

## Covenant and the Origins of Healing as a Divine Gift<sup>1</sup>

*The government of the United States, under Lyndon Johnson, proposes to concern itself over the quality of American life. And this is something very new in the political theory of free nations. The quality of life has heretofore depended on the quality of the human beings who gave tone to that life, and they were its priests and its poets, not its bureaucrats.<sup>2</sup>*

—William F. Buckley, Jr.

### *Stepping Into Healing Streams*

Angels might have feared to tread into the world of government-guaranteed health care. President Lyndon B. Johnson did not. In 1965, he conceived an extension of President Franklin Roosevelt's New Deal and called it "The Great Society." It was a social safety net woven by a government acting as a leveler for the economic inequities of the day. The Great Society birthed Medicare and its sibling, Medicaid. These programs formalized an emerging social contract between people and their government. It also brought our national and state governments into the patient-physician relationship in a new way. It used health care to heal national disparities in income and the ills of poverty in the elderly and disadvantaged. It infused health care systems with new resources for providing care and, in return, it targeted health care as a tool for redistributing the incomes of the American people.

The Great Society institutionalized access to health care. It assured that elderly or poor people (and many elderly at that time were also poor) would receive health care services and would not suffer from their diseases simply because they were old or economically vulnerable. It was not the first time that this or any other government had delved into healing. The U.S. government had cared for its military in times of peace and war and had provided prepaid health care for the merchant marine at a time when marine trading routes were essential to national commercial growth. It had also conducted research and practiced public health.

Other governments and rulers, as recorded in documents as old as the Code of Hammurabi in 1800 BCE, had established hospitals, regulated the healing arts, set its fees, and developed medicines. But with Medicare, it was the first time that the U.S. government became a party to the one-on-one healing encounters of its general, civilian population. It was also the first time that American healers were asked, as a group, to balance a national policy objective with the covenant to care for patients. The American Medical Association objected at the time. The

result was a political compromise in which the government agreed to subsidize, rather than fully cover, physician fees.

In the end, however, whether paying for all or part of the bills, the government, intentionally or not, stepped into intimate healing encounters. It also stepped into a stream of expectations, relationships, social values, and traditions that had been flowing for thousands of years. This stream had swift currents of standard practices, oaths, and mores of the profession. It had undertows of theology and ethics that could trap the unwary and uninformed. Healers, whether in the earliest days of Hippocrates or during the legislative era of Medicare and Medicaid, were engaging powerful, magical, and sometimes mystical forces. American public policy—and public policymakers and interest groups—joined them.

Today, public policy enjoins healers all the more. Federal and state health care programs have grown as populations have aged, as research funds have increasingly flowed from tax-supported sources, and as governments themselves, in their role as employers, have purchased health care goods and services. The Clinton Administration's proposals for health care reform and universal coverage were spurred by the desires of Americans for more care from a funding source that would insulate them from the costs of that care. Failed as these proposals were in their government-driven approaches, they were neither the first, nor the last, government incursions into care. Notably, however, from the outset, the American government and health policy makers engaged healers in its public policy agenda without, itself, embracing the healer's covenants. The time has come to do so. The time has come to engage others as well—not just government, but patients, communities, and corporate providers of health care in today's healing enterprises.

### *Historical Connections to the Sacred*

Based on historical evidence, scholars suggest that ancient societies believed they received two gifts from their deity, or from the deities in the case of polytheistic cultures—the law and the healing arts.<sup>3</sup> Whether granted by Isis, Ishtar, Dhanvantari, Asklepios, Apollo, YHWH, or a Heavenly Father, both the healing arts and the laws were gifts. Each of these gifts was fundamental to the orderly course and nature of human life. Each structured the nature of community relationships and personal behavior, and each offered a certain security in the face of the harsh unknowns of life. There is ample evidence that this was the case in the origins of the three major monotheistic religions of the more modern eras—Judaism, Christianity and Islam. It is also the case in the major cultures of Asia. It can be inferred for primitive societies by observing the few remaining native, indigenous and aboriginal societies, as well as from the artifacts that some prehistoric societies left behind.

The law provided the vehicle for managing the seemingly uncontrollable behaviors of people in society. Suffer an injury at the hands of your neighbor and there was recourse to a judge to set matters right between you and your neighbor. The healing arts, in contrast, helped manage forces that were more mysterious and uncontrollable than your neighbor. Suffer from an invasion of some unknown spirit or ill humor causing an illness and there was recourse to a healer to set matters straight between you and those powerful forces. This was particularly true if

it was your god who sent the malady or if your benevolent god was viewed as more powerful than and offending evil force. Both—the law and the healing arts—were central to the destiny of the individual and the community. Both contributed to the orderliness of society and day-to-day personal, family, and community life.

Powerful legal and healing personalities emerged in those communities. Rulers and healers were among the most valuable members of society. The sacredness of their social pacts with their communities tempered the power they had been given. They were, after all, not only responsible to their people, but to the gods from whom their skills flowed. These pacts were modeled after the covenant experiences of the day. There must have been abuses of legal and ruling power, but many good kings and judges remain respected in history and lore. Effective healers were legend as well. Sometimes, a single individual like Emperor Vespasian was given both gifts of ruler and healer. He was said to cure blindness, in one case by anointing the cheeks and eyes of a man with his saliva and in another by allowing a woman to kiss his knee. King Pyrrhus of Epirus was another. He could allegedly heal with his big toe. When his body was cremated after death and the toe did not burn, it was placed in the temple as a holy relic and used for subsequent healing.

### *Mysteries of Health and Disease*

More often, the healers were not the rulers, but the priests, priestesses, or shamans of the society. In coping with mortality and the unpredictable and sometimes terrifying forces of illness, people sought comfort in the folds of religion. Lacking the most basic knowledge about the mechanics of the body and unable to even theorize about the nature of genetics, infectious disease and sanitation, their conditions were often shrouded in mystery. As they sought safety from annihilation at the hands of fellow men under the protection of laws, people likewise sought understanding of the mysteries of life, harmony with their gods, protection from disease and relief from physical pain and death from healers. If a patient died, healers were often called upon to ease the transition to the other world through ritual burial as well. In some societies, as in the case of some Greek traditions, healing was a power not gifted by the gods but stolen from them by man. This made the human healer an even more revered figure. Monetary or some other compensation for healing was granted, but in many societies it was secondary. The real benefit of the healing art was the honor bestowed upon the healer in keeping with the power of delving deep into mysterious forces, confronting them and doing battle with them on behalf of the needy patient.

The intertwining of medicine with mystery and sacred texts is as undeniable as was the rationale. Disease in most societies was associated either with the will of the divine or the work of the devil. Of it also might be the result of an interplay between both. An entire book common to the Judeo-Christian tradition scripture recounts such a tale. It describes the life of sixth-century BCE Job, detailing all manner of physical, psychological, and social suffering. This suffering was the result of two mysterious forces beyond the control of this acknowledged upright, seemingly invincible man. One of those forces was demonic, the other divine.

Other texts describe similar forces at play and, unlike Job, recount effective actions to keep the evil forces at bay. In Egypt, it was Sethapop who was the great spirit of evil that caused illness. In Babylon and Assyria, the demon Alu attacked the chest, Labasu caused epilepsy, and Nergal was the god of pestilence. In India, Tokman was the cause of fevers. In Persia, six archfiends and thousands of minor demons supported Ahriman, the god of evil. Among the Greeks and Romans, Febris was the god of fever. To this day, our description of illness involving fevers is described as “febrile.” Modern and scientific as we may be, we still invoke the name of an evil god to describe a disease condition. In ancient China, families burned bonfires at the edges of property to keep evil spirits and their sicknesses away. In medieval Europe, Pope Clement VI did the same. He sealed himself in his private rooms and surrounded himself with burning fires, seeing no one, in an attempt to protect himself from the unknown causes of the plague that ravaged the continent in the fourteenth century. More than half of the clergy of that period died. The pope survived.

### ***Justice, Retribution, Mischief and Malevolence***

If not the work of evil spirits, disease might also be seen as the whim of the gods, the result of offended spirits, the malevolence of witches with powers of sorcery and magic. Disease could also be the result of violating God’s laws and, therefore, the wages of an individual’s sin. King Antiochus, as he lay dying in 164 BCE, attributed his death to his past evil deeds of plundering and pillaging Israelite territory (Maccabees 6:1-13). In modern times, we refer to his belief as “immanent justice reasoning,” a view that has been a prevalent throughout history. Even Job’s friends thought he must have done something wrong to deserve the disasters that befell him.

This view of immanent justice was so strong in the Middle Ages that entertainment was rejected as a form of healing. A group of healers drew upon the recommendations of ancient Greeks to use comedy as a therapy for illness. The approach was much like that of Norman Cousins using Marx Brothers’ movies in his own cancer treatment and Dr. Patch Adams using humor in his hospital. Middle Ages religious groups protested that any entertainment must, of necessity, be the devil’s work, as it was proper for man to suffer. Try as they might, promoters of humor and laughter were unable to convince religious healers that a bit of entertainment might help body and soul. Comedy, they reasoned unsuccessfully, might even allow men to return to the rigors of life with a strengthened capacity to defeat evil, sin, and the bodily pleasures that destroyed their souls. Their view ignored the advice in Proverbs 17:22: “A joyful heart is the health of the body, but a depressed spirit dries up the bones.”

Culturally, the church of the Middle Ages, with its practice of canonizing martyrs and saints, sanctified pain and suffering. Illness held a powerful sense of meaning, as is captured in the prayer of seventeenth-century philosopher Blaise Pascal:

### ***Prayer to Ask God for the Good Use of Sickness***

*Make me fully understand that the ills of the body are nothing else than the punishment and the encompassing symbol for the ills of the soul. O Lord, let them*

*be the remedy, by making me aware, through the pain that I feel, of the pain that I did not feel in my soul, deeply sick though it was and covered with sores. Because, Lord, the greatest sickness is insensibility. . . Let me feel this pain sharply, so that I can make whatever is left of my life a continual penance to wash away the offenses I have committed.*<sup>4</sup>

The view of immanent justice was so strong throughout history that it was extended to the sinful condition of mankind generally. Biblical evidence of the suffering required in childbirth, cited in Genesis 3:16, Galatians 4:27, Isaiah 66:7, Isaiah 13:8, Isaiah 21:3-4, Revelation 12:1-2, and Hosea 13:13, indicates that birth was intended to be a painful as a reminder to women of the “curse of Eve.” This view was so predominant that it was used to deny women anesthetic drugs, even during difficult deliveries. In fact, it was not until the endorsement of the Lamaze Method of natural childbirth by Pope Pius XII, 100 years after chloroform was first administered to women in labor, that any method to address the pain of childbirth was condoned by the church.

The view of immanent justice was so strong in 1980s America that HIV/AIDS became a major controversy between some religious groups and government efforts to find cures. It is a prevalent view among patients today with chronic pain, and it remains a view held by the educated and elite in the modern era. Nearly 30% of college students in a recent study agreed that bad behavior could cause an illness that befalls someone.<sup>5</sup> Obviously, the relationship between sin and pain or illness is unrelated to the condition, the era, or the education of the believer.

To protect oneself or to reconcile with the gods, the individual required the assistance of higher, more powerful forces, which could be engaged with the help of the healer. This was the case in some societies, because the gods had granted the healing skill. In other societies, the healers had demonstrated that they could control the divine forces or conquer the evil forces personally. This belief was most pronounced in the shaman tradition, in which the healer traversed the underworld of illness and death and returned to the world of the living. To assure the cure and protect from evil, healers would incant, cajole, pray, and employ relics and holy objects. The healer would prescribe prayers in conjunction with herbs, medicines, and other therapies and personal, sometimes penitential, rituals. If none of these techniques succeeded in calling forth the gods or in subduing the evil, the priest-healer would invoke the greatest force and mystery of all—the will of the divine.

### ***Wisdom of Divine Law***

In Western traditions, formal health care prescriptions and the sacred meet most clearly in Mosaic Law. Ancient Hebrews were no strangers to the power of pestilence and disease. In 1250 BCE they had been saved from the diseases inflicted on the Egyptians who held them in captivity, but they were threatened with a similar fate if they disobeyed the commandments they received during their wanderings in the desert following the Exodus. These commands were given directly to Moses, written down, and contained in the biblical book of Leviticus. It stands

as a remarkable public-health text, with explicit dietary, sanitation, infectious disease, and public health instructions.

Following those instructions was a part of the law that engaged the community's covenant with the divine but it was also a prescription for health, disease prevention, and longevity. Life was dichotomized into "clean" and "unclean" foods, persons, houses, clothes, and utensils. The "clean" could be touched, the "unclean" could not. The "unclean" was segregated from the community, and anyone coming into contact with the "unclean" required "purification" before they could rejoin society. In characterizing some food as "unclean," requiring ritual cleanliness, and limiting food sources, the Hebrews reduced the potential transmitters of disease. Trichinosis was avoided in the prohibition of pork, schistosomiasis avoided in the prohibition of seafood. Refraining from touching dead animals, eating dead meat, or consuming blood all prevented disease contamination of the human community. Inspecting, draining, cleaning, and salting meat kept a major protein source safe. Isolating mothers and their newborns following delivery protected both from the harsh realities of ancient life at the time when their mortality risks were the greatest. It assured the growth of the population despite harsh living conditions in hostile climates and during warring times. Hand washing and avoiding persons with infectious diseases were common practices with the obvious benefits we preach, but rarely practice, today. Disinfecting property and clothes to the point of burning dangerous items and vacating homes was also good for the individual's and the public's health.

It was many centuries before public health science would confirm the wisdom of these practices and modern communities would resurrect and promote the simple, clear regulations of this ancient society. Unfortunately, that understanding did not come in time to save a community of European Jews. Because these practices were so effective, there were devastating consequences during the time of the great plagues of Europe. Dr. Balavignus, a Jewish physician who knew Old Testament law, the Talmud, and the writings of the famous twelfth-century Rabbi and healer Maimonides, recommended to the leadership of the Strasbourg Jewish ghetto that it institute practices similar to those prescribed by Moses. In particular, he advised the cleaning and burning of refuse, and the protection of the water supply from contamination. This reduced the size of the rat population transmitting the plague and reduced mortality in the ghetto to five percent of that of the main Christian city. The survival rate differential was noticeable, even in the absence of formal public health studies and epidemiology; Jews were blamed for the plague and thousands were massacred in retaliation.

### ***Other Ancient Texts and Practices***

Even older than Hebrew traditions, Sumerian texts from more than six thousand years ago contain similar references to medicinal gifts from the divine to priests for their use as healers. Buddhist texts of that same period show the relationship between healing and the sacred as unmistakably clear. In those, Brahma, the First Teacher of the Universe, provided healing information within the Ayurveda, or the Science of Life. This text consisted of 100,000 hymns and all knowledge concerning medicines and healing. The legends describe the gods conquering demonic forces of illness through ritual; through more than 1,000 herbs derived from heaven, earth, and water; and through medicines, rituals, and chants. Disease was seen as the result of sin



and, therefore, confession was required. Therapies were effective only when they were combined with prayer and ritual. Buddhist monks and sages passed down the wisdom through an oral tradition, and its current written form, which is still quite extensive and enjoying a renaissance, is considered to be more limited than the original instructions.

In ancient China, oracle bones were used for divination of the recovery of the patient and then pounded into medicines. Around 2000 BCE, the Second Celestial Emperor developed the national pharmacopoeia by personally testing over 1,000 herbs and 70 poisons—one of which finally killed him. Healing by acupuncture was the gift of the goddesses Scarlet and White to the Yellow Emperor, around 500 BCE. An alchemist Taoist priest, Ko Hung (300 BCE), taught that his elixirs could provide protection from an interesting array of clinical conditions—including ghosts and digestive disorders—and that they could raise the dead and confer immortality.

By 900 BCE the Greeks had institutionalized the gift of medicine from the gods to the point of creating temple hospitals. Apollo was the most powerful god-physician, using epidemics for punishment and healing wounds as rewards. Angry gods caused physical and mental diseases; appeased gods provided medicines for the favored, especially soldiers. When necessary, the Greek physicians used incantations to secure a healing. Chiron, a centaur, had two famous pupils: Achilles and Asclepius, the son of Apollo. Achilles did not become known as a healer. In one 490 BCE depiction he was shown as inept in applying a tourniquet and causing the patient great pain. Nearly invincible himself, he perhaps had no great incentive to be a compassionate healer. Asclepius, in contrast, learned the secrets of medicines to relieve pain. A heavy price was exacted from Asclepius when he ignored the limits to the healing arts imposed on his practice and the risks involved in challenging the gods with too much success. Having committed the unpardonable sin of raising a dead man to life, Asclepius was slain by Apollo with a thunderbolt. Because the serpent was sacred to Asclepius, it was frequently portrayed with him. A serpent entwined in Asclepius' walking stick remains a symbol of healers today. In prehistoric times the snake was associated with regeneration, owing to its ability to shed its skin. That practice of using snakes in healing rituals continued for centuries, and the image of snakes remains dominant in medical symbols today. Hippocrates, who was born and lived on the Greek island of Cos around 460 to 361 BCE, is said to have stolen the prescriptions of Asclepius before destroying the god's temple, claiming the medicine and snake as his very own.

### *Hippocratic Mystery and Medicine*

The Hippocratic tradition is rooted in early observational medicine and viewed today as the beginning of a new, rational era of thought applied to the study of disease. Modern mythology holds that Hippocrates launched the practice of medicine into its current technical and more scientifically based state. In reality, the Hippocratic practice was actually similar to other spirit-related medical traditions of ancient societies and was by no means free of mystery and magic. Anyone who doubts this connection between Hippocratic medicine and religion need only attend the medical “oath-taking” reenacted for visiting medical VIPs on the island of Cos today. I've seen it and it is an unmistakably religious ceremony, shrouded in ritual and symbol common to religious traditions of the West today.

At the hands of Hippocrates and his students, the cult of Asclepius, complete with snake, spread throughout Greece and to Rome. The god was accompanied by his daughters Hygeia (hygiene), Panacea (cure all) and Telesphorus (convalescence), and his priests built temples of healing where diseases were cured and preventive measures were taught. It was said, in that day, that everyone who entered the sanctuary of the temples was cured. By 239 BCE, when a pestilence descended on Rome, the locals consulted with the Asclepians at their temple. As they did, a snake emerged from the temple and boarded the Roman ship that had transported the delegation. Believing this to be an omen, the cult became entrenched in Rome, giving way only gradually with the emergence of Christianity many hundred years later. We still pay homage, of sorts, to the grand old patriarch of medicine—Asclepius—not with temples but with wallets. To this day, his dominance of healing the sick overshadows the call of his daughters to prevent disease or support caregivers through the convalescence of the patient.

The Greek cults and systems of medicine spread not only to Rome, but also throughout the Arabic world, gradually coming to coexist with Islam. Unlike the emerging Christian traditions in Europe in the same era that addressed mainly the spiritual health of the patient, the Qur'an spoke to the physical as well. Although the believer was subject to divine aspects of health and illness, there were physical and natural causes of illness also. A believer was thus advised to bear sufferings for the merits that the trials would bring, but to seek secular healing when the disease became intolerable. The Prophet Muhammad instituted measures much like the public health directives of Moses, and compassionate caring for the sick was a practice of the Prophet himself.

### *Christian Mystery and Medicine*

By all accounts, healing was a significant part of the ministry of Jesus of Nazareth, on whose life the Christian tradition is built. He healed physical and mental conditions. He did not theorize about them, he simply cured them. He denied that illness had anything to do with the sin of the sick person or that of his parents (John 9:1-12). Occasionally he viewed illness as the result of evil spirits, as in a man possessed (Mark 1:23-28, Luke 11:14-20). He believed that there was an evil force loose in the world. This evil was part of a larger picture, and illness was only one manifestation of the death it caused. Sickness and death of both the physical and emotional body were part of the realm of the ministry of Jesus and were not intended to end when he departed the earth. Instead, he assigned the closest of his followers with the commission to go forward and, as stated by the Apostle Luke, himself a physician, “cure the sick...”(Luke 10:9).

Unfortunately, medieval Christianity did not take a step forward in either the science or the art of medicine. Medicine was subordinate to the study of theology. By this time, theology had shifted away from an imitation of the healing practices of Jesus, and now focused on an imitation of his life. Suffering acquired new meaning. The practice of medicine as a secular art, which had emerged in 200 CE with the work of Galen and other scientists, was considered to be inferior to the state of priesthood. Illness was viewed as either the result of sin or a test of faith. Suffering the trials of pain or disease to gain rewards in heaven was, therefore, the patient's most appropriate response. The love of the healthy body and intellectual curiosity about its functions,



which were “givens” within the Greek systems of health care, were not appropriate avenues for salvation of the soul, the more important purpose of life on earth. The dissection of cadavers was forbidden, and the mechanics of the body’s inner workings remained mysteries. Healing the patient or curing the disease was not necessarily good, except when that happened by the hand of God or His representatives—especially saints and their relics. In fact, healing could actually interfere with God’s plans for the individual.

Nonetheless, cults of saints grew up among the people and flourished during this time as their intercession for healing was sought. As practitioners of the healing arts, saints were largely specialists. The image of St. Sebastian, martyred by being shot with arrows, merged with that of Apollo, the archer-healer of the ancient Greeks. The saint was credited with saving Rome from the plague in 680 CE, when a church was built in his honor near the city. From that point forward, he became the recourse for the plagues that would all too often and all too suddenly curse the European continent. The word “plague,” whose Latin root means “blow, stripe, or stroke” of punishment, was, in that case, a fitting term for the meaning attributed to the sudden and widespread illnesses over which the people had little control. The devastation of a plague must certainly have felt like punishment. The hand of St. Theresa of Avila was said to cure jealousy and indigestion. Diluted blood from Thomas of Canterbury cured blindness, insanity, leprosy, and deafness. The saints Cosmas and Damian appeared to a physician in a dream to teach him mastectomy procedures. Apollonia—a saint whose teeth were knocked out during her martyrdom—became the patron saint of toothaches. St. Anthony was invoked against erysipelas, or *St. Anthony’s Fire*, as it came to be known in the eleventh century, and numerous cures were ascribed to him. Having a relic in the home, the church, and the nation was an indispensable tenet of health care. Sainly body parts were cut up to be dispensed as relics, becoming talismans against misfortune for the rich and powerful.

### ***Secular Healing Traditions***

Although many of the Christian rituals that emerged were quite similar to those of the Asclepians, there was a major difference. Christians established a tradition of taking in all patients. Even when non-Christian healers were aligned with a strong sacred healing tradition, they frequently avoided caring for patients they knew would not recover. They discriminated against the truly ill. A Christian healer ideal emerged out of this practice, and the priest-physician was institutionalized in Europe within the religious communities that cared for the sick. All the sick were welcome. St. Benedict was one of the early founders within this tradition. He established monasteries that, in addition to other monastic endeavors, provided care for the sick. They also grew and studied the various herbs and other prescriptions for treating disease.

During the Middle Ages secular-healing practitioners grew in number as well and practices healing for many years, sometimes at odds with religious healers and at other times in harmony. There is ample evidence that the powerful religious leaders of the day—popes and priests—sought secular remedies. Conversely, secular healers reciprocated. In Europe secular healers adopted the formal study of herbal healing as it emerged from the Christian monasteries. Nonetheless, frequently, and especially when the secular healers were women, they were fined,

excommunicated, exiled, and persecuted as witches who used the black arts and invoked Satan in their work.

Secular healers invited retribution from the religious powers because of the patients they treated. This might seem like a conundrum, but it is not. Unlike many other healers throughout recorded history, and even beyond the ethics of the Christians, secular healers were the “healers of last resort” and were the least likely of all healers to screen out the most critically ill and dying patients. Even the Christian healers who cared for all patients, including the dying, eventually abandoned the care of terminal patients to the providence of God. This was particularly true if patients suffered with pain. The etymology of the term “pain,” after all, is derived from the Latin *peona*, or punishment. Suffering was sanctified by saints, and it was sanctifying of souls. As a result, the overriding theological preference for many was to suffer. St. Catherine of Sienna, for instance, who today is regarded as one of the major teachers within the Catholic tradition, described her choice to suffer on earth rather than in eternity. Death was the last opportunity to assure eternal life, and meddling with the eternity of the soul was theologically incorrect.

Patients who reached the “end of the line” within the Christian tradition sometimes sought care from secular village healers for the “alternatives” they offered. These healers took on the cases that others had abandoned as terminal or incurable. Some historians believe that these so-called witch-healers even created their own myths and instilled fear about their potions to frighten away the uninformed, who might otherwise experiment with their powerful herbs—some of which, like digitalis, are still used today. They created this fear by giving common but powerful herbs names that would frighten away the uninitiated and limit experimentation by the uninformed. *Digitalis purpurea*, a biannual plant with a stem of bell-shaped flowers known as Foxglove in our gardens today, was called “Dead Man’s Bells.” Other herbals were named “Snake Milk,” “Graveyard Dust,” and “Beggar’s Tick.” Only the most foolhardy would dare venture into the “witches” garden. This blend of fear and respect may have protected the unwary patient, but it endangered the secular healer.

If patients judged incurable were treated by one of these secular healers and lived, the healer must certainly have a power that challenged God’s own. In the early centuries of healing, such a power was expected of healers. By the time of the European Christian era however, it was heresy. As a result, secular healers became vulnerable to the political retaliation of the most powerful social institution of the day: the Church, with its ordained healers and its eye on salvation. Once a secular healer emerged in the community, became known, and acquired a reputation for success, the healer—and this was usually, but not always, a woman—lived in a dangerous political predicament. If a patient lived, the healer could be charged with conspiring with Satan. If the patient died, on the other hand, the healer would be charged with incompetence and murder. Were her “Dead Man’s Bells” a tool of the devil to prevent the afflictions sent by God? Or were they used to kill the patient, without benefit of clergy at bedside? Either way, the secular healer was at risk of running afoul of local church authorities.

Throughout the ages, healers – with physicians carrying the heaviest burdens – had been held accountable for their failures. This is the primary the reason why some healers took great care in selecting patients. But practicing without benefit of “license” granted through religious

vows carried the most serious consequences of all—regardless of whether the patient lived or died. Hildegard von Bingen, an eleventh-century German abbess whose work in herbals and healing is enjoying a renaissance today, most certainly learned from and taught secular healers of her era. As much as their secular practices were similar to hers, as a vowed religious leader, her practices were ordained as safer and more likely to be in tune with the divine.

Happily, the conflicts were eventually resolved. The Protestant Reformation, particularly Calvin's insistence that salvation come through grace alone rather than through the works (including suffering) of man, separated the body from the grip of the church. Within the church, peace came when all healing, regardless of its nature and regardless of the nature of the healer, was declared to be a "miracle" from God. Furthermore, the church recognized the limitations and frailties of its own religious healers. The powers and prestige of healing and law were abused by some practitioners, and ecclesiastical circles acted in the twelfth century to curb abusive practices by the religious healers. To clip the avaricious wings of its healing angels, several church councils ruled that monks and "canons regular" were no longer allowed to study jurisprudence and medicine for the sake of temporal gain. The practice of healing and law were permitted, but financial compensation was banned.

This was the Middle Ages, several millennia after the first mentions in ancient texts of the sacred gifts of law and medicine. The two essentials of civilized society provided by God remained squarely and unmistakably in the hands of the priestly class. And, for the first time, healers were decreed, by the highest authorities, to provide uncompensated care in their practice of the healing arts.

### *Shamanic Mystery and Medicine*

Anthropological studies of native cultures and their reemergence in modern days confirm the historical interpretations of the sacred aspects of healing in those cultures that left no written records—especially with regard to the shamanic tradition. The shaman was a particular type of sacred healer. He or she, by virtue of heredity or "election," was "called" upon by the community to serve not only in the more secular, herbal healing roles, but in spiritual healing roles as well. The shaman was healer, priest, and, when necessary, undertaker. He engaged in healing arts, reconciled the soul to the gods, and accompanied the soul to the afterlife. It was for this reason that the "calling" was so important. The shaman was the keeper of the collective soul of the community and the healer of the specific souls who sought care. Initiated into the shaman role through dreams and personal crises of sickness, hardship, and brutal rituals, the shaman experienced the death, dismemberment, and resurrection of his own consciousness. Having come to grips with their own spirit—good and evil—and now in control of them, the shaman was a technician of sacred ways and was able to employ them for the benefit of others. The term "shaman" means literally "he who knows," and it was clear to the community that shamans knew the many mysteries of the forces of power.

The perceived causes of disease and the prescriptions to treat them are similar in many shamanic traditions. In the Australian aboriginal tribes, the shaman healers use both spiritual and herbal techniques, and they are evaluated to ensure they can produce miracles. Aztec shamans

traced the cause of some diseases and herbal remedies to the rain god Tlaloc. Water-related deaths, such as edema and drowning, were signs that the individual had been chosen to live with Tlaloc in the afterlife. To thwart the god's intentions to have the patient join him, the healers employed diuretic herbs to cleanse the body and relieve swellings.

Native North American tribes held similar views and placed the shaman within the priestly class of the culture. Diseases were seen as the result of evil spirits and soul wanderings. Healing occurred through God-given herbs and rituals. Even when medicine men viewed some techniques as tricks and "sleight-of-hand," they were used ethically because the gods sanctioned such tricks for the purpose of restoring health. Today, we call that a "placebo effect." Like saints in the Middle Ages, native shamans tended to specialize, both in the types of diseases and conditions they would treat, as well as in the types of treatment techniques they would employ.

When European medicine met tribal medicine during the American colonial period, shamans did not fare well. Both traditions were highly superstitious, and neither was far removed from invoking the mysteries of the gods. Nonetheless, early European observers of Native American healing described it as uninformed and ineffective. Traders, missionaries, and captives denigrated both the native practitioners and the patients for practices that were virtually identical to secular and sacred traditions in Europe. Although Europeans believed that "possession" by the devil was a cause of illness, with healing achieved by "casting out" the offending spirit, similar practices among the Native American tribes were discounted as savage. Europeans recognized devils by name and exorcised them. Cherokees, as well, named several dozen spirits, each with a specific ritual for "casting out," but they were viewed as primitive. French Jesuit priests decried the use of charms and totems among the Native American Indians, but themselves mixed water with dust from the tomb of an Iroquois girl, Kateri Tekakwitha, to perform miracles. She was later declared a saint, in part because of those miracles. Native healers remained respected and powerful within their culture despite these attacks, however. In fact, because of their power, they were viewed as a threat to the assimilation of native groups into white civilization. As a result, early government strategies to transition Native Americans into the mainstream civilization included undermining the respect for the native healer.

Many native healers went underground to survive, to maintain the traditions of the tribal society, and to protect the healing covenants they had established with their communities. For example, Christian names gradually replaced the Aztec native names of herbs to protect the healer from being denounced during periods of inquisition. Peyotl became "Mary's rose," and yauhtli, one of the two principal remedies of Aztec medicine, became "Saint Mary's herb." Traditional, non-Christian, sacred-origin practices could then continue in safety. Even today, modern Mexican shamans, called *graniceros* or "hail people," make yearly pilgrimages to caves that are swept with "Saint Mary's herb" to assure that evil spirits do not deprive the healers of their powers. Once inside, a blue cross, the symbol of the rain god Tlaloc, is worshiped in a combination of ancient and Christian ceremonies. Just to the north of that region, the U.S. Public Health Service accommodates traditional healing practices in its medical-care system for Native American tribes. Its hospitals include special rooms for important native healing rituals. Medical personnel and native healers practicing among the tribes have reciprocal referral relationships in their practices on reservations. Community Health Centers treating immigrant and native

populations with strong tribal-healer traditions incorporate those healing methods and personnel into their base of care and networks of referrals.

### *Modern Mystery and Medicine*

The shamanic tradition is reemerging globally, and so are other sacred-method healing approaches. In the 1980s, New Agers adopted shamanic practices in such numbers that Native Americans protested that the proliferation of sweat lodges, ritual dances, and spirit healing was a theft of their cultural and religious traditions. While some of those practices might be extreme for most people, the trend to incorporate the sacred into the secular practice of healing is growing, and the effectiveness of these approaches has been demonstrated. Even within the most traditional practices of medicine, there is a resurgence of interest in the connection between the sacred and healing arts. In fact, sacred healing approaches are being tested in clinical trials and have been demonstrated to be helpful adjuncts to modern secular techniques.

A number of clinicians and scientists are advocates of the connections between the spiritual and healing within the current practices in health care. Some, like Bernie Siegel, M.D., are physicians who have suffered severe illnesses and in the course of their care recognized the relationship of the mysterious and sacred forces to their healing. Others, like Harvard-trained Andrew Weil, M.D., saw the limits of contemporary allopathic medicine in the course of caring for others, particularly when the task was to promote wellness and not just to cure disease.

Some of the connections between the spiritual and modern medicine maintain the mystery of the sacred. Physician and former hospital Chief of Staff Larry Dossey incorporates prayer in traditional clinical practice and is comfortable with “not knowing” exactly how it works. Some of the connections attempt to demystify the sacred, as in Herbert Benson’s prescriptions for simple exercises in *Relaxation Response*, or with scientific measures in Doc Childre and Howard Martin’s *HeartMath Solution*. Regardless of whether the mystery is penetrated, however, the unknowns and the sacred connections to healing are unmistakably present once again as we care for patients and research disease. Nutrition and wellness expert Dr. Dean Ornish also promotes the value of intimacy. Medical intuitive Carolyn Myss describes the relationship between biography, biology, and chakra spiritual centers. Meditation, imagery, art, and music—those sources of nourishment typically considered food for the soul—have become medicines for the body as well. Not only have the mind and the body connected, but increasingly both have welcomed the soul to the party. Prayer of all sorts is once again present—this time in the healing encounters and enterprises of modern American health care.

A new magazine, *Spirituality and Health*, was launched. Amazon.com lists over six thousand book titles dealing with healing, and a substantial number draw on religion and spirituality as the prescription for the path to health. Weekend healing seminars and tent-meeting opportunities flourish. Faith-based communities offer spiritual and physical healing alternatives, expanding their roles into prevention and primary care, hiring parish nurses, and offering immunizations after Sunday services. They also continue to provide institutional care and maintain their missions in the wake of Medicare cut-backs and managed-care competition. Jews, Baptists, Lutherans, Adventists, and Catholics merge their spiritual missions with their medical



acumen and manage major health care operations. The largest of these is a \$40 billion Catholic enterprise comprising 10% of the country's hospitals.

Prayer is not necessarily a subject that lends itself to traditional clinical instruction. Nevertheless, in just the past five years, nearly one-third of the medical schools in the United States have added courses on prayer and healing to their curricula. Prayer is not the common subject of health care administration seminars. But managed-care executives hold conferences on the subject of prayer in medicine and taking it seriously enough to look ahead to its financial aspects. "Coverage," they state for the record, will depend on "proof that it works." Over 850 studies have examined the relationship between involvement in spiritual activities and mental health status and three-quarters of those studies have found positive relationships in adaptation to stress. In examining the impact on physical health, a majority of 350 studies found a positive correlation.<sup>6</sup> The impact of a spiritual life on health is, in fact, substantial. One study indicates it might have the survival impact of abstaining from smoking,<sup>7</sup> or adding between 7 and 14 years to one's lifespan.<sup>8</sup>

Proving that it works will take some research, and prayer is not the usual subject of our studies in health care. Yet, researchers are now examining the proper analytic methodologies for investigating its effectiveness. Physicists are hypothesizing the energetic mechanisms responsible for healing through prayer. Ethicists are debating whether prayer should be researched at all.

Ronald Kydd, in *Healing Through the Centuries, Models for Understanding*, describes six models of miracle-focused healing in which the success rates are within the range of the placebo effects of standard clinical interventions in medicine today:

- In the "confrontational" model, healing is done within the model of Jesus, as a direct confrontation with evil and intervention in the lives of men.
- In the "intercessory" models, those who led exemplary lives on earth and are now saints are called upon to request the assistance of God on behalf of the patient.
- In the "reliquarial" model, the remains, possessions, or burial places of holy people are the means for healing.
- In the "incubational" model, patients enter into healing sanctuaries in which they are prayed for over time to achieve the healing.
- In the "revelational" model, God reveals information to the healer to assist in the healing.
- In the "soteriological" model, best exemplified today in the healing ministry of Oral Roberts and most active in the Pentecostal church, God routinely "breaks in" on the lives of men for the purpose of healing and salvation.

None of these models are mutually exclusive, and they are frequently employed in combination. Common to each of these models (with the exception of the incubational) is that the healing will occur instantly.

What is useful in Kydd's work is the construction of a language for different healing models that will enable the closer examination of miraculous healing in the modern world. The bulk of miraculous healing is based on self-reports from patients without verification of clinical diagnostics—but then, a portion of our current traditional medicine is based on measures of patient satisfaction that are not dissimilar.

### ***The Sacred and the Secular: A New Partnership?***

Whether or not one is religious, honors the sacred, or prays, it is undeniable that disease is still frightening and the ordinary terrors of life are still as uncontrollable for us as they were for our ancestors. Healing today may well be even more mysterious. The biogenetics revolution creates even more fear, because it reveals that the causes of disease are not just the external evils of demons or the result of our own weaknesses; rather, the uncontrollable ticking bombs of ancestral programming await detonation within us. In the best of these scientific and clinical times, we may also face the most trying of times in integrating the sacred with the secular in pursuing the public policies for our modern care systems. In the worst of these post-September 11 times, we turn to law enforcement to protect us from the offenses of our global neighbors. We also turn to our healers to help us with the new stresses caused by bombings and the new risks created by weapons of a biological nature.

On the jacket cover of physician Larry Dossey's latest book, *Prayer is Good Medicine: How to Reap the Healing Benefits of Prayer*, Ayurvedic physician-guru Deepak Chopra, M.D., says, "With the elegance of simplicity and the precision of science, Dossey shows us how we can create a lasting partnership between faith and medicine."

In *The Scalpel and the Silver Bear*, the first female Navaho surgeon weaves her fascinating story of transformation from a mechanistic technician trained at one of the elite medical schools to a healer integrating the native with the new.

At a recent meeting of the American Psychiatric Association, Dr. Robert Palmer, a psychiatrist of Ojibway Anishinabe descent, discussed his use of traditional healing methods. Despite the fact that only a small percentage of his patients were of Native American ancestry, he employs a medicine wheel, a Mishomis (or grandfather stone), and ceremonies in his healing.<sup>9</sup> The sacred basis of healing appears to have come full circle and has arrived in modern health care. It will feel at home in the twenty-first century. It will be needed in this post-terror era, as suddenly, the mysteries and our fears loom larger than ever.

Given this history, I wonder: How strong are these traditions within the minds of patients and healers? How important is this history to the process of healing in a contemporary society? Do governments feel prepared to abide within the traditions that are at the source of healing and health care and may influence the process of care? Are policymakers prepared to recognize that those who function within the healing enterprise do so within a complex multicultural, ethical, spiritual foundation? Will public policies accommodate the attitudes and perspectives of these traditions that are harbored so fundamentally within patients? Can governments that step into

healing streams now swim in its waters, not only for the elderly and the poor it set out to help, but also for the rest of the world whose health it increasingly influences?

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<sup>1</sup> This appeared originally in 2001 in *Covenants: Inspiring the Soul of Healing*. Readers interested in exploring covenants in greater depth can find additional background in *History and Modern Applications of Covenant Healing Traditions* which appears in this series.

<sup>2</sup> William F. Buckley, Jr., "Mr. Goodwin's great society," *National Review*, 1965, 17(36):760.

<sup>3</sup> For an examination of the gift related to the law, see Alan M. Dershowitz, *The Genesis of Justice*, Warner Books, New York, 2000.

<sup>4</sup> David B. Morris, *The Culture of Pain*, Berkeley: University of California Press, 1991, p. 44.

<sup>5</sup> Lakshmi Raman and Gerald A. Winer, "Evidence of Immanent Justice Reasoning in Adults." Paper presented at the 107th Annual American Psychological Association Convention, Boston, 1999.

<sup>6</sup> H. Koenig, M. McCullough, D. Larson, *Handbook of Religion and Health*, New York, Oxford University Press, 2000.

<sup>7</sup> H.G. Koenig, J. Hays, D. Larson, "Does religious attendance prolong survival?" *J Gerontol A Biol Sci Med Sci*, 1999,54:M370-M377.

<sup>8</sup> R. Hummer, R. Rogers, C. Nam, C. Ellison, "Religious involvement and U.S. adult mortality," *Demography*, 1999, 63:273-285.

<sup>9</sup> Lynn Lamberg, "Native American physician incorporates tradition into mainstream medical care," *JAMA*, September 20, 2000, 284(11):1370.