

WORKING TOWARD *SHALOM*

Purpose: To establish a biblical understanding of health as *shalom*

Objectives: After reading this chapter and completing the exercises, you should be able to:

1. Compare definitions of *health* in the nursing literature with the biblical concept of *shalom*
2. Describe the cultural influences on a person's understanding of health
3. List five dimensions of health
4. Explain the implications of a your definition of health on your nursing practice

Keywords: health, healing, culture, shalom, wholeness, relationship

Susan stood on my (Judy's) doorstep, a glowing picture of health. Her eyes flashed with enthusiasm for life, and a deep sense of joy radiated from her face, but the large mass on her neck betrayed another force at work in her body. Susan was on her way home from radiation therapy for a rapidly growing thyroid cancer, but she had never felt more alive.

She wanted to tell me how much her relationship with God and the friendships she had developed within the congregation meant to her, and how that gave her a different perspective on her illness. She knew she was dying, but she felt at peace. She was ready to meet God, and she knew that her husband, Joe, would not be left alone—people in the church would continue to care for him.

Susan's view of the church had not always been this positive. As a young woman, Susan and Joe were active church members in a neighboring congregation. She raised her family in a Christian home and taught Sunday school for several years. However, after her daughters were confirmed they gradually drifted away from the church. When her oldest daughter became engaged, she

called the pastor asking him to officiate at her wedding. The pastor refused, stating that since she was no longer an active member, it was against his policy to perform the ceremony for her. The incident hurt Susan deeply. She grew angry and bitter toward God and the church. She and Joe withdrew from the congregation and did not participate in any church activities for about twenty years.

During those years away from their church, Joe passed our church building every Sunday morning on his way to the golf course. Each time, he felt something drawing him into the building. Finally he began attending worship, then joined a Sunday-school class, where he once again began to grow in his faith and delighted in the fellowship with people in the church. For years the Sunday-school class prayed with him that Susan would release her bitterness and return to church with him. She slipped in occasionally but kept her distance. Then tragedies began to strike. First a son-in-law died in an automobile accident. Then Susan's brother died of a rapid-growing thyroid cancer. Within months Susan faced the same diagnosis.

Throughout all the crises, the church ministered to Susan through notes, visits, flowers and prayers. Finally her resistance broke down. She came back into a vital faith and began to enjoy the fellowship of the community of God's people. As Susan's illness progressed and she became homebound, I visited her as a volunteer parish nurse. We discussed the importance of taking her pain medication and why she didn't have to worry about becoming addicted. We developed a strategy to deal with the side effects of her medication. Our primary focus, though, was on her relationships: with her husband, her family, the church community and God. We prayed together, wept and hugged. Susan died just before Christmas. Her funeral was a celebration of life and faith—a testimony to the health God offers us in his *shalom*.

What Is Health?

The popular media portray health as youthful appearance, hard muscles, sleek bodies, clear skin and cavity-free teeth. Nursing literature is increasingly moving to the other extreme. Health is "expanding consciousness," according to nursing theorist Margaret Newman.¹ It is "essentially synonymous with becoming, which is an open, rhythmically co-constituting process of the human-universe inter-relationship," according to theorist Rosemarie Parse.²

¹DeAnn M. Hensley, Kimberly A. Kilgore, Jill Vass Langhitt and Laphyllis Peterson, "Margaret A. Newman: Model of Health," in *Nursing Theorists and Their Work*, ed. Ann Martiner (St. Louis, Mo.: Mosby, 1986), p. 371.

²Rosemarie Rizzo Parse, "Human Becoming: Parse's Theory of Nursing," *Nursing Science Quarterly* 5 (1992): 13.

- One nursing text compiled the current definitions of health and listed these:
- a dynamic process
 - determined subjectively and objectively
 - a goal
 - being able to take care of yourself
 - optimal functioning in body, mind and spirit
 - integrity of self
 - a sense of wholeness
 - coping adaptively
 - a subjective experience
 - growing and becoming
 - a broad concept³

According to current nursing literature, health is indeed a broad concept; so broad, in fact, that it ceases to be an adequate goal for nursing. Margaret Newman even states, "Health encompasses conditions that heretofore were described as illness, or in medical terms, pathology."⁴ For the most part, contemporary nursing definitions of health focus primarily on a state of mind. Older definitions and conventional wisdom (as represented by television commercials) focus on the body. The World Health Organization (WHO) idealistically defined health in 1946 as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." It was a definition that medical ethicist Daniel Callahan says set the stage for a conception of health that literally encompasses every element of human happiness.⁵

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

WORLD HEALTH ORGANIZATION

Earlier I said that Susan radiated health despite her tumor. She obviously did not meet the WHO standard of health. On what basis could I say that Susan was "healthy"? What is the difference between that understanding of health and Margaret Newman's? Susan demonstrated health in her attitudes and relationships,

³Janice B. Lindberg, Mary Love Hunter and Ann Z. Kruszewski, *Introduction to Nursing: Concepts, Issues and Opportunities* (Philadelphia: Lippincott, 1994), pp. 198-99.

⁴Hensley et al., "Margaret A. Newman," p. 371.

⁵Daniel Callahan, "The WHO Definition of 'Health,'" *Hastings Center Studies* 1, no. 3 (1973): 77-87.

but the tumor itself was not encompassed in her health—it remained a very serious pathology. However, if we view the person as an integrated whole, created to live in harmony with God, self, others and the environment,⁶ then health means being able to function as God created us to be. It involves reconciliation with God and others, forgiving and accepting forgiveness, loving and being loved, finding meaning and purpose in life leading to a sense of joy and hope, as well as freedom from physical ailments.

Health Is Culturally Defined

To some extent, health is culturally understood. Nursing theorist Madeleine Leininger explains, "Our rapidly growing multicultural world makes it imperative that nurses understand different cultures to work and function effectively with people having different values, beliefs, and ideas about nursing, health, caring, wellness, illness, death, and disabilities."⁷ She sees human caring as the heart of nursing and as a universal phenomenon. "Health refers to a state of well-being that is culturally defined, valued, and practiced, and which reflects the ability of individuals (or groups) to perform their daily activities in culturally expressed, beneficial, and patterned lifeways."⁸ Hence nurses must draw their goals for nursing from the persons or groups in their care.

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Richard Rohrbach attempt to uncover the cultural understanding of health found in the time of Jesus.⁹ They stress that in ancient Mediterranean culture a person's state of being was more important than the ability to act or function.

Illness is not so much a biomedical matter as it is a social one. It is attributed to social causes, not physical ones. Because sin is a breach of interpersonal relationship, sin and sickness go together. Illness is not so much a medical matter as a matter of deviance from the cultural norms and values.¹⁰

⁶ Adapted from Judith Allen Shelly and Sharon Fish, *Spiritual Care: The Nurse's Role* (Downers Grove, Ill.: InterVarsity Press, 1988), p. 33.

⁷ Madeleine M. Leininger, ed., *Culture Care Diversity and Universality: A Theory of Nursing* (New York: National League for Nursing Press, 1991), p. 6.

⁸ *Ibid.*, p. 48.

⁹ Bruce J. Malina and Richard L. Rohrbach, *Social-Science Commentary on the Synoptic Gospels* (Minneapolis: Fortress, 1992), pp. 70-72.

¹⁰ *Ibid.*, p. 71.

the worshipping community. Healing is directly related to the cultural belief system.

Missionary physician Tony Atkins describes the African view of health in a similar way, as a function of community. He explains, "It is an indigenous concept that acceptance within, and harmony with family and society are important elements in healing and preserving the health of people."¹¹ He compares the African view to the biblical understanding of health and concludes, "For the Jew, as for many people in tribal societies today, health was essentially a positive quality that derived from the fact that people existed in total harmony with the world and in harmony with God."¹²

A Biblical Understanding of Health

The biblical understanding of health is closely related to the concept of *shalom*. Often translated as "peace," *shalom* actually incorporates all the elements that go into making a God-centered community—peace, prosperity, rest, safety, security, justice,

happiness, health, welfare, wholeness. Christian philosopher Nicholas Wolterstorff defines *shalom* as "the human being dwelling at peace in all his or her relationships: with God, with self, with fellows, with nature."¹³ The future new Jerusalem described in Revelation 21:2-4 illustrates the meaning of *shalom*:

And I saw the holy city, the new Jerusalem, coming down out of heaven from God, prepared as a bride adorned for her husband. And I heard a loud voice from the throne saying, "See, the home of God is among mortals. He will dwell with them; they will be his peoples, and God himself will be with them; he will wipe every tear from their eyes. Death will be no more; mourning and crying and pain will be no more, for the first things have passed away."

Like the WHO definition, the concept of *shalom* is too broad to be the goal of nursing, but it provides a perspective through which we can frame our understanding of health. Linked to the biblical understanding of the person, *shalom* points us to how the healthy person functions. It includes the physical, psychosocial and spiritual dimensions of the person.

Shalom is the human being dwelling at peace in all his or her relationships: with God, with self, with fellows, with nature.

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¹¹Tony Atkins, "What Is Health?" *Health and Development*, summer 1984, p. 5.

¹²Ibid., p. 6.

¹³Nicholas Wolterstorff, "For Justice in Shalom," in *From Christ to the World: Introductory Readings in Christian Ethics*, ed. Wayne G. Boulton, Thomas D. Kennedy and Allen Verhey (Grand Rapids, Mich.: Eerdmans, 1994), p. 251.

Biblical scholar Walter Brueggemann explains this perspective of health as *sbaum*.

Health refers to stability enough to share in the costs and joys, the blessings and burdens of the community. To be healthy means to be functioning fully in terms of the norms, values, and expectations of the community. *Healing* refers to the restoration and rehabilitation of persons to their full power and vitality in the life of the community. Sickness, then, does not refer primarily to physical pain as much as to the inability to be fully, honorably, and seriously engaged in the community in all its decisions and celebrations.¹⁴

Hence, we should not be surprised when a terminally ill patient rallies long enough to attend a daughter's wedding or celebrate Christmas with a son returning from an overseas military assignment. Research that demonstrates the value of support groups, prayer and worship attendance in maintaining physical health illustrates this perspective.

The spiritual dimension is not just one part of the person, it encompasses the whole being. The late theologian Paul Tillich illuminates the idea of *dimensions* by saying that the person should not be considered "as a composite of several levels, such as body, soul, spirit, but as a multidimensional unity." The dimensions do not "lie alongside, but within each other."¹⁵ He then describes six dimensions: mechanical, chemical, biological, psychological, spiritual and historical. He proposes that health cannot be defined apart from its opposite—disease—and disease affects all dimensions of the person. True healing takes place only when all six dimensions are healthy; however, in this life we must usually be content with limited healing. Ultimate healing comes through Jesus Christ, who is the *sōtēr*—a Greek term that means both "savior" and "healer." The interrelationship between health and salvation in the New Testament is striking. When a group of men brought their paralyzed friend to Jesus, they were surprised to hear Jesus say to him, "Your sins are forgiven" (Mk 2:5; Lk 5:20). He then went on to heal him physically. There seems to have been a relationship between the man's need for forgiveness and his illness. When a woman with chronic vaginal bleeding touched the hem of Jesus' garment, he replied to her, "Your faith has made you well," implying a relationship between faith and healing (Mt 9:22).

¹⁴Walter Brueggemann, *Peace* (St. Louis, Mo.: Chalice Press, 2001), p. 199.
¹⁵Paul Tillich, "The Meaning of Health," in *On Moral Medicine: Theological Perspectives in Medical Ethics*, ed. Stephen E. Lammers and Allen Verhey (Grand Rapids, Mich.: Eerdmans, 1987), p. 162.

The Greek word *sōzō*, used here and elsewhere for "healing" (see Mk 5:23; 6:56; 10:52; Lk 8:48-50; 17:19; 18:42; Acts 4:9; 14:9; Jas 5:15) is translated in other passages as "salvation" (see, for example, Mt 1:21; 10:22; 19:25; 24:22; Mk 16:16; Lk 13:23-24; Jn 3:17; 10:9; Acts 2:21; 4:12; 11:14; Rom 10:9). When Jesus cleansed the ten lepers (Lk 17:11-19), only one returned to thank him. Jesus told that man, "Your faith has made you well [*sōzō*]." All ten were cleansed of leprosy, but only the one who returned found complete healing—and it was intimately wrapped up in his ability to praise God.

The whole point of Jesus' healing people was to restore them to a fuller, richer relationship with God and the faith community. Theologian Jürgen Moltmann explains, "Healing consists of the restoration of disrupted community, and the sharing and communication of life. Jesus heals the sick by restoring their fellowship with God."¹⁶ Theologian Thomas Droege expands this idea:

Since wholeness is more than physical well-being, the healings of Jesus also effected changes in the meanings and values of those whom he encountered. Jesus consistently called people to repentance. He invited people to turn away from those things that brought division and disintegration into their lives and to become responsible for their own health as well as the health of others.¹⁷

Such a definition goes far beyond the scope of nursing, but it also reveals something of our relationship to other members of the health care team and to the Christian community. Because people are multidimensional beings in need of holistic healing, we are also a multidimensional healing community. Nursing encompasses only one dimension of health care. However, the role of the nurse does not necessarily "lie alongside" medicine and pastoral care; in many ways it is "within" both. It involves recognition that both the nurse and the person receiving care are members of a community and dependent upon God. Healing requires us to function harmoniously within those communities and in partnership with God.

Healing consists of the restoration of disrupted community, and the sharing and communication of life. Jesus heals the sick by restoring their fellowship with God.

JÜRGEN MOLTSMANN

¹⁶Jürgen Moltmann, *The Spirit of Life: A Universal Affirmation* (Minneapolis: Fortress, 1992), p. 191.

¹⁷Thomas A. Droege, "The Healing Ministry of Jesus as an Example of Wholistic Health Care," in *Theological Roots of Wholistic Health Care*, ed. Granger Westberg (Hinsdale, Ill.: Wholistic Health Centers, 1979), p. 19.

Implications for Nursing Practice

Functioning under such definitions leads to some fuzzy distinctions, but it acknowledges what we already know and reduces the spirit of competition. There will be times when nursing stretches to include practicing medicine. Nurses in developing countries with scarce resources and few physicians have always gone far beyond the limits of traditional nursing—diagnosing, treating, prescribing and even performing surgery.¹⁸ Today's advanced practice roles also push hard into the once ironclad bounds of medicine.¹⁹ In a similar way, nursing borders on entering into the role of clergy—even to the point of organizing through religious orders or working as parish nurses and deacon nurses on churches' ministerial staffs. Rather than fight turf battles, we need to recognize that the pursuit of health must remain multidimensional and interdisciplinary. Just when we think we have the lines drawn properly, they will shift again.

What then are the implications of this multidimensional understanding of health for nursing? Florence Nightingale understood nursing to be taking "personal charge of the health of others."²⁰ If we are to take charge of it, we must know what it is!

Nurse educator Ruth Stoll defines health as having five dimensions:

Wholeness. Health is wholeness, the harmonious unity of the person within himself and outwardly with God and his environment.

Transformation. Health is a dynamic process of internal transformations progressively reflected in the person's outward behavior.

Relationship. Health is the experiencing of loving, just and forgiving relationships with God, self and others that provide meaning and purpose in life.

Coping and adaptation. Health is a reality-oriented perspective that allows the person to adapt and cope with internal and external change and stress.

¹⁸See, for example, J. Birney Dibble, *Outlaw for God: The Story of Esther Bacon* (Hanover, Mass.: Christopher, 1992). An LCA missionary nurse in Liberia, Esther Bacon often taught the missionary doctors how to perform surgery and deliver babies in culturally appropriate ways.

¹⁹Betty Souther, "Congregational Nurse Practitioner: An Idea Whose Time Has Come," *Journal of Christian Nursing*, winter 1997, pp. 32-34. Souther, the director of the Center for Health Studies at Houston Baptist University, has developed a new Master's of Science in Nursing program to prepare parish nurses to perform in a role once reserved for physicians.

²⁰Florence Nightingale, *Notes on Nursing: What It Is and What It Is Not* (New York: Appleton, 1860), p. 3.

Human paradox. Health is creative living with the human paradox of being and becoming, of living with sin, redemption and restoration.²¹

Theologian Karl Barth defined health simply as "the power to be as man exercised in the powers of the vital functions of soul and body."²² In other words, it is to be all that God created us to be. Missionary physician Daniel Fountain cautions:

Health cannot be defined. It is not simply an object for analysis. To render it such is to think secularly about health. Health is life, a gift we receive, an endowment we are to develop, and a journey we are to pursue. We can observe and analyze much along the way. We can manipulate and improve certain aspects of health and life. But we can never comprehend the whole.²³

While it may be true that we can never fully grasp the concept of health (hence the wide range of definitions), most people instinctively know what it means to be healthy. Perhaps Tillich's insistence that health can be defined only in contrast to its opposite—disease—can help direct our understanding. People all over the world, in every culture, seek health care when pain or disability prevents them from attending to the activities of daily living. What are they hoping to find? At first they are looking for relief from pain, ability to function and restoration to their social environment. This level is primarily physical. Beyond that, people may seek to eliminate the underlying causes of the immediate problem. At this level the psychosocial and spiritual dimensions enter into the health care spectrum.

When our operational definition of health neglects the physical dimension, nurses can justify avoiding the hard—and often unpleasant—work of caring for the body. We also eliminate the primary motivation most people have for seeking health care. Pain, nausea, fever and conditions that limit our ability to work and play drive us to seek help.

Stoll's Dimensions of Health

- Wholeness
- Transformation
- Relationship
- Coping and adaptation
- Human paradox

²¹Ruth I. Stoll, *Concepts in Nursing—A Christian Perspective* (Madison, Wis.: Nurses Christian Fellowship, 1990), p. 158.

²²Karl Barth, "Sickness and Illusion," in *On Moral Medicine: Theological Perspectives in Medical Ethics*, ed. Stephen E. Lammers and Allen Verhey (Grand Rapids, Mich.: Eerdmans, 1987), p. 155.

²³Daniel Fountain, *Health, the Bible and the Church* (Wheaton, Ill.: Billy Graham Center, 1989), p. 52.

God created us with bodies. The physical is real. It is not an illusion. Regardless of how strongly certain nursing theorists may argue that the biological functions are illusory and can be controlled by the mind, our bodies are still subject to injury and illness. We have only to stub a toe to be convinced. While the mind certainly has a great deal to do with wellness and healing, disease is real. Bacteria and viruses can invade even the strongest immune system. Cancer and heart disease afflict the most ardent health enthusiasts.

The physical dimension certainly dominates most people's thinking about health. Daniel Callahan suggests that the best definition for health might be "a state of physical well-being."²⁴ But that definition will not satisfy today's nursing theorists—or the biblical concept of *shalom*.

DANIEL FOUNTAIN

*Health cannot be defined.
Health is life, a gift we receive, an
endowment we are to develop, and
a journey we are to pursue.*

Our definition of health must also include the psychosocial and spiritual dimensions. It is here that New Paradigm thought has stepped into the gap left by our overdependence upon the scientific "medical model" of health care. New Paradigm holistic health care strikes a chord in people who have been conditioned by our modernist culture to expect that every physical problem can be "fixed." They turn to alternative therapies when scientific medicine does not work completely, results in unpleasant side effects or proves exorbitantly expensive. One of the primary drawing points of these alternative therapies is the emphasis they place on personal control, as well as their appeal to ancient spiritual wisdom.

In the early 1960s physician Halbert Dunn began talking about "high level wellness,"²⁵ which set the stage for viewing health as an individual achievement that can be controlled by the mind. There is a great deal of truth to this concept. Every nurse can relate stories of people who overcame great odds to recover rapidly because of sheer will power, or others who died when they lost hope. But the mortality rate remains 100 percent. In fact, if one compares life expectancy in populations where alternative therapies are commonly practiced (such as in China or India) with others where allopathic medicine prevails, the numbers are tilted greatly in favor of Western medicine.

A Christian view of health must also incorporate a realistic understanding of human suffering and mortality and the hope of eternal life. There are forces at

²⁴Callahan, "The WHO Definition of Health," 172.
²⁵Halbert L. Dunn, *High Level Wellness* (Arlington, Va.: R. W. Beatty, 1961).

work in the world that we cannot fully control, even with science or mind control—microorganisms, genetics, environmental pollutants, violence, accidents, spiritual influences. We are not God. We will eventually get sick and die. To view health as *shalom* means to stand with those who are sick and dying and to encompass them in the fellowship of the Christian community and the presence of God.

Putting Health in a Larger Context

The Christian, then, places health within a larger context. It can be a radiant health in the midst of terrible physical disability. Conversely, health can be absent in a person with a well-toned body. Health usually shows itself as "a state of physical well-being,"²⁶ but ultimately it is *shalom*, a God-centered wholeness that enables the person to live in harmony with self, God, others and the environment.

Medical ethicists Stephen Lammers and Allen Verhey assert, "Definitions of health turn out to be important because in doing the defining, we must explore the relationship of health to other human goods; the relationship of health and responsibility, both of individuals and of the medical [or nursing] profession; and the relationship of health and those conventional modes of treating and coping with illness."²⁷ So how does health shape our goals for nursing?

Let's go back to Susan, my radiantly healthy dying friend. As a nurse I acknowledged the value of expert scientific medical care and dealt with her physical condition. At the same time, as a parish nurse I represented the caring Christian community and worked toward a different kind of health. During those months before she died, Susan was surrounded by family, friends and a Christian community that included her visiting nurses. Together we had worked toward *shalom*.

Health is essentially living according to God's purposes, even in the face of suffering and death. It includes the physical dimension; therefore, we work toward maintaining optimal physical function and providing comfort measures. However, complete health also means living in harmonious relationship with God and our neighbors; therefore, nursing also includes assisting patients in establishing and maintaining a relationship with God through Jesus Christ, as well as facilitating healing relationships among people.

²⁶Callahan, "The WHO Definition of 'Health,'" 172.

²⁷Stephen E. Lammers and Allen Verhey, eds., *On Moral Medicine: Theological Perspectives in Medical Ethics* (Grand Rapids, Mich.: Eerdmans, 1987), p. 150.

Table 10.1. Healing in the New Testament

Assessed Needs	Encounter	Intervention	Outcome
To "be made clean"	Lepet—Mt 8:2-3; Mk 1:40-41; Lk 5:12-13	Jesus stretched out hand and touched him, saying "Be made clean"	Leprosy cleansed Restored to worshipping community Told others about Jesus (against Jesus' orders)
Paralysis and terrible distress	Centurion's servant—Mt 8:5-13; Lk 7:1-10	Jesus spoke (from distance) to offer prescribed gift	Physical healing affirmed Faith of centurion affirmed
High fever	Peter's mother-in-law—Mt 8:14-15; Lk 4:38-39	Jesus touched (look) her hand and lifted her up	Fever left Able to function in her social role
Danger to society	Demoniac(s)—Mt 8:28-32; Mk 5:1-13; Lk 8:26-33	Jesus confronted demons and cast them into swine	"Clothed and in his right mind"
Desire to follow Jesus			Patent and swineherds became evangelists in surrounding county Community asked Jesus to leave
Forgiveness	Paralytic—Mt 9:2-7; Mk 2:3-12; Lk 5:18-25	Jesus forgave sins, then healed the paralysis	Able to get up, carry his mat and walk home
Physical healing			
Resuscitation (patient appeared dead or close to death), healing	Jairus's 12 y.o. daughter—Mt 9:18-26; Mk 5:22-42; Lk 8:43-48	Jesus took parents and Peter, James and John into the girl's room, took her by the hand and told her to get up	Her spirit returned to her Able to eat Patient got up out of bed, walked around and was able to eat
Chronic vaginal bleeding (12 yrs)	Woman with hemorrhage—Mt 9:20-22; Mk 5:25-29; Lk 8:43-48	Touched Jesus' clothing	Bleeding stopped immediately Felt in her body that she was healed of the disease Made well through her faith Shalom ("Go in peace")
Cure for blindness	Two blind men—Mt 9:27-31	Jesus inquired about their faith, touched their eyes and told them they would be healed according to their faith	Eyes opened Spread the news about Jesus throughout that district
Demons possession	Mute demoniac—Mt 9:32-33	Cast out demon	Patent spoke, crowd amazed, but Pharisees skeptical
Demons possession	Blind, mute demoniac—Mt 12:22; Lk 11:14	Cured him	Patent could speak and see; crowd amazed, but Pharisees skeptical
Safety issues	Boy with epilepsy—Mt 17:14-18; Mk 9:17-27; Lk 9:37-42	Disciples unable to heal because "lack of faith"	Demons came out Boy cured instantly

Assessed Needs	Encounter	Intervention	Outcome
Inappropriate behavior, seizures, demon possession	Demoniac—Mk 1:23-26; Lk 4:33-35	Jesus cast out demon	Demons came out of patient Jesus' fame spread
Deafness, speech impediment	Deaf mute man—Mk 7:31-37	Jesus provided privacy, put his fingers in patient's ears, spat and touched patient's tongue, saying "Be opened"	Patient could hear and speak clearly Crowd spread the word about Jesus
Vision impairment	Blind man—Mk 8:22-26	Jesus provided privacy and healed in two stages by applying saliva to the patient's eyes, laying on his hands	Vision gradually restored, sent home
Apparent death	Widow's son—Lk 7:11-15	Jesus touched the bier and told patient to arise	Patient sat up and began to speak Crowd fearful, praised God
Evil spirit-imposed disability of 18 yrs duration; bent over; unable to stand up straight	Infirm woman—Lk 13:11-13	Jesus called to her that she was healed, then laid his hands on her	Patient immediately stood up straight and began praising God
"Dropsy"	Man with dropsy—Lk 14:1-4	Jesus "took him and healed him"	Apparent object lesson for Pharisees Man healed
All had leprosy and were forced to keep their distance from healthy people	Ten lepers—Lk 17:11-19	Jesus cleansed all 10 of leprosy and told to go show themselves to the priests (return to community)	One patient returned to thank Jesus, was commended for his faith and sent on his way
Right ear severed by sword	Man with severed ear—Lk 22:47-51	Jesus touched the ear and healed it	Physically healed
Lay ill, near death	Official's son—Jn 4:46-54	Jesus said, "Go; your son will live"	Son healed, father and entire household believed
Ill and disabled for 38 yrs, lying by pool at Bethesda Apparent feelings of aloneness and helplessness	Disabled man—Jn 5:1-9	Jesus asked him if he wanted to get well, but ignored his excuses and told him to stand up, take up his mat and walk Later, Jesus confronted him and told him not to sin anymore or worse things could happen to him	Healed, up and walking, going to the Temple and apparently reformed
Born blind, financially destitute	Blind man—Jn 9:1-7	Jesus put mud made with his saliva on patient's eyes, then told him to go and wash in the pool of Siloam	Physically healed (able to see), believed, witnessed to family and others in community
Ill, apparently dead	Lazarus—Jn 11:1-44	Waited until patient was dead four days, wept and went to tomb, asked the stone be removed, prayed, "Lazarus come out"	Lazarus came out, still wrapped in strips of cloth Jesus told crowd that it all happened so that they would believe

A final example illustrates this kind of health. Recently my (Judy's) phone rang. A weak voice mumbled slowly, "I . . . can't . . . take it! I'm . . . I'm . . . going to . . . commit . . . suicide."

George was an old friend. I recognized his voice immediately. Cancer had been slowly robbing him of life over the past ten years. His wife, Anna, had died a year before. He lived alone now. A month earlier he had been admitted to the hospital five times for various complications, then transferred to a nursing home, where he refused to stay.

"Have you taken anything you shouldn't?" I asked, fearing the worst.

"No, I'm too scared. But you said to call if I ever felt this way, and I do."

I dropped everything and drove to his house. Knowing George was a hunter, with guns in the house as well as pills, I feared what I might find. When I arrived, George was sitting in a recliner looking dejected, surrounded by boxes of gastro-

Health is essentially living according to God's purposes, even in the face of suffering and death.

somy feedings, bottles of pills and medical equipment. He grabbed my hands and poured out his feelings of agony. I listened, then prayed for him, taking his concerns to the Lord. Then he rose out of his chair, fell on his face sobbing and pleaded with the Lord himself. A short time later, while we were talking, his brother arrived.

Jake asked George how he was doing. George looked at me and said, "You tell him." We talked about his suicidal feelings and discussed options. Jake settled into the other chair. Assured that George was in good hands for the time being, I left.

George is a broken man. However, the brokenness has come not so much from his cancer as from his aloneness. As long as Anna was with him, he faced the repeated surgeries and painful procedures with a good sense of optimism and strength. Even after Anna died, George seemed to do pretty well as long as he could come out to the healing services at church. But now he was alone, isolated in his home despite occasional visits from friends, family and the visiting nurse. He felt as if God had left him as well.

Although talk of individualism, self-care and autonomy falls easily from our tongues today, God made us for community. Healing—*wholeness*—comes only in community, not in self-actualization or radical autonomy. Wholeness is not an achievement, something we can accomplish. It is a gift from God and a way of living in community.

How can we bring *wholeness* to those in our care? First, we offer everything in our nursing knowledge and skill to bring comfort and healing. The visiting

nurse came the next day to care for George's physical needs. She called his physician to get his pain and anxiety medication adjusted, and she revised his feeding schedule. But Christian nursing can't stop there. We give ourselves, as members of the body of Christ, to draw our patients into a community of caring. For George, that community went to work, planning follow-up visits, prayer calls and other supportive measures. Ultimately, though, his wholeness will come through being reconciled to God.

By the next evening George was surrounded by friends and family. His sister called to say she would come and stay with him for two weeks. His pain and anxiety were under control. He no longer felt like committing suicide. In his words, "It was the difference between night and day."

What changed George's condition? The prayer? The physical interventions? The presence and support of a caring community? All of the above. George is still a very sick man—terminally ill—but he is experiencing health in a new way. He is living in *shalom*.

For Further Thinking

1. What do you think most people are seeking when they consult health care professionals?
2. Based on television and magazine commercials for medicines and nutritional supplements, how do you think our society defines health?
3. How would you define health?

Theological Reflection

Read Matthew 9:12-13, Luke 4:18-19, Luke 10:8-9 and John 10:10.

1. How do these passages describe Jesus' goals for ministry?
2. How can you apply Jesus' goals to your own ministry in nursing?
3. Select several New Testament healing accounts from table 10.1, read them from the Bible and examine the outcomes. Look particularly for physical, spiritual and psychosocial dimensions of healing. How does each of these encounters result in *shalom*?

CASE STUDY: Seeking Shalom

Reflect on a person in your nursing experience who seemed to demonstrate *shalom*-type health. Briefly write your own case study, including all the details someone else would need to fully picture this person.

Discussion Questions

1. In what ways did this person demonstrate *shalom*-type health?
2. How was this person's spiritual health expressed?
3. How did spiritual health affect the person's psychosocial health?
4. How did spiritual and psychosocial health affect the person's physical health?
5. What nursing interventions facilitated this health?
6. How was the need for these interventions assessed?