Miracles, Cures, and Healing: A Montgomery Lecture to Medical Students

description: *Miracles, Cures, and Magic*. How should physicians respond to patients who pray for miracles? Knowing how "miracles" function symbolically in Christian scriptures is an essential cultural competency that can help patients and families in crisis.

I want to begin with a question. How do you feel, or how do you think a doctor *might* feel, when a patient's family says, in response to a dire prognosis, "we are going to pray."? Or—even more to the point—what about a patient who says explicitly, "I'm praying for a miracle here."

I'm not asking what doctors say, or what they *should* say. I'm asking, "what kind of gut reactions would you expect?" Give me one-word reactions.

Here's the problem. The most literal-minded of fundamentalists believe in a God who can at any moment reach down and unilaterally reverse any disease condition, no matter how advanced. Patients captive to such fundamentalism can be actively hostile to "scientific evidence" because they regard "science" as a rival religion. They can "pray for miracles" in ways that might disconcert physicians and perhaps interfere in physician efforts to guide patients toward informed choices about medical care.

Such radically literal-minded Christians are only a fraction of all Christians. But they are an influential fraction. They are influential because a highly politicized, hard Right fundamentalism rose to political prominence in opposition to the Civil Rights movement of the 1950s and 1960s. Christianity itself was in effect hijacked and weaponized. The public identity of "Christian"—the Christian "brand," to speak crudely—has become radically anti-gay, anti-science, absolutist, judgmental, and so forth.

And so, because *some* believers are prone to magical thinking about the omnipotence of God, and because "Christian" has come to mean "science-denying bigot," *all* believers can be regarded with acute suspicion by those who are not affiliated with any religion at all. And given this state of affairs, reasonable believers may hesitate to say

anything about religion to their physician for fear of being regarded as a literal-minded fundamentalist.

And that's a human loss for all of us, believers and seculars alike. [aside: story about my dentist]. It's especially a loss when the patient is *not* a fundamentalist, because spiritual practices can help believers to remain centered, self-aware, resilient, grateful, gracious, and compassionate. Secular mindfulness meditation, for instance, has its origins in religious teachings about prayer, teachings that are found both in Buddhism and in Christianity. Meditation practice was well established in Christian monasteries and convents in the very ancient world.

What can be done? Nobody wants to argue theology with patients. That's not appropriate. But imagine, for instance, the performance pressure on a surgeon when families have literal-minded miraculous hopes for what surgery can achieve. Imagine the pressure on medical teams in end-of-life scenarios when families steadfastly insist that prayers can achieve what medical science cannot—and so heroic measure must be continued while we wait for God to intervene in human physiology. It's hard enough to say, "Grandma is dying and there's nothing we can do about that." It can be even harder when saying that Grandma is dying carries the subtext, "God is not answering your prayers. It's time to give up on God."

As a cultural historian and, yes, as a Jesuit-educated Irish Catholic, I'm fascinated by the immense cultural pressures and complicated cultural history surrounding the interactions between medical providers and patients who talk about praying. I realize that sometime these patient comments are offhand remarks, not meant seriously at all. But sometimes, surely, these patients mean exactly what they say. And they are in effect asking, "Can you accept my faith as part of my identity?" Ignoring a patient's faith is like ignoring any other major aspect of a patient's social identity, particularly since faith can be kept hidden in a way that race, ethnicity, age or gender cannot. *If I signal that I'm a Christian—which, by the way, I never do for fear of being judged an idiot—I'd be asking my provider to accept and respect this fact about me.* Knowing how to cope with believers is part of cultural competence.

But what does that mean? What does that competence entail? I'm not sure: I'm not a medical provider. I'm not even a bioethicist. But this much I can say: a doctor who is visibly uncomfortable, or who pointedly ignore such remarks, is missing an invitation that can make caring for this patient far more rewarding and probably much easier on all sides. How the physician responds to a patient's religious faith *from the very beginning of the doctor-patient relationship* can either invite or preclude the immense pressure exerted by the entire religion-v-science cultural complex.

I'm here today to offer some cultural history that can help both providers and bioethicists to figure out what cultural competence with regard to Christianity actually entails. I have two big stories to tell. The first is the origin of contemporary fundamentalism. The second is what "miracles" actually refer to in the Christian gospels.

First, then, many people outside of Christianity are startled to learn that biblical literalism and papal infallibility are reactionary Victorian inventions intended to silence and repudiate mainline Christian biblical scholarship. Biblical literalism and papal infallibility are not ancient teachings. I explain all of that in three very short chapters of *Confronting Religious Absolutism.* Here's the sound-bite version of that story.

Papal infallibility emerges for the first time in 1871. Prior to the radical claims and legally dubious maneuverings of Pope Pius IX, no one had ever regarded the pope as infallible. In medieval art, for instance, popes are regularly featured among the damned in hell.

Biblical literalism and biblical inerrancy arise in the 1880s. But no one in the ancient and medieval world would ever have placed such emphasis on the literal or historical truth of scripture. Major Christian theologians in the ancient world—the so-called "Church Fathers"—warned that reading the Bible literally would expose sacred scripture to ridicule. They singled out the creation stories in Genesis as a prime example of stories that cannot be taken as accounts of actual events.

Mainline Christian tradition does not read scripture literally because—as those biblical scholars had demonstrated for centuries—both classical Greek and classical Jewish interpretive tradition insist that the literal level of a text was its least significant aspect. In

the ancient world—in the cultural context in which the Bible was written—the important levels of any serious text were the allegorical, the symbolic, or the mystical. Explicating these three higher levels demands exquisite sensitivity to metaphor.

So how did we get from the classic traditions of Christianity to the mess we are in today? I explain all that in my TedX talk, which is on my website. But basically: roughly 1870-1890, the conceptual origins of totalitarianism emerge in Western thought as a reaction against the rise of democracy. Totalitarianism claim, each in its own way, to have an unquestionable truth. They claim a far more sweeping, "modernist" version of the power once wielded by divine-right monarchs. And in the name of this absolute-and-unquestionable truth, totalitarians claim equally unquestionable authority. *In particular, totalitarians claim the right to condemn and exclude, a rhetorical violence that easily escalates into physical violence.* Biblical inerrancy and papal infallibility are two very closely related religious claims to absolute authority. And the believers making such claims are notable for their support of torture, capital punishment, and military intervention abroad.

What philosophers now call "dogmatic scientism" was another version of Victorian absolutism. Any number of figures attempted to claim sweeping and absolute authority for "Science." in a development philosophers of science call "dogmatic scientism." Major figures here include Edward Tylor, Sir James Frazer, Thomas Malthus, and Herbert Spencer. Their world was synthesized and popularized in America by the immensely popular journalist Walter Lippmann. In 1929, Lippmann boldly proclaimed that "science" is the new Religion of Man, a religion destined to replace traditional religions like Christianity, Islam, and Judaism. My bibliography offers several sources for reading more about all of this.

Needless to say, dogmatic scientism and religious fundamentalism took one another on as mortal enemies, much to the dismay of good people involved in genuine scientific research or in classic religion traditions.

And beginning in the 1930s, the far-Right wing of the Republican Party channeled remarkable amounts of money, advertising talent, and political expertise to exploiting

biblical literalism and its antipathy to "science" for political gain. One measure of their success is the prevalence of climate-change denial in the United States, a development built atop the earlier denial of evolution, which was itself code for political opposition to the Progressive movement. Another is the persistence of a racist, nativist strand in the American culture: for instance, in the 1950s, Jerry Falwell was preaching against racial integration. This too has been scrupulously documented by historians, and I offer those sources.

How does knowing this history help the medical team confronted with a truly fundamentalist patient or family making irrational demands? Let me tell you how it helps. If fundamentalism is a recent and quite malignant aberration from classic Christian belief, then hospital chaplains are major allies. They have a potentially major role to play in helping to care for such patients and their families. Well-educated theologically sophisticated chaplains will know how to console and persuade such believers. And their task will be much easier the sooner they are brought in to a difficult case—ideally before the culturally potent religion-versus-science matrix has become too embedded in the conflict. Christianity is an immensely complex symbolic language. The good chaplain is something like a translator—a translator who knows how to avoid sending the implicit or unconscious message, "it's time to give up on God; your faith has failed now get out of our way."

My second story: what "miracles" actually mean in the Christian gospels. Knowing *this* bit of history can provide a glimpse of the symbolic languages that the good chaplain has available. Specifically: understanding what "miracles" meant in the ancient world, and thus what they meant in the gospels, can help us to reframe "praying for a miracle" talk within the familiar medical distinction between "healing" and "cure." The gospels stories are called the *healing miracles,* after all. Not the "miracle cures." That's just a hint of the real complexity of these stories.

The Christian gospels are four very short biographies recounting the life of Jesus. They are found in the second half of the Bible. They were composed from oral and written sources somewhere between two and four generations after Jesus himself. They were written in Greek, not Aramaic, which was the language Jesus himself used, and they

reflect all the literary conventions of heroic biography in the ancient world. Each gospel offers a highly crafted and distinctive interpretation of who Jesus was, what he taught, and why it matters. And in each of these narratives, Jesus works miracles.

The miracle story was a well-established commonplace in heroic biographies in the ancient world. In the gospels, as in the Bible generally, and as in the ancient world across the board, miracle stories were about politics, not physiology. They were symbolic arguments about power and the use of power. Miracle stories offered highly encoded symbolic claims about the social, economic, and political status quo.

As late as the Middle Ages, for instance, it was thought that the touch of the king could heal. Why? Because the king embodied ultimate power and thus consummate divine favor. Some of that cultural symbolism lingers: it explains why some people thrust babies into the arms of politicians: it's good luck for a child to be touched by the powerful.

As symbolic claims, ancient-world miracle stories shared an assumption that medical science does not share: in the ancient world, disease and disability were seen as punishment for offending the gods or, at the very least, proof of divine disfavor.

Although medical science disavows that causality, it persists in our culture in unconscious and psychologically complex ways. People who become acutely ill do often feel punished, isolated, excluded, stigmatized, and guilty. They can feel baffled by and even more guilty about feeling these ways, because the medical model says such feelings are "irrational" or "inappropriate." Rational or not, however, such feelings are real. And they are a very real source of suffering. But in the ancient world, such beliefs were accepted as both normal and accurate. We have to accept the meaning of disease and disability in the ancient world if we are going to appreciate the significance of miracle stories in the Gospels.

As scholars by the score have delineated in the usual scrupulous detail, the miracles attributed to Jesus were a sharp departure from the ordinary miracle story. Jesus's miracles *confronted* the political, economic, social, and religious status quo in occupied

Palestine. He symbolically undermined the legitimacy of the Roman empire and the legitimacy of collaborationist toadies through whom Rome exploited the Jewish peasantry to the very edge of starvation. He did so by asserting on theological grounds that that those who suffer are *not* being punished and so they should *not* be excluded, isolated, stigmatized, or condemned. Jesus demonstrated that God sides with the beleaguered, the suffering, and the excluded, not with the rich and the powerful. And that was a fatally dangerous claim to make. If God stands with the poor, the hungry, the sick, the disabled, and the suffering, then God does not stand with the rich and the powerful who so casually exploit the politically helpless.

In fact, Jesus's healing miracles focus very sharply on medical conditions that were most highly stigmatized in the culture of the day. Leprosy, for instance, which at the time referred not to Hansen's disease but to any skin disease at all. Skin disorder were above all else "the disease of the soul." The presence of such a person in a village morally contaminated the entire community—and so they were banished.

Jesus insisted that God does not punish us for our moral failures; God *forgives* sin. And so, of course, within these Gospel stories, when people trust that Jesus is right in what he says about God, when they have faith in his teaching, their diseases and disabilities vanish.

Disease and disability vanish because that's the narrative convention of ancient storytelling: show, don't tell. Ancient storytellers rarely tell us what anyone is feeling. They do not depict the interior of conscious. Eve does not get a long dramatic monologue, "To eat or not to eat, that is the question, whether 'tis nobler in the mind to believe that God is a deceptive jerk . . . " Neither does Achilles or Odysseus or Oedipus. We don't see such direct revelations of interior consciousness in storytelling until Shakespeare. Prior to 1600 or so, character is revealed only by action. A character *does* something. Something *happens.* The lame walk. The blind see. They realize they are not hated and punished by God, and so they are healed.

Such healings were rendered all the more likely in the ancient world by the fact that someone who was in fact guilty of wrong-doing would be culturally expected to express their guilt in ways that today we would regard as psychosomatic. A man whose wife and

children were sold into slavery to pay taxes to Rome, for instance might well fall into paralysis. Miracles addressed guilt, shame, and social stigma—not cell biology.

The theological point of these stories is clear. And it's is not that God can reach down and take control of widely metastatic cancer, or failing hearts, or whatever. The message was that suffering is not punishment. Suffering is not punishment because God is not violent. God is not vindictive. God is not scientific causality personified. God is sustaining, healing Presence amidst human suffering, and God calls us to be sustaining, healing presence for others by what we say and what we do.

Physicians sometimes cure. Cures can be quite dramatic. I took my very first dose of theophylline in my middle thirties, after a lifetime of undiagnosed cough-variant asthma. Let me tell you, that sure felt like a miracle. For the first time in my entire life I could inhale completely. The fact that I knew there was a physiological mechanism somewhere didn't for a moment change how I felt. It was *uncanny.* It felt like *magic.* Consciously or unconsciously, such experiences can shape the expectations patients bring with them to the office or the hospital room: from a patient's perspective, especially from the perspective of a poorly educated patient, modern medicine can seem replete with the uncanny and the miraculous.

But whether or not dramatic medical cures are possible, physicians always seek to heal. Like Jesus, in fact, physicians commonly seek to confront and overcome the social and psychological isolation suffering imposes. Like Jesus, in fact, many physicians also advocate for structural changes in unjust social, economic, and health-care systems that create disparities in health among impoverished populations. In the gospel miracle stories, Jesus makes a claim that today's medical community would endorse, and can endorse, without regard to Jesus's specific theological basis for his teaching. That is, we agree that disease and disability are not punishments. We agree that the suffering do not deserve the social and psychological isolation that they experience.

And that's a basis—a perfectly honest basis—from which to respond to patients or to families who seem to be praying that God will interfere with reality on their behalf. Here's what I'd suggest.

I'd begin, of course, by acknowledging that patients do sometimes recover unexpectedly just as patients sometimes die unexpectedly. But there's a bigger miracle, a more common miracle, a miracle that physicians see all the time. In some way appropriate to the situation and the patient, the physician might explain that some patients get angry and depressed but other patients face whatever they have to face with a remarkable fortitude, resilience, grace, and gratitude toward everyone on the healthcare team. Or some families face death by falling apart, becoming angry, becoming vindictive and condemning, but other families mirror the fortitude, resilience, grace, and gratitude that some patients also demonstrate.

And there's no explaining any of that either, just as sometimes there's no explaining medical outcomes. But when it happens, it sure feels like a miracle. It's *healing* for everybody, for patients and for families and for the whole healthcare team too.

Here's my question. Is it ethical for a physician to step far enough into a Christian patient's worldview to say that maybe the end-of-life miracle here is going to be not that Grandma survives but that everyone feels confident letting her go is morally appropriate? And further more confident that *we are not abandoning Grandma* when all we do is sit and hold her hand rather than poking her with needles, hooking her up to machines, or giving her drugs?

Speaking religiously here for a moment, as a Christian, as one who attempts to live as Jesus taught, I am called above all else never to abandon the suffering and the helpless. I am called to resist all the ways in which our culture unjustly ostracizes, demeans, and diminishes people. And this has always been absolutely central to what it means to be a Christian

For instance, in the very early centuries immediately after the death of Jesus, for instance, Christians opened hospices and orphanages. Amidst epidemics and plagues that repeatedly swept ancient cities, Christians became famous for their willingness to feed and care for the sick and the dying. And when Christians who had acquired auto-immunity to these infections thus ministered to other without falling ill themselves, that too was hailed as a miracle. The emperor Justinian, unhappy about the growth of

Christianity, famously complained that "these impious Galileans feed not only their own poor, but ours also."

And so, consciously and unconsciously, both psychologically and spiritually, *not abandoning Grandma* may be a crucial issue for Christian families—as it is, I suspect, for many families. And "abandonment" is an issue that providers can address within the familiar medical matrix of curing vs. healing.

Here's the point to emphasize: we have not stopped trying to heal Grandma when we stop trying to cure her. The effort to heal must continue and intensify. (That's what palliative care is all about.) But in this effort to heal, the family takes over from medical technology and medical science, because the family knows best how to insure that Grandma never feels abandoned—not by God, and not by them.

Another example. Is it professionally appropriate, is it morally right, for an oncologist to say to a newly-diagnosed Christian patient that while cure may be statistically unlikely, *healing* happens all the time?

Let me conclude by saying this: pain, disability, disease, and death are inescapable part of the human condition. But suffering? I'd argue that a robust, authentic religious faith can lessen suffering quite dramatically because faith can overcome the terrible isolation imposed by pain, disability, and disease. You don't have to share my faith, not for an instant, to recognize how powerful it might be to feel, "I'm not alone. I'm never alone. I am loved, valued, and valuable no matter what." That's a core belief widely shared by Christians, fundamentalist or not. Prayer is an attempt to stay in touch with that reality. Prayer helps the believer to become less reactive, less anxious, less combative, and more disposed to patience, gratitude, and resilience.

And so, when faced with a deeply religious patient—fundamentalist or not—a physician who seek always to heal, even when cure is impossible, can begin by accepting that religious faith can provide a robust foundation for the experience of healing. Patients who arrive predisposed to *healing* might be remarkably rewarding patients, but only our providers are open to what we are trying to signal when we talk about praying.

Which, as I said before, I have never dared to do in conversations with physicians. That's the dangerous power of fundamentalism in this country: authentic Christianity has been hijacked in ways that all too often silence both physicians and patients—to everyone's loss.