

## ORTHODOX THEOLOGICAL ROOTS OF HOLISTIC HEALING

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Holistic healing has become a popular topic for healing professionals as well as patients today. Wherever we turn, modern—and now even traditional—healers appeal with confidence to the principle that healing the whole person is a greater value than healing a part. The theological area most closely related to understanding the nature of the person is anthropology. To understand holistic healing and discern its practice from traditional medicine, we must understand the differences in psychosomatic epistemologies in Eastern and Western Christianity. The debate in Western culture continues about whether traditional medicine and religion can play roles that are not mutually exclusive in healing. Throughout the Byzantine era, a majority of patients looked to both Orthodox faith and medical practices in order to satisfy their needs and rekindle their hopes for living and health. The Orthodox Christian approach to healing emphasizes that healing is an *excellent* and *unique* process towards wholeness, because the healing itself is directed towards the restoration of the *psychosomatic unity* of the human being. Orthodox Christian teachings emphasize that a person is “healed” only when he becomes one with God. This method of healing unites the physical, emotional, and the spiritual aspects of the person toward a more complete treatment.

Byzantine culture was defined by both religious faith and the sciences of its day, and no area showed the active engagement and integration of these fields more than healing. The ancient Greeks described medicine as the *philanthropotate ton epistemon*—“the most philanthropic of the sciences”—and, for them, faith expressed the instinctive quest of humans for wholeness through the divine. Both faith and medicine were viewed as gifts of divine origin, drawing on particular qualities of human nature—such as reasoning, creativity, and spirituality—as means for growth. Byzantines enjoyed an intimate alliance between science and religion. Many monks were trained in both theology and medicine and established hospitals that responded to both spiritual and physical needs. Byzantines professed a psychosomatic understanding of the human person – *psyche* meaning soul, *soma* meaning the body’s material. Faith and healing became intertwined in Byzantine culture; the result was a cosmic view that emphasized a harmonious communion between the physical and metaphysical—the body, the mind, and the soul.

Thus, the Byzantines moved far beyond delivering medical attention to the sick, generating clinical procedures, pharmacology, surgery, and many the foundations of medical care in place to this day Throughout Byzantium, hospitals were built next to churches and all hospitals had chapels and services for prayers (Miller, 1985). Though anti-medical sentiment did occur at times among conservative monks, physicians rarely criticized religion or spiritual healing as farcical or insignificant. The majority of Byzantines considered medicine’s healing achievements to be the proof of God’s philanthropy and the goodness of creation.

The integration of faith’s provision for the soul and medicine’s expertise on the body made intuitive sense to them. Holistic healing, which was part of the established Jewish tradition, had its earliest roots in the miracle accounts of healings by Jesus

Christ. The Byzantine people placed healing in a scriptural context, understanding of which suffused Byzantine culture through icons, pictures, and all forms of art. And, as in the Bible, healing could have a miraculous quality: "Everything is possible to those who believe" (Mt 8:13; 21:22; Mk 9:23; Lk 8:50).

Nothing is more certain than the fact that Jesus was a healer. No information about Jesus of Nazareth is so widely and repeatedly attested in the New Testament gospels as the fact that he was healer of people who suffered from physical, mental, and spiritual distress. From the synoptic tradition we hear that: "They brought to him all who were ill or possessed of by devils; and the whole town was there, gathered at the door. He healed many who suffered from various diseases and drove out many devils...All through Galilee he went, preaching in the synagogues and casting out the devils...He cured so many that sick people of all kinds came crowding in upon him to touch him. Jesus can be seen as a physician. Indeed, three times he is reported to have used the term physician self-referentially. Mark reports that when he was criticized for dining with tax collectors and sinners he responded, "It is not the healthy who need a physician but the sick."

At the beginning of his ministry, Jesus returned to Nazareth, where he had been raised, entered the synagogue there, and "stood up to read" (Lk 4:16). Handed the Isaiah scroll, he revealed his charge in life:

*The Spirit of the Lord is upon me,  
Because the Lord has anointed me to preach good news to the poor.  
He has sent me to proclaim release to the captives  
And recovering of sight to the blind.  
To set at liberty those who are oppressed  
To proclaim the acceptable year of the Lord (Lk 4:18-19).*

Echoing the prophet Isaiah, Jesus announced that "the Spirit of the Lord" was upon him) and anointing him to preach "good news," this passage establishes Christ's mission as the creation of a healing ministry, giving sight to the blind along with liberation to the oppressed. His model of healing answers the questions:

- What is healing?
- How are we to be healed?
- And how can we heal?

Jesus is said to have healed paralysis (Mk 2:1-12, Jn. 5:1-9), a withered hand (Mk. 3:1-6), curvature of the spine (Lk 13:10-17), dropsy (Lk. 14:1-6), excessive menstrual bleeding (Mk 5:24-34), fever (Mk 1:29-32), deafness (Mk 7:31-37), aphoria [dumbness] (Mk 9:32-34), blindness (Mk 8:22-26, 10:46-52, Mt 9:27-31, Jn 9:1-12), psoriasis, "leprosy" (Mk 1:40-45, Jn 17:11-19), epilepsy, insanity, "demons." Healing followed different interventions, most of them related to the faith of seeking cures, intervening in the afflictions of body, mind and soul.

The Hebraic and Christian holistic view of personhood was central to this style of healing. It called for seeing unity between mind, body, and spirit and engendered healing that was multifaceted and itself holistic. It is also important to note that while this orientation at its foundations drew on faith, it also incorporated Byzantine scientific findings. As connections were made between science and human functioning by

Byzantine physicians these discoveries, in turn, raised further questions about the soul (Constas, 267-285). The influence of scientific discovery emerges powerfully in the Patristic tradition with the historical origins of the psychosomatic epistemology, wherein reason is viewed as the way to truth as it is guided by faith.

In order to understand what led the Byzantines to incorporate holistic, integrative approaches combining medical treatment and religious practices into their healing techniques, we must begin to understand how Byzantines perceived the person. First of all, they believed in the presence of the person as a “whole,” not just a sum of its parts. Hence, instead of thinking about how medicine could address physical concerns and heal, while religion could address spiritual concerns (in the West considered not pertinent to healing), the Byzantines believed in the spiritual healing offered by several saints, but they did not shy away from scientific medical treatment either. Instead of a detached practice common in the West, Byzantines practiced the healing arts with strong compassion, establishing strong interpersonal relationships between the medical staff and patients, aiding patients not only in the physical, but also in the spiritual aspects of health.

The anthropology of theology is the branch of study that can help us clarify what a human being is in order to understand why the break with today’s traditional view helped establish the patient-caregiver relationship in Byzantium. Based in classical history of how a person was perceived, a human being is defined by his seven *intrinsic gifts* (Chirban, 2001). These gifts translate into characteristics of the human being as a single entity, without a separation between physical and spiritual parts. A human being is *empowered to grow* to maturity, governed by *rational faculties* that enable him to make decisions, which sets human beings apart from other animals. The Church often emphasizes the concept of *moral perfection*, the ability to live up to one’s own potential, to reach a moral goal leads to holiness, which in turn also promotes our powers to *rise above impulses* to contain any danger to our spirituality and to lead an admirable life. The understanding of a *relational dependency*, the basis of relationships to fellow human beings characterized by the need to be loved, runs side-by-side with our most noble *capacity to love*. Humans are also characterized by *creativity* and *free will*, both quintessential to our existence and understanding of our selves and others (Chirban, 2001).

A person in whom all these characteristics are expressed would be mature—yet always learning and becoming wiser—using rational thought to make decisions every day; the person would be honest and moral and would through this impeccability develop a strong tie to God. He would also have a spiritual need to have friends and family with whom he could form close ties, whom he would treasure and love, and with whom he would associate his own belief system. The person characterized by the seven *intrinsic gifts* would also be able to solve problems with novel, creative approaches—he would be inventive—and able to exercise his own will, act as he feels driven by his own beliefs. Spirituality and the capacity to love are particularly important in establishing an understanding of the reasoning behind holistic healing and a healing that relies not only on the physical but also on the spiritual.

Many of the Church Fathers wrote about the importance of the rational as a way to a healthy mind, body, and spirit and as a way to better know God. St. Basil himself wrote, “The mind is a wonderful thing” (Chirban, 2001). Indeed, rational processes are, while not an end in themselves, necessary steps on the path toward true knowledge. According to the rational approach, God has given humanity the autonomous power to

heal body, mind, and soul, and rational faculties lead us to both various concrete interventions and spiritual healing (since reasoning allows us a better understanding of God's will). Medical textbooks of the Byzantine era often listed diseases by afflicted body part, starting at the head and moving down. The proem of one such text stated that head ailments are described first because "the holy rational soul is located there" (Joseph, 33). In patristic thought "knowledge," as in Greek philosophy, is a spiritual activity resulting from inner illumination. The Byzantine thinkers pointed out that there was no dichotomy between reason and spiritual reality. So the fourth century Cappadocian Father and Doctor of the Church Gregory of Nyssa points out that in spite of the "mystery" surrounding Trinitarian theology, Trinitarian dogma is in accord with "the exact standard of rational knowledge." (Chirban, 2001).

Byzantine theological tradition, patristic writers, mystical experiences, and theology come together. In fact, actually experiencing mystical, spiritual reality in practice—not just in theory—is an integral requirement of Byzantine theology. The mystical, miraculous encounter of the apophatic informs cataphatic theology. Byzantines do not separate spiritual experience from everyday life; they make it a requirement for theology. Thus, encounters with God generate cataphatic or intellectual reflection *on the experience* itself. According to this approach, the role of cataphatic theology is to articulate anything that can be conceptualized about God. True knowledge, however, is experiential. Therefore, cataphatic theology emerges from apophaticism, an essential part of the definition. Apophaticism in the East is not merely a "clarification" of what God is. It is the result of one's experience of God—drawing on those elements that enhance wellbeing in the psychosomatic epistemology. It is through *ascesis* or spiritual exercise and purification that one clears his mind and prepares it for the entrance of concepts of the holy God. Thus, apophaticism (and theology, mysticism, and miracles) in the East and West have different meanings. In addition, the role of mysticism is treated differently in the East and West. In the West, mysticism is often seen as something extraordinary and "different," outside of theology—a loss of consciousness or ecstasy; in the East, "doing theology" requires the experience of the mystical. Western and Eastern methodology in theology demonstrate two different approaches to the experiential component.

The ontological approach to healing is based upon the Biblical expression wherein God is said to have created humans in God's image and according to his likeness. St. Basil and many Byzantine theologians described the process by which our "image" (referring to the innate, natural qualities of a person) gains "likeness"—gaining the potential to become God-like—through image, *metanoia*, conversion, purification, illumination, and *theosis* (Chirban, 2001). These qualities are delineated in depth throughout Patristic literature. St. Basil, St. Gregory of Nyssa, St. John of Damascus, Cyril of Jerusalem, and others wrote extensively on the innate gifts of man. These qualities include, but are not limited to, innocence, rational faculties, a capacity for moral perfection, creativity, free will, and love. Also intricately tied to these qualities is man's relational dependency—the need and ability to love one another—as well as man's inherent spirituality. The ontological approach to healing emphasized these aspects above all else: "Love the Lord your God with all your heart, and with all your soul and with all your mind" (Mt 22:37) and "Love your neighbor as yourself" (Mt 22:39).

For the Patristic thinkers, theology and mysticism work hand in hand. In fact, the mystical, spiritual reality or experience is a requirement of all theology. Spiritual experience therefore, is not understood as separate from or special from theology, it is a

requirement of theology. According to this approach, the role of cataphatic theology is to articulate that which can be conceptualized regarding God. The model is necessarily experiential. Therefore, cataphatic theology emerges from apophaticism, which is also essential for its existence. Apophaticism in the East is not merely a “clarification” of what God is not but it is a result of one’s experiential purification. Also, the role of mysticism is treated differently in the East and West. In the West, mysticism is often seen as a loss of consciousness or ecstasy; in the East, “doing theology” requires the experience. Western and Eastern methodology in theology demonstrate two different approaches to the experiential component. The mystical theology of Orthodoxy requires openness to participation of God in our lives – God-vision (*theooptia*), which cannot be limited to a single model. Nevertheless, the individual models manifest particular perspectives. While this presentation does not identify all of the possible models, it examines the Orthodox Christian understanding of healing and shows different ways in which people think about science and religion who are Orthodox Christians.

The connatural approach holds that one’s relationships are the key to health and wellbeing. Fulfilling and loving relationships with God and the community are considered to be the ingredients for the physical, mental, and spiritual health. This idea draws heavily from scripture where Jesus states that the greatest commandment is: “Love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength. The second is this: Love your neighbor as yourself. There is no commandment greater than these” (Mk 12:29-31). The connatural approach postulates that treatment must allow the patient’s relationships to be preserved; this idea influenced the structure of many Byzantine welfare organizations. For instance, Byzantine hospitals were always built near churches. One possible reason Byzantine healers may have chosen this location—as opposed to having a hospital chaplain—is that patients were believed not to regain their health if the hospital made them feel disconnected from God or the community of the church.

The custom of holistic healing began in the fourth century as Byzantine institutions began to focus on curing the sick. Through a closer look at Byzantine hospitals, we may notice that although they were far more advanced—medically and scientifically—than those in the medieval West, these hospitals continued to incorporate religious rituals along with the medical treatment of the patients, regarding each patient as a psychosomatic unit. Byzantine hospitals, emerging at this time, were closely tied to the Medieval Greek medical profession and focused predominantly on curing patients. These “hospitals” do not fit the descriptions of twentieth-century historians of medicine and medievalists who have presented them as pre-modern hospitals evoking an image of poorly equipped almshouses more concerned with comforting the sick in their distress than providing medical care. Again, medical services produced results and existed in cooperation with other healing professions. Timothy Miller discusses the impressive cooperation demonstrated by physicians and clergy in the hospitals of Byzantium where they offered an integrative vision of faith and healthcare. Surgical wards, eye wards, women’s wards, men’s wards, and birth wards typically drew upon the collaborative services of what we would today call integrative interventions. A team of health professionals coordinated prayer, diet, and medical interventions. The best physicians in the city served for one month each as part of their philanthropy in these centers of interdisciplinary healing in faith and science (Miller, T., 1985).

Some clergy ignored the findings of medical science in favor of theological explanations, to the unfortunate point in which famine and plagues were considered to

be the rightful will of God. While pagans often interpreted calamity as divine wrath, Tertullian took this a step further and stated that famine and pestilence were “the rightful cure for the prosperity and population growth he saw around him” (Nutton, 8). Similarly, Cyprian in 252 CE told his congregation to “accept the plague joyfully as proof of God’s love: for by it the wicked were sent swifter to Hell, and the just would more quickly obtain their everlasting refreshment” (Nutton, 8). These calls raised a debate as to whether or not Christians should attempt to survive plagues using medicine or even go out of their way to avoid a plague-ridden city. Anastasios of Sinai argues that medicine is appropriate if the plague is due to natural causes such as filth and overcrowding. However, if the plague has been sent by God, “the wrath of God will seek out the sinner everywhere, even in the desert” (Nutton, 8). Vivian Nutton argues that Anastasios’ answer is an attempt to appease clergy who believe that there are *no* naturally occurring plagues and that even the idea of a natural plague is an affront to God’s power. Therefore, according to Anastasios’ view, all medical thinking would be irrelevant. A refusal to consider non-theological explanations for phenomena represents a religious version of the monolithic model.

The majority of Byzantines preferred a more interdisciplinary approach to healing. There are, however, some notable exceptions. According to the records of Theodore Balsamon, a 12th century writer, the Patriarch Lukas Chrysoberges (ca. 1190) wrote an encyclical precluding deacons and priests trained in the medical profession from practicing medicine along with their religious ministry. The same encyclical also barred clergy from studying medicine. Chrysoberges considered it improper for persons of the cloth to change into medical robes and associate with layman physicians (Constantelos, 148). Chrysoberges’ view—that medicine and religion were wholly separate and were not to be confounded—typifies the polarized model of methodology: both pursuits are understood as valid in their own right but entirely distinct from one another.

While practitioners of the Orthodox Christian faith still hold fast to their belief in holistic healing, Orthodox Christian health professionals have largely neglected the spiritual dimension in practice. The spiritual dimension has been relegated to the teaching and practice of clergy – a rather “unorthodox” approach. More problematically, today, few Orthodox Christian laypersons are converts to the notion that they should pursue only one approach to healing – as offered by either modern medical, psychological, or spiritual interventions. They struggle in the dilemma of whom to call when not feeling well: a priest for prayer or exorcism; a psychologist for an antidepressant or psychotherapy; or a physician to treat a physical symptom of the ailment. Because of the fragmented approach to health, Orthodox Christians, who theoretically “believe” in a holistic, psychosomatic integration of personhood, are seldom clear about how to be healed or even what constitutes good health. Furthermore, inconsistencies and ambiguities often exist in what is said and what is done. For example, one may be told by a clergyman to have faith in order to be healthy, yet observe that the clergyman, himself, follows a predominantly scientific regimen when not feeling well. What spiritual providers are saying and what they are doing seem to be at odds with each other.

While it would be an idealization to suggest that the holistic approach in Byzantium attended to possible differentiations that clarify the unique perspectives and guide the interdependent models for medical, psychological, and religious intervention that we seek today, boundaries that typify turf war among these disciplines did not exist

as they do in modern times. Our times demand that professionals remain open to each other and use the widest possible range of means available to understand one another as we all work to assist humankind to advance healing on a holistic continuum.

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