Revisiting the Healing Narrative of the Gospel in the COVID-19 Pandemic

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Abstract
In terms of health issues, Christians often refer to the stories of Jesus’ healings in the Gospels as an important spiritual resource. However, theological interpretations vary, depending on the hermeneutical method employed and the contextual factors considered. This article explores such approaches to the Gospels’ healing narrative and relates them to the current situation of the COVID-19 pandemic. From the platform of practical theology, five theological approaches to the healing narrative are identified and then analyzed. The results of this study suggest that each approach has a degree of relevance that is worth developing to produce a theological contribution to ongoing mitigation and healing efforts.

Keywords
COVID-19 pandemic, practical theology, healing narrative, Jesus’ miracles, eschatology, spiritual healing, psychotheology, Christology, social ethics, healing liturgy

Introduction
The Gospels’ healing narrative has been interpreted in different ways. There have been at least five approaches that attempt to seek the relevance of Jesus’ healings for the contemporary situation. Each approach is associated with a theological tradition and references a practice of Christian ministry. These five approaches also reflect a particular social context that has been made a priority in the related theological tradition. The
COVID-19 pandemic provides a new context for theological works, in which its commonality with the previous contexts should not be taken for granted. This article uses the platform of practical theology to approach the biblical resources rather than that of biblical hermeneutics. As Rowland and Bennett explain, “practical theology… involves the engagement of contemporary life, experience and context with the theological tradition… that is mediated to us in the texts of the Bible.” It follows that the focus of this study is not on the details of a particular text as in a biblical hermeneutic method, but on the ways the biblical resources have been exploited to respond to the contemporary situation. Contemplating the pandemic situation, this study explores the existing uses of the healing narrative of the Gospels, identifying them as “therapeutic,” “psycho-theological,” “kerygmatic,” “ethical,” and “liturgical.”

Therapeutic Approach

The therapeutic approach is typically employed by Pentecostal and charismatic traditions to promote the doctrine of divine healing. They believe that Jesus’ healing acts, as narrated in Scripture, demonstrate the right, effective, and powerful therapy for all diseases in all ages. For them, “Jesus Christ is the same yesterday and today and forever” (Heb. 13:8 NRSV). The history of modern divine healing practices can be traced back to the nineteenth century in the works of, among others, Edward Irving in Britain (1830), Johann Christoph Blumhardt in Germany (1843), Dorothea Trudel in Switzerland (1851), followed by Charles Cullis in the USA (1870). Divine healing was first proposed as a doctrinal issue by Adoniram Gordon (1882). Pentecostalism emerged in the early twentieth century, made divine healing its distinctive characteristic and continues to make it a priority over other practices including speaking in tongues, prophecy, and lately the prosperity gospel. According to Shaull and Cesar, who conducted empirical research on Pentecostalism in Brazil, bodily healing is an experiential dimension of salvation in the soteriology of Pentecostalism that is well preserved in societies less affected by material-spiritual dualism. While Pentecostalism could be understood as a socioreligious movement reacting against modernism, the popularity of divine healing itself is often related to an actual public situation. For instance, Folarin notes that the influenza pandemic that occurred after World War I, the so-called “Spanish flu,” had made divine healing attractive to Ugandans given the ineffectiveness of Western

1 Christopher Rowland and Zoë Bennett, “‘Action Is the Life of All’: The Bible and Practical Theology,” Contact 150:1 (2006): 9, https://doi.org/10.1080/13520806.2006.11759044.
2 George O. Folarin, “The Theology and Practice of Christ Apostolic Church on Divine Healing in the Context of Pentecostal Theology,” Ilorin Journal of Religious Studies 7:1 (2017): 15–36, at 17, https://doi.org/10.4314/jhrs.v7i1.2.
3 Candy Brown, “Pentecostal Power: The Politics of Divine Healing Practices,” PentecoStudies 13:1 (2014): 35–57, at 37, https://doi.org/10.1558/ptes.v13i1.35.
4 Richard Shaull and Waldo Cesar, Pentecostalism and the Future of the Christian Churches: Promises, Limitations, Challenges (Grand Rapids: Eerdmans, 2000), loc. 1695.
5 Pavel Hejzlar, “Two Paradigms for Divine Healing and Beyond,” Journal of the European Pentecostal Theological Association 33:2 (2013): 196–202, at 198.
medicine. Furthermore, Brown points to the situation of marginal groups in society with minimal access to “political, medical, and economic power” as a context where trust in divine healing is prevalent.

Among those subscribing to the therapeutic approach, there are groups which reject medical intervention of all kinds, assuming the use of medicine is a manifestation of faith weakness. To date, these anti-medical groups still exist even in countries where good-quality health services are accessible to the public. According to Folarin, the notion that medical treatment opposes the belief in Jesus’ healing power had been emphasized by leaders of the holiness movement in the pre-Pentecostalism era, and embraced by the founders of the modern Pentecostal movement, including Charles Parham and William Seymour. However, since World War II there have been changes within mainline Pentecostalism with respect to a more positive attitude towards medical treatment and the concept of divine healing. One example is Oral Roberts’s approach combining prayer and medical treatment in the hospital he founded. While maintaining divine healing as a form of “embodiment,” most Pentecostals and charismatics today have left behind the anti-medical treatment position of their predecessors.

The therapeutic approach has long been controversial among theologians. Craig Keener, a proponent of this approach, believes that evidence of divine healing is abundant in many parts of the world, and that the rejection of such evidence, rampant among Western scholars, is based more on quasi-religious assumptions than genuine science. Highlighting the context of Africa, Keener argues that belief in divine healing is a contextual theological position embraced by most African theologians who refuse to subscribe to “Western anti-supernaturalism” rooted in the Enlightenment way of thinking. On the contrary, skeptics of this approach have promoted alternatives to the literal biblical interpretation of the healing narrative in order to reconcile the belief in the healing miracle with the fact that most claims of healing lack objective proof. For instance, Culpepper, affirming John Pilch’s distinction between healing and curing, suggests that Jesus’ healings should not be interpreted as physical curing, and that “interpretation of the healing accounts… needs to pay attention to the metaphorical significance of illnesses.” Meanwhile, Castelo suggests Pentecostals and charismatics should accept the reality that divine healing, as with other miracles, is a rare phenomenon, and thus its absence in most cases should be neither denied nor understood as evidence of lack of faith.

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6 Folarin, “The Theology and Practice of Christ Apostolic Church,” 17.
7 Brown, “Pentecostal Power,” 36, 39.
8 See, for instance, Lindsay W. Glassman, “‘In the Lord’s Hands’: Divine Healing and Embodiment in a Fundamentalist Christian Church,” Sociology of Religion 79:1 (2018): 35–57, https://doi.org/10.1093/socrel/srx046.
9 Folarin, “The Theology and Practice of Christ Apostolic Church,” 17–18.
10 Glassman, “In the Lord’s Hands,” 38.
11 Brown, “Pentecostal Power,” 39.
12 Craig S. Keener, Miracles: The Credibility of the New Testament Accounts (Grand Rapids: Baker Academic, 2011), loc. 5134–5142.
13 Richard A. Culpepper, “Jesus as Healer in the Gospel of Matthew, Part 1: Methodology,” In Die Skriftlig/In Luce Verbi 50:1 (2016): 1–8, at 5, https://doi.org/10.4102/ids.v50i1.2115.
goes on to call for the Pentecostal and charismatic teachings to be equipped with the theology of suffering in order to make sense of the reality.\(^\text{14}\)

There are similarities between the current situation of the COVID-19 pandemic and the “Spanish flu” pandemic which occurred after the World War I that made the therapeutic approach a practical option. Both pandemics reveal how vulnerable human life is despite the tremendous achievements in science and technology; and how unprepared human beings are when facing such unpredictable maladies given the absence of effective medicine and uncertainty about its future availability. Realizing human limitations is an important aspect of faith in God’s healing power. However, resorting to the therapeutic approach is now challenging since several churches practicing that approach are on the lists of the deadly virus clusters. Those include the conventional Pentecostal churches such as Grace Assembly of God Singapore and Lighthouse Pentecostal Church in Union County, Oregon, USA; as well as the so-called “neo-Pentecostals” such as Life Church and Mission in Singapore and Gereja Bethel Indonesia (Indonesian Bethel Church) in Bandung, Indonesia. Although Pentecostals and charismatics may comprehend the virus threat as a manifestation of the devil’s attack on the people of God and, thus, a confirmation for the theory of spiritual war,\(^\text{15}\) others may perceive it as proof of the therapeutic approach’s fallacy.

### Psychotheological Approach

Many have attempted to explain testimonies about healing mediated by prayer as simply psychological phenomena. One strong opponent, Stephan Pretorius, accuses the faith healing movement of using mind-controlling manipulation techniques supported by simplistic biblical interpretation and flawed dogmatism.\(^\text{16}\) A sociological research study conducted by Stolz indicates that faith healers use “social techniques” to produce “the bodily experiences... [that include] the feeling of being healed or about to be healed.”\(^\text{17}\) The success of such techniques is at best the recovery from psychosomatic illnesses.

Psychological explanations about Jesus’ healings have been suggested by several theologians. For instance, Capps argues that the illnesses Jesus cured were basically psychosomatic and that he treated them as a genius “village psychiatrist” in a traditional sense.\(^\text{18}\) While admitting Capps’ contribution in clarifying the distinction between

\(^\text{14}\) Daniel Castelo, “What If Miracles Don’t Happen?: Empowerment for Longsuffering,” *Journal of Pentecostal Theology* 23:2 (2014): 236–45, https://doi.org/10.1163/17455251-02301006.

\(^\text{15}\) Compare: Claudia Waehrisch-Oblau, “Material Salvation: Healing, Deliverance, and ‘Breakthrough’ in African Migrant Churches in Germany,” in *Global Pentecostal and Charismatic Healing*, ed. Candy Gunther Brown (Oxford; New York: Oxford University, 2011), 65–67, https://doi.org/10.1093/acprof:oso/9780195393408.003.0004.

\(^\text{16}\) Stephan Pretorius, “Is ‘Divine Healing’ in the ‘Faith Movement’ Founded on the Principles of Healing in the Bible or Based on the Power of the Mind?” *Hervormde Teologiese Studies* 65:1 (2009), https://doi.org/10.4102/hts.v65i1.277.

\(^\text{17}\) Jörg Stolz, “‘All Things Are Possible’: Towards a Sociological Explanation of Pentecostal Miracles and Healings,” *Sociology of Religion* 72:4 (2011): 456–82, at 471, https://doi.org/10.1093/socrel/sr019.

\(^\text{18}\) Donald Capps, *Jesus the Village Psychiatrist* (Louisville: Westminster John Knox, 2008).
“healing illnesses” and “curing diseases,” Meggitt finds it hard to accept Capps’ assumption, considering it too dependent on psychoanalytical speculation and neglecting the historical factors as well as the diversities in the cases of Jesus’ healings. While rejecting the psychosomatic theory to explain Jesus’ healing, Meggitt suggests a variant of that theory known as the placebo effect. Often misunderstood as a deceptive treatment, the use of placebo is in fact quite common in medical practice. Quoting several studies in the field of medicine, Meggitt notes that the placebo effect is not limited to the “patient’s subjective perception of a symptom… but also bodily processes that are objectively observable and measurable.” Also, the experience with the placebo shows its effectiveness in a wide range of diseases, not just in psychosomatic cases. For Meggitt it is more reasonable to explain Jesus’ healings with the concept of placebo than with psychosomatic theory since the healing encompasses cases beyond the psychosomatic category. Like Meggitt, Craffert also relates the biblical healing narrative to the theory of the placebo effect which, for him, is a manifestation of the self-healing mechanism embedded in humans as “biopsychosocial beings.” Referring to the anthropologist Michael Moerman, Craffert describes the way the placebo works as a “meaning response” that is “the psychological and physiological effects of meaning in the treatment of illness.” Thus, how one gives meaning to one’s illness and its treatment determines the outcome of the treatment. This concept leads to the theory of “psychotheology” such as the one promoted by Harold Ellens.

Ellens connects the psycho-physical nature of health to the theology of grace drawn from the Bible. He believes that the mainstream thought of the Bible is that of a radically gracious God who guides the “growth” of humans from their vulnerable life situation to their final destiny in which “the universal and unconditional nature of God’s healing and saving grace” is guaranteed. The Gospels’ healing stories as well as the Yahwist theology of the Hebrew Bible and Paul’s theology of salvation are to be conceived as calls to opt for the radical grace of God instead of conditional blessings offered by official religion. For Ellen, all religious traditions tend to present a different portrait of God through their moral teachings and worship rites, emphasizing the most-powerful God and thus creating an image of God as a threatening deity. He goes on to argue that even Judaism and Christianity have failed to be consistent to embrace a theology of grace and instead adopt a theology of scholasticism and legalism about a dangerous

19 Justin Meggitt, “The Historical Jesus and Healing: Jesus’ Miracles in Psychosocial Context,” in Spiritual Healing: Scientific and Religious Perspectives, ed. Fraser Watts (Cambridge: Cambridge University, 2011), 29, 31.
20 Meggitt, “The Historical Jesus and Healing,” 33.
21 Pieter F. Craffert, “The Placebo Phenomenon and Well-Being: Notes on the Healing Process as an Evolutionary Adaptive Trait,” Religion and Theology 19:3–4 (2012): 189–90, https://doi.org/10.1163/15743012-12341238.
22 Craffert, “The Placebo Phenomenon,” 190.
23 J. Harold Ellens, Radical Grace: How Belief in a Benevolent God Benefits Our Health (Westport, CT: Greenwood, 2007).
24 Ibid., 27.
and rigorous god. In essence, what religions can produce is anxiety that is “psychopathological” in nature.25

Despite Ellen’s poor theology of religions, his premise is helpful in explaining the way the placebo effect works when it is linked to Jesus’ healings. The Gospels’ healing narrative demonstrates that Jesus’ healings are inseparable from his insistence in proclaiming the forgiving mercy of the heavenly Father, which implies a theology of radical grace according to Ellen. From the psychotheological perspective, Jesus’ proclamation of the merciful God eliminates anxiety produced by the religious doctrine of a demanding and condemning God. It is that kind of anxiety in which the diseases are rooted. Thus, Jesus does not deal merely with physical and psychological illnesses. He fixes the fundamental problem which is theological and its psychological effect in order to bring about physical healing with its social impact. Such a logic is consistent with the theory of the placebo effect.

Although acknowledging the psychological factor in Jesus’ healings, the psychotheological approach does not justify the practice of the mentioned manipulative techniques. There is an essential difference between them. The psychotheological approach has to do with the fundamental cause of diseases, and concerns with the spiritual, physical, and social lives of the sick; while the interest of the mind-controlling technique is only in the symptom, and its mission is not primarily about the lives of the sick but rather for religious propagation.

The COVID-19 pandemic has created anxiety not only on account of the uncertainty of an effective medical treatment, but also in relation to issues of theodicy. There is a popular interpretation that is circulated in religious societies which suggests that the malady is a materialization of God’s anger towards human being because of increasing (in both quantity and quality) human sinfulness.26 In today’s digitalized era, many people tend to over-rely on technology at the expense of faith in God. Thus, God’s punishment in the form of the pandemic seems to be reasonable. The psychotheology approach disproves such logic. The gracious God is not to be associated with the cause of the pandemic, but with the fact that healings do happen and are being experienced by most people infected with the virus. The absence of medication does not totally negate the chance of healing given the existence of the immune system within the human body. In fact, the effectiveness of medication depends on its compatibility with the immune system, which is not human-made. Thus, the psychotheology approach reveals the presence of God not only in the human effort to invent an effective medication, but also within the human body fighting against the virus. This approach, hence, offers a less anxiety-laden position in the face of the pandemic.

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25 Ibid., 36–7.

26 See, for instance, Mohammed Guleid, “Could Coronavirus Pandemic Be God’s Punishment?,” The Standard, April 2020, https://www.standardmedia.co.ke/article/2001366570/could-coronavirus-pandemic-be-god-s-punishment.
Kerygmatic Approach

In the kerygmatic approach, the significance of Jesus’ healings is not the healing itself but the message it implies. It is assumed that the role of the Gospels’ healing narrative was to provide contextual evidence for the proclamation of a Christological message. While the task to proclaim the message was believed to be permanent, the healing was intended to be temporary. In modern times, healing miracles and other spiritual gifts are deemed to have ceased to work. This position, often called “cessationism,” was held by Calvin as well as, to some extent, Luther and is sustained in most churches of Reformed tradition. The kerygmatic approach gives priority to preaching, from which an attractive activity like a healing miracle could be a distraction. Calvin’s resistance to healing miracles may have been stimulated by the practice of healing prayer addressed to the saints that he considered to be superstitious and corrupting the faith of the church. His own personal experience with persistent multiple illnesses uncurable by any healing miracle may have also played a part. It should be noted, however, that despite his strong rejection of healing miracles, Calvin was aware of the genuine need for healing of those suffering from diseases, pain, and other calamities.

The kerygmatic approach’s opposition to contemporary miracles, in fact, led to optimism about science. This renders medicine and biomedical science as primary resources for solving health problems. Religious communities subscribing to the kerygmatic approach would not allow faith to disturb scientific endeavors. Believing that medical healing is a contemporary form of divine healing, those communities would look for the compatibility of faith to science and vice versa so that the one should support the other. Such a notion has materialized in the mission projects focusing on healthcare and education, leading to the establishment of Christian hospitals and schools, which pioneered the development of modern public health and educational institutions in many countries in the global South.

What is expected to be the solution for the COVID-19 pandemic is the availability of safe, effective, and efficient medication. Research aiming at the invention of a vaccine

27 Amanda Porterfield, Healing in the History of Christianity (Oxford: Oxford University, 2005), 99.
28 John R. Belcher and Brent B. Benda, “Issues of Divine Healing in Psychotherapy,” Journal of Religion & Spirituality in Social Work: Social Thought 24:3 (2005): 21–38, at 28, https://doi.org/10.1300/J377v24n03_03.
29 See Calvin’s commentary on the story of healings in relation to Peter’s shadow in Acts 5:15. J. Calvin, Commentariorum in Acta Apostolorum, in Ioannis Calvini Opera omnia, ed. H. Feld, series II, vol. XII/1 (Geneva: Librairie Droz, 2001), 145.
30 Compare Martin Luther, Luther’s Works Volumes 1–55 (St Louis: Fortress and Concordia, 1957), particularly vol. 51: 36–37.
31 Porterfield, Healing in the History of Christianity, 95.
32 See Charles L. Cooke, “Calvin’s Illnesses and Their Relation to Christian Vocation,” in John Calvin and the Church: A Prism of Reform, ed. Timothy George (Louisville: Westminster John Knox, 1990), 59–68.
33 Porterfield, Healing in the History of Christianity, 96.
34 See Thinandavha D. Mashau, “Moving to Different Streams of Healing Praxis: A Reformed Missionary Approach of Healing in the African Context,” Verbum et Ecclesia 37:1 (2016): 5–6, https://doi.org/10.4102/ve.v37i1.1508.
and other types of medication are ongoing, involving researchers and health experts all over the world. Despite recent criticism of so-called “medicocentrism,” and appeal for a multicultural, holistic approach embracing biomedical, traditional, as well as spiritual healings, scientific, research-based medication is still the gold standard. However, in the case of immunization, there is evidence demonstrating that religious communities are not always cooperative. Based on empirical public health surveys pertaining to various religious traditions in both rich and poor countries, Jill Olivier claims that “[t]here is a high level of awareness within global health that religion can be a major barrier to immunization goals.” This is not the case with the kerygmatic approach, since its acknowledgment of science would provide a reference for appreciating biomedical research and welcoming the results without a sense of conflict with religious commitment.

**Ethical Approach**

The focus of the ethical approach is on the ethical implications of Jesus’ healings. A strong biblical reference to the aspect of social ethics can be found in the Gospel of Luke in which Jesus’ mission to heal the sick is related to his commission “to bring good news to the poor… to proclaim release to the captives… to let the oppressed go free… and to proclaim the year of the Lord’s favor” (Luke 4:18–19 NRSV). The ethical approach emphasizes the social, economic, and political contexts of Jesus’ healings. For instance, the story of demonic possession has been linked to the Roman occupation of Palestine in the time of Jesus. In that case, the possessed person represents the oppressed people, and the healing exhibits God’s liberating power upon them. The same story has also been interpreted as depicting the expression of the lower class in society undergoing multidimensional frustration. Also, with reference to John Chrysostom, Chris de Wet perceives the Gospel story of the leper as a reference to political ethics. He focuses on “the nature of power dynamics and power relationship between the Healer and the diseased body” that teaches about how to use power and authority with humility and in association with the weak and the needy. Other scholars connect the biblical healing narrative with the contemporary social-ethical situation. For instance, Latin American liberation theologians relate the biblical healing narrative to the theme of liberation which emerged from the contemporary context of poverty, oppression,
and marginalization.\textsuperscript{40} Gustavo Gutiérrez makes this clear in his sermon on the healing story of a blind man in John 9:1–41. There he interprets the healing as liberation from economic, institutional, and theological illnesses that are related to poverty and social injustice. Summarizing the sermon, he affirms “we are called in this story in the gospel of John to be free: to be free from fear and to take our lives in our hands; to be free from the evils of a legalistic understanding of faith; and, finally, to be free from an arrogant and false knowledge of God.”\textsuperscript{41} Thus, for liberation theologians Jesus’ healings are not so much a direct physical treatment as a promotion of social justice.

Brown points out that even the Pentecostal healing practices contain a social-ethical dimension. The fact that the Pentecostal healing services are more popular in the lower classes of society demonstrates that the healing is “empowering.” According to Brown, the ones who benefit most from Pentecostal healing services are “people given up by modern medicine, and those denied social standing on account of their gender, race/ethnicity, social class, or where they live.”\textsuperscript{42} She suggests that the way Pentecostals address the issue of gender justice is by involving women not only as recipients but also prominent leaders of the healing practices. In fact, women have been playing determinative roles in Pentecostal healings since the early history of that tradition. Dorothea Trudel, Aimee Sample MacPherson, Kathleen Kuhlman, and Heidi Baker, to name a few, were leading women who shaped the style of Pentecostal healing practices.\textsuperscript{43} In a similar vein, Shaull and Cesar single out the liberating role of Pentecostal practices in Latin America which, on the one hand, share the concern of liberation theology about the fate of the poor and the oppressed, yet, on the other hand, are resistant to the difficulty faced by liberation theology in gaining practical support among churches.\textsuperscript{44}

In terms of public theology, Robin Gill draws four virtues from the Gospels’ healing stories, namely “compassion, care, faith, and reticence.”\textsuperscript{45} He points out that Jesus’ relationships with the beneficiaries and others affected by his healings were characterized by those virtues. Gill believes that those virtues support “the four bioethics principles of autonomy, justice, non-maleficence and beneficence.”\textsuperscript{46} Taken as indicators of good healing, those virtues challenge the practice of healthcare industry that operates with the opposite traits, namely profit-oriented, impersonal, contractual, and self-centered, which is likely the case when healthcare management follows market mechanisms. Since those virtues exhibit the integration of spirituality and physical condition, they

\textsuperscript{40} Daniel William O’Neill, “Toward a Fuller View: The Effect of Globalized Theology on an Understanding of Health and Healing,” Missiology 45:2 (2017): 204–214, at 207, https://doi.org/10.1177/0091829616684863.

\textsuperscript{41} Gustavo Gutiérrez, “Sermon: Gutierrez on the Liberating of Man Born Blind,” New Blackfriars 70:826 (April 1989): 158–60.

\textsuperscript{42} Brown, “Pentecostal Power,” 41.

\textsuperscript{43} Brown, “Pentecostal Power,” 42–47.

\textsuperscript{44} Shaull and Cesar, Pentecostalism and the Future of the Christian Churches, loc. 2466.

\textsuperscript{45} Robin Gill, “Public Theology and Healthcare Ethics,” St Mark’s Review 203:2 (2007): 9–22.

\textsuperscript{46} Gill, “Public Theology and Healthcare Ethics,” 21.
fit in with the idea of what Flessa calls the “unconditional reliability” of a healthcare service, in which “the dignity of human beings is respected under all conditions.” Flessa claims that “unconditional reliability” was what made Christian health services distinctive and should continue to be so. Yet the consistency of the Christian health services with such a principle is now questionable given the pressure of today’s post-modern society characterized by increasing uncertainty and individualism.

The ethical approach of liberation theologians has been criticized for being too obsessed with radical social-political change at the expense of concern about the practical, personal needs of the sick. Conjoining liberation theology’s social ethics with Gill’s virtue ethics, therefore, would be helpful to produce a balanced ethics of healing that does justice to both social and personal dimensions of the healing narrative. The SARS-Cov-2 virus attacks people of all races, ethnicities, genders, religions, social classes, material possessions, and personal conditions. Attempts to defeat the virus that are discriminatory on the grounds of any of those categories would be inadequate, for instance “vaccine nationalism” that prioritizes rich countries over the poorer global south in terms of vaccine distribution. Also, hiking the price of medical oxygen in response to the escalation in the number of COVID-19 patients with severe acute respiratory symptoms, has cornered hospital staff into a dilemmatic situation. The solution to the pandemic should comply not only with the scientific standard but also social and professional ethics of healing.

Liturgical Approach

At the heart of the liturgical approach is the notion of Jesus’ healings as a sign of the coming reign of God. Identifying healing as a “sign” explains why the occurrence of healing has not been widespread. As Clayton suggests, the Christian healing is “a sign of hope and promise in a world in which many suffer and few are healed, a world characterized by sickness, pain, brokenness and a lack of wholeness.” Thus, the nature of healing is eschatological in the sense that its full manifestation is situated in the future. It does not radically change the current condition; rather it demonstrates that change is starting to work. This leads to the understanding of healing as sacramental, which functions to serve “a promise of a fuller, completed state to come.” As a sign, healing is to be viewed in relation to other signs such as reconciliation, repentance, and solidarity, which are also eschatological in nature. Churches practicing healing ministry as a sacrament,
such as the Roman Catholic and Orthodox Church, do so with the awareness of that eschatological nature, as Calivas explains: “the Orthodox Church has given healing and reconciliation a sacramental character because healing and forgiveness belong to the eschatological order.”

Although the church’s healing rites have been practiced in various forms since the patristic era or even earlier, it is only in the last century that interest in healing liturgy started to grow ecumenically. While the Roman Catholic and Orthodox churches maintained, in a dynamic fashion, their sacrament of healing, and the Pentecostal denominations consistently made the service of divine healing their distinctive identity, the Anglican and Protestant traditions reviewed their rationalistic resistance of spiritual healing practices. Initiated by the Church of England’s reestablishment of the healing rite consisting of prayer for the sick with laying on of hands and anointing in 1935, Protestant denominations of Methodist, Reformed, and Baptist traditions in the UK introduced the inclusion of healing rites in their liturgies. Although not instituting the healing rite as a separate, formal sacrament as the Roman Catholic and Orthodox do, the Anglicans and Protestants acknowledge the sacramental quality of healing services. Such an ecumenical reclaim of the healing ministry then expanded to North America and other parts of the world.

One important biblical passage much referred to in terms of Christian healing rites is James 5:14–16. Assuming that passage to be reflective of “the classic description” of the Christian healing service, Evans pays attention to the plural form of “elders” employed in the text, which indicates the communal nature of the Christian healing rite. It follows that the rite addresses the sick person’s problem to be not only with their physical condition, but also of being isolated in their treatment, as is often the case with modern medical care. The communal character of the Christian healing rite is also noted by Kgatle in his description about an African independence church, saying that the rite ensures the relation of the sick person to the community.

Patients’ feeling of being disconnected has been realized in medicine, leading to the concept of “medicine as relationship,” as Boyd notes. This should prevent medical treatment from being merely technical, by taking account of psychological and cultural factors. However, as Boyd argues, owing to professional reasons, doctors and nurses are unable to provide adequately the kind of connection that patients need. In this

53 Alkiviadis C. Calivas, “Healing of Communities and Persons through the Sacraments: A Theological Reflection,” Greek Orthodox Theological Review 51:1–4 (Spring–Winter 2006): 19–53, at 130.
54 Abigail Rian Evans, The Healing Church: Practical Programs for Health Ministries (Cleveland, OH: Pilgrim, 2000), 5.
55 Cooper-White, “Preaching on Faith and Healing,” 45.
56 Evans, The Healing Church, 4.
57 Mookgo Solomon Kgatle, “The Practice and Impact of Divine Healing in Saint John Apostolic Faith Mission: A Missiological Perspective,” Scriptura: Journal for Biblical, Theological and Contextual Hermeneutics 117:1 (2018): 1–11, at 3.
58 Kenneth Boyd, “Pain, Sickness and Suffering,” in Spiritual Dimensions of Pastoral Care, ed. David Willows and John Swinton (London; Philadelphia: Jessica Kingsley, 2009), 84.
59 Boyd, “Pain, Sickness and Suffering,” 85.
case, the healing rite, given its communal character, can play a better role. To discern the differences between the role of professionals and that of the Christian rite, it would be helpful to borrow Pembroke’s dichotomy between tourist and pilgrim characters. For Pembroke, professionalism subscribes to the “tourist morality” emphasizing the values of contract, rights, self, and short-term relationship; while the soul of the Christian rite is the “pilgrim morality” embracing the values of covenant, responsibility, community, and long-term commitment.  

A proper Christian healing rite, thus, must express those values in liturgical texts and symbols.

The relevance of such a liturgical approach is salient in the situation of the current pandemic when many cities and localities have to be isolated given the lockdown policy to curb the spread of the virus. Not only do patients in the isolated ward for infectious diseases experience extreme loneliness, but also those suffering from milder illnesses—rarely visited by friends and relatives because of the risk of contagion, they feel a sense of abandonment. A proper healing liturgy, to be made available online and in print, would remind the suffering persons that their physical loneliness does not reflect their spiritual status as persons in a covenantal relationship with the healing God and the healing community.

In addition to the problem of loneliness, the lingering pandemic has driven many people to the state of apathy, frustration, disappointment, fear, or anger. Yet Jesus’ miraculous healings are often thought to be an instant, easy solution to such a predicament. Consequently, a liturgy emphasizing the miraculous nature of the healings often allows little room for such negative emotions. Such denial of genuine feelings, however, is inconsistent with the biblical narrative when taken as a whole. Referring to the biblical tradition of lamentation, Pembroke calls for the inclusion of lament in the healing liturgy to sublimate the negative emotions of those in suffering. It may look like provoking disbelief in God, but, as Pembroke insists, “ultimately lament is an affirmation of faith.”

Lamentation, in fact, signifies a genuine relationship with God, and genuineness is what distinguishes true worship from theatrical performance. Brueggemann and Ward-Lev point out the importance of liturgical lamentation as the church’s resistance against today’s “therapeutic culture in which reality is too soon reduced to entertainment.” As Wright also contends, lamentation is a service of love that the church is called to perform in times of trouble. For him, “[n]ot to grief, not to lament, is to slam the door on the same place in the innermost heart from love itself comes.”

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60 Neil Pembroke, *Pastoral Care in Worship: Liturgy and Psychology in Dialogue* (London; New York: T&T Clark, 2010), 139.

61 Pembroke, *Pastoral Care in Worship*, 56.

62 Walter Brueggemann and Nahum Ward-Lev, *Virus as a Summons to Faith: Biblical Reflections in a Time of Loss, Grief, and Uncertainty* (Eugene, OR: Cascade, 2020), 67.

63 N. T. Wright, *God and the Pandemic: A Christian Reflection on the Coronavirus and Its Aftermath* (Grand Rapids: Zondervan, 2020), loc. 867.
Conclusion

The Gospels’ healing narrative remains a powerful resource for responding to public health issues, including the current COVID-19 pandemic. Exploring five approaches to the healing narrative, this study reveals that each approach focuses on a dimension of healing. In the context of the multidimensional pandemic, each approach is relevant to an extent and, therefore, worth developing to produce a contextual practical theology of healing as a contribution to the multidisciplinary effort to overcome the crisis.

The pandemic situation puts pastors, chaplains, and religious leaders in a critical position. As with various care professionals, many religious workers have suffered from the virus infection; some of them have even died. The fear, suffering, mourning, struggling, healing, and recovering in terms of the pandemic are not just workplace affairs. They are real challenges both in professional and personal lives. In such a situation, resorting to the healing narrative could provide not only theological and ethical knowledges to inform a creative ministry with the sick as well as a public appeal for just healthcare policies, but also spiritual experiences that strengthen one’s commitment to be with those in need of healing. Regardless which approach one prefers, it is now crucial that the healing narrative is employed in responsible ways. Manipulative and reckless references to the healing narrative would put many people’s lives, including one’s own, at stake. After all, one should keep in mind that the healing narrative is part of a grand narrative presenting a “wounded healer” who accomplishes his ministry through via dolorosa rather than just attractive performances.

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