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ALL THEIR FLESH
ALSO BY JEFF LEVIN

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HEALING TO ALL THEIR FLESH

Jewish and Christian Perspectives on Spirituality, Theology, and Health

JEFF LEVIN, PHD
KEITH G. MEADOR, MD

TEMPLETON PRESS
For Lea, great and wise healer (J. L.)

For Patricia in memory, and
Katie in hope (K. G. M.)
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To fully appreciate this important volume, a historical perspective may be helpful. Before physicians constituted a distinct profession, the roles of physical and spiritual healer were imbedded in the biblical priest or shaman. Even after there were physicians, Hippocrates taught that if the patient liked and trusted the doctor and believed in the efficacy of his healing acts, treatment was likely to be more effective. The early synagogue and church believed that God, the ultimate healer, endowed the physician with his healing power. By the middle of the twentieth century, new diagnostic tools, pharmaceutical “magic bullets,” and advances in surgery gave rise to a biomedical paradigm of medical education and practice. The physician’s relation to God or to the patient was no longer considered intrinsically relevant to the healing process. The knowledge and skills associated with the new biomedicine was solely determinative of medical outcome.

Some thirty years later, the vaunted biomedical model was deemed inadequate. Patients complained of having too much contact with the cold steel of diagnostic tests in relation to the time they were able to tell their story and be listened to by their doctor. A significant number yearned for a competent biomedical clinician who was also a healer.

At this time, science provided us with a more sophisticated appreciation of the mind-body connection. (Medical researchers were now able to track the effect of uncontrolled stress in weakening the immune system.) This helped spawn a biopsychosocialspiritual model of medical education and practice. Over the next decade or so, more than one hundred medical centers in the United States created programs in “holistic medicine,” “medical humanities,” or “spirituality and medicine.”
During this period many research studies found a positive correlation between a patient’s involvement in a religious community, including regular public worship, and faster recovery from surgery, better coping with chronic illness and mental illness, and even a longer life span. Of course these findings did not establish an ontological claim for the reality of a God who answers prayer. The Holy One does not submit to an experimental design. Rather, such studies confirm the reality of the mind-body connection: how our mind frames the world can affect, for better or worse, what happens in our bodies.

Generally, this research was done and analyzed by social scientists, not theologians. The importance of this volume derives from the thoughtful, theologically informed observations its editors solicited from Jewish and Christian respondents.

Certain commonalities between the two groups of contributors will readily become apparent. Caring for our bodies is a religious obligation, but physical fitness as an all-consuming end in itself is too limited to validate a human life. Good health becomes spiritually resonant when it leads us to love and glorify God and (Jewish idiom) to partner with our Creator to heal brokenness in that tiny corner of God’s world entrusted to our care. The spiritually attuned physician will acknowledge that his or her power to heal is finite. Since no amount of medical technology will enable us to shed our mortality, the physician must discern and respect the boundary between extending life and prolonging dying.

The attentive reader will perceive some difference between the Jewish and Christian attitude toward suffering. Warren Kinghorn writes that “the body the church presents to be cared for is . . . shaped by practices carried by the story of God in which . . . even our suffering can be a gift that makes more intimate our relation with God and one another.” In Judaism, suffering is less a redemptive gift to be cherished than the price of living as an embodied creature and, too often, the price of serving God in a world not yet redeemed. Wherever possible, suffering is something to be relieved.

Both Jewish and Christian contributors favor a spirituality deeply
rooted in the particular beliefs, narratives, and disciplines of the great historic traditions over a free floating generic spirituality. They also validate a religion and health program which defines a human flourishing and wholeness that also embraces those who will not be physically cured in this world.

This volume will amply reward its readers. The editors deserve our praise and gratitude for adding a rich and significant dimension to the religion and health literature.

_Rabbi Samuel E. Karff, DHL_  
Houston, Texas
ACKNOWLEDGMENTS

The editors would like to express their deepest gratitude to the ten chapter authors of the insightful and heartfelt essays contributed to Healing to All Their Flesh. It was great joy to read each of these chapters as they arrived; we experienced a growing sense of excitement as we began to recognize the remarkable caliber of scholarly works that we had been blessed to receive. This book project was somewhat of an experiment: what would happen, we wondered, if we identified leading Jewish rabbinic and Christian theological scholars who have written at the intersection of religion, faith, and spirituality, on the one hand, and health, healing, medicine, and health care, on the other, then brought them together and gave them carte blanche to say whatever they had ever wished to say on the subject, from any angle? The results far exceeded our expectations.

We have long believed that the continued emergence of a research field at the intersection of religion and health has been worse off for not having elicited the input of theological, pastoral, bioethical, and religious scholars and academic clergy. Existing studies, on the whole, read as if constructed in a vacuum, devoid of any theoretical or conceptual contexts that actually reflect the religious life of real people. This is not to call into question the motives or expertise of the clinicians, social and behavioral scientists, and epidemiologists who have conducted most of this research. The two of us, between us, wear all of these hats and have conducted some of this research. We and our cherished colleagues are, for the most part, doing the best we can with what has mostly been research projects based on existing data and existing measures typically collected for other purposes. But, still,
to wonder about and to investigate in earnest what is, essentially, the relation of spirit and flesh—a question of profundity that has challenged the greatest minds for thousands of years—and to do so without consulting the perspectives of those scholars whose bailiwick is the human spirit seems, well, odd or misguided, at best, and perhaps downright foolish, at worst.

This project has focused on the two faith traditions that we know best: Judaism and Christianity. The contributors represent, amongst them, much of the breadth of these two traditions, denominationally, but of course given the brevity of this volume not every Christian communion or Jewish movement is covered. We are content, though, because these chapters were not written as explicit denominational statements, but rather as personal statements reflecting varied and long-standing interests among these esteemed authors. Perhaps down the road, we will follow up this project with a companion volume containing the perspectives of representative theological scholars from a larger sweep of the world’s religious traditions.

We would also like to extend our thanks to the wonderful folks at Templeton Press who helped to make this book project such a success. Natalie Lyons Silver, our terrific editor, is talented, helpful, and patient. The lead editor, Jeff Levin, worked with Natalie on a prior book, *Divine Love*, and in the acknowledgments of that book noted that Natalie “has been a delight to work with and is an author’s dream: friendly, knowledgeable, hardworking, detail-oriented, understanding, accessible.” Three years later, this description still holds and his esteem for her has only grown. Thank you, Natalie. Thanks, too, goes out to Susan Arellano, Templeton Press publisher, for believing in this book, and to the many others at Templeton Press who have helped us throughout the writing, editing, publishing, and marketing phases of this project.

In addition, we would like to thank our work colleagues for their support during the editing of this book. For Jeff Levin, this includes Byron Johnson and Rod Stark, codirectors of the Institute for Studies of Religion at Baylor University, and Elizabeth Davis, Baylor provost,
who have graciously provided him with a welcoming academic home that has enabled him to pursue scholarly projects that are well outside the mainstream of his profession, epidemiology. He also wishes to thank the fantastic administrative staff at the Institute: Frances Malone, Cameron Andrews, and Leone Moore. For Keith Meador, this includes colleagues in the Center for Biomedical Ethics and Society and the Department of Psychiatry at Vanderbilt University and the sustaining conversations on these issues with friends over the last twenty years.

Finally, Jeff also wishes to acknowledge Michele Prince and Adi Bodensteiner, treasured colleagues at the Kalsman Institute on Judaism and Health located at Hebrew Union College-Jewish Institute of Religion. The three of us have partnered on several projects, including the Kalsman Roundtable on Judaism and Health Research, which facilitated Jeff’s work on the present book.

To close, we would like to thank our families for their love and support. Jeff would like to thank his beloved wife, best friend, and fellow epidemiologist, Lea Steele Levin. Keith thanks his children, Hannah, John, and Catherine, along with Katie, who brings hope and delight into his life daily. We pray that Healing to All Their Flesh will encourage a new commitment to dialogue among scientists, clinicians, and theological scholars to the benefit, ultimately, of all of us.
HEALING TO
ALL THEIR FLESH
My son, be attentive to my words; incline your ear to my sayings. Let them not escape from your sight; keep them within your heart. For they are life to those who find them, and healing to all their flesh.¹

The past quarter century has seen a flowering of scientific research on the intersection of religion and health.² While scholarly writing and one-off studies on this subject actually date to the nineteenth century,³ only in the past couple of decades have empirical research and writing grown to become a recognized niche within academic science and medicine. This field—and there is growing reason to consider this area a field—is quickly losing its earlier identity as a marginal topic and is becoming institutionalized into the mainstream of several disciplines and specialties. These include medical sociology, health psychology, social gerontology, psychosocial epidemiology, and the medical specialties of geriatrics, family medicine, and psychiatry. An early literature review of published research on religion and health, as of the mid-1980s, found about 200 studies. The first edition of the Handbook of Religion and Health, published in 2001, found 1,200 studies along with another 400 scholarly papers.⁴ The forthcoming second edition of the Handbook will identify somewhere north of 3,000 published studies and untold additional thousands of scholarly essays, reviews, reports,
and commentaries. To call the growth of scientific research on this subject exponential would not be hyperbole.

As summarized in numerous review essays, systematic reviews, and meta-analyses, the scope of published empirical findings is broad and deep. Large programs of epidemiologic, social, behavioral, and clinical research have identified salutary effects of religious identity and practice in relation to numerous personal and population health indicators of both physical and mental health. These include especially large, systematic bodies of significant findings linking dimensions of religiousness to lower rates of morbidity and mortality due to heart disease, hypertension, cerebrovascular disease, and overall and site-specific cancer, and to a lower incidence of psychiatric disorders such as depression, anxiety, suicide, psychosis, and substance abuse. Numerous studies also point to a strong protective effect with respect to physical disability and overall longevity, and implicate religion as an important factor for general well-being and quality of life, according to various measures. Moreover, these findings have emerged, consistently, for many decades regardless of the age, gender, race or ethnicity, socioeconomic status, nationality, or religious affiliation of respondents, or the study design employed, or how religiousness is conceived of and assessed.

Clearly, these studies, and this field, did not emerge from a vacuum. But from the way that many contemporary research studies on religious factors in health are designed—the questions addressed (reasonable or not), the conceptual approaches to assessing religiousness (sensible or not), the literature cited (or uncited), the theoretical frameworks and hypotheses (or lack thereof) underlying analyses—this point is not obvious. It is increasingly evident to those of us who were around when this field began to emerge twenty-five years ago that much of the scholarly writing being done today, and indeed most of the empirical research, is coming from investigators who are newly discovering this subject and who are moving forward with their own studies without a significant context for this work. That is, a putative relationship between religious involvement and personal or popula-
tion health is being treated especially by sociomedical and biomedical researchers as simply another garden-variety topic for sophisticated analysis. Religion is just more grist for the mill of structural-equation models, survival analyses, logistic regressions, and the like. So much effort is focused on the narrow details of respective studies and the application of cutting-edge methodologies and hardly any on the sorts of metaphilosophical questions (e.g., “What does this really mean?”) that occupied early investigators.

The novelty and marginality of studying religion in a health or medical context actually worked to the advantage of those pioneers back in the day who were seeking to construct a field: it led them to be deliberate and focus (if somewhat) on conceptual and theoretical issues and to try to trace the extensive history of the interface of religion and medicine. Today, this novelty and marginality are gone—not a bad thing, by any means—but so, too, it seems is an understanding of the larger context from which religion and health studies evolved.

What is this context?

One, the possibility of a religion-health connection is not a recently hatched idea, despite the insistence of so many researchers and commentators. It has been around for a very long time. Scholarly and scientific writing on this subject has been ongoing for over one hundred years, including well-known commentaries by seminal figures in biomedicine such as Drs. William Osler and John Shaw Billings. Published works in the Christian psychology and pastoral counseling vein date back even further, to the early decades of the nineteenth century. For example, Observations on the Influence of Religion upon the Health and Physical Welfare of Mankind, written by Dr. Amariah Brigham, a founder of the American Psychiatric Association, was published in 1835. But discourse on the intersection of theological and biomedical spheres of knowledge is far older still—to wit, the great systems of healing promulgated by medieval and ancient esoteric schools of philosophy and theosophy, across religious and wisdom traditions. These include the writings of initiates of mystery schools and secret brotherhoods, of Gnostics and kabbalists, of adepts of Western and
Eastern mystical traditions, and of shamans and indigenous healers from myriad cultures throughout the world—writings dating back, in some instances, thousands of years.9

Today, a vibrant and flourishing intellectual field is in place. Scholarly publications in mainstream peer-reviewed journals are commonplace. Research funding is no longer scarce, including grants from branches of the U.S. National Institutes of Health. Academic research centers and distinguished chairs now exist, developments that just a few years ago would have seemed preposterous. In a way, what we have described has followed much the same trajectory as any other slowly emerging field—think of, say, behavioral medicine twenty-five years ago.

Nevertheless, in the understandable haste to get about one’s business, in a research sense, something important has been lost. The field has matured and entered a state of what Kuhn famously termed “normal science,”10 defined as a status in which a single paradigm or way of making sense of the reality of a given subject (e.g., religion and health) predominates. For Kuhn, this is a critical signpost that a theory or area of inquiry has coalesced into a field qua field. For the study of religion and health, such a state has emerged over the past decade or so.

The result? The study of religion and health has become an accepted and acceptable pursuit and, thus, apparently, there is less perceived need for the kind of reflection and reappraisal that are required of explorers of uncharted terrains. More and more, investigators are focused on the matter at hand—their respective research studies—rather than concerned about the kind of broader issues—of acceptability, context, and field-building—that used to be bandied about. While methodology has been engaged in ever more sophisticated ways, using better and better data sources and analytic procedures—the “what” of research, one might say—theoretical issues have been largely ignored—the “how” and “why” of research. There seems to be a serious disconnect between the sort of information that is accumulating about religion-health interconnections and more fundamental (and one could say existential) questions about the relation of spirit
and body that animated discussions of early pioneers in this discourse decades ago.

In 1957, the Academy of Religion and Mental Health of the Blanton-Peale Institute established a forum for “a free interplay of discussion” on themes at the interface of religion, psychiatry, and medicine. Every year or two, more or less, through the 1960s, with support early on from the Josiah Macy Jr. Foundation, a thematic symposium was held that featured lively and groundbreaking interdisciplinary and inter-religious conversation and debate on the potential “acceptance of religion as a professional ally” by clinicians, researchers, and medical educators. The published proceedings of these meetings were some of the earliest programmatic writing on religion and health as a field of study, and they remain among the best and most enlightening of all the scholarly writing that has ever appeared on the subject. These round-tables featured the contributions of preeminent intellectual figures from myriad secular disciplines, including Drs. Abraham H. Maslow, Otto Klineberg, Gordon W. Allport, Karl Menninger, Margaret Mead, and Talcott Parsons, among many others.

The themes, and associated questions, posed at these symposia were important and fascinating, and engendered discussions that would be wisely revisited by today’s religion and health investigators. To wit: “Religion, Science, and Mental Health” (held in 1957),11 “Religion in the Developing Personality” (1958),12 “Religion, Culture, and Mental Health” (1959),13 “The Place of Value Systems in Medical Education” (1960),14 “Research in Religion and Health” (1961),15 and “Moral Values in Psychoanalysis” (1963).16 Over half a century after the first of these gatherings, these conversations remain as vital and timely as ever.

Yet, today, could it truly be said that we have fully addressed these and related issues? Have we even made any headway? The present editors believe that while the answer to the second question is “yes, surely,” the answer to the first question is “emphatically no.” There is, we believe, a reason for this: the striking absence of serious theological engagement in the identification and construction of topics that feed scholarship in this field. This is not an insignificant point. A
field ostensibly devoted to the interface of “God, faith, and health,” to quote from the title of a book by one of the editors (J. L.), or of “spirituality, theology, and health,” to reference the name of a major academic center formerly codirected by the other editor (K. G. M.), would, one presumes, be highlighted by or at least prominently feature the informed perspectives of leading theological, pastoral, ethical, and religious scholars and academic clergy. If so, one would be wrong.

Things were not always this way. Before the empirical research enterprise that is the contemporary religion and health field got started in earnest, over twenty years ago, theoretical discussions, especially theological discussions, could be found on occasion throughout this literature. These include seminal works by pioneering bioethicist Dr. Kenneth Vaux (in 1976) outlining the theological foundations of how and why, specifically, “religious beliefs and associated moral habits” influence health-related attitudes and behaviors; and by medical and religious historian and bioethicist Dr. Harold Y. Vanderpool (in 1977) on the ways that the Christian faith, through the example of Jesus, has demonstrated that it “is concerned in a unique and intensive way with the health and well-being of human beings.” Another significant contribution along these lines, from the social epidemiologist Dr. Berton H. Kaplan (in 1976): a note on biblical, psychoanalytic, and literary themes elucidating the ostensible role of religious beliefs in coronary artery disease. An especially important (and relatively forgotten) discussion was initiated by no less than Dr. Paul Tillich, in his essays, “The Relation of Religion and Health” (from 1946) and “The Meaning of Health” (from 1961), reprinted together in a monograph published in 1981.

Over the past couple of decades, this tradition of writing seems to have faded out. This corresponds, lamentably, to the time period during which empirical research on religion and health has expanded by at least an order of magnitude. Thankfully, however, there are exceptions. One example is found in the work of theologian and epidemiologist Dr. Peter Van Ness. He has penned important works on the