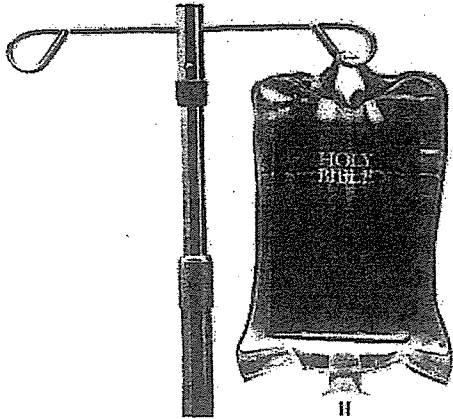


Faith Healing



The unexpected spiritual journey of illness

Leslie Scanlon

When the doctor told Mary Fierro two years ago that she had breast cancer, she was waiting for it. Three of her nine sisters had the disease. She was scared, but she'd been expecting it. Her body wasn't ready, but her heart was prepared. She cried only once.

But Fierro, who's 54 and lives in Arizona, also was ready because this wasn't the first time she'd looked trouble straight in the eye. In 1991 she got divorced, and after three years of crying and therapy and 12-Step programs, she turned for real to God.

Instead of asking, "Why me?" Fierro began to ask, "Why not?"

"God loves us all the same," she says. "Whatever happens to us is just the way life happens, I think. If I won a million dollars, would I say, 'Why me?' Heck no. There are good things and bad things in our lives, and we have to accept both. If we don't, we are not truly loving Jesus."

She began to promise Jesus every day: "I'm not leaving you."

Right before she was diagnosed with cancer, Fierro had had a hysterectomy. People asked her, "How do you do this?" I said if it wasn't for the Lord, I wouldn't make it. I wouldn't. You just have to trust that you're going to be OK. And if you're not, you have to trust you're going to be with him, one way or the other."

Fierro is not alone. When people find out they are sick, they worry about what's happening to their bodies, how much it will hurt, what they can do to get better. They're afraid they will die.

But getting sick, especially with a chronic or life-threatening illness, also begins for many people an intensely spiritual journey. Many of them—from Catholics who go to Mass every day to those who doubt there is a God—do sense connections between the mind and the body and the spirit. In the quest for healing, the boundaries between science and faith get blurred.

One of those studying the link is Dr. Harold G. Koenig, a psychiatrist and director of the Center for the Study of Religion/Spirituality and Health at Duke University.

According to Koenig, there have been hundreds of scientific studies conducted over the last 25 years showing that people of religious faith who pray and go to worship regularly are less likely to get sick and that when they do become ill they do better.

Those who are active in a faith community, “especially those going to church regularly, at least once a week, seem to have better immune systems,” Koenig says. They are more likely to recover from surgery and are less likely to die during surgery. “They live longer, are able to fight off illness, lead healthier lives, and are less likely to abuse substances.”

Religiously active people also cope better with stress, experience less depression, have a greater sense of well-being, more optimism, more hope, and are more willing to forgive, Koenig says.

Some of the research is controversial and certain studies have been criticized; not all scientists buy in. Even more elusive are clear results from the relatively few studies of intercessory prayer, where people pray for the healing of another person.

But Koenig contends that the explosion of interest among medical researchers about spirituality and health—more than 1,100 studies were published between 2000 and 2002—already is starting to change medical treatment. “Even though there is still a tremendous amount of resistance against addressing religious or spiritual factors in patient care, that resistance is slowly beginning to weaken,” he says.

Body, mind, spirit

Ripples from this research also extend into everyday life. People are paying more attention to the spiritual components of illness. Congregations have started parish nursing programs, often working with the elderly, whose loneliness and isolation can contribute directly to a decline in health. Some Catholic priests specialize in healing ministries, and some parishes hold special services for the Anointing of the Sick. In hospitals, chaplains listen as patients talk of what matters most to them, standing witness to what one called the “sacred stories” of people who are seriously ill or dying.

“The more serious an illness, the more people struggle both to assign meaning and to find meaning,” says Dr. Linda L. Barnes, an assistant professor of pediatrics at the Boston University School of Medicine and director of the Boston Healing Landscape Project, which studies cultural and religious pluralism in medicine and healing. “People ask, ‘Why is this happening to me? Am I somehow being punished? Am I being tested? Am I supposed to learn something?’”

Those questions can shake their faith profoundly, or send them running straight to God, Barnes says. Cultural factors can have a huge impact on how people respond—some Catholics pray to St. Peregrine to cure their cancer or St. John of God for heart disease, she says, and “some think of themselves as Catholic, but we meet them through Santeria or Voodoo.”

That’s what Barnes tells the doctors she helps to train: that people who are sick bring their beliefs with them when they walk through the hospital or clinic door. Many of them are convinced that healing is not solely the result of conventional medicine. They care about the body, but also the mind and soul.

Be not afraid

Melissa Veselovsky is a 31-year-old stay-at-home mom who last year initiated an outreach ministry to people with cancer, based at Christ the King Catholic Church in Mesa, Arizona—a ministry where Mary Fierro is now a volunteer and that has plans to expand through the Diocese of Phoenix.

Veselovsky says the program, Healing Through the Body of Christ, a collaboration with the American Cancer Society, was “something that God spoke to me about on Ash Wednesday” of 2003. She had gone to Mass with her daughter, and as the service ended she learned that a friend she’d gone on a retreat with had been diagnosed with breast cancer and, because of chemotherapy, was having a particularly difficult day. Veselovsky went home, sat down at the computer, and said she immediately knew how that ministry needed to be structured.

Unlike a traditional support group, people diagnosed with cancer, as well as family members and close friends, are matched up with a volunteer who’s been through the same thing. The program includes education, resources, and support. And the patients have someone to talk with—someone who’s outside the immediate crisis but who has experienced the same kind of cancer. In the first three months they received 32 calls from interested people.

“Our ministry reaches out to everybody regardless of what their beliefs are,” Veselovsky says. “So if someone’s Baptist and they want to talk to someone who’s Baptist, we want to be able to give that to them. When they’re in a crisis, that’s the last time you want to convince them of a different religious belief.”

Often in these conversations, God does come up, and “it helps people to know

they’re not alone,” Veselovsky says. “When they know that someone is praying for them, it helps them to feel supported.... The jury is still out on whether it changes the outcome. But what we do know is it changes the journey.”

For many people, serious illness is exactly that—a long, surprising journey, both physical and spiritual.

“If it’s a very serious illness, perhaps even a terminal illness, a lot of times it seems to be a turning point in a person’s life,” says Robert Short, director of parish-based health for the Caritas Christi Health Care System, which, for the past eight years, has helped establish parish nursing programs in 225 congregations in the Boston area, many of them Catholic.

“That just seems to be a natural part of what suffering does to us,” Short says. “You can go the other way, and be even more angry or isolated or disconnected from God.” But for many, “it opens a door or a portal to reconnecting with God and with the parish and maybe a church. In some dramatic instances, people who left the church 25 years ago are reunited,” and their broken relationships with God, family, or friends are healed.

“Suffering and pain generally make us stop and realize not just our mortality, but that there must be something,” Short says. “When we can’t just be busy or buy another thing to fill up the spaces, but let the spaces be there—it’s in the gaps that life can start to take place.”

Some find a spiritual meaning in suffering—connecting their suffering with that of Jesus on the cross.

“Excruciating pain is really the experience people have in grief,” says Father Thomas Curley, pastor of St. Thomas Aquinas parish in Nahant, Massachusetts, who has written extensively about grief ministry. “Jesus undertook suffering, and we unite our suffering to his. And then redemption makes sense . . . Ultimately we believe in the total reconciliation of all of us in the kingdom of God. We believe we’ll see [our loved ones] again.”

But there is also a natural instinct to fight for life, to hope and pray for healing. Some Catholic priests have made healing their vocation, the focus of their ministry—even if they’re not sure exactly how it works.

God’s mysterious healing

Father Richard Bain, now a chaplain at the Veteran’s Hospital in San Francisco, has been involved in healing work for decades now and until about three years ago had what he described as an “enormous healing ministry,” traveling to parishes around the country and doing three-day healing missions.

But then he developed a problem with ringing in his ears so intense he had to wear earmuffs to brush his teeth and entered a psychiatric hospital, although he hopes to resume his healing work later this year. “I prayed for my own healing, and I wasn’t healed,” Bain says, offering proof of the mystery involved.

Another priest with a healing ministry, Father Richard McAlear, an Oblates of Mary Immaculate priest from Massachusetts, says people naturally wonder why some get healed and others do not. His response: “It’s an absolute mystery. I’m going to ask God when I see him.”

Sometimes there are people you really love who you want to see healed, and you pray and pray, and they die anyway, he says. “Other times, you just sort of look at them and it happens.”

Both Bain and McAlear talk about the idea of receptivity—of opening up to God—and of healing not necessarily being physical, but spiritual. As one health care worker put it: “People can be cured but not healed, and healed but not cured.”

Bain says he has known people who’ve said they were physically healed: They could walk again, or their tumor disappeared without a clear reason. But even more often, “what many people have told me is that they’ve left the Mass being able to accept their condition, and that’s a huge healing, that’s tremendous,” Bain says. “And the other one is they’ll tell me, ‘Father, you prayed over me and I really felt the presence of God. I felt his love coming into me, and that was the beginning of my healing.’”

Both priests make it clear that whatever healing comes through their ministry is God’s work, not theirs. Bain made the conscious decision some years ago to pull away from the charismatic movement, sensing that healing really is a gift for the entire church, and that some Catholics wouldn’t come to a charismatic service.

Now “a traditional Catholic would be very comfortable at one of my Masses,” Bain says. “I explain to them that we have just received the Eucharist [and] it all centers on the sacrament, not a charismatic individual.”

When people come forward after the Mass, Bain puts his hands on them, two by two, but doesn’t say a word. “What I’m telling the congregation is, ‘It’s your prayers that

are effective, not mine. When you see my hands on people, you pray for them.”

McAlear says his healing Masses are “very basic, fundamental Christianity”—a recognition in part that some people who will come to a healing service wouldn’t go to Mass otherwise. “Some come skeptical. We get cynics. We’ve got the desperate hoping for a miracle, looking for some touch of God,” he says.

As people come forward, “sometimes they tell you what’s wrong, sometimes they just look with this pleading look in their eye,” McAlear says. “You see in some people a fright, a fear, a terror, a panic. Like, ‘Oh my God, what am I doing here?’ Or, ‘Help me, I’m going under for the third time, I don’t have any more resources.’ Then you pray, and there’s a certain peacefulness, a certain serenity . . . Something happens. Nobody goes home without being blessed. You might not get what you wanted, but you’re going to get a blessing.”

For McAlear, the mystery comes down to this: “I really believe that Christ is here. If you come for him and he comes for you and you’re open, something will happen.”

A while back, McAlear ran into a man in an airport named Jerry who introduced himself and reminded the priest he had come to a healing Mass asking that the painful bursitis in his shoulder be healed. “He just wanted me to know that since that day, he’s come back to church, he’s active in the parish, he’s on the parish council, he prays every day, he has faith. It’s helped his marriage,” McAlear says.

So then McAlear asked, “How’s your bursitis?” And Jerry answered, “Who cares?”

Rx for parishes

Increasingly parishes are embracing that holistic view of healing—working to identify who needs help and to offer support for both the body and the spirit.

Ginny Croak, for example, is the parish nurse at Holy Cross Church in South Easton, Massachusetts, a small town about 30 miles south of Boston. She got involved in parish nursing after becoming disabled from her hospital job by a back injury. Croak says of her voluntary position, in which she does everything from encouraging exercise and stress reduction to passing out toothbrushes at the Halloween spaghetti supper: “I feel it’s a calling, a vocation. It’s not just a job.”

Croak was nervous at first about asking people, “Would you pray with me?” But she has found that simple request “just opens the door” to people’s lives and their hearts. Some Catholics are more comfortable asking her to pray for them or saying a familiar prayer together—the Hail Mary or the Our Father—rather than praying spontaneously out loud.

Most parish nurses don’t do invasive procedures—they won’t give shots, for example. But when Croak goes to someone’s home to take their blood pressure, “You’re touching the person. That’s very intimate,” she says. “It’s a thing that makes people aware that you really care.”

Her town is a fairly affluent community, and a lot of people would rather write a check than sit and listen, Croak says. But “a lot of people, especially the elderly, need to tell their stories.” Many people feel isolated, and even lifelong Catholics don’t know how to ask the parish for help.

Croak noticed one elderly woman outside of church squirming her way across the front seat of the car to get out the passenger door. Turns out the driver's side door was broken and she couldn't afford to get it fixed. The woman said: "I'm OK, I can drive, as long as I can get to church." Croak intends to find someone in the parish to help.

Short, of the Caritas parish program, recalled one 72-year-old man, with two grown sons living in other states, who'd fallen down the stairs at home and broken a hip. In conversations at the hospital, the man finally revealed that "it was so hard for him when his wife died, he was so isolated and lonely, and the neighborhood had changed," Short says. "His two kids were OK, they would call, but they weren't around. He started to drink, and that's really why he fell down the stairs." Visits from a parish nurse, a reflection of the church's caring, could have slowed or even prevented that chain of events, Short said.

Open ears

What's often needed for a person who's suffered a loss, who's seriously ill, or who's possibly facing death is having someone to listen. At the hospital, that's often a chaplain—a professional with both theological training and the good sense to know that if they listen carefully enough and don't try to impose their own beliefs, patients often will begin to reveal what matters most to them.

Michele Le Doux Sakurai, who formerly worked with the National Association of Catholic Chaplains in Milwaukee, now is a chaplain for Providence Health System in Portland, Oregon—"one of the most unchurched areas of the nation," she says.

When she goes to a patient's hospital room she never knows what to expect—she's met wiccans, druids, atheists, devout Catholics, believers in religions other than Christianity, people who wouldn't call themselves anything at all. She might ask them where they find hope, what are their sources of strength.

"Most of the time we give them an opportunity to tell their story, whatever their story looks like," Sakurai says. "If you let them talk long enough, the things that are of most concern for them will come to the surface."

That can be anything—fear of an upcoming operation, fear of death, missing loved ones. They might be worried about concerns on the outside, something unrelated to the hospital visit at all, Sakurai says.

"I had one patient who was in despair because nothing was normal," she adds. It was snowing, and the woman couldn't even go outside to feel the sting of cold air on her skin. So Sakurai made a small snowman and brought it in, and "that was a turning point for her, that was a burst of incredible hope. It's like putting a puzzle together. What piece is missing?"

For some patients, spiritual questions are very much part of the puzzle. Some feel they've sinned, that they can't talk to God. Some want to talk about what God is like.

"For some people the mystery of God, the marvelous compassion of God, opens them up to this really broad, gentle spirit," Sakurai says. "For others, they go back to the God of their childhood, who might have been a very judgmental God.

Some people do want prayer, and Sakurai says, "I really believe that prayer is

incredibly powerful.” She has known people who have lived far beyond the time the doctors said they would. She often prays, “Give us the strength to accept this process and to trust in you.”

The final journey

If people are open to it, the final stages of life can bring a spiritual transformation, a time of reconciliation with God, with family, with themselves, Sakurai says.

One woman cut off her pain medication to clear her mind, then called her adult children to her side one by one and told them what they had meant to her and why she was proud of them. When she was finished, she told the nurse, “I’m ready for the medicine now.”

One patient kept calling from the bed, “Get the car! Get the car!” Sakurai told her, “‘Betty, don’t worry about the car, transportation is taken care of.’ She was getting ready to go to God, and she didn’t know how to ask God to do it.”

Sakurai says the most poignant question she has ever been asked came from a 35-year-old woman dying of cancer. When Sakurai knelt down by her wheelchair, the woman, who’d fought so hard through treatment to stay alive, asked, “Will God forgive me for wanting to live?”

“That is the marvelous adventure that I get to live as a chaplain, being able to be witness to people in their journeys,” she says. “The process of dying can have an incredible integrity to it... I see people moving through this incredible sense of panic—I’m dying—to all the grief issues, the bargaining, the anger, the whole nine yards, and there comes a place where they

settle. There’s a sense of peace. There’s almost translucence among my patients. They are incredible teachers to all who serve them.”

In the end, there is for many on the front lines of all of this—the places where medicine and faith come together—a sense of mystery. The scientific studies have not yet shown how prayer helps people heal, if it does. The miracles people pray so hard for sometimes come as a blessing and sometimes they don’t. Sakurai doesn’t really know what to say to the person who’s still alive a year or two after the doctors said death would come. She can’t begin to answer the “why” or even the “what comes now?”

But many Catholics and some doctors do believe there is a place in all of this for a belief in something bigger than ourselves, and a role for the community of believers to play. Whatever the outcome, it can matter to a person who is sick that the congregation is praying for them—and driving them to medical appointments and bringing meals.

Much of the journey is personal and private—when an illness is serious or life-threatening, to some extent, people do travel alone. But Thomas Curley, the priest from Massachusetts, speaks of the “ministry of consolation” when death does occur, and Sakurai of “the ministry of presence.”

It’s not having all the answers, fixing everything, eliminating the pain, unraveling the mystery.

It’s believing, too, and listening. Being there. USA