Let’s begin with an interview clip of the television host and psychologist Phil McGraw, widely known in the U.S. as “Dr. Phil” (not to be confused, by the way, with the British comedian Dr. Phil Hammond: doctor, journalist, broadcaster and comedian best known for his humorous commentary on the British National Health Service). This interview of – not by – the American “Dr. Phil” took place in August, 2009 on the syndicated television show of the Dallas, Texas megachurch pastor, Bishop T.D. Jakes.¹

Jakes: “Well, we’re excited and we’re delighted to have an opportunity tonight to talk with a gentleman that you no doubt have seen on television around the world. He is to me the nation’s therapist, counselor who steps in in crisis and critical situations. He has been on Larry King and all types of other news outlets, is just known phenomenally. I feel ridiculous trying to introduce somebody that everybody already knows. Dr. Phil is in the house, Y’all. Give it up!” [applause]. “First of all, I want to thank you on behalf of Paul and Jan for being here, uh, at TBN. We’re delighted to have you, Sir.”

McGraw: “Well, I’m proud. I’m proud to be here, and I’m glad you stopped that introduction. My dad used to say the longer they spend introducing you the less you’ve done in your life. [laughter]. I was starting to get worried that I was falling back with all those kind words of praise. I appreciate it.”

Jakes: “You have done a whole lot, a lot of incredible things, and seem to be a bionic person in all that you’ve been able to do. I wanted to start just a little bit and, um, first of all to, to thank you for the contribution that you made to television today in providing an up-close, personal opportunity for many, many people who will never sit with a therapist or a counselor and get

an opportunity to get perspectives—they can turn on the television and get your wisdom and insight and we appreciate that so much” [applause].

McGraw: “There, there’s always seemed to be this historical friction, uh, between science and religion, between science and spirituality, and, uh, that’s just something that I discarded a long, long time ago. Uh, you know, my faith and my personal relationship with Jesus Christ is so important to me that it gives me the strength to do what I do. I have to tell you that a lot of times I’ll say things on the show that I’m hearin’ for the first time the same time the guest is hearin’ it ‘cause I’ve just been given that, those words, I’ve been given that insight [applause], um, at that, at that moment. And, you know, I’ve found if you sometimes will just be still and listen instead of flappin’ your mouth all the time, you know there may be a message coming in, so sometimes I try to listen to what’s being said to me, and I just, uh, try to do it in a way that I think you do so well, which is bringing spiritual life into the real world, into the current century, into the lives of people that are struggling, paycheck to paycheck, and are dealing, uh, with children facing the temptations of today. They have changed, the challenges have changed so much across generations, but the answers have stayed the same, and you translate ‘em [applause]. And you do such a great job at that.”

Jakes: “Amen, well, thank you, Sir. I, uh, you know, it’s, it’s so interesting today as you begin to really deal with people that have so many problems, they’re going through so many changes, and so many things are going on in their lives where they really need help to sort it through. And many, many times their only friends they have is someone on television because people don’t open up to people easily. How, how much are you seeing, as you do what you do, an intimacy created between you and your viewership as you talk with them?”

McGraw: “Well of course it’s absolutely what I strive for, it is the main thing that, uh, I want people to, to come away with, that ‘there was something here for me today’. You see, I, we, as you know, have millions and millions of viewers every day, and, uh, but I truly believe that the people that watch a particular show, that hear a particular message, are the exact, precise people that were supposed to see that show, they were supposed to hear that message, because there are no accidents.”

Along with the fact that this interview has two public personalities interacting with each other, there are several striking features of this interview clip:

- The unspoken backdrop of Dr. Phil’s colorful personal and family life against which this explicitly Christian interview takes place.
- The scientifically-training psychologist Dr. Phil’s clear profession of Christian faith;
- Dr. Phil’s claim to have followed divine leading during counseling sessions;
- Dr. Phil’s claim of divine sovereignty over the makeup of his television audiences.
These striking features bring a measure of dissonance, disconnect, and awkwardness to the interview. A simplistic and zealously Christian viewer might not feel anything other than excitement at the bold Christian testimonies that are offered. A more complete and critical examination, however, readily detects various points that at the very least raise questions – despite Dr. Phil’s remarks to the contrary about his own understanding and practice – of the awkward contextual relationship between religion and science.

Let’s go next to Africa, where I suspect at least some of you went upon learning of this lecture’s subtitle, “Religious Visions, Subterranean Universes, and Cross-Cultural Encounters.” Well-known to anyone familiar with African religious realities are the active roles of visions, dreams, deliverances, ancestors, deities, and other kinds or malevolent spiritual beings. The story of Timothy Kodzo Borkumah (1929 – 2005) and the creation of the Peaceful Healing Church in Ghana is not an uncommon one. As a young farmer he received his call to ministry through a vision and an audible voice that called out to him, "Timothy, Timothy, Timothy, kneel down and pray!" He stopped farming and took up praying, and the healing power of his prayers became evident when he prayed his eldest child back to health from her death bed. The news spread, and soon it was not long before the sick were brought to Timothy from far and wide – and he healed them all.

Large meetings and conventions developed, and the “Peaceful Healing Society” took shape. Leaders of the Evangelical Presbyterian Church, to which Borkumah and others in the Society belonged, were not so excited about the group’s miraculous activities and in fact prohibited it. Eventually in 1980 the Peaceful Healing Society withdrew from the Evangelical Presbyterian Church and became the Peaceful Healing Church, and under Borkumah’s continued leadership the new church continued to grow and spread. Among many other lessons to be learned from this particular chain of events is the uneasy and varying paths that Christian groups in Africa – in this case, West Africa – navigate in a world that is decidedly spiritual and quite often miraculous in its inclinations and openness.

When we move to China, a very different world presents itself. One generalization is that Traditional Chinese Medicine – for example herbal medicine and acupuncture – operates within the framework that healing consists of restoring disrupted balance and harmony. Even pre-Sung Dynasty (960-1279 CE) Taoist female healers, who reportedly received their healing powers from gods or other immortals, healed toward the purpose of curing imbalance or

---

disharmony. The traditional understanding of the human body itself is that it exhibits harmonious interaction.

We must be careful here not to make generalizations about what is the highly nuanced, complex, and historically rich tapestry of “Chinese culture.” Various strands of Confucian values, Taoist assumptions, Buddhist imaginations, and more recently Christian beliefs as well as Marxist or Leninist atheism make up that tapestry. Even so, we are on safe ground in pointing to such widely assumed values as “familial society,” “filial piety,” and “yin-yang” in talking about realities for Chinese people. To sum up what really cannot be summed up, a Chinese universe consists of ultimate and sometimes mysterious devotion to people who are superiors and nearby equals in such a way that preserves societal balance and universal harmony.

The human body, as we will discuss more fully later, similarly is a microcosm of complementary, harmonious movements of fluids, muscles, and energy. That is why the Chinese gentleman down Prospect Street is out doing his Tai Chi exercises every morning on the soccer field at Albertus Magnus College when I ride my bicycle in to OMSC. That is why one recent Chinese resident at OMSC did her Tai Chi exercises every morning on the OMSC grounds. Organ failures are not seen as isolated problems but as a disruption in the overall balance of the human body. While it is easy to embrace the notion of God sustaining a harmonious human organism within a larger, balanced, harmonious world, does the Chinese notion of the world – and especially of society – hermetically seal out divine intervention, including healing in a miraculous way?

These three brief descriptions from China, West Africa, and the contemporary United States point to what I would like to pose as a thesis about the relationship between God, healing, and particular contexts throughout the world: The Christian God’s involvement with “healing” inevitably clashes, to one degree or another, with instinctive human expectations about how people become “healthy.” In other words, while there will always be a familiarity for people with God’s healing work, there will also be a sense of awkwardness or dissonance. A sub-thesis or corollary is that the clash becomes more evident through cross-cultural encounters. The dissonance between God’s healing work and people’s expectations of how that healing should take place will always be there, but the clash appears more starkly when the process or means of healing involves the interrelationship of multiple cultural contexts.

I do not have anything particularly at stake in putting out this thesis. It would be perfectly fine with me if the thesis did not play out, that is, if in actuality divine healing were perfectly to coalesce with all human expectations of what becoming healthy involves. Indeed, my belief in the Christian Triune God, coupled with an appreciation of that which is “done decently and good order,” gives me an engrained preference for a perfect match between what makes sense to human beings and God’s healing work among us.
But, alas, what drives me to state and fill out a thesis of the inevitable clash between God’s work of healing and what naturally makes sense to us are basically two intertwined strands of reasoning: (1) my examination of particular human contexts – in particular the religious expectations and metaphysical realities embedded in those contexts – shows inherent differences between those human contexts’ expectations and realities on the one hand and, on the other hand, how the Christian God goes about healing in those contexts; (2) the universal, Creator-Redeemer God acknowledged in Christian faith is beyond, and cannot be confined by, particular contexts and their expectations of how deity works. The added Christian belief in the self-centered bent of all contexts – the “sinful” character of human groups – reinforces the theological dissonance between God and particular peoples. (I should note here that the slight awkwardness of bringing up in an academic lecture the sinful, self-centered bent of all human groups – a religious assertion in a scientific setting, if you will – serves to illustrate what the thesis is asserting.) To state these two strands differently, there are interrelated inductive and deductive lines of reasoning that underlie the assertion that the Christian God’s healing work among people has an awkward relationship to what we expect. I believe the remainder of this discussion will clarify and support the lecture’s main point as it has just been stated and explained.

Important at this juncture is to note what we mean when we talk about “health” or becoming “healthy.” As comprehensive as any attempt at a definition is the one made by the World Health Organization in the late 1940s, as the WHO was taking shape together with the United Nations: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

This definition rightly focuses on the positive character of health, not simply on the negative side of not being ill or deformed in some way. Etymologically speaking, this positive definition agrees with the Middle English, Germanic and Norse backgrounds of the contemporary English word “health,” namely “wholeness, a being whole, sound or well” as well as the more socially comprehensive notion of “prosperity, happiness, welfare; preservation, safety.”

The Hebrew-Semitic notion of shalom comes to mind here as well. It is that total wholeness and well-being that is in view in the apocalyptic vision recorded in Revelation 22:2 – the “healing of the nations” that forms the main title of this lecture and, more importantly, the vision no doubt underlying the motivation of many Christian medical mission efforts. The image in Revelation 22:2 hearkens back to the tree of life in the original Garden of Eden, a central feature of the paradise of creation. Of course, the biblical story claims that this tree of life will be restored with even more life-giving force than was originally present, before the fall of humanity led to a

---

lack of access to the abundant life that God in Jesus Christ brings to wayward but deeply loved human creatures.

If we were to try and list equivalent terms for “health” in various other languages, I believe we would find much support for the lecture’s thesis but also go too far afield. Let’s focus, then, on the following question: How does divine restoration of wholeness and well-being to humanity – God’s work of healing – fit into our various expectations of what “health” and “healing” look like? To begin to answer that question in further detail, I would like to start close to home, in particular the starkly materialistic, scientific notions of “health” and “sickness” operative in modern medicine.

Here is how a recent article in *Time* magazine begins its account of what undoubtedly was the most publicized and celebrated double-mastectomy of all of human history, the preventative surgery chosen by Angelina Jolie:

There’s a chilling arithmetic to the way we all get sick. At the end of any year, a fixed and knowable number of us will have developed heart disease, and another number won’t have. There will be a different entry in the ledger for cancer, another for lung disease, another for Parkinson’s or dementia or HIV. The people who study those mortal metrics – the actuaries, the epidemiologists – don’t give too much thought to the individuals behind the numbers, and the truth is, they can’t. It’s no good sentimentalizing math – not if you want to get anything useful out of it.6

As Jeffrey Kluger and Alice Park have put it here in this article entitled “The Angelina Effect,” there is something “chilling” about the impersonal and heartless nature of the mathematical calculations – which represent the hardest of the hard sciences, if you will – that underlie what modern medical procedures are all about. The article goes on to note the very personal character of decisions that human beings make in implementing those procedures, in this case Angelina Jolie’s decision as a mother to deal with what statistically she would face in terms of contracting breast cancer one day. But that personal and family decision was based on scientifically-determined statistics, and herein lies the awkwardness of many health matters – and God’s involvement in such matters – in societies shaped by modern science.

Forgive me for getting even closer to home by citing my own personal experience. At the risk of slipping into a type of sharing of ailment stories that those of us who are aging tend to do, I would like briefly to recount two major surgeries I have undergone and, within my own experience, how God was involved.

The more major of the two surgeries, at least in terms of what it meant for life or death, was an open-heart, valve-replacement surgery I underwent in December, 2000. The surgery involved replacing my congenitally insufficient aortic valve. Furthermore, because I was only 43 years old at the time, I elected to have a “Ross Procedure” done, which involved not only replacing my aortic valve but also my pulmonary valve. That is, my good tricuspid pulmonary valve could be moved into my aortic position, then a cadaver’s valve could be placed in my pulmonary position, thus avoiding the hassle, expense, and adverse effects of years of taking blood thinners that must accompany a mechanical valve. However, the surgery was much more complicated, long, and risky than a straightforward single-valve replacement.

For my whole life to that point, one-third of the blood pumped out of my heart had leaked back in, thus requiring the heart to work harder and gradually increase in size. If I had waited too long to have the surgery, my heart would not have been able to withstand the pressure of overstretched muscles, and I would have suffered irreparable heart damage and possibly death. All along, however, I had not suffered any symptoms – except, perhaps, for premature exhaustion during grueling athletic workouts in high school and college. In effect, the diagnosis of my problem was based strictly on medical testing, first by an internist using a stethoscope at my pre-marriage physical examination then by annual echocardiograms to monitor the changes my heart was undergoing. The only time I ever thought about the remote possibility of heart surgery was when I had my echocardiograms every year or even eighteen months.

Finally, my cardiologist pronounced that the time for surgery had come. I could hardly believe it. I went for a second opinion. That cardiologist said that, actually, it was past time for surgery. What had been only a remote possibility was now a reality I had to face.

Again, I never had any symptoms. I was strictly going on medical testing and analysis. On one level, I was dealing with a physiological matter that was quite fascinating. I investigated the options for surgical procedures online and educated myself as much as possible. At the same time, I had to face my mortality in a very personal and spiritual way like never before. This was no simple outpatient procedure. The nature of this surgery involved anesthetically being killed for a period while very delicate surgical procedures were performed. As it turned out I came through the surgery with flying colors, but I relied on many friends’ prayers and learned to trust God in a way I had not experienced before. The relationship between God and my heart surgery is not clear-cut, but it was real for me in all of its inexplicability and awkwardness.
My second major surgery occurred a little over four years ago, in March, 2009. This surgery was a spinal fusion of the L3 and L4 vertebrae, about at my belt line. As a pre-op side-view X-ray (left picture below) indicates, my higher L3 vertebra had slipped forward and was resting directly on top of my L4 vertebra, the disk between them having been ground away. My sciatic nerve was severely pinched and was causing debilitating pain when I stood or walked – so much so that I had to use a wheelchair for about three months simply to manage the pain. A post-op X-ray (right picture below) shows the space between the vertebrae restored, with implanted titanium screws and rods in place to allow time for the synthetic bone substitute (seen in the post-op X-ray as tiny white dots) to grow and fuse the two vertebrae into one continuous bone-like structure. After healing from the surgery, my pain was gone. The problem was physiological as was the surgical solution.

On a personal side, I had lower back pain for almost forty years, ever since I was about ten years old – due, in retrospect, to a hairline fracture that somehow I incurred as a child. Like so many other people with back pain I got used to it and even managed to play competitive sports all through college – but the pain was a constant inconvenience and drain of energy. There were also times when I would “throw my back out” and be debilitated for a few days. The sciatic pain of a few years ago was what was unbearable and prompted the surgery, and when my surgeon told me that he thought the surgery would solve my back problem, I told him that all I wanted was to be relieved of the sciatic pain so that I could function on a daily basis again.

Following the surgery there were some very painful periods as the healing took place. Ironically, I had an intensely spiritual experience during one of the most excruciatingly painful moments of my recovery from the surgery, a few days after returning home from the hospital. The scriptural connection that came to me during those awful but rich moments was John 5:2-9:

2 Now there is in Jerusalem by the Sheep Gate a pool, in Aramaic called Bethesda, which has five roofed colonnades. 3 In these lay a multitude of invalids—blind, lame, and paralyzed. 5 One man was there who had been an invalid for thirty-eight years. 6 When
Jesus saw him lying there and knew that he had already been there a long time, he said to him, “Do you want to be healed?”  

The sick man answered him, “Sir, I have no one to put me into the pool when the water is stirred up, and while I am going another steps down before me.”  

Jesus said to him, “Get up, take up your bed, and walk.”  

And at once the man was healed, and he took up his bed and walked.

The thirty-eight years part of this story was what linked me to this paralytic’s experience.

Because the pain in my back was equally distributed on my right and left sides, I knew that I was healing properly, since my pain had always been more acute on my right side. Knowing that I was healing after almost forty years of dreadful pain gave me a glimpse into the experience of the paralytic that Jesus healed – the paralytic who “took up his bed and walked.” I genuinely experienced something deeply spiritual in connection with a physiological process, awkward as that may seem. That awkward relationship is of course the connection with this entire lecture’s thesis.

One example of a Christian attempt to incorporate God’s healing work into modern scientific society is “The Christian Healing Mission,” in the United Kingdom. “The Revd John Ryeland has been The Director of CHM since 1997 and is also the Healing Adviser to the Bishop of Kensington. Before becoming the Director, he was a Church of England Vicar in Essex for 11 years. He has an MA in Theology, with particular reference to the healing ministry.”

As the slide shown here from the group’s website indicates, one of the programmatic services offered is a five-step “Healing Journey with God,” intended to integrate spirituality, diet, and exercise in ways that cultivate a healthy, Christian lifestyle.

To quote further from the ministry’s self-description, “At The Christian Healing Mission, one of our highest priorities is to bring people into the presence of Jesus, so that they can find the

---


healing that flows from him.” This is a valid and viable Christian integration of the religious vision of divine healing and a scientifically-defined subterranean universe. The integration is both appropriate and awkward. It satisfies, but the attempt at further integration necessarily is ongoing.

A similar ministry that has taken shape in a different context is found in the Philippines. Here is their self-description of the group’s development:

We are the Healing Missionaries of the Holy Spirit – a community of wounded healers, unbounded by age, gender or religious affiliations, but bound by a commitment to healing service.

Since 2000, the ministry evolved from an ancestral healing program with a group of young and not-so-young people who would come together regularly for prayer meetings and to share their lives with each other. From their own personal life experiences, they journeyed together in a lifelong healing process that deeply embraces a commitment to reach out to others who have experienced the brokenness of life or who are more broken and wounded. Thus the Intergenerational Healing Seminar Retreat progressed into what it is currently being offered.

Unlike The Christian Healing Mission in the U.K. – where living ancestors have long since been explained away - the Philippine-based Healing Missionaries of the Holy Spirit had to develop

---

somehow from an ancestral healing program, since living ancestors are part of the subterranean universe in which people live. Once again we see an appropriate, viable, and awkward attempt at integrating God’s healing work into a particular setting. Necessarily, this attempt also will need to work at further, ongoing integration.

To stay in the Philippines but to bring in the additional and crucial component of cross-cultural missionary encounters, I want to call on a study published twenty years ago by J. Paul Seale entitled “Christian Missionary Medicine and Traditional Healers: A Case Study in Collaboration from the Philippines.” In effect, the study notes the limited overlap able to be achieved between modern Western medical missionaries and indigenous Filipino traditional healers. To use this lecture’s categories to describe Seale’s conclusions about his research, the differences between the two groups’ religious expectations and subterranean realities were brought to light by their cross-cultural encounters. At the same time, their human commonality – due to a common Creator – enabled coalescence in certain limited healing practices.

Here are Seale’s words:

[In earlier endeavors] there has been limited integration of Western and traditional health care in areas outside of obstetrics. What accounts for this apparent failure? To begin with, there are philosophical differences between Western health care providers, who are trained according to scientific method and germ theory, and traditional healers, whose practices are governed by a frame of reference that often attributes disease to broken relationships or the influence of spirits…. Another problem is the lack of education and, at times, rank illiteracy among traditional healers. Limited education is sometimes wrongly viewed as ignorance, and traditional healers are viewed as knowing little and as unable to learn Western health-related concepts. [Also,] Some Western-oriented personnel become jealous of the tremendous trust that villagers place in traditional healers. Finally, some come to view traditional healers as incompetent or even as frauds as they encounter patients who have failed to respond to traditional therapies....

Seale continues:

The philosophical and theological underpinnings of traditional healers also cause significant concern to evangelical Christians. Many traditional healing practices arise from animistic and spiritistic origins. Practices such as calling upon spirits for guidance in diagnosis and treatment clearly violate scriptural injunctions against occult practices.

---

Consequently, examples of collaboration between Christian medical missionary efforts and traditional healers are quite limited.\(^{12}\)

For our limited purposes here we will leave alone, but simply note, the definitive character of Seale’s characterizations and conclusion about certain traditional healing practices arising “from animistic and spiritistic origins” and that such practices “clearly violate scriptural injunctions.”

Seale goes on to delineate three categories of Filipino traditional healers:

1. The *spiritista* would seem to function primarily as supernatural healer, diagnosing illness and receiving instructions for treatment by consultation with spirits.
2. The *hilot* functions as a natural healer, attributing somatic complaints to predictable natural causes (the entry of air into the body) and treating them by natural means (therapeutic massage).
3. The Filipino *herbolario* functions in both worlds, treating many minor complaints (abdominal pain, hair loss, etc.) as "natural diseases" and prescribing herbal remedies, while treating prolonged, complex illnesses as "supernatural." In such cases, diagnosis by divination and the use of healing rituals is commonplace.\(^{13}\)

Seale then concludes: “Our observation is that most projects which have heretofore succeeded in integrating Western and traditional medicine have involved naturalistic traditional healers. Such healers diagnose by means of objective evaluation of signs and symptoms and use of treatment modalities which are somewhat akin to Western healing practices.”\(^{14}\)

It has hard to discern here how self-aware Seale is, in noting certain traditional healers’ diagnoses and treatments employing “objective evaluation of signs and symptoms and ... treatment modalities,” of his and other modern, scientific Westerners’ subterranean universe at work. In any case, to his obvious credit Seale notes the importance of the need for mutual learning:

At the same time, we and perhaps others may have been too reticent to seek the potential lessons to be learned from herbal practitioners. Many of the herbal cures used by *herbolarios* are no less gifts from God than the aspirin and the penicillin used by Western-oriented healers. Many remedies which have not yet been subjected to rigorous scientific study may someday be proven highly efficacious.\(^{15}\)

\(^{12}\) Ibid.
\(^{13}\) Seale, 316 (my numerical formatting).
\(^{14}\) Ibid.
\(^{15}\) Seale, 317.
Here is my evaluation: there has good progress toward providing helpful medical care in a cooperative way, the study has some helpful observations, there have been limited degrees of cross-cultural mutuality and understanding, and there is clearly a persistent awkwardness and dissonance vis-à-vis God’s healing work through the relative, and in some cases shared, efforts of Western and traditional Filipino healing experts.

Here we cannot delve deeply into the rich fields of Africa and the implications of medical work carried out by modern Western missionaries there. Scholars more qualified than I have explored the fascinating interrelationships between African traditional healing practices and modern Western medicine, for example the Finnish Markku Hokkanen in his 2004 “Scottish Missionaries and African Healers: Perceptions and Relations in the Livingstonia Mission, 1875-1930”16 and his 2007 “Quests for Health and Contests for Meaning: African Church Leaders and Scottish Missionaries in the Early Twentieth Century Presbyterian Church in Northern Malawi.” 17 Both of these analyses, along with many more, point to basic differences as well as points of continuity that African and Western healing practitioners discovered. These analyses also support, I would assert, the operative thesis here that God’s healing work in human settings has both familiar and dissonant aspects.

I would like at this point to go the case of a close and now deceased Japanese friend of mine, Kunio Endo. Endo-san was a man of deep Christian faith. By occupation he and his wife Fumie imported and sold European toys in Japan, most of them wooden, several examples of which we have enjoyed as a family and with guests in our home. Endo-san was also extremely well-read in matters of history, philosophy, religion, and ethics. He was a Renaissance-type of man in the range of his interests.

When Endo-san contracted stomach cancer he took what I understood to be an integrated, East Asian treatment approach. Endo-san absolutely eschewed the typical option of surgical removal of the cancer followed by radiation and chemotherapy treatments. Instead, he and Fumie zealously and totally transformed their diet to specially selected natural foods, and while enjoying many delicious feasts and talks with them in their apartment I noticed that Endo-san would also practice moxibustion, the slow burning on or over the body of special herbal ‘crones’ that are placed on specific acupoints and provide penetrating, relaxing heat.18 Endo-san would often speak of his approach as a “natural” and “holistic” one. I interpreted the approach as one in line with Traditional Chinese Medicine.

Insofar as Endo-san was dealing with cancer of the stomach, his attention to the totality of his inner organs was of central concern. According to the Chinese characters below, a Traditional Chinese Medicine understanding sees certain organs as “Yin” and other counterpart organs as “Yang.”

The yin organs produce, transform, and store life spirit or energy, blood, bodily fluids, and essence. These yin organs include the lungs, spleen, heart, liver, and kidneys. For their part the complementary yang or hollow organs – for example, the stomach, small and large intestines, urinary bladder, and gallbladder – separate impure substances from food and drain them out of the body as waste. Hence instead of isolating and surgically attacking his cancerous stomach, Endo-san deliberately chose to restore the imbalance and disharmony within his body – along with enjoying surrounding nature through hiking and walks.

Does the fact that Endo-san eventually died from his stomach cancer invalidate the medical approach he took? I don’t think so, since Western treatments are no guarantee of prevention of death by cancer either. Did Endo-san fail adequately to integrate his Christian faith with his understandings of health and medicine? Certainly he was as careful, well-read, and integrated of a person and Christian as most anyone I have ever known. Many of us prayed for Endo-san during his illness, first rejoicing through his vigorous healthy period then mourning his demise and passing. There was Christian integration and careful navigation through the choppy waters of his own illness and context. There was also a measure of dissonance, awkwardness, and disagreement with others who advocated a different approach that he might have taken.

20 Ibid.
To linger in East Asia a bit longer, we should consider a few relevant notions from the complex and varied world of Buddhism. In its 2,500-year development and spread northward and southward out of its northeast Indian and Hindu origins, Buddhism has exhibited features of translatability much like world Christianity has – a similar comparison too often missed by scholars of religion. As such Buddhism has deeply entangled itself with a number of settings, including the complex world of religious expectations and subterranean universes of China.

With respect to health and wellness, Buddhism in its various traditions has found a welcome home in China with shared themes of wholeness and harmony – harmony within oneself, in one's social relationships, and in relation to the natural environment. Hence healing in Buddhism is not the mere treatment of measurable symptoms of a disease, nor a fight between medicine and disease, but rather “an expression of the combined efforts of the mind and the body to overcome disease. Its real aim is to enable one who is ill to bring back harmony within oneself and in one's relationships with others and the natural environment. In this context, healing is not an end in itself; rather, it is a means by which medicine helps to serve the value of human health and well-being.”

When moving to Tibetan Buddhism, we find still different emphases. There is the Om Mani Padme Hum, the famous mantra written in Tibetan script:

“\[\text{\textit{It is said that all the teachings of the Buddha are contained in this mantra. Tibetan Buddhists believe that saying the mantra (prayer), out loud or silently to oneself, invokes his powerful benevolent attention. Viewing the written form of the mantra is said to have the same effect, and it is often carved into stones, placed where people can see them.}}\]”

---


Another powerful method of healing in Tibetan Buddhism is through meditation and thought transformation. So, for example, a doctor may render a diagnosis of “AIDS” or “cancer.” However, just like “death” these are not “truly existent, permanent” realities but only labels that “have no true, independent existence.” One transformative healing approach to these labels is that based on compassion, the wish to free other beings from their suffering. One can thus think, “By me experiencing this disease or pain or problem, may all the other beings in the world be free of this disease, pain or problem” or "I am experiencing this pain/sickness/problem on behalf of all living beings." This voluntary taking on of suffering has been compared to the Christian concept of regarding one's suffering as sharing the suffering of Jesus on the cross. Even death can be used in this way: "By me experiencing death, may all other beings be freed from the fears and difficulties of the death process."²³

Is this Tibetan Buddhist approach to healing simply a foolish mind game? Many involved in Christian-Buddhist dialogue have found much common ground, particularly in the practice of meditation. How does the Christian God’s healing work fit with this approach? Once again we find measures of both continuity and discontinuity.

We could go back to Japan and further muddy the waters. Perhaps the earliest non-Western nation to modernize in such rapid fashion in the late nineteenth century, Japan quickly imbibed Western science and medical treatment. Yet the East Asian and Buddhist religious expectations and subterranean universes have remained present and active – and ever producing new religious movements such as Reiki, a hand-positioning technique developed in 1922 by the Buddhist Mikao Usui that is believed to transfer universal energy through the palms, positioned either systematically or intuitively, to allow for self-healing and a state of equilibrium.²⁴ Add to the mix Japanese people’s primal religious experience with ancestors and deities (termed Shinto or “way of the gods”), and the expressed requests for healing to the appropriate powers, and the place of the Christian God in general, and in the healing process in particular, becomes quite complex – with many points of dissonance and awkwardness.²⁵

Then there is the sense of healing in Islamic contexts – complex and varied as those are. The Qur’an itself speaks of its own healing power: "O mankind, there has come unto you a direction from your Lord and a healing for the heart and for those who believe in guidance and mercy" (Qur’an 10:57); and, "We have sent down in the Quran that which is healing and a mercy to

---

those who believe” (Qur’an 17:82). Along with healing effects of following Islamic laws (concerning prayers and fasting, for example) and guidelines for healthy living (diet and sexual morals, for example), one can point as well to the direct healing effect of reciting the Qur’an. As one Islamic analyst has put it,

Echo of sound is such a powerful force that it has been used to blast off mountains. Now the miniaturized version of echo is used in medicine to break kidney stones [and] gallstones .... Listening to the recitation of the Holy Quran has been shown ... to lower blood pressure, heart rate, and to cause smooth muscle relaxation in Muslim Arabs, non-Arab Muslims and even in non-Muslims.

It is postulated that the echo target of “Alif Lam Meem” (the first three words of Surat AlBaqarah—the 2nd chapter of the Quran) is in the heart and that of Ya-seen (chapter 36) is in the pituitary gland of the brain. Thus the Prophet Mohammad always stressed reading the Quran (Quran-recitation) loudly and not silently by saying, “The comparison between a silent reader and a recitor is like a bottle of perfume when it is closed and when it is opened.”

How do Christian medical practitioners – expatriate and indigenous – understand the Christian God’s work of healing to fit in contexts such as these?

The point of this lecture is not to provide any pre-conceived answers to such a question. Hopefully these thoughts at least point in the constructive direction of recognizing, living with, and serving as constructively as possible in our messy world of varied contexts in which the Christian God works and heals. I believe that God does heal people. Clearly God uses all sorts of means, and clearly God heals in connection with all sorts of human expectations that arise out of subterranean universes. The cross-cultural mission enterprise has proven yet again its worth in revealing matters previously not as evident, in this case the awkward fit between how God heals and the contexts in which healings take place. I can live with that ambiguity – and I believe that we must live with that ambiguity – all the while longing for the final “healing of the nations” for which we deeply hope and labor with all our might.