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exposition and exhortation by the man who has himself worked out its meaning and entered into its practical application in his own daily living.

By all means, therefore, let us preach the Word, in season and out of season. In other words, in the pulpit let us confine ourselves to Biblical exposition. For we are stewards of divinely-revealed truth; and "*it is required in stewards that a man be found faithful*". But to our faithful stewardship let us add faith in our divine Fellow-Worker and the obedience of wondering fellow-workmen. Let us, as we preach, ourselves be doers of the Word and not preachers only. Let us, as we preach, never cease to believe that, if the Word be God-given, He will cause it to prosper in the thing whereto He sends it. Such labour cannot be in vain.

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## A Christian Interpretation of Disease

BY THE REV. PROFESSOR R. K. HARRISON, PH.D.

ONE of the most sinister facts which confronts mankind at the present day is that of disease. Wherever we turn we can recognize its activity and its progress within human experience. In an environment where the regulations for public health are widely observed, the advantages which the average person experiences as a result may tend to obscure to a greater or lesser degree the true picture of disease and its ravages in the modern world. The rate at which hospitals are being erected for various therapeutic purposes by no means matches the increase of disease, though it does in one sense indicate the concern with which the disease-situation is being approached.

The problem has been aggravated considerably by the last World War where, for example, in Europe, and especially in Britain, the scourge of tuberculosis was well under control until the beginning of the War. As a result, we have to face the hard fact that many of the advances made during the last decade or more have been obliterated by the dramatic increase of those diseases which were previously restricted in their scope. On the American continent, which happily was spared the horror and devastation of physical devastation by bombing during the late war, there are still a great many problems attaching to disease which are as yet unsolved.<sup>1</sup> The principal malignant states from which people there are dying comprise, in order, cardiac diseases, cancer and other malignant tumours, nephritis, pneumonia and tuberculosis.

We must bear in mind the fact that remarkable advances have been made in the field of public health and the prevention and cure of diseases which hitherto were held to be intractable. The mortality rate of many diseases has declined significantly over the last few years, as with scarlet fever, diphtheria, typhoid fever and bronchitis, which

in an earlier period were often fraught with grave consequences. The discoveries of medicine and surgery have been augmented by the widespread use of the modern antibiotic drugs, whilst the greater use of preventive techniques and the wide extension of hospital services have assisted materially in lessening the gravity of the problem which disease presents.

But against all this must be set the fact that an ominously large list of diseases yet remains to be mastered or prevented, including the familiar cancerous conditions, circulatory disorders, arthritis and the like, to say nothing of such social problems as venereal disease. This again takes no cognisance of child and maternal health, adequate care for the aged and infirm, and the overall considerations of environment, which are so frequently important aetiological factors in the total picture of disease.

Furthermore, there are increasing reports that bacteria and viruses of certain species are becoming more and more resistant to many of the recent antibiotic drugs, which presents a difficulty not merely for the total mastery of the pathological situation, but also for the patient to whom the drugs are administered.\*

In these days we are apt to be very concerned at the virulence and spread of some diseases which were comparatively rare in occurrence until recent times, without realizing that perhaps they are not nearly so modern as we commonly imagine, and also that their incidence in previous generations may have occasioned the demise of the patient without the diseased state being properly diagnosed. It is a fact that the number of "new" diseases is very small, and that for centuries disease has exercised an important influence in society, even to the degeneration of racial stock and the rise and fall of nations.†

For the Christian, disease is a particular problem, owing to its important theological and social ramifications. It is a challenge to our professed interest in the welfare of society in purely practical terms, as well as posing us with spiritual and theological questions as to the rationale of disease and evil, to which so often we do not seem to have any practical or convincing answer. How often have the best of us been involved in this kind of situation, when visiting the sick, for example, and found ourselves either without an answer to the deepest needs of the sufferer, or else offering some trite and half-hearted assurance of Divine love which we either really disbelieved owing to the circumstances, or which seemed to lack the conviction so necessary for the meeting of a specific need. The Clergy, it must be admitted, do not as a whole distinguish themselves at the sickbed, either by the attitude which they adopt towards sickness, or by the general ministrations which they offer to the sufferer. We have been, in the main, reluctant to leave behind the old Cartesian dualism which in a developed pre-Reformation form assigned the body to the physician, and the soul to the priest. As a result we have ignored the implications of the Reformation for this extremely important aspect of thought and life, and we frequently commit in consequence the gross error of viewing a "sick body and a healthy soul" when we observe one who is ill, and then we wonder why our attempts to deal with the situation are so paltry and ineffective.

Further confusion arises from such sources as the Anglican Prayer Book, which in its ministrations to the sick reflects the medieval thought that sickness is in some way the will of God for the sufferer, and the result of some wrongdoing or other. These concepts are in clear contradiction to the New Testament teachings, which never for one moment countenanced physical or mental pathology either as the punishment for sin, or as the specific will of the Deity for the sufferer.<sup>4</sup>

Modern psychosomatic medicine has furnished us with a new outlook upon many traditionally accepted diseases by showing that the emotions play a large part in the incidence of pathological states. Authorities in this field have shown that many illnesses of mind and body which afflict human beings have their origin in mental and spiritual states which are not infrequently marked by a conflict with environmental factors, and which may arise in the last resort from the depths of the human personality.<sup>5</sup>

But what the Christian who is concerned about these matters needs over and above the ill-digested pronouncements of psychiatry or psychology which are so current, is an approach to the disease-situation which will help to account for its nature and incidence, and which will also throw some light on the way in which its activity can be controlled. One feels that this is an important requirement because the traditional approach of the Christian Church has not generally had that specific personal efficacy which the situation demands of the application of the work of Christ to life. Indeed, there are Christian individuals and groups alike who labour under the tragic delusion that their responsibility to the sick has been discharged when we have supervised the building and staffing of sufficient hospitals and sanatoria. When this is accepted as the aim of medical missionary work, as is unfortunately the case all too often, the situation is indeed critical.

In this article we shall attempt to see disease in its historical perspective, and to trace its earliest manifestations on the earth in order to discern something of its intrinsic nature and the possibilities of intervening in the disease-situation to limit its activity by dealing with it from a spiritual point of view.

If disease has in fact had the important social and economic influence for a considerable number of centuries, which we have hinted at above, its antiquity may readily be established by our success in discerning its presence in early civilizations and races of men. That specific ailments with which modern society is familiar were also prominent amongst the peoples of antiquity has been vividly shown in recent years by the science of paleopathology, which was applied to the embalmed bodies of the ancient Egyptians unearthed by archaeological discovery. Sir Marc Armand Ruffer has brought the bulk of Egyptian pathology to light through post-mortem observation of the mummies, and by demonstrating characteristic lesions in the tissues.<sup>6</sup>

Professors Wood Jones and Elliot Smith also examined the bodies of these ancient peoples, and found many cases of such diseases as osteo-arthritis degeneration in the synovial membranes, ligaments, and even the cartilages of affected joints,<sup>7</sup> whilst reduced and splinted fractures were commonly observed.<sup>8</sup> The Egyptians suffered, amongst other things, from carcinoma, epilepsy, tuberculosis, blood pressure,

rheumatism, eye ailments and characteristic female disorders.

Though material for paleopathological investigation is not so abundant in Mesopotamia as in the dry sands of Egypt, it appears probable that the ancient Sumerians and Babylonians were aggravated by ailments which seem to have been in existence for some centuries previously. Malaria was doubtless common in the swampy areas, whilst leprosy and smallpox reach back to hoar antiquity. The Gilgamesh Epic, dated about the second millennium B.C., seems to indicate that erysipelas or perhaps malignant tertian malaria was the actual affliction sustained by Gilgamesh, whilst his friend may have had septicaemia, or perhaps even syphilis.<sup>9</sup> The lack of specific details makes diagnosis very tentative in Babylonian, as also in Biblical literature, and this fact has always to be borne in mind.

The close connection of all ancient diseases with magic is exhibited very clearly in the pathology of primitive man. Disease was uncompromisingly regarded as evil, and came either from bewitching by an injured neighbour, or else it was a divine punishment for human impropriety, often comprising a broken tabu.<sup>10</sup> Probably the greatest insight into the aetiology of disease on the part of the early races of man was that it must be understood primarily as a visitation of divine power, either for a specific transgression or for sins of omission, and that it could only be counteracted by propitiation or by means of magic.<sup>11</sup>

Early man felt himself caught up in a tremendous struggle between good and evil, and consequently it was almost inevitable that the disadvantageous influences in life should be regarded by him as originating from or being allied to the forces of evil, and as having in themselves the essence of malignity.

Neolithic pathology introduces us to the activity of the shaman or wizard-priest,<sup>12</sup> who used charms, spells and crude surgery to dispel the demons which by their possession of the individual were held to be causing the disease in question. Trephining, or boring a hole in the skull by means of a flint, was a favourite surgical procedure, and as many as five such holes have been found on one skull. The patients appear to have been predominantly women! The cautery was also frequently used on the head in a rough inverted "T" shape, and the amputation of the digits was resorted to in an attempt to appease an angry god.

At this early period in human life it would appear that disease was widely related to a large background of evil, which for them could only be met at an advanced magico-religious level. Whilst these considerations very largely solved the problem of the origin and development of disease from the standpoint of primitive man, they also indicate that disease had acquired a characteristic form which was by no means the product of the immediate moment. In short, disease appears at that time to have been infinitely older than man.

This is distinctly out of harmony with the theology of an earlier age, which regarded moral evil as coming first in the sequence of things, with natural evil taking its rise after the Fall of man.<sup>13</sup> That disease antedates sin is evident from the many fossil discoveries of pathological states in archaic animals. It would be tedious even to name a selection

of these, but it may be remarked that from the latest period of geological time onwards, the vertebrates were afflicted with diseases of the bones and joints. Moodie<sup>14</sup> and other investigators have stressed the frequency of bone apthology millions of years ago, which in some cases took the form of cancer, or of bony outgrowths. The oldest form of bone cancer yet discovered was found in the tail vertebrae of a dinosaur from the Cretaceous levels of Wyoming, going back millions of years.

Probably the earliest traces of disease lie, not with bone afflictions or with primitive forms of bacteria, but with the associations of the invertebrate species in the form of symbiosis, and more particularly in parasitism. Whereas in symbiosis organisms live together for the common good, in parasitism one preys upon another for its sustenance and shelter, without returning any benefits.<sup>15</sup> Parasitism appears to have been a departure from the earlier norm of symbiosis, and by its activity was predominantly degenerative, as evidenced by fossil remains. As Moodie says,<sup>16</sup> parasitism represents the most elementary form of disease. Now this fact is of great importance in drawing our conclusions about the rationale of disease, because modern pathogenic organisms are generally parasitic, and in investigating the nature of parasitism we are actually enquiring into the nature of disease itself to a significant degree. When it is reduced to its lowest terms as in parasitism, it manifests important characteristics which must now be noticed.

Firstly, disease is an abnormality, and does not contribute to the well-being of the organism. Secondly, it manifests the elements of antagonism or conflict, without which disease does not appear to be able to function effectively. Thirdly, disease has obvious degenerative characteristics and functions, whilst finally, there is the mechanism of the whole sequence, which we describe as parasitic.

Now if we are to interpret disease from a theological standpoint, it will be necessary to think of the conflicting association of organisms in terms of a wider, perhaps even a metaphysical concept. If disease within general experience is to be regarded basically as that which issues in the struggle between associating organisms, when one manifests disadvantageous functions in the mutual relationship to the degree where another organism thereby sustains impaired activity or exhibits structural or functional degeneration from the operative norm, it may perhaps be possible to restate this antagonism in the more familiar metaphysical concept of the fundamental conflict between evil and good in the cosmos

The inherent priority of good over evil in the universe is axiomatic in any consideration of their relationship, and this is evident in that evil can be subordinated to its corresponding good in each principal sphere, this being particularly true of the moral and spiritual.<sup>17</sup> That the elements of the world had in fact a basic quality which was the very antithesis of evil is implied in the Creation narratives of Genesis, where the unfolding of the world was appraised by God in terms of the value-concept "good".<sup>18</sup>

If good is the recognized norm, the activity of evil represents a distinct departure from that norm, and when in conflict with the good to

impair its efficiency reveals that it has a peculiar parasitic nature,<sup>19</sup> for evil is unable to maintain an existence independently of good, since it can increase and abound only when good is present to sustain its activity.<sup>20</sup>

In such a sequence there is manifested a similar type of degenerative activity to that which is exhibited in a rudimentary form in the organic parasitism of nature. This is not to say, however, that in the latter there is to be understood a faithful and minutely depicted representation of the larger parasitism exhibited in the conflict of evil with good. But what is implied is that the phenomenon as demonstrable in nature is in fact a portrayal in lowly material terms of an antagonism being carried on at an advanced spiritual level, and apparently involving the whole creation. The very nature of evil itself as parasitic, antagonistic, abnormal and degenerative, is epitomized in the earliest phases of disease. It is at this precise point that the transition is made from the physical to the metaphysical.

It must be obvious that for the effects of evil as exhibited in disease in particular to spring suddenly and unheralded within the human orbit like a malevolent spectre without reference to earlier sequences of evolutionary development through vertebrate and invertebrate species would be as unreal and fanciful as to suppose that the Adamite species took its rise without any relationship to prior forms of neanthropic stock, in the manner of Minerva, who according to classical mythology was produced as the result of a momentary fiat directly from the brain of Jupiter, without recourse to a mother.

For mankind, disease is an aspect of evil which is of the greatest importance, for it is within the scope of human experience that the conflict between good and evil, between nature and nurture, is worked out along lines of profound material and spiritual validity, which transcend by far anything of the meaning which disease had for the earlier phases of associated life.

A Christian approach to the problem of disease will note that not merely is it basically evil, but that, because of its nature it can be dealt with most effectively by relating it directly to the Atonement. To do this it is important to notice that disease is an integral element in the evil situation with which Christ dealt on the Cross. In the so-called Fourth Servant Oracle of the Book of Isaiah<sup>21</sup> the conquest of physical and mental pathology is part of the atoning work of the Servant. The A.V., R.V., and Revised Standard Version render verse four of chapter fifty-three as follows :

"Surely he hath borne our griefs, and carried our sorrows . . ."  
which is a mistranslation of two very common Hebrew words of the original, **הָרַי** and **מָכַיֵב**, both of which are directly and consistently connected with illness. Thus the original actually reads :

"surely he hath borne our diseases, and carried our pains . . ."  
of which some notice is taken in the margins of the R.V. and R.S.V. This is a vastly different conception from the general idea of Christ bearing human distress without reference to pathology.

Disease would thus appear to be regarded as fundamentally spiritual, and amenable to treatment in the same way as other manifestations of spiritual evil, a consonance which, as we have already seen, has been

observed from earliest times. This uncompromising attitude towards disease had been manifested consistently by Christ during His earthly ministry. To that type of mind which adds to the problem of evil by making the afflictions of disease that cross which one is bidden to take up and bear, it must come as a considerable shock to discover that Christ resolutely dismissed disease from any concept of Divine service. For Him it was a manifestation of evil, an epitome of the supreme embodiment of evil,<sup>29</sup> and as such to be cast out.

Whilst acknowledging the basically spiritual nature of disease, we shall also go far towards reducing the problem by manifesting an informed prophylactic approach to living which will cater adequately for physical and mental needs. In particular we must be careful to establish the stability of the emotional life, distinguishing between discipline and repression in the process. Culpable negligence in any area of living will be held to be incompatible with the idea of true health of body and soul.

That the stability of the mind and the spirit is a matter of prime importance is significant in view of the fact that the presence in human nature of a disposition towards sin is unfortunately a factor favourable to the advancement of disease, since the warring of the spiritual and material exhibit that state of antagonism<sup>30</sup> which is most advantageous to the spread of morbid conditions demonstrable as having an emotional basis.

An avowed exemplification of the Divine pattern for existence within the experience of the individual will go far towards resolving this conflict. So love will cast out fear, and the consequent spiritual enrichment of the personality will have those significant personal and social repercussions which have always been associated with the Christian faith in action. Thus holiness and wholeness will go hand in hand to refute the absurd pietistic notion that sickness and consequent suffering are connected with spiritual blessings, or that they are the "will of God".

In actual fact it is so frequently the case that when these inner tensions have been resolved, the healing of an accompanying physical disability is an immediate concomitant, showing that the presence of disease is anything but the will of God. Hence, cases of emotional disturbance resulting in duodenal ulcers, rheumatoid arthritis, ulcerative colitis, and a host of other conditions, can be seen with amazing frequency in medical records. The pathology is undeniably real and the pain disturbing, but the entire condition is by no means as intractable as would appear from casual observation. In point of fact, the real level of operation of the diseased condition is the spiritual one, so that being based in the mind rather than in the body, it is immediately amenable to spiritual therapy. Provided that the proper techniques are used, the disease will vanish with an alacrity which to the uninitiated seems nothing less than miraculous.

To discuss the inter-relationship of disease and suffering would take us outside the scope of this article. Whilst suffering is often part of the disease-situation, it must be recognized that it is not a necessary element in disease. Much suffering is of a mental character, and has frequently little or nothing to do with disease. In the light of the

lessons taught by the Book of Job, it would appear that suffering is a necessary pre-requisite to emotional and spiritual maturity, whereas disease and pain are not.<sup>24</sup> The New Testament teaches clearly that suffering is the invariable lot of the Christian disciple, and must be accepted as such.<sup>25</sup>

The Christian Church has traditionally concerned itself with the healing of the sick. Modern thought and modern methods of approach to disease necessitate a re-interpretation of the situation which will satisfy the deepest spiritual needs of the sufferer. The problem of sickness looms before us constantly, and demands attention if we are to be of effective assistance to individuals in times of illness, particularly where the disease is likely to have fatal termination by ordinary standards. To do this it is necessary for Christianity to uphold the total efficacy of that sacrifice made for men by the Great Physician if its message is to be pertinent for the diseased body and the afflicted soul.

## REFERENCES

- <sup>1</sup> J. S. Simmons (ed.). *Public Health in the World To-day* (1949), p. 10.
- <sup>2</sup> Cf. "New Problems in the Treatment of Infectious Diseases", C. P. Miller. *Annals of Internal Medicine*, xxxv, 763 (1951); "Sensitivity Reactions to Penicillin Therapy". *Bristol Digest*, Vol. vii, No. 3 (Nov. 1951); "Terramycin—Patterns of Resistance to anti-microbial Agents". *Annals of N.Y. Academy of Sciences*, Vol. liii, 283 (Sept. 1950).
- <sup>3</sup> R. Binder. *Health and Social Progress* (1920), p. 3.
- <sup>4</sup> Cf. B. H. Streeter. *Reality* (1926), p. 245 ff.; L. Dewar and C. E. Hudson *A Manual of Pastoral Psychology* (1932), p. 189.
- <sup>5</sup> H. Flanders Dunbar. *Mind and Body* (1947), p. 17 passim.
- <sup>6</sup> M. A. Ruffer. *Studies in the Paleopathology of Egypt*. (Ed. by R. L. Moodie). (1921).
- <sup>7</sup> G. Elliot Smith and F. Wood Jones. *The Archaeological Survey of Nubia* (1910). Vol. ii, p. 274 seq.
- <sup>8</sup> *ibid.*, ii, p. 294 seq.
- <sup>9</sup> An outline of the epic is given in H. Frankfort (ed.). *The Intellectual Adventure of Ancient Man* (1948), p. 208 seq.
- <sup>10</sup> W. H. Rivers. *Medicine, Magic and Religion* (1924), p. 7 seq.
- <sup>11</sup> C. H. Toy. *Introduction to the History of Religions* (1917), p. 225.
- <sup>12</sup> R. L. Moodie. *Paleopathology* (1923), p. 362.
- <sup>13</sup> G. Galloway. *The Philosophy of Religion* (1935), p. 517.
- <sup>14</sup> R. L. Moodie. *The Antiquity of Disease* (1923), p. 74 ff.
- <sup>15</sup> H. N. Wieman. *General Zoology* (1925), p. 28.
- <sup>16</sup> Moodie. *Paleopathology*, p. 342.
- <sup>17</sup> W. Temple. *Nature, Man and God* (1935), p. 385.
- <sup>18</sup> Genesis i. 10, et al.
- <sup>19</sup> vide Streeter. *op. cit.* p. 222; R. Niebuhr. *The Nature and Destiny of Man* (1946). ii, p. 318.
- <sup>20</sup> H. N. Wieman. *The Wrestle of Religion with Truth* (1929), p. 201.
- <sup>21</sup> This is generally regarded as comprising lii. 13—liii. 12.
- <sup>22</sup> Cf. Luke xiii. 16.
- <sup>23</sup> Cf. Romans vii. 18 seq., for a vivid psychological description of this conflict.
- <sup>24</sup> Cf. R. K. Harrison. "The Problem of Suffering and the Book of Job." *Evangel. Quarterly* (1953), Vol. xxv, No. 1, p. 18 seq.
- <sup>25</sup> Cf. Acts ix. 16, Galatians v. 11, Philipians i. 29, 1 Peter ii. 21 seq., et al.