

Who lives, who dies, who cares. Listening and caring. Report on a European Consultation on the Christian Understanding of Health, Healing and Building Community, held in Budapest, Hungary, September 3-9, 1986, CMC, s.l. 1987, 3-8. 27-47.

Introduction

When the activities of the Christian Medical Commission of the World Council of Churches were reviewed in 1975, it was suggested that, in addition to continuing its contributions to the reform of health service priorities in the Third World where most of the Church's medical mission work was focused, it should embark on a study/inquiry into the Christian understanding of health, healing and wholeness.

Rather than engaging in an academic exercise, the Christian Medical Commission chose to organize a series of regional consultations in various parts of the world where people from those regions could express their own understanding of what difference the Gospel had made to their own ethnic and cultural view of health and healing. It was an occasion to examine how the Church might contribute in some way to the health of the communities of which it is part and to reconciliation where it is needed.

The European Regional Consultation, held in Budapest, is the ninth in a series which will encircle the earth with the North Asian consultation, scheduled to be held in Kyoto, Japan, in April 1987.

In preparing for the European consultation, we added the dimension of *community*, because all previous consultations had emphasized it as necessary for any understanding of health and healing. In other regions of the world, it was more generally accepted that a person – a patient – can best be healed if he or she is seen and heard in the framework of his/her family and community. In Europe, however, where depression and loneliness are so often at the root of illness, it seemed important to think about how to overcome the isolation in which so many people live. Hence the emphasis on community.

While Europe is a geographical entity, it also possesses an amazing diversity of language, customs, economies, ideologies and ecclesiologies. Would it be possible to overcome these differences in common obedience to our Lord and to the Gospel we shared? It soon became evident that it was possible as we were reminded that human brokenness is universal and our stereotypes of each other – Orthodox, Protestant, Catholic, Eastern and Western European – evaporated as we shared discoveries of new responses to suffering and isolation.

In exploring the frontier between the Church and Medicine, we found that they have many characteristics in common, some of which can be harmful to both of them. They share authoritative structures which can inhibit the development of new and healthy relationships between the professional and the laity. Both stress the one-to-one connection of priest and parishioner, doctor and patient. In areas of mutual service, as mutual service, as in hospital chaplaincies, the Church adopts the prevailing medical model. While the Church preaches and Medicine pronounces, neither has much time to listen. |

In preparing for this Consultation, the delegates had received a preparatory paper presented by James C. McGilvray, a former director of the Christian Medical Commission. It urged caution in the use of words like *health*, *healing*, *wholeness* and *community*, most of which had been appropriated by others, e.g., health services which could more realistically be called sickness services, and wholistic (or holistic)

medicine, which is a mix of therapies ranging from psychic healing to shamanism. And so this paper urged the publication of stories and accounts of what Christians around the world were actually doing in a healing and caring ministry with others. That is because it seems imperative today that what the Church says, must be *seen* to be lived out in the community of its members.

The paper reminded those who would be attending the Budapest consultation of the advice given to the CMC at its inaugural meeting in 1968 by Metropolitan Anthony of Sourozh, who was one of its Commissioners: "I think the trouble with us Christians is that we imagine we are a healed community because Christ is whole and that we can heal others, although remaining sick ourselves, perhaps without noticing it, while everyone else does notice", Metropolitan Anthony said. "I wonder if it would not be a great deal healthier if we thought of ourselves a bit like Alcoholics Anonymous and were prepared to recognize the fact that we are not well ourselves and to tell this fact to others. (Then) we would come to a point which was made before – that of compassion. We don't need to be whole to be compassionate with someone who is not whole. In this new relationship there would not be this very shocking divorce between what people see in us as sickness, and a claim we offer to heal others... We could then fulfill what was said before, that Christ did not give us permission to heal everyone indiscriminately, but to love everyone indiscriminately. If people could see this, they would first respect us a little bit more and, because compassion is healing and indiscriminate love is healing, our attitude could give to others more than we possess. Then we could achieve, inadvertently, so to say, the conversion of others to more than we possess."

"Caution was also urged in making pronouncements about community. There is a danger that we tend to view community as an extension of ourselves, like a slice of suburbia where we are surrounded by likeness and lack of challenge because we believe that is what we want and that we will find it only in association with people like ourselves. But in this type of community there can be no growth and no healing. There is a sense in which we cannot *create* community, for it is what happens when there is a cohesion of common commitments and service. A community exists in the Christian sense in the coming together of those who share with one another the fellowship of the Gospel and who have responded to its call in faith and hope and by it have been brought to new life. It is both a receiving and a giving – a receiving of God's grace to enable the exercise of love and caring for and about others, whether they be fellow-believers or not. This community is both local and universal. It has both diversity and unity. It is never static but is always willing to re-interpret the Gospel for the sake of the renewal of that community which is the Church. |

"And so the true community is that of the Eucharistic fellowship, where the Body and Blood of our Lord Jesus Christ preserve our *bodies* and *souls* to everlasting life. It is here that the community of love and of healing becomes evident as we become free to be ourselves and find healing in the sacrificial love of Christ. How tragic, then, that this Holy Communion may even break the community and separate us, one from another within His Body – the Church. If only our hearts would carry us beyond the place where our minds fear to tread! At the end of His ministry, Christ said, 'A new commandment I give to you, that you love one another; even as I have loved you, that you love one another. By this all men will know that you are my disciples, if you have love for one another' (St John 13:34)."

The Consultation was convened in Budapest on the evening of September 3, 1986, at the Raday Seminary of the Reformed Church of Hungary. Seventy-five participants had come from fifteen European countries and they were welcomed by the Rt. Rev. Bishop Karoly Toth on behalf of the Ecumenical Council of Churches of Hungary. He

spoke of the significance of this location for a consultation on healing and community. The churches of Eastern Europe have to establish the credibility of their witness by exemplifying the Gospel in their way of life. Bishop Toth, then, introduced the representatives of the Lutheran and Baptist Churches of Hungary together with Bishop Jozsef Kacziba, the Roman Catholic Bishop of Budapest.

“... the two greatest and most important challenges in our age are the preservation of human dignity and the averted danger of total annihilation not only of the people and nations, but also of the whole of creation.”

Dr Eric Ram, the present director of the CMC, responded to the words of welcome and spoke of the process which had led to this European Regional Consultation. As on previous occasions, the participants in this regional meeting covered a wide spectrum of vocations and professions. There were physicians, nurses, psychiatrists, theologians, disabled persons, hospital chaplains, counsellors and social workers. Dr Ram went on to say that “in the course of these consultations, we have learned that health is more than absence of disease. It is seen as a dynamic state of well-being, in harmony with each other, with the natural environment and with God. In biblical terms, this is known as *shalom*, a state of right relationships. We have learned that it is very important to have a right relationship for a person to himself or herself, a right relationship between the person and members of his family, a right relationship between the person and members of his community, a right relationship between the person and God, the right relationship between the person and nature. A disturbance in anyone of these can cause ill health. Reconciliation and hope are important elements and play an important role in the healing process. We have learned that there is a partnership between body, mind and spirit and that these are | inseparable and what happens to one part affects the other, thus, the concept of a *wholeness* approach in health care...

“I trust that our understanding of health, healing and wholeness and community-building will be both broadened and deepened as a result of your sharing of your life experiences and our deliberations during these few days together, because in Europe you have a rich heritage of culture, languages and Christian faith...”

“The World Health Organization has reported some improvement in the world's health. Yet, a new-born child in certain developing countries has only a fifty-fifty chance of survival; four-fifths of the world's population have no access to any permanent form of health care, while only 30% of the people in the developing countries have access to safe water and adequate sanitation. Malnutrition is more a rule rather than an exception for two-thirds of the population. Annually, some 17 million children under the age of five die around the world. Over five million of them die because of diarrhea. This is tragic, because 85% of all these deaths are preventable. Health services are clearly failing to reach out to those who do not have access. In spite of many advances made in medicine, it has not been possible to solve rather simple and preventable problems which weigh heavily and constantly on two-thirds of the human race today. There is a global cry for primary health care and insistence on adjust and equitable distribution of health services is on the increase. Health is seen as a human right but it also carries with it responsibility in its practice by everyone.

“In the West, medical costs are rising so steeply that the wealthiest societies are finding them difficult to bear and, at the same time, are not able to maintain global health standards. There seems to be too much dependence on medical technologies and more people are experiencing the need to bring back the human and personal touch to health care...”

“We live in an interdependent world”, Dr Ram concluded, “in a global village, and we are called to share ourselves. Every act of sharing is a commemoration of the

crucified Christ, sharing himself with a broken world. The Christian emphasis is on the giving of one's self; of bearing one another's burdens. We come from different backgrounds. Whether we come from a rich country or a poor country, we all have something to share – our knowledge, know-how, skills and culture. We read in John 3:17f.: 'If a man who was rich enough in this world's goods saw that one of his brothers or sisters was in need, but closed his heart to him or her, how could the love of God be living in him?' Let not our love be just words or more talk, but something real and active. We have to find ways of sharing where giving and receiving are equally important, when we go beyond the band-aid approach and help people stand on their own feet, when they can reach the potential of their well-being to an extent that they may enjoy fullness of life. May we all be guided by the Holy Spirit in our deliberations during our meetings here." |

An account of previous consultations on the theme of the Christian understanding of health and healing was presented by Dr Martin Scheel of Tübingen (FRG), former director of the German Institute for Medical Mission (Difäm) and a vice-moderator of the CMC. This report is given as an appendix to this report (see pages i-viii).

The full texts of most of the following papers, presented here in abridged form, may be obtained on request from the Christian Medical Commission, World Council of Churches, P.O. Box 66, 1211 Geneva 20, Switzerland. |

What happened in Budapest?

First, the setting for what follows: it was the first week in September, 1986, in East Central Europe. Sunshine filtered through the layers of cloud which blanketed most of the continent. Down below, Budapest went about its business, while inside Ráday College, we followed our own agenda. But we could not escape that other reality from which all of us came and to which we would shortly return – the brokenness and disease of our continent, acid rain, air pollution, rivers filled with industrial waste, including the Danube which flowed some few meters away from where we met. Chernobyl was fresh in people's memories and terrorism on their minds after the bombs that blew up a Paris department store, on a street in Rome, and missiles lay burrowed in Europe's ancient soil, pointed in opposite directions. Millions were facing the threat of unemployment, of not being needed, while others continued their cautious quest, feeling out how far their human rights could reach. "Guest workers" who helped to make possible the Western economic "miracle", were anxiously wondering when they would have to go back where they came from, knowing that not a few of their neighbours would be glad to see them go. Doors were beginning to close, alliances to chafe, nationalisms to reawaken and other doors seemed to open a little bit more. So were we foolish to believe that the Gospel held the solution to all of this?

One of the remarkable people who addressed us had an affirmative answer to this question. Jean Vanier, the founder of the world-wide *'Arche* communities, has lived for more than twenty years with those who are mentally handicapped. In sharing his life with them, he has become their voice and speaks the words they cannot speak. Together, they have discovered the ingredients of true community. |

The Place of Worship

In the early stages of planning the consultation it was agreed that worship should play a central part. Worship would enable the work of the consultation to be united with the corporate tradition and experience of the Church. It would do this by identification with the obedient work, service and sacrifice of Christ which are central

to the understanding of health, healing and wholeness. Worship would challenge members to let go of stereotypes and prejudice, and enable the formation of true commitment and fellowship.

To achieve these aims several areas of misunderstanding would have to be faced:

- a) Services associated with healing are often seen as additional or separate from the normal pattern of church worship. Church members may regard such practices as a minority interest even though concerned with health in general terms. For Christian health workers, there are deeper problems in that some of the beliefs, practices and claims of religious healing seem to be far removed from the world that they have to face each day. This can cause a sense of guilt that they are not able to practise divine healing in their work, or a feeling that their work is secular and without religious meaning. Therefore, the services for the consultation needed to be within the normal practise of the Church, rather than special healing services. In addition, the everyday experience of pain, service and courage should be incorporated and central.
- b) Healing services emphasize prayer, laying on of hands, anointing, i.e., *spiritual means of healing*. For the health professional, this devalues the physical aspects of healing – the importance of science and technology, of nursing care and simple voluntary acts of help. Therefore, the worship should express the unity of the physical and the spiritual as it is understood in the incarnation of our Lord.
- c) Healing practice in both medicine and religion has been directed towards the individual. The theme of this consultation arose from *the sense of a loss of community in Europe* at many levels, including the political, religious, national and local. It is suggested that this has a direct effect on health, on the ability to cope with normal life crises, and on the incidence of illness. The Old Testament view God as the maker and sustainer of communities, and the New Testament emphases on corporate images such as the vine and the body indicate the building of communities in which health is linked to a quality of life where *burdens are shared* and love deepened. The worship should offer a balance between individual and corporate emphases, where people offer both their burdens focused in the sick and their services of prayer and washing, counselling and medicine, etc. |
- d) The division between work and the worshipping life has two aspects. Christian health workers, like other Christians, frequently keep their faith as a private matter. The expertise and acumen brought to their professional role is not matched by theological insight. Faith and work are not brought into tension. This is reinforced by the view that Christian work takes place under the auspices of the Church, e.g., by belonging to a church visiting team. Therefore the professional healing work of Christian health workers is not always seen as the ministry of the Church which should be supported in various ways. This work is an important part of the outreach of the people of God into the world and requires a sustaining base if it is to be effective. At the same time the Church needs to receive the experience of its members so as to develop relevant responses to the life of the world in its worship and action. The worship would then need to allow members to contribute personally from their own experiences at work and Church.

The Services

- a) The Hungarian churches were responsible for the opening service of welcome and an *agape* at a home for the elderly.

- b) The daily morning service was held in plenary and was based on the forms of service used by the Ecumenical Community at Taizé, France. The services combine psalms, readings, meditations and hymns in a form recognized by most churches. The services were led by men and women, ordained and lay, from different countries and church traditions. The themes and examples from the texts are as follows:
- i. *The People of God, Covenant and Health*
Let us pray for the Church: the Lord grant that we acknowledge our dependence on him as being borne on eagle's wings, exploring the healing that comes from obedience to his covenant. Lord, hear our prayer!
 - ii. *Service, Suffering and Joy*
Let us think of Jesus the Lord, who for the joy set before him endured the Cross: grant that we may find life in embracing the suffering of others: Lord, hear our prayer!
 - iii. *Justice and Service*
v. Comfort those in prison, defend and care for the elderly.
r. Make an end of injustice in society!
 - iv. *The Spirit and the New Community |*
Holy Spirit, be present to all who are passing through adversity or are the victims of human wickedness; create a new brotherhood among us by the power of your communion. Come, Holy Spirit, come!
- c) *Group Worship*. This was also based on a traditional liturgical framework but allowing for more flexibility and personal participation. There was a combination of well-known and lesser-known readings and prayers; silence and the use of symbols – candles, stones, flowers. These three evening services formed a thematic development which led into the final act of worship on the last day of the consultation.
- i. *The Community of Suffering and Endurance*
This life, therefore, is not righteousness but growth in righteousness; not health but healing; not being but becoming; not rest but exercise. We are not yet what we shall be, but we are growing towards it. The process is not yet finished, but it is going on. This is not the end, but it is the road. All does not yet gleam in glory, but all is being purified.
 - ii. *The Community of Service and Love*
Have you learned to let God turn stones into something creative? How do you live with stones which cannot be transformed into bread?
What situations require your presence so that the stone of fear, failure, doubt and death can be rolled away?
Is the way of the cornerstone the model for your ministry?
 - iii. *The Community of Faith and Hope*
Out of meaninglessness, God calls us.
Out of brokenness, God calls us to wholeness.
Out of divisiveness, God calls us to community.
Out of tears, God calls us to laughter.
Out of self-centred ness, God calls us to love.
Out of death, God calls us to life...
- d) The final act of worship encompassed the whole of the last morning. It began with the call to worship, readings, hymns and meditation: then came the group reports and discussion, followed by coffee; after this the offertory, in which the gifts were symbols of our time and work together. The peace was shared in

three forms and finally, the distribution of the pebbles with the command to get out and be living stones, creating a healing community. |

The Shopping Mall

One of the Consultation's most popular and successful features began as a question: "what is a 'shopping mall'?" What does it mean at a church-related conference, this import from the other side of the Atlantic? How do you say it in German? In French? "Cafeteria" was suggested as an alternative, or "bazaar", perhaps, to give the idea that one could pick and choose what one wanted to hear about.

It was a *place*, to start with, or places, rather, set aside in Raday Seminary where people could tell about the work they were doing, show slides or films, put up posters, to "show and tell". It was a *time* set aside for sharing and for asking questions ("how could this programme be adapted in my congregation?", for example).

Dr Aagje Papineau Salm from the Netherlands directed the event and at first, she wasn't any surer than anybody else on the Preparatory Committee about how this "shopping mall" would work. Participants were asked to come prepared to talk about what they were doing. Some projects are more "visual" than others. One evening and one afternoon seemed enough to set aside for this strange happening called a shopping mall. But there was so much people had to talk about that Aagje and her assistants, Rainward Bastian and Deborah Jenkins, were swamped with requests for more time and an extra session was scheduled.

Several rooms were set aside and presentations were strictly limited to half an hour, although this was not always easy to do. Times and topics were posted and people took their pick. Some presentations were so popular that they had to be repeated. *Alternatives* was a word often heard in Budapest – alternatives to the *dependencies* in which so many people are caught up. These are not only substances like alcohol and narcotics, but a dependency on high-tech medicine, which has not only driven up the cost of medical care, but strains resources in even the wealthiest states and too often overlooks "softer" approaches. One alternative were the parish-based (diakonia) health posts pioneered 150 years ago in Germany which have evolved today in another form of service.

(If you would like to have more information about any of the following projects, the CMC will be pleased to put you in touch with them and send you any material we may have.)

Diakonia posts help for the old and the sick in their own homes

Gretel Haussmann is directress of a diaconical nursing order in Herrenberg (FRG) and Liselotte Driver works with the Evangelical Church's diaconical programme in Stuttgart. Both spoke of EKD's diakonia posts (Caritas has what it | calls "ecumenical social posts") which provide care for the sick and old in their own homes. There are now more than 1,500 such "social posts" in the Federal Republic of Germany run by five large welfare agencies in which EKD's Diakonisches Werk and the Catholic Caritas have the largest share. The diakonia post team consists of female and male nurses who care for the sick and elderly at home, people from the civil defence service and nurse-trainees and voluntary helpers, the latter being the bridge between the sick or elderly person and the institution which provides the medical care.

Self-help groups have been founded all over the Federal Republic in recent years, made up of people suffering with the same disease (cancer, for instance, Parkinson's, multiple sclerosis) and members of their families. "By meeting and

talking together regularly, all available resources are being used and healing powers are set free”, Sister Haussmann said (a similar organization in Birmingham, U.K., was described by Rev. Peter Bellamy); the diakonia posts maintain direct contact with these self-help groups and perform a coordinating function.

“One of the main areas in the care of the elderly at home is activating and motivating them... to avoid their own isolation” which often happens when old people live alone. The diakonia nurse organizes services like Meals on Wheels, creates contacts and keeps in touch with local social welfare services. The home and family nurse (sometimes called a village helper in rural areas) helps out when a mother is ill or after childbirth. Unlike in the past when the community nurse was parish-based and unmarried, the diakonia post workers of today are usually highly trained, often married and with children of their own, working in close touch with doctors and hospitals. “[Their] way of working reflects a new understanding of the nursing profession; it is not high-technology medicine nor do the products of the pharmaceutical industry occupy first place, but an ail-embracing caring, with special attention to the patient's psycho-social situation... In consultation with the doctor, the diakonia post nurse [if things are functioning well] takes over as much and as little care as demanded by the person being cared for, [who] must also be drawn into the process of planning for care.”

How does the Christian witness of salvation and healing become apparent in the diakonia posts? In addition to the physical care of the ill and the elderly, the diakonia workers also offer pastoral care, including the Biblical anointing of the sick, which is regaining its place in the Christian consciousness. If Holy Communion is wanted, the nurse will talk to the pastor. But from her (or his) own experience and faith, the nurse can often provide the loving, healing witness that the patient needs.

Sister Haussmann spoke of the important role of the diakonia posts in times of illness when people are frightened and existentially threatened, “but [when] new dimensions are being experienced which are not accessible to healthy people... There is a great possibility... to spread the newly obtained Christian understanding of health and illness... a church circle, a church parish able to recognize this, will attach high value to this service... The professional and | voluntary diakonia helpers experience that illness can be a key, not only to the house of their neighbour, but also to him/herself as God's creation... They have chosen to care for the elderly, the sick, the mentally disturbed, the disabled and lonely. These services cannot be delegated either to big institutions nor to the state.”

“Who is an 'elderly person'? Someone who is still growing, still a learner, still with potential and whose life continues to have within it promise for and connection to the future... a person who deserves respect and honour and whose work is to synthesize wisdom from long life experience and formulate this into a legacy for future generations” (Dr Hanneke van Maanen, Netherlands).

Christian Centres in Sweden, Austria, Scotland seek Alternatives

Märta von Holst is a nurse and Hans is a medical doctor. Both have worked in Africa and now live in the small community of Skaganas, 300 km southwest of Stockholm. The Christian Ecumenical Centre for Wholeness, Health and Creativity was founded there in 1980. Among its aims, many have to do with finding healthier ways of doing things which are more respectful of life. These include offering pregnant women a positive alternative to abortion by arranging sponsorship of the child for adoption. The von Holsts urge a *voluntary, conscious lowering of one's living* standard, simpler living – not using/wasting so much. The Skaganas community, a cluster of rosy timber houses set among pine trees and ponds, looks as if it breathes tranquility.

Hans and Märta von Holst described how human beings' need for creativity finds an outlet there in painting, gardening, music, woodwork and weaving. "Handicrafts are excellent therapy", said Märta, herself a weaver, "and working together is a good way to build community... It is also important to make everybody *feel needed*."

The Centre is often the site of conferences and courses whose main subjects have been about *wholeness* – in health care, in nutrition, in environmental protection, in Bible study, in spiritual counselling and in gaining an understanding of the peace movement. All the Centre's activities stress the need to stimulate a sense of personal responsibility, encouraging local churches in projects like establishing "health units" staffed by voluntary health professionals and lay people to provide home nursing care in their communities, along the lines which Sisters Haussmann and Driver had described in the Federal Republic.

Against the tranquility shown in the von Holsts' slides of Skaganas, they told how "over 50% of Sweden's medical resources are occupied with handling people's misadaptations and psychosomatic disorders". Hans von Holst spoke about the *inter-connectedness* that undergirds the thinking at their Centre; he believes that "the church, as part of society and a source of health, needs more | knowledge in order to promote health". The courses, organized by the Centre, are one way. "We want to stimulate people to participate in maintaining their own health, not depending entirely on health professionals... we want to stimulate and promote more health services at home... in cooperation with local churches." The Skaganas Centre is a place where Christian health workers can meet to discuss ethical questions. The von Holsts believe that the home is usually the best place to promote Christian values and motivation, giving *hope in the future* which is often tragically absent in Sweden today, especially among the young people. In this sense, perhaps the Skaganas community is not only an island of peace, but of prophesy too.

Prof. Dr Karl Erwin Schiller spoke about another centre in Austria where retreats are held regularly to help people "come to terms with life in the Christian sense". Congresses are also held annually at this "*Christ Medicus Centre*"; the 1986 congress had two themes: "Charlatanism – Imagination – Reality?" and "Spiritual Healing from the Viewpoint of Medicine and the Christian Faith". The Centre, which he founded in 1981, operates as a branch of the Austrian ecumenical working group of medical doctors and pastors. Dr Schiller explained this group's conviction that "man has four-dimensions – the somatic, psychic, social and the religious" and the Centre's guests are helped, through individual and group talks, spiritual reflection and worship, to overcome the conflicts in their lives by taking into account all four dimensions.

The ancient *Iona Abbey*, on the Isle of Iona off the coast of Scotland, is the home of the Iona Community, represented in Budapest by Dr Margaret Stewart. Hundreds of people, Christian and non-Christian alike, come there from all over the world every year to share in worship and life together in community for a while – a weekend or a week and sometimes for longer.

"The Abbey is not a conference centre", Dr Stewart explained, and staff and guests share in the daily worship, in arts and crafts, concerts and walks. In addition to individual and group retreats led by Protestants and Roman Catholics, last year's programme included an international Christian conference on the Middle East, organized by the Scottish Churches' Action for World Development, three weeks focused on "Living in the Kingdom" where participants sought practical ways for working together to discover "new ways to touch the hearts of all" and another week of exploring some contemporary issues in health care. This was led by members of the Iona Community who are themselves involved in health care. "The Spirituality of

the Third World” was the theme of another week.

All Christendom today must ponder with the greatest attention and commitment the message of the healing power of non-violence, while also drawing on great modern prophets like Mahatma Gandhi (Fr. Bernhard Häring, FRG). |

That Christian health workers and pastors share many of the same concerns and dilemmas posed by modern medical developments is nothing new. Dialogue among these two groups has been going on for years, informally as well as on an organized basis. The *Bossey group*, in Switzerland, initiated by the late Dr Paul Tournier, was very well known after the Second World War; Dr Madeleine Ruedi from Neuchatel was closely associated with it. Dr Jaro Krivohlavy told of a somewhat different initiative, the Balint Groups, founded in the United Kingdom by a Hungarian-born physician for other “medical doctors who are 'burned-out' or have personal problems, conflicts, etc. but have nobody to ask for help”. These have grown into self-help groups which now exist in many European countries.

“There’s No Such Thing as a ‘Christian’ Institution”

Although membership in the Waldensian and Methodist churches of Italy is relatively small (30-35,000 people in 120 communities) in this predominantly Roman Catholic country, their emphasis on Christian service is venerable and strong. They maintain medical and social institutions, as well as schools, vacation homes and libraries. But Rev. Alberto Taccia, a Waldensian pastor from Turin, spoke about the need to evaluate the usefulness and need for these projects and their “ability to be a Christian witness by the service they provide and by their very existence... There is no such thing as a 'Christian institution', but there is a Christian way of running institutions”, said Rev. Taccia, who was accompanied by Dr Bruno Lombardi and Emilio Verardi, administrators of a Christian hospital in Genoa. For the future, he sees a reduction of a costly, unwieldy “institutionalized diakonia” towards a “lighter” form aimed at training groups and individuals for various forms of Christian service to “fill the gaps” in caring for those on the margins of our society. He also stressed the need to make the churches feel more directly responsible for the projects they support; there is also a need for dialogue and collaboration with other institutions, with local political authorities and with the people in the region. “This dialogue is going on now about the social, medical and ethical problems of our times, as well as about how programmes are set up and about practical collaboration”, the Italian pastor concluded.

There are many differences from country to country in the ways in which a church *can* respond to community needs, especially where almost all medical care is organized and “delivered” by the state.

“Erecting signs... that has been the role of the Christian Church through history... first, hospitals, the first, then the first mission hospitals. They were signs in their times. With time, signs need to be changed (Dr Hakan Hellberg, Finland). |

The Hungarian Witness

Participants were able to see with their own eyes how the Reformed and Lutheran Churches in Hungary are filling a big need in small ways. They visited a home for disabled children and young people and a home for the elderly in suburban Budapest, in addition to being the guests of the city's ecumenical community at an *agape* supper in the Albert Schweitzer Home, which is maintained for the elderly by the Reformed Church. While these small institutions cannot fill all those “gaps” Rev. Taccia spoke of, their staff and daily programme do provide a place for Christian caring. Similar homes are also run by the Roman Catholic Church throughout

Hungary.

Karoly Dobos is a retired pastor of the Reformed Church and now secretary of its Leprosy Mission. He spoke of the material assistance this Mission is giving to leprosy patients in Africa and Asia, some of it coming from the proceeds of the beautiful handicrafts (embroideries, etc.) which were on sale at Raday College during the meeting. Rev. Zoltan Balogh was also present at several sessions to describe the Reformed Church's mission to alcoholics, many of whom are young people with no church affiliation.

Building a Community in an Inner-City

“Community” was a word often used in Budapest, but one of the most dramatic examples of it was shown in a video film about OZ 100, an ecumenical community in central Amsterdam. Rolf Boiten, its director and founder, is a Reformed minister and his wife is a Mennonite. They provide a Christian presence in the heart of the city's red light and drug district, providing emergency care to drug addicts, alcoholics, prostitutes and to Amsterdam's many marginalized drifters. They offer, in Everyman's Chapel, a quiet place to pray in the middle of a street full of neon lights, peep shows and sex shops; in its old canal-side house a safe place to rest and recuperate from any of the crises that happen day and night in that part of town. The Community has a core of some ten people; it began about 25 years ago and now includes a wider community of 150 men and women who volunteer their skills for varying lengths of time, perhaps as a bookkeeper or a lawyer or a handyman. They have four adjacent buildings which house the chapel, the first aid post (the only one in that violent and gaudy neighbourhood since five old hospitals were closed down when a mega-hospital opened on the outskirts of Amsterdam), the crisis intervention centre and a boarding house. There is also a shop which sells handicrafts made by members of the Community or the artistically gifted who come to it for help. There is a restaurant called “The Wedding in Cana” and a primary school in Arabic for children of North African guest workers. All this goes on in a setting of violence (the school, for instance, was bombed), of heroine dealing and addiction, of sexual exploitation at its rawest, of fear that belies the pretty old brick houses and tree-lined canals.

The Kruispost (first aid station) is open every day of the year, eight hours a day. It is staffed by volunteers. Two doctors and one or two nurses are always on duty, plus a receptionist whose job is to listen to the men and women who come there in pain, often confused and afraid – especially of AIDS now. The most common problems involve accident victims of street fights and traffic accidents, drug addiction, alcoholism, venereal and respiratory diseases. Psychosocial help is often just as necessary as a bandage or a splint. The Community's seven social workers (four of them are full-time) are there for that. For those who need to get away from the hassle of the city, the Community has a country place in Friesland. Money comes from contributing individuals and churches, from the Amsterdam city government and from its own small projects like the restaurant and shop. Gifts of funds and medical supplies also help the Kruispost.

Everyman's Chapel, located in what was formerly a sex theatre, gives a clue to what this small Christian community means in the wider community in which it is located. In the video film, our attention is drawn first to a cone of light that comes down from the ceiling onto the lectern with its Bible and wooden icon and then down to the floor, made of small bricks set in a small circle, a circle which widens out in the low-ceilinged room with its wooden chairs and water flowing through stone baptismal fonts, widening out into the hall and out into the brick-paved street with its winking neon signs, “like ripples, getting wider and wider, beginning with this light”, said Rev.

Boiten.

“Watch out for state subsidies! You start with such subsidies and you end up with rules which are unacceptable for reasons of principle... We are in constant danger of being told to do the opposite of what we believe we should do” (Rev. Rolf Boiten, Netherlands).

Gerhard Röckle described efforts being made in Hamburg to break through the anonymity of big-city life, which is one of the greatest barriers to community-building. Inspired by the New Life programme in the Swiss cities of Biel and Basel in the early 1980's, the Hamburg group began its project in 1984 in the northern part of the city with the slogan, “So Start Anew...”. *Renewal* is the keynote of their efforts to draw people into dialogue on what the Christian faith means to them, how it helps them to confront words like “meaninglessness” and “absurdity” which are often used in describing life in our secularized, industrialized societies of today. The target group initially took in three Protestant parishes and two Roman Catholic parishes subsequently joined in, so that 70.000 people were covered in all. Project volunteers received intensive training which welded them into a community; they later expanded to another part of Hamburg, with a population of 130.000.

While the Hamburg project does not have to do directly with health, it does have to do with community-building and encouraging people to express themselves of how is this done? The first contacts are by telephone. The volunteer caller offers the person at the other end of the wire a chance to *talk* – about things we often find hard to talk about face to face: about our faith or lack of it, about how faith can keep us from feeling at loose ends and help us to live in today's world. If the person shows interest in continuing the dialogue, one of the volunteers visits her or him at home and brings along an attractive illustrated booklet called *Zeig uns den Weg* (Road Markers... or Showing the Way?). This is a collection of personal experiences told by men and women from different backgrounds and professions in Hamburg about what faith means in their busy lives. Among them there are a nurse, a composer of pop songs, a pastor, a secretary, a journalist and an actor, the mother of a handicapped child and a marine biologist who writes about his faith from the standpoint of a scientist.

Pastor for the Blind

Ari Suutarla described the Church's ministry to the blind in Finland. In that country, there are around 30,000 people who are visually handicapped, 70% of them elderly. Services provided for them by the state are of very high quality. Special instruction, professional rehabilitation, Braille libraries, medical care and even free transport – are all available. Ari's title is Executive Secretary for the Blind Service of the Evangelical Lutheran Church in Finland; “they call me 'the pastor for the blind'... and I have been doing this for more than twenty years, I have been trying to help the 600 local congregations to support the visually handicapped and their families.” This includes organizing recreation and overseeing the production of Bibles, psalm books and leaflets in Braille or on cassettes. Volunteers can help a lot, Rev. Suutarla said, as guides, by reading to the blind, providing them with transport to attend church services and making them feel a part of a congregation.

Like in the rest of Scandinavia and much of Europe today, it is the state that is responsible for the many services available to the blind and others with disabilities. “But rehabilitation programmes, different forms of assistance and money don't solve all the problems”, Ari pointed out. He notes a trend, especially in Scandinavia, among the handicapped to ask, “Where am I going to get support from?”. Everyone expects society to provide everything, without expense and without trouble. “Social and financial welfare easily leave a mental vacuum. When society pays a good pension, it isn't necessary to work... being blind becomes a main occupation... the problems of

misuse of drugs and alcohol appear... one (questions) the purpose of life, so the problems take on a religious dimension. The questions are spiritual ones. The duty and the privilege of the Church is to answer the religious questions.” He was emphatic in saying that “the task of the Church is to say clearly that God doesn't punish us by illness or handicap”, to help the person to find his or her place in society, not just as an object *receiving* services, but as a subject *giving* services. |

Being there – and being relevant

If the Church is to play any role as a healing presence in any community in this secular age, it must be a more important part of people's lives than if often is. It must be more than a pleasant childhood memory. *Making people want to come back to the Church*, not for nostalgia's sake but for what it has to say to today's anxieties and inequities, was seen as a first step towards having any impact on communities in Norway and the Federal Republic of Germany.

Kjetil Hauge, a Lutheran pastor from Oslo, told about the Toyen Project there, of which he is chaplain. It grew out of the 131-old City Mission, founded by the Lutheran Church during the Industrial Revolution, which brought an influx of people into the capital from the country. This gave rise to a lot of social problems and the City Mission was set up to try to cope with them. It still continues as an integrated part of the national health service and from its own sources, to provide counselling as well as different forms of social work.

The Toyen Project, an offshoot of the Mission, began with a particular aim: to bring back spiritual and cultural life to areas of the city which had gone through a process of de- and re-population and because of this, suffered a lack of roots and contact between people, Church and local society. Street theatre and music was one of the ways members of the Project used to catch people's attention.

“The primary purpose (of the hospital chaplain) is not to supply the patients with spiritual or religious values, or even the truth, but to carefully listen and identify those inner forces that are dormant in man, positively as well as negatively. This means that pastor and patient together, in an empathetic dialogue, are able to discuss the patient's diagnosis, not primarily in terms of the medical history, but within the perspective of the life course... to identify the inner, healing power (or resources) that assist man to grow and develop... It is not mainly the discovery of a person's life philosophy or religion, but the message behind the message in terms of deeper values and beliefs” (Rev. Gerard Spelberg, Netherlands).

“Seelsorge” centres are also part of the Project's work. These are rest homes and prayer communities. Its SOS phone service aims at “keeping people functioning” and in so far as possible, helping them to find alternatives to the desperate situation in which they find themselves, often alone.

“We work with different kinds of institutions”, he went on, “which care for people with drug and alcohol dependency, with the elderly and in general with elderly alcoholics”. Some 500 people are involved in these programmes, which come under Norway's National Health Plan and are state-financed. Publicity material | (posters, etc.) are produced by the City Mission.

Alcoholism is a big problem in Norway. “It's not hard to make somebody stop drinking”, Rev. Hauge pointed out. “But it's harder to help them rebuild their whole life, to find new values to replace alcohol.” There are four alcoholism treatment centres or “caring homes” in Oslo, two run by the churches and two by secular organizations. “Our programme isn't aimed at Skid Row, the 'street people'. Those types are rather rare in Norway today. We deal with what I would call 'closet alcoholics' and these are the kind we reach most often – or who reach us – through our SOS telephone service”, Mr Hauge said.

Norway's situation is not unlike that in other Scandinavian countries which have been

enjoying a fairly high level of prosperity, which have generous national health and social welfare programmes funded by the government and national churches. But all these enviable advantages have not given many young people a sense of being needed, a sense that there is a purpose to their lives.

Alcohol and Drug Abuse: Symptoms of Disease

Christine Woratz is a physician working with alcoholics in the government health system of the German Democratic Republic. The problem of alcoholism is serious there, as elsewhere in Europe, “and society as a whole – the church as well as state – must strive to find a solution”, she said. Part of the problem, Dr Woratz believes, is a reluctance to admit that someone is an alcoholic because of the moral stigma. There are state-run out-patient clinics and institutions for treatment in the GDR which also provide social and psychotherapy. There are also a number of Christian groups of different nominations which work with alcoholism. (Mr and Mrs Rudi Reichel, also from the GDR, represented one such group, and they shared experiences during the week.)

Church programmes for helping alcoholics in the GDR centre around regular group meetings, led by trained people (some professionals), which include the “patient” and his/her friends and family members. There are also retreats which, “through Christ's power, offer people the possibility of liberating themselves from their dependence on alcohol”. *Direct personal contact* is extremely important, Dr Woratz emphasized, both with the person being treated and with their families; this is done through frequent home visits, as well as group meetings, all of which are aimed at helping the person to reintegrate into society. “Unfortunately, some... Christian communities are still insufficiently open to outsiders”, to those on the fringe of society, among them alcoholics. Dr Woratz concluded by stressing the importance of *working closely with all the different groups in a community* which treat the victims of alcohol abuse (the same probably hold true for victims of drug abuse). |

“The addiction syndrome is wider than alcohol and drugs. The theological dimensions have only been slightly studied. A liberation from substances seems urgent, as urgent as is the struggle for liberation from outward oppression” (Committee on Diakonia, Lutheran Church of Finland).

The Lutheran Church of Finland also has a programme to deal with alcohol and drug abuse. It maintains a training centre for church employees and volunteers, established in 1982, in conjunction with a church-related alcoholism treatment centre. A study project in Tanzania and a prevention/treatment programme in Namibia are part of the Church's international outreach programme. Exchanges of information and experiences are extremely important, it has been ascertained.

Needed: Jobs, better Housing, Hope

In the United Kingdom, the economic picture is darker and unemployment undermines young people's self-esteem. Dr Peter Povey, a Manchester physician, described the different ways his suburban church – and he himself, as director of planning of the Central Manchester Health Authority – is trying to improve the groups whose health is particularly at risk in this hard-put big city.

He began by pointing to the great differentials in death rates and infant mortality among the Caribbeans, Africans and Asians in inner-city Manchester. On a United Kingdom scale, 37% of deaths under the age of 65 occur in Manchester. The answer, Dr Povey suggested, was not so much to build more hospitals, but “to change the life styles of the inhabitants – provide jobs, better housing and, especially, hope”. Churches and secular groups have worked hard to promote non-

smoking campaigns, to push for instruction in the schools about nutrition and in road safety (accidents are the highest cause of death).

Dr Povey has been instrumental in starting the Sickle Cell Centre in Manchester. This is an inherited, debilitating disease that affects one out of ten African and Caribbeans, so many of whom live in this part of England. "The Centre began and continues because it was requested by the people who live here", Dr Povey explains. "It has been accepted by the African and Caribbean communities", the result of careful preparation and lots of posters and leaflets.

Although everybody in the United Kingdom is eligible for free health care, some general practitioners in cities like Manchester are reluctant to treat the homeless who wander in, often dirty or drunk or both, sometimes aggressive. Dr Povey spoke about efforts he and his church are making to try to integrate preventive health care for the homeless and otherwise marginalized in the community into the mainstream Manchester health care system. This includes often negotiating with other physicians. "We're making slow progress", he reports. |

Dr Povey spoke about a cooperative venture begun by Christ Church (Anglican) in Latchford, together with larger church organizations and with the government, to re-train and find jobs for the unemployed. So far, around 130 persons have been assisted, people between the ages of 18 and 55, many of whom have never had a job in their lives. A low self-image is one of the consequences they carry with them.

An Anthropologist looks at Guilt and Illness

The relation of guilt to illness was the theme of Dr Raimo Harjula's presentation, based on his recent book. Raimo, a Finnish theologian/anthropologist, was initiated into the importance of guilt and the role of folk beliefs and rituals when he was in Tanzania and became an apprentice to a traditional healer named Mirau (this is described in his book, *Mirau and His Practice: a Study of the Ethno-medicinal Repertoire of a Tanzanian Herbalist*). His experience there was borne out later while studying traditional healing practices in Japan, Hong Kong and Thailand, while at the same time reflecting on Old and New Testament studies on the relation of guilt to illness.

Dr Harjula explained that results of these studies show that *guilt is not just a Western or Christian concept and feeling*. It seems, rather, to be *one of the most common explanations given for illness and other human suffering in different cultures and religions*.

"To recognize and to feel guilt is a deeply human ability that is manifested in different symbols of beliefs and rituals in different religions and cultures", Raimo explained. As an example, he mentioned the angry spirit of the dead, be it the spirit of an aborted child in Japan or the spirit of a deceased mother in Tanzania, which is believed to have caused a certain illness and can be seen as a symbol of something that has happened to the patient in his/her past. The patient's own guilt is manifested in the beliefs and rituals related to an insulted spirit, whereby guilt may be manifested, intermingled with shame.

"It is a common human experience that illness can be related to guilt", Dr Harjula declared. His experience as an anthropologist convinced him of the importance of understanding the patient's cultural background and life situation. This dimension is being built into training programmes for nurses who are preparing to work in Finland's mental hospitals, he said.

"There are two ways of looking at an illness", Dr Harjula pointed out, and like many of the speakers, drew a picture. "There is the biomedical understanding – a person *has* an illness, carrying it around like a knapsack, as something separate. There is also

the situational way of looking at illness: a person *is* ill, it permeates him or her, it has to do with much more than some isolated organ. The illness involves the whole self, the personal as well as the collective history, and especially the human relationships. This is the situational understanding (often called also 'holistic') of illness.”