgiveness and do not get well, then they can consider that their sin is so great that they cannot be forgiven. Since they are such terrible sinners, they accept that God cannot be near them. And for those who hold to the notion of testing, they too can think that God rejects them if they understand that the reason that they do not get well is because they have failed the faith test. In this way, all three religious narratives can lead one to feel abandoned by God. This feeling does not allow sick people to cope positively with their sickness.

The feeling of abandonment by God worsens the experience of sickness. When God, who could make everything better, is believed not to be present, then sick people often lose hope. They can also feel a deep sense of betrayal because God is not there when needed the most. This experience leads some to become angry with God. But if they refuse to get angry with God or to feel abandoned by God, then they have one other option.

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⁴⁸ Shuman, *Heal Thyself*, 118.

This final option is confusion. People who fall into this category do not know why their prayers or the healing service in which they partook are not working. They do not understand why God will not forgive them. They have no idea what they need to do to pass the faith test. They constantly search for answers to these questions, but they cannot come up with any. The reason is there are no solutions. Therefore, they live in a perpetual state of confusion that does not allow them to cope positively with their sickness. This condition is the experience of the Tillmans.

When sick people's religious narrative leaves them feeling confused, they do not know what to do. They want to move forward, but they do not know how. The reality is they cannot because they have hit a dead end. Their religious narrative does not have any more material to help them take the next step. Nevertheless, there are two avenues to understanding from religious faith that can help sick people move forward in their religious narrative and allow for positive religious coping. I describe them in the next two sections.

Mystery

The first avenue is mystery. In order to explain this, I return to the book of Job. In 31:35-37, Job desires that God explain why God has allowed so many bad things to happen to him. These include the destruction of his property, the death of his children, and the affliction of his whole body with sores. In God's rebuttal to Job in Chapters 40-41, God challenges Job to perform tasks that only God can do. In realizing that he cannot, Job recognizes that he is less than God. Similarly, the inability to answer the question why or to make themselves better, even with the help of medical science, should

bring sick people to the realization that they are not equal to God.⁴⁹ By being less than God, both Job and the sick have to acknowledge their own limited view and understanding of God's plan for the universe.

Despite science and medicine's many advancements, there is a lot of uncertainty in the universe. Today, there are particular occurrences in nature and specific medical diagnoses that are not completely understood. A fortiori, God is not completely understood and will never be completely understood because God is mystery. Since God is mystery, God guides events in ways that are beyond human understanding. Thus, we must often become comfortable with accepting that the cause of their sickness remains a mystery. In order to do this, sick people need to have faith in God and trust that the universe is not "arbitrary and chaotic" even though it can often appear that way in their limited view. In consenting to this understanding of reality, the sick can submit to God and God's control over the universe. If people cannot take this notion of mystery, they have another option as the reason for their sickness.

A More Nuanced Understanding of Sin's Relationship to Death

Due to the effects of causation, many people believe that there must be a proximate reason for sickness. With this in mind, Daniel Sulmasy offers a way to help people out of the causation relationship between personal sin and sickness. He begins with the idea that "if sin causes (sickness), and everyone sins, then no one should ever be

⁴⁹ Norman C. Habel, *The Book of Job: A Commentary* (Philadelphia: Westminster, 1985), 569.

⁵⁰ Habel, *The Book of Job*, 542.

⁵¹ Ibid., 579.

⁵² Ibid., 549.

⁵³ Ibid., 577.

healthy."⁵⁴ He concludes that since healthy people do exist despite committing sin, then there must not be a direct causal connection between personal sins and sickness.

Although there is not a direct cause and effect correlation between particular personal sins and certain sicknesses, there is still a relationship between the two.

Building on the tradition of Adam and Eve's first sin from Genesis 3, Christians believe that death entered the world as punishment for sin (cf. Rom 5:12-14). Since sin and death exist in the world, Christians hold that the world is fallen or no longer in its original state of perfection. One of the results of this state is the existence of sickness. Since sickness often causes death and death is the result of sin, there is a link between sickness and sin. Thus, Christians understand that there is a general connection between the two.⁵⁵

This biblical understanding gives people a reason for sickness. They understand that their sickness is the result of the broad effects of humankind's sin against God. It is not the direct result of something they did or did not do. This takes the blame off of the individual.

This also takes the blame off God. Since God is perfectly just, God has the right to punish humankind for sin. This gives people a reason for God allowing sickness and death to exist. Since God loves humankind and desires to forgive all, sick people know that God sent his only Son to save people from sickness and death and redeem them from sin. They understand that this process has begun, but that it is not yet complete.

Therefore, the world is still infected with sin, sickness, and death.

55 Shuman, *Heal Thyself*, 106.

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⁵⁴ Daniel Sulmasy, *A Balm for Gilead: Meditations on Spirituality and the Healing Arts* (Washington, DC: Georgetown University Press, 2006), 68.

When sick people do not get well or fully recover, they no longer understand it as God not being fair or God abandoning them. Instead, they understand their sickness as the result of living in a sinful world, a world that they believe is in the process of being transformed. This process began with Jesus' death and resurrection ⁵⁶ and will be completed when he comes again. But until that time, they understand that they must deal with sickness. This clears up their confusion of how they can be sick and not getting better, yet still believe that God is all-powerful, all-loving, and all-knowing.

When sick people accept that sin in general and not personal sin is the cause of sickness, they have an answer to the question of why they are sick and why they are not getting better. Sick people are also able believe that God is with them and not against them in their battle against sickness. These understandings help them to begin to construct a new religious narrative. This fresh perspective can allow God to bring healing even if such healing does not include a cure.⁵⁷

Curing and Healing

As there is a difference between disease and sickness, there is a significant distinction between curing and healing. Curing involves the removal of the sick people's medical problem.⁵⁸ Thus, curing deals with disease and focuses on the body. Healing is more than a cure, though a cure may be part of a healing.⁵⁹ In addition to the physical dimension, healing involves helping the sick to manage the psychological, spiritual, and

⁵⁶ Jurgen Moltmann, Sun of Righteousness, Arise: God's Future for Humanity on Earth (Minneapolis: Fortress, 2010), 81. ⁵⁷ Pargament, *The Psychology of Religion and Coping*, 222.

⁵⁸ Morrill, *Divine worship and human healing*, 41.

⁵⁹ Jennifer Glen, C.C.V.I., "Rites of Healing: A Reflection in Pastoral Theology," in Alternative Futures For Worship, ed. Peter E. Fink, S.J. (Collegeville: The Liturgical Press, 1987), 46.

social effects of their disease or disorder. Thus, it encompasses the *whole* person. Healing also entails helping sick people to arrive at a level of acceptance and peace with their disease or disorder when it cannot be cured.⁶⁰

Lizette Larson-Miller agrees with these understandings of curing and healing. She explains that curing focuses on the medical issues and the specific symptoms that follow from it. She holds that healing is more expansive. She believes that healing has a certain holistic character to it because it touches on all the different "dimensions of the person." For her, health in mind, body, and spirit are essential for people to feel integrated. Thus, healing restores people to wholeness.

Holistic Healing

The first step to "wholeness and integration" is admitting that one has "splits" in one's life. 63 The next step is reconciling one's various disordered relationships with body, family, and God in order to return to wholeness. 64 Bruce Morrill agrees that a significant part of total healing is "reconciliation and forgiveness" of relationships with both God and others. 65 The support of the members of one's family, church, and social network is an essential part of Meredith McGuire's explanation of holistic healing. She also believes that the spiritual component, which includes prayer, beliefs, and rituals, is important for retuning the person to wholeness. 66 Addressing the spiritual component is

⁶⁰ Morrill, *Divine worship and Human Healing*, 75.

⁶¹ Larson-Miller, The Sacrament of Anointing of the Sick, 74.

⁶² Ibid., 108.

⁶³ James L. Empereur, "The Physicality of Worship," in *Bodies of Worship*, ed. Bruce T. Morrill (Collegeville: The Liturgical Press, 1999), 141.

⁶⁴ Glen, "Rites of Healing," 36-37.

⁶⁵ Morrill, Divine Worship and Human Healing, 31.

⁶⁶ McGuire, "Religion, Health and Illness," 90.

also important for Larson-Miller.⁶⁷ By turning to the Gospels, Block identifies bringing about "spiritual wholeness" as the aim of Jesus' ministry. ⁶⁸ One large part of his ministry was healing sick people.

Jennifer Glen, C.C.V.I. reveals that the outward cure of the body is a visible manifestation of the total healing that Jesus brought about in sick people. She understands that Jesus' healings were not limited to the body; rather, they brought about healing in all aspects of the people's lives. Glen explains that Jesus' healings reconciled all their fragmented relationships as well. Thus, she understands Jesus as coming to bring about "wholeness" in people's body, mind, soul, and social relationships. ⁶⁹ In this way, Jesus was a holistic healer. Since sick people often gravitate to Jesus's healing ministry, I now turn my attention to how sick people might understand certain passages that describe this ministry

⁶⁷ Larson-Miller, *The Sacrament of Anointing of the Sick*, 108. ⁶⁸ Block, *Copious Hosting*, 104.

⁶⁹ Glen, "Rites of Healing," 46.

Chapter 2: Popular Understanding of Jesus' Healing Ministry

Many sick people use religious narratives to explain why they have become sick and how they hope to be healed. The basis for the religious narratives comes from their religious beliefs. One of the foundations for their religious beliefs is the Bible. Since the Gospels tell the story of Jesus Christ, Christians pay particular attention to this part of the Bible. The four Gospels are often categorized as the three synoptic (Matthew, Mark, and Luke) and John. Since scholars believe that Mark forms the basis for Matthew and Luke, I will focus on certain passages from the Gospel of Mark, then move to passages from the Gospel of John.

The Gospel of Mark begins by proclaiming Jesus as the Son of God. Throughout the remainder of the Gospel, Jesus's words and actions confirm this identity as well as reveal the Kingdom of God and the nature of discipleship. Mark's Gospel has many accounts of Jesus healing the sick. Often, people turn to these passages during their times of sickness. I now shift my focus to an examination of certain passages and offer how sick people may interpret them to inform or confirm their religious narratives about sickness and healing.

Interpretations of Mark 7:31-37 and 8:22-26 that Confirm Equal Exchange

Sick people can read these passages as confirming their religious narrative of equal exchange. In Mark 7:31-37, people beg Jesus to give hearing and speech to a man. Taking the man away from the crowd, Jesus places his fingers in the man's ears then touches his tongue and spits. Next, he looks up to heaven and says, "Ephphatha,' that is

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⁷⁰ John R. Donahue and Daniel J. Harrington, *The Gospel of Mark* (Collegeville: The Liturgical Press, 2002), 23.

'Be opened.'"⁷¹ After the cure, Jesus tells the man not to say anything, but he does anyway. This cure has similarities to one in the next chapter of Mark.⁷²

In Mark 8:22-26, people bring Jesus a blind man and beg Jesus to touch and heal him. After leading him out of the village, Jesus puts saliva on his eyes and lays hands on him. Since the man is still not able to see clearly, Jesus lays hands on him again. Now that he can see fully, Jesus commands him to go home. When sick people read these passages, they can believe that in exchange for doing certain activities they will receive a cure from Jesus.

The first aspect of the aforementioned passages that sick people tend to focus on is that begging (7:32 and 8:22) led Jesus to act. Sick people understand that begging is analogous to praying very hard. Since other people begged for Jesus to heal the afflicted men, sick people may feel they must get others to pray hard. In this way, these passages can lead sick people to believe that if others beg Jesus enough through prayer that he will cure them.

The second aspect of the passage that sick people often focus on is that Jesus did particular actions in order to bring about the cure. In both cases, Jesus touches the afflicted person and uses his spit. Because of this, sick people may understand that they must have particular actions done to them in order to receive the cure. Since rituals involve particular actions, sick people can believe that if the presider does the actions correctly, then they will be cured.

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⁷¹ *The New Interpreter's Study Bible*: New Revised Standard Version with the Apocrypha. (Nashville: Abingdon, 2003). All Scripture citations in the thesis are taken from this translation.

⁷² Morna Dorothy Hooker, *The Gospel according to St. Mark* (Peabody: Hendrickson, 2002), 197.

This can be particularly problematic when these passages are read during the celebration of the Sacrament of the Anointing of the Sick. During the Rite, the priest, the representative of Jesus, lays his hands on the sick person, and then anoints the sick person's head and hands. Sick people can understand these actions as paralleling Jesus' laying on of hands and use of spit. Therefore, they might believe that through imitating Jesus the priest can bring about a cure like Jesus. If the cure does not happen, then sick people must focus on another aspect of the passages from Mark 7-8.

According to Mark 8:24, Jesus' first attempt to heal the blind man is not completely successful. The man can see people, but they look like trees. Jesus then lays his hands on the man for a second time, and the man receives full vision. Sick people can focus on this dynamic of the first time not working and the need for a second attempt if the first performance of the rituals or saying of special prayers does not result in a cure. Since sick people recognize that even Jesus needed to try again, they are not surprised that they too need to make another attempt. This can result in them repeating certain prayers or rituals over and over again, in hope of receiving a cure.

If sick people do not receive a cure in exchange for their repetition of certain prayers and rituals, they may focus on a different part of the passage to understand what they have to do to be cured. In Mark 7:37, those in the crowd were awestruck after Jesus cures the deaf man. This reaction can lead sick people to believe that they need to be amazed or overwhelmed if they are cured. They tell Jesus that, if they are cured, then, like the deaf man, they will tell everyone about Jesus and how Jesus brought about their miraculous cure. Thus, sick people believe they have to make a bargain with Jesus. They understand the deal in a different way if they focus on another verse.

In Mark 8:26, Jesus commands the blind man not to return to the village. Sick people can understand not returning to the village as an analogy for not returning to their former way of living. They tell Jesus that, if he cures them, then they will repent from their sinful ways by turning away from the evil things they were doing before they became sick. They may also offer to perform certain good works to make up for their past mistakes.

All of these understandings of the passages have the subtle influence of exchange. In the first, begging in prayer is exchanged for a cure from Jesus. The priest's performance of actions that are similar to Jesus' is thought to bring about the cure in the second. The third trades a cure for promising to tell everyone about Jesus' role in the cure. The last understanding barters conversion or repentance for a cure. In this way, Mark 7:31-37 and Mark 8:22-26 can influence or confirm different aspects of sick people's religious narrative of equal exchange.

The Tillmans believe that in exchange for their years of faithful service to Jesus that Jesus will cure Steve. After reading these passages, they begin to beg Jesus for a cure. When Steve does not get well, they could seek out their pastor to receive the ritual actions of the Anointing of the Sick. On the way, they might both agree to give all glory and praise to God if Steve is cured. They would also commit to reforming their ways in exchange for a cure, but they cannot recall a wrong that deserved the stroke. Their understanding of sickness as punishment for sin comes from another passage in Mark.

An Interpretation of Mark 2:1-12 that Confirms Sickness as Punishment for Sin

If sick people have a religious narrative of sickness as punishment for sin, then they can read this passage as confirming this understanding. In Mark 2:1-12, when

people are unable to bring a paralyzed man to Jesus because of the crowd, they resort to removing the roof and lowering him down in front of him. Moved by their faith, Jesus tells the man that his sins are forgiven. Some scribes silently question Jesus' ability and accuse him of "blasphemy." Knowing their thoughts, Jesus questions them then commands the man to stand, take up his mat, and go in order to prove he has the authority "to forgive sins." After the man leaves, all present are amazed and glorify God. When sick people, especially paralyzed people, read this passage they believe that they will be cured if their sins are forgiven.

In this story, the cure follows Jesus' forgiveness of the paralyzed man's sins. This might lead to two conclusions. The first is that there is a causal connection between sin and sickness. Since the forgiveness of the man's sin precedes his cure, sick people infer that sin must have been the source of the man's sickness. In this way, the passage confirms their understanding that sin is the cause of sickness.

With this idea in mind, the second conclusion is that there is a causal connection between forgiveness of sin and curing. They believe that, if they ask for forgiveness in the way prescribed by their religious faith, then they will be cured. Before sick people can ask for forgiveness, they have to know what sin to ask God to forgive. Therefore, sick people begin to look over their life to find the sin that caused their sickness.

Since all people commit sins, sick people are able to look back and recognize transgressions they have committed. When they find the one that they believe is the cause of their sickness, they tell God that they are sorry in a manner that is in keeping with their religious faith. In 2:10, Jesus explains that he has the power to forgive sin;

therefore, sick people know and trust that Jesus can forgive them no matter the degree of their iniquity or its duration.

In 2:11, the man stands, picks up his mat, and goes as the sign that he is cured. Sick people understand that their cure will signify that their sins are forgiven. If the cure does not come, then they assume that they are not pardoned. This assumption leads them to continually ask for clemency until they receive a cure. Thus, Mark 2:1-12 can confirm or construct a religious narrative that Jesus' forgiveness will bring about their cure because sin was the cause of their sickness.

After hearing this passage many times, the Tillmans believe that sin is the cause of sickness. After Steve's stroke, they reflect on their life to look for a sin that would warrant Steve's sickness. When they cannot think of one, they want to meet with the pastor to talk about why God is punishing them in this way. Although the Tillmans do not, other sick people often look to another passage in Mark to understand why they are sick when the religious narrative of sickness as punishment for sin does not help.

An Interpretation of Mark 9:14-29 that Confirms Sickness as a Test of Faith

If sick people have a religious narrative of sickness as a faith test, then they can read this passage as confirming this understanding. Mark 9:14-29 begins with Jesus investigating the disciples' argument about their inability to cure a possessed boy. Jesus responds by expressing his frustration about this generation's lack of faith. Upon bringing the boy to Jesus, he begins having a seizure. Jesus and the boy's father discuss the boy's condition and the man asks Jesus to heal his son. Jesus explains that, "All things can be done for the one who believes," to which the man responds, "I believe, help my unbelief." Jesus casts out the demon, heals the boy, and helps him up. When the

disciples inquire about their inability to help the boy. Jesus answers that "This kind can come out only through prayer."

In this pericope, Jesus heals a possessed boy at the request of the boy's father. Even though the story is technically an exorcism rather than a healing, ⁷³ sick people can still gravitate to this passage. One reason is they simply see Jesus healing a person who is not well. Another reason is that the boy's symptoms are similar to epilepsy. 74

In 9:20, the sick boy has what appears to be a type of seizure. Although seizures can have a medical explanation like epilepsy, to a nonmedical person they can seem strange or even mysterious. Many diagnoses like stroke and cancer seem mysterious because sick people are unable to see or understand what is causing the sickness. In this way, sick people can relate to the situation described by Mark because the boy and the father confront a sickness that is strange and difficult to understand.

There is still another reason why this passage engages sick people. When Jesus and the boy's father discuss his son's convulsions, the man explains that they have been happening since the boy's childhood. This gives sick people the impression that the sickness has been going on for several years. People, especially those with a chronic disease, can relate because they often have been battling their sickness for a long time. Since Jesus can cure the boy after many years, the passage can give the chronically sick hope that Jesus can cure them.

There is one final reason why this passage appeals to sick people. The boy's father brings the boy to the disciples first. The disciples are unable to heal the boy. One can imagine that this is not the first time that the man has asked someone to help his son.

⁷³ Donahue and Harrington, *The Gospel of Mark*, 280.

⁷⁴ Matthew 17:15 actually describe the boy as epileptic.

This is probably another failure in a long list of attempts. For people with certain sicknesses, especially chronic ones, they may have seen many doctors and tried several different treatments. Thus, they can relate to this father who has tried many times to help his son and failed. Since sick people relate closely with this passage, they can use it to construct or confirm their religious narrative of sickness as a test.

The aspect of the passage that leads sick people to do so is Jesus' interaction with the boy's father before the boy is healed. When the boy's father explains that the disciples failed to heal the boy, Jesus reacts by lamenting about this "unbelieving generation." This reaction can lead sick people to believe that the reason that the disciples were unable to heal the boy was because they did not have enough faith. This understanding is confirmed when the boy's father pleads with Jesus to do something if he can. Jesus responds that all things are possible for the one who believes. The Father cries out, "I believe. Help my unbelief." Through these interactions, sick people can believe that Jesus reveals what is necessary to receive a cure.

Sick people can understand that Jesus is making a causal connection between faith and cure. Because the disciples did not have enough faith, they were unable to cure. When the man expresses his belief, Jesus is able to cure. From this, sick people might believe that, if they do not have enough faith, then they will not get better. In contrast, if they do have enough faith, then they will receive a cure. This understanding of the relationship between faith and cure can subtly set up the sense that the sickness is a test.

Sick people often feel that God has given them the sickness to test their faith. In this way, they have to prove to God that they have enough faith in order to pass the test. This turns the cure into the proof that they have passed the test. If they receive a cure,

then they have passed the test. If they do not receive a cure, then they have failed the test. This means that they must try harder and build their faith in order to pass the test.

If sick people feel like they have enough faith and the cure does not come, then they can believe that there is a different reason why they did not pass the test. They can begin to look for other people whose faith is lacking. If a medical treatment does not work, then they can believe that the doctor or health professional was lacking in faith. If a particular religious ritual does not work, then they might believe that the priest or minister did not have enough faith. If one of their family members expresses doubt or unbelief, then they can believe that the reason that they are not getting better is because of the family member's lack of faith. Sick people confirm this mentality by focusing on a second aspect of this passage.

In 14:29, Jesus explains to the disciples that this particular situation called for prayer. Sick people can be led to believe that this verse reveals a causal connection between prayer and cure. They can believe that, if they as well as their family, friends, and church community pray hard enough, then they can be cured. If they are not cured, then this proves that either they or someone lacked a sufficient amount of prayers.

Some can take this passage's teaching about the importance of faith and the power of prayer to extremes. They believe that Jesus teaches that faith and prayer alone are enough to merit a cure. They understand the use of medicine and treatments as relying on something other than Jesus. Since this represents a lack of faith, they refuse to seek or receive medical assistance. There have been cases where this has led to fatalities in which a sick person, often a child, has died from a disease or disorder that a medical procedure or prescription medication could have routinely cured. Although only certain

people have this extreme understanding, many use this passage to construct or confirm the religious narrative that sickness is a test of their faith.

Suffering Messiah

Besides portraying Jesus as a healer, the Gospel of Mark also has another theme to which sick people can relate. This is the theme of Jesus as the suffering Messiah. This theme emphasizes that Jesus came to suffer and die⁷⁵ in order to bring about salvation for God's people. Since suffering is one of the common ways that people experience their sickness, they can relate to Jesus' experience. When people understand this theme in a particular way, it can construct or confirm a particular religious narrative about God's relationship to their sickness and suffering.

Since Jesus is the example par excellence for Christian life, people seek to emulate his characteristics. Since suffering is a characteristic of Jesus, people can believe that it is something that should be desired. In this way, suffering has gone from something that should be fought and resisted to something that should be sought and embraced. This leads some people to understand their sickness and suffering as a good instead of as an evil.

When sickness and suffering are seen as a good, then people can believe that they should continue to seek it out. They try to find ways to encounter it instead of trying to avoid it. Therefore, they embrace agonizing situations because they will be able to receive the good, which is suffering. In this way, suffering has become a good in and of itself. When this happens, people feel it is something that is held in high esteem. This mentality leads to the glorification of suffering.

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⁷⁵ Donahue and Harrington, *The Gospel of Mark*, 26.

When suffering is glorified, then the people who endure it can be held up and honored. This does nothing to heal these people. Instead, it simply uses glory to distract them from their sickness and suffering. By being exalted, these people can feel their sickness and suffering is a blessing.

Since blessings are a gift from God, people can understand their sickness and suffering as a gift. They are reluctant to receive a cure for their sickness or relief from their suffering for fear of losing God's gift. Therefore, they understand God as willing and wanting their suffering. They see any attempt to try to get better as a rejection of God's will. Thus, the Gospel of Mark's theme of the suffering Messiah constructs or confirms sick people's religious narrative that understands their sickness as a good that is willed by God.

An Interpretation of John 5:1-18 and 9:1-41 that Explains Jesus' Manner of Healing

When people are sick, they can look to these passages in John to understand how and when Jesus' cure will come. In John 5:1-18, Jesus heals a man that has been paralyzed for thirty-eight years. He encounters him near a pool and asks him if he wants to be healed. The man explains that he does, but he cannot be the first to get into the pool when it is "stirred up." After Jesus commands him to stand, take up his mat, and walk, the man is healed and follows Jesus' directive. This action leads the "Jews" to accuse him of working on the Sabbath. Here, the "Jews" does not include all Jewish people, 76 instead it refers to the "Jewish authorities." Initially, he tells his accusers that he does

⁷⁶ Raymond Edward Brown, *The Gospel according to John* (Garden City, NY, Doubleday, 1966), 208.

⁷⁷ Gail O'Day, The New Interpreter's Bible: General Articles & Introduction, Commentary, & Reflections for Each Book of the Bible Including the Apocryphal/Deuterocanonical Books (Nashville: Abingdon, 1994), 579.

not know who healed him; but after an encounter with Jesus, he is able to tell them it was Jesus. This revelation leads certain people to persecute Jesus. The Johannine account of Jesus' healing of another man follows a similar pattern.⁷⁸

In John 9:1-41, Jesus heals a man blind since birth. Upon encountering the man, Jesus' disciples ask whose sin made the man blind. Jesus responds that he is blind to reveal God's work not because of anyone's sin. After making mud with his spit and rubbing it on the man's eyes, Jesus commands him to wash in a pool. After doing so, he is healed, which causes quite the controversy in the community. In response, the man explains how Jesus healed him.

Since it was the Sabbath, the Jewish authorities investigate the healing.⁷⁹ They question the man and his parents. When the man stands up to them, they dismiss him. Jesus finds him and their conversations leads the man to make a profession of faith. Depending on which passage sick people place their focus, they can expect their cure coming in one of two ways.

In Chapter 5, the paralyzed man understands that in order to be cured, he needs to be put in the water when it is stirred up. In this way, he believes that his cure will come from following a prescribed set of actions. Instead, Jesus heals the man by commanding it. Therefore, he is healed in an unexpected and extraordinary way.

When sick people read this passage, they can come to believe that their cure will come in a shocking and unprecedented way. They do not think that Jesus will cure them

⁷⁹ The passage will use "the Pharisees" and "the Jews" interchangeably; both terms refer to the Jewish religious authorities. See Brown, *The Gospel according to John*, 373.

⁷⁸ Walter J. Harrelson, *The New Interpreter's Study Bible: New Revised Standard Version with the Apocrypha* (Nashville: Abingdon, 2003), 1926.

through medicine or surgery. They feel that Jesus will come to them and instantly cure them. Thus, they wait for this to happen.

In Chapter 9, Jesus cures a blind man in two steps. First, he applies a mud paste, made with his spit, to the man's eyes. Second, he has the man wash in special pool.

During Jesus' time, other faith healers commonly used these same two steps to cure people. Thus, Jesus follows the expected and ordinary means to heal someone.

This can lead sick people to assume that Jesus will cure them through the routine and common medical practice of their day. Today, the standard treatment is taking prescribed medicine or having a doctor-recommended procedure. Therefore, sick people expect that Jesus will cure them through these. This prospect can lead them to try every medical means possible to give Jesus an opportunity to cure them through it.

Some sick people do not focus exclusively on one passage and choose to accept both. This decision leads them to believe that Jesus can cure in any manner or means. They are open to Jesus curing them through the ordinary means of doctors and medicine at the expected time, or through the extraordinary manner of a miraculous cure at an unexpected time. They can use these passages from the Gospel of John to construct or confirm their religious narrative that Jesus will cure them in the manner that he deems best.

This mentality describes the Tillmans. They simply want Steve to get over his stroke. They would prefer that Steve wake up one day and miraculously be able to walk and talk like normal. They are also willing to follow the usual medical course of doctors, therapists, and medicine as long as they know that Steve will eventually make a full

⁸⁰ Frederick J. Gaiser, *Healing in the Bible: Theological Insight for Christian Ministry* (Grand Rapids: Baker Academic, 2010), 152.

recovery. These passages remind them that they need to be open to both possibilities and corroborate their religious narrative that Steve will be cured one way or the other.

Having understood how sick people's interpretation of certain passages from the Gospel of John and Mark influence their religious narratives, I transition to how biblical scholars interpret these same passages in order to understand what they are conveying about Jesus' healing ministry.

Chapter 3: Theological Understanding of Jesus' Healing Ministry

Certain passages in the Gospel of Mark and John describe Jesus' healing ministry. When sick people interpret these passages in a particular way, they can seem to confirm or inform certain religious narratives. The problem is these interpretations rely on a surface level reading of the text. They do not draw on the deeper themes that the passages are trying to convey about Jesus and his healing ministry. In this chapter, I will incorporate biblical scholarship to examine the same passages that I did in the last chapter in order to understand the type of healing that Jesus seeks to give sick people. These insights will allow me to develop a scriptural theology of healing.

Before examining the particular passages, it is important to remember why Jesus heals people. The healings manifest God's power. By enacting them, Jesus reveals that he is divine. 81 They also demonstrate that Jesus has the power to overcome evil. The healing serves as preludes to Jesus conquering sin and death once and for all in the resurrection.⁸² With these general understandings in mind let us look at the specific passages to see how they develop these as well as other insights about Jesus' healings.

Healing in Mark 7:31-37 and Mark 8:22-26

In the last chapter, I examined how sick people may read Jesus' healing of a deaf and mute man in Mark 7:31-37 and of a blind man in Mark 8:22-26. I explained how they can use these passages to confirm or construct a religious narrative of equal exchange. I emphasized how this understanding leads them to believe that if they beg Jesus through prayer and do certain ritualistic activities that Jesus will cure them.

⁸¹ Eugene M. Boring, Mark: A Commentary (Louisville: Westminister John Knox, 2006),

⁸² Donahue and Harrington, The Gospel of Mark, 281.

Although these passages emphasize the importance of prayer and rituals, they can invite sick people to receive something else for their actions that will ultimately lead to their healing.

Since in Mark begging has a "sense of soliciting an advocate," sick people are correct to make an analogy between begging and prayer. By praying, sick people allow themselves to be with Jesus. During this encounter, Jesus can give them the ability to "see" and "hear" how he is present in their life right now. Through this experience, sick people are able to give praise to Jesus even though they are not cured. Since this response can be difficult, sick people need to pray hard that Jesus would give them the faith to see and hear him even when their situation seems to lead them to think otherwise. Like the blind man in 8:22-26, the process of clearly seeing Jesus' presence in a difficult situation may not happen immediately; such healing may be more gradual. Often times, sick people require help.

In both passages, "ordinary" people bring the afflicted men to Jesus. ⁸⁶ This detail indicates that they had other people with them and can serve as a reminder to sick people that they are not alone. They have family, friends, and a church community that are willing to help and support them. By remembering this circumstance, sick people come to understand that Jesus can work through these other people to help bring about their healing. When sick people see and hear Jesus in the actions, prayers, and support of

⁸³ Donahue and Harrington, The Gospel of Mark, 240.

⁸⁴ This is analogous to the disciples going away and resting with Jesus in Mark 6:31.

⁸⁵ Brendan Byrne, *A Costly Freedom: a Theological Reading of Mark's Gospel* (Collegeville: The Liturgical Press, 2008), 138.

⁸⁶ Donahue and Harrington, *The Gospel of Mark*, 239.

others, they realize that Jesus is present and has not abandoned them. They also come to sense that he is leading and guiding them through their sickness.

The passages recount how prior to the healing Jesus leads the sick men away. By doing this, Jesus brings them, literally, to a different place; but figuratively, to a new understanding. During a sickness, people might only see their healing coming in a particular mode, through a cure. They can be "blind" to receiving their healing in another manner. When Jesus takes sick people away from their expectations, they are able to see and receive their healing in a different way. By allowing themselves to be led by Jesus on his terms, sick people understand that he can heal them without curing them.

This realization brings us to the key Markan theme that these passages really convey: discipleship. In Mark's Gospel, a disciple is one who is called to "be with" Jesus (3:14) and to follow him (e.g., 1:16-20; 2:13-14). At this point in the Gospel, the disciples are struggling to understand precisely who Jesus is. Since the disciples expected the Messiah to be the earthly king of the Jews, they have a hard time understanding that Jesus is the Messiah. In response, Jesus tries to explain and demonstrate that he is a different type of Messiah, one who has come to suffer and die in order to save humankind from sin and death. The disciples are having a tough time "seeing" and "hearing" about a suffering Messiah.

The deaf man and the blind man represent the disciples who are not hearing what Jesus has to say about himself or seeing him as he truly is.⁸⁹ Sick people can share in this lack of proper perception. They do not see and hear Jesus as he truly is; instead they see

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⁸⁷ Hooker, *The Gospel According to St. Mark*, 186.

⁸⁸ Francis J. Moloney, *The Gospel of Mark: A Commentary* (Peabody: Hendrickson Publishers, 2002), 164.

⁸⁹ Boring, Mark: A Commentary, 233.

and hear him as they want or suppose him to be. Like the disciples, sick people can have a hard time following Jesus because he does not act or respond in the way they desire or expect.

In healing the men, Jesus removes the blindness and deafness that prevents them from really hearing what he has to say and clearly seeing who he is. 90 For sick people. such healing can often be a slow and gradual process. Like the blind man, sick people may need to progress from "no sight" to "partial sight" to "full sight." With eyes to see and ears to hear, sick people find that it is easier to follow Jesus. This helps them let go of certain expectations and beliefs about the way that Jesus should or should not act.

By following Jesus, sick people are led to healing, but this is often down a different path than the one they would have chosen for themselves. Sick people frequently want to race down the path of a cure in order to return to how things were before their sickness. Instead, Jesus might want to take sick people down the path to healing, which begins with acceptance of their condition, moves to understanding it, and culminates in a change of attitude. This progression allows sick people to exchange their old desire, wanting things to be like they used to be, for a new one.

They begin to desire what Jesus desires for their life. Through prayer, they come to know what Jesus wants. This knowledge helps them decide what to do in response to their sickness. Jesus knows that this process is not easy and that they will make mistakes; therefore, he addresses the relationship between sin and sickness in another miracle.

Hooker, *The Gospel According to St. Mark*, 198.
 Moloney, *The Gospel of Mark*, 164

Healing in Mark 2:1-12

In the last chapter, I examined how sick people may read Jesus' healing of the paralyzed man in Mark 2:1-12. I explained how they can use this passage to confirm or construct a religious narrative that sickness is punishment for sin. I emphasized how this understanding leads them to believe that if they ask Jesus to forgive them that he will cure them. Although this passage highlights Jesus' ability to forgive sin, it also invites sick people to a different understanding of the connection between sin and sickness on the one hand, and forgiveness and healing on the other.

During the time of Jesus, there were several faith and magic healers, but no one who claimed to forgive sins. The forgiveness of sin was a power reserved for God. 92 By pronouncing forgiveness of the man's sin, Jesus manifests that he has this divine prerogative. 93 By using this ability, Jesus reveals that he is intimately related to God. The scribes do not believe this; therefore, they accuse him of blaspheming.

Jesus realizes they are thinking this. In response, he takes the opportunity of the man's healing to demonstrate who he is and his divine right. ⁹⁴ He heals the man to offer proof that he has in fact forgiven the man's sins. 95 That Jesus has the power and the authority to forgive sins is the key message of this passage. It is not to reveal a causal connection between sin and sickness, and forgiveness and curing.

In today's culture, the belief that Jesus can forgive sins is commonplace and often taken for granted. This was not the case in Jesus' time. This passage forms one of the

⁹² Moloney, The Gospel of Mark, 61.

⁹⁴ Hooker, *The Gospel According to St. Mark*, 87.

⁹⁵ Byrne, A Costly Freedom, 57.

foundations that Jesus has the power to forgive sins. 96 Christians believe that Jesus has the ability to forgive sins no matter their gravity, duration, or frequency. This passage reinforces such belief, which is especially helpful for those who struggle with accepting forgiveness for their sins.

By recognizing that they are forgiven regardless of receiving a cure, people can pick up and put away their "mat" of guilt and shame. They can also begin to rise from their "pit" of despair. In addition, they can let go of the self-pity that often accompanies serious sickness like paralysis. These developments lead to healing, but sick people often have trouble getting to this point on their own.

In the passage, the paralyzed man's friends go so far as to remove the roof of a house to get him to Jesus. This demonstrates the great faith that they have in Jesus being able to heal their friend.⁹⁷ Their belief is what catches Jesus' attention and prompts the healing. In the same way, the family, friends, and church members of sick people can be instrumental in bringing sick people to Jesus in order to begin the healing process. They can also be the means through which Jesus provides physical help.

Often paralyzed people require modifications to their home in order to adjust to the need for a wheelchair. This can mean building a ramp, widening doors, or remodeling a room. Assistance with these types of efforts help sick people see that God is working through family, friends, and church members in order to help to them. These same people can also have an emotional effect on the sick.

As mentioned in Chapter 1, sickness can take away people's dignity. This loss can lead them to not love and accept themselves. Through their support, members of the

Hooker, Gospel According to St. Mark, 84.
 Moloney, The Gospel of Mark, 61.

community show that they love and accept the sick. This witness answers sick people's questions about what people are thinking of them. It also helps them begin to accept their sickness and love themselves. Since sick people can also feel that they have let people down, knowing that they are forgiven and in many cases innocent can often lead to healing even if the person continues to suffer from sickness.

This Markan passage can lend itself to a discussion of innocent suffering. This can be an important conversation because most people believe that there has to be a reason for suffering. This belief is based on their understanding of God being all-loving, all-powerful, and perfectly just, as discussed in Chapter 1. Unfortunately, the reality is that innocent people do suffer and there is not always a specific reason why.

In Christianity the greatest example of innocent suffering is Jesus' death on the cross. Although charges were made, Jesus was innocent because he did not commit any sins or do anything wrong. 98 Thus, there was no valid reason for him to be punished and put to death, but he was. When people suffer and do not know the reason, they can turn to Jesus. Jesus in response can bring them to the cross in order to find strength to accept and deal with innocent suffering.

Although Jesus was innocent, Christianity does offer a reason for his suffering, sin. This allows a pastoral minister or priest to discuss the more nuanced understanding of sin's relationship to death that was also developed in Chapter 1. This explanation is not to dismiss the sick people's current state. Instead, it is to remind them that sickness and death will not have the last word, and that eventually their suffering will end, if not in this life then in the one to come. By believing in the resurrection, sick people understand

⁹⁸ Mark 14:56 explains that people gave false testimony against Jesus.

that Jesus overcame death and allows people to enter eternal life. This reminder can be a source of hope for sick people. Hope can give them the strength and comfort they need to endure their suffering and find healing even when their sickness is putting them to the test.

Healing in Mark 9:14-29

In the last chapter, I examined how sick people may read Jesus' healing of the possessed boy in Mark 9:14-29. We saw here how they can use this passage to confirm or construct a religious narrative that sickness is a faith test. I emphasized how this interpretation leads them to believe that if they demonstrate enough faith that Jesus will cure them. They understand that the cure will be the sign that they passed the test. Although this passage emphasizes the importance of faith, it also reminds sick people of the need for prayer. ⁹⁹

In 9:29, Jesus says, "This kind (of cure requires) prayer." When sickness strikes, people can fail to pray to Jesus. Initially, due to shock or the sickness's effects, sick people may be unable to pray. For example, the effects of the stroke prevented Steve from praying in the days immediately following its onset. Due the disruption of their routine or the multitude of doctor's appointments and treatment sessions, sick people may not have the time or may simply forget to pray about their sickness. Recall the business of the Tillmans' schedule in the weeks and months following Steve's stroke. When they are not cured or do not improve quickly, some sick people may become mad and refuse to pray to Jesus.

99 Hooker, The Gospel According to St. Mark, 222.

When taken in the context of people not praying, this verse can encourage people to pray. Prayer signifies dependence on Jesus. 100 By praying, Jesus can help people better understand their sickness as well deal with the uncertainty it causes. They also gain trust that Jesus will guide them through this time of sickness and give them the wisdom that they need to make difficult decisions. Through prayer, people are also able to see that Jesus is working in their lives. Since the teaching about prayer is directed to the disciples, it serves to remind them that the power to heal comes from Jesus, not themselves. 101

By bringing his son to the disciples and Jesus, the man is asking for help.¹⁰² This is an important detail for sick people to focus on. In the beginning, people often try to handle the sickness on their own by refusing to ask for assistance. By reflecting on the example of the boy's father, sick people can appreciate that it is necessary—indeed, good—to ask others for help. Besides requesting help, the man implores Jesus for something else in order to complete the healing process.

The boy's father wants to believe completely, but he admits that he has doubts. 103 By asking for Jesus to help him, the boy's father is beseeching Jesus for more faith. 104 Jesus understands that the difficult situation has caused the man some doubt, accepts the man's attempt to have faith to the best of his ability, and heals the boy. Thus, the healing takes place without the man having perfect faith.

¹⁰⁰ Boring, *Mark*, 276.

¹⁰¹ Moloney, *The Gospel of Mark*, 187.

¹⁰² Boring, *Mark*, 273.

¹⁰³ Hooker, The Gospel According to St. Mark, 224.

¹⁰⁴ Boring, *Mark*, 275.

In this way, Jesus reveals that sick people do not need to have perfect faith in order to receive healing. This revelation can give them the confidence that Jesus can work with whatever amount of faith they have. People also realize that Jesus understands that sickness can cause them doubts. By admitting that the sickness is testing their faith, they open themselves to Jesus, who gives sick people the faith that they need to receive healing.

The healing does not need to come in the form of a cure to prove that people have enough faith. People simply need to have enough faith to find Jesus in the midst of their sickness. Since Jesus can accomplish anything, Jesus can bring healing and comfort despite their not receiving a cure. 105 Sick people can often find it hard to believe this possibility on their own. Therefore, they may need to lean on the faith of others.

Another important aspect of the passage is that the boy's healing is not dependent on his own faith, but rather on his father's. 106 This detail is an important reminder for sick people and their community. When sick people have struggles with their faith, they can rely on the faith of others. Thus, the sick's family, friends, and fellow church members can become a source of faith for them. These people can help the sick find how Jesus is present and bring healing in a way that does not involve a cure.

The desire for a cure can make sick people rigid in a way. They can often see no other resolution of their sickness. When they are not cured, people can fall into the pits of despair. This predicament can leave them spiritually dead. When the sick boy becomes like a corpse, Jesus reaches out and lifts him up, which is symbolic of the

Boring, *Mark*, 274.
Donahue, *The Gospel of Mark*, 279.

resurrection.¹⁰⁷ In the same way, Jesus can lift sick people up from the depths of despair and resurrect their faith. Through an encounter with Jesus, people can receive healing in a way that does not involve a cure. They also come to know that Jesus is with them and understands their sickness and suffering.

Healing through the Suffering Messiah

Jesus the suffering Messiah can be helpful to sick people for several reasons.

Because he suffered, sick people can feel that Jesus knows and understands their experience of suffering. The knowledge that Jesus is in solidarity with them in suffering brings comfort. They can also come to deeper faith by following Jesus' example of faithfulness in the midst of great suffering. Because Jesus' suffering and death did not have the last word, the risen Jesus gives hope to the sick and suffering. I will now develop each of these points and show how they connect in order to bring people healing in the midst of their suffering.

Jesus experienced torture and crucifixion. These caused him a great amount of suffering. Because he experienced tremendous pain, anguish, heartache, and the alienation that suffering causes, Jesus completely understands human suffering.

Members of the community can be with suffering people, but often they do not truly understand what the experience is like. As suffering Messiah, Jesus does. This understanding brings Jesus into solidarity with suffering people.

By knowing that Jesus is with them, suffering people feel they are not alone. This experience can give companionship to those who are suffering. Since Jesus is with them,

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¹⁰⁷ Moloney, *The Gospel of Mark*, 185.

he knows what they need. This does not mean that their suffering will always be removed, but it does help them find comfort and learn to accept their suffering.

Jesus did not seek out suffering, but neither did he run from it. Jesus prays in the Garden of Gethsemane and asks that he not have to drink the cup of suffering (Mark 14:36). His example can teach people that suffering is not good in and of itself, and that they should try to resist suffering. There are circumstances when suffering is inevitable.

Once Jesus understands that he must suffer, he accepts it. In the same way, if people cannot prevent their suffering, then they are invited to come to acceptance of it. Since this is difficult to do, Jesus gives them an example: he embraces his cross.

Reflecting on this can give people the ability to take up their cross of sickness and the suffering that comes with it.

The experience of suffering can lead people to doubt their faith in Jesus. Even though Jesus suffered greatly, he did not lose his faith. Although Jesus cries out, "My God, my God why have you forsaken me?" (Mark 15:34), he takes these words from Psalm 22, which is about trusting in God's closeness and deliverance. In this way, Jesus as suffering Messiah is a great example of remaining faithful for sick and suffering people. More importantly, since Jesus understands their suffering, he can give them the grace they need to persevere in their faith during times of suffering.

While on the cross Jesus endured his suffering until his life ended. This can be another good example for sick or suffering people. There can be times when suffering may become so intense that people are tempted to end it by taking their own life. In these

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¹⁰⁸ Harrelson, *The New Interpreter's Study Bible*, 770.

moments people can look at the crucifix for the strength and patience that they need to endure to the finish.

At the end, Jesus does not try to save his own life through extraordinary means. As Son of God, Jesus could have used his divine powers to come off of the cross, but he does not. 109 He lets death come to him. Sick and suffering people can find it difficult to let go because they are afraid to die. Since Jesus has let go, he can help people let go and allow death to come. Jesus does not leave people to do this on their own; he is with them and walks them through the shadow of death into eternal life. This task is not easy to do, but it is much easier when people know that suffering and death are not the end of the story. Jesus' resurrection reveals the fullness of life.

Through Jesus God destroys sin and death, people can understand that Jesus' suffering and death are a means to the telos of eternal life. This promise can bring hope to sick or suffering people. Thus, the Markan theme of Jesus as the suffering Messiah can help people find companionship, comfort, strength, faith, endurance, and hope in the midst of their sickness and suffering. Now, I return to the two Johannine passages to offer further understanding of Jesus' healing ministry.

Healing in John 5:1-18 and 9:1-41

In the last chapter, I examined how sick people may read Jesus' healing of a crippled or paralyzed man in John 5:1-18 and a man blind from birth in John 9:1-41. I explained how they can use this passage to confirm or construct a religious narrative that Jesus will cure them in the manner that he deems best. They allow for Jesus to heal them through the expected ordinary medical treatment or through the unexpected extraordinary

¹⁰⁹ In Mark 15:31-32, people mock and tempt Jesus to prove he is the Messiah by coming down from the cross.

miraculous means. Although these passages show the magnitude of Jesus' saving power. 110 they also explain that healing leads people to understand who Jesus is.

In both healings Jesus takes the initiative.¹¹¹ In 5:1-18 Jesus approaches the man and asks if he would like to be healed. In 9:1-41 Jesus does not engage the man in conversation; instead, he simply approaches the man and begins to work with him. Jesus thereby shows that asking is not required for being healed.

These two passages do emphasize that there is one important requirement for healing. In Chapter 5, the man answers Jesus' question and expresses his need for assistance in order to be healed. In Chapter 9, the man does not ask for help, but he does not resist Jesus' assistance and immediately follows Jesus' instructions, thereby revealing his receptivity to Jesus. The passages therefore reveal that openness to Jesus is necessary for his healing.

The passages present different understandings of how Jesus brings about healing. In Chapter 5, Jesus heals the man instantaneously through his words instead of the assumed means. The common belief was that the pool only had healing powers when the water was moving.¹¹² The assumed means for healing also involved being the first into the pool after the bubbling had commenced.¹¹³ Jesus uses a different means in the other passage.

In Chapter 9, Jesus uses his spit to make a mud-paste, which he then applies to the man's eyes and sends him to wash in a pool known to have purifying qualities. There

¹¹² Robert Kysar, *John* (Minneapolis: Augsburg, 1986), 76.

¹¹⁰ Jeffrey L. Staley, "Stumbling in the Dark, Reaching for the Light: Reading Character in John 5 and 9," *Semeia* 53 (1991): 63.

¹¹¹ Gaiser, *Healing in the Bible*, 157.

Steven M. Bryan, "Power in the Pool: The Healing of the Man at Bethesda and Jesus' Violation of the Sabbath (Jn. 5:1-18)," *Tyndale Bulletin* 54 (2003), 9.

was an understanding that body fluids were a source of power or life. Hore specifically, there was a tradition in the "Greco-Roman world" that testifies to "the healing power of clay made with spittle." By using the mud paste, Jesus practices the accepted and common healing methods on his day. Thus, Jesus shows he can heal both in an ordinary or extraordinary way.

The passages also present a similar understanding of the timing of the healing. In Chapter 5, the man expects to be healed, and Jesus heals him. In contrast, in Chapter 9, the man is not expecting to be healed, and yet Jesus heals him. Thus, Jesus shows he can heal at both expected and unexpected times.

The passages argue against the expectation that sickness is punishment for sin.

When Jesus heals the man in Chapter 5, he makes no reference to the man's sin nor ties the man's healing to the forgiveness of his sins. To be sure, later in the passage Jesus does tell the man to sin no more. Some commentators see this as Jesus making a connection between sin and sickness or disability. They hold that by referencing sin here, Jesus implies that the man's disability was connected to his sin. However, I agree with other exegetes who rightly point out that Jesus does not make any reference to sin or to the forgiveness of sin during the healing or as the reason for the man's healing. Thus, Jesus is not affirming here the connection between sin and disability.

In Chapter 9, Jesus explicitly disconnects sin from sickness in his response to his disciples' question: "Rabbi, who sinned, this man or his parents, that he was born blind?"

¹¹⁷ D. Moody Smith, *John* (Nashville: Abingdon, 1999), 133.

¹¹⁴ Gaiser, Healing in the Bible: Theological Insight for Christian Ministry, 152.

¹¹⁵ O'Day, New Interpreter's Bible Commentary, 653.

¹¹⁶ Gaiser, Healing in the Bible, 152.

¹¹⁸ O'Day, The New Interpreter's Bible Commentary, 579.

(v. 2). Later in the passage Jesus discusses sin and blindness. But there Jesus does not discuss physical blindness and sin. Instead, he refers to spiritual blindness or unbelief and sin. ¹¹⁹ Jesus is adamant that physical disability is not the result of sin. This is an important point for sick people to know and believe.

In both healings, the men show an increase in knowledge or faith after their encounter with Jesus. In Chapter 5, during his first interaction with the Jewish authorities, the man does not know that Jesus was the one who healed him and is unable to bear witness to Jesus. After his second encounter with Jesus, the man now knows that Jesus is the one who healed him. Moreover, he is confident enough to go tell this to the Jewish authorities. Although some scholars have a negative interpretation of this action, ¹²⁰ others have a positive interpretation. ¹²¹ Gail O'Day couples this positive interpretation with Jesus warning in Verse 15 to understand that the man is living out his wholeness and giving testimony to Jesus. ¹²² Thus, the man could be seen to be growing in his faith.

In 9:17, the man knows that Jesus healed him and even confesses that Jesus is a "prophet." Later, after further encounter with Jesus, the man is able to see that Jesus is God and responds appropriately by worshipping him. He thereby shows growth in his faith as well. Thus, Chapters 5 and 9 demonstrate that Jesus' healing has not only a physical but a spiritual effect as well. By allowing themselves to be led by Jesus to greater faith, people follow him more closely.

¹¹⁹ Rudolf Schnackenburg, *The Gospel according to St. John* (New York: Crossroad, 1982), 255.

¹²⁰ See Smith, John, 133 and Kysar, John, 78.

¹²¹ See Staley, "Stumbling in the Dark," 63 and Thomas, "Stop Sinning," 18.

¹²² O'Day, New Interpreter's Bible Commentary, 580.

In both Chapters 5 and 9, Jesus gives the men certain commands to follow, and they obey. In Chapter 5, Jesus tells the paralytic to take up his mat and walk. In Chapter 9. Jesus tells the blind man to wash his eyes in the pool. In both of these cases, there is the theme of being sent by Jesus. In John's Gospel being sent by Jesus is an integral part of being a faithful disciple. A disciple also bears witness to the power of Jesus. 123 After their healing, both men encounter an opportunity to do this with certain people.

In both stories the healed men have encounters with the Jewish authorities. In Chapter 5, the man is reprimanded for violating the Sabbath. After being met by Jesus a second time, he has another encounter with the Jewish authorities. In Chapter 9, the man's neighbors take him to the Jewish authorities questioning. After the man's parents are asked about whether he was really blind from birth, the Jewish authorities interrogate him again. Thus, both have not one but two encounters with the Jewish authorities.

In the healed men's dialogue with the Jewish authorities, both choose to focus on their healings and Jesus. In 5:15, the man explains, "it was Jesus who made him well." Wellness has a sense of wholeness that encompasses not only physical, but also spiritual and mental health. In 9:15, the man says, "He (Jesus) put mud on my eyes. Then I washed, and now I see." When the Jewish authorities ask his opinion of Jesus, the man responds, "He is a prophet" (v.17). In his closing remarks to the Jewish authorities, the man argues that the magnitude of the healing should vindicate Jesus. By choosing to focus on Jesus and what he did for them, they concentrate on their experience of Jesus. Since an encounter with Jesus is what brings healing, I will now combine elements from

¹²³ Harrelson, *The New Interpreter's Study Bible*, 1908.

the healing stories in Mark and John to develop the key elements in a scriptural theology of healing.

Scriptural Theology of Healing

Through exegetical analysis of Jesus' healing ministry in the Gospels, certain key elements rise to the surface to form a scriptural theology of healing. First, Jesus has the power to heal. Second, faith helps people find Jesus in the midst of their sickness. Third, discipleship for the sick entails following Jesus through suffering to healing. Fourth, the community plays an important role with Jesus in providing healing. Finally, prayer is essential in the healing process.

In his healing miracles, Jesus makes clear that sickness is not punishment for personal sin. This understanding frees sick people from the burden of trying to figure out what they did wrong to cause their sickness. It also allows them to let go of their belief that ties their healing to the forgiveness of their sin. This freedom permits them to see Jesus' healing miracles manifesting his divine power to forgive sin and overcome sickness and death. By seeing and hearing this revelation, sick people can understand that Jesus can heal them. In order to truly believe this, they must have faith.

Although sickness often tests people's trust and belief in Jesus, it is faith in him that allows people to find him in their sickness. Finding Jesus reminds them that he is with them and understands their suffering. By encountering Jesus, they receive healing. This experience helps them live with the mystery of innocent suffering and trust that Jesus has overcome sin and death. With this knowledge they are able to follow Jesus.

By following Jesus, people become his disciples. As disciples, people are invited to see Jesus as he truly is. They are able to accept their cross of sickness and suffering.

Also, they are to allow Jesus to bring healing in a way and at a time that they may or may not expect. These responsibilities are often easier said than done; therefore, they often need the help of others.

During Jesus' healing ministry other people played a role in helping sick persons come to healing. Often, it was friends and companions who brought the sick to Jesus. This detail reminds them that the community plays a role in their healing. The members of the community bring the sick to Jesus by praying with and for them.

Finally, the healing miracles emphasize the power of prayer. Prayer gives people the faith to find Jesus in and to follow Jesus through their sickness. People can pray on their own or with others. One of the ways that people pray communally is through rituals. I will now examine the celebration of the Sacrament of the Anointing of the Sick in order to develop a sacramental theology of healing.

Chapter 4: Theological Analysis of the Sacrament of Anointing of the Sick

By theologically examining certain passages of Jesus' healing ministry in the Gospels of Mark and John, I was able to develop a scriptural theology of healing. The elements of this theology include the healing power of Jesus, finding Jesus in sickness, following Jesus through sickness, the support of the community, and the importance of prayer. When sick people come to know and experience these five elements, they can experience healing in the midst of their sickness. In addition to reflection on the Bible, the Catholic Church offers a particular ministry to help people in times of sickness.

The healing ministry of the Catholic Church flows out of Jesus' healing ministry. This can be seen in James 5:13-15. Here, the members of the early Church are sent out to pray with and anoint the sick "in the name of the Lord." This passage provides the biblical foundation of the Sacrament of the Anointing of the Sick. I will now turn my attention to the celebration of this Rite.

Overview of the Celebration of the Sacrament of the Anointing of the Sick

In 1972, Pope Paul VI promulgated a revised Rite of the Sacrament of Anointing of the Sick. 125 The chapter on this Sacrament falls under the section on the "Pastoral Care of the Sick" in the Book of *Rites of the Catholic Church*. After a brief introduction, the chapter provides different options for the blessings and prayers that depend on the location of the celebration of the sacrament. The three possible settings are Outside of Mass, Within Mass, or in a Hospital or Institution. I will now provide a brief overview of

¹²⁴ Empereur, *Prophetic Anointing*, 125.

¹²⁵ Sacred Congregation for Divine Worship, "*Decree* Pastoral Care of the Sick," in *Rites of the Catholic Church, Volume One*, 3rd ed., ed. The Liturgical Press (Collegeville: Pueblo, 1990), 769.

the celebration of the sacrament, noting the differences between when it is celebrated within or outside of the Mass.

The celebration always begins with the sign of the cross followed by the celebrant's greeting. There then follows a special instruction or "reception." After the celebrant introduces the Penitential Rite, he leads all present in it. When the sacrament is celebrated within Mass, the opening prayer comes before the Liturgy of the Word. The celebrant proceeds directly to the Liturgy of the Word when the sacrament is celebrated outside of the Mass. The incorporation of readings from Scripture is in line with the overall reform of Vatican II that the proclamation of the Word should precede the celebration of the Sacrament. 126

The Rite suggests that Liturgy of the Word begin with a reading from the Old Testament. Next, there is a Responsorial Psalm that organizes one of the psalms into a repeated refrain and several verses. A reading from one of the texts of the New Testament besides the Gospels follows next. The singing of a version of the Alleluia with a verse precedes the Gospel. After a reading from the Gospel, the presider gives a homily. The Rite provides many different choices for these readings. Some of the passages that we examined in the previous chapter are options. When choosing the readings and preparing the homily, it is important to take into consideration the thoughts,

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¹²⁶ Catholic Church, "Sacrosanctum Concilium" in Vatican Council II: Constitutions, Decrees, Declarations (Vatican Council II), rev. ed., ed. Austin Flannery (Northport, NY.: Costello, 1996), para. 35.

¹²⁷ The Liturgical Press, ed., *Rites of the Catholic Church, Volume One*, 3rd ed. (Collegeville: Pueblo, 1990), 297. All citations to this text below are to paragraph numbers of the Rite of the Sacrament of Anointing of the Sick.

feelings, experiences, and desires of the sick and their community.¹²⁸ I will discuss this in the concluding chapter below.

Following the homily, the Liturgy of Anointing begins with a Litany of prayers of petition. Next, there is a moment of silence while the celebrant lays his hands on the head of each sick person. After this act, the celebrant prays over the oil in thanksgiving if it has already been blessed or blesses it if necessary. This leads into the moment of anointing.

The celebrant anoints the person in two places. While blessing the person's forehead with the oil, the celebrant says, "Through this holy anointing may the Lord in his love and mercy help you with the grace of the Holy Spirit." The sick person responds, "Amen." Next, the celebrant applies the oil to the person's hands while saying, "May the Lord who frees you from sin save you and raise you up." Again, the response is "Amen." For the prayer following the anointing, the celebrant can choose from the two general prayers or from the five prayers that deal with particular types of sick people.

When the sacrament is celebrated within Mass, the celebrant then moves to the Liturgy of the Eucharist. After praying over the gifts, the celebrant begins the Eucharistic Prayer with the Preface reserved for use with the Sacrament of Anointing. Since there are four different options for the Eucharistic Prayer, there are also special embolisms or additions to be included for each of the first three options. From here, the Mass proceeds as usual to the distribution of Communion. The Liturgy of the Eucharist concludes with one of the two options for the prayers after Communion.

¹²⁸ Rite of the Sacrament of Anointing of the Sick, 100.

¹²⁹ Ibid., 124.

When the Rite is celebrated outside of Mass, there is still an opportunity for the sick to receive Communion. In this circumstance, there are three different options for the prayer after Communion. Regardless of the setting, the Rite concludes with one of the three options for the final blessing. Drawing on the Rite of the Anointing of the Sick's various introductions, major liturgical actions, and options for blessings and prayers, I will identify five theological elements. These will allow me to develop a sacramental theology of healing.

The Theological Elements of the Sacrament of Anointing of the Sick

Prayer is the first theological element present in the Sacrament of Anointing of the Sick. The second paragraph of the Introduction for Pastoral Care of the Sick exhorts the community to pray for the sick. The introduction also encourages "the sick person, the priest, and the family" to get comfortable praying with each other. The Introduction of the chapter specifically on the Anointing of the Sick reiterates this recommendation. It also situates the sacrament in the broader context of the Christian community's praying with and for the sick by identifying the sacrament as "part of the prayer of the Church." In this way, the sacrament's introduction highlights the theme of prayer.

All three of the major actions of the sacrament also emphasize prayer. The *Prayer of Faith* is a way of responding to God. ¹³⁴ The *Laying on of Hands* is a blessing that identifies the sick person as the focus of the Church's prayer. It also serves to invoke

¹³² Ibid., 100.

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¹³⁰ Rite of the Sacrament of Anointing of the Sick, 43.

¹³¹ Ibid., 44.

¹³³ Ibid., 99.

¹³⁴ Ibid., 105.

the Holy Spirit "upon the sick person." ¹³⁵ Prayer plays a role in the preparing of and the *Anointing with Oil.* ¹³⁶

During the celebration of the sacrament, the Litany is a particular moment of prayer for the sick. Praises of God is a consistent theme in the *Thanksgiving over Blessed Oil*. The *Blessing of Oil* explicitly asks God to listen. The prayer after anointing for a person about to have surgery specifically petitions for the medical staff. Both within and outside of Mass, the recitation of the Our Father is a familial moment of prayer in the celebration of the sacrament.

When celebrated within Mass, the second option for the special instruction or "reception" reminds all present that they come together "to pray in the name of Jesus." ¹⁴¹ The different parts of the Eucharistic Prayer include different types of prayer. The Preface gives thanksgiving to God. The special embolism for Eucharistic Prayer II calls for ceaseless praise of God, while the one for Eucharistic Prayer III petitions God to hear the prayer of those in need of healing. ¹⁴² When the Rite is celebrated in a Hospital or Institution, the Instruction confidently asks God to heal the sick. ¹⁴³ Thus, the theological element of prayer appears at various points in the celebration of the sacrament.

The second theological element present in the Anointing of the Sick is community. The Introduction for Pastoral Care of the Sick includes family, friends,

¹³⁵ Rite of the Sacrament of Anointing of the Sick, 106.

¹³⁶ Ibid., 107.

¹³⁷ Ibid., 121.

¹³⁸ Ibid., 123.

¹⁰id., 125. 139 Ibid., 125.

¹⁴⁰ Ibid., 126.

¹⁴¹ Ibid., 135.

¹⁴² Ibid., 145.

¹⁴³ Ibid., 155.

medical professionals, and priests in the sick person's community.¹⁴⁴ Within this introduction, there is a special section on the Anointing of the Sick that highlights the necessity of the sick's reception of the "sacrament in the faith of the Church."¹⁴⁵ The element of community looms large in the introduction for the chapter on the Anointing of the Sick.

It begins by explaining that the sacrament is the Church's way of supporting people in their sickness. ¹⁴⁶ Drawing on the understanding of the Church as the Body of Christ, the introduction understands that everyone in the community shares in the suffering of the sick members. ¹⁴⁷ It also identifies the priest as the person who ministers on behalf of the community. He represents the community and manifests the presence and the participation of the church community. ¹⁴⁸ In addition, the introduction recommends that the sacrament be celebrated with the members of the sick people's family and the church community. ¹⁴⁹ This allows the sick to see and feel the care and support of the Church. ¹⁵⁰ In this way, the sacrament manifests the community's "acceptance" of their condition and its ongoing care and support for them. ¹⁵¹

The three major actions of the sacrament emphasize community. The *Prayer of Faith* comes from the community. Those gathered with the sick—family, friends, the priest, and other community members—make the entire Church present. The

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¹⁴⁴ Rite of the Sacrament of Anointing of the Sick, 43.

¹⁴⁵ Ibid., 52.

¹⁴⁶ Ibid., 98.

¹⁴⁷ Ibid., 99.

¹⁴⁸ Empereur, *Prophetic Anointing*, 193.

¹⁴⁹ Rite of the Sacrament of Anointing of the Sick, 99.

¹⁵⁰ Gusmer, And You Visited Me, 180.

¹⁵¹ Ibid., 93.

¹⁵² Rite of the Sacrament of Anointing of the Sick, 105.

Anointing with Oil continues the early Church's tradition of using oil as "means and a sign of healing." Larson-Miller understands the anointing to be a communication of "presence" between the sick and the celebrant, who represents the community. This understanding leads her to see the anointing as forming a bond between the sick and the church community, the visible sign of the Body of Christ. 155

Although the *Laying on of Hands* does not have any explicit reference to the community, Larson-Miller explains that the importance of touch should not be underestimated because it is a way for people to communicate. She contends that touch manifests the sick and the community's prayer to God. She also understands gesture as the culminating moment in which all present pray for the healing of the sick. Therefore, the element of community is present in the *Laying on of Hands*.

When the anointing is celebrated within Mass, both options for the reception of the sick include the element of community. The image of being God's family appears in one of the options for the introduction of the Penitential Rite. There are petitions in the Litany for both the sick and those who assist in their care. The prayer of *Thanksgiving over Blessed Oil* understands the anointing as coming from the Church. The special embolism for Eucharistic Prayer I acknowledges that the offering comes not

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¹⁵³ Rite of the Sacrament of Anointing of the Sick, 107.

Larson-Miller, The Sacrament of Anointing of the Sick, 41.

¹⁵⁵ Ibid., 67.

¹⁵⁶ Ibid., 35.

¹⁵⁷ Ibid., 22.

¹⁵⁸ Rite of the Sacrament of Anointing of the Sick, 135.

¹⁵⁹ Ibid., 118.

¹⁶⁰ Ibid., 138.

¹⁶¹ Ibid., 123.

only from those who are sick but also from the entire community.¹⁶² When the Rite is celebrated in a Hospital or Institution, the Instruction involves all present in the prayer for the sick.¹⁶³ These various examples manifest the theological element of the community's appearance at various moments in the celebration of the sacrament.

The third theological element present in the Sacrament of Anointing of the Sick is healing. The Introduction for Pastoral Care of the Sick explains that the sacrament gives "comfort, encouragement," and possibly "healing." ¹⁶⁴ It also points out that Christ tended to people's bodily and spiritual needs. ¹⁶⁵ There is a recommendation in the Introduction to the chapter on the Anointing of the Sick for the priest to address these same areas. ¹⁶⁶ Thus, the Introductions of the sacrament encourage holistic healing.

Two of the three major actions of the Rite emphasize healing. The *Laying on of Hands* recalls one of the gestures that Jesus used to heal people. It also serves as a blessing that asks God to restore the sick's health and give them strength. Since the celebrant's hands that represent the work of God touch the sick's head, which represents the whole individual, this act brings together God and the whole person. In this way, the gesture has a holistic quality.

Similar to the previous action, the *Anointing with Oil* "signifies healing (and) strengthening." It also works to comfort and restore people in the face of the physical

¹⁶² Rite of the Sacrament of Anointing of the Sick, 145.

¹⁶⁴ Ibid., 42.

¹⁶³ Ibid., 155.

¹⁶⁵ Ibid., 43.

¹⁶⁶ Ibid., 100.

¹⁶⁷ Ibid., 106.

¹⁶⁸ Larson-Miller, *The Sacrament of Anointing of the Sick*, 34-35.

and spiritual effects of their sickness.¹⁶⁹ The holistic understanding of the oil developed over time. Oil was important in Mediterranean culture. ¹⁷⁰ Both Jews and Greeks commonly used it as part of the normal treatment for "sciatic pains, skin afflictions, headaches and wounds." The oil was also thought to bring about vigor, health, and life. ¹⁷² These cultural influences led members of the early Christian Church to use oil for healing. ¹⁷³ Later, the Fathers of the Church understood oil as having healing effects on both the body and the soul. ¹⁷⁴

During the celebration of the sacrament, the notions of strength and healing both appear in the second option for the Penitential Rite.¹⁷⁵ When the Rite is celebrated within Mass, Option B of the Opening Prayer reminds the sick that God knows their "physical" and "spiritual" needs.¹⁷⁶ "Strength" and "health" appear in the petitions of both Litanies.¹⁷⁷ The prayer of *Thanksgiving over Blessed Oil* then reiterates them. Since the *Blessing of Oil* specifically mentions the healing of the sick "in body, in soul, and in spirit," there is an explicit holistic character to it.¹⁷⁸

The two general options for the Prayer after Anointing both include the theme of healing. The first prayer asks for comfort in suffering, courage for fear, patience with affliction, and hope over dejection. In this way, it encompasses people's total experience

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¹⁶⁹ Rite of the Sacrament of Anointing of the Sick, 107.

Larson-Miller, *The Sacrament of Anointing of the Sick*, 36.

¹⁷¹ John, "Anointing in the New Testament," 50.

¹⁷² J. Roy Porter, "Oil in the Old Testament" in *Oil of Gladness: Anointing in the Christian Tradition*, ed. Martin Dudley (London: SPCK, 1993), 41.

¹⁷³ John Halliburton, "Anointing in the Early Church" in *Oil of Gladness: Anointing in the Christian Tradition*, ed. Martin Dudley (London: SPCK, 1993), 84-85.

¹⁷⁴ Halliburton, "Anointing in the Early Church," 89.

¹⁷⁵ Rite of the Sacrament of Anointing of the Sick, 118.

¹⁷⁶ Ibid., 136.

¹⁷⁷ Ibid., 121, 138.

¹⁷⁸ Ibid., 123.

of sickness.¹⁷⁹ The second prayer is "bolder."¹⁸⁰ It specifically asks for a "cure" for weakness and healing for sickness. The prayer goes on to specifically name body and soul. The prayer ends with a petition for the restoration of health so the sick can return to their former abilities.¹⁸¹ Thus, the prayer exudes a sense of confidence that the Lord can holistically heal sick people.

When the sacrament is celebrated within Mass, the second prayer over the gifts understands the body and blood of Christ as "health-giving." It also specifically asks for the healing of "ills" and the restoration of joy in the person's life. The Preface for the Eucharistic Prayer includes health as well as "comfort," "strength," "hope," "forgiveness," and "peace." The special embolism for Eucharistic Prayer I specifically asks for "healing of body, mind, and spirit." Therefore, this part of the liturgy also has a holistic understanding of healing.

The Prayer after Communion includes different options, depending on where the sacrament is celebrated. The request that the Eucharist bring healing to the body and soul is in the third option when it is celebrated outside of the Mass. Both options for within the Mass have the theme of healing. The first option asks for the "afflicted" to be healed and to be made whole. The second reminds those present that God offers healing through these sacraments. It also includes a joint spiritual and physical reference by asking for

¹⁷⁹ Rite of the Sacrament of Anointing of the Sick, 125.

¹⁸⁰ Mary Collins, "The Roman Ritual: Pastoral Care and Anointing of the Sick" in *The Pastoral Care of the Sick*, ed. Mary Collins et al. (London: SCM, 1991), 10.

¹⁸¹ Rite of the Sacrament of Anointing of the Sick, 125.

¹⁸² Ibid., 144.

¹⁸³ Ibid., 145.

¹⁸⁴ Ibid., 129.

grace and strength.¹⁸⁵ In this way, the holistic quality of healing is present in the sacrament.

The Trinity is the fourth theological element present in the Sacrament of Anointing. Jesus Christ has a prominent place in the sacrament, but the Father¹⁸⁶ and the Holy Spirit also play an integral part. Since all three have particular roles, the sacrament can at times emphasize one more than the others. I will highlight these and demonstrate the collaboration of the three divine persons in the sacrament.

The Introduction for Pastoral Care of the Sick mentions Christ's care for both body and soul. Christ's healing ministry also appears in the Introduction for the chapter on the Anointing of the Sick. It goes on to explain that the power contained in the anointing comes from Christ. Building on this, the introduction understands that the sacrament provides an opportunity for the sick to encounter the Lord.

Although the Second Person looms large in the Introductions, each of the major actions of the sacrament focuses on a different Person of the Trinity. The Father serves as the recipient of the *Prayer of Faith*. Next, the *Laying on of Hands* emulates Jesus' healing ministry. Finally, the Holy Spirit is referenced in the *Anointing with Oil*. Since the three acts work together, they reveal the cooperation of the Persons of the Trinity.

¹⁸⁵ Rite of the Sacrament of Anointing of the Sick, 146.

¹⁸⁶ Since the prayers use it this term will be used to refer to the first person of the Trinity. God will be used to refer to the three members of the Trinity collectively.

¹⁸⁷ Rite of the Sacrament of Anointing of the Sick, 43.

¹⁸⁸ Ibid., 98.

¹⁸⁹ Ibid., 99.

¹⁹⁰ Ibid., 105.

¹⁹¹ Ibid., 106.

¹⁹² Ibid., 107.

During the celebration of the sacrament, one of the greetings asks that both the Father and Jesus' peace and grace be with all present. Regardless of the setting, the Instruction recalls how the Lord Jesus Christ is present in the assembly. It also commends the sick to his grace and power. The Lord's pardon and forgiveness is the focus of three of the four introductions for the Penitential Rite. Building on the need for mercy, the second option for the Penitential Rite repeatedly invokes the Lord Jesus who was a healer of "the sick" and a forgiver of "sinners." When the Opening Prayer comes next, Option B reminds sick people of the Father's knowledge of their "physical" and "spiritual" needs and asks for their increase in faith and love. The focus returns to the Father and the Son during the Litany.

Although up to this point the focus is on the first two Persons, the *Thanksgiving* over Blessed Oil explicitly praises each Person of the Trinity. It begins with thanking God the Father for the gift the Son. Next, it recalls how the Son fully understands the experience of being human. Finally, it seeks strength from "the Holy Spirit, the Consoler."

Although the *Blessing of Oil* includes all the Persons of the Trinity, the Holy Spirit is given prominence. The Third Person is the source of the oil's power.¹⁹⁸ In this way, the oil receives its healing quality from the Holy Spirit.¹⁹⁹ Thus, the "oil signifies

¹⁹³ Rite of the Sacrament of Anointing of the Sick, 154.

¹⁹⁴ Ibid., 117.

¹⁹⁵ Ibid., 118.

¹⁹⁶ Ibid., 136.

¹⁹⁷ Ibid., 121.

¹⁹⁸ Ibid., 123.

¹⁹⁹ Dionisio Borobio, "An Enquiry into Healing Anointing in the Early Church" in *The Pastoral Care of the Sick*, ed. Mary Collins et al. (London: SCM, 1991), 43.

healing, strengthening, and the presence of the Spirit."²⁰⁰ While anointing the head of the sick with the oil, the celebrant asks for the grace of the Spirit and the Lord's love and mercy.²⁰¹

The second option of the two general prayers that follow the anointing focuses on Jesus and the Holy Spirit, whereas the first option invokes God the Father. Each of the specific prayers except one identifies a particular attribute of God that complements the type of sick person. Thus "mercy" is used in connection with those advanced in age, "compassion" with those "before surgery," "Father" "for a child," and "Healer" "for a young person." The prayer "for people in extreme or terminal illness" calls on the power of Jesus Christ, who shares "our human nature."

When the sacrament is celebrated within Mass, the first option for the Prayer over the Gifts invokes the Father, while the second focuses on the Son's body and blood. 203 The Preface brings these two together as it thanks the Father, who is "all-powerful and ever-living" for the gifts of "power" and "compassion" that were revealed through Christ. It also incorporates the Spirit by asking that all present receive gifts such as "comfort," "hope," "forgiveness," and "peace." The special embolism for Eucharistic Prayer I places the attention on the Father, whereas the ones for Eucharistic Prayer II and III focuses on the Son . 204

²⁰⁰ Gusmer, And You Visited Me, 73.

²⁰¹ Rite of the Sacrament of Anointing of the Sick, 124.

²⁰² Ibid., 125.

²⁰³ Ibid., 144.

²⁰⁴ Ibid., 145.

The Father is at the center of the Prayer after Communion when the sacrament is celebrated within Mass.²⁰⁵ When the sacrament is celebrated outside the Mass, the second option includes the Spirit and the third one has the Son.²⁰⁶ Regardless of where it is celebrated, all the prayers after communion close by asking for the Son's intercession. Although the majority of the final blessings focus on the Father, the second option for outside of Mass asks for the Father's benediction, the Son's healing, and the Spirit's enlightenment.²⁰⁷ The latter is an explicit example of the sacrament's theological element of the Trinity.

The Paschal Mystery, the dying and rising of Jesus Christ, is the fifth theological element present in the Anointing of the Sick. Although it is not mentioned in the Introductions, there is an available option that develops this element. When the sacrament is celebrated outside of Mass, the Rite allows for the sick to be sprinkled with holy water after the greeting. Besides recalling the waters of their Baptism, the celebrant's words emphasize the redeeming power of Christ's death and resurrection. An explicit reference to the Paschal Mystery is made in the third option for the Penitential Rite in order to recall how it "won for us salvation." When the Opening Prayer comes next, Option A states that the "Son's cross" is "the sign of victory and life."

²⁰⁵ Rite of the Sacrament of Anointing of the Sick, 146.

²⁰⁶ Ibid., 129.

²⁰⁷ Ibid., 130.

²⁰⁸ Ibid., 116.

²⁰⁹ Ibid., 118.

²¹⁰ Ibid., 136.

Later, the *Thanksgiving over Blessed Oil* gives a reminder of how the Son brought about salvation.²¹¹ While the hands of the sick are anointed, the celebrant asks that the Lord "save" and "raise the sick."²¹² Since the anointing is done in the form of the cross, the manner of bestowing the oil also serves to remind the sick of the passion of Christ.²¹³ The second of the two general options for the prayer after anointing refers to Jesus as "our Redeemer." There is the remembrance of Jesus Christ's passion in the prayer for people in extreme or terminal illness.²¹⁴

When the sacrament is celebrated within Mass, the first option for the Prayer over the Gifts refers to how the Lord can raise people to "new life." Similarly, the Preface for the Eucharistic Prayer affirms that the Son's rising overcame "suffering and death." In addition, it speaks of the "promise of a new and glorious world" free of "pain" and "anguish." It offers the reminder that the Son will come "again at the end of time." The special embolism for Eucharistic Prayer I recalls God's ability to save people from eternal pain, punishment, and death. ²¹⁶

The Prayer after Communion when the sacrament is celebrated within Mass mentions the everlasting reign of the Son.²¹⁷ When it is celebrated outside the Mass, the first option of this prayer explicitly references how the Paschal Mystery brought about

²¹¹ Rite of the Sacrament of Anointing of the Sick, 123.

²¹² Ibid., 124.

²¹³ Norman Autton, "The Sacrament of Anointing Administered in Hospital" in *Oil of Gladness: Anointing in the Christian Tradition*, ed. Martin Dudley (London: SPCK, 1993), 159.

²¹⁴ Rite of the Sacrament of Anointing of the Sick, 125.

²¹⁵ Ibid., 144.

²¹⁶ Ibid., 145.

²¹⁷ Ibid., 146.

"our redemption." It also includes a proclamation of Christ's "death and resurrection." The third option for final blessings outside of Mass asks for "salvation" and "eternal life." Thus, the theological element of Paschal Mystery has a place in the Sacrament of Anointing of the Sick.

Having identified the theological elements in the Sacrament of Anointing of the Sick, I will now employ them to develop a sacramental theology of healing.

Sacramental Theology of Healing

Through theological analysis of the Sacrament of Anointing of the Sick, five theological elements rise to the surface to form a sacramental theology of healing. First, prayer expresses the sick and their community's desire for healing. Second, the community helps the sick find comfort and support from those around them. Third, the healing is holistic. Fourth, the sacrament draws sick people into the creative, redemptive, and comforting life of the triune God. Finally, the Paschal Mystery reminds people that sickness and suffering do not have the final word and gives them hope that they can rise to eternal life.

The celebration of the sacrament not only contains prayers, it is a prayer. By providing an opportunity for the sick and the community to pray together, it unites their prayers. Together they praise God and ask for the healing of the sick. Besides blessing those with sickness, they also pray for the different members of the community that attend to the sick. The communal prayer experience inherent in the sacrament is the foundation of the next element.

²¹⁸ Rite of the Sacrament of Anointing of the Sick, 129.

²¹⁹ Ibid., 130

The community has an important role in the celebration of the Sacrament of Anointing of the Sick. By their participation, the community manifests its care and support for the sick. This demonstration of the community's acceptance can go a long way to help people accept their sickness. The community also plays a role in being a source of faith for the sick. In this way, the community not only tends to sick people's social needs but also to their bodily, emotional, and spiritual needs. This attention to the whole person leads to the next theological element.

The type of healing that the sacrament seeks to give the sick is holistic. The sacrament incorporates the physical aspect of healing by its many references to the body. The inclusion of references to the soul brings in the spiritual element of healing. By identifying mental struggles and anxiety, the sacrament deals with the psychological aspects. Although the sacrament provides the opportunity, the healing comes from the following theological element.

While the sacrament places a great emphasis on Christology, it incorporates all three Persons of the Trinity. In praising the Father's many attributes, the sick and the gathered community confidently direct their prayers for healing to the Father, who receives them. By recalling Jesus' healing ministry, the people involved are assured that he can address their physical and spiritual needs. The Holy Spirit gives power to the oil and consolation to the sick. Through their experience of the Trinity, people can be led to a deeper understanding of the fifth theological element.

The Paschal Mystery captures the dynamic of Jesus' death and resurrection. By recalling Jesus' suffering on the cross, people can recall that Jesus understands their struggle against sickness. They also can find confidence to face their death because they

know it does not have the last word. Since God the Father raised Jesus Christ from the dead, they believe that he can also free them from death. Through faith in Jesus' resurrection, people find hope that they will receive salvation from sin and evil and be brought to eternal life—where there is no sickness, suffering, or death.

I will now conclude this thesis by explaining how the key elements of the scriptural theology of healing and the sacramental theology of healing combine to provide the sick with an experience of healing from Jesus.

Conclusion

In order to develop a sacramental theology of healing, I theologically examined the Sacrament of Anointing of the Sick. Prayer, community, healing, the Trinity, and the Paschal Mystery are the elements of this theology. The elements of a scriptural theology are faith, discipleship, healing, community, and prayer. By comparing these lists, we see there are points of overlap and complementarity. Through prayer, sick people's faith deepens. After this spiritual growth, they can increase their understanding and appropriation of the Paschal Mystery. They trust that through the death and resurrection of the Jesus, God has overcome sin and death. By recalling his suffering, they know that Jesus understands their plight and is with them in their sickness. By encountering one or all of the members of the Trinity, the sick receive healing. Even if they are not completely cured, they find that God helps them through the members of their community. Through this support, they become stronger disciples who can confidently follow wherever God leads. We now return to the case of the Tillmans in order to see how these themes might be woven together in a pastoral setting.

In their conversation with the pastor, the Tillmans express confusion. Since they believe that sickness is punishment for sin, they do not understand why Steve had the stroke when they did not do anything wrong. They also reveal their feeling of abandonment by God. Since their prayers for a cure have not been answered, they feel as though God is not listening. Therefore, their religious narrative is not helping them to cope properly; indeed, it is actually preventing them from moving forward.²²⁰

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²²⁰ Thomas T. Frantz, Megan M. Farrell, and Barbara C. Trolley, "Positive Outcomes of Losing a Loved One," in *Meaning Reconstruction & the Experience of Loss*, ed. Robert A. Neimeyer (Washington, DC: American Psychological Association, 2001), 205.

After listening to Marion, the pastor thanks them for sharing and assures them that it was good that they came. Next, he gently reminds them of certain religious beliefs. He leads with a nuanced understanding of sickness and death as part of living in a fallen world. Building on this idea, he introduces them to the concept of mystery and specifically teaches them about the Paschal Mystery.

After their discussion, he suggests that they find a time to celebrate the Sacrament of Anointing within the Mass.²²¹ He explains that it would provide a good opportunity for them, as well as their family and the parish community, to pray for Steve's healing. Initially, they are hesitant because Steve had received the sacrament immediately after his stroke. Thinking the pastoral situation seems to warrant it, the pastor clarifies that the chronic nature of Steve's sickness allows him to receive it again.²²²

After the Tillmans accept the offer, the pastor works with them to select the readings.²²³ Identifying with the passage's request for strength due to physical weakness, particularly in the extremities, they choose Isaiah 35:1-10 for the first reading. Since the Tillmans are unsure of God's presence, the pastor recommends Psalm 34 with its refrain, "The Lord is near to broken hearts," and they agree. Because of their experience of suffering, they select Romans 8:14-17. For the Gospel, the pastor suggests Mark 2:1-12, the story of Jesus' forgiving and healing the man on the mat, in order to address the relationship between sin and sickness and, even more importantly, to develop the themes of innocent suffering and community. The Tillmans like this passage because they

²²³ Ibid., 112.

²²¹ Robert A. Neimeyer, "The Language of Loss: Grief Therapy as a Process of Meaning Reconstruction," in *Meaning Reconstruction & the Experience of Loss*, ed. Robert A. Neimeyer (Washington, DC: American Psychological Association, 2001), 264.
²²² Rite of the Sacrament of Anointing of the Sick, 102.

desperately desire that Steve be able to rise and walk again. They also agree to include in the intercessions a prayer of thanksgiving for the support and care of the church community. To ensure that members of the church community will be able to attend the celebration with the Tillmans' family and friends, they choose a regularly scheduled Sunday Mass because it is the day that they all normally gather together to recall how Jesus' resurrection conquered sin, sickness, and death.²²⁴

Many members of the church community, as well as the Tillmans' family and friends, gather to celebrate the Anointing of the Sick within Mass. When the Tillmans see the size and makeup of the assembly, they feel the outpouring of love and support from their community. Scanning the crowd, they remember the different ways that people have helped them. Some visited, others cooked meals, and a select group built a ramp to allow wheelchair access to the front door. As they recall the countless people who have prayed with and for them, the Tillmans feel blessed to have another opportunity to pray and worship with many of them.

After the opening song, "On Eagle's Wings," the pastor begins with the Sign of the Cross. He uses the second option for the Greeting to highlight God's presence.²²⁵

Because of its focus on "a community of love," the pastor selects Option B for the Reception of the Sick.²²⁶ He chooses Option B for the Opening Prayer to emphasize God's compassionate love and knowledge of the sick's "physical and spiritual needs."²²⁷

After the readings, the psalm, the Alleluia, and the Gospel, the pastor gives his homily. Reflecting in particular on the Gospel passage, he begins by calling the

²²⁶ Ibid., 135.

²²⁴ Rite of the Sacrament of Anointing of the Sick, 134

²²⁵ Ibid., 154.

²²⁷ Ibid., 136.

community's attention to the important role of the paralyzed man's friends. He notes that their effort and faith lead to Jesus' healing. Building on this, he stresses how Jesus continues to work in sick people's lives through other people. Next, the pastor explains that this passage is about revealing Jesus' divine power to forgive sins—and not about making a connection between sin and sickness. He follows this with a discussion of innocent suffering and how Jesus understands the anguish that it causes people. More importantly, he emphasizes that Jesus is with them in their suffering. He points to the community's efforts as a concrete way that Jesus expresses his support and care.

Drawing on the Paschal Mystery, he reminds them that Steve's sickness is a participation in the redemptive suffering of Jesus that brings life and hope to him and to the wider community. He closes by clarifying the type of healing that Jesus gives through the Sacrament. In this way, the pastor addresses some of their unhelpful beliefs and adds more material for the Tillmans to rewrite their religious narrative. 228

After the Litany, the pastor invites the congregation to pray silently for Steve as he lays hands on him. During this moment of intense prayer for him, Steve feels an increase in his faith. Following the Thanksgiving over the Blessed Oil, the pastor anoints Steve's head. While this is happening, Steve has the sensation of God's grace racing through his whole body. After his hands are anointed, he finds that his spirit is raised. Since it has a holistic healing theme, the pastor chooses the first option for the General Prayer after Anointing.²²⁹ During this blessing, Steve experiences a deep sense of peace. When Marion looks at Steve, she sees the signs of relief on his face and a renewed sense

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²²⁸ Lawrence G. Calhoun and Richard G. Tedeschi, "Posttraumatic Growth: The Positive Lesson of Loss," in *Meaning Reconstruction & the Experience of Loss*, ed. Robert A. Neimeyer (Washington, DC: American Psychological Association, 2001), 166.
²²⁹ Rite of the Sacrament of Anointing of the Sick, 142.

of strength in his eyes. She begins to cry, but for the first time in a long time, her tears are not filled with sorrow but with hope.

To begin the Liturgy of the Eucharist, the pastor uses Option A for the Prayer over the Gifts because of its focus on God's mercy. After the Preface, he selects Eucharistic Prayer I because its special embolism incorporates the themes of community, holistic healing, and the Paschal Mystery. The Our Father provides another opportunity for the community to pray together. During the Sign of Peace, Steve and Marion are overcome with deep gratitude for all the people in their life. The Tillmans feel a deep connection with Jesus Christ as they receive his body and blood during Communion. From this "Heavenly Medicine," they experience clarity of mind, strength of body, and peace of soul, while the hymn "I Am the Bread of Life," is sung.

Since it emphasizes wholeness, the pastor uses Option A for the Prayer after Communion.²³³ He also chooses Option A for the Final Blessing because it asks the "God of all consolation" for "hope," "health," "peace," and "salvation." Following the dismissal, all present sing a resounding rendition of "Amazing Grace." Afterward, the community gathers in the parish hall for a reception where they share stories to continue building up one another.

When the Tillmans return home, they have a renewed sense of God's presence in their lives. They feel that God loves them and desires to help them through this difficult

²³⁰ Rite of the Sacrament of Anointing of the Sick, 144.

²³¹ Ibid., 145.

²³² Ignatius of Antioch, "Letter to Ephesians," in *The Fathers of the* Church, ed. Ludwig Schopp (Washington, D.C.: Catholic University of America Press, 1946), 95.

²³³ Rite of the Sacrament of Anointing of the Sick, 146.

²³⁴ Ibid., 147.

time.²³⁵ This knowledge helps them to accept that sickness is not punishment for individual sin but the result of living in a fallen world. 236 Recalling that Jesus suffered, died, and rose in order to conquer evil, they feel he is with them in their struggle against sickness. By redefining their understandings of God and of God's interaction in the world, they have new material for their religious narrative. Therefore, they can construct a new narrative that allows for positive religious coping.²³⁷

With this new understanding, the Tillmans are able to accept Steve's sickness. Although they hold out hope for a miracle cure, they pray more often that God give them strength and peace. By spending time in quiet reflection, they are able to see the ways that God is present and working in their lives. More and more, they find that God helps them through the members of their community. This realization gives them the faith they need to keep following God through their sickness to healing.

This development in the Tillmans is called "posttraumatic growth." This is a term to describe the positive change that people experience as a result of encountering sickness or suffering. The progress happens in several aspects of people's lives. The first is that people can deepen in their understanding of themselves. The Tillmans now realize that God loves them and has not abandoned them. The second aspect involves the evolution of people's relationships. Steve and Marion feel a tighter bond with their family, friends, and church community. The third aspect is a different way of seeing and understanding the world. The Tillmans find God present in a new way and are more conscious of God's

²³⁵ Pargament, *The Psychology of Religion and Coping*, 230. ²³⁶ Ibid., 230.

²³⁷ Ibid. 226.

activity in their lives.²³⁸ The final element is deeper faith.²³⁹ Even though they do not know what tomorrow holds, the Tillmans trust that God will see them through it.

This belief reveals a transformation in their religious narrative. With this understanding, the Tillmans can cope positively with Steve's sickness. In this way, the case of the Tillmans demonstrates how the combination of reflection on Scripture and reception of the Sacrament of Anointing of the Sick lead to an experience of Jesus' healing that can transform people's religious narrative in order for them to cope positively with sickness.

²³⁸ Calhoun and Tedeschi, "Posttraumatic Growth," 158.
²³⁹ Frantz, Farrell, and Trolley, "Positive Outcomes of Losing a Loved One," 193.

Bibliography

- 1. Attig, Thomas. "Relearning the World: Making and Finding Meanings." In *Meaning Reconstruction & the Experience of Loss*, edited by Robert A. Neimeyer, 33-52. Washington, DC: American Psychological Association, 2001.
- 2. Autton, Norman. "The Sacrament of Anointing Administered in Hospital." In *Oil of Gladness: Anointing in the Christian Tradition*, edited by Martin Dudley, 154-160. London: SPCK, 1993.
- 3. Block, Jennie Weiss. *Copious Hosting: A Theology of Access for People with Disabilities*. New York: Continuum, 2002.
- 4. Boring, M Eugene. *Mark: a Commentary*. Louisville: Westminster John Knox, 2006.
- 5. Borobio, Dionisio. "An Enquiry into Healing Anointing in the Early Church." In *The Pastoral Care of the Sick*, edited by Mary Collins and David Power, 37-49. London: SCM, 1991.
- 6. Brown, Raymond Edward. *The Gospel according to John.* Garden City, NY: Doubleday, 1966.
- 7. Bryan, Steven M., "Power in the Pool: The Healing of the Man at Bethesda and Jesus' Violation of the Sabbath (Jn. 5:1-18)," *Tyndale Bulletin* 54 (2003): 7–22.
- 8. Byrne, Brendan. *A Costly Freedom: a Theological Reading of Mark's Gospel*. Collegeville: The Liturgical Press, 2008.
- 9. Calhoun, Lawrence G. and Richard G. Tedeschi. "Posttraumatic Growth: The Positive Lesson of Loss." In *Meaning Reconstruction & the Experience of Loss*, edited by Robert A. Neimeyer, 157-169. Washington, DC: American Psychological Association, 2001.
- 10. Catholic Church. *Sacrosanctum Concilium*. In *Vatican Council II: Constitutions, Decrees, Declarations (Vatican Council II)*, rev. ed., edited by Austin Flannery, 117-161. Northport, NY: Costello, 1996.
- 11. Cobb, Mark, Christina M. Puchalski, and Bruce D. Rumbold, eds. *Oxford Textbook of Spirituality in Healthcare*. Oxford: Oxford University Press, 2012.
- 12. Collins, Mary. "The Roman Ritual: Pastoral Care and Anointing of the Sick." In *The Pastoral Care of the Sick*, edited by Mary Collins and David Power, 3-18. London: SCM, 1991.

- 13. Depoortere, Kristiaan. "Recent Developments in the Anointing of the Sick." In *Illness and Healing*, edited by Louis-Marie Chauvet, and Miklós Tomka, 89-100. London: SCM, 1998.
- 14. Donahue, John R. and Daniel J. Harrington. *The Gospel of Mark*. Collegeville: The Liturgical Press, 2002.
- 15. Empereur, S.J., James L. "The Physicality of Worship." In *Bodies of Worship*, edited by Bruce T. Morrill, 137-156. Collegeville: The Liturgical Press, 1999.
- 16. Empereur, S.J., James L. *Prophetic Anointing: God's Call to the Sick, the Elderly and the Dying.* Wilmington: Gill & Macmillan, 1983.
- 17. Frantz, Thomas T., Megan M. Farrell, and Barbara C. Trolley. "Positive Outcomes of Losing a Loved One." In *Meaning Reconstruction & the Experience of Loss*, edited by Robert A. Neimeyer, 191-206. Washington, DC: American Psychological Association, 2001.
- 18. Gaiser, Frederick J. *Healing in the Bible: Theological Insight for Christian Ministry*. Grand Rapids: Baker Academic, 2010.
- 19. Glen, C.C.V.I., Jennifer. "Rites of Healing: A Reflection in Pastoral Theology." In *Alternative Futures For Worship*, edited by Peter E. Fink, S.J., 33-64. Collegeville: The Liturgical Press, 1987.
- 20. Gusmer, Charles W. And You Visited Me: Sacramental Ministry to the Sick and the Dying. New York: Pueblo, 1984.
- 21. Habel, Norman C. *The Book of Job: a Commentary*. Philadelphia: Westminster, 1985.
- 22. Halliburton, John. "Anointing in the Early Church." In *Oil of Gladness: Anointing in the Christian Tradition*, edited by Martin Dudley, 77-91. London: SPCK, 1993.
- 23. Harrelson, Walter J. *The New Interpreter's Study Bible: New Revised Standard Version with the Apocrypha*. Nashville: Abingdon, 2003.
- 24. Hooker, Morna Dorothy. *The Gospel according to St. Mark.* Peabody: Hendrickson, 1993.
- 25. Ignatius of Antioch. "Letter to the Ephesians." In *The Fathers of the Church*, edited by Ludwig Schopp, 87-95. Washington, D.C.: Catholic University of America Press, 1946.
- 26. John, Jeffrey. "Anointing in the New Testament." In *Oil of Gladness: Anointing in the Christian Tradition*, edited by Martin Dudley, 46-76. London: SPCK, 1993.

- 27. Kelley Melissa M. *Grief: Contemporary Theory and the Practice of Ministry*. Minneapolis: Fortress, 2010.
- 28. Koenig, Harold G., Dana E. King, and Verna Benner Carson. *Handbook of Religion and Health*, 2nd ed. New York: Oxford University Press, 2012.
- 29. Koenig, Harold G. *The Healing Power of Faith: Science Explores Medicine's Last Great Frontier*. New York: Simon & Schuster, 1999.
- 30. Kysar, Robert. John. Minneapolis: Augsburg, 1986.
- 31. Larson-Miller, Lizette. *The Sacrament of Anointing of the Sick*. Collegeville: The Liturgical Press, 2005.
- 32. Maloof, Patricia. "Sickness and Health in Society." In *The Pastoral Care of the Sick*, edited by Mary Collins and David Power, 19-34. London: SCM, 1991.
- 33. McGuire, Meredith B. "Religion, Health and Illness." In *The Pastoral Care of the Sick*, edited by Mary Collins and David Power, 83-94. London: SCM, 1991.
- 34. Moloney, Francis J. *The Gospel of Mark: a Commentary*. Peabody: Hendrickson, 2002.
- 35. Moltmann, Jurgen. Sun of Righteousness, Arise: God's Future for Humanity on Earth. Minneapolis: Fortress, 2010.
- 36. Morrill, Bruce T. *Divine Worship and Human Healing: Liturgical Theology at the Margins of Life and Death.* Collegeville: The Liturgical Press, 2009.
- 37. Neimeyer, Robert A. "The Language of Loss: Grief Therapy as a Process of Meaning Reconstruction." In *Meaning Reconstruction & the Experience of Loss*, edited by Robert A. Neimeyer, 261-268. Washington, DC: American Psychological Association, 2001.
- 38. The New Interpreter's Study Bible: New Revised Standard Version with the *Apocrypha*. Nashville: Abingdon, 2003.
- 39. O'Day, Gail. The New Interpreter's Bible: general articles & introduction, commentary, & reflections for each book of the Bible including the apocryphal/deuterocanonical books. Nashville: Abingdon, 1994.
- 40. Pargament, Kenneth I. *The Psychology of Religion and Coping: Theory, Research, Practice.* New York: Guilford, 1997.

- 41. Park, Crystal L. and Roshi Joan Halifax. "Religion and Spirituality in Adjusting to Bereavement: Grief as Burden, Grief as Gift." In *Grief and Bereavement in Contemporary Society: Bridging Research and Practice*, edited by Robert A. Neimeyer, 355-363. New York: Routledge, 2011.
- 42. Philibert, Paul J. "Transitions in the Meaning of Health and Health Care: A First-World Perspective." In *Illness and Healing*, edited by Louis-Marie Chauvet and Miklós Tomka, 1-7. London: SCM, 1998.
- 43. Porter, J. Roy. "Oil in the Old Testament." In *Oil of Gladness: Anointing in the Christian Tradition*, edited by Martin Dudley, 35-45. London: SPCK, 1993.
- 44. Power, David N. "Anointing of the Sick." In *Systematic Theology: Roman Catholic Perspectives*. 2nd ed., edited by Francis S. Fiorenza, 559-566. Minneapolis: Fortress, 2011.
- 45. Sacred Congregation for Divine Worship. "*Decree* Pastoral Care of the Sick." In *Rites of the Catholic Church, Volume One*, 3rd ed., The Liturgical Press, 769-770. Collegeville: Pueblo, 1990.
- 46. Schnackenburg, Rudolf. *The Gospel according to St. John.* New York: Crossroad, 1982.
- 47. Shuman, Joel James, and Keith G. Meador. *Heal Thyself: Spirituality, Medicine, and the Distortion of Christianity*. New York: Oxford University Press, 2002.
- 48. Smith, D. Moody. John. Nashville: Abingdon, 1999.
- 49. Sontag, Susan. *Illness as Metaphor*. New York: Farrar, Straus, and Giroux, 1978.
- 50. Staley, Jeffrey L. "Stumbling in the Dark, Reaching for the Light: Reading Character in John 5 and 9," *Semeia* 53 (1991): 55–80.
- 51. Sulmasy, Daniel P. *A Balm for Gilead: Meditations on Spirituality and the Healing Arts*. Washington, DC: Georgetown University Press, 2006.
- 52. The Liturgical Press. *Rites of the Catholic Church, Volume One*, 3rd ed. Collegeville: Pueblo, 1990.
- 53. Van Der Poel, CSSP, Cornelius J. "Suffering and Healing: The Process of Growth." In *The Ministry of Healing: Readings in the Catholic Health Care Ministry*, edited by Catholic Health Association of the United States, 43-54. St. Louis: Catholic Health Association of the United States: 1981.