

Stanford Memorial Church
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HEALED AND HEALING
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Psalter: Psalm 130
Gospel: Mark 5.21-43

A couple of weeks ago I completed an eight hour Mature Driver Improvement Course to obtain the benefit of a reduction in my auto insurance rate. As I listened to the fairly basic material, my heart went out to the instructor. Afterward I remarked to my wife, "I cannot imagine spending eight hours on a lovely Saturday teaching people to be better drivers." Two or three hours maybe, but eight hours . . . ? It may be that one of the prerequisites for this position is to have a few jokes in reserve to keep the pace moving. The instructor did not disappoint us in this regard.

He told the story of a minister and his dog, Deacon. The two were inseparable. Deacon faithfully attended worship services with the minister as well as calling in homes, retirement communities, even the hospital. One day, as fate would have it, the minister died and the fate of Deacon became uncertain. A new minister arrived, and the church leaders tried to convince her that Deacon might serve her as well as he had her predecessor. To overcome the new minister's misgivings, the church leaders had Deacon demonstrate how well trained he was. They said, "sit," and he sat. They said, "Lie down," and he dropped to the floor. Then they said, "heel." At this point Deacon went over to the new minister, placed his paw on her and said, "Oh Lord heal this your servant who comes to you in pain and seeks your solace."

What intrigues me about this story is the ease with which our mind makes the transition from heel (HEEL) to heal (HEAL). I suspect this happens because we instinctively recognize and accept the inherent connection between religion and healing. For centuries they were embodied in a single person. The priests and prophets were also medicine men and physicians. Since all healing came from God, it seemed evident that the one who led worship would also convey healing. Healing definitely played a prominent role in the life and teaching of Jesus. At least 80% of the ministry of Jesus had to do with healing. Our gospel lesson for today provides two particularly compelling examples, and I would like to focus on the one having to do with the woman who touched Jesus' cloak as he walked through a crowd of people.

Given the nature of her illness, it appears that she was an outcast, as a result of "suffering from hemorrhages for twelve years" (5.25). We know that in the Jewish tradition a woman who was menstruating as unclean. At the conclusion of her period she would undergo a cleaning ritual at a designated site which then enabled her to be restored to her community. The Orthodox branch of Judaism still observes this ritual today. The

fact that this woman suffered from her condition for twelve years must have made her something of a chronic outcast. Perhaps she lived in close proximity to the better known outcasts of that era—the lepers.

As we reflect on her situation, we may be prompted to ask, “What is it about human groups that motivates or encourages them to designate certain members as outcasts, as less than acceptable? For it appears to happen in all societies and cultures, ancient and modern. For centuries Christians projected on to Jewish subcultures all sorts of satanic rituals, as a way to deny or justify their own violence. The implied orgies of the Salem witch trials became an outlet for feelings generally suppressed by the society of that time. During the racial activism of the sixties, it became evident that a good many members of the white community were projecting promiscuous behavior, or intellectual inferiority, on the black community.

The outcast is thought of in such terms as being bad, different, inferior . . . someone to be avoided and kept at a distance. Susan Sontag, in her book *Illness as Metaphor*, writes about her experience with cancer and her belief that cancer patients are the modern day equivalents of lepers in our society. This almost invariably contributes to a sense of shame and guilt, leading Sontag to declare, “It’s bad enough to have the disease of cancer without having the added burden that you are somehow responsible for you illness.”

When the psychiatrist Carl Jung developed his concept of the “shadow,” he stated that each of us has a shadow part to our personality, often more unconscious than conscious, and it consists of those things which we find difficult to accept within ourselves--and which we usually try to conceal from those about us. The way in which we cope with these undesirable thoughts and feelings—again, which is more unconscious than conscious-- is a twofold process: first, we deny we have them, and then we project them on those around us. We can say, “there feelings and thoughts are not mine . . . they are yours” . . . and, by implication, “I am good, you are bad; I am superior, you are inferior.”

Yet whether we think of the woman with a hemorrhage who came to Jesus, or the ways in which undesirable and unacceptable qualities are projected on to others, it may well be that we have the picture all wrong when it comes to health and healing, outcasts and handicapped. Each day our society expends millions of dollars—whether through television, periodicals, newspapers, billboards or email—peddling products that are going to make us perfect and unblemished. If we cannot deny or project on to others that which we have difficulty accepting within ourselves, then we will medicate them away. Popular journals like the National Enquirer and People magazine thrive on articles about famous people who make surreptitious visits to plastic surgeons. We become beguiled because the implied message is that we can live without any problems, entirely self-sufficient, and desired by all. In spite of all the evidence to the contrary, we have bought into the assumption which equates “normal” with being always healthy and devoid of any flaws. When we buy into this perspective, it actually intensifies our physical problems, our emotional setbacks—and the inevitable process of aging.

We would be better served if we began with the assumption that perfect health and a trouble-free existence is the exception, if it exists at all-- not the norm. In point of fact, we would be hard put to find a perfect person, just about anywhere. Let us take a quick survey of those in the sanctuary today. Suppose we begin by eliminating all those who wear glasses. Then we might set aside those with a hearing aide. Next we have an assortment of possibilities associated with our bodily systems and organs, allergies, asthma, diabetes, chronic conditions—and so forth. And we can toss in bunions and balding as well. I qualify for the abnormal award on at least four counts: glasses, hearing aide, some allergies, and a mild heart problem. Then there are the additional adjustments of emotional conditions as well as aging, which is certainly suspect in a society which expends untold resources extolling youth and vitality.

In short, it would be closer to the truth to simply acknowledge that we are all—to some degree or other--handicapped. To be handicapped is normal; to be perfect is abnormal. When we recognize this truth it makes it much easier to stand along side of, and identify with, the woman suffering from hemorrhage--and to appreciate her quest of faith. Naming her as an outsider is little more than a relative artifact, made possible by the fact that statistically her condition is not very common. We might well imagine, for example, how the words of the 130th Psalm spoke so directly to her.

Out of the depths I cry to you,
O Lord.
Lord, hear my voice!
Let your ears be attentive
to the voice of my supplications!
If you, O Lord, should mark
iniquities,
Lord, who could stand?
But there is forgiveness with you,
so that you may be revered.
I wait for the Lord, my soul waits,
and in his word I hope;
my soul waits for the Lord
more than those who watch for
the morning,
more than those who watch for
the morning.

She knows that her true healing comes for the Lord, acknowledging that on some level we all stand in need of healing. Her faith is one that waits with a sense of expectancy—over a space of twelve years. There have been moments of doubt, of despair, of questioning, of uncertainty . . . often feeling excluded from friends and family. Yet she waits expectantly. For in the core of her being she has the knowing hope that the Lord will be faithful. Stumbling along anxiously, jostled by the crowd, she manages to just touch the hem of his robe. So little, yet so much. Jesus immediately senses the spiritual presence, a presence of belief that stands in such contrast to many of the others

present who take pride in their health and wholeness, who have come to hear, to consider, perhaps to deride . . . or quite possibly to identify with the increasing popularity associated with Jesus and his ministry.

“Jesus turned about in the crowd and said, ‘Who touched my clothes?’ And his disciples said to him, ‘You see the crowd pressing in on you; how can you say, ‘Who touched me?’ He looked all around to see who had done it. But the women, knowing what had happened to her, come in fear and trembling, fell down before him, and told him the whole truth. He said to her, ‘Daughter, your faith has made you well; go in peace, and be healed of your disease.’”(5.30b-34).

Jesus calls her “daughter,” welcoming her into the family of faith. But then he makes a rather startling comment, “*your faith* has made you well.” Not “*my faith* has made you well,” but “*your faith* has made you well.” There is a sense in which the very fact of our faith—of waiting in hope for the Lord—has a healing effect on us. Moreover, it appears that her faith had a healing effect on Jesus as well. Was it this sense that led Jesus to stop and say, “Who touched my clothes?” In all the shoving and jostling, did Jesus perceive a very special spiritual presence? Did this woman’s faith sustain both her and Jesus? Was there a sense in which they were both healing and being healed.

It often works that way in the hospital. I remember years ago, when I first started out as a chaplain, I found myself drawn to an elderly woman from France who had spent most of her life as a housekeeper in a convent. She was always so welcoming and appreciative of my visits. Yet every time I left her I found myself *in-spired*—a fullness of the spirit within. Over the weeks, as she was admitted and discharged from the hospital, I learned, not surprisingly, that she was in regular communication with a good many priests and ministers and laypeople—throughout the world-- as something of a spiritual counselor. Who was healing whom? I felt, as not infrequently happens in calls on patients, that I received so much more than I gave.

We are not given any further information on the woman who experienced her healing from Jesus, but I suspect it was very much like my friend from France. It seems to happen that way. Individuals who have endured a difficult time of illness--a handicapped existence--and experience a sense of healing, become moving interpreters of that healing to others. Norman Cousins, for more than thirty years the editor of *Saturday Review*, contracted a seemingly irreversible, painful and fatal disease, and discovers healing capabilities within himself, especially those associated with humor. He shares his experience in his bestselling book, *Anatomy of an Illness*, and then proceeds to expand the horizons of modern medicine by advocating a new field of psychoneuroimmunology. Reynolds Price, one of our leading writers, discovered he had a ten-inch long, eel-like tumor along his spine. For four years he endured a series of painful treatments and operations and survived to be confined to a wheelchair and constant pain. Yet in his book, *A Whole New Life*, he shares the healing he experienced, particularly in terms of the tremendous increase in his creative productivity. While he would not want to repeat the experience, he could also claim it as the most significant healing time of his life.

A couple of weeks ago the Spiritual Care Service at Stanford Hospital hosted, for the first time, a unique Moslem service. An iman came to recite from memory, for about an hour, portions of the Quran. I believe this is part of the preparation for becoming an iman. For he indicated his father and grandfather, both imans, had also memorized the Quran, as had his brothers. The Quran Recital was held in the vast hospital atrium at noontime, so that the throngs of people passing by could not help but hear the majestic voice of the iman ringing through the vast open space. Shortly after the service began, I was particularly drawn to a woman who had recently experienced a liver transplant being brought in a wheelchair by her family. She appeared hunched over and in great pain, and her family watched her with evident concern and apprehension. But as the iman's chanting reverberated throughout the atrium, her entire demeanor became transformed. By the end of the recital she was smiling and sitting upright. In her own way she had touched the robe of the iman and, in his own way, the iman had declared, "Daughter, your faith has made you well; go in peace." She felt healing and we were all healed by her presence and faith.

Healed or healing. Sometimes it is not readily apparent where we are in the process. But we do know we are touched at the core of our faith and being—and are better for it. Amen.