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Healing, Faith, and Liturgy
A theological reflection upon the Church's ministry of healing in the context of worship

by
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on the occasion of the Institute of Liturgical Studies
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Valparaiso University, Valparaiso, Indiana

Ladies and Gentlemen,
Dear brothers and sisters in Christ,

Healing has been present within the Christian assembly from its very beginnings. Jesus healed and ordered his disciples to do likewise (Mt. 10:1; Lk. 9:10; 10:9) explicitly charging them not to take money for it: "Proclaim the good news, 'The kingdom of heaven has come near.' Cure the sick, raise the dead, cleanse the lepers, cast out demons. You received without payment: give without payment" (Mt. 10:7-8 NRSV).¹ The Gospel according to Mark records that, when the disciples were sent to "proclaim the good news to the whole creation," they were also promised that their laying their "hands on the sick" will make these recover (Mk. 16:15-18). And in its very closing the same Gospel states that the disciples "went out and proclaimed the good news everywhere, while the Lord worked with them and confirmed the message by the signs that accompanied it."² Further, in Acts the apostles Peter and Paul are, among others, depicted not only as preachers and healers, but also as being endowed with the power to raise the dead,³ while in 1 Cor. 12:9 healing is listed among the variety of gifts of the Holy Spirit given to the Christian assembly.

So, there is actually nothing unusual about healing within the Church, at least in her beginnings. And there should be nothing particularly surprising about it being claimed as an integral element of proclaiming the good news of salvation today, either. But, strangely enough, there is much ado about it these days.⁴ How? Why?

The reasons are quite obvious, at least some of them. One is the more or less complete dissociation of the art of healing from religion in our culture. Medical professionals are expected to be first of all scientifically competent, and rightly so; for if medicine would not have turned into that hard core physical science we are familiar with, humanity would be left with a lot more suffering on a big scale. Just think of the eradication of most of the previously depopulating deadly epidemics, the discovery of anesthesia with the consequent rise and development of surgery, and the manufacturing of highly potent drugs! Of course, quite some number among the medical professionals might also be genuinely religious, but that's not what makes their trade.⁵ Rather, what actually caused medicine to become so potent and powerful nowadays is its explicit emancipation from any patronizing religious attitude during the nineteenth century. This begs the question: does healing have anything to do with religion at all? Is any serious posing of such a question not an implicit call back to the unenlightened, dark times of magic, eerie powers, and spells?

Another obvious reason for the growing interest in healing by churches is the body of research devoted to the interaction of "Religion and Health," Harold G. Koenig and colleagues from Duke University being presently the most articulate promoters of this cause.⁶ While such studies receive support from various quarters of society, the John Templeton Foundation being one of the major sources,⁷ there is also a genuine interest on behalf of health care providers and the government at large to tap hidden health resources of supporting non-medical networks like religious congregations. This is done to stem the tide of ever rising health-care costs, since the medical model adopted by Western civilizations is simply too expensive even for affluent societies.⁸ Moreover it produces a host of highly questionable results and leads into serious dilemmas affecting procreation, contraception, and neonatal care as well as longevity and end of life decisions, just to mention a few.

Thirdly, any reflection about healing in the Christian assembly cannot be ignorant of the manifold Pentecostal and Charismatic traditions with their emphasis on healing. Pointedly opposed to any rational explanation and theological criticism,

they continue to attract ever increasing crowds suggesting healing as a handy means of church growth.⁹ And when broadening the perspective beyond the confines of established religious denominations in North America one notices an array of indigenous Christian healing movements and churches in Asia, Latin America, and Africa;¹⁰ according to a well informed, yet conservative estimate more than 10,000 of such entities can be identified in Sub-Saharan Africa alone.¹¹

Thus, the interest in healing will be of a very mixed nature. But whatever the reason and whatever spurs the curiosity, healing is undeniably a legacy the Church got endowed with by her Lord and Master, making it imperative for any serious minister of the Gospel to come to terms with it somehow.

Being raised in a theological tradition for which the proclamation of the 'Word of God' represents the innermost, absolute core of what the Church is all about, I never got exposed to the study of healing. Healing was regarded a topic not relevant for Lutheran theology. But things changed dramatically when I was called from years of work as a lecturer at a theological seminary in India, to serve as hospital chaplain in a hospital in Germany, without having any special qualification. This made me aware of the blind spot in my professional education.¹² It finally dawned on me that healing, properly understood, is an expression of the corporeality of salvation. Such change of perspective brought with it an entire new and very exciting understanding of what the Christian ministry might be all about, and this is what I would like to share with you today. I will do so by pondering some principal theological considerations first (I). In a second step I will talk about some basic issues of a more general nature affecting the healing ministry (II), and in the final section I will address matters of liturgy (III).

I – Theological considerations regarding the healing ministry

It is of primary importance to realize first that healing is a universal phenomenon and not something peculiar Christian. In every generation and throughout all the times people across the globe experienced healing, and they do so still. Of

course, not all who long for healing and need it experience healing. But many do, and today, thanks to rational-scientific medicine, many more do so than ever before.

Healing is a vital expression of life and living systems. That is why it cannot be monopolized either by scientific medicine or by the Church, and that is why healing is not an essential marker of the church, why it is not a *nota ecclesiae*. As a vital power of all life, healing can well be stimulated and facilitated, at least to a certain degree, something the various healing arts are devoted to and the Church is mandated to appropriate in her proclamation of the Gospel.

Secondly, all healing arts are established systems for preserving life and preventing untimely death. They are more or less well proven human attempts to cope with challenges posed by conditions threatening to destroy life. As such they are – and always remain – products of human perception, reflection, and action, and consequently, they are prone to distortions and misconceptions. This becomes obvious when considering the simple fact that therapy relies on diagnosis and that every diagnosis makes reference to an overall, culturally established perception of life, be it by explicit confirmation as done by most indigenous healers, or by explicit denial as in modern medicine pretending to be neutral and unbiased. It makes a world of difference indeed, what the cause of a health issue is ascribed to. Is it the workings of spirits or witches? Is it the wrath of an angry ancestor or deity? Is it a bacterial infection? While antibacterial medicine will rid the sick of the disease in comparatively short a time, it will be the wrath of ancestors or a particular deity which has to be properly appeased first before healing can take place. And witches and demons have to be dealt with in yet quite a different manner, namely by magic, spells, and exorcism. In the end it all becomes a question of ultimately held but conflicting worldviews, an issue which is beyond mere rational argument. It becomes a vital matter of life.

Put in proper theological parlance: healing as a universal and vital aspect of life belongs first and foremost to God's ongoing work of creation and preservation (*creatio continua*).¹³ The various healing systems, however, have to be criticized

in light of their being prone to sin, meaning, being prone to misconceptions and distortions of life.¹⁴

One further will have to consider that, as important as it is for any therapy to know the real cause of a disease, so is the comprehension of the healing agent, because whatever healing gets ascribed to will become the focus on what life will center around in future. Was healing brought about by a potent drug? Was it the skill of surgeons or a magic formula? Was it Mother Nature's power, a healing light with warm beaming rays? Was it a supreme spirit? Or was healing achieved by a life giving and life affirming act willed by the living God, the Holy Spirit? Accepting a mere materialistic or technocratic cause advocates an inhuman vitalism, which reduces human life to a mere functioning system. An esoteric deification of healing means brings about a magically charged materialism and a personalized charismatic perception of healing leads into an incapacitating dependency. But if life is perceived as a gift and a calling with which humans are entrusted by God to whom they will have to give account, every healing experience becomes a very special and very personal encounter with God's ongoing work of creation. This, however, is not obvious to everyone. It has to be proclaimed and shown as such by those who are aware of it. They thereby transform every such incident into a potential encounter with salvation as happened in the story of the cleansing of the ten lepers when Jesus asked: "Were not ten made clean? But the other nine, where are they? Was none of them found to return and give praise to God except this foreigner?" (Lk. 17:17-18). How down to earth the Gospel is. It clearly recognizes that only a fraction of those who experience healing do actually realize where it does ultimately come from.

The underlying theological question is how healing relates to salvation, a very tricky and challenging issue indeed. The conventional answer tends to immediately divert the quest for healing by referring to the passion and to 2 Cor. 12:9: "My grace is sufficient for you, for power is made perfect in weakness." Such an answer, which may well be born out of genuine pastoral concern to enable coping with an otherwise deplorable situation, intends to quench the

desire for healing by interpreting the endurance of pain and suffering as a greater blessing. The flip side of such an attitude is a startling contradiction to the ministry of Jesus and the mandate of the Church. It deprives salvation of its corporeal dimension, especially the incarnation, thereby affecting the very core of the Christian creed, which holds that the living God became truly human in Jesus Christ. The incarnation not only stresses the historical dimension of salvation, thereby saving it from evaporating into a mere idea or religious concept. The incarnation also safeguards the corporeal aspect of salvation, too, as pointedly noted in the third century by the North African Church father Tertullian (–160-220) who declared: *caro cardo salutis*, the body is the pivot of salvation.¹⁵

Thus, reflecting upon the healing ministry of the Church compels us to reconsider incarnation and the body as pivot of salvation, something the Early Church was actually very much aware of, as can be seen in their contemplation and theological wrestling with questions regarding humans being made in the image of God (Gen. 1:27), the bodily, corporeal resurrection of the dead, and the legitimacy of asceticism.¹⁶ This, however, got lost sight of, the more the body and soul divide of Neo-Platonism with its disastrous consequences for theology as a whole became prominent. But let it be said again: it is the bodily, corporeal aspect of salvation which safeguards Christian theology against untenable, mere abstract speculation and the healing ministry against improper spiritualization.

There are some further theological challenges, which I would like to draw your attention to briefly, like the phenomenon of congregation building. It is not only that every healing art has a devout following of its own, which on certain occasions rage fierce wars against one another. Healings, too, particularly those claimed as "miraculous," tend to gather "faith communities." Within Christianity it is the healing shrines and the so-called faith-healers who hit the front pages and draw the crowds, their way of public performance oftentimes causing dismay to many a serious theologian and a lot of unsolicited trouble to local churches and clerical hierarchies.¹⁷ There is no need to demonize the others, as shown by Jesus, who once charged his disciples when they were upset about someone

"casting out demons in" his name but not joining them: "Do not stop him ... for ... [w]hoever is not against us is for us" (Mk. 9:38-40). What is asked for instead is a well informed pneumatology and a competence in the discernment of spirits (see 1 Cor. 12:10),¹⁸ something of eminent importance for any pastoral ministry.

Finally, the eschatological character of healing needs to be considered also, because healing is not at anyone's disposal. Anyone once healed will sooner or later certainly die, most probably of a disease. Disease and death cannot be overcome completely, at least not under the conditions of life as we know it. While every sickness reminds us of this reality, every healing is a sign and token of the new life. However, healing cannot be commanded, either by the skilled biotechnological management of scientific medicine nor by magic spells and potions, or by the Church, by the laying on of hands or by prayer or by committed care. This also the first disciples had to experience when their efforts proved inadequate to heal an epileptic (Mt. 17:16).

To command healing only God incarnate had authority.¹⁹ But even Jesus' healings were ambiguous, to say the least.²⁰ In the case of the blind and mute person according to Mt. 12:22ff., the Pharisees did not deny the positive effects of such ministry but they questioned its revelatory quality, surmising that "It is only by Beelzebub, the prince of demons, that this fellow drives out demons."

What puts the Church in a somewhat embarrassing situation is the very tension between the mandate to heal and the unavailability of healing as a proof of her authority and power. Yet the Church cannot seize God's revelation, something many charismatic and faith-healing initiatives and "power evangelism" programs will have come to understand sooner or later. Being the *ecclesia* the Church is called to witness to God's revelation past and present, not to master God. Instead, she has to let God truly be God. This is her very calling. And this has an impact on the healing ministry as well, because far too often healing simply does not come about despite all honest and selfless efforts. Does this mean failure? Does this invalidate the mandate and nullify the authority?

The discrepancy between claim and reality is certainly a painful, embarrassing experience for all who are seriously concerned about the healing ministry and which they have to endure whether they like it or not. They cannot escape it. But they won't regard this as an indication of failure. Rather, they recognize it as a hallmark of the eschatological reality they have become part of. They see in it a shadow of the tension between the "Already" and the "Not Yet," between the promise given to them and the fulfillment eagerly expected by them. This helps them to effectively discern between what needs and can be done here and now to save an acutely endangered life and what to abstain from. This perspective also prevents relativistic cynicism and professional hyper-activism, while at the same time it guards against false hopes and wishful pious thinking. Eschatology fosters true realism.

Consciously noticing this distressing dilemma as such reminds the people of God of their very existence "in between the ages." It allows them to stay fully aware of the definite end of life without despairing, for they confidently trust that in the end God will be with them and they will be with God there, where God "will wipe every tear from [their] eyes ... [Where] death will be no more, [nor] mourning and crying and pain" (Rev. 21:4).

To sum up these considerations: any serious attempt to understand healing from within the Christian tradition has to avail itself of the full range of a genuine Trinitarian theology since healing as experienced corporeality of salvation has as much a bearing on the perception of God and of creation as it has on anthropology, soteriology, pneumatology, ecclesiology and eschatology.

How can this be made handy for practical application in the pastoral ministry?

II – What the healing ministry is about – and what not

Before getting to liturgical aspects some basic clarifications need to be made. This might sound odd, because if the Church is mandated to heal, what else is needed save obedient faith which lays claim to it? Actually nothing, and yet at a

close look things turn out to be not so simple, especially for educated theologians and trained ministers who are skilled in handling matters of faith professionally.

No doubt, faith is indeed *the* basic requirement for any healing ministry. But what does this mean, especially with regard to the ministers engaged therein? People who seek healing come with expectant trust. Some of them are desperate, sometimes in pain hoping that they will find some kind of relief somewhere. Their coming is a physical articulation of their hope, and the more expectant they are, the more pastoral sensitivity is demanded of the attending minister. It is here, where disappointment and potential disaster lurk.²¹

Where does the authority for the healing ministry come from? Certainly, it will be argued, from being an ordained minister of the church called to proclaim the Good News and bear witness that the Kingdom of God has come near. Certainly, this is an important source of authority. However, it is an *ex officio* authority, which far too often becomes a merely formal one. But it does not work well in the healing ministry because a mere formal authority cannot relate to the hopes and expectations of the truly desperate. And yet, it is essential that their trust and hopes do not get disappointed, otherwise depression and hatred come about, and this would mean pastoral failure irrespective of the particular circumstances. How to avoid it? I am convinced that such failure can be overcome only if pastors themselves properly authenticate and appropriate the Gospel by their very own personal faith. Only ministers who are themselves really convinced that the Kingdom of God is at hand indeed and that the Risen Christ is actually really present here and now will be able to instill confidence and trust in those seeking health and healing. It doesn't work otherwise. Just talking about it or pretending to espouse it is not enough, and this is immediately felt.

If such is the case, and I am convinced it is, some troubling and mind boggling questions have to be faced by every minister and pastor like: Do I, being a professional in matters of faith and ritual, really believe that the living God will bring about healing for the person in front of me here and now? Am I really convinced in the bottom of my heart and mind that God will keep His promise to

reveal himself? Can I live genuine confident trust and hope myself? What if nothing happens at all? Is it not too risky to end up with outcomes not to anyone's expectations? Will people not get upset with me?

It is not the good intentions to facilitate a turn to the better that are at stake in the healing ministry. What is at stake is our very own personal faith, our individual authority and our credibility as custodians of the Gospel, in short our entire being as ministers and theologians. The practice of the healing ministry does not allow us to hide behind theological doctrines or liturgical ritual. Instead, it challenges us to actually live our theology, our hope, our faith. There is no magic to the healing ministry, nor does it require special gifts or charisms either. If it would be based on such, the healing ministry could not legitimately be called a genuine ministry of the Church. It would become the domain of certain, specially gifted individuals. Likewise, the healing ministry is not about performing miracles or a power ministry, though it certainly is not without power. The focus on the extraordinary only diverts the attention from the task proper and makes the proclamation of the Gospel merely a means to an end. Rather, the sole task is to let God truly be known as the source of all life and hope. Dare we to entertain a faith so barren? Dare we to live up to its challenge?

In the summer of 1910 Canadian-born Sir William Osler MD (1849-1919), the first professor of medicine at Johns Hopkins (1889) and later Regius Professor of Medicine in Oxford, UK (1905), published a solicited article in The British Medical Journal entitled: "The faith that heals," a piece, by the way, that is still worth reading today.²² 1910 was the year in the December of which a person died, who very aggressively heralded spiritual healing, namely Mrs. Mary Baker Eddy (1821-1910), the foundress of Christian Science. And Osler does make explicit reference to Christian Science, which in those days was very much a subject of public interest and debate.²³ Allow me to quote some of his remarks for they show what an outstanding and passionate clinician perceived of such spiritual healing. Osler wrote:

To deny the existence of disease, to deny the reality of pain, to disregard all physical measures of relief, to sweep away in a

spiritual ecstasy the accumulated wisdom of centuries in a return to Oriental mysticism, these indeed, expressed a revolt from the materialism of the latter half of the nineteenth century at once weird, ... and, to a student of human nature, just a bit comic. ... The tragic side of the story lies in the valuable lives sacrificed to the fanatical ignorance of so-called healers.²⁴

I have quoted this, because it might well serve as a caution for anyone engaged in the healing ministry. It has to be made sure that such ministry is not the outcome of "spiritual ecstasy" and "fanatical ignorance," something appallingly obvious in the dramatically staged healing services on TV channel 24. What is so disgusting for me in such performances is not only that they turn the healing ministry into a public entertainment show. As a pastor I am concerned about the way in which the hopes and expectations of desperate people get manipulated and played with; they should never be made a means to an end. What really gets celebrated on such occasions is not "the mighty power of the Lord," as boastfully pretended. It rather is the aggrandizement of people determined to prove God right at any expense.

Another problem deserves our attention in this context, too: namely, the tendency to make healing become a matter of interpretation and semantics. When the Church heeds the healing mandate, it should be understood that this aims at genuine healing. No sick person left Jesus without being fully and completely restored. Euphemistically declaring any relief as "healing" where there is actually none is therefore to the detriment of both the suffering individual and the healing ministry. As long as the sick people talk in this way their word has to be accepted and honored as personal testimony, of course.²⁵ But when it is generally agreed upon that God "heals" while humans only "cure," and when it is decreed that God's "healing" has always to be given preference over "curing," things look different. Unfortunately, though, such distinction has become rampant these days.

In an empirical study of the elaborate healing ministry of the Episcopal Church the researcher noticed that "[w]hile no simple definitions were offered" by the people she interviewed "the general tenor of remarks" suggested that "curing"

was seen "as end of disease," while "healing" was perceived of as "an experience of transformation, peace, or improved relationships with other people or [with] God."²⁶ This broad definition was regarded as very appealing since it allowed "anyone" to "participate in a healing service" in the process of which the different individuals could realize "that they do not suffer alone and that other participants, priests, and lay leaders, as well as God" were "invested in their return to health and wholeness."²⁷

Something similar can be found in the Jewish context, where there exists a vigorous healing movement, too, which, according to one author, "may well constitute the most profound and important theological and ritual change in American Judaism brought about by the first generation of women rabbis and religious leaders."²⁸ Frankly admitting that this has come about also in part as the result of a "process of careful and conscious syncretism in which elements gleaned from New Age spirituality, gospel singing, Buddhist meditation, Christian pastoral counseling and spiritual direction" were "translated into ritual idioms that 'feel' authentically Jewish," the author states that the movement is all "about healing, not ... curing."²⁹ It is claimed, that such distinction captures the "ritual and ideological heart" of the movement, because while it is not "always possible to cure ... it is always possible to heal."³⁰ That's what justifies the respective terminology not just within Judaism but, as seen, within Christianity as well.

I beg to differ, and do so strongly. For one, I regard it as cynical to sugarcoat grim situations by passionately suggesting a different interpretation of someone else's misery. If sympathy and concern shown by others help afflicted people to cope better with their particular health challenges, very well. But why call it 'healing'? Would not 'coping' be the more appropriate term for what is actually happening? Nothing at all would be lost in calling it such. Rather, the communication between the afflicted and the compassionate would be straightened, get frank and honest.

A lesson is to be learned here from an in-depth study of the book of Job. The dear and well-intending friends of Job try to talk him into something which he

cannot accept and are found guilty by God for not speaking "what is right" (42:7, 8). They set dogmatics over against a painfully experienced reality. Their well established *idea* of God had no place for Job's bitter accusations nor for the *living God*, who speaks for himself. This lesson properly understood, would it not mean to resist the temptation to prove God right? It is none of our business to vindicate God.³¹ Rather, God vindicates our ministry and witness. Christian ministers have not to speak *for* God; they have to *witness to God speaking*. That is what they have to be mindful of - always!

There is something else to the semantic trick in question. The separation of healing from curing splits what actually is one vital process of life. Thereby not only are the labors of all those who are honestly engaged in bringing about healing by professional competence and skill discredited. Such split also disgraces the work of God, the Creator. And further, stretching the meaning of "healing" to such extremes that everyone in every situation and with every condition feels included actually dilutes it and voids it of its specificity, namely the corporeal dimension. There are, of course, persuasive arguments to do just that, in order to avoid the always embarrassing dilemma of having to face the discrepancy between claim and reality, between promise and only partial fulfillment or none at all. Still, easing the eschatological sting by unduly spiritualizing healing corrupts the ministry.

How does this translate into liturgy? This is what I would like to turn to now in the final section.

III – Liturgical considerations regarding the healing ministry

Many different ways exist in which the healing ministry gets liturgically enacted. These ways are informed not only by the particular denominational traditions and paraphernalia. It is also by the locations and occasions. A service in an acute care hospital will certainly look different from one conducted in a nursing home or a parish, and again, a private counseling session will be different from that of an intercessory prayer-group. Further variety comes about by the kinds of people

ministered to, their cultural contexts and their ailments. As there is no one medicine for all diseases, there is no one liturgical formula for all healing services either.

This, however, does not mean that anything goes, however well intended. There is a basic insight, which should be kept in mind as the guiding principle in all liturgical activity, especially when it affects public worship and healing, which is my topic here. That principle is: *whatever does not go well regularly, regularly does not go well at all!* What cannot be repeated time and again does not liturgically qualify. This is not to say that liturgical gestures, actions, and language depend solely on their repetitiveness. It only cautions against too much of liturgical inventiveness and change. Recognizing an order of service as familiar and trustworthy is important for feeling at home, whereas a liturgy which keeps changing all the time makes suspicious and alienates.

Seven years ago the Church of England published an extensive report on the healing ministry which deals with such questions at some length.³² Committed to what they call "good practice in the healing ministry,"³³ the authors emphasize that "the main requirement is the spirituality and personality of the ... ministers."³⁴ And they recommend that any public healing worship should be marked by "simplicity, brevity and a sense of the accessibility of God's healing love."³⁵

This recommendation reminds me of my own attempts as hospital chaplain. Being asked to organize a weekly prayer service with patients, I optimistically set out to work on an order of worship, assuming that it won't take long. But far from it! In the end it took nearly a full year before I came up with some kind of order, which was actually marked by the very elements the liturgists of the Church of England would suggest years later: simplicity and brevity. It contained about five modules and lasted roughly half an hour, the maximum time the sick could be attentive. While a definite time was set, the prayer service hardly ever did start punctually, because much care was taken to let the sick and their families and guests really arrive at the place of worship and come to feel comfortable. The

chairs, wheelchairs, and beds were arranged in a circle so the people could see one another and experience some kind of solidarity. The altar was not in the center but made part of the circle, to indicate God's solidarity with those suffering. Once all had settled and relaxed, the service opened with a liturgical greeting and a short explanation of what was to come. This was done even though printed leaflets detailing every single step of the service were handed out beforehand in order to allow those with impaired eyesight to participate fully.

A hymn was sung next, the selection of which proved to be one of the most difficult tasks, because we could not rely on accompaniment. Text and tune had to fit the special situation, meaning they had to be clear and simple yet meaningful and carrying. Scripture reading *de tempore*, commonly the Gospel lesson of that particular week, and a brief homily of not more than five minutes followed, after which there was time for open intercession concluding with the Lord's Prayer. Another hymn preceded the final blessing, which on occasions was given individually in an act of laying on of hands and marking the forehead with the cross. A period of silence, which sometimes felt like taking a deep breath, concluded the service at the end of which everyone was individually dismissed and accompanied to the room by one of the members of the team.³⁶

Why did it take so long to design such a simple order of service despite the hard work which went into it? At that time I could not say. I was just amazed how demanding it was to precisely identify an order, which promised to work well in that setting. Today I think I know the reason for that extremely slow process: I myself had to gain a proper understanding first of what such a service is all about before being able to look for appropriate elements. I hold that the sole task of such service is to facilitate as much as possible the coming about of a genuine encounter of the afflicted with the Risen Christ.

To achieve this not many words are needed. Rather, what is necessary is that the words chosen are genuinely spoken and personally authenticated. I recall a healing service in Germany in which I was invited to assist with the sermon and in the laying on of hands. The other members of the team, which had prepared

this event, were lay-people. They were seriously committed but showed the tendency to turn the laying on of hands into an occasion for counseling and an additional sermon disguised as blessing. Well-intended as this certainly had been, it did demand a long time of kneeling for those who came upfront to be blessed and also dragged out the worship to an unbearable length. The entire service lacked cohesion and simplicity, something which would not have happened if "good liturgical practice" would have been properly observed.³⁷ Unfortunately, it was not. In an evaluation afterwards I tried to drive this point home, without success, because the laity argued that they felt urged to speak "by the Spirit in that very moment." What to do? The report on the healing ministry by the Church of England already referred to gives this advice: "[T]he selection and training of ministry teams is important. ... At the very least those in the teams should receive teaching on the theological aspects of [the] healing ministry ... To be involved in the healing ministry calls for maturity in faith, commitment to prayer and a readiness to receive ministry and continuing oversight."³⁸

Good liturgical practice would also mean to be mindful of and cautious with gestures, especially touch, and the use of paraphernalia intended to serve as symbols. Here, too, it is not the quantity or variety which matters. If overdone it gives rise to magic misperceptions and superstition. What matters is the way in which these means are employed. They have to become transparent for God's compassionate love and care for those in dire need. It requires a lot of liturgical skill and personal sensitivity to discern competently what is proper and what is not in a given situation; sometimes, as I have experienced, even a gentle touch might be too much and violently rejected, whereas at other times it is withheld where it is so desperately needed. Such painful experiences of failure should not be brushed aside quickly for they remind us that we are not masters of the trade but humble servants who are in need of forgiveness and reconciliation ourselves.

Conclusion

Ladies and gentlemen, dear brothers and sisters in Christ, these are the reflections on healing, faith, and liturgy, which I wanted to share with you today.

Thank you for your kind attention.

NOTES:

¹ To provide healing free of charge, δωρεάν, is said over against the background of the Hellenistic cults of Asclepius and Serapis (in northern Africa, especially Egypt) then very popular, which were noted for their greediness and – not unlike today's healthcare system – their constant demands for more and more donations making healing become very expensive and thus unaffordable for desperate commoners. To actively get engaged in healing in this context would have compromised the proclamation of salvation *for all* in no small degree. It is telling that the brother Saints Cosmas and Damien (both physicians suffering martyrdom during the Diocletian pogrom about 303 CE) whose still popular cult emerged in the fourth century, were commonly referred to as “the silverless ones,” meaning, the one who don't have riches because they heal gratuitously.

² 16:20; see also Mk. 6:12-13. this is, of course, from the "Longer Ending" of Mark.)

³ Peter not only healed a lame man at the entrance to the temple (Acts 3:1-8) and the paralyzed Aeneas at Lydda (Acts 9:32-35) but also raised the dead Tabitha at Joppa (Acts 9:36-41). Paul healed a man unable to walk (Acts 14:8-11) and the sick father of Publius on the island of Malta (Acts 28:8-9). And, like Peter, Paul also raised someone from death (Acts 20:9-12). There are several other accounts of the Apostles' activities to be found in Acts; see 5:15-16; 8:6-7; 19:11-12; 28:9. Other references to ‘wonders and signs’ are found in Acts 2:43; 5:12; 6:8; 14:3.

⁴ See e.g. *Healing and Restoring : Health and medicine in the world's religious traditions*, Lawrence E. Sullivan, ed., New York, London, MacMillan, 1989; Kenneth G. Zysk, *Religious Medicine : The history and evolution of Indian medicine*, Somerset NJ, Transaction Publishers, 1993; Gregory P. Fields, *Religious Therapeutics : Body and health in Yoga, Ayurveda, and Tantra*, New York, NY, State University, 2001. *Religion and Healing in America*, Linda L. Barnes, Susan S. Sered, eds., Oxford, New York, Oxford University Press 2005; *Teaching Religion and Healing*, Linda L. Barnes, Ines A. Talamantez, eds., Oxford, New York, Oxford University Press, 2006.

⁵ As an example see e.g. Daniel P. Sulmasy, *The Healer's Calling : A spirituality for physicians and other health care professionals*, New York, Mahwah, NJ, Paulist Press, 1997.

⁶ For a general overview see *Handbook of Religion and Health*, Harold G. Koenig, Michael E. McCullough, David B. Larson, eds., Oxford, Oxford University Press 2001. Also see J. Levin, *God, Faith, and Health : Exploring the Spirituality – Healing Connection*, New York, John Wiley & Sons, 2001. For a well informed, sober critique of this entire approach see *Faith and Health : Psychological Perspectives*, Thomas G. Plante, Allen C. Sherman, eds., New York, Guilford Press, 2001.

⁷ It is telling that the *Handbook of Religion and Health* is dedicated to Sir John Templeton. See also the website <http://www.templeton.org>.

⁸ As early as 1989 a conference on 'The Church's Challenge in Health' was held at the Carter Center of Emory University, Atlanta, drawing together more than 150 key-representatives of churches, denominations, synagogues and mosques to discuss "Primary health care issues in the US today," "The role of the faith community in health and healing," and "Mobilizing the faith community to respond to health needs"; see *The Church's Challenge in Health*, The Carter Center of Emory University, Occasional Paper Series vol. 1 no.2, 1989.

⁹ See Harrell, Jr., D. E., *All Things are Possible – The Healing and Charismatic Revivals in Modern America*, Bloomington, IN: University of Indiana Press, 1975; C. Peter Wagner, *How to Have a Healing Ministry in Any Church : A comprehensive guide*, Ventura, CA, Regal Books, 1988; Vinson Synan, *The Holiness-Pentecostal Movements in the United States*, Grand Rapids, MI, William B. Eerdmans, 1971.

¹⁰ *Health, Faith and Healing*, International Review of Mission, Geneva, World Council of Churches, vol. XC (90) nos. 536/537, Jan./Apr. 2001; *Divine Healing, Pentecostalism and Mission*, International Review of Mission, Geneva, World Council of Churches, vol. 93, nos. 370/371, July/Oct. 2004.

¹¹ See *World Christian Encyclopedia – A comparative survey of churches and religions in the modern world*, David B. Barrett, George T. Kurian, Todd M. Johnson, eds., Oxford, New York: Oxford University

Press, 2001, vol. 1, p. 675. - In 1900 only about 0.3% of Christians in South Africa belonged to one of the African Independent/Indigenous/Instituted Churches then existing, which means about 15,000 individuals. By 1970 their number had risen to 4,607,156, accounting for not less than 20.9%, and in 1995 this figure stood at 16,966,992, which is 45% outscoring any other Christian church or denomination existing in Africa in membership. To ascertain their number exactly is hardly possible due to the heavy fluctuation and the lack of official recognition of many such bodies. Some of these churches are very small and exist only as long as the charismatic founding individual is alive or the supporting family or clan is still intact while in other instances splits erupt, mergers happen, reorganization takes place and renaming occurs, leading some to speak of this remarkably dynamic church-formation phenomenon quite fittingly as a 'movement'.

¹² For a theological reflection on these experiences see Christoffer H. Grundmann, *To Be with Them! A hospital chaplain's reflection of the bedside ministry to terminally ill and dying people*, in Christian Bioethics, Swets & Zeitlinger, Amsterdam, vol. IX, 1, 2003, 79-90.

¹³ See Martin Luther's explanation to the First Article of the Apostolic Creed in his Small Catechism, which reads: "I believe in God, the Father almighty, CREATOR of heaven and earth. What is this? Answer: I believe that *God has created me* together with all that exists. God has given me *and still preserves* my body and soul: eyes, ears, and all limbs and senses; reason and all mental faculties. In addition, *God daily and abundantly provides* shoes and clothing, ... and all property—along with all the necessities and nourishment for this body and life. *God protects me* against all danger and *shields and preserves me* from all evil." (The Book of Concord :The Confessions of the Evangelical Lutheran Church, ed. by R. Kolb and T. J. Wengert, trans. by Ch. Arand et al., Fortress Press Minneapolis, 2000, 354; emphasis mine.)

¹⁴ The cardinal biblical reference here would be Rom. 1:18-20, of course.

¹⁵ *Treatise on the Resurrection, (De resurrectione carnis liber)*, text edited with an intro., trans. and commentary by Ernest Evans, London, S.P.C.K., 1960, 26.

¹⁶ See e.g. P. Brown, *The Body and Society : Men, women, and sexual renunciation in early Christianity*, New York, Columbia University Press 1988; C. Walker Bynum, *The Resurrection of the Body in Western Christianity, 200-1336*, New York, Columbia University Press 1995; J. Andrew Dearman, *Theophany, Anthropomorphism, and the Imago Dei: Some Observations About the Incarnation in the Light of the Old Testament*, in: *The Incarnation*, May 2002, pp. 31-47.

¹⁷ A very interesting report is to be found in the 'Ecumenical Press Service' (EPS), of the World Council of Churches, no. 06, Geneva 1986, p. 33. Mention should also be made with regard to the ministry of the former Roman Catholic Archbishop Emanuel Milingo, see G. ter Haar, *Spirit of Africa: The Healing Ministry of Archbishop Milingo of Zambia*, London, C. Hurst 1992.

¹⁸ For an informative oversight see Christoffer H. Grundmann, *Inviting the Spirit to fight the spirits? Pneumatological challenges for missions in healing and exorcisms*, in: *International Review of Missions*, vol. 94, no. 372, Geneva, Jan. 2005, pp. 51-73.

¹⁹ "Salvation is healing. And the savior is the healer." (Paul Tillich, *The New Being*, New York, Charles Scribner's sons, 1955, 37)

²⁰ See Mt. 4:23-25; Mk. 3:7; Lk. 6:18-19; see also Acts 9:42. Jesus' healings evoked appreciation *and* fear, sometimes leading to awe, sometimes to rejection as in Mt. 8:34; Mk. 5:17; Lk. 5:37.

²¹ For a good illustration of this see the movie by Michael Manheim and David Picker *Leap of Faith* with Steve Martin and Debra Winger, Paramount 1992.

²² The British Medical Journal, June 18, 1910, 1470-1472. - For a biography on Osler, who some claim to have been "the most influential physician in history" see Bliss, Michael, *William Osler : a life in medicine*, Toronto, University of Toronto Press, 1999, and Osler, William, *The Quotable Osler*, New York, American College of Physicians, 2003.

²³ See R. Peel, *Health and Medicine in the Christian Science Tradition*, New York, Crossroads 1988.

²⁴ *The Faith that heals*, 1472.

²⁵ For an impressive documentary of this see R. Henderson, R. Marek, *Here is my Hope ; A book of helaing and prayer – Inspirational stories from The Johns Hopkins Hospital*, New York, London, Doubleday 2001.

²⁶ Jennifer L. Hollis, *Healing into Wholeness in the Episcopal Church*, in: *Religion and Healing in America*, Linda L. Barnes, Susan S. Sered, eds., 94f.

²⁷ Ibid., 100.

²⁸ Susan S. Sered, *Healing as Resistance : Reflections upon new forms of American Jewish healing*, in: *Religion and Healing in America*, Linda L. Barnes, Susan S. Sered, eds., 231-252; quote p. 249.

²⁹ Ibid., 234.

³⁰ Ibid.

³¹ A clear example of this is shown by Jesus when healing the man born blind in John 9:1-12.

³² *A Time to Heal – A contribution towards the ministry of healing – A report for the House of Bishops on the Healing Ministry*, London, Church House Publishing, 2000, 412 pp.

³³ Ibid., 293ff.

³⁴ Ibid., 252.

³⁵ Ibid., 254.

³⁶ For a similar order see *A Time to Heal*, p.243.

³⁷ "Reasonable time limits on healing sessions and services should be set. It is important to avoid protracted sessions which overtire those ministering and those receiving; prayer for individuals in a healing service should not become an opportunity for counselling. Knowing when to stop is just as important as knowing when to start. Some people in the congregation may be ill and an hour-long service, for example, may be too long." (*A Time to Heal*, 324)

³⁸ Ibid., 252.