



HEALING AS THE MASTER HEALED

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THE WORLD'S HISTORY OF MEDICAL cures has recorded many rather unique cases involving healing of an unusual quality. In surveying that history, one becomes immediately impressed with the remarkable accounts of the healing ministry of Jesus of Nazareth. His impressive medical successes included patients suffering from diseases as varied as dropsy, "leprosy," blindness, crippled limbs and backs, inability to function, paralysis, menorrhagia, mental disorders, and even death. No physician has evidenced greater knowledge or capacity for healing than did Jesus, who was in fact called the "Divine Physician." Certainly none has been more demonstrably effective; and his healing extended well beyond that of physical disease.

This healing of disease was no peripheral sidelight of Jesus' mission. He clearly gave much time to healing sick people. (In the first ten chapters of Mark, before the long Passion narrative, 47 percent of the verses describe Jesus' miracles, most being healing episodes. There are 41 such healings detailed, though John notes that many more are not reported—John 20:30.) He proclaimed himself to be the promised Messiah who was to "come with healing in his wings." While this phrase clearly extends well beyond the physical realm,



he alluded directly to his role as a physician to his people. He began his ministry with some rather eye-catching healings in the Capernaum area. Then, when he announced his calling at the synagogue in Nazareth (Luke 4:17-24), Jesus revealed the essence of his purpose: that God "hath anointed me to preach the gospel to the poor; he hath sent me to heal the brokenhearted, to preach deliverance to the captives, and recovering of sight to the blind, to set at liberty them that are bruised." When his listeners incredulously "wondered" how this could possibly be true of their friend Joseph the carpenter's son,¹ Jesus replied, "Ye will surely say unto me this proverb, Physician, heal thyself; whatsoever we have heard done in Capernaum, do also here in thy country" (Luke 4:23).

His next proclamation incited his neighbors to drive him out of his hometown. He did indeed bring such promised healing power, and his capacity for salvaging the diseased and crippled, he proclaimed, would be found to be even greater than that of the renowned scriptural healers of the past, Elijah and Elisha. It was this "physician" emphasis that led to his first major rejection.

Later, when advised not to associate with "unclean" people at Matthew's dinner (because of the bad reputation it would create), Jesus replied, "They that be whole need not a physician, but they that are sick. . . . I am not come to call the righteous, but sinners to repentance" (Matt. 9:9-13). It appears that Jesus sees himself as the ultimate physician, his physical healing being both a manifestation and a symbol of the greater real healing of man with which he was so vitally concerned.

Christian physicians, committed to the idea that much of life's purpose has to do with becoming the kind of individual (and thus the kind of physician) that Jesus is, might then do well to ask some of the following questions:

How did he do it?

What methods and principles did he use to be so effective?

Why did these work?

Which of these methods would work today and could be effectively used by modern physicians?

Is it even possible to heal as Jesus did?

How exciting might it be to have a "master class" in healing from the divine physician!

HEALTH DEFINED

To begin, it's important to realize how central the concept of "health" was to Jesus' purposes. We tend to

connote health in physical terms today. This was not so anciently, and words for purely physical health are hard to find in biblical Hebrew and Greek. Even in our own time, the World Health Organization has defined health as "a state of complete physical, mental, and social well-being, not just the absence of disease." It has been elsewhere broadly defined as "that quality of existence when man is at peace within himself and in concord with his environment." (It may be significant that the closest word for "health" in biblical Hebrew is *shalom* [peace, completeness, well-being, soundness].) These are precisely the ends toward which the Master ("the Prince of Peace [*Shalom*"]) was striving. He came to bring "salvation" to mankind. The Greek word *steria*, translated as "salvation" in the New Testament, was not a theological term originally at all, but rather meant "health, safety, and security in general." Thus the "Lord of Salvation" is precisely the Lord of Good Health in its fullest sense. The difference between removing disease alone and real healing may be illustrated in the episode where Jesus "cleansed" ten "lepers" (Luke 17:11-19), but only the Samaritan who returned with profound gratitude to God was pronounced "whole" (vs. 19) and "healed" (vs. 15).

ANCIENT VIEWS OF DISEASE

In Jesus' time there were two broad ideas about what caused physical and mental illness. The first, that of external forces taking control of the sufferer, was prevalent in nearly all cultures, including that of the Hebrews. Early in recorded history, including Old Testament times, that force was thought to be an offended deity. Later, ironically turning 180 degrees, the concept evolved that the havoc-causing force came in the form of demons (sent from evil sources competing with Deity).²

The second concept of disease causality, apparently arising originally with Hippocrates, was that of internal disharmony within the sufferer. Trying to define exactly what was out of harmony, ancient physicians from Hippocrates to Galen and beyond ascribed this to an imbalance of the vital "humors" (blood, bile, phlegm, etc.), a concept that led to purging, bleeding, sweating, and the like "to restore the proper balance."

MODERN VIEWS OF DISEASE

While at first seeming somewhat naive in the particulars, note that the two broad concepts—that of

external forces taking over the patient (e.g., bacteria, toxins, trauma, etc.) and of "disharmony" in the internal makeup of the host response and balancing mechanisms—are much in keeping with current ideas. During the past decade, much research has gone into clarifying the role of mental and spiritual issues in that "internal disharmony." The results of that fascinating research explain some of the Savior's healing methods.

It is pertinent, for example, that nearly half the patients coming in for general medical care are depressed, and half are chronically anxious (undoubtedly with some overlap).³ A Harris Poll of 1,254 American adults asked about their experience with aches and pains. Striking was the fact that the highest incidence of such miseries occurred in young adults (ages 18-24)! (Those over age 65 had the fewest



pains, except joint pain.) These pains correlated highly with the "hassles of life" (loneliness, money worries, lack of time, etc.), such stresses being perhaps more characteristic of the years before one mellows and finds his or her niche in life.⁴ Of important note in the survey was where the

sufferers found their best relief. While 73 percent were helped by physicians (and 65-70 percent by chiropractors, nutritionists, etc.), the best and most lasting relief came from their *spiritual counselors* (85 percent). Note that about 35 percent of patients with disease in virtually any organ system will respond to a placebo,⁵ a figure that may be underestimated since the placebo effect begins before anything is given and depends primarily on the physician (his or her ability to engender trust and belief).⁶

The neurochemical-immunological mechanisms that are activated by thoughts and beliefs are just now becoming clarified. Such physiological effects are not surprising since the final common path of limbic system connections (that part of the brain dealing with emotions) lies through the hypothalamus and reticular-activating system. These locations, in turn, exert controlling influences on the autonomic nervous system, the endocrine systems (via the hypothalamic-pituitary axis), endorphin levels, and even the immune system.⁷ Immune effects appear to explain why people with prolonged recovery from infections are often those who are depressed and anxious.⁸

THE HEALINGS OF JESUS

This is not to say, of course, that Jesus' remarkable ability to heal was all the placebo effect. One might categorize his experience in the following general groupings:

1. Those contrary to rational experience, e.g., Healing Malchus' ear⁹ (Luke 22:47-53) Raising Lazarus ("who stinketh") from death (John 11:1-46)
2. Those transcending our knowledge (e.g., those at a distance):
The Syrochenaean's daughter (Matt. 15:22-28)
The Centurion's servant (Matt. 8:5-13)
3. Those spiritual and psychological, e.g.,
The forgiven man with palsy (Matt. 9:18-26)
The woman with uncontrolled bleeding (Mark 5:25-34)
The man who labored in speech (Mark 7:32-37)
The crippled man at Bethesda (John 5:2-14)

While many accounts of Jesus' healings seem different from our experience today because of their instantaneous nature, we are seldom told what happened afterwards to those he healed. They may have fully recovered more gradually. (The fact that belief in Jesus' healing ability continued to grow anciently implies persisting cures.) Because the Gospels that record these striking events were written for missionary purposes, some would undoubtedly wonder if the accounts have been embellished. In any case, there is much to be learned here, the details of these living medical puzzles providing rich insights about how Jesus dealt with people to engender healing.

The first two categories above would appear to be beyond our present understanding and abilities to replicate and will not be dealt with here. Clearly the Lord could bring to bear powers far beyond our own, but it is also likely that he uses natural laws of healing that we should discover. The third grouping (spiritual and mental) involves methods we can partly grasp and likely includes much of Jesus' experience. Such would certainly fit with his tendency to downplay the use of "signs" as evidence of his personal power. (Exceptions to this downplaying tendency were those times when divine power was used as a powerful visual aid to teach a great principle of living, dramatically illustrating Jesus' overarching purposes and showing where faith could be reliably placed.)¹⁰

One needs to ask why Jesus spent so much time healing the sick, and why did he do it in the ways that he chose? Given the overall purposes of his mission and the fact that Jewish thought did not differentiate spirit from body nor suffering from sinfulness, his physical healing was a manifestation to his followers of his ability to heal ("save") mankind in the more total sense. He also healed from a caring heart. And the methods he visually demonstrated were at the heart of the principles for living that he taught. In the examples that follow, I do not mean to impute a direct one-to-one relationship between the technique and the particular result, but only to glean from the Savior's insights.

EXTENDING FORGIVENESS

The healings of the crippled man (Matt. 5:18-26) and the bleeding woman (Mark 5:25-34) illustrate a common departure point taken and understood by the Savior. "Thy sins are forgiven thee," he begins in each case.

If a sick person were part of a culture, such as that in Palestine at the meridian of time, that ascribed illness to sinfulness (offending God and calling for his punishment, allowing demons to take control, or causing internal disharmony), he or she would likely not take long to find a reason (or sin) to explain the affliction. To have forgiveness extended by one who has shown that he represents God and his power could have an immense effect on one's sense of feeling worthy to receive divine healing power. Such forgiveness would bring an overwhelming sense of relief, of acceptance by God (and thus by all that is good), and of feeling that what the Father wants for that person is well-being.

Jesus saw his central task as bringing the crippled (of any sort) to God, to resolve the estrangement they felt from his acceptance and from his principles for a "more abundant life" (John 10:10). This reconciliation required the healing of body and soul: a wholeness, soundness, and completeness of the entire nature of man. All this was not accomplished magically, but the physical healing seemed to follow naturally from the mental and spiritual healing he engendered. The Master demonstrated the difference between bringing about such total soundness to a person and simple wonder-working in solving a physical ill. And he demonstrated that helping a sufferer achieve peace of

mind works medically! (Again note that the medical sociological literature shows strikingly better prognosis and less disease in those who feel more loved and accepted by those who are important to them than in those feeling alienated and alone.)¹¹

There is significance in the fact that Jesus declared that his physical healing of the palsied man showed his ability to help men feel forgiven (Luke 5:24). The link between forgiveness and healing is further solidified when James encourages the sick to call for the anointing of the elders: "And the prayer of faith shall save the sick . . . and if he have committed sins they shall be forgiven him" (John 5:14-15). (This last important part of the healing administration is often omitted today.)

But how can a physician or other caring individual today extend forgiveness to patients suffering because of a burden of guilt? (Such a burden is extremely common in the physically and emotionally ill, particularly in those most desiring to be "good.") A Freudian "it doesn't matter" approach is not the real answer. But one can help much by taking time to give expanded vision regarding three issues: productive guilt, the nature of growth, and the irrationality of perfectionism.

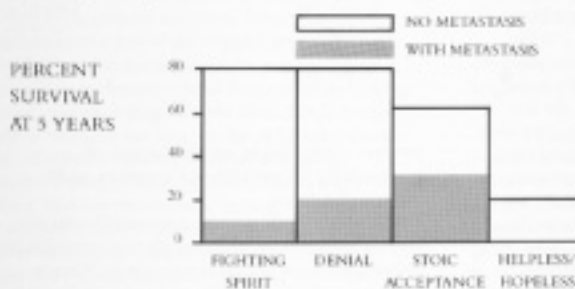
Clarifying the difference between crippling guilt and liberating guilt can be dramatically beneficial. While guilt indeed plays a role in fulfilling gospel purposes, it is important to keep in mind what the gospel and divine care is all about: giving people the power to be true to their deepest (divinely given) values and to fulfill their greatest potential. Crippling guilt is a counterfeit that undermines such purposes and truly cripples a person, diminishing his or her ability to mobilize such lifting power. Crippling guilt occurs when one identifies oneself with one's mistakes: "I am bad because I did something bad." Such a notion alienates the person in his or her mind from divine love and strength, creating the very condition the Savior came to correct. Liberating guilt, on the other hand, occurs when one responds to a mistake with, "I don't like the feelings and effects of having done that. That was not the real me, not in keeping with what I really value. If I had realized before what I know now, I would not have done it. I'm smarter now and (with the Lord's help) I'm not going to do it again!" This liberating form of guilt strengthens the resolve of a person to be true to his or her divine potential.¹² The person feels stronger and less condemned.

In a further dimension of feeling forgiveness, when one comes to see continued growth ("eternal progression") as a divinely inspired value, mistakes and problems take on a context that makes them seem

almost desirable. The *repent* to the mistake, rather than its mere existence, can then take center stage. A change of view can be accomplished that sees weaknesses and failures as necessary and helpful to achieving full maturity. This peculiar but logical notion was expressed by Paul: "And he [the Lord] said unto me, My grace is sufficient for thee: for my strength is made perfect in weakness. Most gladly therefore will I rather glory in my infirmities, that the power of Christ may rest upon me. Therefore I take pleasure in infirmities . . . for when I am weak, then am I [becoming] strong" (2 Cor. 12:9-10). Responding with resolve to strengthen the weak area is liberating. The paradox makes sense when one sees that failure is the catalyst prompting the humility needed for deep introspection and for seeking for answers and the promised divine help. Thus, because of the intensity of the process, in time such weaknesses can become our greatest strengths.¹³

Also, by loving growth, the guilt and fear ravages of perfectionism can be kept in perspective. Perfectionism, after all, is expecting the ultimate performance without going through the growth process of trial and error. And who among us really

Attitude and Breast Cancer Outcome
Psychological Response at Three Months After Surgery



S. Gross, *Lancet* 2:785 (1979)

knows what perfection is? Perhaps the worst feature the perfectionist must face is the tendency to intolerantly demand unachievable perfection in those closest, thus alienating them in a cloud of crippling guilt. In this regard, it is useful to note that in the usually cited scripture embracing perfectionism, "Be ye therefore perfect," from the Sermon on the Mount (Matt. 5:48), the original Greek word for "perfect" means "complete or whole" rather than "flawless," as we often interpret it today. Such wholeness fits with Jesus' observation to

the healed woman that her faith had made her "whole" or genuinely healed in the total sense (Mark 5:34).

By taking a moment to share such insights, a physician can help a "cripple" feel "forgiven." While religious jargon may occasionally be helpful, it is not needed, because the three mentioned concepts can help those of any persuasion feel of more personal value, more worthy to have good things happen to them, and thus less distressed.

PROMPTING FAITH AND HOPE

The case of the menorrhagic woman (Mark 5:25-34) illustrates another principle the Master used. (Note that many menstrual problems stem from emotional distress via the hypothalamic-pituitary connection—50 percent in one study.)¹⁴ Her distress was undoubtedly greatly multiplied because of her ostracism as being "unclean" by Jewish law.¹⁵ Many physicians had failed to help her, but it was clear she strongly believed that Jesus could. As she touched his hem, and received forgiveness, he in essence told her that it was not he that had healed her, but that "Daughter, thy faith hath made thee whole. Go in peace and be whole."¹⁶

It is of no surprise to any experienced physician that the power of great belief (positive expectation) and a sense of peace can bring about improved healing compared to those who feel hopeless. Prognostic studies in cancer and myocardial infarction patients confirm this fact dramatically.¹⁷ For example, one of these studies shows a significantly different outcome in women with breast cancer depending on their expectant attitude in responding to their disease.¹⁸ The accompanying graph illustrates this difference.

This striking (fourfold) difference in disease resolution, depending on expectations created, illustrates the power of the mind to induce neurochemical changes that can be either helpful or harmful. An effective physician will thus use great care in the expectations engendered. Clearly, encouraging a highly positive expectation has potential for moving a person to the healed side of the prognosis equation.

At the same time, however, this creates an ethical dilemma—the occasional conflict between dead honesty in telling a patient the "statistical chances" (perhaps crushing hope) and the desire to mobilize the

healing power of hope. The legal requirement of informed consent compounds this dilemma, but the requirement is needed because it is precisely this principle of the healing power of positive expectations (even if they are false expectations) that is used so heavily by quackery and even unethical physicians to exploit patients for profit. Nevertheless, there is often a middle ground where the physician, out of a wise and caring heart, can bring his patient to hope for the best possible result, showing the person being treated how what he or she does with fighting spirit, positive attitude, and even humor can be every bit as important as what the physician does to ensure getting the optimum chance of cure or quality life. An important element in all this involves helping the patient to feel a sense of personal control over what happens, which brings us to another of Jesus' healing methods.

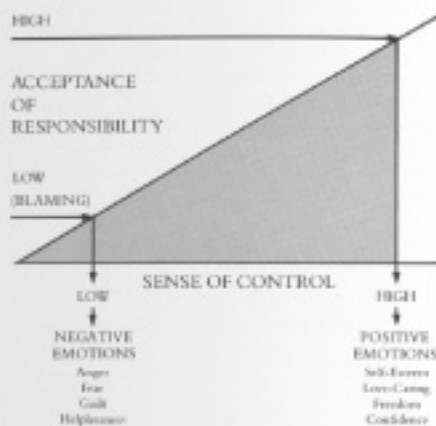
REGAINING CONTROL BY ACCEPTING RESPONSIBILITY

"The healing acts of Jesus were themselves the message that he had come to set men free" (Francis MacNair).

Jesus' way of dealing with the crippled man at the pool of Bethesda (John 5:2-9) illustrates a powerful healing principle at the very heart of gospel values. The pool had become a healing shrine, since the cultural belief held that when the waters became "troubled," the first person to step in would be healed. (And it apparently worked, since the diseased continued to come.) The crippled man in question had for years been blaming the fact that he had no help, and was being pushed aside by others in their rush for the pool, thus he was doomed to continue in his crippled state. Perceiving that his victimization itself was crippling, or that (subconsciously) this man may not actually want to be healed (secondary gain?), with kind sincerity the Savior asked, "Wilt thou be made whole?" Then, disregarding his excuses, and making him face the central issues and take personal control, the Lord commanded, "Rise, take up thy bed and walk." And immediately he was enabled to do so.

Many studies show the incapacitating effect and emotional destruction caused by feeling that one's life and behavior are out of one's control. A low sense of control leads to all the negative emotions, including fear, anger, guilt, and helplessness. (If prolonged, each of these in turn can have significantly destructive physical effects.) On the other hand, a high sense of personal control brings all the positive feelings such as high esteem, confidence and strength, love, patience, and hope. By feeling in control, for example, one can

respond to provocation with equanimity, kindness, and mature confidence, rather than feeling, "I have to be upset when they do that," as if another person or the situation externally had reached into one's inner mechanism, taking control of behavior and feelings, causing these to be totally different from what he or she would have chosen had he or she been free to do so. A key question, then, is how to get (or give) that sense of control of one's life, feelings, behavior, and, to a large extent, even the situation. The healing potential of this worldview shift is enormous. The key to such



personal control lies in one's acceptance of responsibility for one's life and responses, as the diagram illustrates.

The principal way we deny responsibility for our feelings and behavior (and thus give up control) is by blaming others or fate for causing them. When a physician is able to help his patient give up blaming and victimization, and thus regain a sense of control, great things begin to happen (in all dimensions—mentally, physically, and spiritually). Underlying this practical, healing benefit is the acknowledgment of the core gospel principle of responsible free will. We may believe deeply in the importance of free choice for one's life and yearn for personal freedom and control, yet totally deny that key value by blaming others or the fates for our responses. Thus fooling ourselves, we feel something "out there" has taken control. But nothing out there has.

Because blaming can become practiced into a habitual worldview, taking back responsibility (and

thus control) can be very difficult at first—grinding out "I am responsible!" through gritted teeth. But such an affirmation has tremendous healing power.

The single most helpful, distress-relieving method one can use in aiding a distraught person is to gently and tactfully help the person give up blaming anyone or anything for the misery and to assume responsibility for the existing situation. Many studies confirm the crucial role of an inner "locus of control" in being resilient to stress. This important key is precisely why the Master emphasized the importance of complete forgiveness of others, for what is forgiveness but the giving up of blame? The psychological, physical, and social ravages of blame are the natural consequences for the "sin" of not forgiving and are the reasons why the Lord said not forgiving is "the greater sin" compared to the offense of the other person (D&C 64:8-10). "My disciples . . . forgave not one another in their hearts; and for this evil they were afflicted."

For a person sick with distress, the wrong question to ask is "Why the distress?" This almost inevitably leads to blame. The right question is "Given the situation, what do you want to bring about? How would you like to be able to respond in keeping with your values? How can you best make this happen? Will you do it?" The "why" looks backward to events no longer controllable; the "what" and "how" and "will" look forward to an adaptive response. These were the questions Jesus asked of the crippled man at Bethesda.

Remember that disease anciently was considered in large part to be due to external forces (demons) taking control, overwhelming the individual. While perhaps literal at times, in our own age the evil spirit is most often of our own making when we ascribe our miseries, through blame, to controlling external forces.

Jesus "cast out the demons," giving control back to the sufferer. It may be possible for a healer today to cast out the controlling external demons, not always by the laying on of hands, but also by helping the sufferer to regain control by giving up blame.

An important caveat needs to be made, however. Some depressed persons blame themselves for everything bad that is happening around them. Accepting responsibility for one's responses is not the same as blaming oneself. Blaming self, once again, looks backward to events that cannot be controlled. Accepting responsibility looks to future personal responses, which can be controlled. And equally important, one can accept responsibility only for oneself, not for the choices of others. For a mother to blame herself for the mistakes of her grown son, for example, is to negate the very core value of free will that underlies all this. By believing that if she had only

done more, she could have caused her son to make better choices, she is operating on the premise that her son is not free and that she can control and predetermine his choices if she is only energetic and clever enough. She is responsible for her caring efforts, but not for his outcome, which must be dependent on his choices and responses. While we all nod as though this principle of free will were obvious, it is the denial of it that causes much grief in such parents who perceive themselves as failures. Assuredly, parental conditioning (and even genetics) can greatly influence choices, but ultimately, healthy man is able to be reconditioned and become self-determining. This seems to set man apart from other animals, on which most conditioning experiments have been done: God "hath created all things . . . both things to act and things to be acted upon. . . . God gave unto man that he should act for himself. . . . And the Messiah cometh . . . that he may redeem the children of men. . . . And because they are redeemed . . . they have become free forever . . . to act for themselves and not to be acted upon save it be by the punishment of the law [by which they have chosen to live]. . . . And they are free to choose liberty through the great Mediator . . . or to choose . . . according to the captivity and power of the devil; for he seeketh that all men might be miserable like unto himself" (2 Nephi 2:14, 16, 26-27).

REPROGRAMMING SUBCONSCIOUS AUTOMATIC BEHAVIOR

The healing of the man laboring in speech (Mark 7:32-37) illustrates a most powerful tool used by the Master to elicit rapid behavioral change. Perhaps a phobic shyness or other automatic, exaggerated stress response was involved. A physician frequently sees physical and behavioral emotional problems arising from such automatic responses to environmental stress.

The brain is designed to elicit such automatic (habitual) behavioral responses much of the time. Otherwise, we would have difficulty getting through the day (e.g., tying shoes, driving, dealing with recurring problems). The production of this automatic response appears to be based on pictures we have programmed mentally of ourselves thinking, feeling, and responding in a particular way when confronted with a given situation. If such habits are destructive (such as spontaneous, uncontrolled fear, anger, or somatic complaints), they require visual reprogramming to elicit a new response more desirable to the person involved. Jesus was often masterful in



anonymous, *The Healing of Lazarus*

this aspect of healing, since the reprogramming approach usually requires gentle, visual teaching of the type he so superbly employed.

The Master took the man laboring with speech aside where no negative influence could intervene. Through warm, gentle sympathy an intimate, nonthreatening openness was reached, together with total relaxation. (Such conditions are essential for mental reprogramming and are the basis for the effectiveness of the meditation the Lord has often encouraged: Joshua 1:8; Psalms 119:15; 1 Timothy 4:15.) In this instance, Jesus used a powerful symbolic gesture meaningful to his "patient." He touched his own

tongue, took up some saliva, and then proceeded to apply it to the tongue and ears of the afflicted man. At the same time he heaved a deep sigh, looked heavenward, and uttered, "Epiphatha" (be opened). (Saliva was considered a powerful curative agent in the ancient world. Jesus used it also, together with clay, in the symbolic washing away of the encrustation on the eyes of the blind man in John 9:1-7. It would appear that he used the saliva for its suggestive effect, not for any magical or pharmacological value.) The use of the Aramaic word *epiphatha* suggests an eyewitness who recalled the exact word of empowerment used. The language of "opening" was later transferred to the rite of baptism in the early church to signify the removal by the spirit of the inward obstacles of the mind.¹⁹

Many other times the Savior used his powerful teaching stories to help those being taught (treated) to visualize more mature, adaptive, and moral responses to stressful situations. Such stories create a nonthreatening "straw man" that allows one to see through the irrational automatic thinking causing the destructive feelings and behavior. Modern physicians can, and have, effectively used such powerful visual teaching techniques to help patients develop more healthy automatic responses.²⁰

Once a person can, in the mind's eye, see himself or herself responding in a given setting as he or she desires, in keeping with personal values while feeling healthy and capable—and then practices that mental picture repeatedly—the brain goes to work to bring it about.

The brain seems to seek out the practiced, pictorial responses that have been programmed and then automatically elicits all of the subtleties of feeling, behavior, and physiological manifestations in keeping with that picture. This is why worry is so counterproductive. We think worrying may help to prevent something threatening, but worrying is the conscious programming of negative expectation pictures into the brain, which then goes to work to bring about all the feelings and behavior in accord with that picture. More often than not, such behavior elicits the very response that is feared, thus contributing to it rather than preventing it. This process appears to be what Jesus wanted to circumvent when he advised, "Take no thought for your life, what ye shall eat, . . . nor yet for your body" (Matt. 6:25). Such advice to "be

not anxious and worried" is not advocating denial of the realities of life, nor of planning for them, but rather is wisely encouraging the avoidance of programming negative expectations. The counsel instead was to "seek . . . God and his righteousness and all these things [that you righteously desire] shall be added unto you" (Matt. 6:33). The "saving principle" here seems to be that of programming positive, realistic expectations (hope) and seeing oneself acting consistent with God's principles as one faces the realities of life.

BRINGING MEN TO GOD AND TO HIS PRINCIPLES

Jesus, by his unerring care, had an uncanny ability to see beyond his patient's physical complaint to read the spiritual and mental condition. To this he responded with an incisive brevity that few of us will ever achieve. In doing so, he invariably did something that is usually left out (and is thus a major failing) of our psychotherapy. Before or after the "cure," or both, he always turned the recipient's thoughts toward God. The Master was able to help each person know that healing is what God wanted for him, and a sense of being loved by God was conveyed. His actions recall the psalm, "Bless the Lord, O my soul, . . . Who forgiveth all thine iniquities; who healeth all thy diseases" (Psalms 103:2-3). He visually represented in his very person the answer to man's problems and thus evoked a sense of calm power to solve those problems. While our doing the same (bringing a patient closer to God) may at times seem awkward or inappropriate in a modern medical setting, there are times, with a devout patient, that we might engender a closer, power-giving relationship with God (or we could refer a patient to his or her spiritual counselor).

When clearly needed, it does seem appropriate to bring to focus those divinely given principles and values, emphasized by the Savior, that heal. This can readily be done without religious jargon or reference since the principles are embedded in the hearts of nearly all men and women. Since the essence of the Lord's purposes is to bring mankind to be fulfilled and "healthy" in the broadest sense, to discover his key healing principles, or values, one need only ask, "What ultimately does God want man to be? What are the *end*, the *why* values that the gospel, the Church, the ordinances, and other such means are designed to bring about in a person?" After much thought and discussion, I have settled on four such ultimate values. As I've synthesized studies of the commonly held characteristics of joyful, fulfilled people who are stress

resilient, these same four qualities seem to form the basis of their character and motivation.²¹ These same core values are in fact the keys to stress resilience.

Ultimate (Core) Values

These are the end qualities that the best evidence suggests (1) are the common characteristics of fulfilled, joyful people; (2) are the real solutions to distress; (3) are the key elements of God's character; and (4) are the ultimate ends that the gospel is designed to bring about in mankind:

- unconditional love/caring
- responsible free will
- integrity
- continued growth

Each of these values is imbedded deeply in the heart of nearly everyone, and a violation of these values is the main cause of most distress. It is noteworthy that high self-esteem is the most prominent characteristic of people who respond to stress in mature, adaptable ways. And what are the keys to such healthy self-regard? It is precisely being true to the above-listed values (i.e., having something to care about and thus discovering meaning,²² feeling in control of one's life and destiny, being true to one's deepest values [integrity], and having a sense of improving and becoming daily more capable [growth]). In this sense, being true to God is being true to one's best self. There is, again, no need for God to punish violation of such principles because the natural consequence of such a breach of integrity is distress and misery. If one's integral sense of worth and being (self-esteem) is not at risk, he or she is able to stand up to whatever life presents with equanimity.

It appears, then, that the ultimate principles God seeks for men to incorporate are the real solutions to mental and spiritual distress, and that solving those stress issues immensely improves physical well-being. It is this connection that may have led in part to ancient notions that health was associated with keeping the "commandments" of God.²³ The old dilemmas of how to explain the suffering of the righteous were caused by overgeneralizing the principle, but the principle still has merit as long as one is careful to define ultimate *end* without equating them to religious *means*.

The role of religion in fulfilling life's purpose, then, would appear to be twofold: (1) to clarify such ultimate healing values, and (2) to provide the means to have strength to be true to those values. This is where

religion can be such a powerful and practical tool in mastering stress (together with the positive health benefits that follow), assuming rational religion is clear on its ultimate objectives.

The physical consequences of all this are no trivial matter. In a 40-year follow-up study conducted at Harvard, among those who responded to life's stresses in a mature, adaptable way, 80 percent were in excellent health at age 53, and less than 3 percent had any chronic illness. Among all the rest, those using more immature coping styles, one third were dead or chronically ill, and only one third had good physical health.²⁴

CONCLUSION

To summarize some of the master methods of the Divine Physician:

Jesus' Healing Methods

A. He used physical methods.

1. Spoken words
 - a new vision of possibility
 - put at ease (e.g., Matt. 9:2, 22)
 - command (e.g., Matt. 9:6)
2. Laying on hands, touch (e.g., Matt. 8:14-15)
 - mediation of healing power
 - conveying intimate care, comforting support
3. Special symbolic techniques—inducing suggestion, e.g., saliva and clay (John 9:1-7; Mark 7:32-37, 8:23-25)

B. He demanded and fostered faith and hope.

These are proven key elements in:

- the placebo effect
- favorable prognosis in serious illness

C. He cast out the "demons" that seemed to take control.

- he demonstrated the power of God to liberate man from such controlling external forces
- he helped man take back responsibility, and thus control

D. He called all to be true to core value principles that heal persons and relationships, bring inner harmony, and empower:

- unconditional love/caring
- responsible free will
- integrity
- continued growth

E. He focused on bringing men and women vitally close to God.

- he assured forgiveness of sin

- he showed how God could unconditionally love, thus motivating with love rather than fear
- he helped men to see that God's only desire is for the ultimate joy and fulfillment of man (and that his principles are men's own deepest values)
- he helped men visualize being true to those values and to see themselves joyfully being with God

Jesus' wide repertoire of methods, tailoring his approach differently to the needs of each person, recognizes and respects subtle individualities. Perhaps most remarkable of all Jesus' abilities was his concise ability to read men, to immediately diagnose by gestalt the core issues and needs of each of his "patients." The Master recognized that the whole man is ill, and the root cause may lie in any one (or several) of the physical, mental, or spiritual realms.²⁵ This requires healing with methods appropriate to the root realms. We often tend to "magicize" the Lord's cures, but in the majority, there is no violation of the laws of nature or physiology here; we simply need to further discover how these principles work and tap into the mechanisms involved.²⁶ That they do work has clearly been shown.

"Therefore," the Master said, "what manner of men [or physicians] ought ye to be? Verily I say unto you, even as I am" (3 Nephi 27:27).

The distress causing much medical illness is rooted in spiritual issues. Such concerns have long been most influentially addressed in religious thought, which to be significant, however, must have clearly in mind the distress-relieving ends it seeks.²⁷

"The scientist has scaled the mountains of ignorance; he is about to conquer the highest peak; as he pulls himself over the final rock, he is greeted by a band of theologians who have been sitting there for centuries."²⁸



NOTES

1. "Carpenter" probably improperly translates the Greek word *tekton* (from which the word "architect" derives). The Greek refers more broadly to a craftsman creating something out of preexisting material, commonly a mason or sculptor since woodworkers per se were exceedingly rare in ancient Palestine. (And Jesus never uses any carpenter metaphors in his teaching.) More recently it has been noted that *tekton* could also be translated "scholar," raising interesting questions regarding Jesus' education (X. Leon-Dufour, *Dictionary of the New Testament*, Harper and Row, 1980).

2. While satanic influence is mentioned in the Old Testament, there appears to be no clear doctrine of demonism there. Jewish belief in evil spirits that could take control of men increased substantially after the exile in Babylon and the development of Jewish communities in Egypt, both countries with much belief in demonic spirits. Even as late as the Middle Ages, many common illnesses were attributed to such spirits, and quasimagical "cures" were employed such as the wearing of amulets or sprinkling of holy water. Jesus' own remark regarding the woman with a bent back—"when Satan hath bound, lo, these eighteen years" (Luke 13:16-17) does not necessarily suggest demonic possession, but it does suggest Jesus' antipathy toward disease as an evil—and perhaps some evil influence playing a role in her particular disability.

3. Psychomatics 25:591. This study, done on all incoming patients at a general medicine clinic at UCLA, showed 42 percent were chronically depressed and 50 percent had chronic anxiety. My own study, involving 139 consecutive patients coming in for general medical problems with the Zung depression inventory, showed 47 percent were depressed.

4. A 1987 survey by Miles Laboratories of 600 American women revealed 57 percent to be emotionally distressed (54 percent in the western states). Women ages 30 to 44 had the highest incidence (64 percent), followed by women ages 18 to 24. Curiously, women in the northeastern states had the lowest incidence of feeling highly stressed (49 percent).

5. JAMA 159:1002.

6. *Ann. Int. Med.* 11:1416. Many studies in this review simply "give a pill" placebo without communicating enthusiasm for hope of a cure. It is the physician's role in engendering faith that forms the more potent part of the placebo effect, as shown in the other studies cited.

7. See, for example, the reviews of stress effects on all parameters of immunity in *Psychosomatic Medicine* 41:147-164 and 49:13-24, also *Med. Clin. N. Am.* 68: 385-397.

8. E.g., *Psychosomatics* 19:303. Recovery in patients depressed before disease onset, *Arch. Int. Med.* 108:393.

9. The healing of Mark's ear is the only recorded surgical-type healing. However, this may be misleading. While all four Gospels describe the incident, only Luke mentions the hearing. This question is compounded by the fact that the other three are likely to have been eyewitnesses (in the case of Mark, close to Peter who inflicted the injury and was the likely source of Mark's Gospel). Luke states simply that Jesus "touched his ear and healed him" (Luke 22:51). What form this healing took is not clear. Eased his pain? Stopped the bleeding? Soothed his aural/earful feelings? If a detached ear had been restored, it is likely that the authors would have said so more clearly.

10. E.g., Luke 11:14-20. "If with the finger of God I cast out devils, no doubt the kingdom of God is come upon you." (Jesus continually emphasized his bringing of the kingdom of God—a state of liberation of the heart from darkness, division, sin, pain, illness, and real death—as central to his mission [Luke 17:20-21].)

Perhaps the notable exception to Jesus' suggestion to "tell no one" regarding his healing miracles was that of the demonic Gerasene, who was advised to tell his friends and neighbors how the power of God had liberated him (Mark 5:19). This exception may be because he dwelt in areas of Decapolis where Jesus would not be personally ministering. It is also perhaps symbolically significant that Jesus and his disciples crossed the lake to a remote shore at considerable personal risk to carry out this single healing event.

The term "miracle" does not appear in the New Testament, but when such "signs" or "wonders" occur, Jesus seems to regard them as means rather than ends in themselves.

John depicts Jesus using his miracles as a symbolic teaching device.

Sign	Principle Taught
Feeds multitude with five loaves (John 6:1-12)	"I am the bread of life . . . he that eateth me [taking life that I am within him very being in the source of his nourishment and energy] . . . shall live by me . . . [He] that drinketh in me and I in him."

Restores sight to the blind man (John 9:1-39)	"For judgment I am come . . . that they which see not might see; and that they which see might be made blind."
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Raises Lazarus from death (John 11:1-44)	"I am the resurrection and the life: he that believeth in me . . . shall live."
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11. E.g., *Am. J. Epileptology* 117:261.

12. Note that the "grace" Jesus came to bring is defined as a gift of enabling "power" (cf. *John* 4:7). This empowering of mankind seems to be the driving motivation of Jesus' life. Can other physicians also mediate such grace? (See 1 Peter 4:11.)

13. "I give unto men weakness that they may be humble; and my grace is sufficient for all men that humble themselves before me; . . . then will I make weak things become strong unto them" (*Elder* 12:27).

14. *Psychomatics* 25:505.

15. The law of Moses considered menstrual blood to cause impurity (and also forbade the consumption of the blood of animals). Not only was the menstruating woman considered unclean but so were all who touched her and anything on which she sat or lay (*Lev.* 15:19-30). Sexual intercourse was forbidden during menstruation (*Lev.* 15:24). Any person or thing that had contact had to undergo a purification ritual. Thus such a bleeding woman was severely distressed and would, after many years (12 of bleeding, here indeed had a serious "course." The ancient notion that menstrual bleeding causes "uncleanliness" has historically led to great discrimination against women (even today in the Middle East).

16. Others (the blind—*Mark* 10:52, the leper—*Luke* 17:15) were told, "See that thou send word." The same Greek word, *apote*, is used interchangeably in New Testament manuscripts for "send" or "healed," again making the explicit connection that the "Service" is the master healer.

17. *J. Psychos. Qual.* 1:17-31.

18. *Lancet* [1979] 2:785.

19. Michael Harper, *The Healings of Jesus* (Dover Verity Press, 1986) 92.

20. See, for example, S. Brown, *My Uncle Will Go With Me . . . The Teaching Tale of Milton H. Erickson, M.D.* (B.W. Norton Co., N.Y., 1982) or Donald M. Wechsbaum, *Steve Inoué's Therapy, A Clinical Guidebook* (Progress Press, Elmsford, N.Y., 1985.)

21. See, for example, Abraham Maslow's study of "self-actualized" people in *Personality and Motivation* (Harper and Row, 1970), chapter 11.

22. Caring is defined as a commitment to being "the other" (a person, an idea, a creation, etc.—outside self to its own greatest potential and fulfillment). Such caring purposes in the driving motivation behind all great persons and even organizations (e.g., Maslow's self-actualizing people, Charles Garfield's 1500 "high performers," and "The Top Cop Company" in T. Peter's and R. Waterman's *Search for Excellence*). And one might add God himself, who declares, "This is my work and my glory, [and joy and fulfillment] to bring to pass the . . . eternal life of man" (*Moses* 1:39). Such a sense of caring has been shown to be associated with less distress, fewer stressful events in life, and less illness (E. Cassdale, *J. Personality and Social Psychology* 47:164).

23. E.g., *Enid* 15:28; *Lev.* 26:14-16; and *Prov.* 3:7-8.

24. *Ann. J. Med.* 67:732; *Pediatrics* 60:4021; *New England J. Med.* 305:1289.

25. It is helpful to know that Old Testament Hebrews saw no separation of man into body and spirit. The Hebrews had no clear word for the physical body as distinguished from the totality of man, mainly because they didn't regard the physical body as having a separate reality of its own. The nearest word, *nephesh*, refers more to the whole life substance of man. Early Jewish thought opposed the Greek *anathesis* between body and soul. Jesus seemed to follow in principle that same entry (M. Harper, *The Healings of Jesus*, 140).

26. G. G. Dawson, *Healing, Power and Christian*, AMS Press, N.Y. (1977).

27. Perhaps these concerns have something to do with why religious interest is so the waning 85 percent of Americans in a 1986 survey regarded religion as important to them.

28. *Jonathan, God and the Astronomers*.