

STORY | THEOLOGY | VOICE

# FULLER

ISSUE #11 | HEALTH AND HEALING



David Eubank [MDiv '95], balancing military and mission, seeks the holistic health of those in war zones: "We respond not necessarily as soldiers but as ambassadors for Jesus to help people in the worst situations, with whatever kind of aid they need."

READ DAVID'S STORY ON P. 28



+ *Eric Tai's (MAICS '17) dense charcoal landscapes Bóhu and Tóhu (a segment of Bóhu is pictured here) reference the "formless and void" beginning of creation. The two artworks were used in Fuller's All Seminary Chapel as the source for the imposition of ashes on Ash Wednesday, marking the community with an acknowledgement of mortality and the potential of new life. Also see Eric's work on pages 11 and 97.*



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**FULLER**

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+ *A Power Deeper than Language*

I learned about the liturgical year quite late in my Christian life. We never talked about such things as Advent or Epiphany in my church tradition. The closest thing we had to mystery was found on potluck tables: casseroles with crushed potato chip toppings, Swedish meatballs in crockpot gravy, lime green Jello with floating slices of banana. I have a memory of a plastic glass of colored toothpicks that captured my toddler attention as full of pointy danger and enigmatic purpose.

It wasn't until I was 40, questioning my own purpose, when the life I'd built collapsed from my own self-righteousness and ill-advised choices. That was when I discovered the liturgical year and its agency for restructuring a ruined life. Mimicking the arc of the life of Christ, it starts in anticipation with Advent, celebrates the birth of the Messiah, discovers the transformation of Epiphany, carries through to the lament of Lent, the wonder of Easter, the empowerment of Pentecost, and the long season of Ordinary Time working and waiting for the year to begin again. Recalibrating myself to its rhythm—along with the hours of prayer—healed me in the way sobriety meetings or long-distance running do for some. Its structure bears the weight of my days and, in the decades since, I have not found the end of its capacity to bind me to Christ—and thereby to my own life.

The power of the eternal year was known and celebrated ages before I caught on. Great witnesses of the faith, ancient and contemporary, have perfected liturgies, written music and poetry, and strengthened the traditions that undergird the seasons. This last year, *FULLER* studio built a series of

meditative videos on the liturgical seasons using three simple elements—landscapes, Scripture, and voices of our community. It was a risk: we gathered the elements randomly as we were able, trusting that something of value would emerge. We puzzled them together often just in time to release at the beginning of each season. We found that the meditative nature of the seasons tell of the presence of God over and over in the way the light moves through the day, the mood of spring or of winter, the colors and the sounds of the world when humans are quiet. Turns out it was no risk at all: the pieces often fit together so cleanly that it made me suspect that every true story, sought deeply enough, will tell of God's love.

One afternoon, when Assistant Professor of Global Leadership Development Peter Lim graciously came to our office to record a voiceover in Mandarin, I wept through his recording—as I did with each one, no matter the language: Swahili, French, Korean, English, Spanish, Finnish. Why, I asked him, should I be so moved, even when I did not understand? "It's the Scriptures, Lauralee," he gently explained: their power is deeper than language. We hope they will be of service to you in ways we don't anticipate, with a power that is beyond us. As always.

+ **LAURALEE**

*FARRER is chief storyteller and vice president of communications.*



+ *Starting on page 80, the entire Voice section of this magazine plays out some of the stories we discovered. I urge the reader to go online and experience the videos—published now far in advance of Advent, to allow pastors and others time to plan for using them in their small groups or churches.*



80 *Voices on the Liturgical Seasons*  
This meditative series offers images and Scripture for each season, from Advent through Ordinary Time

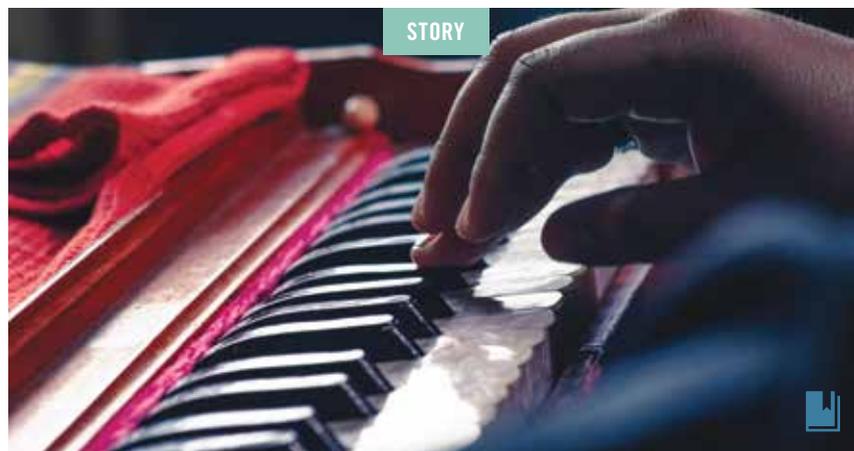
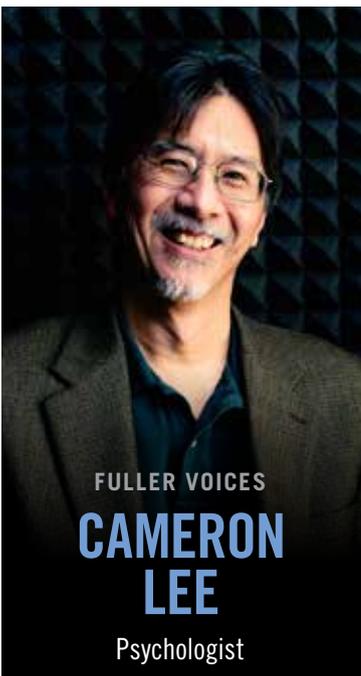
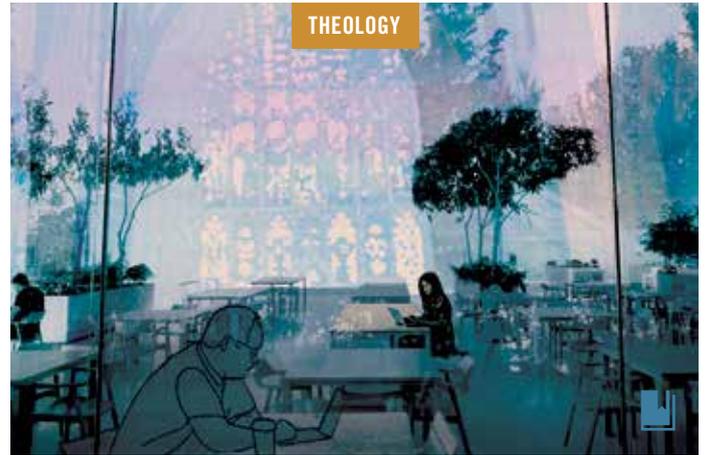


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# FULLER studio

+ Content available online

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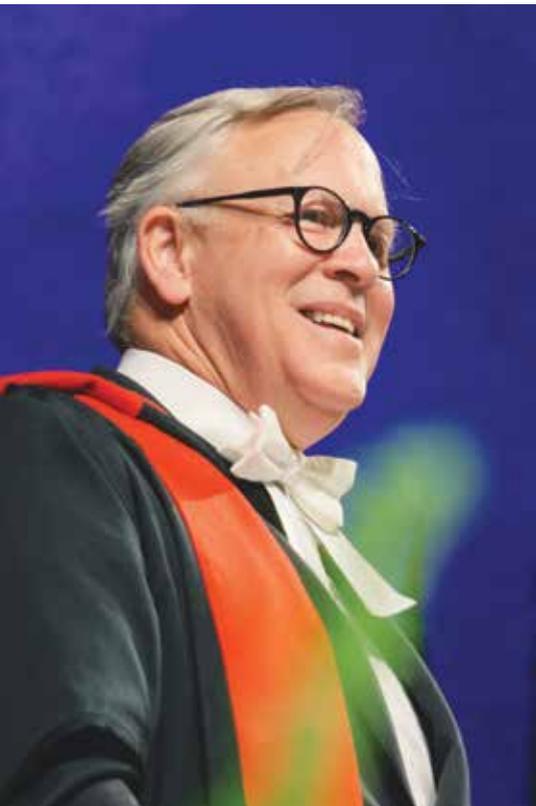
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## Our Embodied Selves

### Nuestros Seres Encarnados

#### 우리의 형체화된 자아

From Mark Labberton, President

Through my years as a pastor, health issues were a continuous fugue under the life of our congregation. If someone had good—or reasonably good—health, they were concerned with keeping it that way. If they didn't have it, sickness colored or threatened everything else. In a community, each point in the spectrum is occupied by someone, so we were in continuous motion of rejoicing and weeping together.

Health issues expose our vulnerability like little else. Our finitude comes into sharp focus, and it's a view everyone hates. Even the

most healthy among us will eventually face that we are all small-framed, soft-bodied, short-lived creatures. We could do crunches all day, every day, and still be forced to admit that “rock-hard abs” are only ever a metaphor. However we may strain to deny the facts much of the time, the clock ticks ominously behind our fears of one day hearing the diagnosis: terminal.

All of this explains why health issues so readily and urgently expose our theodicy questions: Why? Why me or my loved one? Why now? Doubt that might otherwise be

A través de mis años como pastor, los problemas de salud fueron un asunto de interés continuo para la vida de nuestra congregación. Si alguien tenía buena salud, o razonablemente buena, se preocupaba por mantenerla de esa manera. Si no la tenía, la enfermedad permeaba o amenazaba todo lo demás. En una comunidad, cada punto en el espectro es ocupado por alguien, así que estábamos en continuo movimiento de regocijo y llanto como comunidad.

Los problemas de salud exponen nuestra vulnerabilidad como pocas otras cosas. Nuestra finitud entra en foco agudo, y es una perspectiva que todos odian. Incluso los más sanos entre nosotros eventualmente se enfrentarán a que todos somos criaturas pequeñas, de cuerpo blando y de vida corta. Podríamos hacer abdominales todo el día, todos los días, y todavía ser forzados a admitir que los abdómenes duros son siempre una metáfora. Sin embargo, podemos esforzarnos por

제가 목사로 일해 오면서 건강에 대한 이슈는 우리 목회의 삶 속에서 지속적으로 제기되는 문제였습니다. 사람들은 건강이 좋으면, 아니 좋은 편이면, 그 건강을 지키려고 노력했고 건강이 좋지 않으면 질병이 다른 모든 분야를 오염시키거나 위협했습니다. 공동체 안에서는 건강과 허약이라는 스펙트럼 안의 각 점에 누군가가 놓여 있기 때문에 우리는 함께 기뻐하고 슬퍼하는 지속적인 움직임을 계속하고 있었습니다.

건강 문제 만큼 우리의 나약성을 드러내는 것은

없습니다. 건강은 우리 모두가 그토록 싫어하는 인간의 유한성이라는 것에 초점을 두게 합니다. 우리 중에서 가장 건강한 사람들조차도 결국 인간은 작고, 연약한 몸을 가진, 단명의 생명체라는 사실에 직면하게 됩니다. 매일 하루 종일 윗몸일으키기를 해도 “바위처럼 단단한 복근”은 여전히 은유적인 표현일 뿐이라는 것을 인정해야 합니다. 우리가 대부분 이 사실을 아무리 부인하려고 노력해도, 언젠가는 들을 것 같은 말기 진단의 두려움 뒤로 시계는 불길하게도 재깍거리며 흐르고 있습니다.

quieted often persists in the aftermath of a concerning diagnosis, accompanied by arguments and protestations. Anger and confusion are often present, too, with tears and exasperation. Biological analyses often trigger theological crises.

What could be less surprising? After all, Christian worship centers on the God who took on flesh, who suffered, died, and rose back to life; we are invited, indeed urged, to love God with our heart, mind, soul, and strength. In other words, we are to seek and follow God with every dimension of our em-

bodied selves. We reject any theology that makes our materiality itself the enemy. We worship Jesus Christ who for our sake ushered in the new creation. What could we imagine then but that this same God has an interest in—a passion for—our physical well-being?

The national and global emergence of the so-called prosperity gospel has taken this vulnerability and leveraged it to promote a “health and wealth” gospel. Such a movement faces anxious theodicy questions, and it claims that the problem is not with God but

with us. Since God has triumphed over death in Christ, any crisis of health is not a God-centered one but a faith-centered one, they argue. If one knows that God wants health, the presence of illness presumably reveals either a weakness of faith or sinfulness in the lives of those who suffer with illness.

Illness and death are difficult enough without the burden of being labeled a crushing spiritual failure. As others have said, the prosperity gospel is a case of an over-realized eschatology, assuming or pushing for a more imminent fulfillment of kingdom hope than

negar los hechos gran parte del tiempo, el reloj avanza ominosamente detrás del miedo a un día oír el diagnóstico: terminal.

Todo esto explica por qué las cuestiones de salud tan fácilmente y con urgencia exponen nuestras preguntas de teodicea: ¿por qué? ¿por qué yo o mi ser querido? ¿por qué ahora? La duda, que de otra manera podría ser silenciada, a menudo persiste con las secuelas de un diagnóstico preocupante, acompañada

de argumentos y protestas. La ira y la confusión a menudo están presentes, también, con lágrimas y exasperación. Los análisis biológicos a menudo desencadenan crisis teológicas.

¿Qué podría ser menos sorprendente? Después de todo, el culto cristiano se centra en el Dios que tomó carne, que sufrió, murió y resucitó; estamos invitados, de hecho, exhortados, a amar a Dios con nuestro corazón,

mente, alma y fuerza. En otras palabras, debemos buscar y seguir a Dios con cada dimensión de nuestros seres encarnados. Rechazamos cualquier teología que haga de nuestra materialidad el enemigo. Adoramos a Jesucristo que por nuestro bien hizo posible la nueva creación. ¿Qué podríamos imaginar, sino que este mismo Dios tiene un interés en y una pasión por nuestro bienestar físico?

El surgimiento en lo nacional y el mundo

이 모든 것이 왜 건강 상의 문제가 우리로 하여금 그렇게 쉽고 시급하게 신정론적인 질문을 하게 하는지 설명해 줍니다: 왜? 왜 나지? 왜 내가 사랑하는 사람들에게? 왜 지금? 평소 같으면 조용해 질 만한 의심도 질병을 진단 받고 난 후에는 논쟁과 항의로 지속됩니다. 눈물과 격분을 동반한 분노와 혼란도 흔히 나타납니다. 생물학적 분석은 종종 신학적 위기를 가져옵니다.

놀라운 일이 아니지 않습니까? 결국, 기독교 신앙의 중심은 사람의 몸으로 오셔서 고통 당하시고 죽으신

후 다시 살아나신 하나님입니다: 우리는 마음을 다하고 목숨을 다하고 뜻을 다하여 하나님을 사랑하도록 초대, 아니 강력히 권고, 받았습니다. 다시 말해, 우리는 우리의 형제화된 모습 그대로 모든 차원에서 하나님을 찾고 따라야 합니다. 우리는 인간의 유형성 자체를 적으로 만드는 그 어떤 신학도 거부합니다. 우리는 우리를 위해 새로운 창조물을 주신 예수 그리스도를 예배합니다. 그렇다면 어떻게 이와 같은 하나님이 우리의 육체적 안녕에 관심을 갖고 이에 열정을 보인다고 생각하지 않을 수 있겠습니까?

소위 변영 신앙이라는 국가적, 세계적 출현은 인간 육체의 연약성에 초점을 두고 "건강과 부"의 복음을 촉진하기 위해 이용되고 있습니다. 그러한 운동은 불안한 신정론적 질문에 직면하게 되고, 문제가 하나님에게 있는 것이 아니라 우리에게 있다고 주장합니다. 변영 신앙의 추종자들은 하나님이 그리스도를 통해 죽음을 이기셨기 때문에 건강 상의 문제는 하나님이 허락한 것이 아니라 믿음의 깊이 때문이라고 주장합니다. 하나님이 우리가 건강하기를 원하신다는 것을 안다면 우리가 질병을 앓는 이유는 믿음이 약해서 이거나 아니면 앓는 사람의 삶에

is yet present. Or perhaps it's just an attempt to deny death by pretending we are in control instead of God. Theology matters.

I have experienced many health issues over the years even though, overall, most would consider mine to be a healthy life. One of the more prolonged health crises for me involved a bicycle accident that threatened my life and largely took me out of work and routine for over a year. I was so deeply grateful to be surrounded by a community

that helped me ask what it meant to trust God in such a season and did not ask why God allowed it.

Having walked with several hundred people to their deaths, I find deep hope in a different theology of health, life, and death. I have utter confidence in a God who can surprise us with healing and longer life, who as friend and shepherd walks with us daily, and who in love and mystery holds us in our vulnerability and pain—indeed, who

encompasses and eventually triumphs over even death itself. We should never want less than God wants to give us, but neither should we presume upon God, God's timing, or God's gifts.

We are dust and to dust we shall return. Our health comes graciously in pieces and in seasons along that dustiness. In the midst of it, may we seek the wholeness that biology alone embodies but cannot and does not finally contain.

del llamado evangelio de la prosperidad ha tomado esta vulnerabilidad y la ha aprovechado para promover un evangelio de "salud y riqueza". Tal movimiento se enfrenta en preguntas de teodicea y afirma que el problema no tiene que ver con Dios sino con nosotros. Puesto que Dios ha triunfado sobre la muerte en Cristo, cualquier crisis de salud no tiene que ver con la actitud de Dios sino con nuestra fe, argumentan. Si uno sabe que Dios quiere salud, la presencia de la enfermedad presumiblemente revela ya sea una debilidad en la fe o la presencia de pecado en las vidas de aquellos que sufren enfermedad.

La enfermedad y la muerte son ya bastante difíciles sin la carga extra de ser etiquetados como un aplastante fracaso espiritual. Como otros han dicho, el evangelio de la prosperidad es un caso de escatología sobre-estimada, asumiendo o empujando un cumplimiento

inminente de la esperanza del reino al que aún no podemos acceder. O tal vez es sólo un intento de negar la muerte fingiendo que estamos en control en lugar de Dios. La teología importa.

He experimentado muchos problemas de salud a través de los años, aunque, en general, la mía sería considerada por la mayoría como una vida sana. Una de las crisis de salud más prolongadas para mí involucró un accidente de bicicleta que amenazó mi vida y en gran medida me sacó del trabajo y de la rutina durante más de un año. Estaba tan profundamente agradecido de estar rodeada por una comunidad que me ayudó a preguntar lo que significaba confiar en Dios en esa época y no preguntó por qué Dios lo permitía.

Habiendo caminado con varios centenares de personas hasta sus muertes, encuentro

una esperanza profunda en una teología diferente de la salud, la vida y la muerte. Tengo absoluta confianza en un Dios que puede sorprendernos con sanidad y una vida larga, quien como amigo y pastor camina con nosotros diariamente, y que en amor y en misterio nos sostiene en nuestra vulnerabilidad y dolor, que abarca y finalmente triunfa sobre incluso la muerte misma. Nunca debemos querer menos de lo que Dios quiere darnos, pero tampoco debemos presumir con Dios, el tiempo de Dios, o los dones de Dios.

Somos polvo y al polvo volveremos. Nuestra salud viene de a pedazos y por temporadas con este polvo que todos somos. En medio de ella, podemos buscar la totalidad que la biología solo encarna pero que no puede contener y no contiene.

죄가 있음을 드러내는 것이라고 생각합니다.

병과 죽음은 영적 실패라는 치명적인 꼬리표를 달지 않아도 충분히 어렵습니다. 다른 사람들이 말했듯이, 변영 신앙은 하나님 나라에 대한 희망을 현재 존재하는 것보다 더 크게 가정하거나 아니면 이를 즉각적으로 달성하고자 하는 과장된 종말론의 한 예입니다. 아니면 어쩌면 하나님이 아닌 우리가 통제권을 가지고 있는 것처럼 가장하여 죽음을 부정하려는 시도일지도 모릅니다. 그래서 신학은 중요한 것입니다.

저는 대부분의 사람들이 볼 때 전반적으로 건강한 삶을 살고 있지만, 수년 간 많은 건강 문제를 겪고 있습니다. 제 삶을 위협했던 자전거 사고가

저에게는 오래 지속된 건강 문제 중의 하나입니다. 사고로 1년 이상 직장 생활과 일상적인 일을 하지 못하게 되었습니다. 저는 그 시기에 하나님이 왜 이런 일을 허락하셨는지를 묻지 않고 하나님을 믿는다는 것이 어떤 의미인지를 물을 수 있도록 도와준 공동체에 속해 있다는 것에 매우 감사했습니다.

죽음을 앞 둔 수 백명의 사람들과 함께 동행한 경험을 바탕으로 저는 건강, 삶, 죽음에 대한 새로운 신학 안에서 깊은 희망을 발견합니다. 저는 치유와 장수로 우리를 놀라게 하시고, 친구와 목자로서 매일 우리와 동행하시며, 사랑과 기적을 통해 나약함과 고통 속에서 우리를 붙잡으시고,

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우리는 흙으로 만들어 졌고 흙으로 돌아갑니다. 우리의 건강은 그 흙성에 따라 하나님의 은혜로 말미암아 조금씩 시기에 맞게 주어집니다. 그 가운데서, 우리는 결국 우리 존재의 전체가 되지 못하고 될 수도 없는 육체적인 모습 만으로 형체화된 완전함을 추구할 수 있기를 바랍니다.



+ Eric Tai's (MAICS '17) *Bóhu*, pictured, along with companion piece *Tóhu* (p. 97), weigh over 100 pounds each, requiring many people to hang them for the season of Lent. "Sometimes the margins between life and death and joy and despair are so fine," he says. "These artworks are a way to meditate on that." See Eric's art also on pages 2–3.

# ADAPT

**T**wo years to the day after surgeons cut off his left leg, Chris Ng marked his “ampiversary” by repairing the jacket he was wearing when paramedics pulled him out of his wrecked minivan on the side of Interstate 280. He stitched a ragged seam with fishing line, being careful not to conceal the tear where the medical team used trauma shears to remove his clothing as he lay on the operating table.

The jacket is an artifact from the accident that cost him his leg, and a reminder of the grace that saved his life. It's one of the tangible ways that Chris, a 40-year-old pastor at Lutheran Church of the Holy Spirit in San Francisco and a student in Fuller's Doctor of Missiology program, has revisited the trauma he experienced. He also photographed the crash site, visited the Daly City fire station where the paramedics were based, and had lunch with the Lyft driver who ran to his aid, shaking him to keep him from going into shock. He went back to the hospital to take in the sights and sounds and smells that his family and friends experienced when they came to visit him. And he and his wife, Cheryl, threw an appreciation party for his doctors, prosthetists, surgeons, relatives, and members of his church family—about 400 people.

It's all part of what Chris describes as an ongoing process of repair, restoration, and renovation. That process has led him to see his vocation in a new light. “I'm learning how I can minister to people as an amputee,” he says. “To be an amputee is truly a platform. It opens so many doors that would not have been possible if I had been fully abled.”

In March 2015, Chris was driving home at around 1:00 in the morning when he dozed off and his minivan careened

into a guardrail, piercing the passenger compartment and smashing his left leg. He managed to dial 911, and the Lyft driver who stopped to help kept Chris conscious by talking to him until firefighters and paramedics arrived with the Jaws of Life. They rushed him to the first of three hospitals where he would spend the next 60 days. He remembers hearing the medical staff while he was being prepped for surgery. They couldn't find his systolic blood pressure. They had already given him four units of blood, replacing about 40 percent of his total blood volume.

He recalls experiencing God in a profound way during those moments: “It was like, well, this is what living means: just second by second, breath by breath, as God gives, and whatever happens, then that's in his hands.”

Chris spent ten days in a medically induced coma. When he regained consciousness, he was aware of “weird sensations” throughout his body as he sat with family and friends, considering whether to give the doctors permission to amputate his leg. “Deciding to say goodbye to a part of my own self, my leg, was probably one of the most emotionally painful experiences of my life,” Chris recalls. He didn't realize that the decision had already been made for him. “My most trusted friend was there and he said, ‘They cut off your leg to save your life.’”

So began the process of healing—both physically and spiritually. “I mapped it out,” Chris says. “My first year, 80 percent of my energy, my mental focus, was on getting the body going again. The healing of the mind and the soul was on the back burner. Once I hit my first ‘ampiversary’ until now, it's been a journey of healing inside. It's switched, the ratio.”

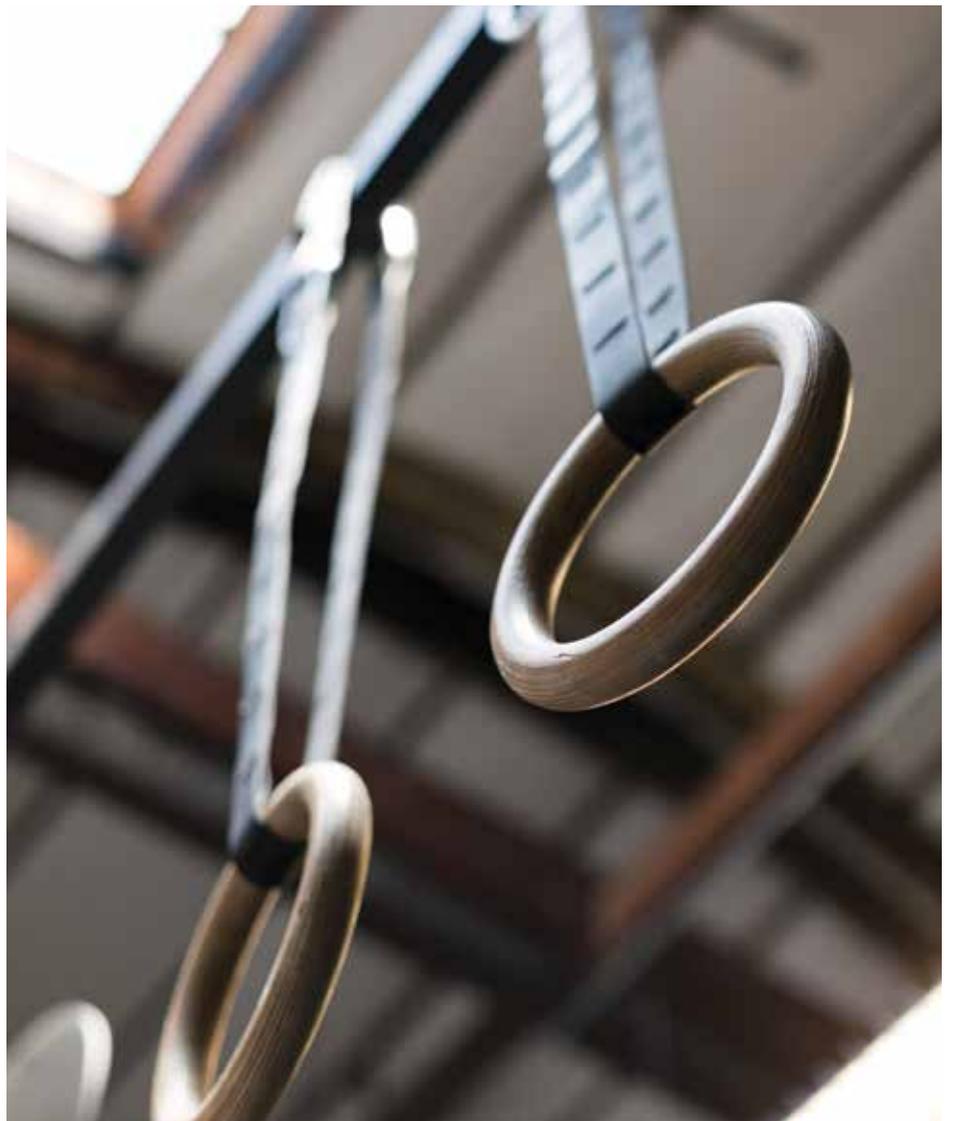
The physical repairs have been arduous. Injuries







*“Deciding to say goodbye to a part of my own self, my leg, was probably one of the most emotionally painful experiences of my life.”*



from the crash also included a fractured pelvis, strained ligaments, a ruptured spleen, and a pulmonary embolism—another life-threatening condition. Chris underwent a total of ten procedures during his hospital stays.

The early steps in his healing weren't even steps. He scooted up two flights of stairs, dragging his walker along, "just so I could get to the kitchen on the second floor of my house and grab myself a bowl of cold milk and cereal," Chris says. "It just felt so nice to do things independently." Another milestone was shopping at the market across from his church and making a pot of beef stew in the church kitchen—all on one leg and a walker. He now wears a prosthetic leg that includes a microprocessor-operated knee, enabling him to move smoothly and naturally.

While Chris has learned to accept the term "disabled," he prefers "adaptive." Along with other amputees and people with serious physical challenges, he participates in Adaptive CrossFit classes, which have helped return his body to "functional fitness." But he asks himself, "How do I also adapt my perspectives and my soul to who I am now, to what God has placed before me? Do I rise up to the challenges, or do I just sit it out?"

One of the challenges has been completing his DMiss program. The accident and recovery period slowed Chris down, but bolstered by the prayers and encouragement of his cohort-mates, he's preparing to tackle his dissertation. His mentor, Elizabeth Glanville, senior assistant professor of leadership, has watched Chris develop both his pastoral identity and his missional perspective following his accident. Two things stand out, she says: "his ability to speak into the amputee community—it's a whole new mission field for him—and his willingness to embrace life as it's happened. It isn't what you expect, and it isn't what you planned, but God uses it."

Chris has developed new empathy not only for people with traumatic injuries, but also for the elderly, who deal with pain and mobility issues on a regular basis. After leaving the hospital, he went to pick up a pair of glasses from his optometrist in Chinatown and couldn't help but notice the reactions: "I look healthy from the waist up and all the grandmas are wondering, 'What's this guy doing on a walker?' Then they look down and see that I'm hopping on one leg," he says. "Pain is universal, so it's an easy opportunity for me to engage with people."

One of Chris's biggest joys came two and a half years after the accident, when he took his family on a trip to Asia. Leaving behind equipment like his shower stool and travel crutches, he went with just his two legs, one natural and one bionic. In Macao, when Chris preached and shared his testimony with his church's sister congregation there, his Chinese cousins heard the gospel for the first time. And Chris continues to find even more joy as his ministry extends beyond the pulpit. He has participated in the Working Wounded Games, a CrossFit competition for severely wounded veterans and permanently injured civilians—and he took to the catwalk during San Francisco Fashion Week to promote a line of high-style, personalized prosthetic covers. In these activities, too, he sees opportunities to reveal God's goodness.

Before the accident, Chris says, his life had all the markers of "the Asian American dream": a wife, a son and a daughter, a career, a house, a couple of cars, a couple of televisions. Now, in hindsight, Chris believes his dream life wasn't sustainable. "The hidden blessing of being in a traumatic car crash is that my pace of life slowed down drastically, and I get to make deeper, more meaningful, wiser choices of how I cherish my relationships and how I spend my time." At the crash scene, someone wrote down his words—words Chris imagined might be his last—on a piece of cardboard: "I love my wife" and "I love my kids." He kept that piece of cardboard: another artifact.

As he now savors time spent with his wife and cookie-baking adventures with his kids, Chris sees himself as a participant in God's renovation project. "Even though I'm physically high-functioning, I'm fatigued," he says. "I need to condition my body so that I function well, and do the same thing spiritually and emotionally too. Who knows what the next crisis or challenge will be? I always remind myself how God is faithful—and that enables me for the future."



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# full personhood

**W**hen Ellen Hong [MDiv '03] was pregnant with her first child, she and her husband, Paul [MAT '02], chose not to learn the baby's gender ahead of time. Throughout her pregnancy, though, Ellen felt sure it was a boy. "I don't know why, but I just had a sense," she remembers. When the baby finally arrived via emergency C-section, the surgeon told Paul to call it—and his words stunned Ellen: "It's a girl!"

"My first feeling, just before the joy, was terror," Ellen confesses. "I felt the weight of the world on me, realizing I now had a daughter who was going to have to face all the challenges and disadvantages of being female. It was a moment of worry that will probably stay with me forever!"

Ellen was just three years old when she moved, with her parents and two sisters, from Taiwan to Los Angeles. Planting a church in their Taiwanese immigrant community, her parents displayed a richness of compassion for others that left a deep impression on Ellen. "Pastoring is much more expansive and fluid in an immigrant community," she explains, animated by the memory. "Many in the church didn't speak any English, so my parents helped them apply for food stamps, enroll their children in school—even things like, 'My toilet broke! Call the pastor!'" she recalls with a bright laugh.

"My mom took me with her on weekly visits to see Peggy, a woman who had cancer. She'd take Peggy soup and sit with her for hours. The depth of my mom's empathy

stuck with me," Ellen shares. "The way my parents lived their lives reflected their beliefs—and seeing that while I was growing up made me want to serve God with my life too, somehow."

Yet intertwined with those positive influences were weights that Ellen would carry with her into adulthood. "As a girl in a Taiwanese immigrant community without a lot of resources, I didn't see myself reflected very much in mainstream society," she reflects. "And growing up in that culture, there was always this sense that being a girl wasn't enough. It was a feeling that would end up taking me decades to work through."

Ellen found both help and hindrance to working that through when she came to Fuller many years later with the goal of becoming a pastor herself. Not all, but many of her fellow male students, she says, didn't seem to take her seriously as an Asian female. "Often they'd just assume I was an MFT student because I was a woman!" Yet other experiences encouraged her. "Ray Anderson, one of my favorite professors, talked about a theology of the 'sinned against' and not just a theology of the sinner," she explains, "and how it was important for pastors to directly confront difficult issues like domestic violence from the pulpit. Those ideas felt healing to me." Another professor, Marguerite Shuster, inspired her: "She represented for me a woman who could stand in her full calling. Being a woman wasn't taking away from that; in fact, it added to who she was and what she could do."



When she was awarded a fellowship that funded a year of international service after graduation, Ellen—with new husband Paul—served first at Oasis UK in London, providing holistic support to homeless individuals. It was there that she met a man named Jimmy. “Even though Jimmy now had his own flat, he would still come to our center every day to shower, talk football, and hang out. He came for the community,” she says. “One day after taking his shower—which he could have done at home—Jimmy came out and said, ‘I feel great! I feel human again!’ That really moved me, because it struck me: this was a place that recognized Jimmy’s dignity and *personhood*. Doing that, for every man and every woman, is what it means to be part of the kingdom of God.”

After serving in two other places that impacted her deeply—Uganda, where she was overwhelmed by the immense poverty, and Taiwan, where she was challenged by others’ boundless hospitality—Ellen returned to the US determined to live differently. She got her chance when Paul came across a job listing he thought might interest her: not in pastoral ministry, but working in a transitional shelter at the Center for the Pacific Asian Family in Los Angeles—CPAF—that serves survivors of domestic violence and sexual assault in the Asian Pacific Islander (API) community. She got the job. “It wasn’t what I’d ever have anticipated for myself,” Ellen says with her distinctively buoyant spirit. “I really think God opened the door for me to do this work.” Nearly 13 years later, she’s still there.

CPAF provides culturally sensitive support for members of the API community, primarily women, who have experienced abuse: a 24-hour hotline and intervention services in 22 different languages, an emergency shelter, two transitional shelters, and preventive community education. Now CPAF’s community program director, Ellen finds herself challenged to live out the care she saw so clearly modeled in her past—and to do all she can to address the deep longing of all those she encounters to, like Jimmy, be recognized in their full personhood.

Hearing the stories of women who have come to CPAF over the years, though, has too often affirmed that gut-level fear Ellen felt for her baby daughter. “No one,” she says, “marries someone thinking they will be a person of harm.” One woman, Beatrice (not her real name), came to CPAF with her five-year-old son on a Greyhound bus from San Francisco to escape an abusive husband. “It was very heavy for her, having to recreate her life as a single mother,” Ellen says. Over time, Beatrice made friends, joined a church, got a home through Habitat for Humanity, saw her son off to college at UC San Diego—and now she’s a member of the advisory council for the shelter that first took her in,” Ellen shares with delight.

As she oversees CPAF’s community and prevention work, Ellen seeks to culturally contextualize all they do—and to listen well. “We want to support the API community in the ways they need,” she says. “It means going out with humility and asking, what works for you? What do you want to do that you don’t have the resources for?”

They recently partnered, for example, with another agency to educate a group of Thai massage workers about what qualifies as sexual assault. “But the workers laughed and said, ‘Those kinds of things happen to us in our work every day!’” Ellen says. “So we



asked them what would be most helpful and they said, ‘We want to learn self defense!’ They need to keep working, but want a way to protect themselves from clients who push the boundaries. One of our staff members happens to know self defense, so we started a workshop for these women to empower themselves.”

As she’s done this work, Ellen has found some healing for herself. “Out of our staff of 40 at CPAF, we’re discovering that most of us have experienced some form of sexual assault ourselves, and it’s only recently that we’ve been intentionally talking about it,” she says. Ellen is one of them. When she was just 11, a man followed her home, exposing himself inappropriately. “I never told anybody about it—but that experience scared me, and made me feel insecure as a girl for years afterward. It’s only now, decades later, that rather than seeing myself as a victim, I can see myself as a disrupter to this kind of culture.”

Ellen now has two little girls: The elder, Shinja—whose arrival brought that flash of terror in the hospital room—is in kindergarten, and Kansha is a toddler. “Having two daughters has really helped crystallize for me why the work I do is so important,” Ellen affirms. “It’s about transforming our communities so that everybody is treated with the full dignity that Jimmy so clearly felt that day at Oasis. It’s about making sure that dignity isn’t chipped away because of their gender, and that they can stand in the full personhood of who God created them to be.”

Although Ellen didn’t end up in full-time church pastoring as

she’d planned, she very much sees her work as ministry. “Listening to the stories of assault survivors is a holy thing,” she reflects. “It’s gritty work, but this is what Christ did: emptying himself to hold our pain on the Cross for the sake of redeeming us—and this has become the model through which I understand our Christian calling. It’s in this sacred work of emptying myself to hold another’s pain that I’ve been able not only to help restore a sense of personhood to others, but to come into more of who God has made me.”

Last Halloween, Shinja decided she wanted to dress up as a supergirl. “I asked her, ‘Do you know what you’re fighting, supergirl?’” Ellen recounts. “‘Bad guys?’ she said—and I told her, ‘Yes! They’re bad guys that go by the names of sexism and racism!’” Ellen laughs as she remembers their exchange, then grows serious. “It’s never too early for her to embrace that message of empowerment, and to start standing in her full personhood as a young lady.”



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**1880**

**LOS ANGELES  
POLICE ACADEMY**



# VICARIOUS TRAUMA

## AND THE LAPD

**A**s you drive into Los Angeles, it's 8:00 in the morning but already 88 degrees. You're tired from not sleeping well last night—or the night before, for that matter. Twelve-hour shifts take a toll. As you head downtown for your first call, you wonder how the old guard did it: 20- or 30-year careers as a police officer. You aren't to your fifth year yet, and you hate to say it, but maybe it's time for an administrative job. It's not for a lack of commitment, but because of days like today.

Your first call is drunk. His anger blazes when you and your partner remove his two kids from his custody, but his yelling and swearing is nothing compared to the crying of those kids. Their faces are bruised, but they don't want to leave. In spite of it all they love their father, and they desperately scream "Daddy!" as you carry them out of the only world they know and drive them to Child Protective Services.

Your second call is confused. You make out a report on the scam that was pulled on her and, while you're there, tighten the leaky pipe under her bathroom sink. She couldn't do it herself—her husband used to do all those things, her arthritis is bad, and she can't see well any more.

Your third call is armed. It seems to be a drug deal gone wrong, and you know it could go in any direction. The guy has a knife, but your partner distracts him and the two of you act quickly to secure him in handcuffs before anyone gets injured or worse. He resists and kicks all the way to the car, as four people capture you on video with their cell phones. One woman screams that you're a murderer and that cops don't care about people.

Your fourth call is complicated. Whether from drugs or a lack of drugs, she is not processing things properly. Her twitching spooked a local shopkeeper, and now she incoherently curses at you as you try to calm everyone down.

Your fifth call is lost. He's six years old, couldn't remember his way home or his address, and it was getting dark. He's trying not to cry, but he is scared of both the situation and of you. You get him home. And then it's time to focus on your next call.

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*“POLICE WORK CAN  
DEplete EVERY ASPECT  
OF A PERSON. HOW CAN  
TRAINING HELP TEMPER  
OR EVEN REVERSE THAT  
DEPLETION?”*

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This is why you might not get to your fifth year on the street. The job is not only dangerous, it is taxing. This emotional roller coaster is what it means to be a Los Angeles police officer. Everyone has a worst day of their lives, but you experience other people's worst days over and over. Hundreds of times a year. The question you face daily is this: How do I help people and protect my city without losing my compassion, my desire to serve, my belief in humanity?

This is what vicarious trauma looks like. Even if a police officer is never injured or put in a life-threatening situation, repeated exposure to traumatized people or traumatic situations can induce post-traumatic stress disorder (PTSD). There are only so many times a human being can see what a police officer sees before his or her own health begins declining. Helping with this challenge is what drives Luann Pannell, a psychologist who has been fighting for the mental and emotional health of police officers for 18 years.

When Luann joined the Los Angeles Police Department in 2000 as a police psychologist, veteran officers were skeptical of what this civilian could contribute to the force; after all, had she seen what they had seen? She hadn't, but she brought something they did not have. At Fuller, she had been on research teams to study PTSD in both military veterans and children who suffered community violence; the latter research formed the basis of her dissertation to earn her PhD in Clinical Psychology in 1997.

In fact, her outsider's view gave her exactly the perspective into officers' well-being that they themselves could not see. Her success in treating officers with PTSD and her training

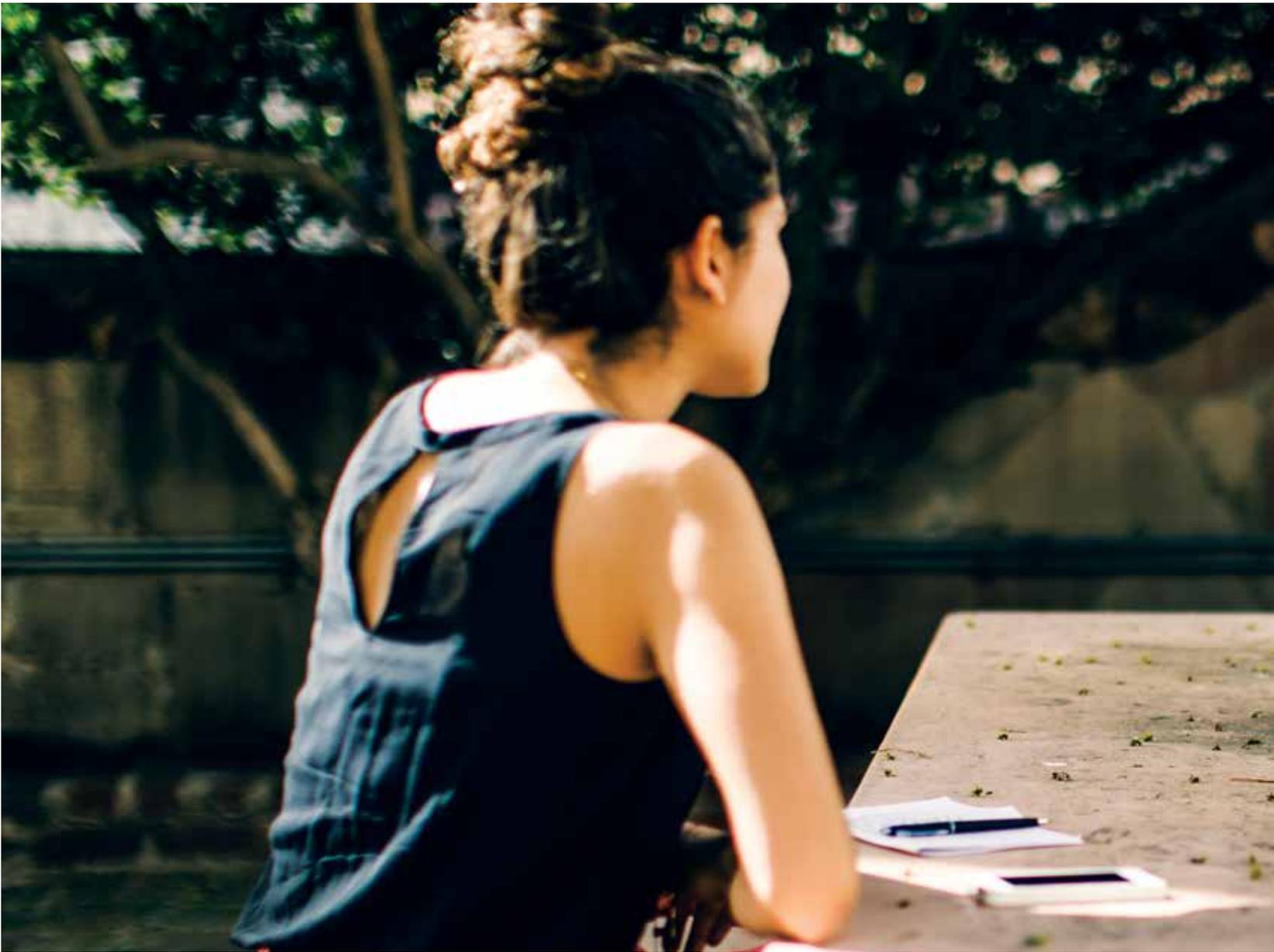
seminars on handling vicarious trauma slowly gained her the trust of others, who began to care less about her lack of experience on the beat as they saw what she did for the cops themselves. She was promoted to director of police education and training, and when a restructuring initiative for the Los Angeles Police Academy began, she was positioned to embed training throughout the new curriculum that would give officers the mental and emotional resiliency they needed to most effectively serve their city.

With the convinced support of the department, Luann spearheaded a complete revamping of the academy, starting at the most fundamental levels. Much of this was catching up with the edicts of the Christopher Commission, an independent investigation into the LAPD following the Rodney King beating and resulting civil unrest back in 1992. Nothing short of a complete overhaul of police training and education was necessary to implement the changes ordered by the commission—across a 10,000-person police force.

Luann didn't shrink from that daunting challenge, and her leadership earned her a promotion to codirector of the police academy, making her the only civilian codirector in California. Now, with 13 years under her belt and a tremendous support team, she has been able to see what works and what doesn't in the world of police education. As she has helped guide the academy through all that change and growth, the constant has been Luann's passion and vision to train the healthiest officers possible.

“Policing is an admirable job,” she says, “and most who sign up for it are doing so out of a sincere desire to help and





serve others. Yet on any given shift officers can be traumatized, whether directly or indirectly. Police work can deplete every aspect of a person—physically, mentally, and emotionally. How can training help temper or even reverse that depletion, so that their core desire to help and serve is not wiped out by the trauma they endure while helping victims and arresting suspects? If we are knowingly exposing officers to violence, how do we build the resiliency that will help them hold on to their emotional, mental, and physical well-being?”

It’s difficult to overstate the immensity of the task, even with cutting-edge pedagogy. Each class of recruits has six months of training before entering the field, and they need to learn everything from using radios to recognizing signs of child abuse, from memorizing binders full of legal codes to knowing how to deescalate a potentially deadly incident. “Let’s also remember how young some of our freshly minted officers are,” Luann stresses. “Some of these 23-year-old officers are arresting belligerent drunks their own age at college football tailgates, reviving drug addicts with Narcan, or intervening in domestic

violence altercations. We’re asking them to accept a tremendous responsibility.”

Regardless of the odds, Luann has one goal: prepare these officers to succeed. Previous education emphasized training the cognitive and psychomotor skills of recruits, but that wasn’t enough. They needed to be trained at the *affective*—emotional—level as well. Integrating that affective dimension into the training, Luann believes, grounds the individual and reduces the risk of burnout or ethical missteps. “Our task is to provide training that looks at the whole person,” she says. “We don’t just want a recruit to give us the right answer. Rather, can that recruit give the proper physical response to a situation when under emotional stress? That is an integration of theory, tactical practice, and emotional stability.”

With mental health considerations woven into the entire curriculum, the academy is producing officers with more tools for helping themselves and others in the field. The training now helps officers, for example, to process events quickly after the peak moment of a crisis. “Most people get time to emotionally



reset between major highs or lows. Officers don't get that when they work 12-hour shifts," Luann emphasizes. "They often go from incidents that would emotionally unhinge many of us—like removing a child from an abusive household or having to use their gun—to immediately having to deal with a petty crime or even do community goodwill. Our training aims to help them navigate those intense and often destabilizing incidents and transitions."

The veterans see the positive changes. New recruits can handle stress and trauma better, and both new officers—"probationers"—and their training officers report a higher level of job satisfaction. "Probationers for the most part are better; their training now is better than it was five years ago," one field training officer remarked after the new training was put in place. "I've noticed the difference."

"We don't have the same loss of probationers," a captain observed, noting the vast difference from his own days as a recruit. "Before, they were dropping like flies. In my opinion, we are now putting out in the field the best recruits we've ever had."

It's a herculean labor to make a 10,000-person police force

the healthiest it can be, but this is Luann Pannell's passion and calling. She has deep respect for those who enter the academy to protect and serve their neighbors, and she works to keep that pure and loving motive intact—even as those officers experience days upon days just like that very real scenario at the beginning of this story. "When someone signs up to be a police officer, they are *guaranteed* to meet violence and trauma," says Luann, "so they need to be mentally healthy. I want these young men and women who come into the force at 23 or 24 with noble intent to recognize the person in the mirror at the end of their policing career."



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# MISSIONARY SOLDIER

**T**he video dominated social media feeds for a time. A trio of heavily armed

men cloaked in desert fatigues stand alert behind a tank in a devastated Middle Eastern city, across the street from a mass of dead bodies—civilians gunned down by ISIS. The men spot a little girl alive in that mass, peeking out from under the hijab of her dead mother. One of the men decides he must pull her out. As the other two fire machine guns to give him cover, the man runs across the sniper-targeted street—risking his life—and dashes back moments later carrying the little girl, her hair in pink-ribboned pigtails, in his arms. He hoists her onto his back, says a quick prayer, and carries her to safety.

The man is David Eubank [MDiv '95], and the city is Mosul, Iraq. David and his family have been in Iraq, Kurdistan, and Syria since 2015 on the literal front lines of the fight with ISIS, and that video captured just one of many rescues David did that day. “We weren’t completely successful,” he says. “We saved that little girl, and a man, but we lost the next guy. And one of my guys, Ephraim, got shot in the leg.”

This kind of hazardous work isn’t new to David, who grapples daily with what it means to serve as both missionary and soldier. He’s been doing it for nearly 25 years, primarily in Burma through his organization Free Burma Rangers. Growing up in Thailand as the son of lifelong missionaries, David followed in the footsteps of his father and grandfather to attend college at Texas A&M University and then join the military. Serving in the US Army for a decade, he was well trained as a soldier.

The pendulum swung for him in the direction of being a missionary when he decided to leave the Army and enroll at Fuller. David was ready to learn something new. “Attending Fuller was an adventure. It called for more faith, because





## “JESUS HAS HELPED ME NOT TO HATE ISIS, EVEN THOUGH I’VE SEEN THEM KILL SO MANY GOOD FRIENDS AND INNOCENT WOMEN AND CHILDREN. I’VE NEVER HATED ISIS, AND THAT’S GOD’S GIFT.”

there was nothing at Fuller that I knew about,” he says. “I thought that maybe I would become a better person if I got out of the military, but found that wasn’t necessarily true.”

The Burmese people have been fighting a civil war since 1948 and, during David’s first year at Fuller, members of a tribe from Burma traveled to neighboring Thailand to find help—where they met David’s father, still serving as a missionary there. When they heard through him about David, the Burmese tribe members said to his father: “This guy was in special forces. We’re a warrior people. We need Jesus. Send him to us!”

David eventually answered that call and returned to Southeast Asia with his new bride, Karen, to do the kind of combat zone aid work—balancing mission and military—he has been doing ever since. In 1997 he founded Free Burma Rangers, training relief teams to go on months-long expeditions through the Burmese jungles looking for people who needed help in any form. As David and Karen began having children, they deliberated and prayed extensively about the work God would have them do as a growing family. Their two daughters and one son, now 16, 14, and 11, came to take part—in age-appropriate ways and away from areas of direct fighting—in an expanding ministry that grew to include schooling programs and aid delivery.

When friends asked them a few years ago to pray about coming to Iraq, circumstances miraculously aligned to allow them to go: the Eubank family and their entire ministry team of primarily Burmese natives. The fact that David and Karen brought their children with them spoke volumes about their commitment to the Iraqi forces they came to help. “You brought your son, your most precious thing,” a Kurdish general said to David. “I give you my most precious thing—my country. You can go wherever you want to go.” Ever since, while David works on the front lines, Karen and the kids serve away from the fighting, providing whatever care is needed to

local families who have fled their homes.

In Iraq as in Burma, David daily grapples with the complexities of being both a soldier and a believer. “My time in the military prepared me for this work,” he says.

“We’ve seen villages burned, people attacked,

and we respond not necessarily as soldiers but as ambassadors for Jesus to help people in the worst situations, with whatever kind of aid they need. But the context is war. It’s like if you’re an experienced fisherman, and you’re trying to rescue people at sea, you don’t think about it—you just go! My whole adult life has been the military in one form or fashion, and so going into war zones was just natural for me.

“My policy about violence or non-violence,” he reflects, “is to ask the Holy Spirit, ‘What should I do?’ And I believe God is dynamic. He calls us to do things differently all the time. Maybe one time you have to intervene and enter into combat with your enemy, when lives are at stake. Maybe another time you just have to share the gospel and die. I don’t know! I try to listen to what he would have me do.”

David has suffered much loss in this work over the years; an “In Memoriam” page on the Free Burma Rangers site documents many friends who have lost their lives. But one tragedy, also centered on a little girl, hit David especially hard. “We had just liberated a neighborhood in Iraq,” he says, “and I was playing with a little three-year-old girl there. She was so happy, saying ‘Americi! Americi!’ to me. But ISIS fighters were waiting on the back end, and clap! They shot her dead.”

Infuriated, David told a ministry partner he’d had enough. “I can’t live with this anymore, man! I can’t watch these kids get shot and just say, ‘Well, we’re Christians. We can’t help you there,’” he said in his distress. “So I decided I was going to go after the fighter who killed that little girl. It’s justice!” The next morning, planning to hunt down the killer that day, David first had a devotional time. “I opened my Kindle and asked, ‘Lord, what should I read?’ And boom—he directs me to Roman 12: ‘Vengeance is mine, says the Lord.’”

The words sucked the breath out of David’s

lungs. “Oh—what I was calling justice was vengeance. So I said, ‘Jesus, forgive me. I reject vengeance. I give it up.’ And he took it away from me.” Later that day, when David and his team were on the front lines of the battle again, “I didn’t feel like I had to make anything right,” he asserts. “I just had to obey Jesus. I’m his ambassador. If that means I fight, I fight. It’s not my business. It’s his business. My role is to obey Jesus, love all I can, and obey him in those interactions.”

David did fight ISIS that day, and has at other times, when he’s been compelled to protect the lives of others. “It’s not our role to engage in combat unless we really have to, and I don’t like telling about fighting very much,” he says. “But sometimes it happens. And I know this: ISIS soldiers are redeemable, just like I am—and they can change, so I keep praying for them.” Always, David is quick to shift the focus back to Jesus. “Jesus has helped me not to hate ISIS, even though I’ve seen them kill so many good friends and innocent women and children. I’ve never hated ISIS,” he insists, “and that’s God’s gift.”

David thinks and prays seriously about the ways his calling as a missionary and his skill set as a soldier interact with each other. “I always wanted to be a soldier, and in a way, I think I’ll be one until I’m dead. When I came to Fuller,” David remembers, “I wrote down all my sins along with my propensities—things that maybe weren’t ‘wrong’ but that could get in the way of serving God—and one propensity was ‘being a soldier.’ I wrote them all down on a piece of paper and then burned it up, as a way of giving it all over to God. I’m not sure a lot changed, except one important thing: God gave me more love, even for those I’m sometimes called to fight. I have a love for my enemies in Iraq, Syria, Burma. That didn’t happen out of will power. It happened out of surrender to Jesus.”

Hear more from David Eubank as Mark Labberton speaks with him on his *Conversing* podcast, available online.

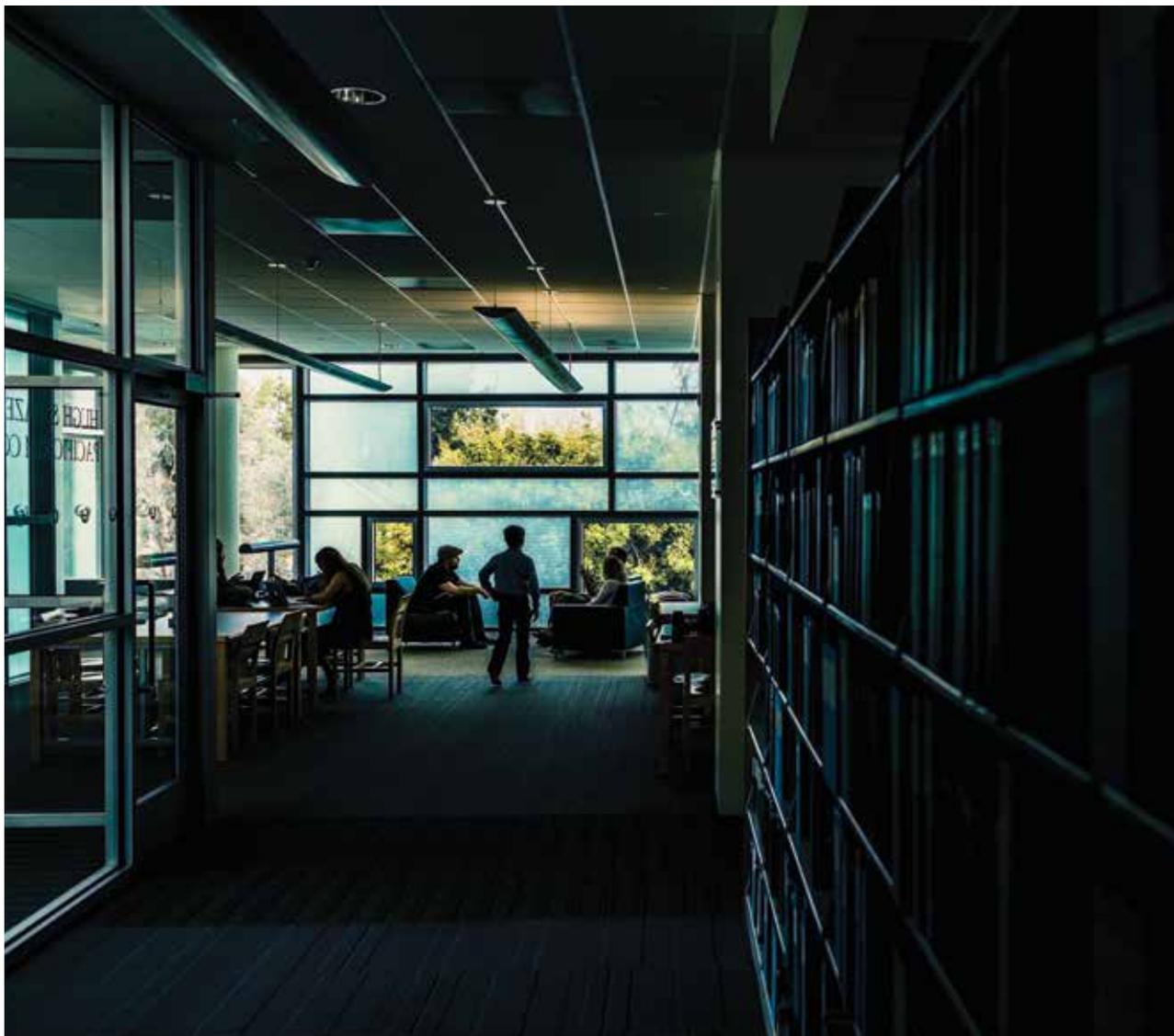


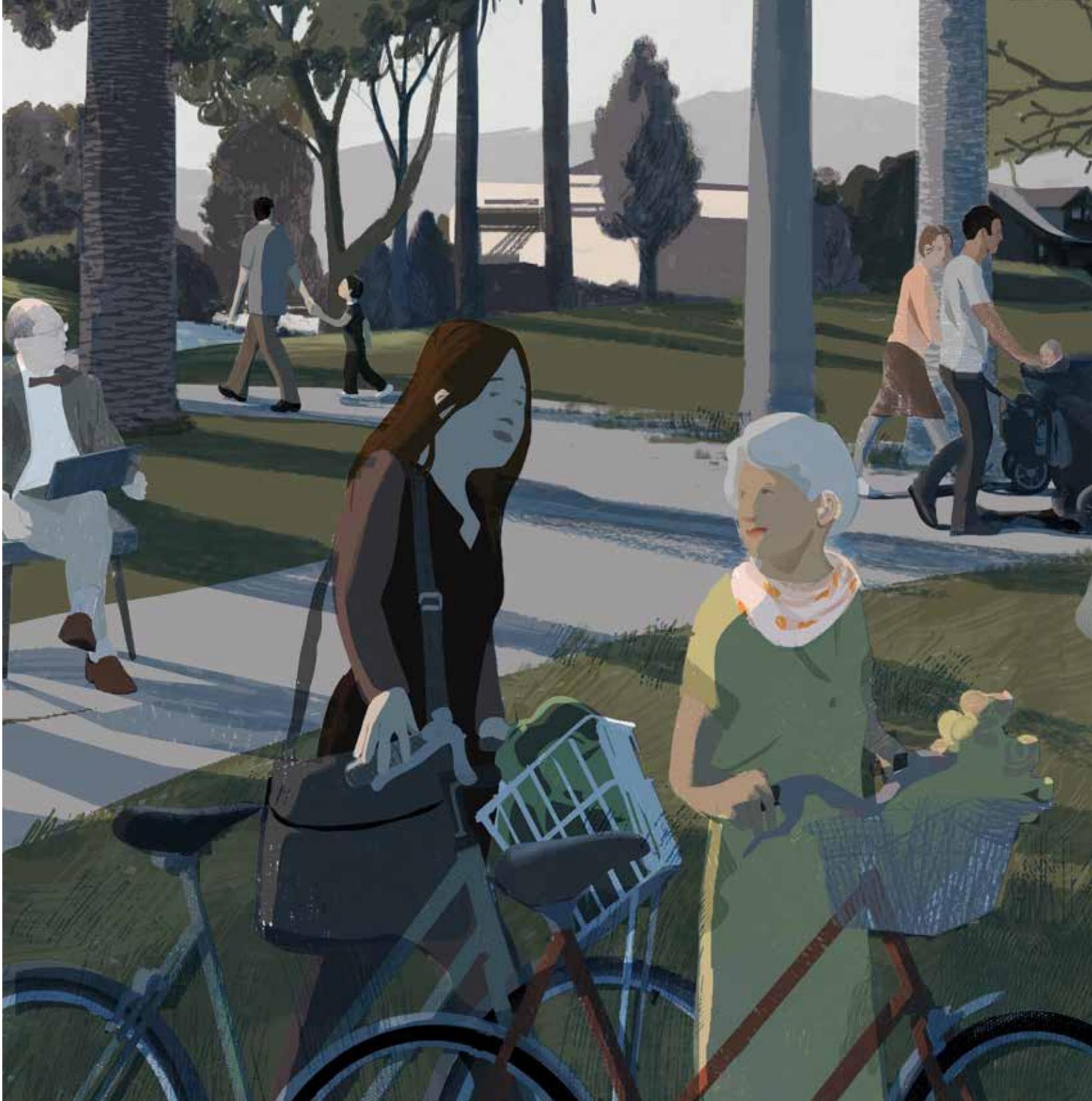
**ELIJAH DAVIDSON** [MAICS '14], storyteller, attended Texas A&M and Fuller, like David, but only manages websites for Fuller, not rescue operations.



**NATE HARRISON**, photographer, is Fuller’s senior photographer and video storyteller. Find his other work at [NateCHarrison.com](http://NateCHarrison.com).

Field image courtesy **Free Burma Rangers**.





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# HEALTH AND HEALING

by Amos Yong  
Guest Theology Editor

# SALUD Y SANIDAD

Por Amos Yong

# 건강과 치유

아모스 용

The theme of this *FULLER* magazine issue, health and healing, is arguably also central to the New Testament. In the Christian canon, the Greek word for salvation, *sozo*, means to make well or whole. Christian soteriology (the doctrine of salvation), then, is about wholeness, wellness, or health, in the fullest sense of that notion. Some believers thereby find scriptural warrant for including physical healing in the atoning work of Christ: “by whose stripes ye were healed” (1 Pet 2:24b).

But what exactly did healing and wholeness, even salvation, mean for the apostolic writers? Are we sure that our contemporary Western understandings of these terms are identical with that of these New Testament authors? How might contemporary medical anthropological perspectives applied to the first-century Mediterranean world shed new light on how the early Christians

El tema de esta edición de la revista *FULLER*, salud y sanidad, es indiscutiblemente central para el Nuevo Testamento. En el canon cristiano, la palabra griega para salvación, *sozo*, significa sanar o ser hecho completo. La soteriología cristiana (la doctrina de la salvación), entonces, es sobre la plenitud, el bienestar, o la salud, en el sentido más completo de esa noción. Algunos creyentes, por tanto, encuentran una justificación bíblica para incluir la sanidad física en la obra expiatoria de Cristo: “por cuyas heridas habéis sido sanados” (1 Pedro 2:24b).

Pero, ¿qué significaba exactamente la sanidad y la plenitud, incluso la salvación, para los escritores apostólicos? ¿Estamos seguros de que nuestros entendimientos occidentales contemporáneos de estos términos son idénticos a los de estos autores del Nuevo Testamento? ¿De qué manera las perspectivas médicas antropológicas contemporáneas aplicadas al mundo mediterráneo del primer siglo arrojan una nueva

*FULLER* 매거진 이번 호의 주제인 건강과 치유(health and healing)는 신약 성경의 중심이라고 할 수 있습니다. 기독교 성경에서 '구원'의 헬라어는 'sozo' 인데, 바르게 혹은 온전하게 만든다는 의미입니다. 그러므로 기독교 구원론(구원의 교리)은 충만한 의미에서 온전함, 바름, 혹은 건강에 대한 것입니다. 그래서 어떤 신자들은 “그가 채찍에 맞음으로 우리가 나음을 입었다”(벧전 2:24b)는 그리스도의 구속에 대한 말씀에서 육체적 치유에 대한 성경적 근거를 찾습니다.

그러나 치유와 온전함, 더 나아가 구원이 성경의 사도적 저자들에게 정확히 무엇을 의미했을까요? 이러한 용어들에 대한 우리 현대 서양의 이해가 신약 저자들의 이해와 같다고 확신할 수 있을까요? 어떻게 1세기 지중해 세계에 적용된 현대 의료 인류학적 관점이 초기 그리스도인들이 치유를 어떻게

understood healing? Are not the cross-cultural differences across two millennia as deep as those between our modern Western biomedical perspective and that of the majority world or indigenous cultures? What about how those in other religious-cultural contexts deal with sickness and disease, even drawing from the resources of their traditions?

From a more contemporary perspective, further, what are the social, political, and economic dimensions of health and sickness, wholeness and impairment/disability—and how can we better understand personal, bodily, and mental disease against broader socio-historical and environmental factors? Relatedly, then, how might contemporary interdisciplinary approaches to healing from the socio-psychological sciences illuminate and correct both ancient and contemporary understandings

of healing? Last but not least, how might we respond interpersonally and pastorally, as people of faith, not only to fellow members of the body of Christ but to any and all who are less than whole that God brings into our lives?

The essays that follow address these various and interrelated questions regarding health and healing. Our authors come from around the world and from varied disciplines, bringing perspectives from different regions and vantage points to the discussion. Each one writes from within the Christian faith and confronts the hard and complex questions posed through human experience in these areas. While even cumulatively we do not claim to have the final word, we are helped to ask better questions—and to consider these matters scripturally and with greater depth and understanding.

luz sobre cómo los primeros cristianos entendían la sanidad? ¿No son las diferencias interculturales a lo largo de dos milenios tan profundas como las que existen entre nuestra perspectiva biomédica occidental moderna y la del mundo mayoritario o de las culturas indígenas? ¿Qué de quienes en otros contextos religioso-culturales tratan la enfermedad y las dolencias sacando los recursos de sus tradiciones?

Desde una perspectiva más contemporánea y más allá, ¿cuáles son las dimensiones sociales, políticas y económicas de la salud y la enfermedad, la plenitud y la dolencia, y cómo podemos entender mejor las enfermedades personales, corporales y mentales en contra de los más amplios aspectos socio-históricos y factores medioambientales? De manera relacionada, entonces, ¿cómo podrían los enfoques interdisciplinarios contemporáneos a la sanidad de las ciencias socio-psicológicas, iluminar y corregir tanto los entendimientos de

sanidad antiguos como los contemporáneos? Por último, pero no menos importante, como personas de fe, ¿cómo podríamos responder interpersonal y pastoralmente a quienes Dios trae a nuestras vidas, no sólo a los miembros del cuerpo de Cristo, pero a todos quienes no experimentan dicha plenitud?

Los ensayos a continuación abordan estas preguntas diversas e interrelacionadas con la salud y la sanidad. Nuestros autores y autoras provienen de todo el mundo y de diversas disciplinas, aportando perspectivas de diferentes regiones y puntos de vista a la discusión. Cada cual escribe desde adentro de la fe cristiana y, sin embargo, confronta las difíciles y complejas preguntas que se plantean a través de la experiencia humana en estas áreas. Si bien no pretendemos tener la última palabra, el trabajo en conjunto nos ayuda hacer mejores preguntas, y a considerar estas cuestiones bíblicamente y con mayor profundidad y comprensión.

이해했는지에 대해 새롭게 조명해 줄 수 있습니까? 2천 년에 걸친 교차 문화적 차이가 현대 서구의 생명 의학적 관점과 대다수 세계 혹은 토착 문화의 관점과의 사이의 차이만큼 깊지 않을까요? 다른 종교 문화적 상황에 사는 사람들이 자신들의 전통적 자원에 의지해서 병이나 질병을 다루는 것은 어떻습니까?

더 나아가 보다 현대적인 관점에서 볼 때, 건강과 병, 온전함과 질병의 사회, 정치, 경제적 차원은 무엇일까요? 그리고 어떻게 개인적, 신체적, 정신적 질병을 더 넓은 사회역사적, 환경적 요소들과 관련해서 더 잘 이해할 수 있을까요? 이와 관련하여 사회심리 과학에서 치유에 대한 현대적 학문 간 접근법이 어떻게 고대와 현대의 치유에 대한 이해를 조명하고 교정할 수 있습니까? 마지막으로 중요한 것은, 우리가 믿음의 백성으로서 그리스도

몸의 지체들만이 아니라, 하나님께서 우리 삶으로 인도하시는 온전하지 못한 모든 사람에게 어떻게 관계적으로 그리고 목회적으로 반응할 수 있습니까?

여기에 포함된 글들은 건강과 치유에 관련된 다양하고 상호 연관된 질문들을 다룹니다. 세계 곳곳의 다양한 분야의 전문가들인 저자들은 서로 다른 지역과 위치에서 바라본 관점들을 가지고 토론에 참여하고 있습니다. 각자가 기독교 신앙 안에서 글을 쓰면서도, 이러한 지역들에서의 인간 경험을 통해 제기되는 어렵고 복잡한 질문들에 대한 대답을 시도합니다. 비록 우리가 전체적으로 이러한 질문들에 대한 최종적인 답을 제시했다고 할 수는 없지만, 더 나은 질문들을 던질 수 있고, 이러한 문제들을 성경적으로 그리고 더 깊은 이해를 가지고 고려할 수 있게 되었습니다.



## PNEUMA AND PNEUMONIA: RECONSIDERING THE RELATIONSHIP BETWEEN SPIRITUAL AND MEDICAL HEALING

E. Janet Warren

E. Janet Warren is a family physician and independent scholar in theology. Holding an MD from the University of Toronto and PhD from the University of Birmingham in the United Kingdom, she has research interests that focus on healing, deliverance, evil, suffering, and the psychology/theology interface. Her publications include *Cleansing the Cosmos: A Biblical Model for Conceptualizing and Counteracting Evil* and *Holy Housekeeping: Understanding Evil and Living Holy Lives*.

**W**hen people are sick, they have many questions: Why am I sick? Is God causing my illness or a demon? Did I sin? Do I see a doctor or pray? Illness, especially if severe, threatens our identity and security. How we understand illness affects our physical, psychological, and spiritual health, as well as our response to illness. Misunderstanding can be costly in terms of incorrect treatment (e.g., prayer when a pill is also needed) and/or intensified suffering (e.g., guilt when an illness is caused by natural factors). Yet confusion abounds. People often limit healing to the physical body, and assume a straightforward relationship between sickness and healing. Responses are inconsistent. I have seen patients give up on God and life after being diagnosed with a terminal illness. I have seen people request prayer for healing and, almost shamefully, see a doctor as well. Others seek medical treatment only after prayer has “failed,” or vice versa. One of my patients was suffering from a serious depression treated with medication. She assured me “this is where God wants me to be.” I wondered why she was taking antidepressant medication.

Christians seem to have two types of responses. Some stoically accept that God has some mysterious plan and may boast about their sickness. Others expect, indeed demand, perfect health. They obsess about their bodies, always trying the latest health fad. This can be viewed as idolatry. Many Christians appear to assume a dichotomy between medical treatment and divine healing—it is either one or the other. Some are suspicious of professional health care, and equate science with scientism, the worship of science.

I suspect some of this confusion results from misunderstandings related to the nature

of illness and healing, biblical teaching on illness and healing, and the relationship between medical science and Christianity. In this essay, I discuss these issues and consider how a clearer understanding may guide our approach to healing. I argue that the relationship between spiritual and medical healing is not one of either/or but of both/and.

With respect to terminology, I use sickness, illness, and health generically. Note that, although suffering often accompanies sickness, they are not identical, and I am not focusing on this perennial problem. I am also restricting my discussion of Christianity to North American evangelicalism (broadly understood), and of medicine to Western culture. The Greek term *pneuma* means breath, wind, or spirit and is the root of medical words related to the lungs, such as pneumonia, and of theological words related to the Holy Spirit, such as pneumatology. It provides a handy illustration of the relationship between the two fields.

### A COMPLEX CREATION

God’s world is delightful but complicated. Health, its impairment, and its recovery are multifaceted. First, not all illness is bad and most resolves spontaneously. Some afflictions are useful. Pain alerts us that something is wrong or that we need rest. Our bodies heal infections better in a warm environment (i.e., fever is mostly helpful). Also, God designed our bodies to be self-healing—people recover from approximately 90 percent of illnesses unaided. Healing is likelier when the body is in a state of good nutrition and rest. Doctors don’t heal fractures; they only align the bones so that when new bone grows it heals straight. Antibiotics do not heal damaged tissue. Furthermore, medicine is not an exact science and is influenced by changes in research, culture, economics, and politics.

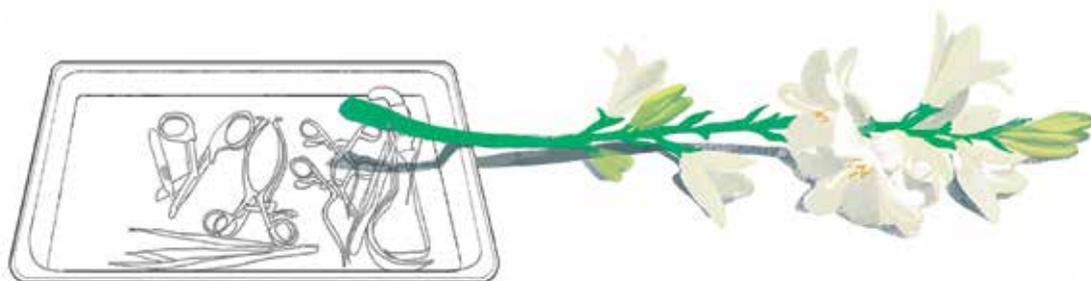
Second, illness development is complex. How we understand causation affects how we respond to events and how much we suffer. Enlightenment philosophy, which views the world in a straightforward fashion as functioning much like a clock, has been influential. This perspective is no longer valid in light of contemporary scientific research:<sup>1</sup> Quantum theory suggests that causation can occur at a distance, and chaos-complexity theory tells us that many events, especially biological ones, are dependent on multiple factors that feed back on themselves (causal agents cannot be determined), and that many events that appear to occur suddenly (e.g., water freezing) are actually the result of gradual processes.

The biomedical model of disease dominated medical thought for 125 years. It focuses on pathological processes and treats physical/biological facets of disease. For example, a bacterium in the lungs causes pneumonia, which is treated with an antibiotic. This “body-as-machine” model is a simple linear one. However, medical science now recognizes that most illnesses are complex dynamic processes; the observed condition (and perhaps its immediate antecedent cause) is only the end result of a web of causation.<sup>2</sup> Even genes are affected by the environment. Illnesses are unpredictable; e.g., smoking does not always cause cancer. Furthermore, many disease and treatment mechanisms are unknown. Many conditions (e.g., hypertension) occur within a range and “diagnosis” is arbitrary. In addition, medicine recognizes the role of psychosocial factors, such as stress, poverty, and the placebo effect in illness.<sup>3</sup> Even the healing of a “straightforward” disease, like pneumonia, depends on the afflicted person’s underlying physical and psychological state.

Along with multiple causes of illness, med-

icine also endorses multiple treatment approaches. My medical students often only suggest pharmaceutical treatment. However, educating patients about their illness is just as important, as are lifestyle measures such as regular exercise, good nutrition, and adequate sleep. When medication is required, remember that pills are derived from nature (God’s creation). Since many illnesses are self-limited, often physicians take a “watch and see” approach.

In sum, many factors are involved in health and healing; they interact and cannot always be known. If we consider biblical perspectives, we can add sin and evil spirits as causative factors (addressed further below). Sin can be both individual and collective (e.g., envi-



ronmental pollution), and our sin may not be obvious or directly antecedent to the illness (e.g., the effects of excessive alcohol can manifest long after someone quits drinking). Demons may directly cause illness, but more often piggyback on sin.<sup>4</sup> God’s good creation is complex but has been further complicated and tainted by human and demonic rebellion.

#### HEALTH AND HEALING IN THE BIBLE

Biblical conceptions of health are often misunderstood. First, the Bible does not teach that perfect health is an expectation. God pronounced creation “good” but not in a utopian

manner.<sup>5</sup> Although original creation was untainted by sin, we have no reason to assume that it was free of affliction. In Eden, if the first humans climbed a tree and fell, they would have experienced injuries. The Psalms attest to illness as a universal experience, and Paul teaches that suffering is inevitable. This contrasts with a consumeristic culture that demands instant pain relief and a prosperity gospel that expects immediate healing.<sup>6</sup> Second, somewhat paradoxically, Christians are not required to suffer. In his earthly ministry and teaching, Jesus never endorsed sickness and suffering, but always worked to heal people. He treats illness as alien, a reflection of a world under the influence of sin and evil.

Third, the Bible depicts healing as all-encom-

passing.<sup>7</sup> Biblical terms for illness, health, and healing reflect the breadth of understanding. Healing in the Old Testament incorporated the ideas of recovery, restoration, peace, forgiveness, and deliverance. Israelites viewed many illnesses as “unclean,” and sufferers were excluded from society; therefore, healing had a social dimension. In the Gospels, Jesus heals individuals but emphasizes healing the world, bringing light into the darkness, reconciling humanity with its Creator, and overcoming evil. The Greek terms for health and salvation are closely related. Jesus wants people to have abundant life and restores such

# RESPONSE: AN INTEGRATED PERSPECTIVE ON SPIRITUAL AND MEDICAL HEALING

Alexis D. Abernethy

I appreciate Dr. Warren's reflection on the potential complementary relationship between medical and spiritual healing. Her central points highlighting the complex nature of health, illness, and healing and noting the varied depictions of these dimensions in the Bible will be a starting point for my response. I agree with her first major point emphasizing the complexity of these dimensions. She adds that as medicine and science incorporate more complex interactional models that even include a consideration of the spiritual life of persons, some of us are steeped in religious traditions that promote binary positions.

When people become sick, they often wonder: Why am I sick? One way of understanding this question is a consideration of cultural perspectives on illness. Ethnic, regional, educational, and spiritual factors are some dimensions that may influence the response to this question. Spiritual attributions include perceptions that illness is a consequence of sin or that illness might have divine or demonic causation. Theodicy also informs the response to this question, as some Christians ask: Why has God allowed or caused this and what is his role in my suffering? While Dr. Warren's primary focus is on the process of healing, she appropriately begins with causation and raises some of these questions. One of the challenges of spiritual attributions is that for some who believe that God has sovereign control over illness and

health, the response is an active collaborative engagement with God that might involve engagement with medical treatment. For others, this control could be associated with a more passive resignation that might include sole reliance on God and/or withdrawal from or avoidance of medical treatment.<sup>1</sup>

Dr. Warren decries the dichotomy that some Christians experience between medical treatment and divine healing. A helpful contribution of her essay is that she seeks to understand how this binary choice has emerged and argues for a both/and approach to the relationship between spiritual healing and medicine. I agree with the direction of her argument, but I would like to make a stronger case for integration of these perspectives. Dr. Warren limits the focus of her essay to illness rather than suffering, and also focuses on North American evangelicalism. While I appreciate the importance of narrowing one's focus in such a brief essay, I would argue that insights from traditional non-Western cultures, such as African as well as Eastern, might offer helpful perspectives on a more integrated view of healing as a blended approach that includes well-tested knowledge of herbal medicine and spirituality. Does even a both/and perspective still emphasize the distinctions between these two rather than their interconnectedness?

In my advocacy of naturopathy, I am particularly appreciative of

her point regarding the potential for the body to recover. God has designed our bodies with this amazing capacity for healing. As she discusses the complexity of illness and references a more holistic approach to medical treatment, she advocates for a view of medicine that treats the whole person, not simply the presenting symptoms. She emphasizes the importance of medical interventions that affect lifestyles. Assessments and interventions that encompass the spiritual dimensions of patients' lives are also critical for healing. The introduction of a curriculum on spirituality in medical education that was funded by the John Templeton Foundation in the 1990s reflected an increasing recognition of the importance of physicians' addressing the spiritual needs of patients and extending the biopsychosocial<sup>2</sup> to a biopsychosocial-spiritual model.<sup>3</sup> While others coined the term, Sulmasy argues for a deeper consideration of this perspective that is highlighted in the care of the terminally ill:

*What genuinely holistic health care means then is a system of health care that attends to all of the disturbed relationships of the ill person as a whole, restoring those that can be restored, even if the person is not thereby completely restored to perfect wholeness. A holistic approach to healing means that the correction of the physiological disturbances and the restoration of the milieu interior is only the beginning of the task. Holistic healing requires attention to the*

*psychological, social, and spiritual disturbances as well. As Teilhard de Chardin<sup>5</sup> puts it, besides the milieu interior, there is also a milieu divin. Furthermore, this means that at the end of life, when the milieu interior can no longer be restored, healing is still possible, and the healing professions still have a role. Broadly construed, spiritual issues arise naturally in the dying process. In a sense, these are the obvious questions—about meaning, value, and relationship.<sup>4</sup>*

I appreciated Dr. Warren's more comprehensive discussion of healing in the Bible as not simply individual healing from physical illness, but also including recovery from mental illness and deliverance from demonic possession, as well as communal ills and collective evil. The expectation of healing is easily understood given the many examples of Jesus healing the sick, but perhaps we overemphasize the healing as an end rather than realizing that the resulting health was a secondary outcome to demonstrating the power and glory of God. God is not glorified because he heals, but his power is manifested in the authority and capacity for healing. Healing, though desirable, is not the end. Our recognition of his power and commitment to follow him is the desired outcome.

Her presentation of a non-dichotomous approach to Christianity and medical science reflects a reunification process that followed an unholy separation of Christianity and medical

science. Spiritual and medical healing can work together harmoniously. Her presentation of *pneuma* and pneumonia highlights the overlapping, common, and yet distinctive aspects of spiritual and medical healing.



*Alexis D. Abernethy is a professor of psychology at Fuller Seminary. Her primary research interest is the intersection between spirituality and health, and she has been published widely in peer-reviewed venues.*

#### ENDNOTES

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life by removing everything that obstructs it, such as physical/mental illness, demonization, and social exclusion (e.g., "unclean" lepers were restored to community once healed). The Bible also instructs disciples to care for their own health (e.g., avoid drunkenness, Eph 5:18; but occasionally drink a little wine, 1 Tim 5:23) and that of others. Jesus gives the disciples authority to cure sickness (Matt 10:1) and encourages social improvement (Matt 25:31–46). If we restrict the concept of healing to direct divine intervention, we may not notice God's work in the world.

Fourth, the Holy Spirit may have multiple roles in healing. Medical and spiritual healing are not mutually exclusive. As Christians, we have the indwelling Spirit whose primary activity perhaps is guidance, not just removal of suffering. Our prayers for healing may include direction for self-care and medical decisions, and wisdom for health practitioners. There need not be a sharp divide between natural and supernatural; the Spirit can work through "natural" means and through people of other faiths.

In sum, the Bible views health broadly and assumes neither perfect health nor necessary illness. Physical, mental, and spiritual well-being is desired, though not guaranteed. God heals through our own bodies' capacities, nature, medical professionals, spiritual communities, and, occasionally, through direct intervention.

#### CONTEMPORARY MEDICINE AND CHRISTIANITY

As I have implied, medical science and the Holy Spirit can both effect healing, and the latter influences the former. First, science and faith in general are compatible. Although the ancient world viewed them as intertwined, the scientific revolution led to the so-called

great divide between science and religion. Fortunately, many scholars now desire discussion between the two.<sup>8</sup> Science is a methodology, not a religion. It can explain how, but not why. Most scientists recognize the limits of their discipline. All scientists, regardless of their religion, seek to understand and develop creation. Sometimes science and Christianity have different purposes, but they are not adversaries.

Second, medicine and Christianity are broadly compatible. As mentioned, medicine is moving toward an integrative model that incorporates psycho-social-cultural-religious factors in disease causation and cure. Both medical science and the Bible view illness causation as multifactorial and healing as multifaceted. Contemporary medicine acknowledges the importance of body, mind, and spirit in healing. Indeed, research suggests health benefits from meditation, attendance at religious services, and prayer. Health is being considered broadly—this is closer to biblical conceptions. Medicine increasingly accepts nonmaterial, experiential aspects of healing. As Jesus healed with authoritative words, medicine recognizes the healing power of simple reassurance. I have observed remarkable healing in my psychotherapy work, which primarily uses words. Overall, I believe that medicine and Christianity are increasingly compatible. However, Christianity goes beyond Western medical thought in the following ways: it views all humans, created in God's image, as worthy; it holds people accountable for their actions and their response to the Creator; and it acknowledges the possibility of interference from evil spirits.

Third, it is our Christian calling to be stewards of creation and cohealers with God. Someone once asked how I could be both a physician and a Christian. Yet I see it as an



excellent way to understand creation and to serve our neighbors. I also have a better appreciation of divine sustenance because I am aware of how many factors can impair health. God commands his followers to “rule” the earth (Gen 1:28) and “keep” the garden (Gen 2:15). Jesus teaches us to care for the sick and gives us authority over illness. In a Christian worldview, science is the study of the divinely created order, and research findings should be compatible with biblical perspectives. God calls us to image him as cocreators: to care for our own physical, mental, and spiritual health, that of others, and all creation. In sum, medical science and Christianity are not dichotomous; indeed, Christians are commanded to develop and care for creation and to be coworkers in restoring health.

#### OUR RESPONSE AND RESPONSIBILITY

Sin has separated us from God, ourselves, others, and all creation. Although Christ has overcome sin, we are responsible for continuing the process of reconciliation, or restoring health. As stewards of creation, we are called to understand and heal illness.

First, health, illness, and healing in creation and in the Bible are complex. Medical science recognizes that most afflictions result from multiple factors, including psychosocial ones, interacting; we cannot always identify one specific cause. Medical treatment is also multifaceted. Likewise, the Bible suggests that illness has multiple causes and cures, and healing is multifaceted—intertwined with salvation, deliverance, and social justice. Questions that assume a simple, linear relationship between cause and illness are unhelpful. God does not cause illness, although he may use it for our spiritual development. Although some suffering is inevitable, Jesus always desires health (broadly understood) in his followers. We do not like illness, and simplistic explanations sometimes ease our

suffering. Our human need for certainty and control should not hinder our accuracy in understanding. We ought not to avoid responsibility by attributing all illness to external or spiritual agents. We should also take care not to view health too narrowly or idolatrously, and remember that illness never negates our identity in Christ.

Second, medical science and biblical teaching have many areas of overlap and interaction. This makes sense if science is the study of God’s creation. There need not be a dichotomy between professional and pastoral care. We do not have to choose between medical and spiritual healing. God heals in multiple manners: through creation (our bodies’ self-healing capacities and societal discoveries and technologies), through the church (a caring community), and through the Holy Spirit (mostly working through creation and the church, but sometimes directly). Recall that how we understand illness and healing affects our response. This may include a both/and approach of prayer, healthy behaviors, and medical care. The body of Christ can engage in health education, health research, and healing ministries.

Third, we are all called to care for God’s creation and his creatures. This includes our own health. When we jog, we inhale fresh *pneuma*; when we pray, we breathe in *Pneuma*. Recalling the relationship between salvation and healing, we could paraphrase Paul: “Work out your health with fear and trembling for it is God who works in you . . .” (Phil 2:12–13). When we contract an illness, we can pray for insight, asking whether we need to change any behaviors, confess any sin, or overcome demonic involvement. If our condition requires expert help, we can pray for health professionals. Stewardship also involves care for others. We are to labor with the Holy Spirit to prevent illness, alleviate

suffering, and aid healing. This may include offering a friend a kind word, a needed meal, a prayer, or a ride to an appointment. Our healing responsibilities extend beyond the church, including cleaning our environment, feeding the hungry, and clothing the naked.

Sick people may still ask questions, but maybe they will not demand simple answers. The relationship between medical and spiritual healing can be harmonious. Conceptions of illness are wide-ranging but healing is possible, indeed desired, by the one who claims, “I am the Lord, your healer” (Exod 15:26) and the one who “comforts us in all our affliction” (2 Cor 1:4).



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## DACA AND THE HEALTH OF IMMIGRANT YOUTH: WHAT CAN THE CHURCH DO?

Norma Ramírez, Jennifer Hernández, Jean Carlos Arce Cabrera, and Lisseth Rojas-Flores

In Christ. A fundamental belief of those who adhere to the Christian faith is that our identity and security are found in the incarnate Word—in Christ Jesus. Most of us wrestle with this truth our whole lives as we are confronted by different idols that sell us empty promises. Now, on top of that personal existential struggle, imagine having to justify your humanity every single day. That is the reality of those of us who are living in liminal spaces due to a precarious legal status.

While our Bible tells us that in Christ Jesus we are children of God (Gal 3:26) and our future is secure, our present well-being is continuously under threat, resting on the validity of a single piece of paper. Our pain is exacerbated when the unity and comfort that are to be found among those who are in Christ—the Christian community—are denied to us by our brothers and sisters because we lack the appropriate paperwork. Apparently, there is no longer Jew or Greek, slave or free, male or female in Christ Jesus (Gal 3:28) unless you have proper documentation. Fighting every day for the right to belong, to be accepted by the people you love and the country you call home, takes its toll. Yet the church can find hope in Christ’s words and actions, which model the ways we are to resist and oppose the powers that seek to destroy God’s precious creation—and Christ’s resurrection gives us hope that one day justice and life will triumph over death.

### WHAT IS DACA?

Since June 2012, when the Department of Homeland Security announced the implementation of a program called *Deferred Action for Childhood Arrivals* (DACA),<sup>1</sup> many young, undocumented immigrants who came to the United States as children received temporary relief from deportation and temporary work permits. To be eligible for DACA, applicants

must meet stringent requirements, such as completing a high school degree, undergoing a biometric exam, and demonstrating “good moral character” by avoiding felony convictions. Because of this temporary relief, thousands of young immigrants have been able to drive, work, and pursue higher education. But deferred action does not provide permanent legal status—and the protection from deportation it affords can be easily revoked, as demonstrated by the Trump administration’s September 2017 decision to rescind DACA as of March 2018. Since the announcement to terminate DACA was made, over 17,000 young immigrants have lost their protected status, and many more are joining their ranks—with the precarious legal status of being undocumented—every day.<sup>2</sup> As of this writing the March 5 deadline has passed, and DACA recipients along with potential beneficiaries remain in limbo, waiting for Congress to act. In times such as these, it behooves us as people of faith to understand the multidimensional effects of DACA on the health of over 800,000 young members of our communities and to act in accordance with our biblical mandates.

### DACA AND THE HEALTH OF YOUNG ADULTS

A growing body of research underscores some of the health challenges DACA recipients face. To guide our understanding of pathways in which DACA may influence the health of undocumented youth, we turn to the social determinants of health framework. Social determinants of health are defined as the “structural determinants and conditions in which people are born, grow, live, work, and age.”<sup>3</sup> This public health framework demonstrates that precarious legal status, that is, growing up and living under the burden of uncertainty and illegality, impacts all aspects of one’s health. According to this framework, DACA potentially improves

# DACA Y LA SALUD DE LOS JÓVENES INMIGRANTES: ¿QUÉ PUEDE HACER LA IGLESIA?

Norma Ramírez, Jennifer Hernández, Jean Carlos Arce Cabrera, y Lisseth Rojas-Flores

**E**n Cristo. Una creencia fundamental de quienes se adhieren a la fe cristiana es que nuestra identidad y seguridad se encuentran en la Palabra encarnada, quien es Cristo Jesús. La mayoría de nosotros luchamos con esta verdad toda nuestra vida cada vez que nos enfrentamos a diferentes ídolos que nos venden promesas vacías. Ahora, además de esa lucha existencial personal, imagine tener que justificar su humanidad todos los días. Esa es la realidad de aquellos de nosotros que vivimos en un espacio liminal debido a un estatus legal precario.

Mientras nuestra Biblia nos dice que en Cristo Jesús somos hijos de Dios (Gal 3:26) y que nuestro futuro es seguro, nuestro bienestar actual se encuentra continuamente bajo amenaza, apoyado en la validez de una sola hoja de papel. Nuestro dolor se exacerba cuando la unidad y el consuelo que debe de existir entre los que están en Cristo—la comunidad cristiana—nos son negados por nuestros hermanos y hermanas porque carecemos del papeleo apropiado. Aparentemente, ya no hay judío o griego, esclavo o libre, varón o hembra en Cristo Jesús (Gal 3:28) a no ser que usted tenga la documentación apropiada. Luchar todos los días por el derecho a pertenecer, ser aceptada por las personas que amas y el país al que llamas hogar, tiene un costo. Sin embargo, la iglesia puede encontrar esperanza en las palabras y acciones de Cristo, que modelan las maneras en que debemos resistir y oponernos a los poderes que buscan destruir la preciosa creación de Dios—y la resurrección de Cristo nos da la esperanza de que un día la justicia y la vida triunfarán sobre la muerte.

## ¿QUÉ ES DACA?

Desde junio de 2012, cuando el Departamento de Seguridad Nacional anunció la implementación de un programa llamado Acción Diferida (DACA)<sup>1</sup> para quienes llegaron en su

niñez, muchos jóvenes inmigrantes indocumentados que vinieron a los Estados Unidos cuando eran niños y niñas recibieron un alivio temporal en cuanto a deportación y permisos de trabajo temporal. Para calificar para DACA, los solicitantes deben cumplir requisitos estrictos, tales como completar la secundaria, someterse a un examen biométrico, y demostrar “buen carácter moral” evitando condenas por delitos graves. Debido a este permiso temporal, miles de jóvenes inmigrantes han podido conducir, trabajar y acceder una educación superior. Pero la acción diferida no proporciona un estatus legal permanente—y la protección contra la deportación que ofrece puede ser fácilmente revocada, como lo demuestra la decisión de septiembre de 2017 de la administración de Trump de rescindir DACA a partir de marzo de 2018. Desde que se hizo el anuncio de terminar con DACA, más de 17.000 jóvenes inmigrantes han perdido su estatus de protección, y muchos más se están uniendo a esas filas—con el estatus legal precario de ser indocumentados—todos los días.<sup>2</sup> Al momento de escribir estas líneas, la fecha límite del 5 de marzo ya pasó, y los beneficiarios de DACA, junto con los beneficiarios potenciales, permanecen en el limbo, esperando que el congreso actúe. En tiempos como estos, nos corresponde como personas de fe entender los efectos multidimensionales de DACA sobre la salud de más de 800.000 jóvenes miembros de nuestras comunidades y actuar de acuerdo con nuestros mandatos bíblicos.

## DACA Y LA SALUD DE LOS JÓVENES ADULTOS

Un creciente grupo de investigación subraya algunos de los desafíos de salud que enfrentan los beneficiarios de DACA. Para guiar nuestra comprensión de las vías en las que DACA puede influir en la salud de los jóvenes indocumentados, recurriremos a los parámetros sociales en el marco de la salud. Los parámetros sociales de salud se definen como los “parámetros estructurales y las condiciones en las que las



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health and healing for its beneficiaries through four potential social determinants: economic stability, educational opportunities, social and community contexts, and expansion of health care access.<sup>4</sup> These factors may promote or undermine the health and overall well-being of DACA young adults.

*Physical Health:* There is overwhelming evidence that DACA makes a positive difference in the overall physical health of “DACAmented” youth. DACA’s positive effects even extend across generations by increasing the health of both DACA-eligible mothers and their citizen children.<sup>5</sup> Nonetheless, in hostile sociopolitical contexts, it is not surprising that even with DACA, recipients are twice as likely to delay medical care than are citizens, as DACA recipients are not covered by the Affordable Care Act. With the advent of the

discontinuation of DACA, reports indicate that immigrant adults are being emotionally taxed by the threat of deportation, demonstrating higher levels of anxiety and psychological stress that are linked to cardiovascular risk factors and other health problems.

*Mental Health:* Physical health and mental health go hand in hand. Studies with DACA recipients have demonstrated improved mental health compared with non-recipients.<sup>6</sup> In contrast, high levels of stress, nervousness, anxiety, overwhelming sadness, and shame are reported to be twice as high in DACA non-recipients than in DACA recipients.<sup>7</sup> Among immigrants with an uncertain legal status, DACA non-recipients were four times more likely to be worried about being arrested or deported than their DACA peers. Notably, regardless of DACA

status, the majority of respondents reported being worried about family members being arrested or deported.<sup>8</sup> The majority of DACA recipients live within mixed-status families, where family members may have different immigration statuses ranging from citizen to undocumented. Those with precarious legal status are typically the parents and older family members who were too old to qualify for DACA. Many DACAmented youth report feeling guilty that they hold a privileged legal status in relation to other family members and worry daily about the well-being of their loved ones, as does Norma:

*I am often reminded of the privilege I have in comparison to those who were not able to apply to DACA because an arbitrary date bars them protection from deportation. I have a friend who has been a selfless advocate for*

personas nacen, crecen, viven, trabajan y envejecen”.<sup>3</sup> El marco de la salud pública demuestra que el estatus legal precario, es decir, crecer y vivir bajo la carga de la incertidumbre y la ilegalidad, impacta todos los aspectos de la salud de aquellas personas. De acuerdo con este marco, DACA potencialmente mejora la salud y la curación para sus beneficiarios a través de cuatro parámetros sociales posibles: estabilidad económica, oportunidades educativas, contextos sociales y comunitarios, y la expansión del acceso a servicios de salud.<sup>4</sup> Estos parámetros pueden promover o socavar la salud y el bienestar general de los jóvenes adultos beneficiarios de DACA.

*Salud física:* Hay evidencia abrumadora de que DACA hace una diferencia positiva en la salud física general de la juventud “DACAmentada”. Los efectos positivos de DACA se extienden incluso a través de las generaciones, mejorando la salud de las madres que califican para DACA

y sus hijos ciudadanos.<sup>5</sup> Sin embargo, en contextos sociopolítico hostiles, no es de sorprenderse que incluso con DACA, los beneficiarios y beneficiarias tienen el doble de probabilidades de postergar la atención médica cuando se les compara con ciudadanas y ciudadanos, debido a que los destinatarios de DACA no están cubiertos por la Ley de Atención Asequible (ACA por sus siglas en inglés). Con la interrupción de DACA, los informes indican que los adultos inmigrantes se ven afectados emocionalmente por la amenaza de la deportación, mostrando niveles altos de ansiedad y estrés psicológico, los cuales están relacionados con los factores de riesgo cardiovascular y otros problemas de salud.

*Salud mental:* La salud física y la salud mental van de la mano. Los estudios con los beneficiarios de DACA han mostrado una mejor salud mental en comparación con los no beneficiarios.<sup>6</sup> En contraste, los altos niveles reportados

de tensión, nerviosismo, ansiedad, tristeza abrumadora, y vergüenza son el doble de altos en las personas que no son beneficiarias de DACA.<sup>7</sup> Entre los inmigrantes con un estatus legal incierto, aquellos que no son beneficiarios de DACA, tenían cuatro veces más probabilidades de estar preocupados por ser arrestados o deportados que sus compañeros de DACA. En particular, independientemente del estado de DACA, la mayoría de los encuestados reportaron estar preocupados porque los miembros de la familia fueran arrestados o deportados.<sup>8</sup> La mayoría de los beneficiarios de DACA viven dentro de familias de estatus mixto, donde los miembros de la familia pueden tener diferentes estatus migratorios, que van desde el de ciudadano hasta el de indocumentado. Los que cuentan con estatus legal precario son típicamente los padres y los miembros de la familia con mayor edad, quienes eran demasiado viejos para calificar para DACA. Muchos jóvenes DACAmentedos se sienten culpables de tener

*immigration reform, yet her family is under the threat of separation. Stories like these make me wonder if I am at the right place. When my peers go out to protest and I don't join them because I have academic deadlines, I feel I am not doing enough. I yearn for the day when my family and friends are seen as "worthy" of legal status so that I may experience the full humanness of being in relationship with my loved ones. How can we be okay if our parents are detained or deported?*

Given these lived experiences, it should not come as a surprise that the psychological and emotional distress experienced by DACA holders exponentially increases with the uncertainty and anxiety created by the delay in Congress to pass legislation. The recent announcement of DACA termination clearly has adverse and chilling effects

on their mental health, overall health, and spiritual well-being.

*Academic Attainment and Educational Opportunities:* Education is one of the best predictors of health, future economic vitality, and civic engagement. Growing up in the shadows often requires that one hide one's academic aspirations and dampens the possibility of pursuing them. The number of apparently insurmountable barriers often renders many undocumented students hopeless about seeking support from teachers, counselors, and peers. Before DACA was introduced, there was very little financial support available for undocumented students. With the passing of the California Dream Act in 2011, several states, such as Colorado and Florida, have followed suit and provided in-state tuition and some financial assistance

for DACA recipients. The positive impact of DACA on leveling the educational field for undocumented students has been recorded extensively. With protected status from deportation, DREAMers<sup>9</sup> are finding it easier to attend school, pay tuition, and complete academic degrees at a higher rate than before. Yet many challenges remain and a tension is felt. Since there are still financial challenges due to inadequate financial support for DACA recipients to access and finish an undergraduate degree, they are taking longer to complete their degrees compared to their citizen peers. Consequently, the ability to pursue and complete an advanced degree, such as a master's or a doctorate, decreases significantly for DACA recipients.

*Economic Stability:* Economic instability is one of the hallmarks of having a precarious

un estatus legal privilegiado en relación a otros miembros de la familia y se preocupan diariamente por el bienestar de sus seres queridos, como Norma:

*A menudo recuerdo el privilegio que tengo en comparación con los que no pudieron aplicar a DACA porque una fecha arbitraria les niega protección contra la deportación. Muchos de mis amigos no calificaban para DACA porque eran mayores que la edad límite para calificar. Tengo un amigo que ha sido un defensor desinteresado de la reforma migratoria, sin embargo, su familia vive bajo la amenaza de la separación. Historias como estas me hacen preguntarme si estoy en el lugar correcto. Cuando mis compañeros salen a protestar y no les acompaño porque tengo que entregar trabajos académicos en esas fechas, siento que no estoy haciendo lo suficiente. Si mi familia y amigos no son considerados como "dignos" del estatus legal, nunca podré experimentar la plenitud*

*de ser un ser humano. Anhele el día en que mi familia y amigos sean vistos como "dignos" de un estatus legal, para yo poder así experimentar la dignidad de estar con mis seres queridos. ¿Cómo podemos estar bien si nuestros padres son detenidos o deportados?*

Dadas estas experiencias de vida, no debe ser una sorpresa que la angustia psicológica y emocional experimentada por los titulares de DACA aumenta exponencialmente con la incertidumbre y la ansiedad creada por el retraso en el Congreso para aprobar la legislación. El reciente anuncio de terminación DACA claramente tiene efectos adversos y escalofrantes en su salud mental, salud en general, y el bienestar espiritual.

*Logros académicos y oportunidades educativas:* La educación es uno de los mejores pronosticadores de la salud, la futura vitalidad económica y el compromiso cívico. Crecer en las sombras

a menudo requiere que uno oculte las aspiraciones académicas y minimice la posibilidad de perseguirlas. El número de barreras aparentemente insuperables a menudo hace que muchos estudiantes indocumentados no tengan esperanzas de buscar apoyo de maestros, consejeros y compañeros. Antes de que DACA fuera introducido, había muy poco apoyo financiero disponible para los estudiantes indocumentados. Con la aprobación del Dream Act en California en 2011, varios estados, como Colorado y Florida, han seguido el ejemplo y permitido a los estudiantes DACA matricularse como residentes del estado y recibir algunos apoyos financieros. El impacto positivo de DACA en la nivelación del campo educativo para los estudiantes indocumentados se ha registrado extensivamente. Con el estatus protegido de la deportación ha sido más fácil para las soñadores<sup>9</sup> asistir a la escuela, pagar la matrícula y completar los programas académicos en números más altos que antes. Sin embargo, muchos desafíos

legal status in the United States. Not being able to work sets in motion a host of short- and long-term challenges, including potential abuse by employers, housing and food insecurity, and lack of access to healthcare. Once DACA became effective, most DACA-eligible young adults sought out high-skill jobs—in hospitality, retail, education, health and social services, and professional services. According to a study by the Migration Policy Institute published in November 2017, 55 percent of DACA recipients are gainfully employed, amounting to 382,000 workers. DACA-eligible youth are much less likely than non-DACA-eligible youth to work in construction jobs and are more likely to work in office support jobs, demonstrating that DACA can be a means to occupational mobility.<sup>10</sup>

*Spiritual Health:* Many DACA recipients who are Christians struggle with issues of faith and trust within their faith communities. Jennifer shares her experience:

*As a DACA recipient, I am living somewhere between fear and courage; this tension is unsustainable for long periods of time. Some days my faith alone seems insufficient to sustain the pain produced by the political*

*back-and-forth that directly impacts my future in this country. Moreover, it is painful to know that our houses of worship are filled with Christians who supported the current administration despite its harmful immigration rhetoric on the campaign trail. Many of us who are DACAmented Christians are conflicted. Some refrain from sharing their status with their church communities because their spiritual brothers and sisters, people they respect and love, have implicitly supported policies that have a detrimental impact on their lives.*

For many DACAmented Christians, there is a deep fear of retaliation and rejection. Furthermore, the dichotomy of biblical interpretations makes it hard for DACA recipients to trust their faith communities, which leads to isolation and often a faith crisis. Many ask themselves: Are we reading the same Good News? Are we worshiping the same Jesus of Nazareth who came “to preach good news to the poor, to proclaim release to the prisoners and recovery of sight to the blind, to liberate the oppressed, and to proclaim the year of the Lord’s favor” (Luke 4:18–19)? We deeply grieve the Christian communities that support the current administration and

its antagonizing political narratives against our immigrant communities. Now more than ever, the body of Christ must come together and enact justice for their immigrant sisters and brothers.

At the same time, we can find encouragement in the many evangelical communities that stand in solidarity with DACA recipients and advocate for a path to citizenship—such as CCDA (Christian Community Development Association), La Red de Pastores del Sur de California, Matthew 25, LA Voice, World Relief, and countless local churches that partner with these organizations. They advocate not only with their prayers but also with their actions for DACA recipients, DREAMers, and our families.

Significant social problems should be evaluated and tackled at multiple levels. The church cannot shy away from big social issues; it must be part of the solution. As we



permanecen y se siente una tensión. Dado que todavía hay desafíos financieros debido a la insuficiencia de apoyo financiero para que los beneficiarios de DACA accedan y terminen un título de licenciatura, ellos están tardando más en completar sus programas académicas en comparación con sus pares que cuentan con ciudadanía. Consecuentemente, la capacidad para proseguir y completar un programada avanzado, como un máster o un doctorado, disminuye significativamente para los beneficiarios de DACA.

*Estabilidad económica:* La inestabilidad económica es uno de los rasgos distintivos de quien tiene una situación jurídica precaria en los Estados Unidos. No poder trabajar pone en marcha una serie de desafíos a corto y largo plazo, que incluyen el abuso potencial de los empleadores, la vivienda y la inseguridad alimentaria, y la falta de acceso a la atención médica. Una vez que DACA se hizo efectivo, la mayoría de los jóvenes adultos que califican para DACA buscan trabajos que requieren grandes habilidades—en

hospitalidad, ventas, educación, salud y servicios sociales, y servicios profesionales. Según un estudio del Instituto de Política Migratoria publicado en noviembre de 2017, el 55 por ciento de los beneficiarios de DACA han sido empleados, lo que equivale a 382.000 trabajadores y trabajadoras. Los y las jóvenes que califican a DACA son menos propensos a trabajar en construcción que sus pares que no calificaban, y son más propensos a obtener trabajos de apoyo de oficina, demostrando que DACA puede ser un medio para mayor movilidad laboral.<sup>10</sup>

*Salud espiritual:* Muchos beneficiarios de DACA que son cristianos luchan con temas de fe y confianza dentro de sus comunidades de fe. Jennifer comparte su experiencia:

*Como beneficiaria de DACA, vivo en algún lugar entre el miedo y la valentía; esta tensión es insostenible a largo plazo. Algunos días mi fe por sí sola parece insuficiente para sostener el dolor producido por la política de va y viene que impacta directamente mi futuro en este*

*país. Además, es doloroso saber que nuestras casas de adoración están llenas de cristianos que apoyaron la administración actual a pesar de su retórica perjudicial a la inmigración a lo largo de la campaña. Muchos de nosotros que somos cristianos DACAmentados estamos en conflicto. Algunos se abstienen de compartir su estatus con las comunidades de la iglesia porque sus hermanos y hermanas espirituales, las personas que ellos respetan y aman, han apoyado implícitamente políticas que tienen un impacto perjudicial en sus vidas.*

Para muchos cristianos DACAmentados, hay un profundo miedo a las represalias y al rechazo. Además, la dicotomía de las interpretaciones bíblicas dificulta que los beneficiarios de DACA confíen en sus comunidades de fe, lo que lleva al aislamiento y a menudo una crisis de fe. Muchos se preguntan: ¿estamos leyendo las mismas buenas nuevas? ¿Estamos adorando al mismo Jesús de Nazaret que vino “para predicar las buenas nuevas a los pobres, para proclamar la liberación a los prisioneros y vista a los ciegos,



are all made in the image of God to grow, thrive, and heal in community, we are reminded of the healing and protective roles of the family and the community—most notably, our communities of faith. The broader community suffers negative consequences with the discontinuation of DACA. Beyond physical and psychological health, the community at large and future generations of children are also impacted. To put it simply, imagine your daughters, sons, cousins, and neighbors disappearing from one day to the next: that is the impact that the discontinuation of DACA will have on our community.

**DACA, THE CHURCH, AND HOLISTIC HEALING**

The body of Christ must play a central role in working for the ho-

listic healing of DACA recipients and the undocumented, as Jennifer describes:

*Some days, I feel the weight of being an “other” in the land that has been home for the last 20 years. Other days I feel empowered to own my story and share it with others, inviting them to stand in solidarity with me and the immigrant community. I want to have hope in the church and its members’ commitment to the Good News, which encompasses doing justice in ways that bring about holistic healing.*

Our holy Scriptures, as exemplified in Luke and Acts, teach us that the Spirit-filled, Spirit-led church is to continue Christ’s boundary-crossing ministry (Luke 4). In Christ, we are to build and participate in communities that are both physically and nonphysically healing. A first step toward healing the wounds of those our society has “otherized” is, in the words of Father Greg Boyle, to leave behind the illusion that we are separate: “there is no us and them, just us.”<sup>11</sup> Like the paralytic and his friends in Luke 5, we must be willing to bypass the crowds that seek to exclude and hoard

para liberar a los oprimidos, y para proclamar el año del favor del Señor” (Lucas 4:18-19)? Estamos profundamente dolidos debido a la actitud de las comunidades cristianas que apoyan la administración actual y sus narrativas políticas que antagonizan nuestras comunidades inmigrantes. Ahora más que nunca, el cuerpo de Cristo debe unirse y promulgar justicia para sus hermanas y hermanos inmigrantes.

Al mismo tiempo, podemos encontrar aliento en las muchas comunidades evangélicas que se solidarizan con los beneficiarios de DACA y que abogan por un camino a la ciudadanía, como CCDA (Asociación Cristiana de Desarrollo de la Comunidad), la red de pastores del sur de California, Mateo 25, LA Voice, World Relief, e innumerables iglesias locales que se asocian con estas organizaciones. Estas comunidades abogan no sólo con sus oraciones, sino también con sus acciones a favor de

los destinatarios de DACA, los soñadores, y nuestras familias.

Los significativos problemas sociales deben ser evaluados y abordados en múltiples niveles. La iglesia no puede alejarse de las grandes cuestiones sociales; debe ser parte de la solución. Como todas y todos estamos hechos a la imagen de Dios para crecer, prosperar y sanar en comunidad, así también recordamos los roles curativos y protectores de la familia y de la comunidad—más notablemente, de nuestras comunidades de fe. La comunidad en general sufre consecuencias negativas con la interrupción de DACA. Más allá de la salud física y psicológica, la comunidad en general y las generaciones futuras de niños también son impactadas. Para ponerlo de manera simple, imagine que sus hijas, hijos, primos y vecinos desaparezcan de un día para otro: ese es el impacto que la interrupción de DACA tendrá en nuestra comunidad.

**DACA, LA IGLESIA, Y LA SANIDAD HOLÍSTICA**

El cuerpo de Cristo debe desempeñar un papel

central en el trabajo de sanidad holística de los beneficiarios de DACA y los indocumentados, como describe Jennifer:

*Algunos días siento el peso de ser una “otra” en la tierra que ha sido mi casa durante los últimos 20 años. Otros días me siento empoderada para poseer mi historia y compartirla con otros, invitando a que se mantengan en solidaridad conmigo y con la comunidad inmigrante. Quiero tener esperanza en la iglesia y en el compromiso de sus miembros con las buenas nuevas, que incluye el hacer justicia de maneras que lleven a la sanidad holística.*

Nuestras Sagradas Escrituras, como se ejemplifica en Lucas y Hechos, nos enseñan que la iglesia, llena del Espíritu de Dios y dirigida por el Espíritu, debe de continuar el ministerio de Cristo, que se caracterizó por el cruce de fronteras (Lucas 4). En Cristo, debemos construir y participar en comunidades que son sanadoras de aquello que es físico y de lo no-físico. Un primer paso hacia la sanidad de las heridas de

Jesus' healing power. We must be bold enough to work toward removing the obstacles—the “roofs”—that impede us from sitting at Christ's feet. Healing those whom the religious and society exclude from communal participation has real implications. In Acts 4, Peter and John learned quickly that the consequence of carrying out Jesus' healing and liberating ministry can be incarceration.

To assuage the myriad of devastating consequences that rescinding DACA would have on our DACAmented and undocumented sisters and brothers, their families, and all of our communities, the body of Christ must be willing to take bold action. We call on faith communities to do the following:

**1. Pray** for the Spirit to transform hard-

ened hearts. We need our religious and political leaders to understand the ways in which our immigration laws are negatively impacting the health of thousands of people.

**2. Share** their resources in ways that support and protect those in liminal spaces due to the uncertainty of DACA. Supporting and sustaining the mental and physical health of the DACAmented and undocumented requires that we make monetary and nonmonetary commitments to them. In Acts 2 and 4 we see how it is in the sharing of life—material and nonmaterial—that we foster the sort of spiritual unity that is able to resist the forces that seek to prey on the weak.

**3. Take action.** We must reach out to our

political leaders, imploring them to make programs and laws that will ensure the safety and well-being of our DACAmented and undocumented sisters and brothers.

May the church today be as bold and courageous as the church in Acts who, by the power of the Spirit, resisted the authorities and assumed the consequences of doing God's will on earth as it is in heaven. And may we—in Christ—find the unity that overcomes the powers that are working to divide the body of Christ.

May God give justice quickly to the many DACAmented and undocumented individuals and their supporters who seek immigration reform at the steps of Congress. And may God find faithfulness in the church, a faithfulness that doesn't waver but persists

aquellos y aquellas que nuestra sociedad considera “otros” es, en palabras del padre Greg Boyle, dejar atrás la ilusión de que estamos separados: “no hay nosotros y ellos, sólo nosotros”.<sup>14</sup> Como el paralítico y sus amigos en Lucas 5, debemos estar dispuestos a eludir a las multitudes que buscan excluir y atesorar el poder curativo de Jesús. Debemos ser lo suficientemente audaces para trabajar hacia la eliminación de los obstáculos—los “techos”—que nos impiden sentarnos a los pies de Cristo. Curar a aquellos a quienes la religión y la sociedad excluyen de la participación comunal tiene implicaciones reales. En Hechos 4, Pedro y Juan aprendieron rápidamente que la consecuencia de llevar a cabo el ministerio de sanidad y liberación de Jesús puede ser el encarcelamiento.

Para mitigar las numerosas y devastadoras consecuencias que la anulación de DACA tendría en nuestras hermanas y hermanos DACAmentados e indocumentados, sus familias, y todas

nuestras comunidades, el cuerpo de Cristo debe estar dispuesto a tomar acciones audaces. Hacemos un llamamiento a las comunidades de fe para que hagan lo siguiente:

**1. Orar** para que el Espíritu transforme los corazones endurecidos. Necesitamos que nuestros líderes religiosos y políticos entiendan las maneras en que nuestras leyes migratorias están impactando negativamente la salud de miles de personas.

**2. Compartir** sus recursos en maneras que apoyen y protejan a los que se encuentran en espacio liminal debido a la incertidumbre de DACA. El apoyar y sostener la salud mental y física de los DACAmentados y los indocumentados requiere que hagamos compromisos monetarios y no monetarios con ellos. En Hechos 2 y 4 vemos cómo es en el compartir de la vida—de recursos material y no materiales—que fomentamos el tipo de unidad espiritual que es capaz

de resistir a las fuerzas que buscan eliminar a los débiles.

**3. Actuar.** Debemos acercarnos a nuestros líderes políticos, implorando que creen programas y leyes que garanticen la seguridad y el bienestar de nuestras hermanas y hermanos DACAmentados e indocumentados.

Que la iglesia sea hoy tan audaz y valiente como la iglesia en Hechos que, por el poder del Espíritu, resistió a las autoridades y asumió las consecuencias de hacer la voluntad de Dios en la tierra como en el cielo. Y que nosotros, en Cristo, encontremos la unidad que supera a los poderes que están trabajando para dividir el cuerpo de Cristo.

Que Dios brinde justicia rápidamente a los muchos DACAmentados e indocumentados y a quienes les apoyan buscando la reforma migratoria en el Congreso. Y que Dios en-

## in seeking justice for our immigrant sisters and brothers.



### RESOURCES

Pursuing the American Dream: Expert Advice and Resources for Undocumented College Students: <https://www.affordablecollegesonline.org/college-resource-center/undocumented-college-student-resources/>

World Relief: Support Dreamers through DACA and the DREAM Act: <https://www.worldrelief.org/advocate>

CCDA: <https://ccda.org/camino-de-suenos-from-detroit-to-dc/>

Informed Immigrant: [www.informedimmigrant.com](http://www.informedimmigrant.com)

PICO National Network—Deportation Defense Guide: [www.piconetwork.org/tools-resources/deportation-defense-guide](http://www.piconetwork.org/tools-resources/deportation-defense-guide)

### ENDNOTES

1. For details about the DACA program, see the 2012 memorandum issued by the Department of Homeland

Security at [www.dhs.gov/xlibrary/assets/s1-exercising-prosecutorial-discretion-individuals-who-came-to-us-as-children.pdf](http://www.dhs.gov/xlibrary/assets/s1-exercising-prosecutorial-discretion-individuals-who-came-to-us-as-children.pdf).

2. There are many elements that affect who can file for a DACA renewal and for how long this opportunity will last. Several individuals and groups have sued the current administration for rescinding DACA. In the California lawsuit, the judge ruled that DACA could not be fully terminated until a final ruling was made. In January 2018, US Citizen and Immigration Services began accepting and processing DACA renewals.

3. M. Marmot et al., “Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health,” *The Lancet* 372, no. 9650 (Nov. 8, 2008): 1661–69.

4. M. Sudhinaraset et al., “The Influence of Deferred Action for Childhood Arrivals on Undocumented Asian and Pacific Islander Young Adults: Through a Social Determinants of Health Lens,” *Journal of Adolescent Health* (2017): 741–46.

5. J. Hainmueller et al., “Protecting Unauthorized Immigrant Mothers Improves their Children’s Mental Health,” *Science* 357 (August 2017): 1041–44.

6. Sudhinaraset et al.; Hainmueller et al.

7. C. Patler and J. Cabrera, “From Undocumented to DACAmented: Impacts of the Deferred Action for Childhood

Arrivals (DACA) Program,” UCLA Institute for Research on Labor and Employment, [www.chicano.ucla.edu/files/Patler\\_DACA\\_Report\\_061515.pdf](http://www.chicano.ucla.edu/files/Patler_DACA_Report_061515.pdf).

8. *Ibid.*, 7.

9. Often the terms “DREAMer” and “DACA recipient” are conflated as they are commonly used to describe DACA beneficiaries. The name DREAMer comes from the acronym of the DREAM Act (Development, Relief, and Education for Alien Minors Act) from the 2001 bill introduced in the Senate, but several iterations of this bill failed to pass over the years. Therefore, a DREAMer is an individual who would have benefited from this law, and now the term is often used to refer to DACA holders who are pursuing higher education. DACA, on the other hand, applies to the individuals who benefited from President Obama’s 2012 announcement.

10. J. Zong et al., “A Profile of Current DACA Recipients by Education, Industry, and Occupation,” Migration Policy Institute, [www.migrationpolicy.org/research/profile-current-daca-recipients-education-industry-and-occupation](http://www.migrationpolicy.org/research/profile-current-daca-recipients-education-industry-and-occupation).

11. G. Boyle, “How to Bridge the Gap Between ‘Us’ and ‘Them,’” *Los Angeles Times* (November 28, 2017), [www.latimes.com/opinion/op-ed/la-oe-boyle-kinship-20171128-story.html](http://www.latimes.com/opinion/op-ed/la-oe-boyle-kinship-20171128-story.html).

## cuente fidelidad en la iglesia, una fidelidad que no vacila, pero persiste en la búsqueda de justicia para nuestras hermanas y hermanos inmigrantes.



### ACTÚE

Persiguiendo el Sueño Americano: Consejo experto y recursos para estudiantes universitarios indocumentados: <https://www.affordablecollegesonline.org/College-Resource-Center/Undocumented-College-Student-Resources/>

World Relief: Apoyo a los Soñadores a través de DACA y el DREAM Act: <https://www.worldrelief.org/Advocate>

CCDA: <https://ccda.org/camino-de-suenos-from-Detroit-to-DC/>

Inmigrante Informado: [www.informedimmigrant.com](http://www.informedimmigrant.com)

Red Nacional PICO: Guía de defensa contra la deportación: [www.piconetwork.org/tools-resources/deportation-defense-guide](http://www.piconetwork.org/tools-resources/deportation-defense-guide)

### NOTAS

1. Para más detalles sobre el programa DACA, vea el memorándum de 2012 emitido por el Departamento

de Seguridad Nacional, [www.dhs.gov/xlibrary/assets/s1-exercising-prosecutorial-discretion-individuals-who-came-to-us-as-children.pdf](http://www.dhs.gov/xlibrary/assets/s1-exercising-prosecutorial-discretion-individuals-who-came-to-us-as-children.pdf).

2. Hay muchos elementos que afectan a quien puede solicitar una renovación de DACA y por cuánto tiempo va a durar esa oportunidad. Varios individuos y grupos han demandado a la administración actual por rescindir DACA. En la demanda de California, el juez dictaminó que DACA no podía ser completamente terminada hasta que existiera una sentencia final. En enero de 2018, USCIS comenzó a aceptar y procesar las renovaciones de DACA.

3. M. Marmot y otros, “Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health,” *The Lancet* 372, núm. 9650 (8 noviembre 2008): 1661–69.

4. M. Sudhinaraset y otros, “The Influence of Deferred Action for Childhood Arrivals on Undocumented Asian and Pacific Islander Young Adults: Through a Social Determinants of Health Lens,” *Journal of Adolescent Health* (2017): 741–46.

5. J. Hainmueller y otros, “Protecting Unauthorized Immigrant Mothers Improves their Children’s Mental Health,” *Science* 357 (agosto 2017): 1041–44.

6. Sudhinaraset y otros; Hainmueller y otros.

7. C. Patler y J. Cabrera, “From Undocumented to DACAmented: Impacts of the Deferred Action for Childhood Arrivals (DACA) Program,” UCLA Institute for Research on Labor and Employment (junio 2015), en [www.Chicano.UCLA.edu/files](http://www.Chicano.UCLA.edu/files)

[/Patler\\_DACA\\_Report\\_061515.pdf](http://Patler_DACA_Report_061515.pdf).

8. *Ibid.*, 7.

9. A menudo, los términos “DREAMer” y “beneficiario DACA” se combinan, ya que son comúnmente utilizados para describir a los beneficiarios de DACA. El nombre DREAMer proviene de las siglas de la ley DREAM Act (Desarrollo, Socorro y Educación para Menores Extranjeros) del proyecto de ley 2001 que se introdujo en el Senado, pero varias iteraciones de este proyecto de ley no pudieron pasar a través de los años. Por lo tanto, un soñador es un individuo que se habría beneficiado de esta ley, y ahora el término se utiliza a menudo para referirse a los beneficiarios de DACA que persiguen educación superior. DACA, por otro lado, se aplica a los individuos que se beneficiaron del anuncio del Presidente Obama en el 2012.

10. J. Zong et al., “A Profile of Current DACA Recipients by Education, Industry, and Occupation,” Migration Policy Institute (noviembre 2017), en [www.migrationpolicy.org/research/profile-current-daca-recipients-education-industry-and-occupation](http://www.migrationpolicy.org/research/profile-current-daca-recipients-education-industry-and-occupation).

11. G. Boyle, “How to Bridge the Gap Between ‘Us’ and ‘Them,’” *Los Angeles Times* (28 noviembre 2017), [www.latimes.com/opinion/op-ed/la-oe-boyle-kinship-20171128-story.html](http://www.latimes.com/opinion/op-ed/la-oe-boyle-kinship-20171128-story.html).



## CURES WHAT AILS YOU: EXPLANATIONS OF DISEASE AND HEALING IN THE NEW TESTAMENT

Brandon Walker

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**W**hen I was a missionary in Malawi I saw a sign that read, “HIV/AIDS is not caused by a demon.” I thought it was a strange notion that such a disease could be caused by demons. Through Western education I learned that HIV/AIDS was transmitted through bodily fluids, especially through sexual contact. I also heard accounts of a friend who had HIV/AIDS and had wild fits of rage that would only subside at the name of Jesus. It’s no wonder, then, I surmise that the causes of many illnesses outside the Western world are viewed as demonic oppression.

From a medical anthropology perspective, the sign I read would not prove unusual. Both culturally and historically, the attribution of malignant forces that cause illness is fairly standard. Then, when we engage with the New Testament and ancient world as a whole, we often find reports of causes and cures for illness that run contrary to the Western biomedical model. In an effort to bridge the gap for both interpreting the New Testament and engaging in cross-cultural Christian witness, we need a framework that takes seriously the experiences of the patient and practitioner. Within medical anthropology the Explanatory Model framework can guide us.

### EXPLANATORY MODELS

Within the field of medical anthropology, one of the systems that evaluates interactions between patients and practitioners is called the Explanatory Model (hereafter, EM) framework. EMs are useful for understanding the perceived causes of an ailment and the resulting treatment. This framework also assists in comprehending how medical practitioners understand and treat sickness<sup>1</sup> and how patients and their families interpret their diagnoses and

proposed therapeutic treatment from the practitioner.

EMs are fairly broad and fluid. They encompass the social situation of individuals related to cases of illness and treatment. They include family members, village members, health care practitioners, and the person who is ill. EMs are embedded in the larger cognitive system and grounded in the structural and cultural arrangements of the people. People have multiple belief systems that influence the EM. The EM can change as a result of other cultural imports or transitions within a society. As a result, EMs are fluid.

In this essay we will address two primary EMs: (1) the biomedical model that dominates the contemporary Western perspective and (2) the medical anthropological EM. We will later apply them to several New Testament accounts of healing.

### BIOMEDICAL MODEL

The biomedical model defines health as “the ability to perform these functions which allow the organism to maintain itself, all other things being equal, in the range of activity open to most members of the species . . . and which are conducive toward the maintenance of its species.”<sup>2</sup> The biomedical model emphasizes disease as a reality that needs to be predicted, interpreted, and controlled. The symptoms experienced by a patient manifest due to an underlying biological reality, which causes a disordered body or psychophysiological process.<sup>3</sup> The health practitioner has the challenge of decoding the symptoms described by the patient and mapping them to a known disease. The end result is some form of rational treatment. In sum, the underlying focus for the practitioner is the biological causes,

rather than the more holistic approach of the medical anthropological model.

#### MEDICAL ANTHROPOLOGICAL MODEL

The medical anthropological model accepts the patient's report without the impetus toward decoding symptoms into a biological reality. The patient's report is seen as the reality as the patient understands it.<sup>4</sup>

Within the medical anthropological EM, the meaning of certain diseases or conditions are culturally and linguistically bound. This results in broader categories of general well-being and misfortune. Well-being is holistic, dealing with multiple facets of human life such as family relationships and having finances in order. The loss of well-being is seen as misfortune, under which could be sickness or disaster.

With the more holistic approach, this EM framework attempts to do away with the Cartesian dualism (mind-body) that is so prominent in Western thought.<sup>5</sup> As a result, the medical anthropological EM reorients the meanings of commonly held words such as sickness, disease, and illness.<sup>6</sup> *Sickness* falls under the umbrella of misfortune and is the reality that something is wrong with the human body.<sup>7</sup> The biomedical model uses *disease* as an explanation to describe abnormalities in the person's body or organs; however, this is recognized as a more clinical and recent term within the field of medical anthropology.<sup>8</sup>

*Illness* interprets the sickness, describing the perception and experience from a sociocultural perspective. Within the medical anthropological model, the suffering is communal and the culture dictates perception, values, coping, and healing. Illness also relates to the loss of meaning

in life due to physical impairment or loss of function. Healing, in the medical anthropological model, deals with the restoration of meaning to life regardless of whether the person's condition changes.<sup>9</sup>

#### TAXONOMIES OF CAUSES OF ILLNESS AND TREATMENTS

Within the EMs there are taxonomies, or identification and classification, of illnesses into culturally meaningful categories. Within the ancient world this can be seen in the works of Pliny, Galen, and Hippocrates. The biblical authors did not lay out clear taxonomies like Greek philosophers or doctors; however, there are some shared cultural assumptions that can be seen across the ancient Mediterranean world.

Generally, there are three main domains of causation: (1) natural causes, (2) misfortune caused by demonic and aggressive spirits, and (3) ritual impurity.<sup>10</sup> In the first domain, natural causes, the ancients understood that there could be natural ailments with natural cures. For example, Pliny the Elder recommends cow's milk for stomach ulcers.<sup>11</sup> While natural causes are not entirely absent from the ancient perspective, they were not solely applied to medicine until more recent times in the West.

Secondly, the spirit-involved taxonomy is far more common within the ancient Mediterranean world. In this taxonomy, sickness was understood to be cosmically influenced.<sup>12</sup> It is not uncommon, as we shall see later, to attribute illness or misfortune to celestial bodies, the gods, or demons. On the whole, demons were not often attributed as the cause of sickness in the Greco-Roman culture, though they were a consideration. Within the New Testament, the Gospel writers demonstrate a cosmic understanding and attribute many

of Jesus' healings to exorcistic activities.

The final area of causation that dictated fortune or misfortune is purity and impurity.<sup>13</sup> An offense against cultural values and social norms can result in varying levels of purity/impurity.<sup>14</sup> Related to this is the contagion and pollution, both of which can determine one's level of purity. There are usually accompanying rituals related to alleviating or promoting this purity. These ritual actions can be seen as a healing activity for both the individual and the community. We will now evaluate some healing accounts from the biomedical and medical anthropological EMs.

#### BLINDNESS

Blindness was a common occurrence in antiquity.<sup>15</sup> From a biomedical perspective, the causes of blindness in antiquity included dacryocystitis, corneal ulcers, exophthalmos, conjunctivitis, and possibly trachoma.<sup>16</sup> In the medical anthropological model, there is a range of beliefs in antiquity concerning the causes of blindness.<sup>17</sup> The main beliefs involved injury, sin, or violating notions of purity, and divine retribution. Within the New Testament there are relatively few causes named, though sin was perceived as a prominent reason.

Within the ancient Mediterranean world, one of the main causes for blindness was seen as guilt or sin. Within Greco-Roman culture, blinding was seen as punishment for violating some social norm such as being inhospitable, taking innocent blood (Euripides, *Hecuba* 1050-55), or violating social taboos.

In the book of John, the disciples' question concerning the man born blind connects the sin of the man or his parents with his



blindness (9:2). It was common to connect sin with suffering. From a medical anthropological perspective, this is likely how the disciples viewed the cause of blindness.<sup>18</sup> Elsewhere, Jesus' statements relating forgiveness of sin to healing indicate a similar perspective as that of the disciples (Matt 9:2; Luke 5:18-20; John 5:14).

The mention of the man being blind from birth takes on the notion of corporate sin. This particular event takes into account the relationship of the man with his parents and the wider Jewish community. This is in significant contrast to the Western biomedical approach, which focuses on interpreting the symptoms an individual is experiencing, diagnosing the cause, and taking action to result in the cure.

### EPILEPSY

Matthew 4:24 and 17:15 mention those who were "moonstruck," or what is translated as epileptics. The Western biomedical model reveals multiple causes of epilepsy, including genetic factors, tumors, strokes, or damage to different structures in the brain. Seizures are caused by an electrical overload in the brain. The most common treatments for epilepsy are medication, change in diet, or surgery.

In antiquity, epilepsy was often related to

cosmic forces and seen as being under the influence of the moon or moon god, though there was no unified consensus on how this happened. This EM is best viewed in Matthew 17:15, where the boy is described as moonstruck (epileptic) and a victim of a demon who causes him to fall into the fire and water. The boy's ailment is demonic in origin, which is evident in Jesus' rebuke of the demon.<sup>19</sup>

### LEPROSY

What is commonly called leprosy, or Hansen's disease, in the Western model is the result of a bacterial infection (*Mycobacterium leprae*). It is a progressive disease that impacts the nerves of the extremities and causes sores. While it is known to be contagious, it is not easily contracted. The treatment includes multidrug therapy and blister packs.<sup>20</sup>

The New Testament gives little indication of what caused leprosy.<sup>21</sup> What is translated as leprosy was simply a skin disease. There are several accounts in the Gospels where Jesus heals those suffering from leprosy (Matt 8:1-4; Mark 1:40-45; Luke 5:12-14; 7:22; 17:12). In each of these healings the language uses terms of cleansing, which indicates an understanding of ritual uncleanness.

The wider social significance of the healing is what each of these accounts reveals. The Levitical rules concerning cleanliness and purity (Lev 11-15) deal with the danger of pollution and ritual impurity. Mary Douglas has noted that conditions like leprosy had larger implications for the Israelites' body politic, threatening the political and cultural unity as a whole.<sup>22</sup> With this in mind, the healing of those who were polluted was also an indicator of the restoration

and resolution of social stress independent of the leper.<sup>23</sup>

### MISSIONAL IMPLICATIONS

The medical anthropological EM opens up several missional possibilities. The first is analytical. Engaging in Christian mission and healing ministry with an EM in mind can help us understand healing processes and "clinical transactions" between patient and practitioner.<sup>24</sup> Those engaged in cross-cultural Christian mission can utilize EMs to understand the way others see the world. Questions such as "What do you call your problem? Who or what do you think has caused your problem? How has your family or community reacted since you had this problem?" can clarify the EM of the patient.

The second area of missional possibility is pedagogical. We must be able to teach the virtues and limitations of the Western biomedical model. The meaning of an illness is often more than the reductionistic understanding of germs or malfunction of organs. Medical practitioners can be taught the significance of an illness from the suffering experienced and the social situation, furthering understanding of non-biomedical EMs. From this, a medical practitioner can evaluate, find possible analogies, and educate the patient and community concerning the illness.

The result, hopefully, would be honest listening to and from the patient. That being said, those from other EMs should also be open to what the Western biomedical model can offer. In the example I provided in my introduction, AIDS is not caused by demons, though there can be some instances where demonic forces have gained influence in the infirm person's life.

# RESPONSE: WHO DID IT? ANALYZING CAUSES OF DISABILITY IN THE OLD TESTAMENT

Moisés López

Dr. Walker's essay offers a dialogue between two ways of understanding the origin of disease that can take extreme positions. One such extreme is to interpret every disease as the result of spiritual forces (good or evil), violations to a law (known or unknown), or sin in the person's life. He describes his experience in Malawi, where some people believed that HIV/AIDS was the result of spiritual forces. As I read it, I was reminded of my childhood living in Mexico during the 1970s and 1980s. There too the idea that a spiritual force could cause a disease was part of people's beliefs. People consulted *curanderos*—specialist healers—who reinforced the idea that the patient's disease was a result of malign forces that had been manipulated against the person. Later in my life, in the early 1990s, I moved to the United States and started attending a small church where some believed that disease and disability were the result of sin. Even worse, it was assumed that if someone had a disease or disability, it was because that person had not confessed a hidden sin. So, when they prayed for someone with a disease or disability, they asked the individual to confess his or her sin so that healing could occur. When there was no healing, the fault was attributed to the person's unwillingness to confess the sin.

Disability in the Old Testament is also interpreted using the biomedical model. However, before the medical model was used to understand disability, people believed that God (or the gods) caused disabilities. This way of understanding disability has been called the

“theological model.”<sup>1</sup> According to Nancy Eiesland, it was only in the mid-1900s that people started interpreting disability using medical and economic rather than theological terms.<sup>2</sup>

Since the medical model has replaced the theological model, it would seem as if interpreting disability as caused by God is something of the past.<sup>3</sup> However, based on biblical passages such as Amos 3:6, Isaiah 45:7, and Exodus 21:13, among others, some people conclude that Yahweh is the cause of every event in the world, including disability.

A close analysis of the text, however, shows that the Old Testament presents the causes of disability in at least three ways. First, the Old Testament presents God as directly involved—for example, saying that God creates/causes certain disabilities (Exod 4:10–11). Also, certain stories depict God causing a disability (e.g., to Jacob in Gen 32:22–32). Second, the Old Testament presents disabilities as the result of natural processes, such as aging. The Old Testament mentions several cases of blindness due to aging or other natural causes: Isaac's (Gen 27), Jacob's (Gen 48:10), Eli's (1 Sam 3:2), and Ahijah's (1 Kings 14). Other people acquire a disability as the result of an accident, as in the case of Mephibosheth (2 Sam 4:4). Third, the Old Testament presents people whose disabilities were caused by another person, such as in Exodus 21:26 (cf. Lev 24:19–20) where one person causes a disability to another, and 2 Kings 25:7 (cf. Jer 39:7; 52:11) where the Babylonians

blind Zedekiah. The Old Testament also presents disability as being caused by an angelic being, as in Genesis 19:11, where angels cause the people of Sodom to become blind, and in the book of Job, chapter 2, where an angelic being causes a disability to Job.

Looking at skin disease in the Old Testament allows us to see the distinctions the writers make when presenting the causes of this disease. The word<sup>4</sup> for this disease occurs in Exodus, Leviticus, Numbers, Deuteronomy, 2 Samuel, 2 Kings, and 2 Chronicles. It mainly serves as a “collective term for various curable skin anomalies.”<sup>5</sup> Leviticus 13 also lists several terms that describe other symptoms related to skin disease, such as “swelling,” “growth,” “bright spot,” “raw flesh,” and “white marks,” among others.<sup>6</sup>

Scholars present this disease as caused by Yahweh.<sup>7</sup> However, a close analysis shows that passages including a reference to skin disease can be divided into three categories: First are the passages where Yahweh directly causes the disease (e.g., King Uzziah in 2 Kings 15). Second are the passages where people acquire the disease because of sinful behavior (e.g., Miriam in Num 12, Gehazi in 2 Kings 5, and Joab in 2 Sam 3). And third are the passages where the disease is mentioned, but no connection is suggested either with Yahweh or sin as the cause (e.g., the case of Naaman in 2 Kings 5, the warning of Deut 28, and the regulations about the disease in Lev 13–14).

It is true that the Old Testament

presents Yahweh as causing some cases of skin disease, but that does not necessarily make him the direct cause of every case. As is true of other types of impairments, the writers of the Old Testament do not present Yahweh as the only cause of skin disease. In some cases, the disease seems to happen simply as part of living in the world. Out of the 55 times the word *sara'at* occurs, on only one occasion (2 Kings 15:5, cf. 2 Chron 26:20) is it caused by Yahweh. Two other events suggest Yahweh as the cause of skin disease: Numbers 12, which presents the case of Miriam, and the case of Gehazi in 2 Kings 5. The other passages present it without connecting it either to Yahweh or to sin. For example, in 2 Kings 5, Naaman's skin disease is not linked with sin or with Yahweh as the cause. Similarly, Leviticus chapters 13 and 14 prescribe regulations for the cases of skin disease and for the time when the disease disappears. Deuteronomy 24:8 instructs the people to be careful when someone presents an instance of skin disease. Again, the underlying cause of such an outbreak is not connected with sin or with Yahweh.

The overall evidence shows that in the Old Testament, Yahweh is almost never presented as the cause of disability—rather, there is agreement with our contemporary understanding that people, aging, and/or accidents are the causes of disability. This means that having a disability is not a sign of divine rejection or punishment. On the contrary, the message of the Old Testament is that Yahweh favors the cause of people with disabilities.



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The final missional possibility is clinical importance. Understanding EMs can help explore issues of non-compliance (Why didn’t you take your medicine?). They can also assist in negotiating therapeutic alliances with patients and choosing treatments.

#### CONCLUSION

Engaging with the biblical text through the cultural anthropological model provides insight not only into the ways and customs of biblical authors, but also into contemporary cultural hermeneutics. Though not comprehensive, by examining several illnesses through the biomedical and medical anthropological EMs, we notice a chasm in explaining the causes of illness and their treatment between the New Testament world and our own. The foreignness of another’s EM, either in the New Testament or in a different culture, provides opportunities for cross-cultural engagement. Being open to distinctive causes and treatments can bring hermeneutical advances and effective Christian witness.



*I dedicate this article to my faithful father, friend, and editor, Don Stone, who spent many hours editing my work and guiding me in the writing process, and with whom I have grappled existentially regarding the topic at hand.*

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## DISABLED AND HEALTHY

Shane Clifton with Bethany McKinney Fox

Shane Clifton is professor of theology at Alphacrucis College in Sydney, Australia, as well as an honorary associate at the Centre for Disability Research and Policy, part of the Faculty of Health Sciences at the University of Sydney. *Husbands Should Not Break: A Memoir about the Pursuit of Happiness after Spinal Cord Injury*, coauthored with his wife, Elly, tells the story of his adjustment to living with quadriplegia. His book *Crippled Grace: Disability, Virtue Ethics, and the Good Life* was published by Baylor University Press in 2018.



Bethany McKinney Fox (PhD '14) is director of student success and adjunct professor of Christian ethics at Fuller. Her book *Healing in the Way of Jesus* explores how our views about health and disability impact our interpretations of Gospel healing texts and churches' related practices, and is slated for release by IVP Academic in late 2018.

*Fuller's Bethany McKinney Fox sat down with Shane Clifton, a theology professor with quadriplegia, for a discussion about health and healing.*

**BETHANY MCKINNEY FOX:** Let's start with a broad question: What is health, and how do we think about it?

**SHANE CLIFTON:** Health is such a loose term and can mean different things to different people. A doctor thinks differently about health than does an athlete. My reflections on the meaning of health follow an accident I had in 2010 that left me a quadriplegic. In the years since incurring the injury I've thought deeply about what it means to be healthy, about why it is God hasn't healed me, about why he caused or allowed the accident to happen at all! As time has gone on, I've moved my focus away from healing to contemplate what health and happiness might mean for me as a person with a serious and permanent disability. Thus my experience is my entry point into this topic.

**BMF:** As you've done research into current conversations around health, in what ways have you found those to be lacking or needing to be built upon in the work that you're doing?

**SC:** When it comes to the meaning of health, it is interesting that both the church and broader society share a relatively narrow vision. In the Pentecostal community in which I teach, the focus on healing means that we understand health by reference to a perfectly functioning body. This reflects the world in which we live, which likewise envisages health in terms of the absence of illness and disability. The healthy person is fit, shapely, beautiful, and with no need to visit the doctor. The problem, however, is

that this is a vision of health that none of us can attain. As a result, we all feel like failures.

I was reading Friedrich Nietzsche recently and, as you might know, from childhood he suffered from severe migraines that stayed with him his whole life. As an adult, he also experienced severe mental health challenges and cognitive decline, and he died relatively young. Drawing on this experience of ill health, he made the noteworthy observation that illness, far from being abnormal, was completely natural and, as such, normal. As a result, he says, the concept of normal health has to be given up. For him, health was a measure of resilience or strength, of the capacity to learn and grow through suffering and hardship.<sup>1</sup>

We live in a world that is so unable to treat disability or illness as normal that we can envisage only one response to prenatal disability—abortion—and only two responses to adult disability: healing or euthanasia. Thus do movies like Clint Eastwood's *Million Dollar Baby* and Jojo Moyes's *Me Before You* tell of supposedly "noble" suicides.

**BMF:** Given that the ways we think about health aren't leading us to helpful and truthful places, how did you decide to approach this question about understanding health?

**SC:** I didn't start out thinking about health. My focus was happiness. Spinal cord injury has a massive impact on life, and dealing with its losses left me unhappy. In the midst of this unhappiness I remembered the virtue tradition (I teach ethics), which is about more than morality; it's the study of happiness. As a way of dealing with my losses—including the fact that I didn't know

what to do with my time now that surfing and golf had been taken from me—I devoured Alastair McIntyre’s various books (*After Virtue* and *Dependent Rational Animals*), and read Aristotle’s *Nicomachean Ethics* and Thomas Aquinas’s *Summa*, which all explore the relationship between virtue and happiness.<sup>2</sup>

Aristotle, for example, criticized people who pursue happiness by way of pleasure. They are slaves, he says, who live the lives of fatted cattle. He had a deeper vision of happiness, which is earned over the course of a lifetime lived in the pursuit of meaning and purpose. So, as I read about the virtue tradition and discovered new ways of conceiving of happiness, it started to change my thinking. This was a version of happiness that could be found in and through the challenges I faced with quadriplegia. Although I had lost many of the capacities that once gave me pleasure, I started to appreciate that I could live a meaningful and happy life.

It also changed the way I thought about health. I had been lamenting lost health and medical complications, but then I started to focus on what it meant to be a healthy quadriplegic. I recently came across the term “integrative health,” which recognizes that we are whole people, and what goes on in our bodies is affected by our mind and social situation, and vice versa. Health, then, is a holistic concept.<sup>3</sup>

**BMF:** Why not say someone can be unhealthy but still flourishing and happy? What’s the gain in expanding our understanding of health instead of just deciding health isn’t important for a good life?

**SC:** Health doesn’t just reference what is,

but what might be. It provides a *telos*, a goal. But if, as a person with a disability, I am unhealthy by definition, then it’s a destructive term. An integrated vision of health moves us away from focusing on impossible perfection and toward maximizing the health of our bodies and minds and social situation. Because physical, psychological, and social breakdown are a normal part of human life, the goal of health involves living well through the ups and downs over the whole of our life.

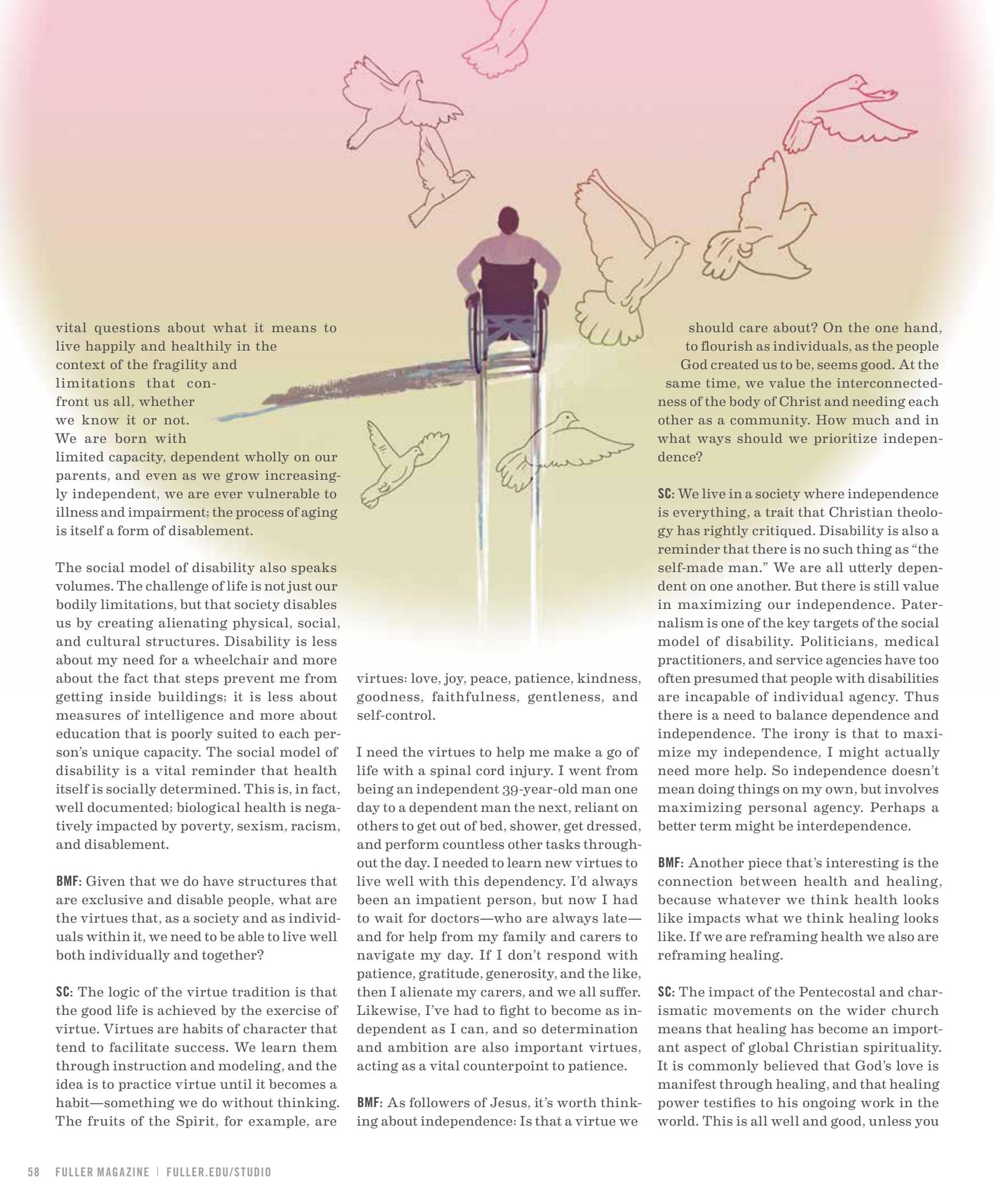
We might use different but related terms: flourishing; the good life; the healthy, resilient, and adjusted life. In fact, the richest lives are the ones that have negotiated crisis and challenge, because it’s in the hard times that virtues emerge: resiliency, courage, generosity, and so forth. The healthy person lives well in the face of the vulnerabilities and challenges of life.

**BMF:** So for you, health means embracing the fragility and vulnerability that come with life—and holistic, integrative health is knowing that these things can actually lead to a different kind of happiness as they more deeply nurture virtues and character traits that lead to flourishing.

**SC:** Exactly.

**BMF:** What does it mean when we bring disability in as a focus in the conversation? Where does that take us?

**SC:** Disability reoriented the way I thought about happiness and health. It is a shame that disability is considered a marginal topic, rarely given central place—because when you think about life in conversation with people who have lived with disability, you have the opportunity to explore

An illustration of a person in a wheelchair from behind, moving along a path that leads to a horizon over water. The sky is filled with several white birds in flight. The overall color palette is soft, with pinks, oranges, and yellows.

vital questions about what it means to live happily and healthily in the context of the fragility and limitations that confront us all, whether we know it or not. We are born with limited capacity, dependent wholly on our parents, and even as we grow increasingly independent, we are ever vulnerable to illness and impairment; the process of aging is itself a form of disablement.

The social model of disability also speaks volumes. The challenge of life is not just our bodily limitations, but that society disables us by creating alienating physical, social, and cultural structures. Disability is less about my need for a wheelchair and more about the fact that steps prevent me from getting inside buildings; it is less about measures of intelligence and more about education that is poorly suited to each person's unique capacity. The social model of disability is a vital reminder that health itself is socially determined. This is, in fact, well documented; biological health is negatively impacted by poverty, sexism, racism, and disablement.

**BMF:** Given that we do have structures that are exclusive and disable people, what are the virtues that, as a society and as individuals within it, we need to be able to live well both individually and together?

**SC:** The logic of the virtue tradition is that the good life is achieved by the exercise of virtue. Virtues are habits of character that tend to facilitate success. We learn them through instruction and modeling, and the idea is to practice virtue until it becomes a habit—something we do without thinking. The fruits of the Spirit, for example, are

virtues: love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control.

I need the virtues to help me make a go of life with a spinal cord injury. I went from being an independent 39-year-old man one day to a dependent man the next, reliant on others to get out of bed, shower, get dressed, and perform countless other tasks throughout the day. I needed to learn new virtues to live well with this dependency. I'd always been an impatient person, but now I had to wait for doctors—who are always late—and for help from my family and carers to navigate my day. If I don't respond with patience, gratitude, generosity, and the like, then I alienate my carers, and we all suffer. Likewise, I've had to fight to become as independent as I can, and so determination and ambition are also important virtues, acting as a vital counterpoint to patience.

**BMF:** As followers of Jesus, it's worth thinking about independence: Is that a virtue we

should care about? On the one hand, to flourish as individuals, as the people God created us to be, seems good. At the same time, we value the interconnectedness of the body of Christ and needing each other as a community. How much and in what ways should we prioritize independence?

**SC:** We live in a society where independence is everything, a trait that Christian theology has rightly critiqued. Disability is also a reminder that there is no such thing as "the self-made man." We are all utterly dependent on one another. But there is still value in maximizing our independence. Paternalism is one of the key targets of the social model of disability. Politicians, medical practitioners, and service agencies have too often presumed that people with disabilities are incapable of individual agency. Thus there is a need to balance dependence and independence. The irony is that to maximize my independence, I might actually need more help. So independence doesn't mean doing things on my own, but involves maximizing personal agency. Perhaps a better term might be interdependence.

**BMF:** Another piece that's interesting is the connection between health and healing, because whatever we think health looks like impacts what we think healing looks like. If we are reframing health we also are reframing healing.

**SC:** The impact of the Pentecostal and charismatic movements on the wider church means that healing has become an important aspect of global Christian spirituality. It is commonly believed that God's love is manifest through healing, and that healing power testifies to his ongoing work in the world. This is all well and good, unless you

happen to have a permanent—unhealed—disability. One of my first insights into the problem of disability and healing occurred when I attended a Pentecostal conference and found myself seated directly in front of the preacher. He spoke for one and a half hours on faith and healing, and I felt like the elephant in the room.<sup>4</sup> To be honest, I'm becoming less and less tolerant with the way healing is taught in many churches. It seems to me many people are dishonest about healing—claiming miracles that have a natural explanation, and ignoring the truth: that most people don't get out of their wheelchair, the blind don't recover their sight, and many faithful people with cancer die.

This is such an important topic. If we are not careful, we add to the burden of illness and disability the crisis of failed faith. Again, it's the broadening of my understanding of happiness, wellness, and health that has helped me to think differently about the work of God in my life.

**BMF:** It really would be helpful if we thought about health in this more holistic sense. If we see health in terms of happiness or flourishing as a follower of Jesus, then we would want people to be healed—but that wouldn't necessarily mean that they are cured of their physical illness or disability.

**SC:** If we say that illness or disability is normal, then whatever we mean by health and healing isn't its elimination, but living well through whatever circumstances we face. I can testify that God, in the presence of the Spirit, has helped me enormously. In that sense, we might say I've experienced healing power.

**BMF:** Given this holistic understanding of

health, what are some productive ways of moving forward—practices you'd like to see in the church or for Christians in general?

**SC:** If we start to talk about a holistic, integrative vision of health, we can talk about the good news of the kingdom of God as the idea that God wants us as individuals, and human society as a whole, to flourish. What, then, might that mean? If flourishing involves living well, we learn its meaning through stories. It is noteworthy that the Christian gospel is a story—actually, the Gospels are given to us as four stories. It's not a set of doctrines, but a story we are invited to be a part of. It is thus a story that adds meaning to life. So, when I think about what it means for me to live well or to pray for others to live well, it's that we might get taken up into the joy of this larger story—and, in so doing, God will enable us to live well in the midst of the ups and downs, achievements and failures, and joys and sadness of life.

**BMF:** If we think about health through an integrative, holistic lens, when we read the healing narratives in the Gospels, we see that those encounters with Jesus led to a deeper kind of flourishing than just, "Oh, your eyes didn't used to see and now they do," or "You used to live on a mat and now you don't." Instead they might say, "Now you're in a community as a follower of Jesus; you've been named 'son' or 'daughter' and are part of the family of God." There are changes the whole community has witnessed and they see the person in a new way; so much more happens than just bodily healing. Each story would be only one verse long if all that mattered was that someone's eyes weren't seeing and then they were. Clearly, the interpretation of health that you lift up as a more holistic flourishing

is also true for the people Jesus encounters and heals.

**SC:** You summarize it beautifully. It's such a shame that the story of Jesus gets reduced to the simplistic formulas of faith healers. We need a bigger vision of what the kingdom of God is and what healing means.



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## A CHRISTIAN SPIRITUALITY OF HEALING: INTEGRATING NEO-CONFUCIAN RESOURCES IN CHINA

Bin You

Bin You, who holds a PhD from Peking University, is a professor of Christian studies and interreligious dialogue at Minzu University of China, in Beijing. His research focuses on the construction of a Christian theology in the process of critical dialogue with Chinese resources. He founded the Academy of Religion at Minzu University, and is acting as the president. His books include *Social Memory and Ethnic Construction in Ancient Israel*.

**H**ealing, in its concrete sense of restoring or curing the sick or disabled, and even raising the dead, is one of the major themes in the narratives of Jesus. In a more general sense, healing could be equated to salvation through grace in Christ. It is the same for the Chinese cultural and philosophical tradition: healing is a metaphor for human spiritual growth; at the same time it is also understood as the concrete bodily cure by some metaphysical power through certain cultural-spiritual exercises. Therefore, the question of how to integrate the rich resources of the healing narrative in Confucian tradition, especially the Neo-Confucianism from the Song to Ming Dynasties (roughly 10th–17th centuries), into the Christian spirituality of healing in China, is important for the development of an indigenized Chinese theology. This essay will explore two inspirations from Neo-Confucian resources—namely, healing as an interpenetration between body and soul, and healing in and through Scripture reading—to sketch an intercultural spirituality of healing for ecumenical Christians.

### HEALING AS INTERPENETRATION BETWEEN BODY AND SOUL

From its earliest beginnings, the Western anthropological tradition manifested a strong tendency to separate body and soul. Within the general Western cultural network, the anthropology of Christian theology has also been influenced by this distinction. The patristic theologians, for example, St. Augustine, understood salvation as a Platonic liberation of soul from the body. The medieval theologians followed the Aristotelian framework that the body is formed by the soul, even as modern European theology, dominated by the dualism of Descartes, believed that the body is an instrument of the soul in need of being

disciplined by the conscious mind. Along these main streams of Christian tradition, the body enjoyed little significance in considerations of salvation, even if the word “salvation” originally in Greek means “to make well or whole” in its full sense.

Against this theological tendency, some 19th-century revivalists developed a more comprehensive understanding of the healing aspects of Christ’s salvation in their evangelical preaching. According to one of these renowned representatives, Albert Simpson, a Christ-centered “fourfold” gospel included the forgiveness of sins, the purification of the heart, the redemption of the body, and the future resurrection and eternal life.<sup>1</sup> Arguably, this inclusive understanding is more in accord with the beliefs and practices regarding illness, health, and healing reflected in the Hebrew religion and New Testament writings. But the separation between the body and soul is still there, and in many Christian circles these are still regarded as two distinctive entities. How the healing of the trinitarian God entails psychosomatic or mind-body interactivity is still in need of further elaboration.

What is being proposed here is that the gospel of mind-bodily healing in Christ finds a rich cultural resource in the Chinese context. Starting from the axial age in China, the dominant tradition has understood the human being as constituted by a single nature with interactive spiritual and bodily dimensions. As the Sage Mencius (孟子, 372–289 BC) famously articulated: “The essentials of the Noble Man’s character are humaneness, fairness, propriety, and wisdom, which are rooted in his mind. When they show themselves in his external appearance, their luster can be seen in his face, their fullness can be seen in his

back, and go out into his four limbs. The four limbs reveal this without speaking” (仁义礼智根于心。其生色也，晬然见于面，盎于背，施于四体，四体不言而喻).<sup>2</sup> Furthermore, this psychosomatic understanding of human beings was not limited to Confucianism, but was a general cultural feature for all Chinese philosophical schools.

When it came to the period from the Song to Ming Dynasties, mainstream Neo-Confucianism began to syncretize the three religions of Confucianism, Daoism, and Buddhism. As a late Confucian, Mao Xinglai (茅星来, 1678–1748) concluded, “The Neo-Confucians did not want anymore to take knowing exhaustively the Scriptures and imitating the ancients as their priority, but mainly searching the truth psychosomatically with their body and soul” (程朱之学者，但求之身心性命之间，不复以通经学古为事).<sup>3</sup> For them, the purpose of philosophical inquiry is not for acquiring cognitive knowledge, which they despised as “little knowledge,” but for achieving a psychosomatic cure or healing, so that the soul and body come into harmony and peace with the “ultimate principle” of the universe.

Therefore, it is better to regard Neo-Confucianism as a theory and practice of spirituality than as a school of philosophy.<sup>4</sup> Its basic understanding of the psychosomatic unity of human beings can be clearly summarized in three points:

1. *The soul talks to the body.* The Confucian Scripture, *Great Learning*, states: “Virtue makes a person shine; when the mind expands, the body is enriched. Therefore the Superior Man must make his will sincere.”<sup>5</sup> The Neo-Confucians were enthusiastic in elaborating this classic text.

For example, Xu Heng (许衡, 1209–1281) interpreted it as follows: Those virtuous persons are upright in their hearts and therefore their bodies could be natural and comfortable; that is why virtues can enrich the body.<sup>6</sup> The general principle upheld by Neo-Confucians is that a healthy body involves cultivation of the virtues of the heart.

2. *The body talks to the soul.* For Neo-Confucians, bodily gestures and behaviors, even bodily activities in accord with Confucian rites in all aspects of the daily life, could significantly influence one’s spiritual mood.<sup>7</sup> As Zhu Xi (朱熹, 1130–1200) intimated: bodily gestures, clothing, ways of looking and respecting, and facial movement will exert influences on the spiritual situation of the heart; all of this bodily ordering outwardly is inwardly a spiritual reverence.<sup>8</sup>

3. *This achieves union between the whole person and heaven.* Once the body and soul are interpenetrated with each other, then the union with heaven, the highest spiritual goal for Neo-Confucians, is achieved in and through the whole person. That is the reason why Neo-Confucians always use the metaphor of “one body with heaven and earth” (与天地万物为一体) as the highest spiritual realization of the perfect human. According to Wang Yangming (王阳明, 1472–1529), the perfect human is not a spiritual and disembodied human in heaven but is constituted by sensitive bodily feelings with all creatures.

To develop a Christian spirituality of healing or health in China, this psychosomatic unity of body and soul in Neo-Confucianism is not a hindrance or barrier but a

rich cultural and spiritual resource. When discussing healing in Christ, it is the Spirit of Christ and Spirit of God who redeem and sanctify human creatures. And, as Jürgen Moltmann rightly points out, the Holy Spirit lays hold of the whole human being, embracing his feelings and his body as well as his soul and reason.<sup>9</sup> Salvation in Christ by the Holy Spirit, as psychosomatic healing, could be rooted deeply in the Neo-Confucian spiritual or philosophical tradition. Furthermore, the saving or healing Spirit is not only a creative Spirit, but also the cosmic Spirit, in the sense that the body, soul, and whole person can only exist in relationship with other living beings in nature and in human society.<sup>10</sup> This teaching is similar to the doctrine of Neo-Confucianism that the perfect human must be “one body with everything of heaven and earth.”

#### HEALING IN SCRIPTURE READING

In the Christian tradition, especially in the patristic and medieval periods, reading the Bible has been an important practice and integral activity through which human beings receive their healing in Christ.<sup>11</sup> For the faithful, the Bible is the Word of God. The Word of which the Bible is testifying is also the creative Word by which God created the world in the beginning. The faithful take the bread of life from the Bible, because in the Bible, believers find their nourishment and strength. In and through sacred Scripture, the Father who is in heaven comes lovingly to meet his children and talks with them.<sup>12</sup> Probably the most widely known and practiced Bible-reading tradition, *lectio divina*, has been praised as transformative, energizing, and divinizing.<sup>13</sup> These questions then arise for Chinese believers and theologians: Are there indigenous resources, particularly in Neo-Confucianism, that discuss healing as

occurring in the reading of sacred texts? If so, how could these be integrated into the Christian spirituality of healing through Bible reading in China?

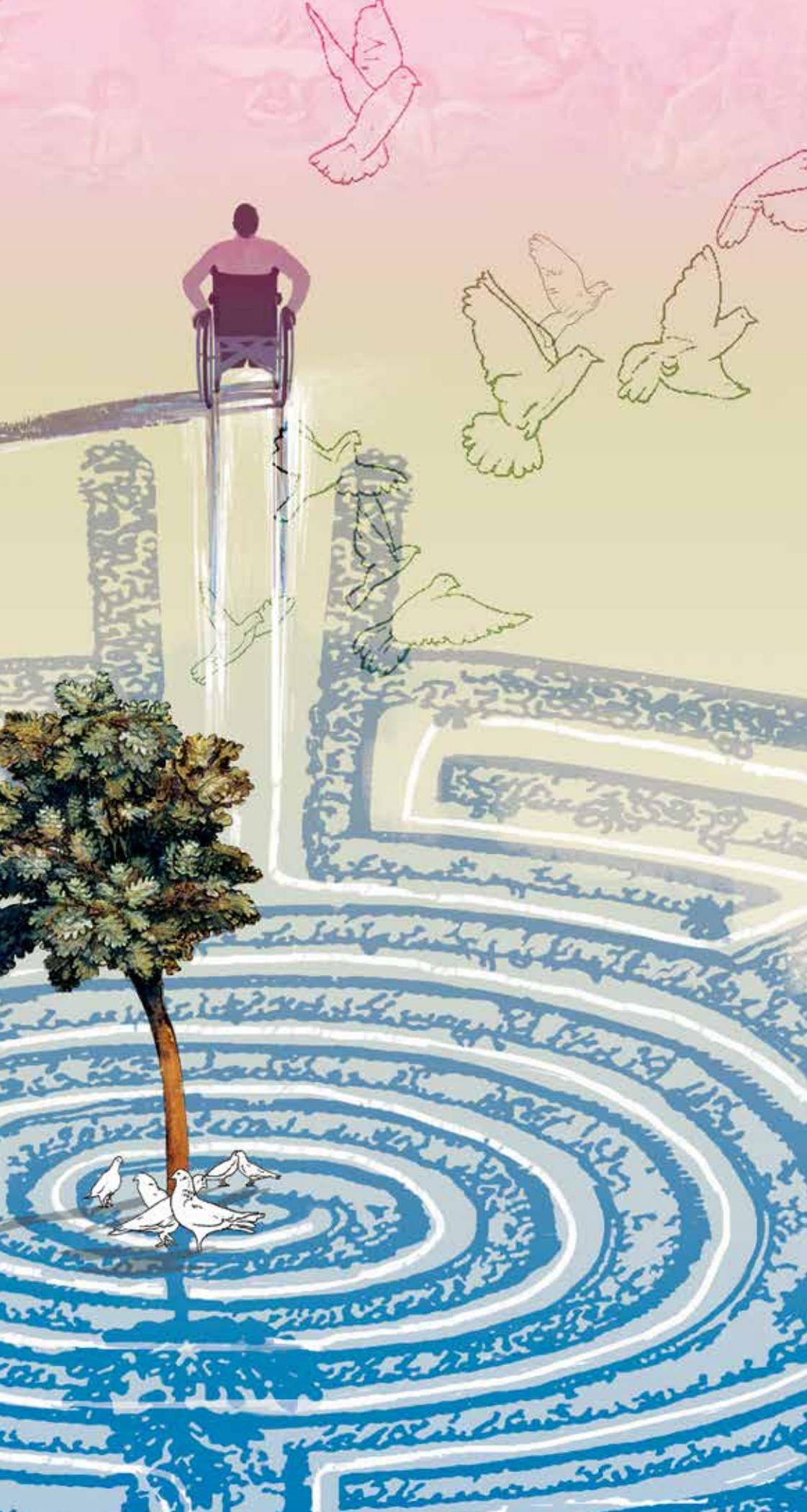
Interestingly, the Neo-Confucians used precise medical terms to express the purpose of reading sacred texts. As Zhu Xi (朱熹) said: “It is not enough for one to read only part of the sacred texts to grasp the heavenly principle. It is like taking medicine. Only one dose cannot cure the illness. One needs to take the medicine one dose after another and the effects combine; then the medicine will work.”<sup>14</sup>

In the medical metaphor, the reading concerns not just intellectual understanding, but also involves existential union. Reading is eating and drinking. Zhu once showed the way of Scripture reading by a gesture in which he took packages of Chinese herbal medicine and said: “Taking medicine is not just to pack them together, but to cook it, and then drink it. Otherwise the medicine can do nothing to the illness.”<sup>15</sup>

For Neo-Confucians, the purpose of Scripture reading is to invite the “heavenly principle” (天理) to cure and occupy the “ill mind.” Scripture reading is a kind of physical and spiritual therapy. As Zhu said: “It is an illness of mind being trapped in indulgence, and not fully soaked with the heavenly principle. To cure this, one needs to read Scripture constantly and then to exhaust the principles. If he can do this constantly, his mind won’t be overwhelmed by evil desires and his inner self will be calm and firm.”<sup>16</sup>

In fact, Scripture reading is always a psychosomatic activity for Neo-Confucians. As Zhu writes: “The way of learning is getting





knowledge by the mind and practicing it on the body.”<sup>17</sup> Only by practicing the text unto oneself could the aim of Scripture reading—namely to change or heal the body and mind—be fulfilled.

Finally, the goal of Scripture reading is an existential union between the Scripture, the sage-writers, and, ultimately, the heavenly principle. This could be the healing of the whole person in its full sense. Zhu uses a vivid metaphor to express that union, saying: “The reader should bury his whole body in the Scripture. In his walking, living, sitting, and sleeping, his mind should have a single focus on the text with the aim to understand it fully. He shall not care that anything happened outside and only keep his mind on the Scripture. Only then can we call him a good reader.”<sup>18</sup>

Having investigated the psychosomatic healing of the whole person in reading the sacred texts in Neo-Confucianism, we can see how it could help to build a Christian spirituality of healing by Bible reading that is rooted in Chinese culture. This understands Bible reading not as an intellectual activity of learning historical facts or wise precepts, but as an encounter with the living principle of the universe: to read the Bible is to take the bread of life, drink the living water, and take the medicine that cures; to read the Bible is to enter a doorway to the transformation of the ill person; to read the Bible is to embark on a journey of healing of both mind and body; to read the Bible is to open up the whole person to union with the ultimate principle. All these could

# RESPONSE: DUALISM, INTERTEXTUALITY, AND QI

Alvin Dueck and Buxin Han

The Yale theologian George Lindbeck grew up in a missionary family in Loyang, China. His 17-year sojourn in this city resulted in a deep love for Chinese literature and culture. He listened in on the conversations his highly Sinicized parents had with their Chinese visitors and concluded that it was possible to be warmly Christian in spirit, and in manners be Confucian to the core.<sup>1</sup> In the tradition of Matteo Ricci, Bishop K. T. Ting, and Chinese New Testament scholar Xinping Zhou, Professor Bin You proposes in his essay a conversation between Confucianism and Christianity in which the former makes a contribution to the latter. This is not an essay that simplistically translates concepts from one tradition to the other, nor does it contextualize Western theology for Chinese Christians. Professor Bin You works indigenously to offer insights from Confucian sages and at the same time find parallels between the two traditions. First, he points out that the dualism of Western theology contrasts sharply with the monism of the Confucian tradition. Second, both traditions emphasize the importance of reading their respective sacred texts in shaping and transforming character.

Beyond a recovery of Confucian wisdom for Christians, Professor Bin You is proposing that these various themes are critical for an expanded understanding of healing. We will explore the implications of these assertions for Chinese and Western psychology. For example, we think Wang Fengyi (1864–1937) would have agreed. He proposed that mental health

and mental illness were a consequence of following or not following Confucian principles. Early in the 20th century he developed an approach he called “XingLi therapy” based on Confucian role ethics. Though never recognized by Chinese psychologists nor by the government, XingLi therapy has been very popular in Chinese society even today.<sup>2</sup>

However, healing in Chinese psychology has been colonized by Western therapies that are largely secular, professional, individualistic, dualist, and scientific. With the exception of Xuefu Wang (2011) and Esther Liu (2017), little work has been done in developing Chinese perspectives on pastoral care and counseling. Hence, we underline the importance of Professor Bin You’s call for a recovery of the best in ancient Confucian wisdom and an indigenized Chinese theology for an understanding of healing that affirms the unity of mind and body and that privileges the reading of ancient texts in the process of spiritual transformation. These indeed are rich cultural and spiritual resources.

The legacy of Plato, Aristotle, St. Augustine, and Descartes in terms of the separation of mind and body has had implications in the West for ontology, epistemology, and ethics. Generally, Western psychology has neglected the body in psychological healing, though the critical role of the body in healing is increasingly recognized.<sup>3</sup> It is the dualist assumptions implicit not only in much Western psychology but also in Western theology that have been exported to China,

on the assumption that this model of thinking theologically and facilitating healing was universal. But Professor Bin You seeks a corrective to these generalizations in his own Confucian and Neo-Confucian tradition.

The notion of accessing ancient wisdom for healing in the present comports well with Carl Jung’s accessing archetypal themes for interpreting modern psychological maladies and structuring recovery.<sup>4</sup> For him, however, healing is not the consequence of reading written text, but rather parsing the “text” of the collective unconscious. Few Western programs for therapists provide training or certification for bibliotherapy,<sup>5</sup> despite the fact that the critical role of written text in the process of healing has been studied extensively and found efficacious in the treatment of depression,<sup>6</sup> deliberate self-harm, bulimia, and insomnia.<sup>7</sup> However, the texts recommended for reading in these studies are not, of course, the sacred texts of ancient traditions.

Harmony between heaven (Tian, 天) and humanity as a theme in all Chinese religions is integrated with the Chinese philosophy of life. Harmony, as a higher and ideal level of human status than health, has traditionally been the aim of formation. Traditional Chinese Medicine (TCM) interpreted harmony as a balance of yin and yang (阴阳平衡), and as guidance for all diagnoses (symptoms) and treatment (herbs, massage, acupuncture, and moxibustion). The normal treatment of disorders aims for this: holistic healing for a

harmonious state. Harmony within the human body—or integration of body, mind, and spirituality—has always been the focus of formation and medical treatment in Chinese daily life.

Professor Bin You articulates two kinds of relations between the traditions: monism and the importance of ancient wisdom. We wonder if the correlative notions of energy (*qi*) in Traditional Chinese Medicine (TCM) and the Holy Spirit in Christianity might not also be critical in understanding healing. In TCM, *qi*, the energy of life, can be viewed as a key component in the process of integrating body, mind, and spirituality. Lee<sup>8</sup> traces the meaning of *qi* through Confucian, Taoist, and Neo-Confucian texts and suggests that the psychophysical energy of *qi* is nondualistic, constantly creative, a changing process, liberating, harmonious, and heaven sent. In TCM, healing and *qi* are intimately related: “Where there is no flow there is pain; when there is no pain there is flow” (通则不痛).<sup>9</sup> Internal harmony between opposites (yin and yang) is related to the flow of *qi*.

Lee argues that the word *qi* is the functional equivalent of the word “Spirit” (*ruach*) in Christianity and has “rich root-metaphorical connections to the physical, biological, and psychic phenomena of wind, fire, water, energy, breath, life—force, consciousness, and mind” (p. 32). What is needed for a mutual fertilization of meanings is a decolonized and deprivatized pneumatology in which the Spirit hovers back and forth between

the one and the many, ideal and material, mind and body, divine and human.

We are most appreciative of the way Professor Bin You engages in skillful intertextual reading of Confucianism and Scripture, and that he does so in the spirit of Chinese president Xi Jinping's encouragement that work in philosophy (including theology) and the social sciences be done with a Chinese face.<sup>10</sup>



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become basic elements of a Chinese Christian spirituality of healing that grows out of the rich cultural soil of Neo-Confucianism.



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## PENTECOSTAL AND CHARISMATIC HEALING IN THE 20TH CENTURY

Kimberly Ervin Alexander with Cecil M. Robeck Jr.

Kimberly Ervin Alexander is associate professor of the history of Christianity at Regent University School of Divinity in Virginia Beach, Virginia. She has authored numerous publications, including *Pentecostal Healing: Models of Theology and Practice*, a Foundations for Pentecostal Scholarship Book of the Year award winner. She holds a PhD from Open University / St. John's College, and her research interests include early Pentecostal thought, practice, and experience.



Cecil M. Robeck Jr. (PhD '85), a long-time faculty member at Fuller Seminary, is senior professor of church history and ecumenics. He has written and edited many publications in the areas of ecumenism and Pentecostalism, including the award-winning book *The Azusa Street Mission and Revival: The Birth of the Global Pentecostal Movement*.

*Fuller faculty member Cecil M. Robeck Jr. had a discussion with author and professor Kimberly Ervin Alexander on Pentecostal and charismatic healing. Below is an excerpt of their conversation; find the full version online at Fuller.edu/Studio.*

**CECIL M. ROBECK JR.:** Tell us about your book on healing.

**KIMBERLY ERVIN ALEXANDER:** *Pentecostal Healing: Models of Theology and Practice*<sup>1</sup> is a published version of my doctoral thesis. I've always been interested in the subject, having grown up in a Pentecostal church. My daughter was born in 1982 with unforeseen complications, but she received a dramatic healing. That made divine healing personal. Years later in my doctoral program, I started looking at a range of early Pentecostal literature and was amazed at how prevalent the healing testimonies, sermons about healing, and revival accounts were. I was surprised that scholars hadn't focused on it.

**CMR:** You and I are both church historians who have studied the Pentecostal movement. Some might think that healing is a relatively recent phenomenon, but there is a long history. Can you give us a glance at what that looks like?

**KEA:** Healing actually connects Pentecostals with the larger Christian tradition. You can see the ministry of healing very clearly in the early church. In fact, many early Christian writers believed that this gift separated them from the pagan world. Christians never abandoned their sick but provided them with care. Later theologians reflected on the realities of healings to which they bore witness.<sup>2</sup>

**CMR:** I can't help but think of Benjamin Warfield's book, *Counterfeit Miracles*,<sup>3</sup> where he argues that miracles ceased with the apostles.

Are you suggesting that it is not quite the way Benjamin Warfield described it?

**KEA:** That's right! One of the proofs offered by 19th century healing practitioners—people like A. B. Simpson and A. J. Gordon<sup>4</sup>—against Warfield's rhetoric was evidence of the continual presence of healing miracles throughout the history of the church. Warfield had a particular theological conclusion from which he worked. He was interested in delegitimizing Roman Catholic and Pentecostal claims. Catholics have always believed in healings and miracles.

**CMR:** I believe that Dr. Colin Brown here at Fuller once told me that Warfield was out to counter Catholics as you suggested, but was also out to counter the new ministries that were making claims of healing. One of the reasons for this was the fact that Mrs. Warfield wasn't ambulatory and he had actually taken her to a meeting where she had not been healed.

**KEA:** Ah! Warfield doesn't want to give any room for experience in his hermeneutic, but clearly his position is driven by experience if that's the case.

**CMR:** Hermeneutics is always tied to one's experience.

**KEA:** Absolutely. During this period in which Warfield and others were battling there was a blooming of the healing movement, beginning in Europe and picking up in the Northeastern United States. There were healing conventions with teaching on healing and special times for healing prayer. I think it was a real challenge to the Princeton School's hermeneutic and their way of understanding the Christian life and church at that time.<sup>5</sup> When the Pentecostal movement emerged in

the 20th century, there was already a strong belief in “divine healing provided in the atonement” that you can see in the earliest faith statements. I think this belief is a major contribution of the 19th century Holiness movement. It’s not a Pentecostal innovation. What makes Pentecostal healing ministry different is the emergence of Pentecostal churches. You see the diminishing of healing homes that had been prevalent because now the church becomes a kind of healing center.

**CMR:** I sat on a dissertation committee years ago in which a School of Psychology doctoral candidate was looking at psychological healing. The study was on the pastoral counseling movement that comes out of the Boston area during the same period.<sup>6</sup>

**KEA:** The later charismatic renewal also helped us look at more than the physical with regard to illness. With Francis MacNutt there was an emphasis on the integration of psychology. You get that in Agnes Sanford and Morton Kelsey. Inner healing became a focus. Now that’s almost commonplace, even in Pentecostal churches where there’s a lot of openness to counseling and inner healing.<sup>7</sup>

**CMR:** I want to come back to your mention of healing being in the atonement. That’s a pretty standard line within Pentecostal circles, based upon Isaiah 53:5: “By his stripes we are healed.” Is that the best theory we have for divine healing, or are there other ways that have proven to be helpful to the charismatic renewal? I don’t think that all of them taught healing in the atonement.

**KEA:** No, not as much. I’ve suggested that part of the problem with interpreting that doctrine is which atonement model is favored over another. If the penal substitution model is prevalent, as in much of evangelicalism,

then healing in the atonement becomes a bit problematic because you don’t want to say that everybody who prays for the work of Christ to be applied is going to be healed. Recovery of the *Christus Victor* model is helpful. That’s one of the things that even Pentecostal scholars like Gordon Fee missed when, in the 1980s, he was challenging the notion of healing in the atonement.<sup>8</sup> But John Wimber helps us through his *Christus Victor* approach. In that model, the work of atonement is more than just what happens on the Cross—it is the entire work of Christ, particularly his incarnation.<sup>9</sup> That much more comprehensive view of the work of Christ helps us understand that healing really is in the atonement and is the continuation of Jesus’ work through the Holy Spirit.

**CMR:** You mentioned that not everybody can expect healing and certainly not in the same way, based upon a prayer or laying on of hands or anointing with oil. What do you say to those who aren’t healed? What is the issue? How do you counsel such a person?

**KEA:** That is the question of the ages, isn’t it? Some have tried to answer that by looking first at the pastoral problem. But just looking at biblical accounts of illness and healing provides insights. One is that there are a lot of reasons why people are sick. Discerning the cause can be really important—but sometimes you just don’t know. Pentecostals, as a rule, have not been comfortable with attributing every illness to the Devil. We have a comprehensive view that sees the world, the flesh, and the Devil as a complex enemy. Early Pentecostals talked about people being sick from exhaustion, for instance. So it isn’t simplistic. There are some illnesses that are related to sin. We would be comfortable saying there are some that may be demonic. Some illness comes from natural causes. I think, in the final analysis, you must

leave the question of causation up to God.

**CMR:** You are probably aware that at Fuller during the 1980s Peter Wagner, John Wimber, and Chuck Kraft engaged in studies in miracles and drew enormous crowds. I think we had a class of almost 800 students at one point and there was a lot of practical application going on in the classroom. Do you have any thoughts about that?

**KEA:** We had a couple of people from the Church of God in Cleveland who were doing their doctoral work at Fuller and attending some of those classes. Later, of course, I read Wimber’s work.<sup>10</sup> When I began my doctoral research in the late 1990s, in England, Wimber had made a huge impact there, influencing the Anglican renewal movement. I remember one of my doctoral supervisors, an Anglican priest, saying he liked Wimber because he was willing to admit when he was wrong! I have a pretty high regard for Wimber as well. There are areas where I would differ, but Wimber’s work was really helpful in linking healing to the kingdom of God, building on the work of George Eldon Ladd.<sup>11</sup> I wouldn’t use this language, but his “power encounter” can be a helpful way of thinking about healing miracles. Classical Pentecostals would differ with some of the developments from that time at Fuller with regard to the “demonic.” I am pretty comfortable with Wimber’s language of “demonized,” but Pentecostals are more comfortable with calling that “oppression.” We have wanted to safeguard against the idea that a Christian can be possessed by a demon, and exorcising a demon from a Christian is not something we see as scriptural. There are sanctification issues, works of the flesh, that I would not attribute to the demonic. I also am not comfortable with the notions of generational curses or territorial spirits as they’re normally spoken

about. I think that's much made about a little bit of Scripture.

**CMR:** Peter Wagner came to this subject out of his missionary experience. He was doing a degree in church growth at Fuller with Donald McGavran and became successor to McGavran as a professor of church growth. He asked at that time which churches were growing and came to the realization that it was the Pentecostal and charismatic churches. Then, he asked the question, why? That's when he came to this whole understanding of signs and wonders. I would say, especially in the Global South, that there is a lot more dependence on God than on health care facilities, medications, and health care insurance because of the lack of availability. Here, we have those things available to us all the time.

**KEA:** You nailed what the issue is. I do believe that our ability to go to the medicine cabinet or the urgent care clinic across the street has become a first source. Prayer for healing and the miraculous, for most of us in the North, is a backup plan. But even in the United States, some in our congregations don't have ready access to adequate medical care. That's another reason always to pray. That said, I think it is wrongheaded to assume that what is normative in the Global South should necessarily be normative in a place where there are other provisions. It has to do with context. I am not saying that there shouldn't be more emphasis on healing and miracles here—because, frankly, prayer for the sick in a lot of classical Pentecostal churches is now not all that common. I do think we need to listen to what's going on in the Global South. In the classroom, for instance, I have relied on sources from scholars who are African Pentecostals to talk about deliverance and the demonic.<sup>12</sup> I just don't think we should view it as one-size-fits-all, because the contexts are

different. We can learn from each other, but don't need to dictate to each other.

**CMR:** Do you have any advice for pastors today on the whole question of healing?

**KEA:** What drove Dr. Charles Cullis in Boston in the 1870s was James 5:13–16. What does this text say? It says that the elders of the church anoint with oil; that the sick person is to call for the elders and use self-examination to see if there is something that needs to be forgiven. Providing a safe space for the sick to be prayed for is vital and scriptural. I also think that text is helpful because it doesn't put the gift of healing on one person.<sup>13</sup>

**CMR:** On the other hand, James 5 says the prayer of faith will ultimately end up in healing. Is it not correct?

**KEA:** That's what it says: the prayer of faith saves the sick. The way I interpret James 5 is that everybody prays, and somebody in that community may have the prayer of faith. But the faith also can be on the part of the sick person. The person who acts by coming to the elders saying “pray for me” seems to be extending some faith. The faith is in the community. There's a lot of safety in that.<sup>14</sup>

**CMR:** I've come to a very similar conclusion. I am quite ready and willing to lay hands on anybody who asks, anoint them, and pray for them. I am willing to accept that kind of prayer as well. But in the end, it's still God. My wife worked with HIV patients before they knew what AIDS was. People would want to come pray over them and command demons to come out. She would say, “My experience of working with these patients and others who die over the years is that the healing comes for them when they come to terms with the realization that they are not going to be healed in

the way you want.” I think it's important for us to keep an open mind, keep an open heart, allow God to be God, and not to put condemnation on people who come to us for healing when it doesn't take place in exactly the way they think it should.

**KEA:** That's a very wise and pastoral approach.

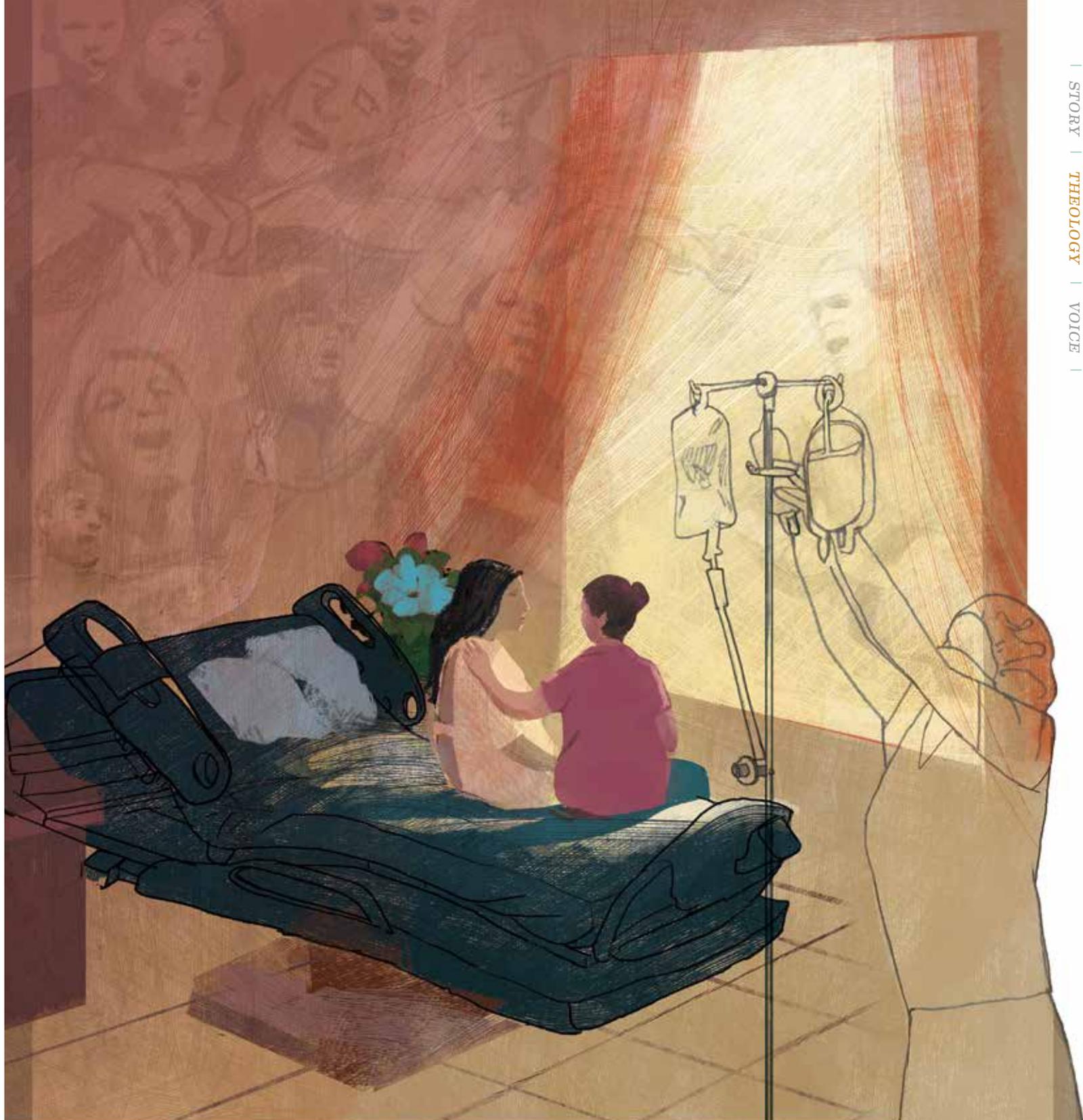
**CMR:** Thank you very much for this time.

**KEA:** I appreciate the opportunity to speak about this. Fuller has been an important place to discuss this, and keeping this discussion on the table is important. I don't want to come across as sounding as if I think only classical Pentecostals have the answers here, by the way. That's simply the context out of which I work and read texts. Cross-pollination is helpful between the different movements. But I think Pentecostals do have something to offer regarding healing.



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13. See Kimberly Ervin Alexander, "The Pentecostal Healing Community," in *Toward a Pentecostal Ecclesiology: The Church and the Five-fold Gospel*, ed. John Christopher Thomas (Cleveland, TN: CPT Press, 2010).

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## PERSPECTIVES OF CHRISTIAN HEALERS ON BIOMEDICINE IN SUB-SAHARAN AFRICA

Ludovic Lado

Ludovic Lado is associate professor of social anthropology at the Center for Research and Action of Peace in Abidjan, Côte d'Ivoire. His research concentrates on the intersection of religious pluralism and medical pluralism in sub-Saharan Africa, and his publications include *Catholic Pentecostalism and the Paradoxes of Africanization*. He holds a Doctor of Philosophy from the University of Oxford in the United Kingdom.

**D**espite the scientific and technical advances that have distinguished modern medicine throughout the world and increased access to better health, the link between religion and health remains important in the representations and practices of people in many societies, including contemporary Africa. Hence we see a popularity of religious therapies in sub-Saharan Africa. Religious institutions influence the health of their members through their beliefs and practices, public health programs, social control mechanisms, social support, and other means.<sup>1</sup> A number of researchers have attempted to show that religion can have a positive or a negative impact on individual or community health.<sup>2</sup> About a decade ago, James Pfeiffer pointed out that, despite the incursion of African independent churches and more recently Pentecostalism into the field of health, few researchers in public and community health, and even in medical anthropology, have paid attention to the practices of those churches and their influence on the health of the population.<sup>3</sup>

The question we attempt to answer in this article is this: How do Christian healers in sub-Saharan Africa perceive biomedicine? To address this, we draw on field research carried out in Abidjan, the major city of Côte d'Ivoire.<sup>4</sup> In terms of methodology, the approach is qualitative. The data was collected through interviews that were administered to 72 Christian practitioners involved in therapeutic activities. The interviewees belong to classical mission churches, African independent churches, and Pentecostal churches.<sup>5</sup> The results suggest that the approach is predominantly inclusive, despite claims of the superiority of divine healing.

### MEDICAL PLURALISM IN AFRICA

Three dominant health care systems coexist

today in the Ivorian medical field where therapeutic pluralism and religious pluralism intersect, thus favoring the emergence of several gateways—including one between Christian therapies and biomedicine, which is the main subject of this article. We have the precolonial health system, also often referred to as “traditional medicine,” the biomedical system inherited from colonization, and the religious therapeutic systems, the most influential of which are Christian or Islamic. In recent decades, the Christian therapeutic field in sub-Saharan Africa has been enriched by Pentecostal “deliverance” practices, which are also directed toward the fight against sorcery viewed as the source of evils of all kinds.<sup>6</sup>

Concerning the relationships between the three therapeutic systems prevailing in Africa, the literature provides some elements of insight. First, between religious systems, Pentecostals as well as classical mission churches tend to denigrate the therapeutic practices of African independent churches and traditional religions.<sup>7</sup> However, in spite of these views displayed by the Pentecostals, it has been noted that the “continuity with the schemes of interpretation of the misfortune and body techniques mobilized in the practices of deliverance in African cultures of possession and the anti-sorcery cults, is one of the mainsprings of their success on the continent.”<sup>8</sup>

The anthropological literature refers to some rare instances of collaboration between Christian therapy and psychotherapy in some African countries. In Côte d'Ivoire, for example, the prophet-healer Albert Atcho (1903–1990) is cited. His reputation was such that he received recognition from the psychiatric hospital of Bingerville, which collaborated with him in the care of mental pa-

tients.<sup>9</sup> The collaboration consisted either in treating patients together or in sending him patients who were in transition from the psychiatric hospital to the village for a process of reintegration. An overview of the literature reveals that the relationships between therapeutic systems in sub-Saharan Africa are marked by both competition and cooperation within and between the systems on the one hand, and through more formalized gateways on the other. How do the participants of the two therapeutic approaches relate to one another in a context where the growth of Christian therapies in Ivorian cities is now a public health issue?

#### RELIGIOUS PRACTITIONERS' PERSPECTIVES ON BIOMEDICINE

How do religious practitioners view biomedicine? The data from the field reveal that, for them, (1) biomedicine is necessary but limited, and should therefore collaborate with spiritual therapy, and (2) biomedicine and spiritual therapy are complementary but not equal.

*Biomedicine is necessary but limited.* A principle that seems to be shared by almost all Christian providers of spiritual therapies stipulates that humans provide the treatment, but only God heals. This assertion of a Catholic priest sums up this perception as follows: "The first principle is that God always heals, God heals on his own, you may take all sorts of drugs and not get cured. Then, the faith of the person is important" (Father J. P., Catholic priest).

Religious providers unanimously recognize the value of biomedicine. Being the fruit of human intelligence, it is widely perceived in Christian religious circles in Abidjan as having its ultimate source in God. This is confirmed by an evangelical preacher: "In fact the Bible is not against modern medicine.

It is God himself who created modern medicine. So you can pray for someone at church and then recommend him to the hospital, for God can also heal the patients at the hospital, can't he? Through a doctor the miracle can occur. Therefore, God is not against medicine" (Pastor M. T.).

But if Christian religious interviewees acknowledge the value of biomedicine, they differ on the role it plays in an ideal therapeutic itinerary. In Catholic circles, the tendency is to resort to biomedicine first in cases of physical illness: "If you go to blessed Michael parish, there is a hospital, a small clinic facing it. When you come and say, 'I am suffering, I see spirits,' we will tell you, 'Go and do medical tests.' This is the first thing you are asked to do" (Father J. P., Catholic priest). A preacher of the Celestial Church is also in favor of this approach: "We give modern medicine its place because when a patient comes here, we put the following question to him: 'Did you go to hospital?' Because analyses are done there, not here. And if the disease is diagnosed and drugs are given to the patient for his treatment, we just tell him, 'Come with the drugs, we will pray over them'" (Healer, Celestial Church).

But for other religious interviewees, spiritual succor must come first; according to them, behind every misfortune or disease there is an evil spirit at work. In the case of physical illness, it should be neutralized before biomedicine can be effectively used. A Harrist church official has this to say: "As a leader of the Harrist church, before a patient goes to hospital, we ask him to receive the first care that is prayer, and from that moment we can direct him to the hospital for the physical aspect." The deliverance or release from the grip of the evil spirit is then seen as a *sine qua non* condition for the effectiveness of biomedicine.

# RESPONSE: HEALING IN AFRICAN CHRISTIAN SPIRITUALITY—A HOLISTIC, INTEGRATED, AND MULTIDIMENSIONAL APPROACH

Clifton R. Clarke

Dr. Lado's article seeks to address the question, How do Christian healers in sub-Saharan Africa perceive biomedicine? Drawing upon field research carried out in Côte d'Ivoire, his native country, the anthropologist and activist draws two conclusions: that, for religious practitioners, (1) biomedicine is necessary but limited and should therefore collaborate with spiritual healing practices, and (2) biomedicine and spiritual therapy are complementary but not equal. In his latter conclusion, spiritual healing practices held sway over biomedicine. Dr. Lado concludes that in both approaches the effectiveness of biomedicine is beyond question, but notes the disparity between those who want to confine biomedicine to the physical realm of the natural sciences and those who argue for a collaborative, more integrated approach that blurs the lines between sacred and secular approaches.

The relationship between biomedicine and spiritual therapy is part of a larger issue within African studies: namely, the tension between the sacred and the secular. In recent years, observers of the development of Christianity in Africa have become increasingly aware of two distinct realms within which many African Christians now live and that are at the heart of Lado's article. John Pobee identifies these realms as the new world of modern technology and the old world of traditional values,<sup>1</sup> pointing out that Africans have two different names and use them on the

basis of the worldview they are operating within at any given time. Desmond Tutu highlights the same dualism that has arisen in Africa, calling it "a split in the African soul" that leads to what he calls "religious schizophrenia."<sup>2</sup> David Bosch believes that this dualism in the African Christian outlook is caused by the failure of the Western mission endeavor to integrate Christianity into the "whole life" of the African people.<sup>3</sup>

One domain in which this dualism is patently clear, as Lado's article elucidates, is in the area of healing. A few initial observations are worth noting. First, it is interesting to note that both of Lado's conclusions, stated above, recognize the value of both biomedicine and spiritual practices. The conclusion that biomedicine has no place whatsoever was not an option. On the contrary, the African leaders in Lado's research maintained an integrated approach that avoids a complete dichotomizing of the sacred and the secular. The biomedicine and spiritual healing approaches are not mutually exclusive, but part of an integrated whole that is tied into the African epistemology and cosmology. Second, Lado further notes that when placed side by side, spiritual healing practices were seen as being more important by African Christian healers than a biomedical approach. The reason for this preference is also significant and needs further elucidation. My response to Lado's article is therefore not a critique—

as I affirm his methods and research findings—but a further explanation of African integrative and collaborative healing practices, which I believe will advance his discussion further.

The African Independent Church (AIC) and African Pentecostal leaders adhere to a biblical vision of healing and wholeness in which sickness is viewed as the result of personal sin, and where the link between sickness and the demonic is established through the ministry of Jesus. The African Christian spiritual healers' preference for spiritual healing practices has strong biblical precedents. The Bible is replete with examples in which spiritual healing was the prerequisite for physical healing and deliverance.<sup>4</sup> The African Christian healers and leaders that Lado interviewed refused to separate biological and biochemical approaches as possible resources from spiritual healing because medicinal practices have long been part of the spiritual healing ritual for curing sickness. Biomedicine is therefore not outside of the scope of African spiritual healing. This approach to illness adopted by AICs and African Pentecostals, however, goes beyond the symptomatic reductionist approach of clinical medicine to consider the deeper underlying causation behind sickness. To move beyond cure toward wholeness, one needs to recognize the deep-rooted relationship between the immanent and the transcendent or, put another way, the natural and the supernatural. In-

tegrated entities include not only natural and supernatural binaries, but all aspects of life in which harmony is needed. This outlook on healing and wholeness—an integrated approach—can provide valuable insight in addressing some of Africa's pressing needs. Questions of nutrition and health are inseparable from the economic and social system. Disease and malnutrition do not exist in a vacuum; they are, rather, the results of human beings existing in a state of disharmony with each other and with the world they inhabit.

For AICs and African Pentecostals, sickness is associated with the presence and activity of evil forces, and healing is seen as deliverance from their hold by the superior power of Jesus Christ. This naming and thus concretizing of the forces of evil—which, though hidden, inflict real pain on real people—calls for a reevaluation of the "principalities and powers" that operate in the visible universe where men and women are their chief victims. In this respect concrete, historical responses must be given to the scourge of sickness and disease in Africa. Confining its source to the realm of the supernatural and treating sickness as nothing more than the consequence of sin do not get at the heart of the African approach. To AICs and African Pentecostals, healing and wholeness suggest reciprocity between polarizing forces such as individuals and society or the invisible and tangible elements of the universe.

Individuals are able to hurt the community by their failure to act in the interest of the whole, and collective sin results in sickness within the bodies of individuals or in the dysfunction of the natural order. Healing is therefore something that does not concern itself just with individuals, but with the healing and liberation of all creation. The need to heal and liberate creation is a response to the impact that a “wounded” creation is having upon the community: sickness, death, poverty, famine, and other forms of devastation.<sup>5</sup>

The holistic approach to healing of the AICs and African Pentecostal churches is further relevant in that it is multidimensional and integrated: multidimensional because of its “simultaneous geography” comprising both the physical and the spiritual universe, and integrated in that it does not fragment the cause, effects, and need for restoration but sees them as interrelated. It does not seek to heal the body without accessing and rooting out the cause of the sickness, because the two are related. Neither does it transform its sick members into objects of care, pity, or sympathy. Rather, in the face of sickness and death it proclaims the source of all life and health, pointing toward a Christ who comes in the name of the Supreme One, empowered to heal all disease and protect from those who are its perpetrators.



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3. David Bosch, *Het Evangelie in Afrikaans Gewaad* (The Netherlands: J. H. Kok, 1974), 43.
4. See Matt 12:22–28; Matt 10:1; Luke 8:2; Acts 10:37–38.
5. The idea of a wounded creation is explored in Marthinus L. Daneel, *African Earthkeepers: Wholistic Interfaith Mission* (Maryknoll: Orbis Books, 2001), 8–11.

cal therapy. To illustrate the limits of biomedicine, a number of religious interviewees claim to have obtained from God the healing of diseases so far perceived as incurable by biomedicine. Some claim to have cured HIV/AIDS or cancer: “We have prayed for someone, here. I don’t know what sort of cancer he had; he was brought here, that man, even doctors had no hope, what they were doing is called chemotherapy. That’s all. But his cancer disappeared” (Religious healer, Celestial Church).

Despite this general tendency to affirm the capacity of spiritual healing to cure all diseases on the basis of God’s omnipotence, some religious interviewees maintain a division of tasks between biomedicine and religious therapy. For them, as illustrated by the following affirmation, ordinary physical illnesses are to be treated by biomedicine, while spiritual diseases—those that involve a “mystical” cause—should exclusively be reserved for spiritual therapy. According to a Pentecostal pastor, “Medical science, in our day, has the capacity to cure almost all diseases, except someone who is dead. But concerning diseases such as AIDS, I prayed for a patient, and the woman was totally healed. In her case, the lady had mystically been infected. She was contaminated in a spiritual way. In this case, you see that antiretroviral drugs could do nothing. Spiritual healing was needed, that is, breaking the strongholds of witchcraft” (Prophet H. E., Pentecostal church).

A few religious interviewees argue for a more formal collaboration between biomedicine and spiritual therapy that would compensate for the limits of biomedicine. A Pentecostal pastor says: “I also want to ask modern medicine to collaborate with the church through the pastors; hospitals must establish a center of prayer, deliverance and healing. Pastors that are selected every week will go there and pray for the patients, because there are some health problems for which modern medicine is limited. Modern medicine must also

collaborate only with traditional healers, but not with the seers” (Prophet Agbalé, Pentecostal church).

*Complementarity but not equality.* The views of the religious practitioners on biomedicine attest to some *de facto* complementarity that can take several forms. In some situations, the same patient is simultaneously the object of biomedical and spiritual care, either through the intervention of hospital chaplains or a circumstantial recourse to a religious practitioner. On this subject, a religious provider states: “We have no problem with modern medicine, because one year I was going to pray for the sick people at the General Hospital. There are groups, churches that go and pray for the patients in hospitals. There is no problem in that. It is our mission on earth, going to pray for the sick, visiting prisons and all that. Therefore, when you are a son of God, even before going to hospital, first people must pray for you, because by going straight to hospital, the enemy might be working there. You see it is another system; there are sorcerers, mystics, Rosicrucians among the medical doctors. This is another dimension, but bear in mind that we are not against, but for modern medicine” (Evangelist pastor A. K.). Some religious practitioners even claim to refer patients to the hospital, except of course for diseases classified outside their remit, especially “mystical” diseases: “There are mystical attacks, that is to say that there are people who attack other people. I cannot take such a case to hospital. It is through prayer that it can be solved” (Religious therapist, Celestial Church). This distinction between the responsibility of the hospital and that of prayer suggests that, for religious practitioners, one should not necessarily expect prayer to heal

all diseases in normal circumstances, given that it is God who made a gift of biomedicine to humanity.

In terms of hierarchy, it appears from interviews with the religious practitioners that, although biomedicine and spiritual therapy are perceived as complementary, spiritual therapy is considered superior to biomedicine for the following reason: biomedicine

religious therapists, the death of the patient may ensue? A religious therapist says: “My wife had cancer. We prayed for her and that cancer disappeared. Three to four months after, there were ganglions on her body. We did everything in cancerology. We did a lot of medical examinations: 18 scans. Still, we could not find the disease. She was bound to use tablets, sedatives, but finally she died. It is an example that makes me say that the



only covers a category of disease—physical illness—while spiritual therapy would deal effectively with all diseases. In other words, the first one is limited while the second is not, because God is not limited. At the same time, in the management of a therapeutic itinerary, priority is given to the hospital in cases of physical illness. It is when the hospital is not proving effective that recourse is made to religious practitioners. But how can we reconcile the belief that the therapeutic power of God is not limited when there are many cases where, despite the intervention of re-

medicine doesn't heal” (Evangelical pastor Djédjé Raphael).

According to religious practitioners, there are three possible reasons that can explain such a failure: the weakness of the patient's faith, the incompetence or impurity of the provider of care, and finally the sovereign decision of God. Concerning the disposition of the therapist, some religious interviewees mention the use of certain mystical powers by some health providers. These powers could have negative effects on patients: “I

am very cautious at this level, because it is a very difficult situation here in Abidjan. For example, when you walk with a pastor who has taken some fetishes (objects believed to have magical powers) from different places, and works miracles from these fetishes, everyone knows about it; and so when you walk with such a person, automatically everyone will think that you do the same thing—that you’ve also taken fetishes from which you work miracles” (Prophet Agbalé, Pentecostal pastor).

## CONCLUSION

Synthesizing the empirical data, it appears that the spiritual therapists of sub-Saharan Africa have a holistic conception of disease and healing. They recognize the importance and effectiveness of biomedicine, but not without emphasizing its limits compared with spiritual therapy, which is perceived as “divine medicine.” They therefore affirm both the complementarity of the two therapeutic offers and the superiority of spiritual therapy. Most are open to collaboration between the two medicines. The question of the relevance of and opportunity for collaboration between spiritual therapy and biomedicine is not new, however. As some issues of the *Journal of Religion and Health* from as early as the 20th century testify, it has been the subject of much debate between proponents of inclusive approaches and those of exclusive approaches.

For both sides, the effectiveness of biomedicine is beyond question. The debate focuses more on the religious aspect that some, in the name of the principle of secularization, want to confine within the limits of private initiative outside the institutions of biomedicine, with the hospital operating only according to the canons of science. Others argue that the distinction between medical and nonmedical therapy is very recent and only dates back to the rise of biomedicine. They recall the religious origins of medicine and argue that a competitive approach should be abandoned for a

collaborative approach,<sup>10</sup> one that includes a fruitful dialogue between religion and biomedicine for the integral well-being of the human being. In recent decades public authorities in Côte d’Ivoire, to some extent, have been gradually acknowledging the value of traditional medicine, breaking with the colonial legacy of distrust of alternative medicines. This is not yet the case with religious therapeutic systems.



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## HEALTH IN PERSONAL, SOCIAL, AND ESCHATOLOGICAL PERSPECTIVE: A THEOLOGICAL-PASTORAL REFLECTION

Amos Yong

Amos Yong is professor of theology and mission at Fuller Seminary and director of its Center for Missiological Research. His scholarship has been foundational in Pentecostal theology, interacting with both traditional theological traditions and contemporary contextual theologies. He holds a PhD from Boston University in Religious Studies and Theology and has authored or edited almost four dozen books, including *Theology and Down Syndrome: Reimagining Disability in Late Modernity* and *The Bible, Disability, and the Church: A New Vision of the People of God*.

These pages are meant less as a conclusion to the preceding essays than as a kind of reflection, from a more or less systematic theological perspective, on health and healing as the central themes of this issue of *FULLER* magazine. Yet our considerations both presume the breadth and diversity of the voices here—their inter- and trans-disciplinarity, their transnational geographic and regional foci, and their interethnic and transcultural situatedness—and insist that the work of the systematician is not finished until practical theological proposals are factored in. What follows, therefore, ought to be understood against and qualified by the foregoing discussions, even as they beg the “so what?” question: How then ought we to live as Jesus-following people, in light of the polyfaceted and variegated understanding of health and healing across Christianity as a global faith?

To frame my response, let me sketch three propositions that ought to be noncontroversial for any Christian theology of health and healing. First, Christian salvation in its most encompassing sense involves creaturely wholeness, not only in terms of psychosomatic health but also with regard to social relatedness as well as broader ecological and cosmic environments; in other words, divine salvation not only cures bodies but also heals souls, reconciles creatures, and ultimately renews all of creation in its various levels of togetherness.<sup>1</sup> Second, in this time between the times—after the life, death, resurrection, and ascension of Jesus but before his coming again—we live and flourish only in and through the Spirit of Jesus; yet such Spirit-empowered life does not lead to any uncritical theology of glory, but instead recognizes that the gifts of the Spirit enable the edification of all precisely through the contributions of those “members of the body that seem to

be weaker” or “that we think less honorable” (1 Cor 12:22–23).<sup>2</sup> Last but not least, the many tongues of the Spirit of Pentecost continually invite us to rethink health and wholeness from out of the witness of the worldwide body of Christ, which testimonies will echo perspectives from various and different contexts; this means that “now we see in a mirror, dimly” (1 Cor 13:12a), and therefore that with regard to our variegated experiences of health and healing, “we walk by faith, not by sight” (2 Cor 5:7). From here, let me ward off three interrelated distortions that often plague Christian thinking about health and healing.

### DISTORTED THEOLOGIES OF HEALTH AND HEALING

*Distortion #1:* That God heals and desires our health and wholeness is not in question, but this does not mean that divine salvation is intended to provide bodily cures in every circumstance. Coming from the Pentecostal-charismatic tradition as I do (and about which Shane Clifton, Mel Robeck, and Kimberly Alexander speak eloquently in their essays included here), I recognize the power of the healing message to draw people to the gospel of Jesus Christ. Yet it also needs to be said that while God always saves and, in that sense, heals, God does not always *cure*.<sup>3</sup> My younger brother Mark, who has Down syndrome, is whole and healthy but not because he has been *cured* of trisomy 21 (the chromosomal condition related to Downs). The gospel of a God who saves and heals becomes distorted by the theology of health-and-wealth; more precisely, proclaiming that God always and in every case desires that we enjoy *cured* bodies is not just a distortion but a heresy: another gospel indeed. Our theology of health and healing must remember not only Trophimus, who was “left ill at Miletus” (2 Tim 4:20b), but also Paul, who prayed thrice asking for deliverance from his affliction but received the Lord’s response: “My grace is sufficient for

you, for power is made perfect in weakness” (2 Cor 12:9a). There is scriptural warrant for the assertion that blessing and prosperity—and cures and healing—are given by God, but it is a distortion to claim that these are meant to be embraced literally for each of us in every situation.<sup>4</sup>

*Distortion #2:* By extension, it is wrong not only to presume that God, by the wonder-working power of his Spirit, will supernaturally intervene to heal or cure his followers from our every affliction; it is also wrong to think that if we lived according to what we believe the covenant requirements are, we are guaranteed a healthy and long life. Here I am not talking about the charismatic dimension of health and healing addressed in the first distortion. Instead, I am naming the “standing on the promises of God” attitude that insists we can earn health and healing by living out the biblical message. I am not dismissing the role of Scripture in ruling our lives and our faith; rather, I am counteracting the belief that if we do our part—e.g., exercise regularly, eat healthily, maintain a fit lifestyle,<sup>5</sup> all according to the Scriptures, it is believed—then God is bound to keep us healthy. This contemporary cult of health and healthiness is at its worst a late modern expression of Pelagianism—the ancient heresy that we can earn our own salvation by our deeds—and an idolatrous distortion of the truth. As Job said, “Though he slay me, yet will I trust in him” (Job 13:15a). Again, my point is not to undermine the biblical bases for such practices of self-care, to the extent that such might be identified, but to reject any one-to-one correlation between these commitments and our expectations that God is thereby obligated to reward our efforts and cure our bodies.

*Distortion #3:* Underneath the first two distortions might be an uninterrogated as-

sumption about what it means to be healthy. Here, conventional notions of what Thomas Reynolds calls “the cult of normalcy” prevail that define how those of us who fall within the bell curve of ability—as opposed to being labeled as having a disability—understand ourselves as “normal” human beings.<sup>6</sup> Such internalization of the so-called “normal,” however, also exerts ideological potency at the edges of the bell curve so that people who are ill, sick, diseased, or impaired in any way come to consider themselves deviant according to extant social norms and expectations. This takes into account neither the fact that all of us “normals” are only temporarily able-bodied (TAB)—coming into the world dependent and, if blessed to live long enough, going out of the world also increasingly dependent—nor the truth that these TAB prejudices function in discriminatory ways against any who are unable to live up to “normal” expectations. The disability community names such the *ableist* presumption, thus exposing how society’s constructions are biased against those who are unable to assimilate themselves into the TAB world.<sup>7</sup> Yet surely ableism is counter to Yahweh’s concern for the poor, the weak, and the marginalized. Instead, the upside-down world of Jesus as the face of the coming reign of God insists that the final banquet is attended by social outcasts, including “the poor, the crippled, the blind, and the lame” (Luke 14:21b).

#### REDEMPTIVE PRACTICES FOR HEALTH AND HEALING

How then ought we to proceed? In this final section, I suggest three sets of what I call redemptive pastoral practices that embrace and await the full healing and wholeness promised by the gospel. These can also be explicated in three interrelated domains: the interpersonal, the social/ecclesial, and the eschatological.

*Redemptive practice #1—the interpersonal:* Pastorally, we ought to pray *with*, not just *for*, one another. By “pastorally,” of course, I am referring to our dispositions toward one another rather than to any pastoral office that only a few of us might hold. In other words, we are all called to be sensitive toward—hence pastoral in engaging—each other, and in that respect, we can each one be a source of pastoral strength and encouragement to others. From that perspective, then, one of the most important things all of us can do, ministers and laypersons alike, is pray. Unfortunately, oftentimes we pray out of ignorance, or at least out of a posture that has not interrogated the ableist prejudices that have shaped our TAB experiences. From that perspective, we TAB persons often presume we know how to pray for others—for instance, that they want cures that make them normal just like us—rather than ask them about how best to pray *with* them. This plays out most problematically when interacting with people with disabilities.<sup>8</sup> While some people with disabilities will welcome any prayers for their healing and curing, others are put off by the presumptiveness of TAB people and therefore sometimes cease to frequent church environments, because they might once again be the objects of prayers as well as targets of blame for why they remain impaired, e.g., because of a lack of faith or the consequences of sin. These attitudes, however, are clearly projected by us “healthy” persons of faith toward the sick, ill, or diseased, much less to those impaired or labeled as disabled.

My point is that the most pastorally sensitive forms of prayer are generated out of mutuality between human beings, rather than from any presumed divide that separates “us” who are healthy from “them” who are not. From this relational matrix, we realize more the cohumanity—the dust of the ground—that binds

us together across the labels that otherwise separate us, and our praying resounds harmoniously out of our different locations, experiences, and voices. Once we realize that our friends and cobelievers are persons first, even if ill, sick, diseased, or impaired, then we might be more ready to pray *with* them about what is important to them rather than pray only *for* them according to our assumptions.

*Redemptive practice #2—the socio-ecclesial:* This second set of pastoral recommendations builds from and extends the notion of mutual prayer, meaning that the reciprocity of our praying together is based on our doing life with one another. Again, we are addressing hierarchies of alienation, for instance, “we” who are healthy, able-bodied, and ministers, and “they” who are sick, disabled, and recipients of ministry. Instead, we need to reenvision what it means to be the people of God and the body of Christ, meaning, for our purposes, those joined together in solidarity by the Holy Spirit poured out at Pentecost on all flesh: male and female, young and old, haves and have nots, able-bodied and impaired.<sup>9</sup> From that perspective, then, each member of the body becomes a site of the Spirit’s ministry of salvation and wholeness to others, going in multiple directions. We not only can pray for one another—including the sick and those living with long-term illnesses praying for the well, and so on—but we can also do life together: be present to one another, rejoicing with each other when appropriate, lamenting and grieving with one another when needed.<sup>10</sup>

Once we have gotten to know one another at this deeper level, then we will know that our *friends*—and if within the church, our *family*, together part of the body of Christ and the fellowship of the Holy Spirit—are not just objects of healing prayers, and we will also realize when they have stopped asking for miraculous interventions and desire rather the presence of the Holy Spirit with them amidst their felt afflictions. So if oftentimes our response to the

sick and impaired is to come in for a visit and then go back to the comforts of our own “normal” life, the practices suggested here involve patient Christian *koinonia* across the not-so-healthy spectrum while simultaneously believing that joy, generosity, and solidarity can be nurtured by the Holy Spirit (see Acts 2:45–47).

*Redemptive practice #3—the eschatological:* Last but not least, what kinds of practices can inform our own hopes for eschatological wholeness and well-being? Remember that the eschatological concerns not just life after death or eternity after history and the end of the cosmos; instead, the eschatological is the reign of God that is coming and has been manifest in Jesus Christ and in his outpouring of the Holy Spirit on the world. From that perspective, the eschatological makes a difference now, amidst the mundaneness that constitutes the challenges we confront in our bodies and lives. Hence, our suffering, patience, and endurance with sickness, illness, and impairment are not segregated from the good news of the coming divine reign. But this might not mean, as we have indicated above, that *cures* are on our earthly horizon. Instead, it means that we can live with one another, pray *together*, and expect that the Spirit can redeem our lives in anticipation of the promise of the gospel that involves our future. In other words, our sicknesses and impairments are redeemable by the gospel, even if not cured on this side of heaven.

This is perhaps not good news according to the conventions of ableism or the norms of prosperity or health-and-wealth theology, but it is the gospel of Jesus Christ, who not only came into the world but descended into its historical underside for God’s saving purposes. Thus, Jesus “became like his brothers and sisters in every respect” and was fully “subject to weakness” (Heb 2:17a, 5:2) so that he could turn around whatever was intended for our harm (Gen 50:20). Hence, we can encourage each other that in and through the trials and challenges of

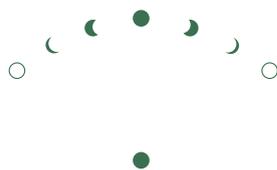
living with sickness, illness, and impairment, we can live liberatively and faithfully in the present and bear witness to the power of the Spirit through our “treasure in clay jars” (2 Cor 4:7).<sup>11</sup>

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#### ENDNOTES

1. See my book *Renewing Christian Theology: Systematics for a Global Christianity*, images and commentary by Jonathan A. Anderson (Waco: Baylor University Press, 2014), ch. 8, “Divine Healing: Salvation of the Body and Redemption of the World.”
2. Unless otherwise indicated, all scriptural quotations are from the New Revised Standard Version; further consideration of this reading of 1 Corinthians 12 is found in my essay “Disability and the Gifts of the Spirit: Pentecost and the Renewal of the Church,” *Journal of Pentecostal Theology* 19, no. 1 (Spring 2010): 76–93.
3. I say more about this distinction between healing and curing in my book *Theology and Down Syndrome: Reimagining Disability in Late Modernity* (Waco: Baylor University Press, 2007), 245–47.
4. See Amos Yong, *In the Days of Caesar: Pentecostalism and Political Theology—The Cadbury Lectures 2009*, Sacra Doctrina: Christian Theology for a Postmodern Age (Grand Rapids and Cambridge, UK: Eerdmans, 2010), ch. 7, on the health and wealth theology.
5. See R. Marie Griffith, *Born Again Bodies: Flesh and Spirit in American Christianity* (Berkeley: University of California Press, 2004); see also Joseph W. Williams, *Spirit Cure: A History of Pentecostal Healing* (Oxford: Oxford University Press, 2013), ch. 5, “Perfect Bodies, Plentiful Profits.”
6. See Thomas E. Reynolds, *Vulnerable Communion: A Theology of Disability and Hospitality* (Grand Rapids: Brazos Press, 2008), ch. 2.
7. For more on the notion of ableism, see my essay, “Beyond Ableism: Disability and the Renewal of Theological Education,” in *Theology and the Experience of Disability: Interdisciplinary Perspectives from Voices Down Under*, ed. Myk Habets and Andrew Picard (Aldershot, UK: Ashgate, 2016); Fiona Kumari Campbell, *Contours of Ableism: The Production of Disability and Aabledness* (New York: Palgrave Macmillan, 2009).
8. I elaborate on why in my article, “Disability and Suffering? Pastoral and Practical Theological Considerations,” *Journal of the Christian Research Institute on Disability* 4, no. 1 (2015): 27–42.
9. See my *Who Is the Holy Spirit? A Walk with the Apostles* (Brewster, MA: Paraclete Press, 2011), parts 2–3.
10. Disability perspectives on lament are here helpful for interfacing with the broader spheres of illness, sickness, and disease; see Yong, *The Bible, Disability, and the Church: A New Vision of the People of God* (Grand Rapids and Cambridge, UK: Eerdmans, 2011), 40–46.
11. My gratitude to Kurt Fredrickson for feedback on this essay.





VOICES ON THE  
***Liturgical Year***

“Eternity, to which nature is a witness, is more than something that happens to us after we die. It is a great river flowing beneath the surface of everything else, in which we were meant to live and move and have our being. As the late theologian Ray Anderson reminded his students, ‘We are made of dust, yet we have eternity in our hearts.’ Eden in our hearts—whether desert or forest or mountaintop—where we might walk again with God in the twilight of the day.”

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+ *Lauralee Farrer, chief storyteller and vice president of communications, in her collaborative book on time and liturgy, Praying the Hours in Ordinary Life. In 2017, the FULLER studio team explored time, worship, and the witness of nature through a contemplative video series on the liturgical year. Each short film evokes the story of God through natural imagery and Scripture narrated by members of the Fuller community in their native languages.*

*In this issue of the magazine, we're offering one longer Voice section with images from the films. We encourage you to sit with the imagery, Scripture, and question on each page as a kind of “visio divina,” reflecting on the words of Scripture as they unite us through our days. Watch the entire Liturgical Meditations video series online.*







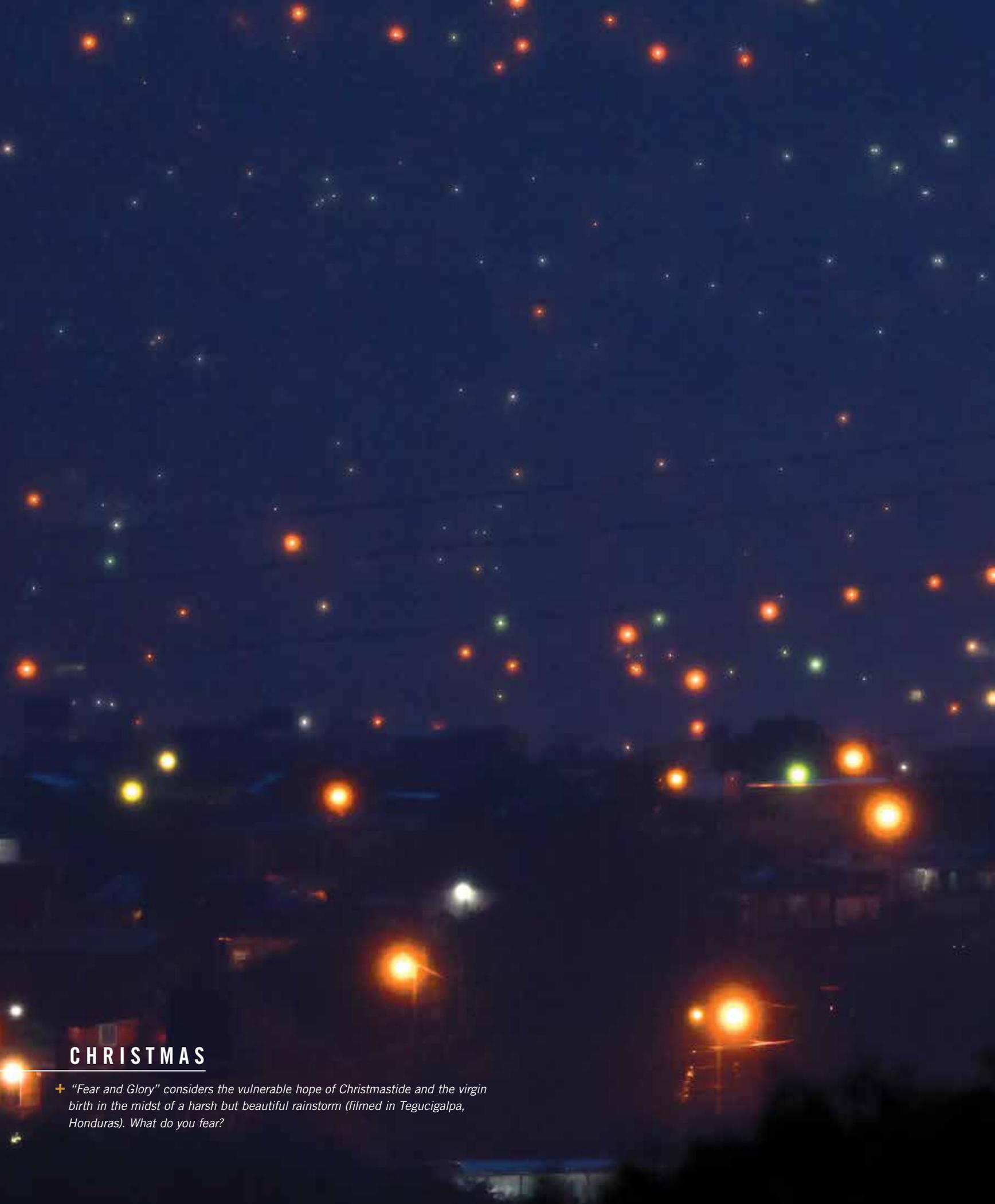
## ADVENT

+ *"Yearning and Promise" uses wilderness, water, and cityscapes to explore Advent and the expectant longing for the birth of Christ (filmed in Chicago, Illinois, and Malibu, California). What are you longing for?*

A dramatic sunset over a rocky beach. The sky is filled with heavy, dark clouds that are illuminated from below by the setting sun, creating a golden glow. The sun is partially obscured by the clouds, casting a bright light across the scene. The ocean is dark, with white foam from waves crashing against the shore. The foreground is a sandy beach with several large, dark rocks scattered across it. The overall mood is one of awe and tranquility.

*O comfort my people  
says your God  
speak tenderly  
that her penalty is paid  
in the wilderness prepare the way*

FROM ISAIAH 40



## CHRISTMAS

+ *"Fear and Glory" considers the vulnerable hope of Christmastide and the virgin birth in the midst of a harsh but beautiful rainstorm (filmed in Tegucigalpa, Honduras). What do you fear?*



*Nearby an angel of the Lord appeared  
to shepherds keeping watch over their flock by night  
they were terrified  
the angel said, "Do not be afraid  
I am bringing you good news of great joy  
to you is born this day a savior, the Messiah,  
the Lord."*

FROM LUKE 2



## EPIPHANY

+ *"Desire and Light" evokes Epiphany and the wise men's celebration of the Incarnation through quiet cornfields of Iowa farmland (filmed at South Skunk River in Marion County, Iowa). What does joy look like in your life?*



*After Jesus was born  
wise men from the East came  
to pay him homage  
ahead of them went a star  
it stopped over the place where the child was  
they were overwhelmed with joy  
arise, shine, for your light has come  
the glory of the Lord has risen upon you*

FROM ISAIAH 60 AND MATTHEW 2





## LENT

+ *"Hunger and Healing" depicts the expectant lament of Lent through water and arid desert landscapes (filmed at Marion County, Iowa; the Salton Sea, Imperial Sand Dunes, and El Matador State Beach, California). For what do you need to repent?*

*Share your bread with the hungry  
bring the homeless poor into your house  
see the naked and cover them  
and do not hide yourself from your own kin  
then your light shall break forth like dawn  
your healing shall spring up quickly  
then you shall call and the Lord will answer  
you shall cry for help and he will say  
“here I am.”*

FROM ISAIAH 58

## EASTER

+ *"Death and Resurrection" portrays the night before and the morning of the Resurrection of Jesus, marking the beginning of Eastertide (filmed at Paymaster Landing in Imperial County, California). Where is God wanting to give you new life?*

*Where, oh death, is your victory?*

*Where, oh death, is your sting?*

FROM 1 CORINTHIANS 15



## PENTECOST

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+ *“Fire and Wind”* contemplates the biblical event of Pentecost, marking the beginning of the Christian church in the liturgical calendar (filmed at Mt. Wilson in Angeles National Forest, California). Who is your community?



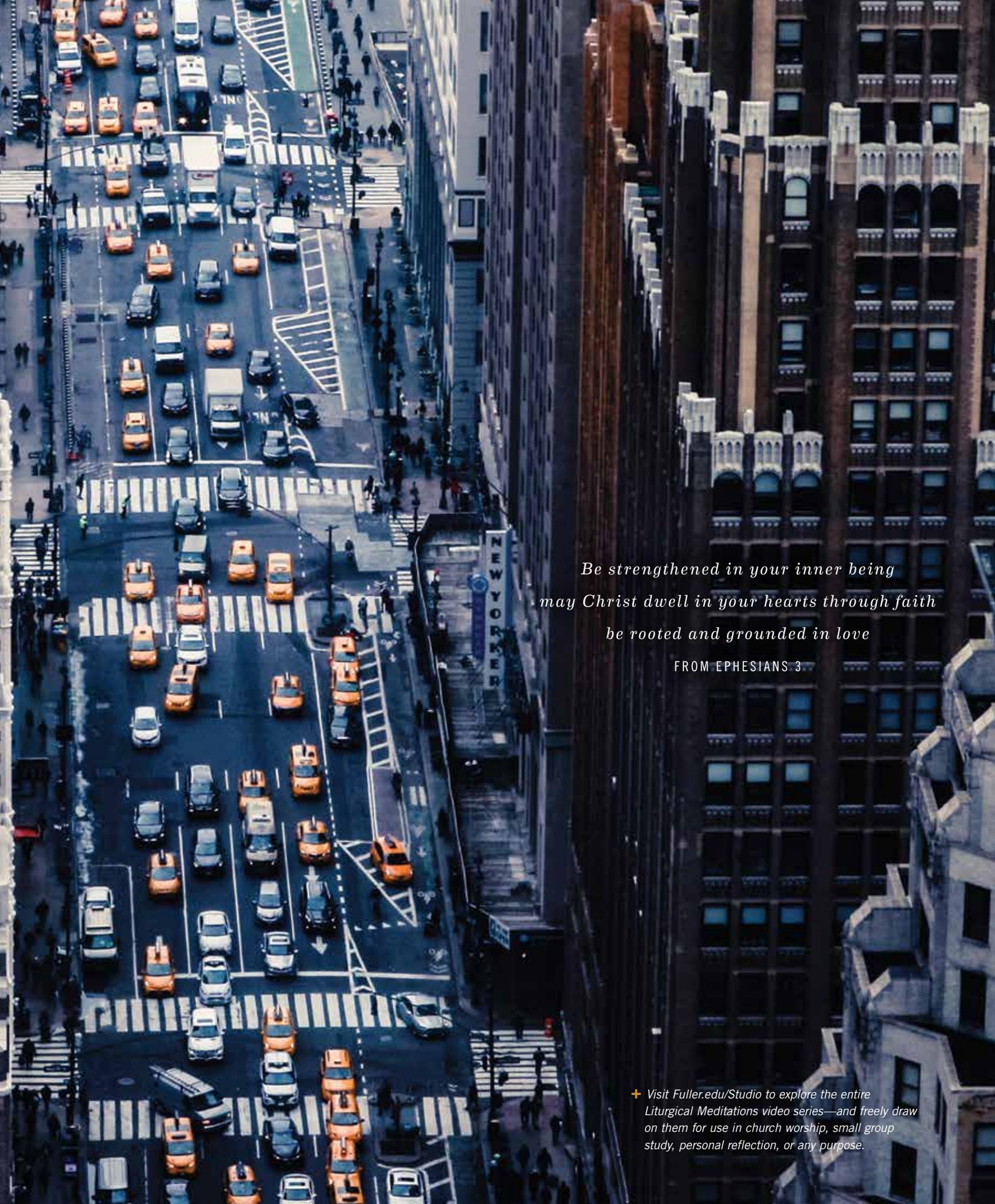
*Suddenly there came from heaven  
a sound like the rush of a violent wind  
tongues of fire rested on each of them  
they were filled with the Holy Spirit  
they spoke in many languages about God*

FROM ACTS 2



## ORDINARY TIME

+ *"Mystery and Love" interprets the numbered days between holy days as a time for growth and maturing of the church (filmed at Chicago, New York, Los Angeles, and San Francisco). In what ways would you like to grow?*



*Be strengthened in your inner being  
may Christ dwell in your hearts through faith  
be rooted and grounded in love*

FROM EPHESIANS 3

+ Visit [Fuller.edu/Studio](https://Fuller.edu/Studio) to explore the entire Liturgical Meditations video series—and freely draw on them for use in church worship, small group study, personal reflection, or any purpose.

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+ *Tóhu*, by Eric Tai (MAICS '17). The idea for these works began in Fuller's sustainability garden when Eric learned about the role of compost in making fertile soil. Whether it's drawing in charcoal, imposing ashes, or composting in a garden, these activities begin with the primary compound of carbon, a fertile image for new life. See Eric's work also on pages 2–3 and 11.



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Fuller offers 17 master's and advanced degree programs—with Spanish, Korean, and online options—through its Schools of Theology, Psychology, and Intercultural Studies, as well as rich and varied forms of support for the broader church. Nearly 3,500 students from 80 countries and 110 denominations enroll in Fuller's degree programs annually, and our 43,000 alumni serve as ministers, counselors, teachers, artists, nonprofit leaders, businesspersons, and in a variety of other vocations around the world.

## 풀러 신학교란?

풀러 신학교는 복음주의에 기반을 둔, 다교파적 대학원으로, 하나님 나라를 위해 부름 받은 국제적인 지도자들을 형성하기 위해 전념하고 있습니다. 교회와 세계 속에서 일어나는 변화에 대응하여, 풀러는 전형적인 캠퍼스 내 재학생과 인터넷 수업을 듣는 학생들의 신학교 경험에 변화를 가져오고 있습니다: 예수님을 따르는 자들이 삶의 어떤 환경에서도 충성스럽고, 용기 있고, 혁신적이고, 협력적이고, 유익한 지도자로 섬길 수 있도록 도와 주는 신학적 형성에 힘쓰고 있습니다.

풀러는 신학, 심리학, 선교학과를 통해 17개의 석사와 박사 학위 과정을 제공하며 - 스페인어, 한국어, 온라인 옵션 선택 가능 - 더 넓게는 교회를 위한 풍부하고 다양한 형태의 지원을 제공하고 있습니다. 80개국에서 온 약 3,500명의 학생과 110개의 교파가 매년 풀러의 학위 프로그램에 등록하며, 43,000명의 졸업생들이 목사, 상담사, 교사, 예술가, 비영리 지도자, 사업가, 또는 다양한 직업을 통해 전 세계에서 일하고 있습니다.

## ¿Quién es Fuller?

Fuller Seminary es una institución evangélica y multiconfesional que se compromete a formar líderes globales para las vocaciones del Reino. Respondiendo a los cambios en la iglesia y en el mundo, Fuller está transformando la experiencia del seminario tanto para los estudiantes tradicionales como para los que están más allá del aula: proporcionando formación teológica que ayude a los seguidores de Cristo a servir como fieles, valientes, innovadores, líderes colaborativos y fructíferos en toda la vida, en cualquier entorno.

Fuller ofrece 17 programas de maestría y de grado avanzado — con opciones en español, Coreano y en línea — a través de sus escuelas de teología, psicología y estudios interculturales, así como formas ricas y variadas de apoyo para la iglesia más amplia. Cerca de 3,500 estudiantes de 80 países y 110 denominaciones se inscriben en los programas de estudios de Fuller anualmente, y nuestros ex-alumnos de 43,000 sirven como ministros, consejeros, maestros, artistas, líderes sin fines de lucro, empresarios, y en una variedad de otras vocaciones alrededor del mundo.



## BENEDICTION: Acts that Speak the Good Word

As MDiv student Ernesto Soriano took classes with fellow international students through Centro Latino at Fuller Seminary, he noticed a trend: while years of living in the United States made his own transition to student life much smoother, many of his peers had to make the daunting transition while taking their first class.

“They shared with me how they were struggling to adapt to their new life,” he remembers. “They were lonely and overwhelmed. When I first came to this foreign country, I felt that way too.”

Their disorientation led Ernesto to think about the host families who so graciously supported his own ministry over the years. “My wife Anna and I have done missionary work, and from the moment a host family picked us up from the airport, they would take us to their home and share their lives with us,” he says. “The human touch. That’s what is really important in hospitality, and in the past we had the benefit of receiving that from others.” Ernesto and Anna decided to become both hosts and cultural educators, offering temporary housing and a “human touch” to guide Centro Latino students through their own transitions.

For a few weeks at a time, Ernesto invited students to stay in their guest house before transitioning to more permanent housing. They were greeted with spare keys to their home, access to laundry facilities and the fridge, and a standing invitation to join his family at their table, where Anna would cook warm meals of familiar food from their home country. When he wasn’t studying for his own classes or pastoring a local church, Ernesto would take the students hiking or sightseeing at the Santa Monica Pier.

Yet Ernesto knows these students face barriers beyond needing a safe space to rest. “One of the hardest things is learning the system, and they feel lost trying to figure out how things work here. Those two or three weeks they stay with us, I try to help them get organized,” he says, with basic skills like organizing finances and planning class schedules. As his guests become classmates, Ernesto rides the LA rail system with them until they’re able to navigate it on their own.

“There is a transition happening in their lives—between what they’ve left and what they’re going to face in the future. They’re in the middle trying to figure everything out, and we’re here to provide a safe space for that,” says Ernesto. “Scripture encourages us to be hospitable with others, with the stranger. Others have blessed us, and my wife and I feel very enthusiastic to give back what we’ve received.”

+ from Michael Wright [MAT '12], editor for FULLER magazine and FULLER studio. Ernesto humbly didn’t want his photo shown, but was willing to have his hands pictured above, a fitting image for his “human touch.”

## + Fuller’s Future

A whirlwind of change is deeply impacting our world, the church, and seminary education—change that has led to a historic moment of both disruption and opportunity for Fuller. President Mark Labberton has been sending updates to alumni and other members of the seminary community describing Fuller’s strategic plans for a thriving future in the midst of the whirlwind. Those updates, as well as more details, can be found at [fuller.edu/future](https://fuller.edu/future). Please visit this site to learn more and to sign up to receive future updates.

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## THE FULLER MDIV NOW 100% ONLINE

Anyone in ministry can now strengthen their leadership in real time by earning Fuller's MDiv fully online. Learning from some of the world's leading scholar-practitioners—in community with classmates across the globe—students can apply what they're learning immediately to their own church or other context of service.

Chaplain Nate Graeser, above, uses his MDiv as he rallies communities to come alongside struggling veterans. Whatever their vocational goals, Fuller's respected MDiv prepares students for agile, theologically informed leadership—wherever they are.

**LEARN MORE:**

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