

PROCLAIMING WHILE HEALING:

Ministering To Spiritual Need

Dr. E. Anthony Allen
MDiv, MRC Psych, DM (Psych)
Consultant Psychiatrist
Consultant in Whole Person Health
and Church-based Health Ministries

We have reflected on the meaning of the image of God. We witness its marring by the dehumanization which results from the popular eclipse of its Biblical meaning by philosophies of material and social determinism than indulging in patchwork medicine. We have seen that, as Christian healthcare professionals, when we minister to bring whole person health, we will affirm and thus help to restore this image of God in persons, liberating its mental, relational and spiritual capacities. We have also asserted that in today's global situations of uncertainty the Healing Christ can bring hope, or a certainty of a destiny of wellbeing by bringing persons a destiny of "Salvation as wholeness". We best serve as agents of this Healing Christ through an approach of total healthcare.

When we see Salvation as wholeness and while we minister to our patients as whole persons, we need to recognize very clearly that *meeting their spiritual need for reconciliation with the healing Christ is the basis for all aspects of whole person recovery.*

The theologian Emil Brunner (1) emphasizes that the foundation of being in God's image is relational. Thus, *our highest human capacity is to relate to God in love.* This covenant love relationship of His being our God and us being His people, is the fundamental aspect of our

spiritual capacity to transcend all limitations. *It is this transcending relational spirituality that enables our mental, social and physical capacities to be fulfilled.* This means that in order to facilitate a saving relationship with God through Christ we need to proclaim this Healing Christ while being at the same time His human agents of healing. Thus, our *deeds*, through practical caring, will need to be integrated with our *words* of proclamation.

Indeed it is Christ, to whom we can relate, who is the visible likeness of God. He has the full nature of God who has chosen Him to bring back the world to Himself.

I. CRISIS AS OPPORTUNITY FOR PROCLAIMING

In our mission as Christian health professionals, we are faced daily with a global spiritual landscape that could easily be cause for alarm. Looming large on this landscape is this **crisis of desperate spiritual need**. The cause of this crisis is *that many persons have not discovered the “Controller of destiny” who can guarantee their wellbeing.*

This failure to discover Christ results from a lack of faith in Him. This lack of faith stems partly from the fact that various spiritual world trends have emerged at this time in our history to present serious challenges to our mission of proclamation of the healing Christ. The stifling effects of these *competing spiritual trends* on our evangelism help to threaten the existence of the widespread faith in Christ that our world needs today. Where there is no faith in Christ then there is despair or lack of hope. This then is the crisis of desperate spiritual need.

What are these trends that challenge the success of our mission to proclaim the healing Christ? Within the old “Christendom” of the West, especially in Europe, the *secularity* of materialism has led to a massive attrition in Church involvement. There is a growing biblical

illiteracy where fewer people truly study and understand the meaning of the teaching and rituals of their Christian faith. And, alongside this waning popularity of Christian influence there has been the *mushrooming* of *non-Christian spiritualities*. This growing plurality of spiritual options has come to the people of the West with the massive waves of migration from around the planet, of persons of differing faiths drawn from various *world religions* and indigenous practices. All this is accompanied by increasing political pressures for the assertion of religious and cultural rights of religious minorities. *In addition, the New Age movement* has led to the rise of Western assimilation of Eastern religions and a growing popularity of the occult.

Especially in the Middle and Far East, Christianity has to contend for recognition amidst the assault of a rising *militant spirituality* of ethnic and state centred religious fundamentalism involving various world faiths, such as Islam and Hinduism. Alongside this is the growing legitimizing of *indigenous spirituality*, for example, in countries such as Africa, the Caribbean and Latin America.

With the global mass communication systems of migration, satellite, cable and the internet, all these spiritualities could now be present in the house next door to anyone in the world or on their radio, television or computer screen. Even Rastafarianism from Jamaica is now a global phenomenon! Who has not heard of Bob Marley?

Within the context of this growing globalization of non-Christian spiritualities, the spiritual warfare of demonism, as portrayed in scripture, is also becoming an increasing reality among those ministered to by Christian health professionals.

Cutting through all of these trends, what is perhaps the most insidious of all is the *amorality and agnosticism of Post Modernism*. This is another cancerous global ideology and is influenced by transnational market forces. It threatens to make many young persons more aware of such as MacDonald's Fast Food, hip-hop music and pornography stars than of the precepts of their religious traditions. In this so-called Post-modern era, there are now no meta-narratives or universalized understandings relating to truth and principles. Alienation has led to a moral relativism where all is judged by subjectivity (or "how I feel"), pragmatism (or what is most practical) and popularity (or what is most fashionable). As we contemplate the undermining of Christian faith by modern competing spiritual trends we need to recognize that within this very crisis of desperate spiritual need we are confronted by an **opportunity of a global sense of spiritual hunger**. Though many persons may lack a faith in Christ, these same persons will manifest genuine spiritual hunger. And because all of us as human beings are created in God's image, *all of us will have a spiritual capacity, the capacity and tendency* to search for some form of faith in a transcendent reality as part of our quest for a certainty of wellbeing. As long as persons are starved of faith in Christ they will experience an unsatisfied spiritual hunger. The search often leads persons to competing spiritualities. Yet this should be no cause for despair in our evangelism. *This is because, paradoxically, it is within the frustrating disappointment of not finding true hope in these competing spiritual alternatives that unmet spiritual hunger can grow stronger and lead to the discovery of Christ when persons are presented with the Good News!*

An example of this opportunity of spiritual hunger is that, in recent times, in the West, there has been a renewed interest in spirituality and medicine. This is partly related to the concerns of many patients that scientific medicine has moved so far with its emphasis on technology that it has left the human person out of the picture. Thus patients are made to feel like objects.

A growing interest in alternative medicine, rooted in Eastern religions, such as Chinese and Ayurvedic systems, demonstrates a new renaissance of popular interest in integrating spirituality and health and putting the individual back at the centre in making choices for health. This is one window of opportunity that must be grasped **now** by Christian health care professionals. Many persons are searching for wellness through the healing systems of various spiritualities. We can help them to find wellness through the Healing Christ.

Given the deep spiritual hunger to which I refer, more patients than we may recognize would welcome a discussion of spiritual issues. This has been demonstrated in the United States of America through research. In several countries of the so called “developing world”, such as Africa and Latin America, Christianity has been growing rapidly. The same is true also in some Eastern countries, such as South Korea. Thus, discussions about spirituality will be welcomed by many. Even in countries where Christianity is the minority religion, there is a hunger for a spirituality that heals and transforms. *A proclamation accompanying a demonstration of the work of the Healing Christ can cut through all barriers if it is persistent wisely integrated and divinely guided.*

We need to be vigilant and seize the moment!

II THE CONTEXT FOR PROCLAIMING: HEALING IN RELATIONSHIP

Unwise ways of integration

A word of caution however. Proclaiming in order to minister to spiritual need, while healing could be unwisely practiced if we were to adopt an approach which I will call a *parallel and non-integrated approach*. Here one functions more as an evangelizing Christian whose role as a healthcare professional is treated as a mere coincidence. Thus both roles run parallel to

each other with no integration whatsoever. We then take advantage of the patient's vulnerability to coerce them and "catch one more soul" for the church through gaining passive assent to our doctrine through emotionalism and guilt. In this parallel approach there is an assumption that if a person's "soul" is saved then this is "good enough" and has little to do with any unnecessary suffering the patient might be experiencing in his or her mind, body, relationships and economics. This type of non-integrated proclaiming could be called "Theological Schizophrenia". At best it may bring transitory results but is usually ineffective despite the seeming assent of the vulnerable patient.

Another approach will seem to be a corrective, yet it is also unwise from a Christian perspective. This approach is due to the influence of the secular Western paradigm of healthcare. Here proclaiming could be seen by some Christian healthcare professionals as a politically incorrect and potentially destructive intrusion. This is because, under the influence of a Cartesian dualism, medicine is seen as a secular practice which conventionally perceives its primary task as the treatment of the body and mind in parallel with no positive affirmation of related spirituality. Thus the healthcare worker may choose to function secretly, or "undercover," as a *Clandestine Witness*. Here, *while being silent*, one unwisely assumes that as long as the patient sees Christ in us by our kind attitude and moral rectitude, then this is enough. Such example is necessary but never sufficient. We need to remember the case of Philip who was led to ask the Ethiopian eunuch if he understood the scriptures that he was reading. The eunuch said "How can I, unless someone explains it to me"? (Acts 8:31) (NIV) Our patients may see a glimmer of Christ in us, but how will they come to understand and thus know Him? This clandestine approach could be described as "Theological Dissociation". It is St. Paul who writes "As the scripture says, not everyone who calls out to the Lord for help will be saved.' But how can they call to him for help if they have not believed? And how

can they believe if they have not heard the message? And how can they hear if the message is not proclaimed?” (Romans 10: 13-14, TEV). The Spirit transported Philip to be with the Ethiopian eunuch. Similarly we must with an attentive attitude listen for the Spirits’ promptings as to when to speak as He guides.

The effectiveness of the healing relationship

These approaches to proclaiming are ineffective because they involve an artificial distinction between proclaiming and healing. Most of all they involve an interpersonal detachment. Their ineffectiveness points to the fact that *proclaiming and healing can only be effectively integrated in the context of or from the foundation of a “demonstrating relationship”*. Thus the artificial barriers to proclaiming and healing are removed when we understand Salvation not only in its “*whole person*” sense but also in terms of its *relational* context. Here proclamation goes beyond erudite persuasion and “convincing argument” and beyond being “concerned but clandestine”. It now means to *simply invite the patient, in the context of a “demonstrating” or healing doctor- patient relationship, to meet the Master who is present and who is doing the healing*. Thus the patient *is helped to make a transition from one healing relationship to the next*. Or, better yet, the transition is from a two way relationship to a three way one. Christian health professionals need to be healers rather than “treaters”. The “treater” is one who “*acts upon*” or intervenes in the physiology, anatomy of the person as “*object*”. Yet our role as healers, instead of “treaters” is to *form a relationship* with the person as *subject*. Within this *empathetic and caring relationship of trust and love* the healer then seeks to build the hope that heals by *introducing the patient to the Christ of hope who is present, who also loves and who the patient can afford to trust*.

When this invited Christ intervenes practically to heal in the three way relationship through our inspired use of medicine, natural cures and healthy lifestyle promotion, through spirit-led mental health counselling or through divine miracles, this is a “sign” of the Kingdom. Thus this experience of healing is a demonstration of the truth of our Gospel” proclamation” of Christ as the saving Controller of our destiny. This demonstration can be before the proclamation (or anticipatory) on one hand or after the proclamation (or vindictory) on the other. As St. Mark emphasizes “Then the disciples went out and preached everywhere, and the Lord worked with them and confirmed his word by the signs that accompanied it.” Mark 16:20 (NIV). This is when the integration of proclaiming and healing really comes alive.

It is the effective integration in the context of a three-way healing relationship that brings about *true healing as wholeness* as opposed to a patchwork *approach* to medical and dental care. To integrate one’s proclaiming as ministering to spiritual need, into the total healing process through a three-way relationship is *the most strategic approach* to go beyond a patchwork approach to medical and dental care and enable “true salvation” as healing or “wholeness through Christ”. This wise integration through a loving three way relationship allows the patient to be better able to open himself/herself to the *total “saving” work of Christ* of forgiveness, justification, sanctification and healing--- all in one.

III CONNECTING WITH THE PATIENTS WORLD: PRINCIPLES OF INTEGRATING PROCLAIMING

I would like to suggest four principles for effectively integrating proclaiming with healing within the context of this three-way relationship. These principles highlight the importance of connecting with the patient’s world. This world includes the patient’s experiences and culture.

According to the first principle, *dialogue with the patient needs to begin from within **the context of the patient's experiences using inductive questions*** rather than didactically in the realm of abstract theological discourse or debate. The patient needs to be encouraged, without coercion, to simply share his or her self spiritually during an *assessment dialogue*. Thus very basic inductive questions can be asked about one's spiritual **self understanding**, such as:

- What is most important to you in life?
- What is your main purpose in life?
- What does your spirituality mean to you?
- Tell me about your spiritual life?

Then there are simple questions relating to one's *spiritual journey* with its a) faith and resulting experiences, b) practices, c) crises and assets and d) resolves:

Faith and resulting experiences

- How do you feel about God or your alternative higher power?
- How has this higher power been to you?

Practices

- What spiritual activities are you involved in, where and how often?
- What do they mean to you?

Crises and assets

- What are your spiritual problems if any?
- What are some of your strengths and assets for living?

Resolves

- What goals do you want to set for your spiritual growth?
- From whom, if anyone, would you like to seek assistance?

These inductive questions should be deliberately open ended and can be prompted with indirect leading statements such as “tell me some more”, and with questions eliciting feelings, such as, “how does that make you feel?”. In this way a highly informative narrative is shared accompanied by appropriately ventilated feelings and very often, heightened self awareness and problem solving on the patient’s behalf.

The second principle of integrating, proclaiming with healing through connecting with the patient’s world emphasises that *spiritual dialogue is best integrated into a whole person approach* to the systematic enquiry, treatment planning and the routine follow up monitoring of the patient. **This integrating always needs to be a mutual process.** Here, as well as the health professional’s role in wholistic and spiritual assessment, the patient is aided to develop his/her own wholistic thinking as well as, his/her own ongoing spiritual self assessment. The clinician encourages the patient’s self responsibility for one’s own health habits, whole person care and spirituality. All this is vital to the healing process. Here the person is no longer an object of intervention, but he/she becomes the central subject of decision-making with the physician as a facilitator. This is what it means to be a healer! All this aids the integration of spiritual proclaiming with whole person healing.

The third principle speaks to the *permitted interventions of spiritual diagnosis, prayer, spiritual counselling and making a referral to a hospital chaplain or community clergyman for pastoral care.* Such interventions are *best carried out by **Christian health professionals who are culturally competent.*** This parallels the medical competence that the physician or dentist needs to have before carrying out any procedure in the potentially vulnerable and trusting patient.

Such cultural competence includes:

- knowledge of the *different types of spirituality in the patient's culture*, including denominational teachings, other world religions, cults and indigenous beliefs and practices;
- understanding the *general cultural determinants of spirituality*, such as traditional social norms, ethnic and national history, class, gender and the degree of social integration or disintegration;
- learning *how aspects of specific cultures can generate healthy or unhealthy spirituality* in terms of their effects on interpersonal maturity and whole person well being.
- an awareness of *how different cultures affect one's readiness to be open about one's spirituality*.

Where there is cultural competence it can aid therapeutic listening and meaningful communication. It will foster the wisdom and discernment needed in dealing with the whole patient in his/her cultural context. For example we will be guided to discern when approaches to proclaiming could be seen as proselytizing in an offensive manner. We will be helped to respectfully negotiate consent for spiritual intervention. We need not be experts in cultural anthropology, but when patients witness the respect that is implied by such cultural competence, this will greatly enhance an open minded approach to being introduced to the Healing Christ in the “three way” relationship.

The fourth principle of integrating proclaiming with healing through connecting with the patient's world is not just “doing” but most of all “***being***” like Christ – ***loving and sensitive***. If like St. Paul we can say, “for me to live is Christ” (Phillipians 1:21, KJV), then the patient will see Christ in us. To be filled with the Spirit of Christ is to be imbued with His qualities

or *the fruit of His Spirit*. What better qualities of being loving and sensitive can a healthcare professional exercise in a healing relationship than “love, joy, peace, patience, kindness, goodness, faithfulness and self-control” (Galatians 5:22-23 TEV). These are what make possible the core conditions of a helping relationship described by the psychologist Robert Carkhuff. These include empathy, non-possessive warmth, unconditional positive regard and genuineness (5). To be filled with the Spirit of Christ also enables *the gifts of His Spirit* which include discerning the spiritual condition of others through God’s revelation.

In situations where our patients are initially hostile or reticent towards discussing Christian spirituality, being like Christ is especially valuable in that *proclamation by the example* of being loving and sensitive can open the way for a readiness to hear the Gospel. The most basic truth about the integration of proclaiming and healing in the context of the “three way relationship” is that *whenever we are present with another to heal in the name and love of Christ, He is there with us as the Great Physician*.

CONCLUSION

The crisis of spiritual need in our global village parallels the dehumanization and uncertainty of our times. This crisis results from a lack of faith in Christ who is the saving Controller of our destinies. There are a variety of spiritualities which fuel the desperate crisis of human spiritual need for Christ by competing with the Gospel. These spiritualities commit persons to further hopelessness and despair. Yet there is also the opportunity that comes as the crisis generates a hunger whereby the universal spiritual capacity in human beings inspires many to make a spiritual journey. This opportunity calls for a proclamation of the “Good News” of Christ that is accompanied by the experience of healing, as salvation of the whole person,

which functions as a sign demonstrating the reality behind the proclamation. This proclamation is best integrated with healing in the context of a three way relationship where the Christian Health professional functioning as a healer rather than a “treater” establishes a demonstrating healing relationship with the patient and then, with an attentive attitude to the Spirit, guides him or her to relate to Christ the Great Healer who is present. Here ones’ faith becomes vindicated by the real demonstration or experience of Christ’s healing, saving and hope. We have examined the importance and principles of connecting with the patient’s world which will make the three way relationship of proclaiming and healing effective.

In our time of desperate spiritual crisis we face the challenge to be used of God to meaningfully satisfy the spiritual hunger of those we meet in our widely differing settings. There is no uniform blueprint for the variety of our situations, but there is One Lord. There are different clinical situations and problems which will face us, but there is One Faith. There will be a diversity of cultures and personalities to which we will have to minister, but there is One Baptism into the miraculously unified healing community of Christ.

We need to be vigilant. Therefore we must.

Evangelize as we heal or fossilize!

Proclaim or perish!

Are we ready to be used in our profession to be a part of this great mission of God?

“Nearer and nearer draws the time,

The time that shall surely be

When the earth shall be filled with the glory of God

As the waters cover the sea”.

REFERENCES

1. Brunner E. *The Christian Doctrine of Creation and Redemption*. Philadelphia: The Westminster Press; 1952
2. Princeton Religion Research Centre. *Religion in America*. Princeton: The Gallup Poll; 1996.
3. McNichol T. *The New Faith in Medicine*. USA Weekend 1996; April 5-7.
4. Puchalski CM. *The role of spirituality in health care*. Baylor University Medical Centre Proceedings 2001; 14: 352-7.
5. Carkhuff R. *Helping and Human Relations*. 2 vols. New York: Holt, Rinehart & Winston; 1969.