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Engagement and Hope without Illusions Constructive Theology facing the Phenomenon of Illness

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1 Introduction

The practice of providing assistive care for the sick stretches back into the beginnings of Christianity and, given its great variety of forms, can be seen as one of the distinctive characteristics of the church.¹ Anchored in Jesus' own encounters with the sick, this work continues to form a central pillar in diaconal praxis and in the ethical reflections of individual Christians and the church.

Yet this brings us to a curious observation, especially with respect to German-language Protestant theology and the churches of the twentieth century, namely that on the one hand enormous expansions in diaconal work and pastoral activity, as well as intensive ethical reflection, has been matched on the other hand with an almost universal speechlessness by systematic theology when it comes to the topic of illness. Particularly when we come to that apologetic field of theology which seeks to understand and articulate the faith in light of current challenges, we find 'illness' hardly mentioned.² Yet the phenomenon of incredibly debilitating and even life-destroying illness, such as HIV/AIDS or cancer, not only raises questions regarding treatment but also questions about an appropriately modern understanding of God and the Christian faith. Beyond any simplistic alternative between a religious and a scientifically-formulated understanding of illness, what Christians in the fields of medical and assistive care seek, together with relatives and those who are seriously ill, is an understanding of illness within the framework of their faith.³

¹ For an overview of the main lines of this development, see *Brennecke, H. C.*, Heilen und Heilung in der Alten Kirche, in: *Evangelium, M./Merklein, H./Wolter, M.* (eds.), *Eschatologie und Schöpfung. Festschrift für Erich Grässer zum siebenzigsten Geburtstag*, Berlin New York 1997, 23–45 and *Amundsen, D. W./Fergren, G. B.*, The Early Christian Tradition, in: *Amundsen, D. W./Numbers, R. L.* (eds.), *Caring and curing. Health and medicine in the Western religious traditions*, New York, N.Y. 1986, 40–64. The rather early metaphorical transformation of 'illness' into a term describing human sin is reconstructed by *Dörnemann, M.*, *Krankheit und Heilung in der Theologie der frühen Kirchenväter*, Tübingen 2003.

² Apart from a few exceptions (see e.g. the essay in this volume by G. Etzelmüller on Karl Barth as well as the stimulating work found in *Ritschl, D.*, *Zur Theorie und Ethik der Medizin. Philosophische und theologische Anmerkungen*, Neukirchen-Vluyn 2004) German-language systematic theology has yet to take up the issue of illness as a challenge both for theological anthropology or for a realistic theology of creation. Nor were exegetical studies or discussions in the ecumenical movement constructively received. In the Catholic Church, the sacrament of anointing seems to have ensured the presence of the topic in the theological discourse. See *Greshake, G.*, *The Anointing of the Sick. The Oscillation of the Church between Physical and Spiritual Healing*, in: *Chauvet, L. M./Tomka, M.* (eds.), *Illness and healing*, London / Maryknoll, N.Y. 1998, 79–87.

³ For an analysis of the issue based on this distinction, cf. *Kress, H.*, *Medizinische Ethik. Kulturelle Grundlagen und ethische Wertkonflikte heutiger Medizin*, Stuttgart 2003, 42–57.

In the context of the current and considered responsibility of the Christian faith and its talk of God (which aims at validity and truth), there arise a range of urgent and troubling questions: What is the relationship between life-destroying illnesses and the goodness of creation? What are we to make of the connection, or deliberate separation, between the concepts of sin and illness? Does serious, debilitating illness correspond with God's good will? How is human bodily existence incorporated into the experience of salvation?

The following thoughts hope to contribute to a developing theological articulation of this problematic discussion on illness. At their center is the proposal that human illness should be thematized theologically from three closely connected perspectives:

(1) from the perspective of a *theology of creation*, which thematizes illness as a perilous and problematic part of good, creaturely, social and cultural life;

(2) from a *Christological* perspective, which understands illness as a phenomenon addressed in the life of Jesus, namely through the events of his incarnation, cross and resurrection; and finally

(3) from a *pneumatological* perspective, which sees illness in the context of the work of the Holy Spirit as the Spirit of consolation. The Spirit of God locates illness, as the 'groaning of creation', in the space between lament and hope.

Together, all three aspects of divine activity constitute God's fullness of life [*Lebendigkeit*] in the face of life-threatening illness. It is time for us to move beyond abstract concepts of omnipotence and attributions of goodness, beyond all hollow formulas of a divine, 'all-determining reality', and to begin development on a trinitarianly structured, theological view of illness which recognizes the divine fullness of life.⁴ Furthermore, when confronted with the challenge of distorted theological abstractions (manifested, for example, in an overly narrow concentration on the relationship between healings and the work of the Spirit), we must continue to hold onto an integrative, i.e. trinitarian, perspective. Only in this way can systematic theology develop the requisite sensitivity to (a) the complex *inner-canonical* discussion, (b) the extensive *phenomenological data* of human illness, not to mention (c) the *insights* developed by the modern sciences.

2 Illness — The discussion between medicine and theology

At this point, it is important to make a methodological note on the understanding of illness which will underlie the following comments. In what sense does theology speak about illness and the interpretation of illness? Since systematic theology is interested in a *contemporary* theological understanding in the context of *modern* medicine and amid the experience of suffering, then for the sake of its own realism it cannot avoid the current discussion on the concept of illness.

Undoubtedly complicating this task is the complexity of illness as a phenomenon — one which simultaneously encompasses biological–somatic, individual-biographical, social,

⁴ A similar trinitarian differentiation can be found in *Welker, M.*, *Der erhaltende, rettende und erhebende Gott. Zu einer biblisch orientierten Trinitätslehre*, in: *Welker, M./Volf, M.* (eds.), *Der lebendige Gott als Trinität. Jürgen Moltmann zum 80. Geburtstag*, Gütersloh 2006, 34–52. The following considerations are greatly indebted to this approach.

cultural, and of course also religious aspects.⁵ These aspects can form deeply harmful, complex relations which mutually amplify one another, creating a harmful feedback loop. This was certainly the case in the world of the ANE, within which the biblical texts were located, and remains so today. There is little doubt that aspects in the personal experiences of the sick, the pressing search for a just distribution of resources and the struggle against the social mechanisms of exclusion represent problems which span epochs, cultures and stages in the history of medicine, and which are reflected upon in pastoral care with the sick as well as in theological ethics.

However, a particular systematic theological challenge (one which will be the focus of this paper) is to be found in the transition from an ontological to a scientific-analytical concept of illness, a change which has been underway over the last two centuries.⁶ On the one hand, as a natural process within the organism illness can be described as part of the natural order. Yet on the other hand, they also challenge us to judge among the richness and complexity of biological processes, to distinguish between that which is ‘pathological’ and that which is ‘normal’. Regardless of whether one tries to perform this differentiation using a combination of biological, functional analysis and controls for statistical normalcy, or if one sees the distinction primarily as a social construction, from a non-reductionistic perspective on illness in the end this distinction is either one among biological processes, or one that assumes as much⁷.

I would argue that in the vast majority of illnesses it is the physiological changes which affect the body and occur within it — in other words the biological-somatic side — which represent the ‘substrate’ which then in turn presents its own particular theological challenges. Following the Münster medical theorist Hucklenbroich, illnesses are to be understood as those functional disorders which induce suffering and, when left untreated, lead to death.⁸

In short, so many religious discussions on illness are dominated by an emphasis on a form of ‘wholeness’ which either needs to be attained or preserved. Not only does this emphasis often accompany a critique of scientifically-based medicine, it can also lead to a complete rejection of the biological-natural dimension of life. For a theologically responsible

⁵ Cf. *Lanzerath, D.*, *Krankheit und Ärztliches Handeln. Zur Funktion des Krankheitsbegriffs in der medizinischen Ethik*, Freiburg 2000, which contains references to further literature; see also *Lanzerath, D.*, *Krankheitsbegriff und Zielsetzungen der modernen Medizin – Vom Heilungsauftrag zur Antiaging-Dienstleistung?*, in: *G+G Wissenschaft* 3 (3) (2003), 14–20; *Lanzerath, D.*, *Krankheit*, in: *Korff, W.* (ed.), *Lexikon der Bioethik*, Gütersloh 1998, 478–485. For an example of the individual construction of an illness narrative from the patient’s side, see esp. *Hawkins, A. H.*, *Reconstructing illness. Studies in pathography*, West Lafayette, Ind. 1999 and *Brody, H.*, *Stories of Sickness*, Oxford/New York, 2003.

⁶ *Paul, N. P.*, *Gesundheit und Krankheit*, in: *Steigleder, K./Schulz, S./Paul, N. P.* (eds.), *Geschichte, Theorie und Ethik der Medizin. Eine Einführung*, Frankfurt am Main 2006, 131–142; for further differentiations see *Lanzerath, 2000*, 89–166.

⁷ A phenomenologically sensitive view of the individual, social and cultural constructions of illness cannot negate this fundamental biological level – despite the possibility of its various conceptualizations. For a complex model of the interaction between these levels, see *Weissenrieder, A.*, *Images of illness in the Gospel of Luke. Insights of ancient medical texts*, Tübingen 2003, 21–42.

⁸ *Hucklenbroich, P.*, *Krankheit. Begriffsklärung und Grundlagen einer Krankheitstheorie*, in: *Erwägen – Wissen – Ethik* 8 (1) (2007), 77–90.

appraisal of illness, this emphasis represents an alarming reductionism which urgently needs to be overcome. In a hard, yet also helpfully realistic way, the biological processes examined by medical philosophy provide theology with a firm boundary line beyond which lie dangerously misleading, transposed concepts of illness and healing. The challenge for systematic theology is not to surmount and defeat the biological dimension, but to deal with it constructively.

3 Illness as the risk of a fragile creation

3.1 *Malum naturale* in creation

The phenomenon of human illness represents an enormous challenge to the Christian theological claim of a creator God. When confronted with illness, finite life reveals itself as life which stands unavoidably threatened and endangered. In the genetic instabilities of the evolutionary process (genetic defects) and in the threats which arise across the levels and areas of created life (viruses, bacteria) we see manifested the elementary instability and vulnerability of the dynamic biological order. Even when we increasingly discover cause and effect relationships for particular clinical syndromes, such as cardiovascular disease, the degree to which one can attribute strict individual responsibility is unclear and, in any case, only applicable to the categorization of a small subset of illnesses. A mastocarcinoma in a thirty-year-old mother cannot simply be attributed to inappropriate yet avoidable personal behavior. Rather, in life-threatening illnesses we see the elementary dependence of human life upon biological-natural bases, and the potentially conflict-ridden, indeed even precarious instability of created processes as well as harmoniously interrelated and ordered structures.

As such, in both the philosophical and theological traditions illnesses represent an essential part of the phenomenal background to the question of *malum naturale*.⁹ While the concept of *malum metaphysicum* has been used to thematize our difference to God, i.e. the imperfection of creation as finite creation *per se*, the *malum naturale* refers to that natural evil which appears in finite creation yet is not directly caused by human beings, for example earthquakes, storms, flood and, not least, illness. In contrast, moral evil covers those states which can be attributed to human guilt and wrong action. The goodness of creation, grasped tightly in Leibniz' talk of the 'best of all possible worlds', finds biblical-theological support in the statement of Gen 1:31: "God saw all that he had made, and it was very good."

3.2 Changes in the goodness of creation within the biblical traditions

Significantly, the inner-canonical discussion (unlike many, more recent dogmatic discourses) does not use the theological realization of the goodness of God in the so-called approval formula of the Priestly creation narrative (Gen 1:31) as a universal talisman when faced with the discovery of threatening imperfections in that creation. On the contrary, it is telling that the psalms of lament, as concentrated Jewish theology, grant such a

⁹ Cf. Leibniz, G. W., Die Theodizee, Hamburg 1968.

significant position to lament in the face of illness.¹⁰ Life-threatening illness is theologically recognized and legitimated as a reason for, and cause of, lament and not simply erased as a cognitive error or weakness of faith by appeal to a theological combination of omnipotence and goodness or by an expansion of God's providential activity. In illness, the suffering of creation is manifested — suffering which leads to an early and untimely death and is even a part of death itself.¹¹ Illness belongs to those suffering moments of life out of which people rightly seek salvation. In the cry for salvation from illness (as in other salvific moments) we see an instructive relation revealed in God's activity: within this framework of God's initiative salvific activity, God himself confronts his own continuing creation.¹²

In Israel's theological recognition of the validity of lament in situations of illness we discover an incredibly consequential, even revolutionary theological insight which opposes both the absolutization of the goodness of natural processes *as well as* the exclusion of natural processes from the historical, salvific activity of God.¹³ Even in, though not limited to, its natural state, creation is not unsurpassably good; within the process of the universalization of salvation it also becomes an object of God's eschatological activity. If we want a biblically informed, theological understanding of illness then it is essential that we engage with this discovery. It even offers differentiated perspectives on the evolutionary process. Traces of this discovery can be found in different strands of the traditions as well as in various symbolic forms. Three can be mentioned briefly here:

(a) In the hopeful visions of a so-called eschatological peace among the animals in Isa 65:17–25 and especially Isa 11:1–9, we discover the insight that the violent boundaries

¹⁰ According to *Janowski, B.*, *Konfliktgespräche mit Gott. Eine Anthropologie der Pslamen*, Neukirchen-Vluyn 2003, 175, Pss. 38, 41 and 88 fall into this category. Possible references to illness can be found in Pss. 30, 39, 69, 102, 103 as well as in Isa. 38:9–20. For illness as an 'event of conflict', see 174ff.

¹¹ *Madigan, K./Levenson, J.D.*, *Resurrection. The power of God for Christians and Jews*, New Haven 2008, 46f.

¹² For a differentiation between God's *continuous action* and *spontaneous saving action* within the biblical traditions, see *Janowski, B./Scholtissek, K.*, *Gottesvorstellungen*, in: *Berlejung, A./Frevel, C.* (eds.), *Handbuch theologischer Grundbegriffe zum Alten und Neuen Testament (HGANT)*, Darmstadt 2006, 25–31.

¹³ Even today, this discovery is neither self-evident nor well accepted – as can be seen from theological proposals to locate the destructive aspects of the 'natural life' within a 'larger picture': "Even though the question of theodicy, understood as the lament of the human being, is existentially and ethically irrefutable, and understandably and somehow necessary, in terms of a theology of creation the starting point of all perceptions can only be the creative, endangered and always renewed process of this world. In terms of its processual nature there is no alternative conceivable which would not (in some way) be grounded in the very same power of development. To conceive of creation as process is to ask for a continuity of all that is created – in spite of all surprises, ruptures and catastrophes" *Deuser, H.*, *Kleine Einführung in die systematische Theologie*, Stuttgart 1999, 74f. Here Deuser refers to the American philosopher of religion Robert Neville who claims that: "Regarding the components of creation, the covenant presents the ideal of piety, a commitment to respect and appreciate the powers of nature irrespective to whether they are organized to serve the human good. The earthquake and fire manifest the glory of God, even if they treat people like straw dogs" (*Neville, R. C.*, *A theology primer*, Albany 1991, 57). In turn, Neville himself refers here positively to Laotse, the founder of Daosim, especially to the fifth chapter of his "Tao Te Ching". The theological danger lurking behind such conceptions is the theological (con)fusion of creation and passion (reconciliation and redemption) in the process of evolution – something which profoundly darkens and distorts the Judeo-Christian understanding of God.

which have been established in created life — between strong and weak, between domesticated and wild animals — are ultimately in need of fundamental transformation. These visions suggest that, given the ‘violence among all flesh’ (cf. Gen 6:11–12), the idea of a simple restitution of creation does not go far enough. Instead, the text sets its sights on a far-reaching transformation of creation, one which recognizes and simultaneously rejects the deep and cryptic truth of Alfred North Whitehead’s dictum “life is robbery” by transposing it into the horizon of God’s healing and salvific work.¹⁴ The idea that the lion will finally eat straw expresses the idea that in a perfected or new creation life will no longer live off other life.¹⁵ Within the conceptual framework of the eschatological peace among the animals, life-destroying illness appears as one phenomenon of a creation in which individual elements forcefully assert themselves at the cost of other life and, in so doing, destroy a dynamic, life-promoting, yet also fragile form of createdness.¹⁶

b) One symbol which points to the eschatological triumph of the new creation over the current creation can be found in the motif of the night and its final defeat.¹⁷ In Genesis 1, the night (as darkness) is that which is excluded from creation, yet also that (as night) which is bounded within it as creation’s reverse side. To a certain degree, corresponding to the figure of a re-entry, that of which creation is distinguished is also included in it.¹⁸ The pre-creation chaos of darkness is caught up in creation itself as the night, thus embedding it deep into the grammar of that creation: temporal motion, the separation of day and night, still carries a trace of that darkness. That the seventh day of creation, according to Gen 2:3, has no night presents us with an eschatological moment bound within the first creation narrative. It is hardly coincidental that this motif reappears in Revelation, explicitly describing the eschatological New Jerusalem as a city without night (Rev 22:5).¹⁹ Moments when the night triumphs over day, such as during the crucifixion, expose an insurmountable crisis which penetrates into the depths of the natural created order. Although such a theological qualification of the night does not allow us to formulate a modern, scientifically-comparable understanding of so-called natural evil, this metaphor

¹⁴ Whitehead, A. N., *Prozeß und Realität. Entwurf einer Kosmologie*, Frankfurt am Main 1984, 204, on the problem captured in the dictum “life is robbery”.

¹⁵ The inner logic of the text becomes evident if one realizes that only ‘entities with blood’ are, strictly speaking, ‘living entities’. Within this logic, to eat straw opens up the possibility of nourishing life without destroying other life.

¹⁶ An issue which needs to be addressed in the dialogue between theology and science, but which can only be marked out here, is whether it is possible to use moral or even theological standards to evaluate and judge ‘natural processes’. If possible, then on what grounds and by which standards? To what extent can theological ethics and dogmatics be ‘naturalized’ at this point? On this problem cf. Drees, W. B., *Is nature ever evil? Religion, science, and value*, London; New York 2003, esp. Dierickx, K., *Is Nature Neutral? The Concept of Health*, in: Drees, W. B. (ed.), *Is nature ever evil? Religion, science, and value*, London/New York 2003, 179–188.

¹⁷ For an analysis which remains unsurpassed in breath and the richness of its material, cf. Aalen, S., *Die Begriffe Licht und Finsternis im Alten Testament, im Spätjudentum und im Rabbinismus*, Oslo 1951.

¹⁸ It is a striking fact, that in Gen. 1 no creative activity takes place at night and that the last day lacks a night. Moreover, the night is never considered to be ‘good’. Regarding the logical figure of re-entry, cf. Baecker, D., *Form und Formen der Kommunikation*, Frankfurt am Main 2005, and Baecker, D., *Kalkül der Form*, Frankfurt am Main 1993.

¹⁹ Regarding the absence of night as a motif of hope, see also Isa. 30:26; Zech 14:7.

or symbol of the night (which has been developed across various traditions and long periods of time) points to a differentiated understanding of creation, one which senses an obscure and collusive shadowiness, a darkness ‘beneath’ the levels of human power and responsibility.²⁰ I would suggest that in the phenomenon of illness, what we see is *the perilous dark side of creation*.

(c) Creation and the defeat of chaos

The Jewish exegete Jon D. Levenson has made it expressly clear to Christian theologians that an exclusive concentration on the creation narrative in Genesis overlooks an essential theological insight of the Hebrew bible and thus threatens to ‘trivialize’ the process of creation.²¹ Instead of simple religious optimism or stoic resignation, a variety of creation texts express the insight that, despite the original defeat of chaos, the creator God is still caught up in a continuing and dramatic struggle with life-destroying forces and the powers of chaos.²² The creation psalms 74:12–17 and 89, as well as Isa 59:1–11 locate this conflict in a pre-history and yet simultaneously articulate it during current experiences of life-destroying chaos almost dialectically as a contrafactual counterclaim, because chaos seems to have ‘survived’. God’s creative triumph over such deadly chaos is not yet complete. From this insight into “the vitality of evil and the fragility of creation” there grows a hope in an eschatological, ultimate and final triumph in the new creation over life-destroying chaos.²³ These biblical traditions must be recognized and engaged with theologically in a self-critical way. Within this imaginative horizon, illness — as the dramatic appearance of that which is life-destroying — becomes an invasion of death-dealing chaos, one which must be fought and defeated, not only but also at the level of biological-somatic, natural life.²⁴

²⁰ Cf. Isa. 60:14–20.

²¹ *Levenson, J. D.*, *Creation and the persistence of evil. the Jewish drama of divine omnipotence*, Princeton, N.J. 1994.

²² “The image of God’s creating out of nothing leads rather easily to a conception of God as against nothing: there is nothing he is against” (*Levenson, J. D.*, *Creation and the persistence of evil*, xxv). The inner connection between exegetical insights concerning the divine overcoming of chaos and battle motifs in other traditions have rarely been explored. Regarding Luther’s theology see the instructive study by *Rieske-Braun, U.*, *Duellum mirabile. Studien zum Kampfmotiv in Martin Luthers Theologie*, Göttingen 1999. Gustav Aulén’s much quoted study can only be taken as a starting point for the contemporary discussion.

²³ *Levenson, J. D.*, *Creation and the persistence of evil*, 47. Against this background the ‘approval formula’ in Gen 1:31 deserves closer attention: “Then God saw everything that He had made, and indeed *it was very good*.” This formula not only summarizes the work of each of the days, but also of ‘creation’ as a whole. It is not that everything is called ‘good’. Rather, with great subtlety the text refers only to “אֲשֶׁר עָשָׂה” – אֵת כָּל־אֲשֶׁר־עָשָׂה – all that God had made.

²⁴ This view of the connection between creation and illness rejects a number of alternatives: I do not follow the long standing theological opinion that assumes Adam was immortal, or that all evils in creation such as illness, suffering and death must be traced back to his sin. This position was certainly prominent among early church theologians and is still powerfully present in orthodox theology; cf. *Larchet, J.-C.*, *Théologie de la maladie*, Paris 1991 and the recent proposal by *Delkeskamp-Hayes, C.*, *Why Patients Should Give Thanks for Their Disease: Traditional Christianity on the Joy of Suffering*, in: *Christian Bioethics* 12 (2) (2006), 213–228. While this understanding nourishes the idea that illness needs to be overcome, it remains untenable for a number of reasons: it is based on a strong neo-Platonic philosophy, it

4 Illness from the perspective, and in the work of, Jesus Christ

4.1 Confronting the brutalities and distortions of creaturely life

The life of Jesus was characterized by a range of conflicts and fields of activity.²⁵ In his 1972 volume *The Crucified God*, Jürgen Moltmann grouped these conflicts into idealized types and characterized them into *three* different processes. The historical process covers the critique of the Jewish law, Roman rule, and finally the conflict that arises from closeness to the Father and the Father's abandonment of the Son.²⁶ As such, Jesus dies on the cross as a 'blasphemer', an 'insurgent', and as one 'God-forsaken'. In his 1989 Christology, *The Way of Jesus Christ*, Moltmann not only elaborates on this structure but expands it with an important point: Jesus died "the death of all living things, i.e. he died ... in solidarity with all those creatures who groan captive under the oppression of transience".²⁷

What we see here in Moltmann's Christology (though admittedly still in fragments and in outline) is a growing systematic-theological insight into another specific line of conflict revealed through Jesus' salvific action: Jesus' confrontation of the deep and unfathomable risks, and thus the brutalities and distortions of creaturely life seen so paradigmatically in illness.²⁸ It is hardly coincidental that in all four gospels the stories of Jesus' healing activities form such an integral and integrated element of early Christian proclamation.²⁹ Particularly in Matthew, the healings are placed into the interpretive framework of Isaiah's divine servant hymns (see the reference from Mt 8:17 to Isa 53:4) and are seen as marking the arrival of the fullness of salvation (Mt 11:4–5, quoting Isa 29:18). In Mark, we see how Jesus confronts the violence within creation through the short reference to Je-

lacks a serious exegetical foundation, it suggests a rejection of scientific insights and exposes possibly disastrous consequences for the diaconal counseling practices of the church. Required here is a systematic distinction between this opinion and the process of the 'metaphorization of the concept of illness' in the 'christus-medicus' traditions: namely, that sin came to be seen as 'illness' which needed to be treated by Christ the physician. Cf. Dörnemann, 2003, 299.

²⁵ For exegetical insights into these conflicts see *Theissen, G.*, Jesus und die symbolpolitischen Konflikte seiner Zeit. Sozialgeschichtliche Aspekte der Jesusforschung, in: *Evangelische Theologie* 57 (5) (1997), 378–400.

²⁶ *Moltmann, J.*, Der gekreuzigte Gott. das Kreuz Christi als Grund und Kritik christlicher Theologie, München 1981, 105–146.

²⁷ *Moltmann, J.*, Der Weg Jesu Christi. Christologie in messianischen Dimensionen, München 1989, 191. Moltmann differentiates (a) the death of the messiah, (b) the death of the child of God, (c) the death of the Jew, (d) the death of the slave, and finally (e) the death of nature. This extensive differentiation reflects his much more insightful perception of Judaism and Jewish theology.

²⁸ Again, when dealing with New Testament texts on illness one must keep in mind the indispensable insights into the social construction of illness – especially when faced with such a 'natural' basis.

²⁹ A balanced view of the role of healing in Jesus' mission can be found in *Hengel, M.*, Geschichte des frühen Christentums, Tübingen 2007, 461–497. However, in modern exegesis the gospels offer quite distinct theologies of healing/illness. Cf. *Müller, U.-B.*, Art. Krankheit III. Neues Testament, in: TRE 19 [1990], 684–686; *Bendemann, R. V.*, Christus der Arzt – Krankheitskonzepte in den Therapieerzählungen des Markusevangeliums, in: *Pichler, J./Heil, C.* (eds.), Heilungen und Wunder. Theologische, historische und medizinische Zugänge, Darmstadt 2007, 105–130; *Kollmann, B.*, Neutestamentliche Wundergeschichten biblisch-theologische Zugänge und Impulse für die Praxis, Stuttgart 2007, 119–138. In all their diversity, the texts clearly reject the idea that the problem of illness can be limited to psychological problems, psychiatric illness or even unjust social exclusion.

sus' time spent with the 'wild animals', recalling the tradition of the eschatological peace between the animals (Mk 1:13).³⁰ In Luke (Lk 14), the triumph over illness is placed into the framework of divine, eschatological community as table fellowship, indeed the motif of "illness appears at the same moment as the eschatological reversal of position".³¹ This characteristic alignment to the eschatological perfection of creation or new creation corresponds to the close connection between the Sabbath and healing, seen in the regularity with which the sick or illnesses play a central role in the Sabbath conflicts.³² If the Sabbath is not simply God's day of rest but also the eschatological perfection of creation, then it is not the conflict with the Jewish law that takes focus but rather, implicitly, the question regarding the arrival of the future of creation.³³ Jesus responds to illness as the brutalization and distortion of created life, but it is here that we see the significance of those responses occurring on the Sabbath.

4.2 Incarnation as an acknowledgement of the value of bodily, created life

The centrality of the healings within the early Christian gospel traditions is not only due to the salvific promises of healing in the Hebrew bible but also to the event of the incarnation itself. I would argue that the connection between healings and the proclamation of salvation is grounded together in the divine choice for corporeality.³⁴

In Jesus Christ, God enters into that which is distinguished from God as creator. In this way, the incarnation is a sign of God's faithful relationship to his creation. In corporeal form, he subjects himself to the conditions of created life: to be bound to natural processes, to be localized in time and space and in specific histories and traditions (ὁ λόγος σαρκὸς ἐγένετο, John 1:14). The incarnation surpasses all other forms of divine presence (messenger/angels, shekinah, visions, temple, torah, etc.); it is an intensification of God's presence, since as true surrender it is connected with the absence of any *option for turning back or retreating* [Rückholbarkeit]. In an unsurpassable way it marks a divine prepared-

³⁰ The thesis, that this tradition is present in Mark's temptation story (Mk 1:12–13), is suggested by *Bauckham, R.*, Jesus and the wild animals (Mark 1:13). A christological image for an ecological age, in: *Green, J. B./Turner, M.* (eds.), Jesus of Nazareth. Lord and Christ. Essays on the Historical Jesus and New Testament Christology, Grand Rapids/Carlisle, Eng/Ithaca, NY 1994, 3–21, 19f.

³¹ See *Bendemann, R. v.*, Krankheit in neutestamentlicher Sicht. Ansätze – Perspektiven – Aporien, in this volume, with references to Lk 1:52, 6:20–22, 10:15, 14:11, 16:15, 18:14, 22:26f., cf. Job 22:29, Sir 3:18–21; 2Cor 11:7; James 4:6,10; 1Peter 5:5f.; 1Clem 30:2.

³² *Bendemann* (ibid.) understands Mk 3:1–6 par; Lk 13:10–17; 14:1–6; Joh 5:1–18; Joh 9:1–7,13–17 and Lk 14:1–6 as referring to this tradition.

³³ For a systematic-theological perspective, see *Moltmann, J.*, Gott in der Schöpfung. ökologische Schöpfungslehre, München 1985, 279–294; for a perspective from the philosophy of religion, cf. *Rosenzweig, F.*, Der Stern der Erlösung, Frankfurt am Main 1988, 348: The sabbath is "both sign of the creation and first revelation [...], but also and foremost anticipation of redemption [...] The sabbath is the dream of fulfillment, but only the dream" [trans. G. Th.]. Exegetical insights are offered by *Mayer-Haas, A. J.*, "Geschenk aus Gottes Schatzkammer" (bSchab 10b). Jesus und der Sabbat im Spiegel der neutestamentlichen Schriften, Münster 2003, 341–359; and *Doering, L.*, Schabbat. Sabbathalacha und -praxis im antiken Judentum und Urchristentum, Tübingen 1999.

³⁴ For a similar emphasis see *Moltmann, J.*, Der Weg Jesu Christi. Christologie in messianischen Dimensionen, München 1989, 124–131. Also informative is *Schrage, W.*, Heil und Heilung im Neuen Testament (Ernst Käsemann zum 80. Geburtstag am 12.7.1986), in: *Evangelische Theologie* 46 (3) (1986), 197–214.

ness to be vulnerable, to be affected by the ‘world’. Yet this heightened presence also corresponds to an intensified perception of the risks facing ‘bodily’ creation in the form of life-destroying illness. This sought-after and irreversible closeness includes the risk of self-harm.³⁵ The incarnation aims at establishing an instance of the divine presence where God opens himself up to the world in such a way that his willingness to be affected includes a preparedness to be vulnerable. This entry into natural, social and cultural conditions is not only an acknowledgement of the value of created life³⁶ but also documents God’s willingness to be moved by the lives of human beings (John 11:35) and to feel in all its momentousness the needs of his creatures. In this *bodily*, and thus *passible* form, the Son exposes and surrenders himself to the effective powers of natural, social and cultural destruction: the power of sin and death. If this entry into the materiality of creaturehood occurs under the factual potency of the destructive power of death, evil and sin, then the Son has actively entered into solidarity with those who have ‘always’ had to pay this risk of created existence — a risk which includes, but is not limited to, human illness. In the search for bodily community, Jesus addresses the dynamics of socio-cultural and religious exclusion — as well as its *natural* bases. This communication of love, in which the Son simultaneously realizes the love of the Father, aims at the liberation of human beings from the unbearable risks of creation, that is, from the deadly forces in this now ‘old’ creation and from the dreadful web spun by impassive cause and effect relations. The love of Jesus successfully stands up to all that is hostile to life, to those distortions, breaks, divisions, exclusions, and moments of captivity and powerlessness which obscure the creator and darken creation, regardless whether they are systematic and structural in nature or impact upon our bodies. This love addresses constellations of natural as well as socio-cultural destruction, constellations which distort and damage life with and before God or make such a life utterly impossible. In these confrontations, Jesus reveals God’s intention for created life.³⁷ On the one hand, through his love Jesus experiences closeness to broken, humbled and damaged life, yet he also enters into a salvific confrontation with the risks of creation.³⁸ It is Jesus’ own turn toward this fragile and damaged life which marks it both as the place of God’s specific presence as well as his practical and salvific ‘protest’ [Widerwillen].

Though this victorious love is powerful, it is also always threatened and powerless due to its willingness to be affected by needs, aggression and violence. Those efficacious interventions into the routines of life-destroying and God-obscuring forces are not protected either by clever calculation or supporting powers. Jesus’ proclamation and life-praxis ran the risk of sparking resistance which would finally and forcefully thrust him out of this

³⁵ This idea is developed further in *Thomas, G.*, *Das Kreuz Jesu Christi als Risiko der Inkarnation*, in: *Thomas, G./Schüle, A.* (eds.), *Gegenwart des lebendigen Christus*, Leipzig 2007, 151–179.

³⁶ See *Bonhoeffer, D.*, *Ethik*, Gütersloh 1992, 148f.

³⁷ This point is made by the charismatic theologian *Warrington, K.*, *Healing and suffering. Biblical and pastoral reflections*, Milton Keynes 2005, 20f.

³⁸ In this respect, such love transcends both the goodness and power of creativity inherent in evolutionary processes as well as the power of the autopoiesis of life, as is captured in the dictum: a ‘unity of life and death in favor of life’.

life.³⁹ Thus, in a powerful way, the faithfulness which is displayed in the incarnation is always both one which is ready and able to affect change, transforming the need and suffering of creation, as well as one which is ultimately prepared to be open and passible, to the point of bearing crucifixion.

4.3 The disconnection and recombination of sin and illness

4.3.1 Sin and illness — Facets of the connection

There is no question that Jesus preached and worked in an environment that connected, fairly directly, illness with sin, i.e. either individual or collective human failings. The everyday observation that there can be a connection between human actions and life on the one hand and illness on the other was also reflected upon with respect to the relationship between God and human beings.⁴⁰ It is not coincidental that the relationship between sin and illness has been a topic of almost worryingly “constant relevance” across many centuries and many different religions.⁴¹

Illness can be understood here (a) as an *inner consequence* of sin within the framework of a cause-and-effect system, or (b) as *conditional*, as distinct divine punishment.⁴² As differentiated as the development of this conception is in the inner-canonical discussion, it remains clear that the main thrust of this understanding and experience in the traditions’ close connection of sin and illness is not to promote a simple acceptance of illness but rather to focus on the powerful *triumph* over that illness through God’s forgiving and attentive care.⁴³ Nowhere in the gospel Jesus traditions is it demanded that we just patiently resign ourselves to illness. The creature’s suffering does not correspond to the will of Jesus but rather draws his active opposition.⁴⁴ Furthermore, the causal connection between sin and illness defends the fundamental insight that the sick and their illnesses have not slipped out of God’s realm of control.

³⁹ The suffering of Christ is the cumulative result of three processes: (a) the intensified perception of human needs, pain and suffering; (b) the active and transformative turn to people in need and suffering; and finally (c) being affected by the violent rejection of this pro-existence by other powers and systems and their representatives.

⁴⁰ The healing of the paralytic in Mk 2:1–12 mediates this connection. In Joh 5:14 it is presupposed. It is also present in Isaiah 33:24 as well as Pss. 32, 41 and 107.

⁴¹ For a surprisingly extensive discussion of the issue of sin and illness, see the three issues of ‘Christian Bioethics’ 2005/2; 2006/2 and 2007/1.

⁴² For a cautious differentiation of the possible relations between sin and illness, see *Zimmermann, R.*, Krankheit und Sünde im Neuen Testament am Beispiel von Mk 2,1–12, in this volume. Zimmermann suggests a current understanding should cover the dimensions of illness (a) as entering into the sphere of the power of sin, (b) as social sin, and (c) as a metaphorical image of sin.

⁴³ This impulse was still manifested in the healing-movements of the nineteenth century. See *Curtis, H. D.*, Faith in the great physician. Suffering and divine healing in American culture, 1860–1900, Baltimore 2007, 51–80. Curtis portrays the healing movement as a form of spiritual resistance against ideas of divine providence promoting resignation.

⁴⁴ Against this background, I would reject those arguments which present illness as a sign of religious privilege or honor. For historical examples see *Pulz, W.*, Krank versus gesund? Von heilsamer Krankheit und körperlichen Zeichen der Heiligkeit, in: *Simon, M./Kania-Schütz, M.* (eds.), Auf der Suche nach Heil und Heilung. Religiöse Aspekte der medialen Alltagskultur, Dresden 2001, 73–85.

4.3.2 Variations in the inner-canonical discussion

Against this background, also shared by the New Testament, we still discover and appreciate widely different accents in the inner-canonical discussion. Thus the theology of Luke closely connects the healing narratives with the diagnoses offered by ancient medicine, pointedly representing Jesus as a doctor who attends to real need as a matter of course.⁴⁵ In contrast, in Mark the focus is laid more upon exorcisms and healings as demonstrations of eschatological power in light of the rule of God.⁴⁶ As foreign as this demonic interpretation of illness may appear, it does highlight three helpful systematic aspects, by (a) implying a clear distinction between the illness itself and the sick person; (b) recognizing the heteronomous subjection of the ill and their sense of having been overpowered; and encouraging them (c) to take a determined stand against that illness.⁴⁷

To reach a differentiated understanding of the inner-canonical discussion it is important to note a development that finds rich expression in the gospels of Mark and John. With regard to the specific *disconnection* and *recombination* of sin and illness, in Mark's telling of the healing of the paralytic (Mk 2:1–12) Jesus separates the acts of forgiveness and healing. In doing so, he offers a surprising double point: the forgiveness of sins does *not* yet lead directly to healing *and* at the same time Jesus offers a proof of his power in a *second*, distinct act of healing.⁴⁸ Jesus does not intervene into the connection between sin

⁴⁵ This insight was already developed by Adolf von Harnack, despite a tendency to over-generalized it. See *Harnack, A. v.*, *Medicinisches aus der ältesten Kirchengeschichte*, Leipzig 1892, 89 u.ö.; *Harnack, A. v.*, *Beitraege zur Einleitung in das Neue Testament 1 Lukas der Arzt der Verfasser des dritten Evangeliums und der Apostelgeschichte*, Leipzig 1906. The connection between healing and Luke's theology has been analyzed by *Nielsen, H. K.*, *Heilung und Verkündigung. Das Verständnis der Heilung und ihres Verhältnisses zur Verkündigung bei Jesus und in der ältesten Kirche*, Leiden/New York 1987, 137–153. The specific ways in which Luke deals with antique medicine are detailed by *Weissenrieder*, 2003, 65–357.

⁴⁶ For a reconstruction of conflictual aspects, see *Kollmann, B.*, *Jesus und die Christen als Wundertäter. Studien zu Magie, Medizin und Schamanismus in Antike und Christentum*, Göttingen 1996; see also *Nielsen*, 1987, 110ff.

⁴⁷ In the twentieth century, this 'demonological' interpretation of illness (aimed at resistance against illness) was reformulated by Karl Barth – the only German-speaking systematician to consider the topic of illness seriously. In the context of his theology of creation (*Barth, K.*, *Kirchliche Dogmatik. Die Lehre von der Schöpfung* [III/4], Zürich 1951, § 55, 404–426) he describes illness as “an element and sign of the power of the chaos threatening creation on the one hand, and on the other an element and sign of God's righteous wrath and judgment, in short, an element and sign of the objective corruption which is related and corresponds to human sin and from which there is no deliverance apart from the mercy of God in Jesus Christ” (366f.). In a christological context (*Kirchliche Dogmatik* IV/2, Zollikon-Zürich 1955, § 64, 244–268) he asserts that “The second positive element that calls for emphasis is that the God who is operative and revealed in the acts of Jesus self-evidently places Himself at the side of man in this respect – that that which causes suffering to man as His creatures is also and above all painful and alien and antithetical to Himself. As Jesus acts in His commission and power, it is clear that God does not will that which troubles and torments and disturbs and destroys man. He does not will the entanglement and humiliation and distress and shame that the being of man in the cosmos and as a cosmic being means for man. He does not will the destruction of man, but his salvation” (225). Barth's Position is applied and further developed by *Eibach, U.*, *Heilung für den ganzen Menschen? Ganzheitliches Denken als Herausforderung von Theologie und Kirche*, Neukirchen-Vluyn 1991.

⁴⁸ A detailed analysis together with references is offered in the contribution by Ruben Zimmermann in this volume.

and illness or the forgiveness of sins and healing in a way that directly thematizes it, rather it is against the background of a clear set of expectations among the implicit crowd that both become operative in the story, in other words being factually separated *and* then subsequently reconnected through Jesus' actions.⁴⁹

If, in this story, the connection between sin and illness is broken by the 'inefficacy' of the forgiveness of sins, then the story of the healing of the man born blind in John 9 gives us an explicit discourse upon possible causal relationships, again with a double point: Though the disciples presume a causal relation between blindness and sin, Jesus twice rejects this understanding. There is no justification for assuming a correlation between actions and consequences either in an extended temporal process (which includes the actions of parents) or directly: people can be blind even without sin (John 9:41). Furthermore, Jesus also heals when sin is not apparent, and even when the individual is one who does not (yet) believe.⁵⁰ The conflicts connected to healing are what first actualize faith.

When examining the healings in the gospel traditions, we must refer to two irritating boundaries which help define what the healings are *not*:

(a) By no means does Jesus heal all of the sick people he meets. Even Jesus' own fight against illness has a distinctly selective and thus unavoidably symbolic and exemplary character. His 'discrete' work signalizes a difference between the unlimited eschatological fullness of salvation and the still real, yet only now dawning actualization of that salvation. Here we see social and temporal boundaries.

(b) The second is a functional boundary, what one might describe as a 'limitation of the depth of treatment' or the limit of salvation. The stories of the raising of Lazarus (which have tested numerous theological boundaries) make use of the weeping of Jesus in the face of his friend's death (John 11:35) to demonstrate the depths of his emotions regarding the 'triumph over illness'. This 'breaking of boundaries' which occurs in Jesus' healing activity simultaneously corresponds to a 'limitation', namely that the triumph over death remains 'limited'. Lazarus is still a finite mortal, destined to die again. In the inner-canonical discussion, it is in the resurrection of Jesus Christ and in his final defeat of death (1 Cor 15:26) where our continuing theological hopes lie.

4.3.3 The connection between sin and illness

The idealized pattern of Jesus' struggle against life-destroying illness can hardly be understood if one just sees it as the disconnection or simple differentiation between salvation and forgiveness on the one hand and healing and illness on the other. Instead, the following aspects need to be considered:

(a) All strict causal connections between sin and illness as well as between forgiveness and healing have been repeatedly problematized, and indeed already rejected. Human sin

⁴⁹ For a fairly subtle and highly differentiated interpretation the de-coupling of sin and illness in Mark 2:1–12 cf. the pentecostal theologian *Thomas, J. C.*, *The devil, disease and deliverance. Origins of illness in New Testament thought*, Sheffield, Eng. 1998, 131–146. It is remarkable that in the canonical gospels Jesus never connects individual sin and individual illness. In addition, Jesus never attributes a specific spiritual or personal value to illness.

⁵⁰ Within the narrative structure of the Gospel of John it is explicitly the second encounter with Jesus (John 9:36) in which the faith of the healed person becomes an issue.

is not the cause of illness and the experience of forgiveness and faith does not correspond to an immediate event of healing.

(b) The rejection of a causal connection goes hand in hand with the earnest perception and recognition of the painful needs affecting the sick. The Incarnate One is not ‘indifferent’ to the suffering caused by illness.

(c) Closeness to the sick acknowledges their suffering without religiously idealizing it or attaching to it extra religious value. The suffering of the sick is not a religious honor.

(d) The primary focus of involvement with the sick falls on healing or the alleviation of their needs, regardless of the means employed. This separation of healing and faith is a possible peripheral aspect of Jesus’ own actions.

(e) Despite the selectivity of the healings and limits on the time and extent of their efficacy, insofar as surmounting the risks of created, natural life is a part of the universality of salvation, the healings still present real symbols of the actual dawning of that awaited eschatological transformation.⁵¹

5 Illness and the work of ‘the Spirit of comfort and hope’

According to Paul, the resurrection of Jesus Christ occurred through the Spirit of God, which triumphs over the power of death (Rom 1:4). In the community’s testimonies regarding Jesus’ bodily resurrection from the dead, and their references to the empty tomb, the church testified to the power of the Spirit at work in the entire incarnated (i.e. also physical) life of Christ. At its center, in the re-presentation of Christ in communion, the community celebrates this transformation of creation as the dawning of a new creation.⁵² It is thus hardly coincidental that the early church counted the gift of healing as a possible sign of the power of the Spirit (1 Cor 12: 7,9,28,30) and attributed the healing of the sick to Jesus’ pre-Easter commission (Mt 10:7f and Lk 10:9).⁵³ Here Christians find themselves located in a complex and powerfully charged space between memory and expectation, one which is shaped by (a) the remembrance of Jesus’ healing activities as a symbol of that which is to come, (b) the current power and efficacy of the Spirit, and (c) the hope in an eschatological, new creation.

5.1 Powerlessness as an experience of the struggle against life-destroying illness

Through the power of the Spirit Christians live ‘in Christ’ and participate in his life as ones who are justified. Thus each struggle that Christians face amid the experience of horrendously life-destroying illness contains a sharp imposition which we must, with honesty, recognize: ‘In Christ’, Christians not only participate in the power of the Resurrected One, but also in the conflict-ridden mission and powerlessness of Jesus Christ.

⁵¹ If the bare fact of healing is the goal here, then one could argue that any medically-achieved healing has theological significance. Dietrich Ritschl suggests that “Successful healing is a sign of the new creation, but it is not in itself new creation,” *Ritschl, D.*, Heil und Heilung aus der Patientenperspektive, in: *Ritschl, D.* (ed.), *Zur Theorie und Ethik der Medizin. philosophische und theologische Anmerkungen*, Neukirchen-Vluyn 2004, 219–231, 229.

⁵² See *Welker, M.*, *Was geht vor beim Abendmahl?*, Stuttgart 1999.

⁵³ However, it is worth mentioning that the post-resurrection formulas no longer explicitly entail the aspect of healing (Mt 28:18–20, Mk 16:15–20).

Without theologically obscuring the boundary between Christ and our imitation of him, Christian discipleship praxis finds itself determined in two ways: Christians are not only invited into that relationship of trust which Christ has opened with his Father but also take part in the conflicts which characterized the life of Jesus. In their own way, Christians participate in God's battle (carried out in Christ) *against* the debilitating, life-destroying and tormenting, pain-inducing forces of this world. Beginning with the observation that "The righteous suffer from the world ... from unrighteousness, from the senselessness and wrongness of world events" Dietrich Bonhoeffer comes to the insight that: "To a certain extent, [the righteous] bring the sensorial perception of God into the world. They therefore suffer as God suffers from the world." Injustice, suffering, need, and illness are elements of world events which the 'righteous' suffer, but "not only because it means for them a sacrifice, but rather because they recognize in these events something ungodly."⁵⁴ Christians suffer that which, here and now, is recognizably contrary to the will of God. In times of despair, what they recognize is not the will of God but rather the divine *opposition* revealed in Christ. The suffering perceived by Christians thus indirectly becomes 'the sensorial perception of God', revealing those areas where God also suffers and what, in God's eyes, is finally *worthy of transformation*.⁵⁵

A further aspect of suffering finds its basis through participation in Jesus' obvious acts of opposition. The experience of "being dragged into the (messianic) suffering of God in Jesus Christ,"⁵⁶ when it includes Jesus' lament of abandonment upon the cross, thus also implies for Christians participation in Christ's suffering at being abandoned by the Father. Participation in the history of Jesus Christ means then (even after Easter) being affected by the powerlessness of Jesus and also participating in the lament-evoking conflict with the Father on the cross. God's faithfulness to the world, as manifested in the incarnation,

⁵⁴ Bonhoeffer, D., *Konspiration und Haft, 1940–1945*, München 1996, 657.

⁵⁵ Suffering which emerges out of the struggle with forces and powers which are subject to God's reluctance [*Widerwille*] is ill-suited for religious functionalization. For a short sketch of such religious 'uses', see Melling, D. J., *Suffering and Sanctification in Christianity*, in: Hinnells, J. R./Porter, R. (eds.), *Religion, health, and suffering*, London 1999, 46–64. It can only be considered highly questionable to instill the suffering of illness with salvific meaning and 'religious surplus': only suffering which arises from a confrontation with other persons' suffering is itself messianic in form. A blurring of this distinction is evident in the the apostolic letter of John Paul II from February 11, 1984, <http://www.vatican.va/holy_father/john_paul_ii/apost_letters/documents/hf_jp-ii_apl_11021984_salvifici-doloris_en.html>, section V/19: "The Redeemer suffered in place of man and for man. Every man has *his own share in the Redemption*. Each one is also *called to share in that suffering* through which the Redemption was accomplished. He is called to share in that suffering through which all human suffering has also been redeemed. In bringing about the Redemption through suffering, Christ *has also raised human suffering to the level of the Redemption*. Thus each man, in his suffering, can also become a sharer in the redemptive suffering of Christ"; ["*Hisce aliisque eiusmodi verbis testes Novi Foederis de redemptionis magnitudine loquuntur, quae perfecta est Christi passione. Loco hominis et pro homine passus est Redemptor. Omnis homo suam partem in Redemptione habet. Quisque etiam vocatur ad passionem illam participandam, qua perfecta est Redemptio, ad participandam passionem vocatur, per quam etiam redemptus est omnis dolor humanus. Christus, passione sua Redemptionem efficiens, simul ad gradum Redemptionis extulit dolorem humanum. Omnis igitur etiam homo, suo affectus dolore, fieri potest Christi passionis redemptricis particeps.*"] For several reasons, this must be considered a theological error.

⁵⁶ Bonhoeffer, 1996, 535f.

cannot exist as participation in the life of Jesus without lament over the real needs that arise from illness, as well as violence and death — moments when God’s distance from us also becomes evident. If, in light of the expanding reality of the resurrection, lament is not without hope, then this leads those who hope to ‘bring suit’, to appeal for the powerful, clear and glorious presence of the Absent One — or in other words, the fulfillment of that which was promised. The resurrection of the lamenting Son in the power of the Holy Spirit gives Christian lament an eschatological horizon. In the space of the ‘eschatological difference’ opened between lament and hope we find practiced the communal and individual opposition of those Christians with severe illnesses.

5.2 Life in the space of eschatological difference: understanding the groaning of creation amid hope and lament

How does the problem of illness present itself within the horizon of the *current* work of the Spirit, given that the imitation of Christ as life in the space of eschatological difference also includes the experience of powerlessness and lament? What is the relationship between life-destroying illness and the presence of the Spirit?⁵⁷ We essentially have a range of different options here:

(a) For some strands of Christianity, the healing of the sick is so central to their experience of the Spirit that it threatens to become a proof of the effective power of the Holy Spirit.⁵⁸ In these traditions, the Spirit is primarily associated with the experience of healing — often quite openly connected with magical thinking or practices.⁵⁹

(b) In some more recent strands of Christianity, we find medical metaphors for Christ’s

⁵⁷ The real challenge is the physiological destruction and self-destruction of the human organism. Against the background of these destructions ‘in nature’, the current inflation of the term healing is in need of critique. If all processes of reconciliation, each promotion of spiritual and bodily well-being, as well as all attempts at inclusion and all searches aimed at strengthening community are labeled ‘healing’ – and if all this is combined with a polemical posture over against science-based medicine, then real suffering due to real illness is lost sight of. This tendency is manifest in the publications of the WCC [see e.g. *World Council of Churches*, “By grace you have been saved”. Bible studies on healing and reconciliation, Geneva 2005] and is prominent in the contributions by *Bartmann, P./Jakob, B./Laepfle, U./Werner, D./Difäm* (eds.), *Gesundheit, Heilung und Spiritualität. Zur Zukunft des heilenden Dienstes in Kirche und Diakonie. Ein Grundsatzpapier aus ökumenischer, diakonischer und missionstheologischer Perspektive*. Tübingen, 2008. A whole panorama of such transformations of the term can be found in *Barnes, L. L./Sered, S. S.* (eds.), *Religion and healing in America*. Oxford/New York, 2005.

⁵⁸ A critical yet balanced consideration of this position can be found in *Warrington*, *Healing and suffering*, chp. 3. With regard to African Churches of Healing, this tendency has been well described by *Grundmann, C. H.*, *Leibhaftigkeit des Heils. Ein missionstheologischer Diskurs über das Heilen in den zionistischen Kirchen im südlichen Afrika*, Hamburg 1997, and can be found in *Grundmann, C.*, *Die Leibhaftigkeit des Heils bezeugen. Über Heilungen, die Verkündigung des Wortes und den ureigenen Auftrag der Kirche*, in: *Gestrinch, C./Wabel, T.* (eds.), *An Leib und Seele gesund. Dimensionen der Heilung*, Berlin 2007, 154–179.

⁵⁹ An overemphasis on the work of the Spirit can lead to a rejection of classical medicine. This line of conflict is not new, as can be seen from Martin Luther’s response to the position of Andreas Karlstadt. See *Steiger, J. A.*, *Medizinische Theologie. Christus medicus und theologia medicinalis bei Martin Luther und im Luthertum der Barockzeit. Mit Edition dreier Quellentexte*, Leiden/Boston 2005, 7–10, which contains many sources and historical references.

activity of forgiveness as well as Spirit-led coping strategies for dealing with illness fused together to such a degree that physical suffering and the natural, biological dimension are pushed into the background and thus theologically devalued.⁶⁰ While the church is right to remember its commission to heal in the Spirit, and to seek a comprehensive understanding of the work of the Spirit, it becomes clear that an important dimension of the Spirit's work has been lost sight of here.

(c) Thus I would like to turn to an aspect of the Spirit's work which, in Pauline theology, is closely connected to the aspect of hope: The Spirit, as the Spirit of Jesus Christ, is *a Spirit of hope and consolation*. This insight leads us into the multifaceted Pauline explanation of the efficacy of the Spirit in Romans 8 (Rom 8:18–30).⁶¹ My interpretive thesis is that *illness, as the painful injury and destruction of life, is the location and striking expression of what Paul describes as the 'groaning of creation' — and is thus intimately related with the Spirit of hope and consolation*.

The Spirit, which is given to believers as so-called 'firstfruits', and which also functions as the power transforming death into life (Rom 1:4), exists in a highly complex relationship to this 'groaning of creation'. We can make several observations here:

When contrasted with the fullness of the Spirit yet to be received 'in future', the Spirit of God *already* experienced now is a limited 'first installment' when compared with the unsurpassable fullness of our hoped for status as full and legitimate children of God. This fullness also includes redemption of the body.

The point of Paul's argument is that this *future* redemption of the *body* should *not* lead Christians to distance themselves from the utterly corporeal nature of life but rather involves an intimate perception of, and the living of a life of solidarity with this corporeal nature.

The Spirit does not lead us out of but rather 'into' this risk-laden, corporeal life. Paul connects the image of the 'firstfruits' and the future consummation to the 'groaning', to 'fearful expectation' and to the 'labor pains' of the created world because this world of creatures is included in the transformation of the children of God.

Just as the faithful are connected with the world of creation with regard to their future transformation, they are also connected in the act of groaning. "We know that the whole creation has been groaning as in the pains of childbirth right up to the present time. Not only so, but we ourselves, who have the firstfruits of the Spirit, groan inwardly as we wait eagerly for our adoption, the redemption of our bodies" (Rom 8:22–23).⁶²

⁶⁰ Jakob, B., Auf der Suche nach Heilung und Gesundheit, in: *Difäm* (ed.), Die heilende Dimension des Glaubens Antworten auf eine wachsende Sehnsucht, Tübingen 2007, 6–14.

⁶¹ On this passage see Käsemann, E., An die Römer, Tübingen 1974, 217–237; Wilckens, U., Der Brief an die Römer, Zürich/Neukirchen-Vluyn 1978, 135–171; Fitzmyer, J. A., Romans. A new translation with introduction and commentary, New York 1993, 497–528.

⁶² The suffering due to illness is not – as in some strong traditions of Catholic theology and spirituality – primarily tied to the redemptive suffering of Christ, but with the groaning of creation. Not all of creation's suffering can be related to Christ's suffering. For a similar reorientation see Hauerwas, S., Suffering presence. Theological reflections on medicine, the mentally handicapped, and the church, Notre Dame, Ind. 1986, 30–36, as well as the insightful and sensitive discussion in Hauerwas, S., God, medicine, and suffering, Grand Rapids, Mich. 1994, 84–96.

The intuitive perception of the various aspects of the ‘groaning of creation’, which also includes illness, encompasses the *recognition* of the *need* and *personhood* of those who originally express this ‘groan’.

Paul makes it clear that it is precisely the experience of the Spirit which *allows us to discern* the *difference* between the now and the not-yet. It is the Spirit that affects people in real situations, allowing them to perceive that a real eschatological difference prevails between the present and God’s future — a difference that is not simply to be grasped but also overcome through the Spirit of hope and through the *coming* of God’s Spirit.

In the situation of this groaning, hopeful, eschatological difference the Spirit actually *increases* our ability to perceive the ‘groaning of creation’, the distortions, breaks and disasters of creaturely existence, including suffering under the burdens of debilitating illness. The Holy Spirit *sensitizes* our perceptions — individually, emotionally as well as structurally — of the life-destroying difficulties experienced by persons and cultures alike.⁶³

Contrary to the widespread conception that the work of the Spirit can only be associated with sudden improvements in life (with joy and vitality, happiness and recuperation), Paul maintains that the experience of the Spirit leads us to groan in solidarity with creation, since it opens us to and *increases our perception of creation’s groans*. In particular, it is the presence of the Spirit which makes it possible for Christians to sigh together, unifying us in our sighs. It is this Spirit of love and consolation which enables Christians to lament over the difference between the sighing of creation and the fullness that is promised and hoped for.

By enabling us to perceive misery and by sensitizing us to situations of need, the Spirit proves itself as *the Spirit of Jesus Christ*. It communicates to today’s people both Jesus’ will and his opposition. That which was ‘marked’ in Christ and thus recognizable realizes itself in the work of the Spirit: The distortions and brutalities of bodily life which appear in illness are a location of the intensive perception and genuine caring attention of God, imparted via the structural, physical and emotional attention given by human beings.

The perception of the ‘groaning of creation’ does not only lead to solidarity in powerlessness. Rather that expanding hope which radiates through the Spirit positions the various forms of the ‘groaning of creation’ into the *transformational dynamics* of the ‘eschatological difference’. Their location within this dynamic means more than either simple solidarity with the creature or the provision of practical aid: It points to the certainty given in the firstfruits of the Spirit that this highly risk-laden, creaturely world in which the despair of illness has taken root, will experience a transformation corresponding to the glory of the children of God, one to which it already actively corresponds today.⁶⁴

⁶³ For a very recent overview on the relation between emotion, perception and ethics see *Ammann, C.*, *Emotionen – Seismographen der Bedeutung Ihre Relevanz für eine christliche Ethik*, Stuttgart 2007. The modern classic is *Nussbaum, M. C.*, *Upheavals of thought. The intelligence of emotions*, Cambridge/New York 2001. A heightened sensitivity for social contexts as an aspect of the work of the spirit is emphasized by *Welker, M.*, *The Spirit in Philosophical, Theological and Interdisciplinary Perspective*, in: *Welker, M.* (ed.), *The work of the Spirit. Pneumatology and Pentecostalism*, Grand Rapids, Mich. 2006, 221–232.

⁶⁴ The structure of the Spirit conceived by Paul’s theology is neither tied to consciousness nor (in principle) only self-referential, but rather strengthens *inclusion*. For an elaboration upon this structure cf. *Welker, M.*, *Gottes Geist. Theologie des Heiligen Geistes*, Neukirchen-Vlyun 1992.

In the context of the Spirit's efficacy in relation to the new creation, and in whose power Christ was raised from the dead (Rom 1:4), it is clear that the goodness of this creation can actually be *increased* and surpassed.⁶⁵

The gift and experience of the Spirit leads both Christians and the church of Jesus Christ to a peculiar *double-sided experience* — one which is not just dichotomous, simply symmetrical or even paradoxical but rather *covariant*. The heightening and intensification of one side invariably leads to a heightening and intensification of the other: the Spirit enables heightened perceptions of the 'groaning of creation' *but also* increases hope in eschatological transformation and revelation. If hope provokes our perception of life-destroying transience and our solidarity in sighs of lament, then hope and lament are no longer opposites but rather different forms of the same Spirit's work. Our perceptions of anticipated fullness amplify our perception of current imperfections; the discovery of the life of the new creation amplifies the discovery of the self-destructive potential of creaturely life.

If those illnesses which damage and destroy life are understood theologically as the 'groaning of creation' and 'located' within that Spirit-promoted, eschatological difference, then it becomes a place of the presence of the Spirit in consolation and lament, of the faithfulness of the creator and of transformative eschatological change. In this way we can theologically repudiate two particular methods of understanding illness: We reject a form of religious spirituality which screens out creaturely and natural needs, as well as a religious naturalism which already sees unsurpassable creative goodness at work in natural processes.⁶⁶ Finally, any overly strong interconnection between physical healing and present salvation is also called into question.

It is not beyond but rather *amid* humanity's corporeal nature that illness becomes a place marking the desire for change, for the redemption of the body from the dark side of creaturely life. Amid their tension-filled, opposing yet intertwined natures, lament and consolation, hope and protest are manifestations of the final transformative presence of the Spirit.

If, in light of the firstfruits of the Spirit, a situation marked by the groaning, weakness and fragility of creaturely existence is a sign for that transformation still to come, then we gain a broader view of the Spirit's healing: Not only are the current healings by the Spirit

⁶⁵ These considerations touch upon a problem which has attracted a great amount of controversy in Christian bioethics: Is it ethically justified or adequate to enhance the goodness of creation by means of genetic engineering? Is genetic engineering an extension of medical intervention into 'natural processes'? See *Peters, T.*, *Playing God? Genetic determinism and human freedom*, New York 1997. For more critical, though still balanced positions, see *Deane-Drummond, C./Scott, P.* (eds.), *Future perfect? God, medicine and human identity*. London ; New York, 2006.

⁶⁶ If the Spirit *comes* to the groaning of creation and addresses the suffering associated with it, suffering due to illness cannot in itself have some redemptive quality. Such an interpretation would not only blur the boundary between Christ's work and the work of the Spirit but would also shift the real misery of life-destroying illness into a mixture of nihilism against creation and spiritual over-glorification. The redemption of the body is part of God's creative faithfulness to imperiled creation. Since the suffering of the body cannot redeem bodily existence, such an understanding can only promote an understanding of redemption which, in the long run, rejects and denigrates bodily existence by transforming it into a *semiotic medium* for redemption.

a sign of the divine fullness of life, not only is it medical alleviation of creaturely needs which correspond to the creative opposition of Christ, but within the framework of eschatological difference, even the despair of *irreversible decline* becomes a *sign* of our coming redemption and future glory.

5.3 Acting in the time and experiential space between lament and hope: The pragmatism of love

“Even today, the power and future of the church is still based on its acceptance of those who suffer spiritually and physically. This is so not least of all for Christian mission ... Only as the gospel of the Savior as well as of healing — in the most comprehensive sense which the ancient church connected with this idea — does the ancient church remain young and the young church remain the ancient one.”⁶⁷ This insight by Adolf von Harnack is still as relevant today as it was when it was written over a hundred years ago.

In order to correspond to God’s fullness of life and the differentiated efficacy of the Spirit, the church will need to locate the phenomenon of life-destroying illness in an unavoidably differentiated way, i.e. from *multiple* perspectives: (a) Illness as a manifestation of the groaning of the ‘good’, yet highly risk-laden creation and as valid grounds for lament. (b) Yet illness is also to be experienced as the location of the consoling presence of the Spirit, amid human weakness and vulnerability. (c) Within the horizon of hope in eschatological transformation, illness can become a place of God’s presence amid weakness and fragility, without having to force a false, religious reconciliation with manifest, natural evil. If the ‘future glory’ of the eschatological transformation is an aspect of the love of God, then nothing (apart from a dubious Christian stoicism) can separate us from the love of God. We can accept that people have been honored with the special presence of the Spirit of consolation during their times of illness without having to sanctify those situations of need.⁶⁸ Because redemption is neither an (ultimately Gnostic) redemption *out of* creaturely existence, nor a seamless (ultimately natural-religious) insertion *into* the processes of creaturely life, it is a redemption *of* the creation. Any type of religiously excused ‘surrender’ into that fate of creaturely life, marked as it is by destructive finitude and death, closes itself off from those possibilities which arise from the resurrection of Christ through the power of the Spirit. The faithfulness to creation seen in the work of the Spirit includes hope in these possibilities for change.

(d) Not least, illness becomes the location marking the helping, misery-alleviating, and salvation-seeking attentive care offered by others. The same Spirit of God which conveys lament and imparts hope is the Spirit through which God’s “love is poured out into our hearts” (Rom 5:5). In the struggle against illness, life in the space of eschatological difference is the active and multiformed participation in Jesus’ messianic commission through the praxis of love. In this love, Christians correspond to both the will and opposition of

⁶⁷ Harnack, A. V., *Medicinisches aus der ältesten Kirchengeschichte*, Leipzig 1892, 147.

⁶⁸ Communicating esteem and honor in liturgically distinct forms is insufficiently developed in most Protestant traditions. Without doubt, anointing the sick is a form which addresses the body in a situation of heightened yet painful perception of the bodily nature of existence. It is a non-cognitive form of human, communal, and divine ‘recognition’. Interestingly, all the shortcomings addressed in Matthew’s final judgement (Matt 25:35ff.) touch on human bodily existence.

Jesus Christ. Christians attune themselves to the divine fullness of life when — in their genuine turn toward the ill, yet in full awareness of their own limitations and the horizon of hope — they do *not* demand faith but rather search after the ultimate defeat over need in all its forms.

Forms of hoping and lamenting love can then safely be given over to a ‘pragmatism of love’ which can find expression in diaconal work or in the responsible configuration of the care or medical professions. Common to them all is their opposition to the distortions and brutalities of finite, creaturely life. The concrete forms of the attentive care of the sick are much more variform and extensive than spiritual healing. In their own way, each and every nurse and doctor participates in the messianic confrontation with the groans of creation. The individual, yet also complex, organizationally-supported systems of medical and nursing care for fragile life allow the Spirit of consolation to be effective in specific forms. In late-modern, functionally differentiated societies we see the development not only of new distinctions and classifications of medical and nursing work but also of a communication of the gospel which values human corporeality.

The churches face the challenge of developing both new and old forms of communication which console and publicly acknowledge the sick rather than taking a defensive stance against traditional medical care. In their professions, doctors and nurses take their own stand against the groaning of creation and, through their special praxis, correspond to Jesus’ will and opposition. Despite all limitations, and the fragmentary and preliminary nature of their actions, they work on a cracked and crumbling symbol of the glorious salvation of a risk-laden creation — one which they themselves cannot recreate, nor should attempt to. The Christian community fosters, values and supports this qualified work on creation, knowing well that in their own way and in their own forms they also console, value and free the sick while communicating a hope in completion. In the practical, hoping and lamenting pragmatism of love in the face of illness, both religion and medicine correspond to God’s fullness of life.