Vision: A Journal for Church and Theology

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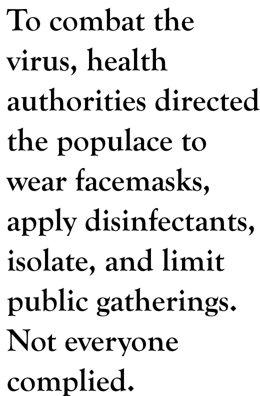
Editorial

Karl Koop

From 1918 to 1920, an influenza pandemic preyed on millions worldwide. Initial indications of the illness included headaches, fever, back pain, coughing, pneumonia, and sometimes symptoms involving the nervous system leading to palsy and partial paralysis. To combat the virus, health authorities directed the populace to wear face masks, apply disinfectants, isolate, and limit public gatherings. Not everyone complied. Some refused to take the pandemic seriously. Others were hesitant to follow public health directives due to mistrust, fear, or lack of information.



As historian Vanessa Quiring describes in a recent article, a Mennonite community in southern Manitoba refused to follow the rules in part due to "wartime anti-German sentiment from the general public, fear of excessive modernization, and tensions between the state and the Mennonites concerning the War Measures Act."[1] The refusal to follow the rules led to some unfortunate circumstances, at least in the Rural Municipality of Hanover where Mennonites "experienced death rates that were significantly higher than that of their non-Mennonite neighbors, and more than twice the national average in Canada."[2] With no vaccines in view, the world would see some fifty million persons eventually succumb to the disease commonly referred to as the "Spanish Flu."

In the past year, we have been facing another pandemic that we hope will soon be eradicated through vaccinations. The future may look promising, but in the meantime daily routines have unraveled in extraordinary fashion. Some have managed to stay healthy and survive financial ruin.

1 Vanessa Quiring, "Mennonites, Community, and Disease: The Impact of the 1918–1919 Influenza Pandemic on a Mennonite Community in Manitoba," *Mennonite Quarterly Review* 94, no. 3 (July 2020): 300.

2 Quiring, "Mennonites, Community, and Disease," 279.

Others have not been so fortunate. Businesses have faced insolvency while employees have been let go and forced to live with diminished financial resources. Anxiety levels have risen, and many people have experienced bouts of depression.

We have received comforting assurances from our leaders in church, society, and government that we are all in this together; but as it turns out, on many levels, this has not been the case. Factors such as gender, race, age, income, and conditions in the workplace have disadvantaged millions of people. To cite one example, figures from Statistics Canada for the summer of 2020 indicate that every non-white racial group was faring substantially worse in employment numbers than white Canadians.[3] Evidently, the pandemic has come with social, economic, and political import.

We have received comforting assurances from our leaders in church, society, and government that we are all in this together; but as it turns out, on many levels, this has not been the case.

The pandemic also may be provoking spiritual consequences and triggering changes in the church that will be irreversible. This has happened before. In late antiquity, during a period of successive plagues—an era that also faced climate change and political disintegration—Pope Gregory initiated an energetic liturgical response that included elaborate ritual processions meant to keep the ravages of the pestilence at bay. As the plagues persisted, Gregory, along with many of his contemporaries, became convinced that the end of the world was imminent. Such a view was further fueled by the downward spiral of Roman leadership, the cooling and increasingly erratic climate, and the starving of the general populace due to harvest failures. In Gregory's view, this concatenation could only mean that the end was near.

Gregory was not alone in his convictions. Throughout the Middle Ages, intense eschatological expectation was widespread among Christians, Jews, and Muslims.[4] In the early modern period, successive pandemics continued to ravage European populations, giving rise to further speculations about the apocalypse. Many reformers, including Anabap-

3 Patrick Brethour, "We are not all in this together," *The Globe and Mail* (Prairie Edition), September 12, 2020.

4 Kyle Harper, *The Fate of Rome: Climate, Disease, and the End of an Empire* (Princeton, NJ: Princeton University Press, 2017), 249.

tists, assumed that the final judgment was impending. Before long, the church in the West would experience massive upheaval leading to renewal and reformation but also rupture and intractable division.

As we ride the various waves of the current pandemic, along with other crises of our time, we might well ask what impact our current circumstances are having on the spiritual lives of those around us and ourselves. Will the church look the same in a post-pandemic world? No doubt we will see lasting changes in the days ahead. Many of our routines will undergo permanent alteration. The church may experience permanent realignment.

In the pages that follow, there are some references to the current COVID-19 pandemic, but most articles address a wide range of issues that are pertinent to Christians in every age and circumstance. Authors share openly about their personal struggles with illness, their experiences as caregivers, and their encounters as persons involved in pastoral or chaplaincy care. Some address the topic of health as it relates to social, economic, and political concerns. And there are authors who raise questions about how persons with disabilities are treated within the church and society—suggesting that many of us without disabilities need to radically rethink what it means to have persons with disabilities among us, gifting the church and society with their presence and contributing to our collective well being.

As we ride the various waves of the current pandemic, we might well ask what impact our current circumstances are having on the spiritual lives of those around us and ourselves.

We trust that this issue of *Vision*, with its many layers and textures, will stretch readers' imaginations and lead all toward healing and hope. Be well!

About the author

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Biblical companions on my cancer journey

Dan Epp-Tiessen

My family does cancer in a big way. In my immediate family of five members, there have been ten different occasions when a doctor has told one of us that we have cancer or that, despite the treatments, the cancer has returned. My wife, Esther, has had two rounds of breast cancer. Our son Tim, who was born with significant physical and mental disabilities, was diagnosed with a brain tumor when he was three. Despite surgery and aggressive radiation treatments and chemotherapy, the cancer returned and took his life when he was eight. In the last five years, I have been diagnosed with both thyroid and prostate cancer. Despite major surgery to remove my thyroid gland and radioactive iodine to kill remnants of the cancer, it did return, and I have needed two additional surgeries to remove cancerous lymph nodes from my neck. Despite surgery to remove my prostate gland, the cancer returned; then, despite radiation treatments and a year of hormone therapy, it returned again. Doctors now tell me that I will have prostate and thyroid cancer for the rest of my life, although various treatments should keep me alive for many years yet.

Even though my family does cancer in such a big way, I experience my life as incredibly rich, joyful, meaningful, and blessed. Numerous factors nurture my joy and gratitude, such as a loving life partner, supportive friends, family, and church community, meaningful work alongside wonderful colleagues, financial security, and—not least of all—Christian faith. In this article, I reflect on how I have been comforted and supported by a number of biblical passages that I count as precious friends on my cancer journey.

Life as a "prize of war"

The prophet Jeremiah once received a message from God for his friend and secretary Baruch: "And you, do you seek great things for yourself? Do not seek them; for I am going to bring disaster upon all flesh, says the Lord; but I will give you your life as a prize of war in every place to which you may go" (45:5). Leaving aside the difficult issue of whether God inflicts disasters on humans, the gist of the message for Baruch is that he

must give up any great expectations for his life because defeat and disaster are about to befall his nation, but God will grant him his life as a prize of war. His life, diminished as it may be, is still a gift worth being grateful for. More than once a diagnosis of cancer has rocked my world, and I have had to learn the benefits of accepting my life as a prize of war, of being grateful for life itself, even though my quality of life was not what I wished for.

Some of the literature written to help people cope with a cancer diagnosis will encourage activities that have typically brought people pleasure: enjoy tasty food, listen to beautiful music, appreciate the beauty of the natural world, and cherish the important people in your life. In other words, accept your life as a prize of war despite the challenges that the cancer brings, and be attentive to small daily blessings and potential sources of pleasure and joy.

Gratitude makes us more joyful people and increases overall fulfillment and satisfaction with life, even and perhaps especially when facing cancer.

Gratitude makes us more joyful people and increases overall fulfillment and satisfaction with life, even and perhaps especially when facing cancer. Gratitude can be nurtured through practices given to us by our Christian tradition: table grace thanking God for the gifts of sun, soil, rain, farmers, and workers who have brought the food to our table; a simple morning prayer thanking God for a good night's rest, for the gift of a new day, and for the opportunities that the day will bring; bedtime prayer thanking God for the experiences and encounters of the day, for tasks accomplished, and for pleasures enjoyed. Gratitude, even for small blessings, has helped me receive my life as a prize of war.

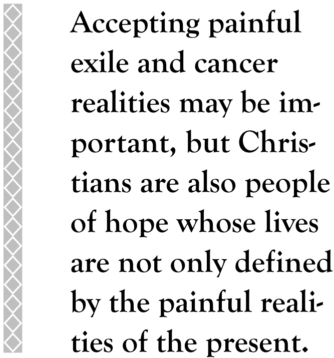
Settling into reality

The prophet Jeremiah wrote a letter to a group of exiles who had been dragged off to Babylon some ten years before the Babylonian destruction of Judah, advising them to build homes, plant gardens, raise families, and seek the welfare of the city to which they had been deported (29:5–7). These exiles did not want to unpack their suitcases because they were convinced that God was about to intervene by defeating the hated Babylonians and allowing then to return home. Jeremiah tells these exiles that their God-given calling is to accept the painful reality of their situation and make the best of it, even though they do not like it.

The various cancers in my life have taken me into exile where I do not want to be. I have found it helpful to heed the advice of Jeremiah and accept the reality of my situation and that of my loved ones. As much as I have railed against heaven and earth, I have ultimately found it healing and life-giving to believe that God calls me to accept the painful reality that my family does cancer and that, in the midst of this cancer journey, God calls me to carry on with the mundane tasks of home-building, earning a living, tending relationships, and seeking the welfare of my community. Jeremiah's advice lends dignity to the ordinary activities of my life—and even makes them sacred—by reminding me that the Christian faith is not about accomplishing the spectacular but involves heeding the call from God to be faithful in the daily activities by which we sustain ourselves and our communities, even when we find ourselves in cancer exile.

Embracing hope

Accepting painful exile and cancer realities may be important, but Christians are also people of hope whose lives are not only defined by the painful realities of the present. Hope is often confused with optimism, the conviction that things will work out well. What does Christian hope look like when the pediatric neurosurgeon informs us that Tim's CAT scan shows that the medulla blastoma has returned and taken over his brain and that he has only weeks to live? Christian hope is a far cry from naive optimism that every cancer story will have a happy ending.



First Peter 1:3 states, "By [God's] great mercy [God] has given us a new birth into a living hope through the resurrection of Jesus Christ from the dead." When we are thrust into the midst of cancer or some other painful reality, then the suffering can easily take over our lives. While it is important to give the cancer or pain the space that it deserves in our lives, letting it consume and define us is another matter. Christian hope involves the ability to look the crushing realities of our lives straight in the face and acknowledge how painful they are but then, in an act of defiance, to declare that they will not define us and take over our lives because we have given our lives over to a different reality, the resurrection of Jesus Christ from

the dead. Jesus died a horrible death on the cross, but God transforms that death into resurrection and new life that are now offered to each of us. The resurrection reminds us that there is always another power at work in the world besides the painful realities of the present. Christian hope is the defiant act of clinging to and being shaped by the new life and healing that the resurrection of Jesus Christ makes possible already on this side of the grave, and it means facing cancer and the prospect of our own death knowing that Jesus's entry into resurrection life is God's promise that some day we will be privileged to follow.

Lament

My God, my God, why have you forsaken me?
Why are you so far from helping me, from the words of my groaning? (Psalm 22:1)

When Tim had mostly recovered from the devastating side effects of the radiation and chemotherapy treatments, he suffered a stroke that robbed him of many of his physical and mental abilities, including his vision. For months I sank into an abyss of rage and bitterness that corroded my body and soul and my ability to be a good father and husband. The most helpful thing I ever learned about grief is that, when we experience a major loss, our entire being is injected with a massive dose of pain. That pain is like a poison in our body and soul, and it can destroy us if we do not release it. The process of getting the pain out is what we call healthy grieving. Once I realized that I was a warehouse stuffed to the ceiling with unaddressed pain, I knew that I needed to grieve. Almost every day for weeks on end, I would listen to certain music and look at pictures that I knew would tap into my grief, and I would weep, often uncontrollably. I would also lament like the psalmists do, crying out my pain and rage to God and pleading for deliverance. This lamenting was an incredibly healing process as the anger and bitterness gradually dissipated, allowing greater space in my life for love, compassion, and even fragments of joy.

Praise

Bless the LORD, O my soul,
and all that is within me, bless [God's] holy name. (Psalm 103:1)

Praise can be a radical act of hope that nurtures faith by declaring that the steadfast love of God is greater than all the powers of death arrayed

against us. Defiant praise is an act of basic trust and hope through which we give our lives over to the steadfast love of God, which is strong enough to carry us through life's difficult experiences, strong enough to empower us for faithful discipleship even in the face of hardship, strong enough to carry us from this life into the next.[1] Defiant praise reminds us that evil and suffering will not have the last word, but someday God's reign will come in all its fullness and renew all of creation.

Years ago I was preparing to teach Psalm 103 when I stumbled on a statement by Claus Westermann: "The secret of praise is its ability to make contact with God; through praise one remains with God."[2] Praise may help us experience some of the love, grace, and power of God that we celebrate as we sing and speak our praises. Westermann's statement about the ability of praise to make contact with God helped me understand an experience I had when Tim was dying. During the last month of his life, Tim was unconscious, and so Esther and I took turns keeping watch by his bed. To comfort myself and pass the time, I sang my way through our church hymnal, singing all the hymns that were familiar. I began to notice that the hymns of praise affected me most powerfully. One time the tears were streaming down my cheeks as I sang an old favorite, "Now Thank We All Our God." I remember feeling guilty and wondering how I could sing hymns of praise while I was watching Tim die.

When life is painful or seems like it is spiraling out of control, praise can be a way to remain rooted in the steadfast love of God.

Praise puts us in touch with God, and this connection is precisely what I needed during that difficult time. I needed to experience God's grace, comfort, and strength surrounding and sustaining me. Those hymns of praise were doing their work on me even though I was not consciously aware at the time of how they were affecting me. When life is painful or seems like it is spiraling out of control, praise can be a way to remain rooted in the steadfast love of God.

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1 For the insight that praise can be an act of defiance, see Walter Brueggemann, *The Message of the Psalms: A Theological Commentary* (Minneapolis: Augsburg, 1984), 51.

2 Claus Westermann, *The Psalms: Structure, Content and Message* (Minneapolis: Augsburg, 1980), 6.

Remembering faithfully

Israel's laws enjoining compassion toward vulnerable members of the community—refugees, orphans, widows, landless people—often include a motivation clause: "Remember that you were a slave in the land of Egypt" (Deuteronomy 24:18, 22). We have choices to make about how we will remember the individual and collective suffering that life dishes out to us. Pain and suffering can turn us into angry, bitter, frustrated people who lash out at others or nurse resentment while waiting to exact revenge. A classic example is the American government's response to the tragedy of 9/11, which it remembered by unleashing military fury on Afghanistan and Iraq, resulting in hundreds of thousands of deaths and political chaos that still rages. God encourages the Israelites to remember their collective trauma of Egyptian slavery differently. They are to become more empathetic, caring, and committed to preventing vulnerable persons in their own community from experiencing similar exploitation and hardship.

My mother modeled faithful ways to remember periods of suffering. In a period of three years, she lost her husband, a daughter, and a grandson. One way that my mother faithfully remembered her personal losses was through supporting other persons in their time of loss. For years, she led the committee that provided lunch at the twenty or so funerals in her church each year. My mother faithfully remembered the loss of a grandson with physical and mental disabilities by volunteering at a Christian agency that ran group homes for adults with physical and mental disabilities, hosting many a meal for residents and supporting many a fundraising event. For years, my mother was responsible for sorting the clothes that were donated to the local Mennonite Central Committee thrift store, helping to raise money to alleviate poverty and suffering around the world. I have tried to follow my mother's example of remembering faithfully so that my cancer pain makes me more sensitive to the needs and suffering in my community and the broader world.

God is our refuge and strength

God is our refuge and strength,
a very present help in trouble.

Therefore we will not fear, though the earth should change,
though the mountains shake in the heart of the sea.
(Psalm 46:1–2)

One of the reasons I appreciate Psalm 46 so much is that it assures us of God's presence precisely in the midst of earth-shattering events. One evening I met Charlie in the hospital intensive care unit where I was spending the night with Tim because we did not know if he was going to make it through the latest crisis. Charlie was with his three-year-old daughter who was hooked up to life-support systems because it looked like she was not going to make it after she was found floating facedown in an irrigation pond. In our grief and communion, Charlie and I shared Psalm 46, drawing comfort and strength from its assurances.

Conclusion

As the text for Tim's funeral, Esther and I chose Paul's well-known response to the question, "Who will separate us from the love of Christ?" (Romans 8:35–39). The preacher paraphrased part of the passage something like this: "Neither cancer, nor radiation treatments, nor chemotherapy, nor endless needles, nor physical pain, nor long hospital stays, nor even death itself will be able to separate us from the love of God in Christ Jesus our Lord."

The prospect of my own death still strikes terror into my heart. Yet I know that when death draws near, I will die surrounded by the love of family, friends, and faith community, all of whom are channels of God's gracious presence to me. I also know that I will die in Christ, that he will walk with me through the valley of the shadow of death, and that he has already gone ahead so that I too can look forward to resurrection in God's new world to come.

For all its problematic features that I become increasingly aware of as I study it, the Bible still comes to me as a precious gift, full of potential friends and companions eager to walk with me and support me as my family does cancer in a big way.

About the author

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The healing ministry of Jesus in the Gospels

Willard M. Swartley

> *You know the message he [God] sent to the people of Israel, preaching peace by Jesus Christ . . . [and] he went about doing good and healing all who were oppressed by the devil, for God was with him.*
> *Acts 10:36, 38*

Luke's summary of Jesus' ministry stuns. The Gospels are laced with healing stories. In John 9 Jesus heals a man born blind. Three issues and insights emerge for our contemporary thinking about healing.

He describes Jesus as a peace preacher and healer. First, the story breaks any formulaic connection between illness and sin in a one-to-one relationship. While there is a connection between the lifestyles of people and the health of a community, any explicit direct connection to sin for a given person must be refused. Rather than imputing blame to someone for his or her illness, the point is rather that the whole community suffers from wrong choices and priorities. Sickness is ultimately rooted in the fallen state of humanity; all creation is implicated as well.

Second, healing is an essential aspect of Jesus' gospel, related to the disclosure of his identity. In this miracle of John 9 faith is not a precondition for the blind man's healing, but Jesus' healing prompts both faith and unbelief, with the latter mounting as the chapter progresses. The religious unbelieving leaders are "the blind" (vv. 40–41); the blind man now sees. He is the model believer (vv. 35–38). *Seeing the light* happens when we say yes to what Jesus can do for us, affirming the blind man's christological perception and confession. It is *physical* sight for the blind man; for most of us it is *spiritual*. What faith response does Jesus' deed evoke in us?

Third, here arises an important issue in discernment for Christian ministry. Pastors and church leaders are encountering different types of "healers," some in the Eastern religious traditions. This story suggests that to discern the nature of the healing gift, we should talk about Jesus as Prophet-Savior, Son of Man, and Lord-healer. John 9, together with other New Testament stories, joins healing and Christology.

Jesus: Savior and Healer Essential to His Kingdom and Mission

The Gospel writers use a variety of terms to describe Jesus' healing ministry. Most frequent is *therapeuō*, from which our English word *therapy* is derived. Its basic meaning is "to serve," in relation to a deity. But it also means care for someone and *curing* of illness. Second in frequency is *iaomai*, which means to heal or cure. Both terms were also in the medical vocabulary of the Greek world. Sometimes the verb for salvation, *sōzō*, is used to describe physical healing in the New Testament (e.g., Mk 5:34); the person is saved, healed from his or her illness.[1] Still another word, *hygiainō*, designates a healthy or sound state of body, mind and spirit. From it comes our word *hygiene*. To this vocabulary in the Gospels we add also Paul's mention of the charismatic gift of healing (1 Cor 12:9, 28, 30). Here healing is based in *charisma*, a direct gift of God.

In the Gospels healings were an essential part of Jesus' mission. These healings and exorcisms announced the in-breaking of God's reign and certified Jesus' messianic claims. Walter Wink, in *Engaging the Powers*, says,

> *Jesus' healings and exorcisms, which play such a major role in his ministry, are not simply patches on a body destined for death regardless; they are manifestations of God's reign now, an in-breaking of eternity into time, a revelation of God's merciful nature, a promise of the restitution of all things in the heart of the loving Author of the universe. . . . God's nonviolent reign is the overcoming of demonic powers through nonviolent means.*[2]

Scholars agree healing miracles were a significant part of Jesus' ministry. Joel Green counts eighteen healings and four healing summaries in Mark, nineteen and four in Matthew, twenty and three in Luke. John has four healing signs, including his climactic one: raising dead Lazarus to life.[3] Morton Kelsey says nearly "one-fifth of the entire Gospels is devoted to Jesus' healings and discussions occasioned by them."[4] In comparison,

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1 Donald Gowan, "Salvation as Healing," *Ex Auditu* 5 (1989): 1–9; James Lapsley, *Salvation and Health: The Interlocking Process of Life* (Philadelphia: Westminster Press, 1972); and Wolfgang Schrage, "Heil und Heilung im Neuen Testament," in *Kreuzestheologie und Ethik im Neuen Testament* (Göttingen: Vandenhoeck & Ruprecht, 2004), pp. 87–105.

2 Walter Wink, *Engaging the Powers: Discernment and Resistance in a World of Domination* (Minneapolis: Fortress Press, 1992), p. 134.

3 Joel Green, "Healing," in *New Interpreter's Bible Dictionary*, ed. Katharine Doob Sakenfeld (Nashville: Abingdon, 2007), 2:758.

4 Morton T. Kelsey, *Healing and Christianity: A Classic Study*, 3rd ed. (Minneapolis: Augsburg, 1995), p. 42.

scant attention is given to moral healing (Matthew, Zacchaeus, the Samaritan woman at the well in Jn 4, the sinful woman in Lk 7:37–50, and the woman taken in adultery by the Pharisees in Jn 8:3–11). Kelsey counts forty-one distinct instances (seventy-two with duplications . . .). He identifies the method of healing and exorcism: by word only, touch, preaching or other action. Both Kelsey and Stanger list them separately and ask readers to reassess their understanding of salvation in light of Jesus' priority.[5]

A dominant portrait of the historical Jesus is that of healer and exorcist:

> *During his lifetime he [Jesus] was known primarily as a healer and exorcist. People flocked to him, drawn by his wonder-working reputation, as the gospels report again and again: "they brought to him all who were sick or possessed with demons. And the whole city was gathered together at the door"; as a healer, "His fame spread, and great crowds followed him"; "People came to him from every quarter."[6] [Mk 1:32–34; Mt 4:24; Mk 1:45].*

When King Herod Antipas heard of Jesus' deeds, he responded in terror, for he thought John the Baptist, whom he had executed, had risen from the dead. Even Jesus' opponents did not contest that Jesus did these deeds, but sought to discredit him by attributing them to the prince of the demons, Beelzebul (Mt 12:24–28//Mk 3:22–26//Lk 11:15–20). The fourth-century Jewish Talmud continues a similar charge against Jesus, calling him a magician who performed miracles ("practiced sorcery").[7]

This is the Jesus of the Gospels, the archetype of our faith. In Mark 3:13–16 and Mark 6:6–13 Jesus commissions his disciples to participate in his mission. Four points are crucial:

- to be with him (3:14)
- to have authority over unclean spirits
- to proclaim the kingdom of God
- to heal the sick, either laying on of hands or anointing with oil

5 Ibid., pp. 43–45; Frank Bateman Stanger, *God's Healing Community* (Wilmore, Ky.: Francis Asbury, 1985), p. 33. Stanger's even longer list is in two sections: "individual" healings (26) and "multiple healings" (21), some of which are summary statements of healing of "crowds." Only Kelsey cites the method of healing.

6 Marcus J. Borg, *Jesus: A New Vision: Spirit, Culture, and a Life of Discipleship* (San Francisco: Harper & Row, 1987), p. 60.

7 Babylonian Talmud *Sanhedrin* 43a.

In Matthew Jesus authorizes the Twelve as follows: "Jesus . . . gave them authority over unclean spirits, to cast them out, and to cure every disease and every sickness" (Mt 10:1). Luke's parallel is: "Jesus . . . gave them power and authority over all demons and to cure diseases, and he sent them out to proclaim the kingdom of God and to heal" (Lk 9:1–2). Luke 10 serves as a prototype of the early church's mission in Acts, in which healing deliverance and proclamation of the kingdom continues.

Bazzana describes the early Christians as both preachers and physicians. Luke 10 and Matthew 10 (and the theoretical Q text that stands behind these) present the physician role of early missionaries. Luke puts healing first and proclamation of the kingdom of God second; Matthew reverses the order.[8]

Of the many points oriented to Jesus' healing ministry, I list seven:

1. In Jesus, a person of great compassion emerges. Jesus had compassion on the sick and the demon-possessed, and desired their freedom and health. Three women freed of demons (Lk 8:1–3, one a wife of Herod's house steward!) later provided financing for the Jesus entourage. Clearly these women, and many others, felt Jesus' compassion. In the Christian tradition compassion is essential for the healing ministry—a compassion that risks self in service to help and heal others (Mt 9:35–38). Without compassion Jesus' ministry would have been nothing more than an ego trip. Jesus ministered with complete abandonment of ego; his focus was bringing wholeness to each person he encountered. Without compassion Jesus' words and works would have had no saving significance. In his healings Jesus' person and works of love complement each other.

Compassion is dominant in Jesus' healing ministry; searching for a cause of sickness to impute blame is not. On one occasion Jesus utilizes the common belief that sickness is intertwined with sin; for example, in controversy with the Pharisees over the healing of the paralytic (Mk 2:1–12). But Jesus also separates specific illnesses or catastrophes from *direct causative* sin or evil: in the healing of the man born blind (Jn 9) and in his statement about the Galileans upon whom the tower of Siloam fell (Lk 13:1–5).

2. On several occasions Jesus expresses anger in the face of disease, illness and death. In some manuscripts Jesus gets angry (*orgistheis*) as he encounters the leper in Mark 1:41; most manuscripts though say he had

8 Giovanni Battista Bazzana, "Early Christian Missionaries as Physicians: Healing and Its Cultural Value in the Greco-Roman Context" *Novum Testamentum* 51 (2009): 232–36.

compassion (*splanchnistheis*). But would a scribe change the text from compassion to anger? The reverse is more likely—with *anger* the original— since the scribal pattern is to change from harder to easier readings, not easier to harder. In John 11:33, when Jesus sees the Jews wailing for Lazarus, Jesus was aggravated (angered or distressed) in spirit, and he cries (v. 35). In Mark 3:5 Jesus gets angry at the Galilean Pharisees' hardness of heart in response to his healing the man with a withered hand. In the first two cases we do not know the cause of Jesus' anger. Perhaps, his anger is stirred by seeing how illness cripples people, obstructs freedom and squeezes out faith and hope. Or perhaps in John 11:33 Lazarus's situation prefigured his own death and resurrection and his weeping is part of his agony to come (cf. Jn 12:27). Whatever the reason, he acts decisively to restore shalom in all these cases. We should not conclude, however, that his mission was solely healing or deliverance. Rather, Jesus' healings testify to Jesus' identity and the dawning of God's reign. They pave the way for the gospel, even today in newly evangelized areas of our world.

Jesus' healings testify to Jesus' identity and the dawning of God's reign. They pave the way for the gospel, even today in newly evangelized areas of our world.

3. For these reasons Jesus' healing ministry has an unusual access profile. Most people healed or delivered from demons are not persons with standing in the religious community. The daughter of Jairus, ruler of a synagogue, is an exception (Mk 5:35–42). Even then the *daughter* was healed, not the synagogue ruler. Approximately one-third of those healed are women. Some persons Jesus healed are ritually defiled. Another third are socially ostracized because they are lepers or demonized. Several are outsiders to the Israelite community: the Syrophoenician woman (Mk 7:24–30), the centurion's servant (Mt 8:5–13) and a royal official's son (Jn 4:46–54).

When we consider the social, economic and religious profile of the people Jesus healed, we learn a basic, important lesson about access. Jesus' healings are not limited to a special group; there are no exclusions. The church is called to continue Jesus' ministry to all people, including the oppressed and marginalized.

4. In numerous cases *faith* plays a significant role in the healing event. Kelsey identifies faith in seventeen of the forty-one cases listed (the word faith in the cases of friends or people bringing a person to Jesus usually

does not occur, though it may be implied). The woman with a hemorrhage displays exceptional faith (Mk 5:24–34). In Mark's Gospel she alone is commended for her faith. Note the description of the details:

- description of illness: she has a flow of blood for twelve years
- she suffered much from physicians, spent all she had and is no better but only grows worse
- she hears reports of Jesus and presses into the crowd, thinking, "If I but touch his clothes, I will be made well" (v. 28)
- she touches his garment and feels in her body that she is healed of the disease
- Jesus, knowing that power had left him, turns and asks, "Who touched my clothes?" (v. 30)
- Jesus looks around to see who had done it
- The woman comes forth and in "fear and trembling," falls down before him and tells him the whole truth!
- Jesus' commends her faith as basis for her healing
- Jesus' gives a final word of blessing, "Go in peace, and be healed of your disease." (v. 34)

This explicit commendation of the woman's faith and use of the word "peace" (*eirēnē*) is unique to the Markan narrative. When compared to Jesus' word to Jairus, "Do not fear, only believe," it is clear that the woman plays the stronger narrative role, calling the reader to faith in Jesus. Faith is the leitmotif of this entire segment of mighty works (Mk 4:35–6:6). The woman's faith contrasts to the disciples' lack of faith (Mk 4:40) and the unbelief of those in Jesus' hometown (Mk 6:1–6). The contrast puts her faith in bold relief.

5–7. Points five through seven are based on Luke 10:1–20. Luke's Gospel, more clearly than the other three, interrelates three crucial themes: *healing*, proclaiming the peace gospel of the kingdom of God, and the downfall of Satan. This is one whole for Luke, as is clear in Peter's Acts 10:36–38 summary of Jesus' ministry:

> *You know the message he sent to the people of Israel,* preaching peace *by Jesus Christ—he is Lord of all. That message spread throughout Judea, beginning in Galilee after the baptism that John announced: how God anointed Jesus of Nazareth with the Holy Spirit and with power; how he went about* doing good and healing all who were oppressed by the devil, *for God was with him. (emphasis added)*

As Joel Green puts it, "Healing is pivotal for Jesus' identity and mission in the Gospel of Luke. Jesus' inaugural address tethers healing and teaching together as complementary means of proclaiming the good news" (Lk 4:16–30).[9] In the mission of the seventy, which prefigures the church's later mission to the Gentiles, the first word of address is "Peace be with you." If a "child of peace" is there, the door will be open; you shall enter, heal the sick and say, "The kingdom of God has come near to you" (Lk 10:9). If the peace is refused, it "shall return to you" and you shall wipe off the dust of your feet against them and say, "Yet know this: the kingdom of God has come near" (v. 11). Further, the seventy are "sent" (*apesteilen*), the same word used for Jesus' mission in Luke 4:18 and 43. Jesus sends out the seventy before his face (*pro prosōpou autou* [Lk 10:1]) to first cure the sick and then announce, "The kingdom of God has come near to you." While Luke's recurring verbal "proclaiming gospel" (*euangelizomai*) does not occur here, the announcement "Peace to this house!" introduces the gospel messenger. The house's peace response to Jesus' peace greeting is the condition for receiving healing and the kingdom of God.

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Luke's presentation of Jesus' reflective declaration on the mission of the seventy is most striking. First, Jesus speaks woes upon Chorazin and Bethsaida for failure to receive God's peace mission—God's *missio Dei* (Lk 10:13–16)—with words that echo the downfall of earlier self-exalted and oppressive kings (Is 14; Ezek 28):

> *And you, Capernaum,*
> *will you be exalted to heaven?*
> *No, you will be brought down to Hades. (Lk 10:15)*

Despite the extensive scope of rejection and judgment, Jesus sees also another result of the gospel of the kingdom's peace mission: "I watched [was seeing] Satan fall [falling] from heaven like a flash of lightning" (v. 18). Demons are expelled in the name of Jesus; a new reality dawns. Satan's rule ends; Jesus' reign begins! The victory has an even more enduring consequence in that "your names are written in heaven" (v. 20). . . .

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9 Green, "Healing," p. 759.

One of Luke's special healing/deliverance stories occurs in Luke 13:10–17, the story of the bent-over woman (a good one to memorize and tell):

> *Now he was teaching in one of the synagogues on the sabbath. And just then there appeared a woman with a spirit that had crippled her for eighteen years. She was bent over and was quite unable to stand up straight. When Jesus saw her, he called her over and said, "Woman, you are set free from your ailment." When he laid his hands on her, immediately she stood up straight and began praising God. But the leader of the synagogue, indignant because Jesus had cured on the sabbath, kept saying to the crowd, "There are six days on which work ought to be done; come on those days and be cured, and not on the sabbath day." But the Lord answered him and said, "You hypocrites! Does not each of you on the sabbath untie his ox or his donkey from the manger, and lead it away to give it water? And ought not this woman, a daughter of Abraham whom Satan bound for eighteen long years, be set free from this bondage on the sabbath day?" When he said this, all his opponents were put to shame; and the entire crowd was rejoicing at all the wonderful things that he was doing.*

This story, like others in Luke, portrays Jesus' power freeing people from bondage. Both Luke and Mark similarly portray Jesus as God's divine warrior come to vanquish evil, and set people free.[10] Numerous scholars identify here the exodus-liberation theme. Kathleen M. Fisher and Urban C. von Wahlde note that Mark chooses the four miracles of Mark 4:35–5:43 to show forth God's mighty power in Jesus' ministry. In the stilling of the storm "Jesus is acting in ways similar to Yahweh in recreating the harmony of the universe in reclaiming it from Satan." Then, in the exorcism of Mark 5:1–20 Jesus manifests divine power over personal possession by Satan. In the healing of the woman's incurable illness and in the raising of Jairus's daughter "the ultimate affliction of evil upon the world . . . is conquered." Further, they observe

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10 In Willard M. Swartley, *Covenant of Peace: The Missing Peace in New Testament Theology and Ethics* (Grand Rapids: Eerdmans, 2006), pp. 50–52, 112–20, I describe the relation between the Testaments on this theme of divine warrior and how it relates to peace and peacemaking.

> *that the miracles are not simply demonstrations of divine power but are exorcisms, the means by which, in Mark's apocalyptic world-view, God's sovereignty over Satan reasserts itself. And this sovereignty controls all areas of life. Thus Mark presents a Jesus who has power greater than any human malady, a power from God which exerts itself to right the order of creation by expelling and controlling Satan's grip over man and the world.*[11]

Jesus' liberation is indeed comprehensive and complete. Mark depicts Jesus as God's warrior attacking Satan's stronghold in his exorcisms and healings as well. Jesus' method of subduing the enemy stands fully within the divine warfare, miracle tradition.[12] The word (of God) in and through Jesus is the power that smites the demons. In the Gospels the demons are violent and destructive, seeking injury and death of the human person;[13] Jesus' actions are liberating, restoring the human to tranquility and communion with self and others. In these confrontations history discloses the cosmic struggle of "Son of God versus demon, Holy Spirit versus unclean spirit." Jesus' purpose was "to enter this struggle on behalf of the true destiny of mankind and with his heavenly power . . . carry through to the victory, and to the life and communion that it brings."[14]

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11 Kathleen M. Fisher and Urban C. von Wahlde, "The Miracles of Mark 4:35–5:43: Their Meaning and Function in the Gospel Framework," *Biblical Theology Bulletin* 11 (1981): 15.

12 Millard C. Lind's *Yahweh Is a Warrior* (Scottdale, Penn.: Herald Press, 1980) is a probing exposition of Yahweh's warfare as essentially miracle. True, many deviations from this model set forth in Ex 14:14 occur within Israel's history, but this does not change the essential nature of Yahweh's warfare.

13 This does not mean that Jesus and the early Christians considered demons the cause of illness. Gary Ferngren contends that modern scholars who emphasize this point are wrong. For in both Christian and pagan texts a more positive view of physicians and (Hippocratic) medicine is evident during this period: *Medicine and Health Care in Early Christianity* (Baltimore: Johns Hopkins University Press, 2009).

14 James Robinson, *The Problem of History in Mark* (London: SCM Press, 1957), pp. 39, 42.

A difficult question arises: how much healing can we expect now and how much do we postpone until the final redemption of the body and the renewal of all creation (Rom 8:17–26)? Ray Anderson helpfully describes Jesus' ministry (in dealing with the Mt 8:17 citation of Isaiah 53:4: "He took our infirmities and bore our diseases"). He holds that Christ frees believers from the curse of the law (Gal 3:14; echo Deut 28), which includes diseases:

> *Forgiveness of sins is a covenanted grace available as a spiritual reality to all in the present time, while healing of the body, as covenanted mercy promised in the eschaton through the resurrection, is only present in a provisional way, regardless of whether through miraculous intervention or through natural means.*[15]

When the eschatological nature of both forgiveness of sin and bodily healing are affirmed, with both grounded in Jesus' resurrection *and* our promised resurrection, then we can say, yes, healing is indeed included within the atonement along with forgiveness of sin. Complete bodily healing awaits, however, eschatological fulfillment for its final consummation (Rom 8:17–26). While we glimpse now on occasion healing miracles, forgiveness of sins is God's present gift of grace in Jesus Christ (Eph 1:7; Col 1:14).

The theological fallacy of those who claim that immediate and full bodily healing is promised by God through the atonement is a failure to recognize that atonement, while enacted in the cross, is completed in the resurrection.

About the author

Willard M. Swartley (1936–2019) was professor emeritus of New Testament at Anabaptist Mennonite Biblical Seminary in Elkhart, Indiana. Willard continued to be a regular presence on the AMBS campus until his death of natural causes on November 6, 2019. His last book was ***Jesus, Deliver Us: Evil, Exorcism and Exousiai*** (Cascade, 2019).

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15 Ray S. Anderson, "Healing and the Atonement," unpublished paper, 1986.

The gate is narrow

Crisis, friendship, patience

Sue Sorensen

In spring 2012, the year I turned fifty, I took a trip to Ireland and Wales on my own. During one of my first afternoons in Dublin, I explored. I had a map, though it turned out to be inadequate. I felt energetic and full of curiosity. I wandered, and then I went to St. Patrick's Cathedral for Evensong. After the service, trying to get back to the center of the city, I somehow walked off my map in the wrong direction.

I walked deeper into unknown territory, increasingly uneasy. At one corner, I stopped and looked stealthily at my little map, and a Dubliner asked in a pleasant manner if he could help. "No, no, I'm fine," I lied. Being too proud to ask for help is, or was, an unfortunate feature of my character. Finally, far from anything I understood, I flagged down a cab.

Losing my marriage but not my faith

"So I say to you: Ask, and it will be given you" (Luke 11:9).[1]

In Dublin, I had not yet learned how to ask for help. Two years later, I began this learning when my husband left me, the first and most devastating in a series of experiential landmines that kept exploding until recently. Most of these shocks and jolts were unexpected health predicaments, but that first detonation was the end to our marriage of over twenty years. I had believed we were happy, but he suddenly made it known that he had stopped sharing that belief. In losing him, I lost my church home; he is a Lutheran pastor.

Great chunks of the next few years are inaccessible. My memory would spring open a trap door and discard parts of my life: what play I was teaching, whether I had already told a counselor the strange responses to the agonized, hysterical questions I sent my husband. The worst day was when I did not remember to pick up our youngest son, who stood outside a community center for nearly an hour. I had no sense of what I was supposed to be doing until another parent called me.

1 Unless otherwise noted, biblical quotations use the NRSV.

I turned in panic to friends I had not realized were so resourceful and loving. They held me up. Not every friend, of course. Some disappeared. People are often embarrassed by grief. I learned that some people did not like me and were not sorry I had been hurt. It was a thorny time of learning.

I would not have called my condition *trauma* at the time, and neither (as far as I can remember) did doctors and counselors I consulted. *Trauma* in English has meant, since the seventeenth century, a bodily wound. My former spouse had not physically injured me. But since the nineteenth century, *trauma* has increasingly meant psychic injury, deep internal shocks that may be longstanding. William James seems to have been the first to use *trauma* in this way; he is also the originator of *stream of consciousness*, a term I use when teaching modernist fiction by writers like Faulkner and Woolf. Severe emotional harms, wrote James in 1894, if left untreated, can "act as permanent 'psychic *traumata*', thorns in the spirit, so to speak."[2]

***Trauma* in English has meant, since the seventeenth century, a bodily wound. But since the nineteenth century, *trauma* has increasingly meant psychic injury, deep internal shocks that may be longstanding.**

One problem with my own consciousness was that its stream became so very unreliable. Difficult literary works became, in those heartbreaking years, tough to navigate. I was an English professor who could not dependably handle complexity because my guidance system for what was reasonable or good kept malfunctioning. Most grievously, I realized that I felt estranged from language. Words my former husband had said or written, words I myself had said or written—everything now was in question. I could not trust the basis of my vocation: language.

I did not fail to trust the Word of God, however. Because of my recent position as a pastor's spouse, people thought I would lose my faith. I did lose faith in individual members of the church—and in my former congregation, which for the most part turned its back on me, probably due to their own bewilderment. But God had not betrayed me. I held tight to certain passages of Scripture. The Psalms were a constant comfort:

> *Hear my prayer, O Lord;*
> *let my cry come to you.*

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2 William James, "Hysteria," *Psychological Review* 1 (1894): 199.

Do not hide your face from me
in the day of my distress. (Psalm 102:1–2)

In the horrible nights, I sang repeatedly to myself Psalm 116's "Be at rest once more, O my soul," in a setting by Gord Johnson. Psalm after Psalm named my bafflement accurately. Such naming is one of the first steps in healing, though I could not sense much healing. I took consolation in God's mighty exclamations to Job:

Do you give the horse its might?
Do you clothe its neck with mane? . . .
It laughs at fear,
and is not dismayed" (Job 39:19, 22).

God's world of wonders—the "springs of the sea," "the storehouses of the snow" (Job 38:16, 22)—became almost all I had confidence in. Like Job, I recognized how little I understood. God was my foundation; the love of my two sons (wounded like me) sealed that foundation.

One of my heroes, children's broadcaster and Presbyterian minister Fred Rogers, once said, "Anything that is mentionable can be more manageable."[3] I did more than *mention* my anguish. I spoke its terrible trajectories again and again. It was good that so many friends were willing to listen; it would have been exhausting for one or two listeners. I began to breathe again. I got up on my feet again.

An untrustworthy body and a trustworthy God

At some point, hard to locate but impossible to dismiss, the throbbing meanness of menopause shoved its prickly self forward. I hesitate to mention it; most of us are awkward around the topic of menopause (actually perimenopause, when raucous hormones are most volatile). But it was an undeniable misery that seemingly no one understands. In the worst moments of perimenopause I thought, *This feels like the upheaval of adolescence and pregnancy, except at the end of this, we don't have more life to look forward to—just old age and death.*

And then I got cancer. Three years after my husband left, he divorced me, and soon after that doctors discovered I had fairly advanced colon cancer. There was surgery and, soon after, six months of chemotherapy.

3 Quoted in Deborah Farmer Kris, "The Timeless Teachings of Mister Rogers," www.pbs.org, 20 March 2017.

I did not shed a tear about cancer. (Why should riotous cells turning cancerous bother me more than loss of a good marriage?) Paul's words in Romans 9:20 were among my lines of spiritual defense, and I appreciate the way Eugene Peterson paraphrases them in *The Message*: "Who in the world do you think you are to second-guess God?" In the hospital after my hemicolectomy, I apparently evinced calm. My sister said she could tell when I had an episode of pain—I became still, fixing my gaze on the distance. She said I looked then like our mother, who in her sixties also had colon cancer. One reason I was unperturbed was that my mother had been unperturbed—and chemotherapy back then was crueller. Mom survived and flourished, eventually dying when she was nearly ninety-six.

I began to appreciate Christ's companionship. This friendship strengthened in my illness; I did not pray for healing, but I was grateful for presence.

My mother had been there ahead of me. Christ was there ahead of me. Christ's declarations of assurance were central in my mother's life. She embodied the "take therefore no thought for the morrow" lessons of the Sermon on the Mount. (Born in 1916, she grew up with the King James Version.) She did not talk about faith; she lived it. I am certain that built into her very being were Christ's words: "In my Father's house are many mansions: if it were not so, I would have told you. I go to prepare a place for you" (John 14:2). I held tight to her example.

Like my mother, I began to appreciate Christ's companionship. In the worst nights after my marriage breakdown, Christ was nearby. Brotherly, a friend. This friendship strengthened in my illness; I did not pray for healing, but I was grateful for presence. "Jesus went throughout Galilee, teaching in their synagogues and proclaiming the good news of the kingdom and curing every disease" (Matthew 4:23). The good news comes first. *If healing follows,* I thought, *it is not in my hands.*

I did not find cancer frightening—although days felt barren and marked by the fatigue of chemotherapy. At night when I could not sleep, I muttered simple prayers: *God, stay with me and give me strength. Christ, be with all who suffer and mourn. Holy Spirit, hold close those in need. Thank you, Lord, for your many blessings to me.* I prayed endless variations of these phrases.

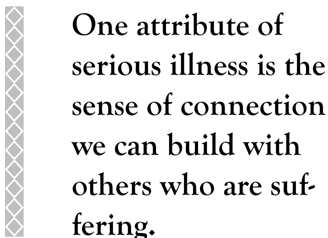
My most recent health issue involved mild arthritis, which precipitously worsened. It was only one hip, but it turned into (according to

one X-ray tech) a “nasty” hip. The pain became constant; because our health system is overwhelmed with joint replacements, I waited an almost unbearable length of time. My surgery got the green light after about eighteen months—and then the COVID-19 pandemic happened. I waited another two months, but by that point everyone was waiting, for everything. Being immobilized was an experience I was sharing. Finally, I received a new hip. I began to breathe again. I got up on my feet again.

Except that my feet were untrustworthy. Chemotherapy left me with peripheral neuropathy in my hands and feet, something I had never heard of. (Now I know it is a common predicament in diabetes.) My hands have improved, but my feet remain partially numb. In spring 2018, right after my last chemo treatment, I visited family in Ontario. Once there, I eagerly headed toward Lake Ontario, where I found myself tilting forward and falling into the water. Since my feet are untrustworthy, I have had to learn even more new ways to trust.

Finding company in Christ and poetry

A crisis can focus the spirit splendidly. Confronting mortality earlier than I thought I would have to stripped my values back to the studs. This renovation has been good, overall. One attribute of serious illness is the sense of connection we can build with others who are suffering. Before I had neuropathy, this irritable numbness was not on my radar. Likewise, I once saw people with canes without truly *seeing* them. A cane just signified that someone was wobbly. Now I see that a cane can represent agony.



I am not a patient person by temperament, but the strange unsleepy fatigue of chemotherapy meant I simply had to lie there and wait. I was awake through every hour of the chemo drip (fed slowly into me, or I would start to shake). Around me, other patients dozed in recliners. At home, I watched *The Crown* and waited. I did crosswords and played Solitaire. The British call Solitaire by a different name: Patience. It became plain that the way to go forward was simple: living day by day and putting aside ambition and pride.

Yet I grieve my continued struggle with words. I do not trust them, and they do not trust me. The life narrative I was fashioning no longer works. And I struggle to be optimistic. Even today, only dire poems really

speak to me. After my husband left, I repeatedly read Auden's 1936 poem "Stop all the clocks," which concludes with a sweeping gesture of misery, histrionic but apt:

> *The stars are not wanted now: put out every one;*
> *Pack up the moon and dismantle the sun;*
> *Pour away the ocean and sweep up the wood;*
> *For nothing now can ever come to any good.*[4]

In dark times, poets make excellent company.

But Christ, always, is the best company. I have felt variously about Christ—when rebellious, I admire his iconoclasm; when hurt by others, I try to recall his prayer: "Father, forgive them; for they know not what they do" (Luke 23.34). In crisis, that Christ became my close friend was entirely Christ's idea. The Lord knows what we need—not what we want—and responds. I heed William Barclay's advice on prayer: "The answer given may not be the answer we desired or expected; but even when it is a refusal it is the answer of the love and the wisdom of God."[5]

There are places on the map where we think we should be, and then there is the map that God holds. If all that proceeds out of crisis is that we can truly see someone else in similar straits, maybe that is enough. Christ tells us, "The gate is narrow and the road is hard that leads to life" (Matthew 7:14); the gate is also sometimes covered in thorns. Telling the names of the thorns is one of the ways through.

About the author

Sue Sorensen teaches English at Canadian Mennonite University. Her latest book is *The Collar: Reading Christian Ministry in Fiction, Television, and Film* (2014). She is also the author of a novel, *A Large Harmonium* (2011), and editor of *West of Eden: Essays on Canadian Prairie Literature* (2008). She is a member of Winnipeg's Home Street Mennonite Church.

4 W. H. Auden, "[Stop all the clocks]," *Collected Poems*, edited by Edward Mendelson (New York: Vintage, 1976), 141.

5 William Barclay, *The Daily Study Bible: The Gospel of Luke* (Edinburgh: Saint Andrew Press, 1953; rev. ed. 1975), 146.

Unfolding Hope

Janeen Bertsche Johnson

On October 14, 2019, I received a call from a kidney specialist telling me that I had AL amyloidosis, a very rare bone marrow disease with no cure. Protein antibodies that were supposed to be fighting diseases were instead folding over on themselves so that they could not be dissolved. These folded proteins were then forming chains and stacking up in my kidneys and liver, causing internal damage with very few outward signs of trouble.

The diagnosis initiated a dizzying sequence of medical tests and consultations, five months of weekly chemotherapy treatments, and a stem cell transplant just six weeks after COVID-19 shut down life as we knew it. This was the treatment regimen that offered me the best chance for several years in remission.

The diagnosis also initiated a spiritual journey, with the guiding question, *What does healing and hope look like when you face a disease with no cure?*

"In the pain and joy beholding how your grace is still unfolding"[1]

Two days after my diagnosis, I met with my spiritual director. She opened with a poem from Rilke and a paraphrase of Psalm 7. Two words stood out to me in what she read: "unfold" and "enfold." I asked her if she knew about the folded-over protein antibodies of amyloidosis. She did not. The Spirit had led her to this poem: "I want to unfold. / Let no place in me hold itself closed."[2] And also to this psalm paraphrase: "O my Beloved, to You do I draw close; when all my inner fears well up, enfold me."[3]

Right then I knew that *unfolding* would be the image that would guide my healing journey. I would be praying for the proteins to unfold. I would be praying for my soul to unfold and be open to whatever was ahead of

1 "Healer of Our Every Ill," text by Marty Haugen, in *Voices Together* (Harrisonburg, VA: MennoMedia, 2020), #644.

2 Rainer Maria Rilke, "Ich bin auf der Welt zu allein und doch nicht allein genug," *Book of Hours: Love Poems to God*, translated by Anita Barrows and Joanna Macy (New York: Riverhead, 1996), 59–60.

3 Nan C. Merrill, "Psalm 7," *Psalms for Praying: An Invitation to Wholeness* (New York: Continuum, 2007), 8–9.

me. And paired with that, I would be praying for God's healing love to enfold me.

Unfolding implies a process, rather than something instantaneous. Time and patience are required because sometimes the steps toward healing seem tiny or halting. But in spite of the frustration of waiting to see what will happen, the unfolding process holds its own mystery and beauty.

"How can I keep from singing?"[4]

After my pastor sent me a recording of a favorite choral piece as a prayer for me, I realized that what I most wanted to accompany me on this journey were songs. I asked my friends to send me songs that gave them hope. Over one hundred suggestions were sent to me—some familiar favorites, and others I had never heard. Each was a gift for my journey. Almost every day, I listened to the playlists I had made,[5] and the songs etched themselves deeper into my heart.

Several times, I have pondered Psalm 137:4: "How could we sing the Lord's song in a foreign land?" For me, intentionally deciding to sing songs of hope in the face of a devastating disease was an act of protest as well as faith. Even though my journey was taking me through new territory, "a strange land," I would carry with me words, melodies, harmonies, and accompaniments that reminded me of God's presence and power.

"Hearts unfold like flowers before thee"[6]

Another spiritual discipline during my illness and treatment has been making and marking beauty. The slower pace of life during the pandemic and my recovery from the stem cell transplant allowed me more time than usual to be creative. I created art out of my song collections and the colorful gauze pieces that wrapped my arm each time I had blood drawn. I made flower arrangements and pressed the colorful leaves of autumn. I kept a journal, recorded an original poem, and took pictures.

I also paid more attention to the beauty of the world around me and more intentionally observed the cycles of creation. Confined to home except for walks outside, I learned to cherish the streets of my neighborhood

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4 "My Life Flows On," text by Pauline T., in *Voices Together*, #605.

5 Some of my favorites are on this playlist: https://www.youtube.com/playlist?list=PLNaA97o6cqqoXvJNC3LcdWKu9GSC5ko4T.

6 "Joyful, Joyful, We Adore Thee," text by Henry van Dyke, in *Voices Together*, #105.

and the pathways through our woods. Nature looks much different at a walking pace than if you pass it a mile a minute.

Spending time immersed in creation deepened my trust in the regenerating work of our Creator, who recycles the material of death to nourish new life.

"Shepherd me, O God, beyond my wants, beyond my fears"[7]

And yet, the reality of illness—whether a disease faced by an individual or a pandemic faced by the world—is that it brings us face to face with our limitations. We are vulnerable. We cannot always control what happens in our bodies. When we face illness, we do not get to continue life as normal. We are mortal.

Recognizing and accepting our limitations is difficult and deeply spiritual work. I believe that is why so many of the Psalms are laments: "With my voice I cry to the Lord; with my voice I make supplication to the Lord. I pour out my complaint before God; I tell my trouble before God" (Psalm 142:1–2). Laments let us honestly voice our disappointments, our fears, and our anger about what is happening to us. And yet, they also name the trust that God understands our pain and accompanies us in it: "When my spirit is faint, you know my way" (Psalm 142:3).

Recognizing and accepting our limitations is difficult and deeply spiritual work. I believe that is why so many of the Psalms are laments.

At a point in my illness when I was deeply discouraged, an essay written by my oncologist gave me a new lens for my experience. He compared the suffering that all of us face at some time in our lives to the shadows of a painting that make it more realistic. The artistic technique of chiaroscuro uses brightness and darkness to give paintings perspective and depth. He concludes, "The shadows and light of suffering offer us a chance to see ourselves as we truly are—frail, needy, too often consumed with things we own or do. Suffering may reveal life's most profound meaning. . . . From such suffering, we learn that human beings discover their identity and dignity by loving unconditionally and experiencing unconditional love in return."[8]

7 "Shepherd Me, O God," text by Marty Haugen, in *Voices Together*, #744.

8 Jose A. Bufill, "An Assisted Suicide Kills More Than One Victim," *USA Today*, June 4, 2002. http://brasstack.blogspot.com/search/label/The%20many%20victims%20of%20assisted%20suicide.

My illness as well as the coronavirus pandemic have helped me come to terms with my frailty and my mortality. They have prodded me to acknowledge that I too often define my identity by what I do or accomplish. They have opened my eyes to the importance of the unconditional love and support of others. They have made me realize how deep my dependence on God is, and that God can guide me "beyond my wants, beyond my fears," if I am open to that deeper journey.

"Will you let me be your servant, let me be as Christ to you?"[9]

One of the biggest adjustments of my experience was receiving the care of others, rather than being the caregiver. I received the powerful prayers of AMBS students, colleagues, and alumni, several congregations where I have connections, friends from all parts of the world, and even strangers. I was given prayer shawls and a comforter with song phrases on it as expressions of support. People who have gone through their own health crises offered me encouragement.

All these expressions of care—all of my experiences of God's presence through the presence of my faith communities—have lessened my fear and sustained my hope.

I also experienced the gift of having my ministry returned to me in a very tangible way. A month after sharing the news of my diagnosis, I received a letter from a doctor in Kansas whom I had pastored at the beginning of my ministry. With his letter, he sent thirteen hand-written notecards with encouraging scriptures written on them, copied from cards I had given him more than twenty-five years ago when he was facing a difficult time. He told me he had kept my cards in his desk drawer at work, treasuring them as an ongoing source of comfort and encouragement.

I had no memory of writing these cards for my former church member, but receiving them back for my own time of struggle was such a profound gift. Those texts have helped to frame my own prayers during this journey, especially Psalm 86:1–4, 7: "Incline your ear, O Lord, and answer me, for I am poor and needy. Preserve my life, for I am devoted to you; save your servant who trusts in you. You are my God; be gracious to me, O Lord, for to you do I cry all day long. Gladden the soul of your servant,

9 "Will You Let Me Be Your Servant," text by Richard Gillard, in *Voices Together*, #778.

for to you, O Lord, I lift up my soul. In the day of trouble I call on you, for you will answer me."

All these expressions of care—all of my experiences of God's presence through the presence of my faith communities—have lessened my fear and sustained my hope.

"So that God's healing and hope flow through us"

Thirty years ago, just a few months after my ordination, I was asked to join the Vision and Goals Committee, a joint committee of the General Conference Mennonite Church and the Mennonite Church. Over the next several years, our small group of twelve (six from each denomination) prayed, discerned, and articulated our dreams for the church. For me personally, the process embraced the years of my congregational ministry and the birth of both of my children.

After the experiences of the past year, I see *Vision: Healing and Hope* as a reminder that every experience is an opportunity to be a channel of God's healing and hope.

It has now been twenty-five years since *Vision: Healing and Hope* was adopted by delegates at Wichita '95. I feel some regret that the priorities adopted in 1995 were no longer promoted after the denominational merger happened a few years later. But the core vision statement continues as the aspiration of Mennonite Church Canada and Mennonite Church USA: "God calls us to be followers of Jesus Christ and, by the power of the Holy Spirit, to grow as communities of grace, joy and peace, so that God's healing and hope flow through us to the world."[10]

In the time since *Vision: Healing and Hope* was adopted, I have seen it primarily through my conference and denominational roles, as a statement that encourages us to express our core values of discipleship, community, and peacemaking.[11] The statement has called us to "practice love, forgiveness, and hospitality that affirm our diversity and heal our broken-

10 https://anabaptistwiki.org/mediawiki/index.php?title=Vision:_Healing_and_Hope_(Mennonite_Church,_General_Conference_Mennonite_Church_,_1995). See also *Voices Together*, #394.

11 The *Vision: Healing and Hope* statement reframes the core distinctives of Anabaptism as outlined by Harold S. Bender in "The Anabaptist Vision." https://gameo.org/index.php?title=The_Anabaptist_Vision.

ness."[12] It has been one of the most unifying aspects of our denomination through fracturing disagreements about polity and sexuality.

But now, after the experiences of the past year—the health issues I have faced and the coronavirus pandemic that all of us have faced—I see the vision statement as a reminder that every experience is an opportunity to be a channel of God's healing and hope. Whenever we are broken and are offered grace, we can pass along grace to others. Whenever we face despair and yet find glimpses of joy, we can find ways to bring joy to others. Whenever we mourn a loss and are comforted with a sense of peace, we can share peace with others.

I am reminded of the powerful statement of 2 Corinthians 1:4, that God consoles us so that we may be able to pass along that consolation to others. Whatever my future holds, I want to live so that God's healing and hope flow through me to others and to the world.

About the author

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12 This was the fourth priority of the *Vision: Healing and Hope* statement as adopted in 1995.

My time in the wilderness

Overcoming food anxiety

Elizabeth (Schrag) Wipf

To survive in the wilderness, three basic things are needed: food, water, shelter. The Israelites knew this well. They could carry their tents, but when they reached the land of Marah, they had not taken a drink for three days. To find the water bitter—unpalatable, probably unsafe—dismissed the small hope they had found. So God showed Moses a branch, Moses chucked it in the water, and the Israelites drank.

Although the word *anxiety* did not appear until the late fifteenth century, anxiety is what the Israelites were experiencing: a troubled state of mind from the worry and fear, in their case, of what they will eat.

Not long after, the Israelites arrived at the Desert of Sin. With hunger pangs in their bellies and no sign of food on the horizon, they began to pine after the meatpots they had left back in Egypt. The Lord, hearing their complaint, sent manna and quail and instructions to know the satisfaction of enough. It took some time, but eventually the Israelites learned how to trust in God's provision. No longer controlled by the hunger in their stomachs or the fear of starvation, the Israelites were fed in more ways than one.

The story of the Israelites wandering in the wilderness touches on a human reality that manifests itself differently throughout space and time: food anxiety. Although the word *anxiety* did not appear until the late fifteenth century[1] (in Thomas á Kempis' *De Imitation Christi* of all places), anxiety is what the Israelites were experiencing: a troubled state of mind from the worry and fear, in their case, of what they will eat.

When I have heard the story of the Israelites preached on, and when I have preached on it myself, the Israelites' anxiety is referred to as "complaining." This phrasing makes for a nice introduction into the systems of

1 *Oxford English Dictionary*, s.v., "anxiety" (New York: Oxford University Press, 2021), www.oed.com.

empire that enslave us and for which we long nonetheless. But the pulpit cannot always be a place of prophecy; it must also be a place of pastoral care. The story of the Israelites gives us a unique insight into the food anxiety our parishioners—and ourselves—live with on a daily basis and prepares us for an incarnate food theology that can heal us all.

It is no wonder that food is a source of anxiety. Of the three basic elements needed for survival, food takes up the most mental space.[2] Assuming we have access to adequate nutrition, water, and housing, our minds still must navigate the basic act of eating. We must make choices about what we will cook, how much to make, and what ingredients are needed. We must pay attention to our bodies, for although our stomachs determine whether we are hungry, so do our energy levels and ability to concentrate. Every time we sense the need to eat, there are questions we must answer: What is there available to eat? How much time do I have to prepare food? What do I want? What do I need? Is this good for me? Is this bad for me?

It is no wonder that food is a source of anxiety. Of the three basic elements needed for survival, food takes up the most mental space.

In addition to our own basic need to eat, we are bombarded with images and information about food. Food preparation videos pop up on our Snapchat feeds along with diet-transformation stories; a scroll through Instagram shows decadent cakes, post-workout smoothies, and lots of fit women in sports bras and leggings (if the camera can make you gain ten pounds, it can also help you lose fifteen); and if you type in "diet" on Pinterest, you will get specialized plans for Keto, paleo, vegan, whole foods,

2 To clarify, this is written to an audience primarily composed of pastors and church leaders in the North American Anabaptist-Mennonite tradition. The amount of energy that goes to securing water increases significantly for the 790 million people across the globe who do not have access to clean water. Likewise, the 1.6 billion people with inadequate housing experience an anxiety unknown to many middle-class North Americans. The food anxiety addressed here will also not address the food insecurity 1.9 billion people worldwide experience. To use the language of the day, this is an essay about "first world problems." See "Global WASH Fast Facts," Centers for Disease Control and Prevention, U.S. Department of Health & Human Services, April 11, 2016, https://www.cdc.gov/healthywater/global/wash_statistics.html; "Global Homelessness Statistics," Homeless World Cup, Homeless World Cup Foundation, November 3, 2020, https://homelessworldcup.org/homelessness-statistics/; Max Roser and Hannah Ritchie, "Hunger and Undernourishment," Our World in Data. Global Change Data Lab, October 8, 2013, https://ourworldindata.org/hunger-and-undernourishment.

and so on. We no longer need the cereal and Big Mac commercials popping up between TV shows; we have done "diet culture" to ourselves.

Even as the body positive movement gains ground,[3] with the amount of time allocated to finding, preparing, and eating food and the amount of refined content we absorb on a daily basis about food, food anxiety and eating disorders continue to thrive.

What does food anxiety look like?

I entered adolescence in the late 2000s. The ideal body type then was a carry over from the early MTV days: rail thin. I had hips before Kim Kardashian "broke the internet" or Nicki Minaj was a household name. By the time I reached my late teens and curvy became cool, the damage had already been done. After a period of intense stress, the disordered eating patterns I had started at thirteen developed into a full-blown eating disorder.

It was a comment by the petite new girl in grade eight that set me off. "Your butt is *so* big; maybe you should try some squats." Although her lack of knowledge about building muscle mass should have prompted me to ignore her, the embarrassment of being called out in front of my peers for being "fat" undid the normal relationship with food I had until then. Overnight I became horribly self-conscious and unable to engage with freedom the act of eating.

I went hungry for most of high school, eating the bare minimum with a few huge meals every week. I destroyed my body's ability to navigate feelings of hunger and fullness. In my first year out of high school, a combination of working construction and emotional distress led me to gain thirty pounds. To lose it, I went right back to starvation and binge cycles.

As my stress levels grew, my body began to reject gluten. As I changed the situation I was living and working in and learned what I could eat and what would make me sick for days, I began to eat healthier and—with many, many hungry nights—lost weight.

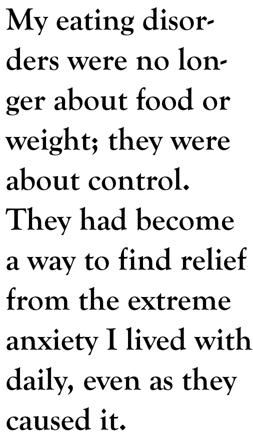
Knowing that the hunger was a sign of weight loss—and still holding to my ideals of rail thin—I began to follow an increasingly strict diet. Soon there was no room for foods I had always loved, such as ice cream and cheese. The anxiety and guilt I experienced when eating my favorite,

3 The body positive movement is a social media–led movement that pushes back against the use of white, thin, able-bodied women in advertising by declaring all bodies—regardless of color, shape, size, and ability—are beautiful.

dairy-filled foods led me to feel so sick when I ate them that I needed to cut them out altogether.

This need to eat perfectly and clean led to the development of orthorexia: an eating disorder where the drive to eat healthy creates a downturn in the patient's overall health.

After another period of intense emotional distress, my orthorexia developed into a combination of anorexia and bulimia. I ate 1200 calories a day, striving for the days when I could eat less. I ran five to seven miles every day, arriving back at my apartment completely spent and shaking. When my body could no longer stand starvation, I would binge—often on healthy versions of my favorite foods—and then force myself to puke it all back up. Guilt was better than anxiety.


My eating disorders were no longer about food or weight; they were about control. They had become a way to find relief from the extreme anxiety I lived with daily, even as they caused it.

Food lost all sense of sacredness. Even as I entered into the mystery of Eucharist and creation in my academic work, in my personal life, I broke every theology of bodily care I had developed. Potlucks, free lunches, and even communion became sources of anxiety for me. If I ate in front of other people, surely they would think I was fat and gross. Or if I went and was expected to eat, I would have to explain why I probably could not eat what was available.

A year and a half into my eating disorder, my anxiety had grown so large that I was binging multiple times a day and no longer ate "normal" meals.[4] When I could not binge and purge—like when I was walking home or in class—I would scratch deep red marks on the inside of my arm. My eating disorders were no longer about food or weight; they were about control. They had become a way to find relief from the extreme anxiety I lived with daily, even as they caused it.

Healing

For Christmas that year, I got a tattoo of the Hail Mary on the inside of my arm and a prescription for anxiety meds. With my named desire to

4 I was anxious about eating, not eating, eating "right," eating and then getting sick, any social situation that involved food, and, mostly, about getting caught.

overcome my disorder, I wanted God to come in and take it away from me with the heavy hand of grace. She did not.

It took another year and a half of immense effort to learn how to eat normally. For another six months, I continued to binge. Even as my mind was putting the tools in place necessary to stop, my body kept denying that effort. It was not until my bodily situation changed—until I was in a place where I felt safe and where food was treated as sacred—that I was able to be transformed.

> **Just as God provided the Israelites manna and quail in the desert, I know too that God gave me the people I needed to show me the way of a right relationship with food.**

Just as God provided the Israelites manna and quail in the desert, I know too that God gave me the people I needed to show me the way of a right relationship with food. It was not on my time, and it was not as forceful as I would have liked. Instead, it was the slow and arduous path of transformation.

Through a combination of incredible friends who loved me as I was, a handful of intuitive eating Instagram accounts, weekly blog posts showing up in my inbox, and a lot of academic work, I was able to create a theology of food.

As with the Israelites, so too my transformation required me to learn how to be satisfied with enough. I had to relearn how to listen to my body's cues of hunger and fullness and to honor them. I also had to relearn what it means to use food to celebrate and to grieve and to nourish.

A practical approach

My story is one of food anxiety taken to the extreme. I am the exception, not the rule. Yet my story, like the story of the Israelites, can become a powerful teaching tool to think about the ways we do or do not develop healthy theologies of food.

When we sit in scriptures of eating and drinking, of water into wine, bread into body, and twelve baskets of leftovers; when we sit in the prayer that comes before a meal; when we sit in the creation that produces the abundance on our tables, we sit in the presence of God. When we notice the real, daily presence of Jesus in Scripture and the way that presence carries over—God-in-the-flesh—to grace our meals, we stand in resistance to a culture that replaces one diet trend with the next and makes money and power off of our insecurities.

There is no one-size-fits-all approach to walking with people through food anxiety. Crap happens. And there are people like me whose understanding of food and life and feeling safe becomes so messed up and broken, it becomes devastatingly destructive. But when we build communities where food is a sacred gift and where God is never far from the table, we build hope for the broken, anxious, and disordered, and we learn to trust that God will come and provide the rest.

About the author

Elizabeth (Schrag) Wipf is a student in the Master of Divinity program at Canadian Mennonite University. She also works half time as the pastor of faith development at a Mennonite Church Manitoba congregation in Winnipeg. Although she grew up in rural Kansas, she has now made her home outside of Steinbach, Manitoba, where she enjoys gardening, cooking, and walking her dogs.

Parenting a child with health challenges

A story of vulnerability and hope

Kimberly Penner

Through newborn genetic screening, my partner and I learned that our child has a serious genetic disease. After working through the initial grief and shock of the diagnosis—some of which I analyze below—I remember thinking to myself, *I am going to be a much better parent because of this*. Many of the concerns I had previously—for example, about sleep deprivation and balancing life as a mother and an academic—slipped away. The vulnerability I experienced because of the reminder of human fragility I received replaced these worries with gratitude and joy for my child's existence and a commitment to love him and others deeply and fiercely. I continue to feel this way, though it is not always easy. Vulnerability and gratitude do not remove fear and suffering. In what follows, I first reflect on notions of "normalcy" around ability and disability that I became aware of in my grief and that ought to be dismantled. Then I offer a theological understanding of hope that acknowledges God's presence with us in our suffering and vulnerability.

The cult of normalcy

After the initial shock of our newborn's diagnosis, I experienced a strong desire to distance myself from the baby. I have analyzed this reaction since then because I found it so surprising. I think it reveals a lot about the expectations I had—and that our society has—about criteria for an ideal baby. Certainly, part of my reaction was a biological response to protect myself from the pain of potentially losing my child at some point. However, it was also an indicator of a subconscious preference that I had for a "perfect" baby and "perfect" birth experience, including "perfect" health and ability. I felt "abnormal" and immediately "other."

As long as it is healthy is a phrase we hear and repeat regularly regarding the birth of a child. I remember my midwife bemoaning this fact. She felt that the real joy and hope around pregnancy and childbirth was not

dependent on or encapsulated best by "perfect health" but rather simply the existence of, for however long, a life that was wanted; the relationship, not the state of health, is a criterion for worth. I only learned this from her after our child's diagnosis. Or as Kate, mother of a child with cerebral palsy, writes:

> *I signed up to be a Mom. Just as I wouldn't say, "As long as it's smart" or "As long as it's good looking" or "As long as it's straight" . . . I wouldn't say, "As long as it's healthy." . . . When we sign up to have children, we aren't guaranteed anything. They could be born with a disability or develop one years later. They could be born with a defect or develop defects of character as adults. The important thing is that they are ours."*[1]

I agree and would add that our children are important not only because they are ours but also because they are God's.

An emphasis on good or perfect health is perpetuated by what theologian Tom Reynolds refers to as "the cult of normalcy." The cult of normalcy is promoted by societal attitudes about the value of bodies. It "takes the exchange values associated with bodily appearance and function—that is, how useful, productive, or valuable certain bodies are in particular social exchanges—and it routinizes them through systems of power and associated rituals."[2] For example, we tend to value bodies that are self-sufficient and contribute to the economy. Beautiful bodies are also highly valued, and value judgements are made of bodies outside of this norm—those who are "overweight" are considered immoral, gluttonous, lacking in self-control, and unproductive, for example. As Reynold's explains, in the cult of normalcy, what was once considered only an ideal (however problematic) is now desired as the norm, and "the normal functions as

An emphasis on good or perfect health is perpetuated by what theologian Tom Reynolds refers to as "the cult of normalcy." The cult of normalcy is promoted by societal attitudes about the value of bodies.

1 Kate Leong, "As Long as He's Healthy," Chasing Rainbows (blog), September 4, 2012, www.kateleong.com/2012/09/as-long-as-hes-healthy.html.

2 Thomas E. Reynolds, "Disability and the Cult of Normalcy," *Christian Reflection: A Series in Faith and Ethics* (2012): 28, www.baylor.edu/content/services/document.php/188186.pdf.

normative, a way of controlling bodies and judging differences deviant."[3] In this way, "the perfectly sculpted and athletic body [is, for example,] presented as commonplace, even though it actually represents only a slim margin of thin people."[4] In the cult of normalcy, the body is "seen as an objective marker of the good," and for this reason especially, it requires theological analysis. What makes embodied people good and valuable in God's eyes?

My reactions to my child's diagnosis—namely, my desire to distance myself from him, which included a desire to start over with a different pregnancy, reflect, at least in part, the influence of the cult of normalcy on my views of pregnancy and parenthood. Subconsciously, I valued health and ability as normal and desirable. And while a diagnosis of this kind most definitely warrants fear and sadness, as people of faith our hope and joy are not dependent on good health or the good health of our newborn children.

Vulnerable communion

Our hope and joy regarding the gift of children and parenting come from God's willingness to be in what Reynolds refers to as "vulnerable communion" with us through each other and with creation—that is, relationships of mutual giving and receiving out of the vulnerability that each of us experience as created beings.[5] What we ought to celebrate about parenting is the gift of the relationship with our child. This relationship exists regardless of the health of the baby—at birth and throughout life. Yes, health is important, but it should not be a criterion for determining the worth of our children or birth experiences. As another mother of a child with health issues writes, "'unhealthy' is still a place of love and joy and life. It's a place of resilience and strength you didn't know you had, and community that will envelope and hold you up. It's a place that teaches you and humbles you in the same breath as it strips you bare and builds you up. And when all is said and done, it's a place where your child is, and there's no other place you want to be."[6]

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3 Thomas E. Reynolds, *Vulnerable Communion: A Theology of Disability and Hospitality* (Grand Rapids: Brazos, 2008), 60.

4 Reynolds, *Vulnerable Communion*, 61.

5 Reynolds, *Vulnerable Communion*, 245.

6 Tessa Prebble, "Living on the other side of 'As long as it's healthy,'" *The Spinoff*, January 25, 2017, https://thespinoff.co.nz/parenting/25-01-2017/living-on-the-other-side-of-as-long-as-its-healthy/.

While I did not choose to become so aware of my vulnerability as a parent and a human in this way, it has given me greater insight into the love of God, the value of relationships, and a Christian understanding of hope. While hope "arises only with a felt lack or deprivation, and in terms of an acknowledgment of vulnerability," it does not passively yield to suffering.[7] Rather, it opens to a vision of what is possible given the love of God. To reiterate, while suffering does not disappear with hope, hope brings with it the reassurance that God, like us, is vulnerable and is with us in our vulnerability and suffering. The more vulnerable we are willing to be, the more open we are to seeing God through others. The relationship, not the suffering and pain (and not the state of good health or ability), leads to greater joy and wellbeing. As Reynold's explains, "God is in solidarity with humanity at its most fundamental level, in weakness and brokenness. This is not to romanticize weakness. Here in Christ, God reveals the divine nature as available to creation not only by undergoing or suffering with human vulnerability, but also by raising it up into God's own being."[8] And the hope that Christ's resurrection from the dead offers is that no matter what suffering or loss we might face, God's redemptive purposes cannot be stopped; tragedy will not have the last word.

My experience with vulnerability as the parent of a child with health concerns is ongoing. During this pandemic, I have greatly appreciated the privilege of being able to stay at home with both of my children in the safety of our social "bubble." In this bubble I can guarantee their protection from most of life's concerns, not least of which is life with a genetic disease. I worry about how hard it will be to let them out of this bubble again. Yet, I also know the value in letting go of my fears in faith and hope. I celebrate the fact that there is room for all these feelings in an understanding of Christian hope in Christ. I am grateful that my experience with vulnerability has revealed this to me.

About the author

Kimberly Penner is sessional instructor at Conrad Grebel University College and sessional lecturer at Victoria College in the University of Toronto. She lives in Kitchener, Ontario, with her partner and two children, where she is a pastor at Stirling Avenue Mennonite Church.

7 Reynolds, *Vulnerable Communion*, 142.

8 Reynolds, *Vulnerable Communion*, 177.

The healthiest person I know?

Disability and health

Daniel Rempel

In his book *Wondrously Wounded: Theology, Disability, and the Body of Christ*, Brian Brock makes the claim that his son Adam is "the healthiest person I know."[1] Brock's claim is startling and catches his reader off guard. To suggest that his son is the healthiest person he knows is a loaded claim, one that at first read may come across as arrogant and difficult to qualify. But Brock is sure in his claim, albeit for different reasons than we may at first suppose. Adam is the healthiest person Brock knows not because of his ability to avoid illness or injury. Rather, writes Brock, Adam "is the healthiest person I know in the way he reflects and disseminates the claim of the One truly healthy one, the One who lives at the heart of wonder."[2] This claim is startling, not only because in it we see Brock attempting to redefine the boundaries of what constitutes a healthy person, but also because Adam has Down syndrome and autism.

Re-examining our definition of health via people like Adam

Brock's claim that Adam is the healthiest person he knows comes in a chapter in *Wondrously Wounded* titled "Health in a Fallen World." Herein, we find Brock attempting to redefine conceptions of what health may mean to those claimed as citizens of the kingdom of heaven. To develop a proper understanding of health, he argues, we must first develop a proper understanding of what it means to be a finite creature under God, wrapped up in our sin and fallenness. All people find themselves in a particular reality that must be recognized as we attempt to understand what we mean when we talk about health. Thus, Brock begins his argument by stating that "God's merciful address *only* comes to people caught up in lies about themselves."[3] The love of God drives deep into Christians'

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1 Brian Brock, *Wondrously Wounded: Theology, Disability, and the Body of Christ* (Waco, TX: Baylor University Press, 2019), 145.

2 Brock, *Wondrously Wounded*, 145.

3 Brock, *Wondrously Wounded*, 143. Italics original.

"particularly figured fallen personas."[4] Here, Brock makes the staunch claim that our particular situatedness is inherently compromised by sin, and thus our fallen state as sinful human beings confronts our speech about health. As a result, any appropriate Christian conception of health must first begin by wrestling not with our physical ailments but with our spiritual condition.

By beginning his chapter on health by directing his reader to the topic of sin, Brock might be expected to follow a conventional line of thought that argues that illness is the result of the fall, that it is one of the curses God places on humanity in Genesis 3. However, this is not the case. For Brock, the main result of the fall was not physical cursedness manifesting as illness or disease but rather separation from God and a distorted view of one's self. While the topic of sin does not figure overtly in the rest of the chapter, it is important for Brock to locate its influence from the outset, understanding that sin, not illness, is the challenge that those who want to be healthy need to overcome. Sin is the reality that affects our health, and overcoming sin is what occupies Brock's way of thinking.

For Brock, the main result of the fall was not physical cursedness manifesting as illness or disease but rather separation from God and a distorted view of one's self.

At this point, Brock notes the example of the Jewish theologian Franz Rosenzweig who—despite living with the muscular degenerative disease commonly known as Lou Gehrig's disease, or ALS—"believed most physically healthy modern people are suffering from a mortal illness. That illness is an incapacity to appreciate and receive their creaturely lives with all their individual peculiarities—including their physical illnesses and incapacities."[5] Rosenzweig is clear that—even for someone living with ALS—what is most damaging to a person is not any physical illness or incapacity that may come their way but rather an inability to live "in the heart of wonder." Wonder is that which draws human beings into deeper engagement with their everyday lives. It is the way Christians perceive the world, seeing all creation as God's gift to the world. Wonder may thus be the foremost way for Christians to combat our own sinful state and enter life in the kingdom of heaven.

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4 Brock, *Wondrously Wounded*, 143.

5 Brock, *Wondrously Wounded*, 146.

Wonder is a task manifested properly in everyday life rather than primarily in extravagant circumstances. In an attempt to overcome such impulses for the extravagant, Brock argues that humans have a tendency to attempt to escape our current realities, even when those realities are ones we have been liberated to enjoy. He notes the paradigmatic example of the Israelites complaining in the wilderness only months after being freed from Egypt as "captivity to the idea that satisfaction will be had in being somewhere else."[6] Losing their sense of awe toward God's wondrous work of liberative mercy, the Israelites complain about their current situation, ignoring their situatedness as creatures under God. However, for Brock, the everydayness of life is where God wondrously breaks into our lives. "God breaks in on this situation of inner estrangement by revealing them to be *alongside* human beings, *in* the world, and *with* God."[7] Those who are attuned to the closeness of God in the everydayness of life are those who live by the sustenance given by relation to God. It is these people who, Brock argues, recognize health as life with God, *shalom*, and bodily flourishing.

The example of Israel noted above suggests that wonder and liberation are inherently interconnected. If creatures currently find themselves in a state limited by sin, and the first step to remove oneself from sin and enter into the kingdom of heaven is the practice of wonder, then to experience freedom is inherently connected to the practice of wonder. To further this claim, Brock suggests that, while creatures were created to be free, freedom "is a relation and nothing else." This relation is manifested in our turn toward others, toward creaturely reality (our situatedness on earth), and ultimately in relation to God. Freedom is "being-free-for-the-other," recognizing that the fullness of our being is found in cooperation and dependence. "To be a creature is to be dependent on and to depend on other creatures." However, such dependence is not arbitrary allyship but comes about by "concretely depending on God's enlivening Spirit." Ulti-

If the first step to remove oneself from sin and enter into the kingdom of heaven is the practice of wonder, then to experience freedom is inherently connected to the practice of wonder.

6 Brock, *Wondrously Wounded*, 152.

7 Brock, *Wondrously Wounded*, 152. Italics original.

mately, for Brock, our creatureliness, a true vision of the human person, is constituted in our dependence on God and all that God has given as good gifts to those created by God.

Understanding Adam as healthy

The last thing Brock does is to put forth his provocative constructive claim that Adam is the healthiest person he knows. He transitions by positing the following: there is something serious at stake when Christians confess that to be saved is to be liberated to be free creatures. If salvation is being freed in Christ and invited into the kingdom of heaven, and if this freedom is at stake for all people, then disability appears in a remarkably different light. This difference, for Brock, is found *not* in the way he is to welcome his son Adam into life in the kingdom of heaven. Rather, strikingly, Brock narrates that it is *Adam* who welcomes *him* into the kingdom of heaven.

Brock notes four ways in which Adam's witness welcomes others into the kingdom of heaven. First, Adam has an ability to live without worry of the future. Brock notes this as a manifestation of Jesus's command in Matthew 6:24–26 in which Jesus commands his disciples not to worry about their life or how they will survive, for their heavenly Father will provide all their needs. Adam's distinct ability to live solely in the present tense witnesses to people molded by a society obsessed with future goals, retirement funds, and hoarding possessions and is a staunch manifestation of life devoted to the everydayness in which wonder takes place.

If salvation is being freed in Christ and invited into the kingdom of heaven, and if this freedom is at stake for all people, then disability appears in a remarkably different light.

Second, there is no gap between what Adam says and what he does. Once again, Brock draws on Jesus's words in Matthew 5:36–37 where he commands his disciples to let their yes be yes and their no be no. Adam "liberates everyone around him from suspiciously watching for signs of hidden motives, for other selves peeking out from behind masks."[8] Adam is who he is, and he thus lives truthfully in a world that has become far too comfortable with distorting the truth. Thus,

8 Brock, *Wondrously Wounded*, 163.

Adam may have a particular capacity to confront false narratives that sin thrusts into our lives.

Third, Brock speaks about Adam's heightened level of emotional sensitivity. Adam is attuned to both the highs and the lows of those around him; yet, at the same time, he has a remarkable tendency to position himself in the social space of others. Here Brock notes the way in which Adam embodies the apostle Paul's teaching that members ought to have the same care for one another, noting that if one member suffers, all suffer together with it, and if one is honored, all rejoice together (1 Corinthians 12:24–26). He describes Adam as "neither a loner nor an attention seeker" but as having a remarkable ability to feel the emotional highs and lows of others. "I can only wonder at his attention to fields of interpersonal communion of which I never even dreamed."[9] Again, here we see a commitment to the everydayness in which wonder takes place. Adam's attentiveness to human emotion offers a picture of the way members of the kingdom of heaven ought to be attuned to one another's needs.

Wonder is not possible without joy, for joy often can be the outcome of a life lived at the heart of wonder.

Fourth, Adam enjoys many people. Brock powerfully exhorts this final point: "If the kingdom of heaven is a new social order whose characteristic is joy, I have most powerfully glimpsed what this might mean because I have lived with Adam."[10] Joy is imperative to life in the kingdom, for, as the apostle Paul notes in Romans 4:16, "The kingdom of God is not food and drink but righteousness and peace and joy in the Holy Spirit." Wonder is not possible without joy, for joy often can be the outcome of a life lived at the heart of wonder. It is with this joy that Adam welcomes others into the kingdom.

Health in the kingdom of heaven

Brock claims that "a theological definition of health goes beyond this catalogue of bodily vulnerabilities in asking *how people enact their creaturehood*."[11] What is at stake is not how many doctor appointments one has to attend or how many prescriptions or treatments one is prescribed. What

9 Brock, *Wondrously Wounded*, 164.

10 Brock, *Wondrously Wounded*, 165.

11 Brock, *Wondrously Wounded*, 168. Italics added.

is at stake in Brock's claims about health is how creatures operate in the world. In this way, in light of the examples listed above, Brock can claim that Adam is the healthiest person he knows. Adam's health is not represented by being absent of illnesses or diagnoses. On top of his Down syndrome and autism, Adam's life has been subject to sepsis, significant brain injury, inability to speak, and aversions to textures of certain kinds of food. The Brocks are unsure of how well he hears, and at six months of age, it was discovered that he had a pair of holes in his heart. Adam contracted leukemia at the age of eight, which resulted in over two years of chemotherapy. For years he has had problems with gastric reflux, which often keeps him up at night, and most recently he has contracted keratoconus, which results in loss of vision and eye pain. Yet, not only despite this but exactly in light of this, Brock continues to claim that Adam is the healthiest person he knows.

Brock testifies that he often finds himself interrupted by Adam's acts, acts he believes testify to an alternative social order, one representative of life in the kingdom of heaven.

Ultimately, what is significant about Adam's health is the way that he witnesses to an alternative social order, manifested in the everydayness of life. Brock testifies that he often finds himself interrupted by Adam's acts, acts he believes testify to an alternative social order, one representative of life in the kingdom of heaven. It is as if Adam himself is representing the social dynamics Jesus taught and lived, confronting sinful realities of our fallen world. Adam is both an exemplar and a witness, yet not of the ways we may traditionally think. Adam is an exemplar of life lived in an alternative order, and he witnesses to a reality that is possible beyond the snares and traps of our fallen world. This is not to claim that Adam is without sin or "wholly innocent" but rather that perhaps the apostle Paul was correct when he claimed that God has chosen those who the world views as foolish to shame the wise (1 Corinthians 1:27). It may just be that Adam and people like him have been chosen to witness to the alternative reality that Jesus spoke about as the kingdom of heaven, drawing those around them into the heart of wonder.

Accepting Adam's invitation

To accept Brock's claim that Adam is the healthiest person he knows is to be confronted by Adam's invitation to life in the kingdom of heaven.

It is to accept that Adam, alongside a host of others living with what we understand to be intellectual disabilities, may be a herald of the kingdom, calling others to faithfulness under God. The challenge presented to able-bodied individuals by this welcome is to evaluate our being in the world and how we conceive ourselves in light of our own sin, our capacity to wonder, and our pursuit of freedom. It is a challenge presented not in life's extravagant moments but in the everdayness of our existence—in the mundane, repetitive nature of our daily lives. The alternative social order to which Adam witnesses may not be one without sin—as Adam, as a human being, is a sinner just like anyone else—but it is one that lives life presently, full of truthfulness, emotional sensitivity, and joy. Certainly a life—even a mundane one—governed by being fully present, truthful, emotionally sensitive, and joyful would be a stark difference to a society in which these manifestations of the kingdom are often absent.

Finally, notice the conditional statement by which Brock concludes his chapter "Health in a Fallen World":

> *If the kingdom of heaven is anything like Jesus teaches, and Adam displays in significant ways the tenor of this kingdom in his form of life, and it is the state of our hearts out of which the social order of our world flows, then, to recognize the true health of those we call disabled, we will have to have our hearts assayed to see how deeply they welcome this kingdom. To genuinely receive the presence of another person means not to pity them, be repelled or frustrated by them, but to welcome them without regret.*[12]

Adam's witness is one of welcoming others into the kingdom of heaven. It is one of a life lived with God, the true sign of a healthy life. As Christians, we are called to join Adam and those like him in the kingdom of heaven, journeying alongside the God who liberates us from our false pretenses into a life full of wonder and freedom. For Brock and his son Adam, this is what it means to be healthy.

About the author

Daniel Rempel is a PhD candidate in theological ethics at the University of Aberdeen and a recent graduate of the Master of Arts program in theological studies at Canadian Mennonites University in Winnipeg, Manitoba.

12 Brock, *Wondrously Wounded*, 167.

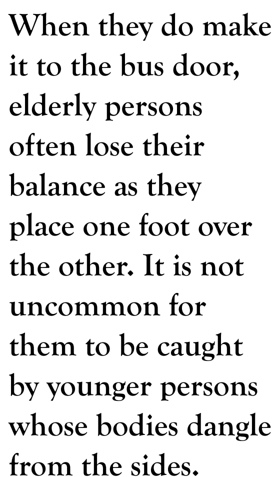
Injustices of ableism and ageism during the pandemic

A call for intergenerational solidarity

Sunder John Boopalan

Introduction

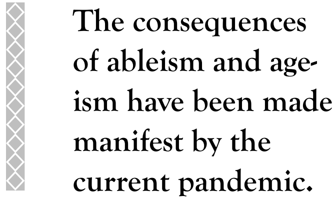
Isolation from friends, extended family, and public gatherings has become an all-too-common phenomenon in a time of pandemic. And yet, as I reflect on systemic injustices during this time, the image that comes to mind is of a crowd. The image comes from a south Indian city I know well: Bengaluru. If one waited at a bus stop during rush hour for the next bus, one would commonly see commuters hang from the steps of buses that are filled beyond capacity in an overworked metropolitan transport system. The overflow of the crowd can scare off the most (temporarily) able-bodied persons. I would see a bus approach the stop. The bus number on the display would be the right one for me to get on, but the hanging bodies—with one foot on the steps and one dangling just beyond the lowest step—would often make me think, *Perhaps I should just wait for the next bus.* Knowing, however, that waiting for the "next bus" is futile, I would hop on, finding enough space to fit one foot on the outermost step and eventually push my way inside. Nonetheless, on other days, such bravery—a luxury of my able-bodied state and younger age—would take a backseat, and I would simply wait for the next one. On such days, I would ready myself, taking a deep breath, but also using the occasion to observe.


When they do make it to the bus door, elderly persons often lose their balance as they place one foot over the other. It is not uncommon for them to be caught by younger persons whose bodies dangle from the sides.

Buses do not halt long enough for everyone to board. By the time some would walk up to it, the bus would be gone. During those occasions

when they do make it to the bus door, elderly persons often lose their balance as they place one foot over the other. During such times, it is not uncommon for them to be literally caught by younger persons whose bodies dangle from the sides.

Is such kindness motivated by the realization that younger and older persons are united by a common bodily vulnerability? Human persons are certainly bonded by a shared creatureliness that makes us dependent on each other. How might such mutual bodily dependence aid in forging bonds of solidarity during this pandemic and beyond? The pandemic ignited by COVID-19 has jolted the world. Our daily rhythms have been thrown out of sync, and we have been forced to become observers of the cultures we have created or inhabit. What are our observations, then?


The consequences of ableism and ageism have been made manifest by the current pandemic.

North America has been my context for the last decade. Comparatively speaking, public transport for the elderly seems to be better here. One does not witness an overflow of bodies at bus doors. Elderly persons do not get left behind as they wait to board a bus. This does not mean, however, that ableism and ageism are absent. The consequences of ableism and ageism have been made manifest by the current pandemic. If we are to make an intervention in the multidimensional juggernaut of systemic injustice, we will do so by following the bodies of the most vulnerable and allowing them to interrupt our conceptualizations and habits. Because this entails becoming more and more aware of our own bodies and social locations, let me begin there.

Being aware of social location—ours and others'

Social location is not a perspective. It is a fact. I, for instance, am Dalit, South Asian, male, heterosexual, middle class, able-bodied, and so on. Social location is particular to each individual. Social location is the combination of factors such as gender, race, class, age, ability, religion, sexual orientation, geographic location, and so on.

All of us are marked by time, history, and context. Oftentimes, time, history, and context mark persons in not-so-inclusive ways. They condition our imagination. They condition our habits. They condition our senses. Deeply considering the combination of factors that make up one's social location is a responsibility that comes with being human.

Social location affects how we see ourselves and the world. Take, for instance, that I identify myself as able-bodied. What does that mean? That means that I acknowledge that my place in the world as an able-bodied person affects how I see the world and how I do not see the world.

If I do not understand social location, I might not understand the world. For example, I might walk into a shower and reach for the soap at almost shoulder height because that is simply the way I am used to it. If I do not find the soap at the height I generally look for it, then I might think there is a problem with the bathroom, and I might even curse rather than appreciate that the bathroom is wheelchair accessible.

Because I am able-bodied and am used to being and moving in certain ways, it would be easy for me to superimpose that reality onto other persons who are different from me.

Now imagine a person in a wheelchair who enters a bathroom that is not wheelchair accessible. The soap holder is not at a reachable height. There is no railing or other support fixed to the walls. It makes her life difficult. She might curse too and come to the conclusion that there is a problem with the bathroom. Which of us is right? Saying *both* is the wrong answer. The fact is that she would be right, and I would be wrong.

Because I am able-bodied and am used to being and moving in certain ways, it would be easy for me to superimpose that reality onto other persons who are different from me in more ways than one. And yet, the truth of the matter is that human persons often do that uncritically and thereby become complicit in furthering social inequalities. This is a crisis of our time.

As philosopher Jacques Ranciere writes, "Disagreement is not the conflict between one who says white and another who says black. It is the conflict between one who says white and another who also says white but does not understand the same thing by it."[1] In his book *Inferno: An Anatomy of American Punishment*, Robert A. Ferguson, professor in law, literature, and criticism at Columbia University, describes a common encounter in the classroom. He writes, "At Columbia Law School, I can design scenarios in prosecutorial discretion that will lead seventy students

1 Jacques Rancière, *Disagreement: Politics and Philosophy* (Minneapolis: University of Minnesota Press, 1999), x.

to divide sharply over proposed sentences for a given crime. Their recommendations for punishment will extend from six months of house arrest all the way to twenty years in prison for the same offense. Arguments over the differences are intense, and the recommenders are budding lawyers who know some criminal law. How can responsible citizens with that much knowledge come to such divergent views over the same facts?"[2]

Think about that scenario for a minute. How is it possible that responsible citizens with that much knowledge come to such divergent views over the same facts? Today's crisis is that the able-bodied person and the person who uses a wheelchair both say *bathroom* but mean two very different things. In this situation, coming to terms with social location enables the able-bodied person to say to the wheelchair user, "My idea of a bathroom has excluded you. I now recognize the problem and will strive to create a more inclusive space."

This changes everything. Think, for instance, about the number of times that able-bodied persons refer to something they think is not-so-great using the word "lame" to describe it. Exclaiming *That's so lame!* can, in fact, be *injurious* to persons with disabilities or persons who are differently abled. In this way, recognizing my able-bodied privilege allows me to stop myself and others from causing harm.

The injustices of ableism and ageism during the pandemic

In March 2020, referring to the economic impasse occasioned by COVID-19, Texas Lieutenant Governor Dan Patrick suggested that older persons should sacrifice their lives so that the economy could be "saved."[3] Commentators call such statements "calculated ageism." It is a term that points to an intentionality of a statement or perspective that "is bold in its ageist claim that older lives are expendable."[4]

Other disparaging remarks such as "Boomer remover" in reference to older adults who may be more prone to COVID-19 or just expressions of

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2 Robert A. Ferguson, *Inferno: An Anatomy of American Punishment* (Cambridge, MA: Harvard University Press, 2014), 2.

3 The exact quote reads, "There are more important things than living, and that's saving this country for my children and my grandchildren." Cited in Nicholas Jon Crane and Zoe Pearson, "'Liberation' as a Political Horizon amidst the Coronavirus Pandemic in the United States," *Human Geography* 13, no. 3 (November 2020): 315, https://doi.org/10.1177/1942778620962022.

4 Anne E. Barrett, Cherish Michael, and Irene Padavic, "Calculated Ageism: Generational Sacrifice as a Response to the COVID-19 Pandemic," *The Journals of Gerontology: Social Sciences* 20, no. 20 (2020): 2, https://doi.org/10.1093/geronb/gbaa132.

"relief that it is the older adults who are dying"[5] are part of a larger culture of ageism and ableism that has seen an increase during this pandemic. In addition to all this is another insidious claim that Liat Ayalon and her co-authors analyze in an essay that includes a table of instances of ageism in different parts of the world. "What we are seeing in public discourse," the authors note, "is an increasing portrayal of those over the age of 70 as being all alike with regard to being helpless, frail, and unable to contribute to society."[6]

Older persons generally have more bodily vulnerabilities, but ageism—intentionally or otherwise—scapegoats the elderly in ways that harm both older and younger persons.

Older persons generally have more bodily vulnerabilities, but ageism—intentionally or otherwise—scapegoats the elderly in ways that harm both older and younger persons. Recent research suggests that "younger adults are at greater risk of psychological distress and loneliness during COVID-19 lockdowns than older adults."[7] Taking such evidence into account, a psychological reading of ageism can be viewed as a scapegoating mechanism—that is, blaming older adults for the crises that young people are suffering.

"Ableism, like other forms of structural domination," notes Kathy Dickson, "need not be overt or even the result of negative intentions."[8] Noticing such implications, Ayalon and her coauthors note that younger people "engage in risk behaviors" that put pressure on "an already stressed health care system." [9] This risky behavior arises out of the mistaken belief that younger persons are safer against the virus. This mistaken belief also instigates resentment against older persons who are, in this view, seen as those holding back the "free life" of the young. From a psychological perspective, such negative views of the elderly can lead to the internalizing

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5 Marla Berg-Weger and Tracy Schroepfer, "COVID-19 Pandemic: Workforce Implications for Gerontological Social Work," *Journal of Gerontological Social Work* 63 (2020): 525, https://doi.org/10.1080/01634372.2020.1772934.

6 Liat Ayalon et al., "Aging in Times of the COVID-19 Pandemic: Avoiding Ageism and Fostering Intergenerational Solidarity," *The Journals of Gerontology: Psychological Sciences* 20, no. 20 (2020): e49, https://doi.org/10.1093/geronb/gbaa051.

7 Ayalon et al., "Aging in Times of the COVID-19 Pandemic," e51.

8 Kathy Dickson, "Disability and Mennonite Theologies: Resisting 'Normal' as Justice Anytime and in a Global Pandemic," *Conrad Grebel Review* 38, no. 2 (2020): 113.

9 Ayalon et al., "Aging in Times of the COVID-19 Pandemic," e50.

of negative images and messages about aging that are devastating to both old and young.[10]

Still, all is not lost with the young. After Dan Patrick's statement that older persons should sacrifice their lives so that the economy could be "saved," many younger persons opposed it on moral and other grounds. Anne E. Barrett, Cherish Michael, and Irene Padavic analyzed 188 tweets in response to Patrick's remarks and found that 90 percent of those tweets opposed Patrick's calculated ageism. They conclude that "younger generations' opprobrium raises the possibility of intergenerational coalitions."[11] This is laden with possibilities for solidarity, as the authors note, "during the pandemic and beyond."[12] It is to this possibility of intergenerational solidarity we now turn, with an accompanying theological reflection.

Theological reflections on intergenerational solidarity

Notions of ability and disability inform the gut reactions of those who are younger, contributing to ageism and ableism. Paul G. Doerksen, who recently coedited a collection of essays on Anabaptism and disability theology, cites Tim Basselin to observe that "the church needs a theology of disability to deconstruct societal and theological ideals of self-sufficiency and autonomy and to reconstruct ideals of community born in vulnerability, weakness, and dependence."[13] We may draw on such insights as we look towards an intergenerational solidarity that eschews autonomy and embraces mutual bodily vulnerability.

Melanie Howard notes how a Christological impulse in the Anabaptist tradition—a tradition I belong to as well as a Baptist—often prompts interpreters to follow a "medical model" of disability wherein the "goal is to 'heal' those with disabilities."[14] Howard names a misguided logic in this model: "to be a good follower of Jesus," one should "'fix' individuals with disabilities."[15] This has consequences for embracing bodily vulnerability. If we were to phrase this consequence in the form of a question, we

10 Ayalon et al., "Aging in Times of the COVID-19 Pandemic," e50.

11 Barrett, Michael, and Padavic, "Calculated Ageism," 4.

12 Barrett, Michael, and Padavic, "Calculated Ageism," 4.

13 Tim Basselin, cited in Paul G. Doerksen, "Introduction: Anabaptist Theology Needs Disability Theology," *Conrad Grebel Review* 38, no. 2 (2020): 91.

14 Melanie A. Howard, "Jesus' Healing Ministry in New Perspective: Towards a Cultural Model of Disability in Anabaptist-Mennonite Hermeneutics," *Conrad Grebel Review* 38, no. 2 (2020): 96.

15 Howard, "Jesus' Healing Ministry in New Perspective," 98.

might ask, *Why should we embrace bodily vulnerability if our Lord sought to cure physical vulnerability?*

It is here that another Christological possibility arises. In his book *I Believe in the Resurrection of the Body*, Rubem Alves observes that those around Jesus "expected that he would talk about divine things. But [Jesus] talks only about human things. Little ones. . . . About life. About our bodies."[16] *Bodies*. In our existence as God's creatures, human persons are deeply connected through bodily reality. If we are to make an intervention in the multidimensional juggernaut of systemic injustice, we may begin by responding to the bodies of those most vulnerable.

If we are to make an intervention in the multidimensional juggernaut of systemic injustice, we may begin by responding to the bodies of those most vulnerable.

As in the image of the bus stop that I described in the introduction, observing bodily vulnerabilities allows for the possibility of intergenerational solidarity. Instead of allowing ageism and ableism to pit the young and the old against each other, embracing our common vulnerability allows persons to catch each other when we fall. In the end, embracing bodily vulnerability is a simple acknowledgement that as persons, we are dependent on each other.

In thus choosing to be moved by bodily vulnerability, we draw from a well-attested theological tradition in Scripture. The story of the Exodus, for instance, presents the God of the Bible as being *moved* by persons' bodily vulnerabilities. Exodus 3 presents God as coming down in response to the world's injustice and pain. This *coming down* is the same movement that informs God's incarnation in Jesus. God permanently chooses bodily vulnerability as part of the divine life. As followers of the incarnate Lord, Christians are to embrace bodily vulnerability as well. Ageism and ableism do not have a place in such an embrace.

Tweets against ageism and ableism or catching elderly persons who may lose their balance are good acts. While they might not solve all of the world's systemic injustices, laden in them, nevertheless, is the real possibility for intergenerational solidarity. Similar to the way in which Jesus's incarnation was not a picnic into the earthly realm filled with vulnerabilities, let us hope to engender intergenerational solidarity in a permanent

16 Rubem Alves, *I Believe in the Resurrection of the Body*, translated by L. M. McCoy (Philadelphia: Fortress, 1986), 32.

way during and beyond this pandemic. Fixes cannot be temporary, feel-good mechanisms.

Crises such as this pandemic have a way of revealing the deep fractures of our societies. For those with open hearts, this crisis might be a moment of reckoning to realize how much one's social location affects the way in which bodily vulnerabilities distribute precarity unevenly. Instead of freezing us in states of guilt, this realization can *move* us toward creating, sustaining, and furthering habits and structures that lift up and honor those who are most vulnerable.

About the author

Sunder John Boopalan is assistant professor of biblical and theological studies at Canadian Mennonite University. Learning, teaching, and writing, for John, are more than simple intellectual pursuits but are part of a larger calling to be part of an embodied transformation of self and world. His most recent essay, "Hindu-Christian Relations through the Lens of Caste," is published in *The Routledge Handbook of Hindu-Christian Relations* (2021).

Make haste to help us, O God

Caring for a loved one remotely

April Yamasaki

Twelve days before I wrote this essay, my husband had a medical emergency. While he does feel better, at the time of writing, he is still in the hospital hooked up to various medical things, waiting for more tests and next steps.[1]

Any medical emergency is hard, and it is even harder in a pandemic. In our case, COVID-19 protocols kept us from seeing one another until day 8. That is when his hospital doctor temporarily designated me an "essential visitor" so he could talk with us both together.

How do you care for a loved one in the hospital when you cannot be there? How do you care for yourself in a personal medical crisis in the midst of a pandemic?

During our days apart, my husband and I had been in touch daily by phone, and I could hear that he was feeling better. But what a relief it was to see him in person! Even though he was still recovering—and even though I had to wear a mask the whole time—it was reassuring to see the light in his eyes when he saw me, to hear his voice without the static of the hospital phone, to see him laugh at a joke, to spend some precious time together.

But now we're back to days apart for who knows how long. To limit the spread of the coronavirus—especially in a hospital setting—we will bear with whatever restrictions are necessary. It is difficult to be apart, and it makes communicating with nurses and doctors more cumbersome, but we want to do whatever we can for the health and safety of patients, medical personnel, and all concerned.

At the same time, we need to do what we can to address our own situation. How do you care for a loved one in the hospital when you cannot

1 An earlier version of this article first appeared at www.aprilyamasaki.com; it is printed here with permission of the author.

be there? How do you care for yourself in a personal medical crisis in the midst of a pandemic? Below I share what is helping us make it through, shared with my husband's permission and with the prayer that our experience might help others with a loved one in the hospital during this time.

Keep calling

Six years ago, when my husband had his cancer surgery, I was at his side at the hospital every day. I was there to talk with his nurses and doctors in person. But none of that has been possible this time around. Instead, I have been phoning a lot and waiting for phone calls back. To talk to a nurse, I have discovered the best time to call is late morning or late afternoon. To talk to a doctor, I need to wait for a call back, which may or may not be the following day.

To talk to my husband—he who has always said, "I don't need a cell phone," although I think he is rethinking that now!—I call directly to his nursing unit where the phone often rings fifty to one hundred times before someone answers. Then I am transferred to his nursing team where the phone often rings another fifty to one hundred times before someone answers. Then my call is transferred to the portable phone, which is taken to him. But sometimes the phone is not answered after one hundred and twenty rings (yes, I counted before I gave up), and sometimes the portable phone is not charged up or has to be hunted down.

Six years ago, when my husband had his cancer surgery, I was at his side at the hospital every day. I was there to talk with his nurses and doctors in person. But none of that has been possible this time around.

A friend suggested that I could get my husband a cell phone. Another friend offered to loan us a spare. But my husband was too exhausted even to try. "It takes all my energy just to know where I am," he said. I could well understand that, in part because he was so sick, and in part because he had moved from emergency to the medical unit, from Team 1 to Team 2, then back to Team 1, having his bed first in the hallway, then a room, then another room, and back to Team 2 again, with most of those moves happening at night when he was half asleep. I had a hard time keeping track of where he was too!

At long last, though, he was moved to a room with a telephone that worked, so in the end all that moving was good for something, as I was able to call his room directly. At least that has been working well for the last few days, but last night my husband called to say he was being moved yet again! We dearly hope the phone will be working in his new room too, or it is back to calling through the nurses' station once more.

Keep caring

I put together a care package for my husband every day and drop it off at the hospital front desk. Then I call his nursing unit so they will know to pick it up and deliver it to his room. Even though I cannot be with him in person, a daily delivery is an expression of love that also provides some tangible care. I am grateful that we live close enough to the hospital for me to go there every day.

Even though I cannot be with him in person, a daily delivery is an expression of love that also provides some tangible care.

Since my husband went to emergency without a bag, my first care package included what I thought were hospital essentials: toothbrush and toothpaste, dental floss, favorite socks, a bathrobe. The nurse in emergency suggested some change in case my husband wanted to buy something. I could not think what he might buy in the hospital, but on her suggestion, I added that too.

As my husband began to recover, I started including some of his favorite foods, although I checked first with the nurse about any dietary restrictions. Could he have my homemade oatmeal scones on his hospital diet? What about his favorite chocolate-covered almonds? Other non-food items soon followed: his watch, some light reading, a stylus for his iPod. I knew my husband was starting to feel more like himself when he asked me to bring his Greek New Testament and a bottle of Pepsi!

Keep taking care of yourself

When you write a book on self-care, people expect you to be good at it. But just like everyone else, I am still learning. Sometimes it helps to talk. Sometimes I need to be silent. Sometimes I need to cry. One afternoon I felt so agitated that I called a friend who let me pour out my anxieties. The day I finally got to see my husband, I could not talk about it with the

next two people who called me, so I did not mention it. I made curry with sweet rice just for myself but then could hardly eat it.

I canceled appointments and postponed writing assignments. The first Sunday my husband was in the hospital, I was scheduled to preach for our church, and my sermon was mainly finished before we went into crisis. So I sent it in as usual but let someone else read it for the Zoom service since I felt too on edge to be there myself. Yesterday I joined the service again but slipped out early.

When you write a book on self-care, people expect you to be good at it. But just like everyone else, I am still learning. Sometimes it helps to talk. Sometimes I need to be silent. Sometimes I need to cry.

In all of this, I realize that I am not alone. Family, friends, church, and people I hardly know have been so kind and caring. Many have offered their listening ears and praying hearts, phone calls and cards, emails and Facebook messages, time to go for a walk or for coffee. I cannot do all those things right now, but one day I will, and in the meantime, I am deeply grateful. A friend of a friend even sent me some smoked salmon, personally delivered by our mutual friend and thoughtfully put together with a Mexican rice mix and a can of corn so I would not even have to think about what to have for supper. Others have said, *If you need anything, just call.* Our caring community has been an essential part of these days, and they will be there, I know, in the days ahead.

Keep praying

When my husband first went into emergency, these words came to me almost immediately: "Make haste to help him, O God." Those words from Psalm 38:22 became my constant prayer, and soon I added to them. When my husband said he felt disoriented in the hospital, I prayed more specifically for his body and his mind. As our time apart took its toll, I prayed about that too.

Now this is the prayer that calms me down when I feel anxious, the prayer that helps me sleep at night. I hope that this prayer will help those who have a loved one in the hospital. And so I conclude with this prayer and encourage those caring for a loved one to adopt and adapt it for their use as well.

Into Your hands of Power, Presence, and Mercy,
I commit ______'s body, mind, soul, and spirit.
Make haste to help him/her/them, O God.

Into Your hands of Power, Presence, and Mercy,
I commit my body, mind, soul, and spirit.
Make haste to help me, O God.

God, please protect ______ in this ordeal.
Although I'm not able to be with him/her/them,
I know that you are there always.
And even if I were able to be there,
I can't protect him/her/them the way you can.

You are the God of Power, Presence, and Mercy,
so please protect him/her/them,
sustain him/her/them,
heal him/her/them,
and bring him/her/them back safely home to me.

Amen.

About the author

April Yamasaki is an ordained minister with twenty-five years of experience in pastoral ministry who writes about spiritual growth and Christian living. Online and print publications include *Christian Century*, *Christianity Today*, *The Redbud Post*, *Godspace*, *Vision: A Journal for Church and Theology*, *Leader*, and *Rejoice!* Her books include *On the Way with Jesus*; *Four Gifts: Seeking Self-Care for Heart, Soul, Mind, and Strength*; and *Sacred Pauses: Spiritual Practices for Personal Renewal*.

Prayer, healing, and God-with-us

Josh Wallace

Seven weeks into the COVID-19 pandemic, I was called to a hospital bedside. Tina, an aged member of Prairie North Mennonite Church (PNMC), was dying. So, masked and gowned and sanitized, I sat beside her.

Through tears, Tina voiced thanksgiving. She gave thanks for the hospital, for her children, for my visit. Most of all, she gave thanks for prayer: "You always taught us to say the Lord's Prayer. I'll never forget that." That particular prayer—*Our Father who art in heaven*—was her stay amid heart failure and an aging mind, the roar and crash of coronavirus reports and changing protocols. "We prayed it every Sunday."

I sat at Tina's bedside, wishing that I could reach out to hold her hand.

Instead, minding the hospital's protocols, I read Scripture. I told her how her congregation loved her, how Jesus loved her. And we prayed. We prayed the words Jesus taught us. We prayed for her children. We prayed because we knew death was near.

The Epistle of James concludes its wisdom for the suffering with exhortation to prayer:

> *Are any among you suffering? They should pray. . . . Are any among you sick? They should call for the elders of the church and have them pray over them, anointing them with oil in the name of the Lord. The prayer of faith will save the sick, and the Lord will raise them up.* (5:13–15)

I did not pray for Tina to be raised up—at least not this side of resurrection. Instead, I prayed that she know that Jesus was near and that he is kind. Ten days later, Tina died.

Horizons of hope

My prayers rarely expect healing. This horizon of expectation finds affirmation in the widely used *Minister's Manual*. In a section pointedly placed *after* liturgical forms for burying the dead and mourning tragedy, prayers for healing appear carefully hedged as a way of committing suffering to God rather than a means of physical healing. The liturgy is styled as "historic symbolic acts," which may yet be "meaningful." Through the

reminder of the community's care or of God's compassion, the manual notes, "healing sometimes follows because of the peace of spirit and climate of love."[1] Significantly, in the "Private Anointing of the Sick," hope for healing is voiced only once, and then rather obliquely.[2]

I feel at home with this way of praying and hoping. Expectations are not raised too high. All the disorder that attends hope and longing is sufficiently managed. This sort of prayer abides by protocol; it keeps hope in check.

Alan Kreider, in *The Patient Ferment of the Early Church*, portrays prayer beyond what I or the *Minister's Manual* usually expect. Within a rich account of Christians' distinctive habitus in the first three centuries after Jesus, a picture emerges where prayer gave real "power to powerless people."[3]

Early Christian prayer was no magic. Often those who prayed continued to suffer; some succumbed to disease, loss, tragedy. But Christians persisted in prayer because these prayers made a difference.

Unlike their contemporary pagan religionists to whom "verbal precision was of the essence" and a "monitor listened . . . to ensure that [their] praying was faultless," Christian prayers were unscripted.[4] Their supplications—which the third-century theologian Clement of Alexandria styled "seizing life from God"[5]—did not remain within prescribed expectations. The bishop Cyprian, another third-century voice, noted his congregation's calling out to God with "uncouth voices" and "turbulent loquaciousness."[6]

Kreider summarizes this early Christian prayer as "gutsy and practical, passionate and immediate."[7] These early Christians met their own illnesses, hardships, and personal tragedies with prayer, but they also were "enabled . . . to do joyfully the risky things . . . to travel to new places, to

1 See John Rempel, ed., *Minister's Manual* (Newton, KS: Faith & Life, 1998), 206–207.

2 Rempel, *Minister's Manual*, 212.

3 Alan Kreider, *The Patient Ferment of the Early Church: The Improbable Rise of Christianity in the Roman Empire* (Grand Rapids: Baker Academic, 2016), 207.

4 Kreider, *Patient Ferment*, 207.

5 See Clement of Alexandria, *Quis dives salvetur*, 34, 21.

6 Kreider, *Patient Ferment*, 207.

7 Kreider, *Patient Ferment*, 207.

touch plague victims, to see enemies as potential brothers."[8] Early Christian prayer was no magic. Often those who prayed continued to suffer; some succumbed to disease, loss, tragedy. But Christians persisted in prayer because these prayers made a difference, to the extent that Christians "became known to their contemporaries as healers."[9]

Some early Anabaptists prayed fervently, seemingly within a similar horizon of expectation. C. Arnold Snyder narrates one such account of a 1545 clandestine meeting of Anabaptists near Strasbourg. The gathering climaxed in communal prayer, where the believers "prayed with great earnestness, with cries and tears." Other Anabaptists were reported "'falling on their faces' during prayer," sometimes with "great sighing and weeping."[10]

A subtle redirection of expectation, however, took place over the centuries. The early Christians requested and expected of God physical healing. Clement describes his contemporaries putting "sickness at its height . . . to flight by the laying on of hands" and, in prayer, shattering "the violence of demons . . . by confident commands."[11] They believed their prayers, through the power of Jesus's cross and the outpouring of the Spirit, changed the world. But thirteen hundred years further into what Charles Taylor narrates as the development of "inwardness" and the "buffered self,"[12] the sixteenth-century Anabaptists prayed not for the world to change but for the sustaining of the self, of the heart, and of the church in faithfulness amid this world's tribulations.

The sixteenth-century Anabaptists prayed not for the world to change but for the sustaining of the self, of the heart, and of the church in faithfulness amid this world's tribulations.

In 1589, the imprisoned Joost de Tollenaer wrote a letter instructing his daughter Betgen to pray with these words: "O Lord, my Lord, direct

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8 Kreider, *Patient Ferment*, 204.

9 Kreider, *Patient Ferment*, 111.

10 C. Arnold Snyder, *Following in the Footsteps of Chist: The Anabaptist Tradition* (Maryknoll, NY: Orbis, 2004), 125, citing an account in Abraham Hulshof, *Geshiedenis van de Doopsgezinden te Straatsburg van 1524 tot 1557* (Amsterdam: J. Clausen, 1905), 208–211.

11 Clement of Alexandria, *Quis dives salvetur*, 34, cited in Kreider, 111.

12 On inwardness, see Charles Taylor, *Sources of the Self: The Making of the Modern Identity* (Cambridge, MA: Harvard University Press, 1989), Part II, 111–207; on the buffered self, see his *A Secular Age* (Cambridge, MA: Belknap, 2007), 29–43.

me in Thy ways; . . . O Lord, strengthen me." Joost also requested this inward strength for himself: "The Lord strengthen me by His Holy Spirit unto the end of my life."[13] In a 1571 letter, Paul Glock, also imprisoned, requests prayer that God keep him "faithful and true," just as he earlier exhorted his wife, Else, in the pattern of Gethsemane: "'Watch and pray so that you may not fall into temptation.' Be firm and immovable for our work is not in vain in the Lord."[14]

These *are* prayers for supernatural intervention but not for the breaking of prison bonds. Instead, in the words of Hans Schlaffer's prison prayer, they seek only "the necessary valor to drink the cup."[15] Even when praying for the princes and magistrates who imprisoned him, his prayer remains keyed to the subjective: that God "would enlighten them . . . that they may not wrongly shed innocent blood."[16] The expected site of intervention is the self, the heart—*not* the world.

Prayers for the heart

Christian ethicist Kelly Johnson sketches many of our contemporary ways of praying under the broad heading "Prayer and Our Habits of Exchange."[17] We have prayer as welfare application, filled out and submitted to the divine bureaucracy, or prayer as a grant application sent to the divine philanthropist. Others resort to prayer as bargaining with God, trying to cut a deal on the promise to go to church every Sunday, reform a bad habit, stay on the straight and narrow.

A fourth model perhaps traces the path most closely from the early modern Anabaptists to the liturgical forms of the *Minister's Manual*: prayer as therapy. It aims at the transformation of self, not the world. In this mode, "Prayer is not about getting something from God, but about encouraging oneself to obey God, about changing the self."[18]

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13 "A Testament from Joost de Tollenaer, to His Daughter," in Braght, Thieleman J. van, and Joseph F. Sohm, *The Bloody Theater, or, Martyrs' Mirror* (Scottdale, PA: Herald, 1987), 1076.

14 See Snyder, *Following*, 129–30, citing Glock's letters of 1571 and 1563, respectively.

15 Cornelius J. Dyck, ed. and trans., *Spiritual Life in Anabaptism: Classic Devotional Resources* (Scottdale, PA: Herald, 1995), 194, citing Hans Schlaffer's prayers of 1528.

16 Dyck, *Spiritual Life in Anabaptism*, 194.

17 Kelly S. Johnson, "Interceding: Poverty and Prayer," in *Blackwell Companion to Christian Ethics*, 2nd ed., edited by Stanley Hauerwas and Samuel Wells (Hoboken, NJ: Wiley-Blackwell, 2011), 240.

18 Johnson, "Interceding," 241.

The gathered prayers of PNMC, Tina's congregation, echo this therapeutic turn. The habitually expected locus of God's activity is internal, subjective. Listening through twelve months' recorded congregational prayers, I am overwhelmed by this consistent concern, requesting "a heart of grace," "power to change our deepest habits, hurts, and hang-ups," asking God to "open our eyes and ears," to "strengthen us" and "lift us up that we might aspire to greater things." Where does God work? In these prayers, PNMC expects God to work in our hearts.

Where does God work? In these prayers, Prairie North Mennonite Church expects God to work in our hearts.

During a "moment for children" in the service, Angie, the adult leader, tries to take a picture of the kids with her cell phone, but the battery is dead. It needs to be recharged. She asks the kids how people can get recharged when they feel worn out. Just like we plug in our phones, she explains, we can "also plug into God to recharge." How? "If we're faithful to the Lord by praying and going to his Word," she says, "we find that God recharges us as well." Hank, in another children's moment, compares prayer to "exercise for our spiritual selves."[19] Prayer works on the self.

Prayer and God-with-us

PNMC's prayers also hint at something more. A pastor friend jokingly calls sharing and prayer time "organ recital"; this is also true of PNMC's regular sharing of prayer requests. In three years of prayer requests, more than two-thirds petition God about broken hips, cancer, premature births, and deaths. What are PNMC's members hoping for in these requests?

This is difficult to trace, in part, due to PNMC's liturgical pattern. Members offer "thanksgivings and concerns," but it is the pastor who translates them into praises and petitions. The congregation's expectations are overwritten in this process. Do they expect miracles? Do they, as Kreider claims of the early Christians, expect "successful, prayerful combat with demonic forces"—including empires and plagues?[20] Or do they

19 These accounts draw on fieldwork and archival research conducted at Prairie North Mennonite Church between 2017 and 2019.

20 Kreider, *Patient Ferment*, 109.

offer up petitions, like Johnson pictures, where "no one is tempted to look out the window to see if the world has changed"?[21]

Tina's deathbed thanksgiving for PNMC's regular, corporate recitation of the Lord's Prayer hints at her prayerful expectation, expectation formed by decades praying with PNMC. Full of pain, confused, concerned for family, Tina returned to the simple invocation of "Our Father." Tina clung to the promise of God's nearness, of God's tenderness. These words reassured her that God loved her and was close by.

Johnson offers a final model of prayer, one from beyond our habits of exchange and consumption. This is prayer, she says, as "a kind of encore." In Tina's long life within PNMC, she had heard again and again God's kindness. She had come to know God as one who welcomes her as daughter, who provides daily bread, who delivers from evil. And now, with these words Jesus taught her, she "prays for God to do again what God has been doing."[22] This, for Tina, is the gift of prayer: asking God again for what God delights to do.

The prayers of PNMC certainly, at times, bargain and barter with God. Many other times, they focus mainly on the self, the "strengthening of heart." But alongside and below these ways of praying runs a more fundamental orientation to God's love and God's presence. In asking for healing with a "prayer of faith," the congregation expects most of all that God be present and kind—what God already has been for them. In God-with-them, members of PNMC find hope even in the midst of illness, hurt, and death.

About the author

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21 Johnson, "Interceding," 239.

22 Johnson, "Interceding," 242.

Congregational song

The power to heal, the power to hurt

Katie Graber

Showing strength

In 2020, survivor advocate agency Into Account received reports of prominent Catholic folk composer David Haas's long-term emotional, spiritual, and sexual abuse of dozens of women. At the same time, the committee compiling the new Mennonite hymnal, *Voices Together*, had been planning to include seven of Haas's songs. These included several that appear in *Sing the Journey* and *Sing the Story* and have become heart songs among many Mennonite congregations: "Peace Before Us," "My Soul Is Filled with Joy," "I Will Come to You in the Silence," "Blest Are They," and "Come and Be Light for Our Eyes."

In conversation with Into Account and based on recommendations from survivors, the *Voices Together* committee decided to remove all of Haas's songs from the collection. Both groups further recommend that communities not sing these songs from *Sing the Journey* and *Sing the Story* in corporate worship without serious, survivor-led discussion and reclamation. Hilary Jerome Scarsella (Into Account Director of Theological Integrity) worked with several members of the *Voices Together* committee and Carolyn Heggen (co-creator of Sister Care) to create a resource for communities to navigate discussion and communal changes that can support survivors and disrupt injustice. This resource, called "Show Strength: How to Respond when Worship Materials Are Implicated in Abuse," is available for free download at the MennoMedia website.[1]

1 Hilary Jerome Scarsella, Carolyn Heggen, Katie Graber, Anneli Loepp Thiessen, Sarah Kathleen Johnson, and Bradley Kauffman, "Show Strength: How to Respond when Worship Materials Are Implicated in Abuse," http://voicestogetherhymnal.org/wp-content/uploads/2021/01/Show-Strength.pdf. Since the publication of *Voices Together*, the committee learned that fellow member Tom Harder had been disciplined, and credentials restored, by Western District Conference in 2011–12 for sexual misconduct. Tom was not involved in writing or editing "Show Strength," nor in preliminary decision making around David Haas songs (though he, along with the whole committee, affirmed decisions made by the editorial team). I name Tom here not to shame him but to clarify

Below is an elaboration on some of the ideas in that resource, along with meditations on how music can work toward health and healing.

An important aspect in understanding music's power to heal is recognizing its converse, the power to hurt: the intensely embodied nature of music can be as traumatic as it is uplifting or life giving.

An important aspect in understanding music's power to heal is recognizing its converse, the power to hurt: the intensely embodied nature of music can be as traumatic as it is uplifting or life giving.[2] Worship planners must be cognizant of these contradictory effects in order to care for how people will experience worship, and thus, how they are able to experience God. Caring for one another means caring for each person's embodied experience of worship and creating structures that allow each person to feel whole. According to US and Canadian statistics, as well as member surveys of MCUSA, all congregations include survivors of sexual abuse. Beyond that sobering fact, congregations include people who deal with many kinds of mental health issues and other types of trauma. Attending to the ways music can affect people in worship can help us sustain healthy communities.

Reducing harm

"Show Strength" begins with these words: "We worship a God who shows strength when siding with the oppressed, who lifts up the vulnerable, and who challenges injustice (Luke 1:46–55). God asks us to show strength and stand in solidarity with those who are abused."

A hymnal can offer paths toward healing and hope grounded in justice and solidarity in several ways. The content of songs and worship resources in *Voices Together* includes lament, confession, reconciliation, and hope of many kinds (from enacting and longing for the reign of God to calling for peace and justice in a variety of ways). In addition, the origin of tunes, art, and words can offer a diverse, balanced, and just body of mate-

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his roles, to break silences, and to take seriously the experiences of women affected and harmed by such actions.

2 Lauren F. Winner advises similar caution in her analysis of Eucharist, prayer, and baptism in *The Dangers of Christian Practice: On Wayward Gifts, Characteristic Damage, and Sin* (New Haven, CT: Yale University Press, 2018).

rials for use in worship, thus creating a structure in which we can listen to and worship with many voices.

Throughout the process of compiling and editing *Voices Together*, the committee had conversations about where songs came from and who wrote them. We screened material anonymously as a first step for new-to-us material[3]; then, when we had a list of over one thousand highly rated songs, we used many intersecting criteria to shape a collection that includes a variety of topics and uses in worship from a variety of locations and time periods. We asked questions at the junctions of theology and style: What percentage of songs should come from previous Mennonite hymnals? How many should come from Reformation era writers and before? How many songs should we have in categories like Lent, Advent, gathering, sending, communion, and others?

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In addition to representing a diversity of topics, we strove to include a variety of voices. After anonymous reviews were finished, the committee had many conversations about various balances of contributors: we took care not to include too many items from any one writer, and we considered equity of geographic origin, racial or ethnic background, gender, Anabaptist writers, and more. We sought a wide variety of voices to inform our collection, both for philosophical and material reasons (which cannot be separated, in the end). The reasons for this emphasis include receiving wisdom from many people, financially supporting artists, and encouraging new generations of writers and composers. If women do not see female writers represented in a hymnal, for example, they come to think of hymn writing as a male activity, not for them.

3 Screening was a combination of anonymous and known authors and composers—for example, *Hymnal: A Worship Book* and some other published collections could not be anonymous. Items that were screened by a small number of people and that came through our online submissions portal were anonymized for full committee discussion. Sometimes one or more members of the committee knew who had written a song or text, but often our first conversations about merits and drawbacks were about anonymous items.

When we learned, in the late stages of this process, that seven of our slated songs were written by a man accused of long-term abuse of people and power, it was a serious but not unprecedented conversation. We had already considered questions of songs that have hurt people—for example, we had already decided not to include the song "'Twas in the Moon of Wintertime" because of its complicated relationship to colonialism and misappropriation of Indigenous cultures.[4] We had also decided to restore the words "You've Got a Place at the Welcome Table" to its earlier iteration "I'm Gonna Eat at the Welcome Table" in order to honor its use in African American theology and practice.[5] An analogous question was whether including David Haas's music in *Voices Together* would harm people in our denominations.

Recognizing entanglement

The "Show Strength" resource reads: "A decision not to use worship material written by a perpetrator of sexual violence has less to do with that person or the specifics of that person's behavior and more to do with the well-being of survivors and potential victims."

The *Voices Together* committee decided to remove Haas's songs from the hymnal, but that cannot be the end of the conversation about how songs can affect individuals or about how worship enacts justice. We know that *Voices Together* is not perfect and that many communities use songs and worship resources from beyond denominational collections. Each community needs to process how words and music in worship can either harm survivors or work to support justice. Continuing to worship with songs and prayers implicated in abuse can be retraumatizing for direct survivors and others connected to our communities.

Music has the ability to evoke intellectual, emotional, and physical responses through its materiality and its intersection with discourse. We tend to think of music as immaterial, as if it floats through the air and affects us "in our heads" or "in our hearts." Of course, our heads and

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4 See Katie Graber and Geraldine Balzar, "'Twas in The Moon of Wintertime' Not Included in New Mennonite Hymnal," Menno Snapshots, December 10, 2019, https://www.mennoniteusa.org/menno-snapshots/moon-of-wintertime-mennonite-hymnal/, as well as *Voices Together* accompaniment edition entry on "The Garden Needs Our Tending Now" (#788), for more on this song and why *Voices Together* uses the tune with a new text.

5 For more information, see the reference note to *Voices Together* #801, "I'm Gonna Eat at the Welcome Table," available at VoicesTogetherHymnal.org.

hearts are physical locations. Many say singing is enjoyable because of the bodily resonance and sensations: blending voices, breathing together, and getting goosebumps. These are physical responses to material stimuli, and at the same time, chills might be from the meanings and memories associated with the songs. Words, actions, and physical responses are inseparable. Our reactions to situations are influenced by our physical bodies (including our chemical and neurological makeup, distinctions of size or age, or circumstantial factors such as how tired we are) as well as our past experiences (which include words as well as physical experiences).

Music has the ability to evoke intellectual, emotional, and physical responses through its materiality and its intersection with discourse.

While drafting "Show Strength," Hilary Jerome Scarsella wrote, "Continuing to sing songs implicated in abuse can cause serious injury. It enacts connections; it can trigger visceral memories and cause pain. It demonstrates that the violence survivors have suffered is not understood or cared for by your community. Unreflectively continuing to use such songs and prayers in worship also passively forms your community to be unresponsive to the reality of sexual violence, thereby damaging all members and enabling abuse."

We make meaning through actions (such as singing), and every action happens in relation to other beings and objects. Actions can involve thought, physical movement, and words—discourse and material existence are not separate. Physicist and philosopher Karen Barad argues that nothing is separate; everything arises through interaction—she coined the term *intra-action* to emphasize a reality where there is no prior or separate existence. She argues that this entanglement is central to the way the universe works: "To be entangled is not simply to be intertwined with another, as in the joining of separate entities, but to lack an independent, self-contained existence."[6] She writes not only of humans being entangled with one another but also of our existence being deeply created by everything around us.

Within Christian imagination, entanglement can be seen as the idea that all creation and selfhood arises from the single source of God's

6 Karen Barad, *Meeting the Universe Halfway: Quantum Physics and the Entanglement of Matter* (Durham, NC: Duke University Press, 2007), ix.

thought, speech, and breath. It describes the community we strive for, where everyone's joys and pains are shared. Recognizing the deep material relationship to music helps us understand both our entanglement with music and our entanglement with one another through music. What we sing has a material (and therefore spiritual) impact on individuals and on the ways we relate to one another.

Worshiping justly

"Show Strength" encourages communities to "embrace this as an opportunity not only to decide whether you will sing a specific song, but also to think about ways to build greater solidarity with survivors."

Because we follow a God who calls for justice, our worship must embody justice. "Show Strength" outlines steps in a survivor-centered response, as well as some verbal, structural, and embodied changes to worship that have the potential to disrupt injustice. These include regularly engaging the topic of sexual violence in worship and community life, providing opportunities for pastoral conversations, ensuring policies such as background checks that protect vulnerable people, and more. Each community will need to engage in conversations about what this looks like in their local context.

There is great potential for hope and healing through music, but it is not a simple process. Whether or not a congregation plans to adopt *Voices Together* in the near future, everyone should have a conversation about how their worship may contribute to either healing or harm—how it may support justice and help build healthy, entangled communities. The work of redefining our relationships with songs and resources implicated in abuse is difficult, and it is work that we are not meant to carry alone. As communities across North America engage in this discussion, we are reminded that this is yet another opportunity to sing justice, stand in solidarity, and show strength.

About the author

Katie Graber is a music historian who studies race and ethnicity in a variety of contexts from Mennonite music to European opera. She was the intercultural worship editor of *Voices Together* and now leads webinars and short courses about *Voices Together* and related topics as co-director of Anabaptist Worship Network. She lives in Columbus, Ohio, where she attends Columbus Mennonite Church and teaches courses at Ohio State University.

Freed from bleeding

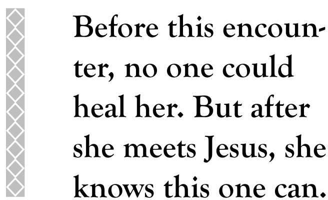
A homily on Mark 5:25–34

Janet Abai

The woman's bleeding

We see a woman who is enslaved by affliction but decides to look beyond that barrier to healing. Her slave master, bleeding, is brutal to her. This owner has led her to into "enduring much at the hands of many physicians" (Mark 5:26). This slave master has brought pain and penury as her co-owners. These deadly companions have owned and ruled her for twelve years. While twelve years may not seem like a long time, consider this: 144 months of blood; 4,383 days of smelly blood; 105,190 hours of blood, blood, smelly blood, draining life from her body.

May I suggest that, in addition to time, is theft: this slave master takes from the woman everything but gives her nothing but brokenness, pain, and penury. But regardless of this time wasted, this theft, the woman refuses to be subject to bleeding, to hiding, to penury, to shame. For a decade and two years, restrictive boundaries and obstacles seem to be winning over her healing. Even though she has spent all that she had, she only grows worse. Life is dripping out of her body until she finally encounters life himself.



Before this encounter, no one could heal her. But after she meets Jesus, she knows this one can. She believes her breath is a steady promise—a promise of hope for a better tomorrow. She hears about Jesus. She comes into the crowd, the obstacles, the pain, the affliction, the poverty, the shame, the uncertainties, the diagnosis, the prognosis, the loneliness, the confusion, the heartbreak, the fears, the discouragement, and the smell. She comes up behind the Master-physician and pushes through the barrier of space, distractions, culture, physicians' verdicts, the crowd. Instantly, she receives a healing beyond boundaries. Jesus honors her, her flow of blood is dried up, and she knows and feels that she is healed of

her affliction. This is healing beyond boundaries. She is freed from years of bleeding.

My bleeding

As with the women in this story, in December 2019, I felt like I had paid all of my dues and yet was still a debtor. The prognosis I received from two hospitals made me feel empty, confused, lonely, and overwhelmed. I felt like a little David before the giant of my bleeding. I was afraid. I was afraid of how my family would take it. I was afraid for the husband I am yet to marry and the kids I am yet to bear. The enemy terrorized my mind with fear, worry, and discouragement.

Everything seemed dark. I didn't see a way out. Beyond confused, I felt empty-handed, disempowered, disengaged, and deeply disappointed. I was disappointed at God. I wondered if this God still loved me, still saw me. I wondered if this God valued me and my wholeness in any way. In the muddy valley of this trial, my faith, confidence, words, glow, laughter, concentration—all of it began to leak. The only thing I had left was a faint hope based on God's promises to me. I only had the testimonies of how I have seen God move, the prayers of a supportive community, and the love of my family, even though it was from afar.

Like the hemorrhaging woman, I did not stop reaching out to this God who seemed far away, even though on so many occasions it seemed like my agonizing prayers were just hitting the air and bouncing back at me.

My soul, body, and spirit felt paralyzed. Like the hemorrhaging woman, I did not stop reaching out to this God who seemed far away, even though on so many occasions it seemed like my agonizing prayers, my silent desires were just hitting the air and bouncing back at me. It felt like I was just wasting my time.

To make matters worse, a few Christian friends tried to discourage me from stretching my mustard seed–like faith. Some of them said, "Maybe this is why God brought you to the United States—not for graduate school but to give you a better health care system to treat cancer." Others said to me, "If you have faith, you will accept this cancer prognosis as the will of God and stop trying to live in denial." Still others said that it was not holy to deny God's will for sickness in our lives. None of them talked about

Bible characters like this women—people who received healing, hope, and restoration due to their act of faith.

Ultimately, their one-sided "Christian advice" dragged me further into despair, fear, confusion, and anxiety. However, something in me refused to give up. Something in me wanted still to reach out to this God of healing, even though it felt like God was lost in the crowd. Miraculously, the day I was scheduled for a biopsy was the day my story began to change. I was told that a different specialist looked at my latest test result and suggested something different. By the end of the week, this God of hope, healing, and mysterious mercy decided to heal me of that which plagued my soul. I was redirected to have a different test, and the result came out negative for the previous prognosis.

Praise the God of healing, hope, and restoration! Beyond any boundary, as with the woman with the issue of blood, God allowed my poor, frail, bloody hand to touch God's garment. And God made me whole. Jesus freed me from my bleeding.

Your bleeding

Have you ever felt like you paid your dues yet you remained a debtor? Have you had a situation where your knowledge, culture, family, wealth, and exposure all failed you? Have you felt like a little David before the giant of your bleeding? How long have you been hemorrhaging? What is leaking from your life, your soul, your body, your spirit? Loved ones? Marriage? Children? From where is the blood oozing?

As with the religious people who tried to stop the woman in Mark from reaching out her tired hand, have you contributed to delaying or disrupting other people's healing with your churchy advice? How has your availability (or unavailability) contributed to someone's health, healing, and hope (or not)? What types of healing are you still anticipating or experiencing? You are not alone. Jesus can heal you from your bleeding.

About the author

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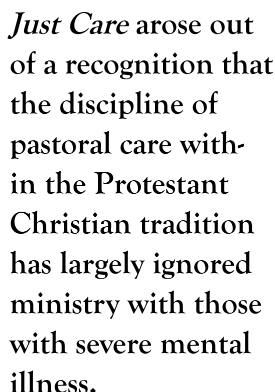
Ethical, anti-racist pastoral care with women with mental illness

A research note on *Just Care*

Leah R. Thomas

During the years of 2009–2017, I was a chaplain at an in-patient psychiatric facility.[1] Repeatedly, I found myself in fraught conversations with other chaplains about how "best" to care for the patients with whom we were ministering—particularly when these patients lived at the intersection of multiple marginalizing forces: they were women, frequently of color, from limited economic means, and struggling with severe mental illness. The presence of violence was also often a part of their narrative. What did it look like to offer care that honored their unique social location and also was attentive to the surrounding culture—both of the larger society and of the in-patient facility itself? Where could we go to find answers to these questions? Conversations like these led me to the research that is at the heart of my book *Just Care: Ethical Anti-Racist Pastoral Care with Women with Mental Illness*.



***Just Care* arose out of a recognition that the discipline of pastoral care within the Protestant Christian tradition has largely ignored ministry with those with severe mental illness.**

Just Care arose out of a recognition that the discipline of pastoral care within the Protestant Christian tradition has largely ignored ministry with those with severe mental illness. When it has addressed this area, it has tended to lack attention to the larger social and cultural dynamics that surround, frame, and interpenetrate these encounters. Attending to these larger dynamics is increasingly important, particularly when the care seek-

1 This article is a summary of my book *Just Care: Ethical Anti-Racist Pastoral Care with Women with Mental Illness* (Lexington/Fortress 2020). These concepts are explored in a more in-depth manner in the chapters of *Just Care*.

er is a woman of color. *Just Care* proposes a psychosocial spiritual model of caregiving that remains aware of and attuned to these larger factors.

Interviews

As I began to research this topic, my "fraught conversations" evolved into eighteen interviews with psychiatric caregivers in a northeastern state in the United States. These caregivers expressed a number of sentiments. First, they spoke of the predominance of the Western medical model in their ministry. They were united in their assertion that they endeavored to hold the full humanity of women in a system and on a team that they perceived to be reductionistic. Another factor that was not overtly articulated, but was something I observed, was the notable absence of reflection on racial and cultural dynamics within the pastoral encounter. During the interviews, it was apparent that many white chaplains could not even speak about the concept of race, much less reflect on the ways it might be influencing and impacting their care.

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Of the fourteen white people who were interviewed about times when racial or cultural dynamics emerged in their interactions, half of them (seven) answered the question about racial dynamics by either denying that race was a factor in the pastoral encounter or shifting the topic to other issues, including socioeconomic, gender, sexual orientation, or religious diversity. Of the remaining seven, five did offer a brief reflection on racial dynamics, but often they did not spend more than one sentence on their own racial identity. Only two offered in-depth reflections on the racial dynamics in their encounters.

By contrast, the voices of chaplains of color easily offered insights on the role of race and racism in the pastoral encounter. They spoke of the myriad ways that racism affected and interacted with mental health and diagnosis, including attention to the role of racism-induced stress in the

etiology of mental illness, links between racism and institutionalization, and the overrepresentation of those in poverty in custodial institutions.[2]

Research

Other research in the area of psychiatric chaplaincy supports the themes that emerged from these interviews. The dominance of the Western treatment model is widely attested to, and pastoral theologians have had a variety of responses to this reality. Among these responses are those who have attempted to learn more about the intricacies of diagnosis, with the aim of engaging in a dialogue between ministry and psychiatry. Books like *Ministry with Persons with Mental Illness and their Families* and *The Minister's Guide to Psychological Disorders and Their Treatments* are emblematic of this trend.[3] In their quest to learn more about psychological disorders, however, these scholars have largely remained within the Western medical model.[4]

Scholars within the fields of both psychiatry and pastoral care also note that connections between a diagnosis of mental illness and concepts of race, gender, culture, and socioeconomic class have not been adequately addressed. As I note in *Just Care*, women are more frequently diagnosed with mental illness than men,[5] and women who are disadvantaged by poverty or who are of color are more likely than white women of higher socioeconomic strata to experience mental disorder and less likely to seek

2 See Kenneth P. Lindsey and Gordon L. Paul, "Involuntary Commitments to Public Mental Institutions: Issues Involving the Overrepresentation of Blacks and Assessment of Relative Functioning," *Psychological Bulletin* 106, no. 2 (1989): 171–83, quoted in John Townsend, "Racial, Ethnic, and Mental Illness," in *Mental Health, Racism and Sexism*, edited by Charles V. Willie et al. (Pittsburgh: University of Pittsburgh Press, 1995), 133.

3 Robert H Albers, William H. Meller, and Steven D. Thurber, eds., *Ministry with Persons with Mental Illness and their Families* (Minneapolis: Fortress, 2012); W. Brad Johnson and William L. Johnson, *The Minister's Guide to Psychological Disorders and Their Treatments*, 2nd ed. (New York: Routledge, 2014).

4 Another group of pastoral caregivers has effectively sidelined the concept of diagnosis, harboring a sense of inadequacy about their ability to minister with people who have mental illness. Yet in doing so, these caregivers and scholars also do not trouble the basic assumptions and values that undergird the Western medical model.

5 See *Just Care*, 2. This phenomenon has been explored in Daniel Freeman and Jason Freeman, *The Stressed Sex: Uncovering the Truth about Men, Women, and Mental Health* (New York: Oxford University Press, 2013), in which the researchers analyzed twelve large-scale surveys from the United Kingdom, United States, Europe, Australia, New Zealand, South Africa, and Chile. With results that were fairly consistent across race and culture, their findings show that women appear to experience psychological disorder 20–40 percent more frequently than men.

treatment.[6] Women with mental illness—particularly those in psychiatric institutions—exist at the intersection of multiple dehumanizing systems. Christie Cozad Neuger draws connections between the onset of mental illness and social forces, particularly those stressors that tend to be more common among women, such as intimate violence and generational poverty.[7] When women of color enter a psychiatric facility, they are also more likely to end up misdiagnosed than their white counterparts, increasing the likelihood that they will receive pharmacological intervention rather than other forms of therapeutic intervention.[8] When they are discharged, they are more likely to endure poor living conditions or have issues with their physical health.[9] Yet, realities such as this are rarely recognized within systems of diagnosis within the psychiatric hospital and within pastoral caregiving. The majority of pastoral caregivers within psychiatric facilities are also white, practicing ministry in the midst of populations that reflect a significant amount of racial and ethnic diversity.

> **When women of color enter a psychiatric facility, they are more likely to end up misdiagnosed than their white counterparts.**

6 See Nancy Grote et al., "Engaging Women who are Depressed and Economically Disadvantaged in Mental Health Treatment," *Social Work* 52, no. 4 (2007): 295–308; Ronald C. Kessler et al., "A New Perspective on the Relationships among Race, Social Class, and Psychological Distress," *Journal of Health and Social Behavior* 27 (1986): 107–115; Stevan E. Hobfoll et al., "Depression Prevalence and Incidence among Inner-city Pregnant and Postpartum Women," *Journal of Consulting and Clinical Psychology* 63 (1995): 445–53.

7 See Christie Cozad Neuger, *Counseling Women: A Narrative, Pastoral Approach* (Minneapolis: Augsburg Fortress, 2001).

8 As I note in chapter one of *Just Care*, both Blacks and Hispanics are more likely to be diagnosed with schizophrenia than whites. See Aana Vigen, *Women, Ethics and Inequality in U.S. Healthcare: "To Count Among the Living"* (New York: Palgrave, 2006), 3. As Vigen notes elsewhere, "Both US and British psychiatrists are more likely to prescribe antipsychotic medications, hospitalize involuntarily, and place nonwhite patients in seclusion once hospitalized than their white counterparts, independent of appropriateness of clinical factors," quoting Michelle Van Ryn, "Research on the Provider Contribution to Race/Ethnicity Disparities in Medical Care," *Medical Care* 40, no. 1 (2002): I-140–I-151, I-142.

9 See Enric J. Novella, "Mental Health Care and the Politics of Inclusion: A Social Systems Account of Psychiatric Deinstitutionalization," *Theoretical Medicine and Bioethics* 31, no. 6 (2010): 411–27.

The centrality of justice in pastoral care

Given these realities, *Just Care* asserts that a commitment to justice is *foundational* for ethical pastoral care with women in psychiatric institutions. How do we practice care that embodies the centrality of justice amid systems that are frequently unjust? Here I find it important to turn to insights from feminist, womanist, and liberationist scholars of pastoral care and Christian social ethics. These two interdisciplinary conversation partners provide a lens by which to recognize both the individual and systemic components of the relationship between the pastoral caregiver and the woman, components that must be addressed if we are to offer care that has justice at its center.

***Just Care* asserts that a commitment to justice is *foundational* for ethical pastoral care with women in psychiatric institutions.**

Feminist, womanist, liberationist, and intercultural pastoral theologians recognize that the discipline of pastoral care itself has historically been dominated by an androcentric, individualistic approach that has been defined by whiteness, patriarchy, privilege, and US and Western European cultural values. They reveal how these models have been inattentive to broader social systems and to the needs of women and other marginalized groups, and they have responded by advancing communal, contextual paradigms that are attentive to race, gender, and class.[10] Likewise, the emphases of Christian social ethics—the "structures, institutions, processes, systems, and the ways in which individuals and groups both

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10 See Stephen Pattison, *Liberation Theology and Pastoral Care* (Cambridge: Cambridge University Press, 1994); Jeanne Stevenson Moessner, *In Her Own Time: Women and Developmental Issues in Pastoral Care* (Minneapolis: Augsburg Fortress, 2000); Christie Cozad Neuger, *Counseling Women*; Sheryl Kujawa-Holbrook, ed., *Injustice and the Care of Sounds: Taking Oppression Seriously in Pastoral Care* (Minneapolis: Augsburg Fortress, 2009); Joretta Marshall and Duane Bidwell, eds., *The Formation of Pastoral Counselors: Challenges and Opportunities* (New York: Haworth, 2006); Emmauel Lartey, *In Living Color: An Intercultural Approach to Pastoral Care and Counseling*, 2nd ed. (New York: Kingsley, 2003); Carrie Doehring, *The Practice of Pastoral Care: A Postmodern Approach*, rev. ed. (Louisville: John Knox, 2014); Caroll Watkins Ali, *Survival and Liberation: Pastoral Theology in African American Context* (St. Louis: Chalice, 1999); Phillis Isabella Sheppard, "Fleshing the Theory: A Critical Analysis of Select Theories of the Body in Light of African American Women's Experience," PhD diss., Chicago Theological Seminary, 1997; and Phillis Isabella Sheppard, *Self, Culture and Others in Womanist Practical Theology* (New York: Palgrave MacMillan, 2011).

respond and shape them"[11]–are crucial to an analysis of pastoral care with women with mental illness. Christian social ethics provides a necessary corrective lens to the historic bias of pastoral care, which has tended to focus on the individual. Christian social ethics also points toward the transformation of the larger systemic reality. In the words of Emilie Townes, a womanist ethic "is never content to merely react to the situation: it seeks to change the situation."[12]

Yet, within both of these fields, there is often little attention to those with severe mental illness.[13] What would it mean to expand the focus of pastoral caregiving with women to include the presence of severe mental illness and its relationship to the Western medical model, including the structures, institutions, and systems that surround it? *Just Care* attempts to expand this discourse by placing the voices of psychiatric caregivers at the center of its moral discourse. It puts these voices into dialogue with feminist, womanist, and intercultural scholars of pastoral care and feminist and womanist scholars of Christian social ethics to form a trialogue. This model holds in tension the particularity of each encounter with the systemic factors that surround and permeate this encounter in order to provide ethical anti-racist pastoral care.

What would it mean to expand the focus of pastoral caregiving with women to include the presence of severe mental illness and its relationship to the Western medical model?

Pastoral care and race

Attention to the work of both Christian social ethicists and psychologists provides context for and analysis of the responses of the white people

11 Emilie Townes, *Breaking the Fine Rain of Death: African American Health Issues and a Womanist Ethic of Care* (New York: Continuum, 1998), 2.

12 Emilie M. Townes, "Living in the New Jerusalem: The Rhetoric and Movement of Liberation in the House of Evil," in *A Troubling in My Soul: Womanist Perspectives on Evil and Suffering*, ed. Emilie M. Townes (New York: Orbis, 2001), 84.

13 While feminist, womanist, and intercultural scholars of pastoral care have focused much on contextual analyses of women and trauma, the presence of severe mental illness (beyond trauma) is frequently not a focus. Christian social ethics is frequently attentive to a systemic analysis of health and healthcare, including the ways in which this system disadvantages women; yet very little in the discourse around health in social ethics addresses severe mental illness.

who had difficulty speaking about race. Jen Harvey's examination of the historical rise of the term *white*,[14] alongside explorations of white dominance and white privilege by Traci West,[15] note that the term *white* came into existence to justify the systemic violence and oppression of those with darker skin through the institution of slavery. Christians continued to support and justify systemic racial violence through both their interpretations of the Bible and liturgical practices. The term *white* is therefore not a neutral term; it is the product of racially motivated violence and oppression, from which white people continue to benefit (both materially and socially). Because white people have not engaged in a communal disruption and refusal of white privilege, to be white is "to exist in a state of profound moral crisis."[16]

Alongside insights from Christian social ethicists like Harvey and West, Derald Wing Sue, a psychologist, draws on the research of Eduardo Bonilla-Silva to offer possible explanations for the reactions of whites when confronted with questions regarding race and racial identity.[17] When white people recognize that they are part of a system that advantages themselves (while disadvantaging people of color), they are confronted with emotions such as fear, guilt, and defensiveness. As such, whites tend to turn toward avoidance, ignorance, distortion, and rationalization rather than engage in the difficult work of confronting their own racial identity. Intersectional analyses, particularly those focused on the impact of race and racialized dynamics, have yet to be applied to the particular situation of women caught in the

Intersectional analyses, particularly those focused on the impact of race and racialized dynamics, have yet to be applied to the particular situation of women caught in the culture of the psychiatric hospital.

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14 Jennifer Harvey, *Dear White Christians: For Those Still Longing for Racial Reconciliation* (Grand Rapids: Eerdmans, 2014), 56.

15 Traci C. West, *Wounds of the Spirit* (New York: New York University, 1999).

16 Harvey, *Dear White Christians*, 56.

17 Eduardo Bonilla-Silva, in "Linguistics of Color Blind Racism: How to Talk Nasty about Blacks without Sounding 'Racist,'" *Critical Sociology* 28 (2002): 41–64, proposes what he terms "color-blind racism." Color-blind racial attitudes allow whites to deny their advantage and maintain the veneer of racial equality and meritocracy. Among characteristics of color-blind racism are "rhetorical incoherence," which is characterized by "grammatical mistakes, lengthy pauses, and repetition in speech when discussing sensitive racial issues" (58).

culture of the psychiatric hospital. *Just Care* invites the analyses of Harvey, West, Bonilla-Silva, and Sue into conversations around the responses of white chaplains in my interviews, offering potential explanations of their noticeable difficulty in conversing around race. These insights provide a starting point for addressing some of the inter- and intra-personal dynamics that are central to anti-racist, justice-centered pastoral care.

The practice of *Just Care*

Just Care prioritizes the place of power, race, gender, and class as "necessary theoretical tools" in an analysis of the presence (and absence) of justice.[18] The core components of the practice of *Just Care* spring from this wider commitment as follows:[19]

1. *Care that begins with the woman. Just Care* first and foremost recognizes the beauty, sanctity, and dignity of each woman who resides in a psychiatric hospital. Caregiving must begin with the sacredness of their stories, alongside respect for the immense stressors under which they live. It also recognizes the intersection between these stressors and a larger culture that can reduce and infantilize them due to their gender, race, mental illness, or socioeconomic status.
2. *Awareness of the chaplain's own social position, cultural context, and embedded and lived theologies. Just Care* privileges the intentional exploration of the caregiver's own social positionality, cultural context, and embedded and lived theologies, notably those factors that cause her to see the other through the lens of her own experience. It advocates for both membership in accountability groups and education about how race, culture, and gender impact communication styles to aid caregivers in this journey.
3. *Care that is both communal and individual.* Communal care recognizes that a society marked by intersections of patriarchy, racism, and classism renders certain groups of women stigmatized and disenfranchised in intensely complicated ways. The system of psychiatric diagnosis has evolved within this society

18 Townes, *Breaking the Fine Rain of Death*, 1.

19 For the purpose of this article, these are brief summaries of these concepts. For a more in-depth exploration of each of these factors, see *Just Care*, chapter 4.

and can be a reflection of these dynamics. Diagnosis can also function as a tool for dismissal of communal responsibility for the care of women with mental illness.[20] *Just Care*, in its commitment to communal care, asserts the moral responsibility of communities to challenge those structures that create stressors in women's lives that may culminate in mental illness and institutionalization of women. At the same time, it also privileges the ways that the one-on-one encounter between the caregiver and care seeker has the potential to be transformative in the lives of both parties.

4. *Care that is attentive to the intersection of culture, gender, race, and class. Just Care* notes that factors such as racism, sexism, heterosexism, and classism intersect in a particular way in the lives of women who are institutionalized in a psychiatric hospital, which itself has a regulated culture that might be influencing (or rendering invisible) the above factors. For example, African American women may exhibit different signs and symptoms of depression (or of the presence of intimate violence in their lives) than standards that put white people at the center would indicate.[21] A racial and cultural analysis must be present in every part of the interaction between the caregiver and care seeker. This commitment requires that the caregiver explore not only the emotional and spiritual health of women but also tangible, recurrent concerns (such as employment and housing discrimination). As noted by West, if the healing process for women of color does not incorporate material realities, it "will be perpetually unsatisfactory and insufficient."[22]

5. *Care that recognizes the power of encounter.* Neuger notes that, in the context of a caregiving encounter, belief in what a woman is saying is fundamental to helping her gain "voice

20 West asserts that when anguish becomes collapsed with psychotic behavior, it becomes "a scientifically validated method of community dismissal" (*Wounds of the Spirit*, 124).

21 Townes draws on Pouissant to note that, while Black women experience depression, the symptoms are frequently manifested differently. Black women, for example, may experience increased activity as opposed to lethargy, lack of interest in activities, and trouble eating or sleeping (*Breaking the Fine Rain of Death*, 155).

22 West, *Wounds of the Spirit*, 177.

and agency."[23] This is even truer in a psychiatric setting. The caregiving relationship must be rooted in empathy, alongside a commitment to enter the world of the woman experiencing hallucinations or delusions in order to "seek to find the essential human being lost in the seemingly uncanny."[24] *Just Care* holds up the power of encounter as generative of something larger than each of the participants, aiding both participants in an exploration of a life-giving relationship with themselves, the other, and God.

6. *Care that has an expansive view of health and healing.* A commitment to the interconnected and expansive nature of health, as well as resistance to anything that seeks to reduce the woman's health to a one-dimensional concept, is an important component of *Just Care*. *Just Care* seeks the health and well-being of the entire woman—mental, emotional, spiritual, and physical. It also builds on Townes to propose that "health is not simply the absence of disease—it comprises a wide range of activities that foster healing and wholeness."[25] Health is rooted in relationships and activities that foster dignity and wholeness *in the midst* of mental illness. *Just Care* advocates for a definition of health that incorporates an expansive notion of the self, which includes a woman's racial identity, gender identity, sexual orientation, and culture, alongside her physical, mental, emotional, and spiritual health.
7. *Care that is advocacy oriented.* Chaplains overwhelmingly spoke of the importance of being an advocate for the patient, both within the hospital and concerning issues of discharge. *Just Care* recognizes that voices of resistance are frequently subsumed in larger bureaucracies that can flatten and de-politicize these dissenting voices. At the same time, *Just Care* follows the lead of Stephen Pattison and his recommendation that advocacy within the hospital involves embracing what many chaplains are already doing—that is, raising their voice in protest of the system that engages in a reductionistic view

23 Cozad Neuger, *Counseling Women*, 89.

24 Michael Garrett, "Introduction: Psychotherapy for Psychosis," *American Journal of Psychotherapy* 70, no 1 (2016): 3.

25 Townes, *Breaking the Fine Rain of Death*, 2.

of women, as well as advocating that the patient be taken seriously when decisions about her are being made.[26] A commitment to advocacy as a component of *Just Care* prompts chaplains also to engage in social and political activities that direct society's attention and resources toward women who are mentally ill, including (but not limited to) the education and mobilization of church communities.

8. *Care that puts spirituality at the center. Just Care* holds that it is in and through religion and spirituality that healing and integration can occur (though this does not preclude other sources of healing). It recognizes that spirituality is a source of strength for many women who experience mental illness, particularly for women of color. For other women, the presence of mental illness can cause them to feel that they have been abandoned by God. In either case, spirituality provides an entry point from which to commence an analysis of meaning, a way in which the care seeker can begin to make sense of her journey, quest, purpose, and relationships in her life. Ultimately, the caregiver seeks to journey with the woman to uncover those aspects of her spirituality that draw her closer to her "source of meaning, value, hope and transcendence" while also being able to name those aspects that draw her away from emotional, spiritual, and psychological health.[27] *Just Care* also recognizes that assessments of the "health" of religious beliefs must be contextual and informed by analyses that are attentive to racial, cultural, gendered, and socioeconomic factors. In any of these circumstances, however, religious beliefs that do not emphasize women's inherent dignity and self-worth would need to be interrogated.

The components of *Just Care* create a tangible, ethical practice of care that has the potential not only to impact caregiving with women with mental illness but also to invite reflection on the current education and training of chaplains and the racial and gendered composition of chaplaincy staffs. Ultimately, *Just Care* invites caregivers to embrace a model of caregiving that seeks to hold the full humanity of the woman by offering

26 Pattison, *Pastoral Care,* 179–182.

27 John Swinton, *Spirituality and Mental Health Care: Rediscovering a Forgotten Dimension* (Philadelphia: Kingsley, 2001), 172.

contextually sensitive care that also honors the power and sacredness of individual encounter.

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Book Review

Drew J. Strait

Matthew Thiessen, *Jesus and the Forces of Death: The Gospels' Portrayal of Ritual Impurity within First-Century Judaism*. Grand Rapids: Baker Academic, 2020.

It is not very often that a meme goes viral on social media among New Testament scholars. Recently, however, one struck a nerve. The image is a professor playing a massive tuba toward a student whose head is stuffed inside the horn's bell. The musician represents New Testament professors, and the horn represents their message to students: "They're Jewish texts!"

The meme's message is simple yet profound. Centuries of de-Judaizing Jesus have distorted the Jewish world of Jesus and the schools of Jewish disciples who wrote his life, death, and resurrection into history. It was not until the past fifty years that scholars have begun to confront and correct such anti-Judaism. Yet cracks in our understanding remain. One place where these cracks are felt is Jesus's attitude toward Jewish purity laws—ancient Levitical codes that Christians have caricatured as legalistic, cumbersome, and even embarrassing. In portraying Jewish purity laws as legalistic, Christians have built a dangerous binary: Jesus represents love and compassion, while Judaism represents legalistic religion. Put differently, Jesus represents grace and inner spiritual flourishing, while Judaism represents tired, works-based righteousness.

In *Jesus and the Forces of Death*, Matthew Thiessen sets out to correct this caricature. At the heart of Thiessen's thesis is the claim that Jesus was not operating *against* Jewish purity laws but, rather, *within* them. To substantiate this thesis, Thiessen maps Jesus's world, showing how Jewish purity laws reflect a holy God who cannot co-exist with ritual impurity (that is, unavoidable and contagious contamination with the impure—for example, corpses, skin disease, death, reproductive or genital discharges) or moral impurity (that is, avoidable contamination with idolatry, adultery, murder, and so on). To expunge the harmful effects of such impurities from among the people of God, purity laws were enacted to "preserve God's presence among his people" (11). The context here is key: for Thiessen, Jewish purity laws were a "compassionate" and "benevolent" system designed to empower the people of God to co-exist with a holy

God, whose presence "could be of considerable danger to humans if they approached God wrongly" (11). Ritual impurities, then, "represent the forces of death," and the ritual purity system was "foremost about life with God and was therefore a matter of life and death" (16, 18). Herein lies our paradigm shift: Jewish purity laws exist to empower relationship with God rather than detract from it.

With this context in mind, Thiessen interrogates Jesus's confrontation with the ritually impure in the gospels. In these well-known stories, Thiessen argues that Jesus is not challenging or replacing the temple's role in removing the effects of sources of impurity. Instead, Jesus goes for the jugular, unleashing a force of holiness "that goes on the offense against impurity" at its source—namely, death (180). In going for the source of impurity, Jesus reflects the arrival of God's kingdom, a sphere of holiness where death will no longer exist. The logic here is key: Jesus does not supersede Judaism (supersessionism); rather, the "old cosmos was being superseded by a new creation in which Satan and his demons, death and sin . . . would no longer exist" (183). Jesus, then, does not operate in opposition to the Jewish law and the Jerusalem temple. Rather, "they are all on the same side in a battle—a battle between Israel's God and the forces of impurity" (180).

In going for the source of impurity, Jesus reflects the arrival of God's kingdom, a sphere of holiness where death will no longer exist.

So what does *Jesus and the Forces of Death* mean for pastor-theologians leading out under the crushing weight of an international pandemic? Three things stand out for me. First, the COVID-19 virus has confronted our daily routines with the insurmountable challenge of death. At no point in my lifetime has death by disease felt so pervasive, lurking at our doors. While the modern world has developed ingenious tools to mitigate death's devastating effects, we ultimately cannot escape its grasp. This reality is a sobering reminder of our mortality. On the other hand, it reminds us that the church *really does have a message of good news to offer the world*. Perhaps some of us are jaded (myself included) by the ways Christians have reduced the gospel to eternal life (while turning a blind eye to the suffering of our neighbors in this world). Still, I am left wondering what it would like for us to craft fresh language about God's unleashing of holiness against death for this moment—for a world caught in the gaze of our mortality. *Jesus and the Forces of Death* begs us to do this hard work.

Second, life under pandemic has animated the death-dealing structural inequalities that pervade our globally connected world. Death is sneaky. It creeps into our corporate identities, creating hierarchies of power and systems of domination. Here I am especially thinking of health care systems and predatory insurance companies who have commodified the sick and vulnerable for personal enrichment. Jesus had a lot to say about money; he also had a lot to say about death and exploitation. Not once, to my knowledge, did Jesus commodify the vulnerable for monetary gain. What would it look like for the church to contest the powers that exploit by giving freely to the vulnerable in abundance, by advocating for equitable vaccine distribution, and by confronting death's structural inequalities by paying off medical debt? *Jesus and the Forces of Death* paints a portrait of a God who cares deeply about our bodies—warts and all.

Third, *Jesus and the Forces of Death* reminds us that the church has a shameful history of caricaturing Judaism. Thiessen illuminates how pervasive anti-Judaism is in Christian interpretations of Jewish purity laws. But there are other binaries in discourses of Christian anti-Judaism to which we need to attend as well. For example, some Christians caricature Judaism as xenophobic or ethnocentric and Christianity as inclusive and universal. Still others paint Judaism as inherently violent and Christianity as peaceful. These binaries contribute to toxic theologies that can produce gross distortions of Christian origins. They can also lead to perverse manifestations of racialized power, including white supremacy. As Willie Jennings has forcefully argued, to worship the God of Israel as a gentile is to worship someone else's God. We are guests at the table, and learning to read the Bible responsibly as a guest demands (re)learning to read the life of Jesus with Jewish sensibilities. We are indebted to Matthew Thiessen for pushing us in this direction.

About the author

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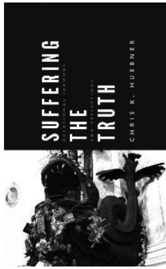

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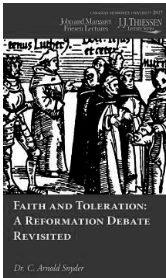

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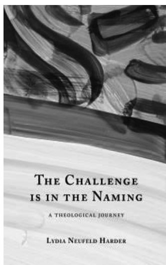

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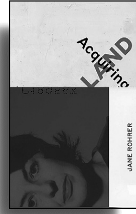

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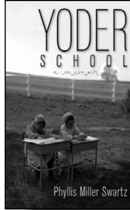

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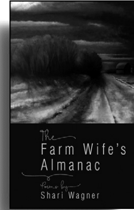

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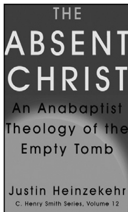

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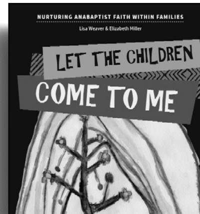

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