

Faith&Thought



Relating advances in knowledge to faith within society

October 2009 No. 47

In this issue:

- **Do Miracles Happen Today? - Bill Lees**
- **Claimed Contemporary Miracles - Peter May**
- **Making Ethical Decisions:
Dualism and Personhood - Sally Nelson**

FAITH and THOUGHT

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Editorial

Our symposium last year posed the question, 'Do Miracles Happen Today?' Two of the contributors to this were medical doctors who gave very different responses from their own experiences. The first, Bill Lees, spoke about the work of God in the developing world from his many years as a missionary doctor and the second, Peter May, gave a much needed critical appraisal of modern miracles claimed to have been performed by 'TV evangelists/healers'. Both of these talks are reproduced here. Our third contribution is from one of our members, the Reverend Sally Nelson, who has served as a Baptist minister and as a hospice chaplain. In her essay she investigates some of the ethical dilemmas faced by the medical profession that arise from a flawed dualistic worldview and the implication for the 'cure' of sick and disabled persons.

Annual General Meeting : October 18th 2008

The meeting was held on Saturday 18th. October at 2.00 p.m. at Birkbeck College Malet Street London WC1 7HX during the annual symposium and was attended by the majority of the participants.

- (a) The chair was taken by Mr.Terence Mitchell M.A.
- (b) The minutes of the previous AGM were read and agreed.
- (c) The President, Vice-Presidents and Honorary Treasurer were elected for further terms of service.
- (d) The Rev.R.H.Allaway B.Sc.,M.A.,Ph.D, Prof.C.J.Humphreys BE,B.Sc.,M.A.,Ph.D and Prof.D.W.Vere M.D.,FRCP,FFPM, who formally retire , being eligible for re-election , were re-elected for a further period of service on the Council.

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- (d) The Rev. John Buxton M.A. presented the annual accounts, which are available upon application. The Chairman thanked the Hon. Treasurer for preparing these accounts.
- (e) The chairman proposed that we amend Clause 4 of the Constitution - to substitute the words 'originally held in the month of May' in place of 'which shall normally be held in the month of May' thereby retaining the allusion to the month of Queen Victoria's birthday. The proposal was carried unanimously.

Faith and Thought Prize Essay Competition

A prize of £500 is offered for the best essay on the subject

Darwin - Bane or Blessing ?

Closing date 31 January 2010

Competition Conditions:

1. Faith and Thought will own the copyright of the essay, though the author will normally be permitted to embody it in a later, more comprehensive work.
2. It should not exceed 7,000 words, excluding documentation, typewritten, with double spacing and 2 cm margins.
3. It should be submitted to the Honorary Secretary's address, accompanied by a brief synopsis of 200 words setting out which parts are claimed to be original, along with a sealed envelope with a motto outside, and the author's name and address inside.
4. As an encouragement to young writers, candidates, where applicable, may add to their motto the words, 'Under 25' or state their date of birth: neither is published.
5. Entries will be professionally refereed and if the referees consider the prize should be divided between two authors, the trustees' decision will be final.
6. If no submissions are deemed worthy, the right to withhold the prize and to publicise another competition thereafter will be exercised.
7. The prize is normally announced at the subsequent AGM.
8. Officers of the Victoria Institute may not participate.
9. Submission of an entry will indicate candidates' assent to all these conditions.

Honorary Secretary:

Brian H.T. Weller 41, Marne Avenue, Welling, Kent DA16 2EY

The chronological chart which appeared in *Faith & Thought* 46 (April 2009), p. 30 was incorrectly compressed. The correct form is given below:

Jerusalem	Nabopolassar
Jehoahaz	
-----609-----	
Jehoiakim (<Eliakim)	-----604-----
[Appointed by	
[Necho	
-----598-----	
Jehoiachin	
-----597-----	
[Taken to Babylon	
Zedekiah (<Mattaniah)	Nebuchadnezzar
[Appointed by	
[Nebuchadnezzar	
[Rebelled	
-----586-----	
[Taken to Babylon	
EXILE	
Mizpah	
Gedaliah	
[Appointed by	
[Nebuchadnezzar	
[Murdered	
	-----561-----
	Amel-Marduk
	(Evil Merodach)
	[Jehoiachin released]
	-----559-----
	Nergal-šar-ušur
	(Neriglissar)
	-----556-----
	Lābāši-Marduk
	-----555-----
	Nabu-na'id (Nabonidus)
-----539-----	-----539-----
[Return of Jews]	Cyrus

Do Miracles Happen Today?

Dr. Bill Lees

When asked the question ‘Do miracles happen today?’ my answer is an emphatic ‘Yes’, and even greater miracles than those of Jesus Himself; should be happening today. Let me explain from John’s gospel. As we know Jesus’ miracles included changing water into wine¹, healing the invalid of 38 years², feeding 5000³, walking on water⁴, giving sight to the blind⁵ and raising Lazarus from the dead⁶. However, in John 14:12 Jesus clearly states that ‘anyone who has faith in me will do what I have been doing. He will do even greater things than these’. Jesus speaks of his time on earth as complete and He affirms ‘I am going to the Father’. He intends that these ‘even greater things’ will happen because those who have faith in Him will, as Peter says; ‘participate in the divine nature’⁷ and as Paul writes will be ‘blessed...with every spiritual blessing in the Heavenly realm’⁸. Not only that but ‘God raised us up with Christ and seated us with Him in the heavenly realms in Christ Jesus’⁹ and so enabled we can overcome the principalities and powers in the ‘heavenly realms’¹⁰.

Jesus’ earthly ministry was limited

A closer look at the gospels implies that in some aspects Jesus’ earthly ministry was limited. Majestic miracles were followed by superb teaching but the result was rejection¹¹. Jesus saw little of the Church He came to build¹² and little of the multitudes from ‘every tribe and language and people and nation’¹³ who would be praising God.

After His return to the Father and the coming of the promised Holy Spirit, Jesus victory was much more evident. Peter preached in one language but many heard in their own different languages and 3000 became believers¹⁴; believers who were filled by His Spirit and shared the Good News. Note that it was not the apostles who were scattered and preached every where, but the new believers¹⁵; and the growth of His church continued with extraordinary outreach from Thessalonica¹⁶.

Jesus Spoke of ‘Greater Things’

As we reflect on miracles to day it is important that we focus on the ‘greater things’ which are so much more important and lasting than physical miracles. Because of Jesus first coming, His death and resurrection; the awesome power of the Devil is destroyed¹⁷. The ‘god of this world’¹⁸ who blinds the minds of people so they cannot see the light of the Gospel has been overcome. Jesus has bound the strong man¹⁹. He has overcome the thief who came ‘to kill and destroy’²⁰. As a result of Jesus’ victory wonderfully ‘greater things’ are possible and continue in our day even more than in the first century. For example the Devil as a ‘roaring lion’²¹ who beats animist tribes people into total submissive fear has been overcome, and men and women are wonderfully freed. It is awesome. I have lived amongst such people and witnessed Christ’s miraculous victory. Then the enemy disguised as an ‘angel of light’²² in our contemporary western, secular,

post-modern society sees much success but here too; not least on our campuses, we see Christ miraculously delivering men and women from 'blindness to the gospel'.

Understanding 'faith in me'

When we reflect on Jesus affirmation that 'anyone who has faith in me.....will do greater things' we may well ask ourselves why we in the west seem to see so little of His Victory while there is growing evidence of His victory in parts of Asia, China and South America. Perhaps, part of the answer can be found in an example from my own life. Early in my missionary career in Borneo as a 30 year old who had been a Christian for 17 years I found myself working with a first generation Bornean pastor i.e. a new Christian who went to Bible School to learn to read and study. His native language had only recently been given written form and in his area there were no schools. While talking to an even more recent believer who had been visiting relatives and friends in a neighbouring village (a day's walking each way) this first generation pastor asked 'What was the response **when** you spoke about Jesus?' I found myself deeply convicted on the spot because of my lack of faith, as I realised my question would have been 'Did you have an opportunity to speak about Jesus?' My pastor friend believed, had faith and knew the Holy Spirit was given by Jesus to give believers authority and power to speak of Him ²³, at least until the Spirit was 'grieved' or restricted. I realised an urgent need of repentance about my unbelief and lack of faith. That pastor's new congregation amongst the Tagal people 'produced' 10 new congregations in 10 years or less.

'Greater things' and physical miracles

As I travelled with some of the new Christians into more distant parts of their Tagal tribal area we found others of the Tagal community to be in deep trouble. Excessive drinking of home brewed rice beer resulted in whole villages being totally drunk for days on end. This was associated with high levels of adultery and young people's promiscuous sexual activity leading to sterility. Our message was NOT about alcohol abuse or adultery but about the fact that they followed the dictates of the 'spirit world' rather than relating to God. They would do anything to avoid offending or disobeying the spirits. There was a general awareness of a god – a creator god, but unlike the 'spirits' he was a benign being who 'never did any harm' and was therefore left out of the picture. Our message of repentance for neglecting and rejecting God leading to liberation from the fear of the 'spirit world' appeared to be completely rejected.

However, one senior man sensed a great danger from the message. He thought some gullible members of his village community might believe what the white man was saying and turn from the spirits. He decided that the message was so dangerous that I must be silenced. He went for his jungle knife in order to kill me but found he could not withdraw it from its scabbard. He tried repeatedly. As a result he later announced, but not in my hearing, that the Spirit protecting me was stronger than the spirits they served.

That was in 1956. Later that year village after village in the area asked for visits to help

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them move forward as Christians! We were amazed at the change. It was not until 1984 that we heard about the attempt on my life. At the time I was not able to accept physical miracles but despite my unbelief our Gracious Lord took over.

‘Greater things’, visions and physical healing

Islam has many good features and Muslims all over the world are appalled at the so called Christian west; its Godlessness and promiscuous sexual behaviour. It is hard, VERY hard for a Muslim to turn away from Islam. True, they accept Jesus as the twenty fourth prophet but absolutely NOT the Son of God. There is great loyalty to Allah and his prophet Mohammed and to turn to Christ is not only a rejection of these things but involves a loss of close brotherhood and security. Inevitably there are severe sanctions for any who choose to leave the faith.

However, amongst those Muslims who do turn to the prophet they know of as the Son of Mary, many have received remarkable personalised, tailor-made visions of Jesus. I know of this through a senior Pakistani friend, a retired professor of Business Management whose personal testimony is of an encounter with Jesus through visions. Then, the round the world Muslim sailor who was caught in a severe storm and prayed ‘God if you are, please save me.’ The response was ‘I am the Light of the World and I will save you.’ On arrival at his destination he asked the Mullahs ‘Who is ‘the Light of the World?’ ‘They had no answer. Later he asked a Christian the same question; he heard the Good News and became a believer.

Another example of a ‘tailor made’ vision of Jesus is the story of the crippled, Muslim girl who met Jesus in a vision in her room and was told to ‘Get up! ‘I cannot, I am a cripple’ the girl replied. Jesus graciously persisted in the instruction so she tried and found she was able to walk. Her story is written in ‘Beyond the Veil’²⁴.

Physical healing in new congregations

Those of you who know of the book ‘The Jesus Family’ by Dr. V. Rees will not be surprised when I recall a conversation I had with him. He was asked by one of the elders to come and pray for a very sick child. Together they went and prayed for the child but soon afterwards the child died. The elder told Dr. Rees that in the past when they were a new congregation of people who had come from non Christian faith they saw regular healings but that things had changed. He went on to say ‘now we understand it is not physical healing we need but a deeper death to self.’

From evidence around the world it seems that physical healings are a fairly typical pattern that God provides for those new in faith and who are without the benefit of a good Health service but particularly in situations where the community had in the past looked to the spirits for healing. However, there is no medical documentation of these healings as there are no hospitals, medical services or data to check the details of the illness and then the healing. On returning from the medically impoverished rain forests to the UK I saw afresh how gracious our God has been to us in the West in blessing and

enabling our health services and doctors to treat and cure so much.

‘Greater things’ and amazing effects

The unconventional but great communicator of the Gospel, W.P. Nicholson, was remarkably used by the Lord in Northern Ireland. Many lives were transformed. After a weekend of Gospel meetings it was not uncommon for Managers and Directors of the ship yards to be amazed on Monday mornings by men saying ‘I’ve become a Christian; I stole. I now return the tools.’

Similar transformations happened in a particular Bornean tribal area where many Kelabits became Christians which in turn led to an economic revolution. Now freed from alcoholism and spirit domination these men and women became healthy and strong and as they were no longer bound by the taboos preventing them attending to the farms they were able to make the most of their fertile area. The result was that instead of a very meagre supply of rice each year they could now easily grow a large surplus. They made use of the time saved to reach out to neighbouring tribes with the miraculous and life changing Good News.

Some years later this same people group witnessed an awesome revival, first amongst very young teenagers then later amongst the whole community. The miraculous changes in the lives of the people put the local Kelabit native Chief/Magistrate out of business for 3 years. Asked by ‘his ‘employers’ why his book had so little in it he explained the number of disputes had dramatically dropped and that ‘the limited number of disputes that did arise were now settled within the Christian community, relationships were restored so they no longer needed to come to the local court’.

Amongst the Tagals with whom my wife and I worked we saw one of the world’s sickest communities undergo a miraculous health revolution. Previously, the local ‘taboo’, dictated by spirit worship, prevented any pregnant or breast feeding women (there was no alternative milk supply) from eating vegetables!! Consequently, there was grotesque anaemia in mothers and children which resulted in pneumonia becoming a dramatic killing disease. A group of very brave women who had come to believe that Jesus was stronger than the spirits took what would be seen as a great risk and publicly affirmed they would eat vegetables three times a day. Within a month these women were physically so much stronger, vigorous and amazingly healthier than the other women. It did not take long for others to realise the lies of the ‘roaring lion’ or the false ‘angel of light’ and they too put their faith to the test with the miraculous result that anaemia and pneumonia were eliminated from the community.

For ‘Greater things’ He does not need our help

Stories throughout the bible teach us that our God could so easily reach out to mankind today without our help. A ‘burning bush’²⁵, strange ‘writing on the wall’ complete with an interpretation²⁶, visions²⁷ and angels who learn the local language to deliver the message direct²⁸. Then Jesus in the classic parable of Luke 19 (the Pounds) underlines

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this when the King affirms he had an alternative to entrusting his servants with a pound²⁹.

Our Lord has wonderful purposes in this. First He demonstrates His love for us as He shares even His purposes with us. Secondly, the 'principalities and powers in heavenly places' will learn about the 'manifold wisdom of God'³⁰ through us; His church. It is both awesome and humbling that Our Lord can cope with the forgetfulness, inconsistencies, 'silly as sheep' people, like me/us to achieve his purpose. To the 'principalities and powers in heavenly realms' it must look like a series of miracles as they look on and see God managing to cope with humankind as His partner!!

Miracles today

Here in the western world we often fail to be aware of the neglected area of the occult and the resulting need for deliverance. I speak of this with caution. It seems to me that Satan employs one of two strategies in this area. The first is to get us to ignore completely his activity and the second is the opposite which it is to over state it grossly. Apart from witnessing the miraculous work of God in delivering whole communities from the fear of evil spirits in Borneo my wife and I have only witnessed 3 individual incidents of miraculous delivery from Satanic power and oppression in nonBorneans in over 30 years of ministry.

The remarkable Auschwitz survivor Corrie Ten Boom, was instrumental in helping us to recognise how Satan can work in individual lives. Corrie made the following points:

- a) Getting involved with the occult deliberately or accidentally may offer the enemy a chance to **oppress** an individual
- b) When involvement with the enemy has taken place he is likely to delay his action as we might make the connection and recognise what is happening so it may be 10 -15 years before a problem becomes apparent.

Corrie shared this when she was visiting us in Borneo. My wife, Shirley, had become uncharacteristically full of fears. As a husband, a Christian and a doctor I did not know what to do with this overwhelming, and as I saw it, pathological fear. Shirley could not listen to the radio or read a paper without an overwhelming fear of some sort of catastrophic development. It took over her life. So we asked ourselves if there could possibly be an occult element. Shirley recalled that 15 years earlier while still living with her parents, her 'Christian' Mother had taken her for a consultation to a Spiritualist service with fortune telling, 'head readings' and strange alternative medical items. When we realised the possible link with the current torment we prayed; 'Father God we are out of our depths, we don't understand what is going on BUT we know Jesus came to 'destroy the work of the Devil'³¹, so if this is part of his work please manifest your victory.' The fear disappeared. Some years later Shirley was by herself in a potential war zone and a blanket of fear came over her. She again prayed in the context of 1 John 3:8 and the fear disappeared. There have been no further recurrences.

More of His victory

Another incident happened years later when a young woman in her thirties whom we had known for 20 years told us that she was suffering from horrendous dreams. The more we heard the more we began to think that these dreams were possibly occult in origin, so we asked her if she might have been involved with the occult in the past. Her reply was an emphatic 'No, I come from Northern Ireland, you have been in Borneo too long!'

We suggested that while many fortune tellers are bogus and in it for the money some have access to spirit given information. She then recalled a contact with a patient when she was a trainee nurse. The patient offered to tell her about her future. Our friend replied, 'I am a Christian and not into fortune telling.' The patient said that she too was a Christian and this was God's gift to her. As a nurse our friend had to go back again and again to the patient and over the visits the lady told her more and more things the nurse felt the patient could not possibly know. So with our friend's permission we prayed saying we did not know what was going on but if the enemy was involved we knew that our Lord Jesus had the victory. If we pray and nothing happens then the occult is ruled out. We prayed, acknowledging our lack of understanding but affirming we knew Jesus came to destroy Satan's work. The dreams stopped immediately and did not return. That was 20 years ago and since then we have had no further experience in this area.

We must not forget that although physical miracles do happen here on earth today the great day of healing is still to come when there will be 'no more death or mourning or crying or pain'³². For many of us here on earth there will be illness and pain before that great day arrives. But in the meantime if God is asking us to endure the illness and the pain without a physical miracle He has made ample provision of a deep spiritual miracle in the form of tailor made grace to cope; 'My grace is sufficient for you, for my power is made perfect in weakness'³³. My dear wife now suffers from the debilitating and humiliating effects of an incurable disease and she is on a 'slow ticket to heaven'. Despite this she continues to be a clear and joyful witness of the Lord's provision; His grace is indeed made perfect in her weakness. My daughters see this as a miracle; a mother who has lost so much and who has been seriously disabled for so long but never complaining. I agree with them.

Today's focus on Greater things

In conclusion, we in the west need to be reminded that our Lord's purpose is to see men and women from every tribe, language, people and nation around the throne. He knows what strong prisons of unbelief and false belief the Enemy has created for humankind but we know the Lord is at work amongst them and us to bring freedom. God longs to use all who have faith in Him to do 'Greater things' to bring about His salvation and healing. Are we ready to recognise and to co-operate with His miraculous activity?

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References:

1. John 2
2. John 5
3. John 6
4. John 6
5. John 9
6. John 11
7. 2 Peter 1:4
8. Ephesians 1:3
9. Ephesians 2:6
10. Ephesians 6:12
11. John 6:66
12. Matthew 16:18
13. Revelation 5:9
14. Acts 2 : 6 and 41
15. Acts 8:4
16. 1 Thess 1:8
17. 1 John 3:8b
18. 2 Cor 4:4
19. Matt 12:29
20. John 10:10
21. 1 Peter 5:8
22. 2 Cor11:14
23. Acts1:8
24. E. Gulsan "Beyond the Veil", Marshall Pickering, 1992
25. Exodus 3:2
26. Dan 5
27. Isa 1:1, Dan 2:19, Acts 9:3-6
28. Luke 1:26-38
29. Luke 19:23
30. Eph 3:10
31. 1John 3:8
32. Rev 21:4
33. 2 Cor 12:9

Claimed Contemporary Miracles

Dr. Peter May

There are a surprising number of so-called miracle healers making extraordinary claims. The recent goings-on in Lakeland, Florida, where the healer, Todd Bentley, used physical violence upon sick people and claimed numerous resurrections as well as healings, deceived vast numbers of people from around the world into believing that a major spiritual outpouring was occurring. They felt the need to fly to Florida to catch the revival and bring it home. None of his miraculous claims were authenticated and his mission soon imploded in public scandal. We first need to ask whether this sort of circus really matters. Does anyone come to any real harm?

The Dangers:

Delay in Presentation

Forty years ago as a medical student, I heard a surgeon complaining that he was seeing patients with incurable cancers who had delayed going to their doctors because of the bogus hopes offered them by 'spiritual healers'. He saw people, whom he might otherwise have cured, dying as a result of the delay.

A woman in Kent had a major postpartum haemorrhage. Someone summoned the prayer group rather than the ambulance, and she bled to death leaving a baby and a widower.

Stopping Medication

Over the years, I have come across other patients who died because they stopped their medication after visiting a healer. A depressed doctor stopped her treatment. Her depression worsened dramatically and after three weeks she committed suicide. An epileptic girl abandoned her medication. She had a fit in the street and was killed by a car.¹

A 25 yr. old woman called Audrey Reynolds had an ankle injury but also suffered from epilepsy and learning difficulties. After appearing on the platform at Earls Court with American healer Morris Cerullo, she stopped her epileptic tablets. She had a fit in the bath six days later and drowned. The coroner, Sir Montague Levine, concluded "It is a tragedy that she went to this meeting and thought she had been cured of everything. Sadly it led to her death."²

Self Deception

A Registrar in Psychiatry self-diagnosed a peptic ulcer. Eventually an endoscopy was arranged, but it was normal. Three days later he went to a healing meeting, and announced he had been miraculously cured. The healing service got him off the hook!

Distress of Those Unhealed

The anguish of those who were not healed is greatly aggravated by the claims of those who are. A woman used a wheelchair because she claimed to have a chronic neurological

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disease which she said was “like M.S”. Claiming to be miraculously cured, her photograph appeared on the front page of a magazine, holding her wheelchair over her head.³

Why should one person with a crippling neurological disease be healed, and not another? I have her medical reports which show there was no evidence that she ever had a neurological disease. Extensive investigations were all normal.⁴ Is it just because my daughter in law has MS that I care about this?

Negative Thinking

Her message for the world was that all sufferers should seek miraculous healing until they find it. This hopeless quest robs patients of their time, their dignity and their wealth. It also prevents them from coming to terms with their condition and making the best of their days.

Siren Voices

Any young person with a serious incurable disease is liable to be pestered with the claims that some one out there could cure them. I recall reading about the nurse who attended to Jacqueline Du Pre, holding out false hopes to her. None of us would be immune from the well-meaning letters of misguided friends distressed by our fate, as John Diamond described so vividly. According to his book, “Snake Oil”, he received 5000 letters suggesting alternative cures.⁵

Financial Cost

Most healers make a living from their bogus claims, and some make a fortune. The quest for a miracle robs chronic invalids of precious funds that could be used to improve their care.

Disabled people rarely have enough money to go on futile trips to Florida.

Making Money

Many healers boast they do not charge for seeing patients, but they have a bucket at the door for donations. They then claim to live on charity and avoid the taxman.

As invalids are asked to have faith to be healed, their faith is tested most acutely when the bucket is passed to them. No wonder Benny Hinn and his team were able to cross the Atlantic on Concorde.

I am in no doubt that miracle workers do serious harm, that bogus miracles are a moral outrage, and that desperately sick, naive and vulnerable people need protecting.

Child Abuse

The abuse of children is particularly wicked. Natalia Barsed was a four yr. old girl suffering from Neuroblastoma. In the Earls Court Arena in front of an ecstatic crowd, Morris Cerullo declared she was healed of “cancer of the bones and the blood”. He made her run across the stage to prove it.⁶ She died just two months later. I have a copy of her death certificate.

In order to show that something is not a miracle, we need first to define our terminology. Healers play fast and loose with language. What exactly is a miracle? There are a number of difficulties in any definition. I have therefore concentrated on *describing* a miracle rather than defining one.

What is a Miracle?

I assume that most people, when talking about healing miracles are thinking about Christ's healing miracles. Yet miracle workers today seem strangely uninterested in Christ's other miracles – such as feeding the 5000 or stilling the storm. Yet there is no shortage of hungry people or natural disasters.

Gospel Miracles

For most purposes, I needn't enter the discussion as to whether or not Christ performed miracles. In considering contemporary miracles, it is sufficient merely to record the characteristics of the healings presented in the Gospels and ask whether we are seeing anything like that today.

Incurable

There are numerous examples in the gospels, which for all their diversity have some marked similarities between them. Firstly, apart from the exorcisms, the physical miracles included frankly incurable diseases. These were not psychosomatic healings. The incurable nature of the conditions described in the Gospels is quite striking. A man was healed of congenital blindness. A woman was cured of a fixed kyphosis of the spine which she had had for 18 yrs. A man, who had what is graphically described as a 'withered hand', had it fully restored. A cripple was able to carry his bed home. A deaf mute could hear and speak, and a man who was dead for four days walked out of his tomb. I take it that modern medicine would not be able to cure any of those folk today. So the first characteristic is that Gospel miracles embraced incurable conditions.

Non-Remitting

Secondly, apart from epilepsy and menorrhagia, these were not conditions which might on their own spontaneously remit. I once had a patient with lung cancer, who went into a spontaneous remission. It is very rare for such a thing to happen. When cancers do remit, and some types are more liable to regress than others, it happens gradually over a period of months, and for my patient, years. Which leads me to the third characteristic:

Instantaneous

Such astonishing events are reported to have happened instantaneously. Usually, it was at a word of command. Mostly the crowd witnessed the miracle, which was completed in front of them.

Complete

Fourthly, there is nothing in the narratives to suggest that these conditions were either partially cured or subsequently relapsed. The impression given is that these cures were complete and lasting.

No Other Therapy

Fifthly there was, of course, no other therapy provided.

These five criteria - of incurable diseases, which would not remit, being healed in a instant, completely, without any therapy being employed - were elucidated in 1735 by Cardinal Lambertini, who later became Pope Benedict 14th. They are still referred to by Roman Catholic authorities⁷, though honoured today mainly in the breach, as we shall see.

My Strategy

I have adopted a simple strategy in my investigations, which has invariably produced results. I have simply asked healers – whether individuals or organisations – to produce their best cases, which they must choose themselves. If I chose the cases, they would be dismissed as being unrepresentative.

Generally speaking, these healers boast of large numbers of people, who have been cured at their hands. I have usually invited them to select three. To ask only for one, can leave them with excuses. The healer would then point to all the other genuine cases, which I haven't examined. Being asked to select their best three, concentrates the mind wonderfully. When all three are exposed, there is little left to say. Sometimes of course they have already chosen their better cases to publish in a best-selling book. Usually I find the best case is referred to in an introduction but not described until the final chapter.

I arrived at my strategy during a live ITN interview with Morris Cerullo. He had claimed in giant posters all over London that the blind would see, the deaf hear and the lame walk. I asked him on television to identify his three best cases from his week at the Earls Court Arena, and put forward their names for medical scrutiny. He was, of course, furious and immediately after the interview launched into an impassioned sermon about the folly of testing God. I think he somehow realised that it wasn't God who was being put to the test, but just Morris. I told him I just wanted three names, which he could select himself.

That evening in the Earls Court Arena, I bumped into Joan Bakewell, who was already aware of the gauntlet I had thrown down. She was making a Heart of the Matter documentary about Cerullo and now wanted to do a follow-up programme examining the cases he put forward. An estimated 4.7 million people watched the second programme, and I think it remained the highest viewing figure the programme ever had.⁸ A detailed report of my findings was also published in America.⁹

Access to Health Records

My enquiries were facilitated by the Access to Health Records Act 1990. Provided the patient gives consent, doctors are now obliged to give patients access to their records, unless there are strong grounds for believing it would not be in the patient's best interests to do so.

Medical Findings

What then have I discovered when I do gain access to the records? I shall discuss the broad categories I have found and illustrate them with case histories taken from a variety of the main players in the field.

1) Symptomatic Improvement

Needless to say, most people who claimed to be healed, feel better - and for most, it is entirely transient. Compare the excitement of a healing rally to winning the Thames Boat Race. Having expended the same amount of energy, rowing at full strength over the same long distance, and arriving at almost the same time, one team is exuberant, punching the air with enthusiasm and enjoying a state of mind close to ecstasy. The other team, perhaps just two seconds behind, is doubled up in pain. Some may be vomiting over the side. Others collapse. They have probably never felt so awful in their lives. If the referee then disqualified the winners, the feelings of both teams would change dramatically!¹⁰

The hype associated with healing meetings, often preceded by loud music for a prolonged period, with the zealous rantings of the healer, whips up the crowd into a state of excitement. For some, they feel as though they have been healed, only to realise the next day that they haven't.

Occasionally, however, the improvement is maintained. While Morris Cerullo was asked for three cases, he eventually produced nine. However, only seven consented to medical reports. One was a woman called Sheila Lamshead. She had degenerative arthritis of her spine. She had become depressed, inward looking, socially isolated and despairing – until she was invited to a Cerullo meeting. Somehow through it all, she became a Christian.

The Christian message is profoundly powerful. No doubt with many things in her life which she regretted, she now believed that God had forgiven her and that she could make a new start. Previously alienated from those around her, she now found she was part of a caring local community. Previously finding life futile, she now had a new agenda – a reason to get up in the morning. The future had looked bleak; but she now had hope, even in the face of death itself. Talking to her, it was difficult to believe she had been depressed. She was now bubbling over with enthusiasm. Her back pain was largely a thing of the past.

She was taken back to her orthopaedic consultant, who repeated the X-rays of her spine. The T.V. cameras recorded the two sets of pictures alongside each other, together with the comments of the consultant. There was no difference in the X-rays. There was a great deal of difference in the patient. Christian conversion had had a life-changing effect on her. Medically, all one could say is that her mood lifted and she found renewed motivation to be active. Both factors would be important contributors in relieving her back pain.

2) Natural Processes

One of Cerullo's seven cases was a woman who was terrified that she had a recurrence of a melanoma. Her doctor diagnosed a small, perianal, inflamed spot. It gave him no cause for concern and he arranged no follow up. Its natural resolution coincided with her visit to Earls Court. Cerullo's other cases were no more impressive than that.

3) Mistaken Diagnoses

Dr Theodore Mangiapan was Clinical Director of Lourdes for eighteen years and wrote the definitive study on the subject.¹¹ In 1995, I interviewed him at his home in the south of France and asked him to choose his best case.

The Medical Bureau of Lourdes is constantly selecting its best cases, some of which the Roman Catholic Church proclaims as miraculous healings. In the 150 yrs of the shrine's existence, only 67 cases have been officially declared by the Church to be miracles. This number must be seen in the perspective of the very large numbers of people who visit the shrine, over 5 million every year, though Mangiapan reckoned only 100,000 per year visit because of their illness. That still leaves a very large number. The 67 cases have been sifted from an estimated 6,500 claims. If their doctors pronounce it a cure, the Curia may then pronounce it a miracle.

I talked to him about Cardinal Lambertini's criteria for identifying a miracle. In particular, I pressed him about the meaning of "instantaneous". "Ah" he said, "many books have been written about that." I learned that Mangiapan takes the word "instantaneous" to mean "immediate", and immediate to mean "without convalescence". I did not have the presence of mind to ask him how he defined convalescence!

I did however ask him which of the (then) 65 cases did he believe was the most impressive Lourdes miracle. He explained that it was case no.65 and admitted he was biased. He was a paediatric surgeon and had been personally involved in this case, but this was for him the most impressive miracle of Lourdes.

Delizia Cirolli was a 12 yr. old Sicilian girl who developed a tumour in her knee. The initial diagnosis was a Neuroblastoma, curable only by amputation, which her parents refused. She attended Lourdes in 1976, and some six months later, she spontaneously got off her sick bed and began to walk. She has never looked back. I pointed out to him that Neuroblastomas of all childhood cancers have the highest rate of spontaneous remission. But he disagreed with the diagnosis. He believed she was too old to develop a neuroblastoma, and what she actually had was a Ewing's Sarcoma. He did not believe there was a single reported case of such a tumour resolving spontaneously. The diagnosis became a much disputed issue. Biopsy slides taken from the tumour were sent to various histologists for their opinions. The fact was the cellular picture showed no structure at all. It was completely undifferentiated. Eventually Mangiapan's view won the approval of the International Committee. They said she was cured and the Church declared it a miracle.

“But was her cure instantaneous?” I asked. “Well, yes,” said Mangiapan, “one day she got up and walked.” “But when was she next x-rayed?” Some six months later. What did the X-rays show? The tumour was by then substantially healed, but not completely. In other words a process was at work that took months to complete. Was her limb completely restored? No. It left her with a seriously deformed limb, with the leg deviating outwards below the knee. She was able to walk but only with a gross limp. She subsequently required orthopaedic surgery to straighten her leg. So if this was an incurable cancer, the healing of Mangiapan’s best case was neither instantaneous nor complete.

I was subsequently interviewed for a Channel Four “Equinox” documentary film on the healings of Lourdes and I encouraged the producer to focus on this case and obtain a further opinion. He took the slides to Dr Kathy Pritchard-Jones, a Consultant Paediatric Oncologist at the Royal Marsden Hospital. She added a surprising twist to the tale. In her opinion, it is quite possible that Delizia had neither a neuroblastoma nor a Ewing’s sarcoma. The lesion may not have been malignant at all. She thought it was quite possible the child had suffered a bone infection of the knee, possibly tubercular, which the body eventually overcame.¹²

According then to the most senior doctor of the Lourdes International Committee, who was Clinical Director for nearly 20 years and wrote the definitive book on the subject, this was the most impressive miracle to be associated with the shrine. Delizia’s photograph is on the cover of his book.

In February 1999, miracle no.66, was claimed. Mr Jean-Pierre Bely is believed to have suffered from Multiple Sclerosis. However, when the Committee reached its verdict, it was not unanimous. Significantly, I understand that it was the neurologist who dissented, claiming the diagnosis of MS had never been safely secured. It was a speculative diagnosis, which can only lead to a speculative miracle.

In 2005, a 67th claim was made. Bouillard Disease is an obsolete name for a type of rheumatic heart disease. Anna Santaniello, who is now 94, attended Lourdes and was healed in 1952 but it is only now that it is seen to be miraculous. This is a far cry from New Testament accounts.

In offering examples from Lourdes, I do so knowing that unlike all other healing organisations, they have hitherto examined their cases thoroughly, follow them up for years, been slow to make judgements, seek specialist opinions and then have the honesty to publish their findings for public scrutiny. All that is most commendable.

Since 1960, only five official miracles have occurred at Lourdes. Yet it is only in the last 40 years that the developments of modern science, not least in terms of imaging techniques, have enabled the cases to be adequately scrutinised. Before then, diagnoses were largely made on clinical grounds and many major questions were left unanswered.

In 2006, I am sorry to say, the Lambertini criteria were relaxed by the local Bishop, now

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allowing 'unexpected' and 'exceptional' healings to be included as miracles. And there is no shortage of them!

4) Hysteria

Lourdes miracle Number 64 concerned 41 yr old Serge Perrin who was thought to have had a stroke, but his signs and symptoms never married up, crucial tests were normal and throughout his illness he displayed 'la belle indifference', a noted characteristic of hysteria. He was healed in 1970 and made a crusade of his recovery. It seems probable to me that he was an hysteric, and interestingly Dr Mangiapan did not seem keen to argue the point!

5) Spontaneous Remission

In 1986 Dr Rex Gardner published an influential book called *Healing Miracles*.¹³ He was a Gynaecologist in Sunderland, who collected 22 miracle stories from around the world. Such stories coming from a doctor were likely to be taken seriously. Writing an article on the subject for the 1983 Christmas 'coffee-table' edition of the British Medical Journal (BMJ) raised his profile and gave his cases a spurious credibility. Over the next ten years, whenever I spoke publicly on this subject, I could be confident that someone in the audience would refer to his book and usually added that his findings were published in the BMJ.

Sir John Houghton chaired a Consultation, which met on three occasions between 1992 & '94, drawing together some 30 participants, mainly doctors and clergy, to discuss a Christian view of healing. Dr Gardner was present, giving me the opportunity to ask him for his best case. Needless to say, it was the last case reported in his book. It is the story of a nine year-old girl with a five year history of bilateral hearing loss, requiring hearing aids. The deafness was thought to be due to both conduction deafness in her middle ear and nerve damage from a viral illness. Adenoidectomy and a myringotomy were performed, and fluid was extracted from the middle ear. However her surgeon was convinced that her difficulty was essentially due to nerve damage and he did not expect much benefit. A month later, suddenly to everyone's great surprise, her hearing was fully restored.

Not knowing what to make of this, I wrote to a friend at Great Ormond Street who specialises in paediatric ENT. Not only did he reply by return of post, but enclosed a copy of a paper he had written on the subject.¹⁴ In it he described 5 cases of spontaneous remission of nerve deafness. He subsequently invited me to an ENT Conference on the subject. From this I gleaned that the phenomenon is evidently rare and ill-understood, but it does occasionally happen. But it is not so rare however that I have not subsequently come across another case personally.

An interesting case of spontaneous remission was shown on BBCTV at the end of the Heart of the Matter film about Morris Cerullo. It was as if the editor wanted to soften the blow by presenting a case of 'Christian Healing', but he gave me no opportunity to comment.

Dr. David Wilson, Dean of Postgraduate Medical Education at the University of Leeds, described the case of a two week old boy who presented at Leeds Infirmary with a 4cm malignant lump on his left forearm, which resolved without treatment in answer to prayer. He considered this healing to have been miraculous. However, the surgeon responsible for this child subsequently wrote to the programme producer complaining strongly about the way the case had been presented.

A biopsy had shown the soft tissue lump to be a fibrosarcoma. Excision would have required mutilating surgery. However, congenital fibrosarcomas are very rare. From what is known about them, they are unlikely to metastasize (c.10%) but are highly likely to regress spontaneously. Furthermore, such tumours are liable to respond to chemotherapy if the need arises.¹⁵ The paediatric surgeons responsible for the baby's care therefore took a calculated risk. They decided to wait and see. Their informed decision was rewarded. The tumour regressed within 7 months and the child was free of disease at the age of four years having had no treatment. There was nothing instantaneous about this. The prayers of many appeared to be answered but far from it being a miracle, the tumour followed the course the surgeons had expected. The details of this highly unusual case were published in a medical journal.¹⁶

6) Double Thinking

The meetings chaired by Sir John Houghton kept me under pressure regarding the rest of the cases in Dr Gardner's book. Eventually I was obliged to comment on each case in turn. I agreed with Dr Gardner that none of his cases were as good as the case of deafness he put forward initially. Furthermore, I found that two of his 22 cases, far from being cured, had actually died of their diseases in the same year that his book was published. My critique of his 22 cases is available to anyone who wishes to see it.

7) Medical Ignorance

An Anglican Bishop attending Sir John's Consultation presented a case of miraculous healing of a birthmark and produced evidence in the form of two photographs. Fortunately, a dermatologist, Dr Barbara Leppard, was a participant. She immediately identified the lesion as a strawberry naevus and explained to the clergy that it was normal for such birthmarks to gradually disappear. Still identifiable, this one had taken years to improve.

Meeting over a period of three years, not a single case of miraculous healing could be identified by the Consultation.¹⁷

8) Economy of the Truth

A misleading video was sent to me, promoting the Acorn Healing Trust.¹⁸ It tells the story of a young woman who developed breast cancer. She found comfort and encouragement from the Scriptures and was subsequently healed. The cover says, "An outstanding story of healing from cancer – through belief in God's word." Not entirely clear on the video, and not mentioned at all on its cover, she told me that she had had

her breast lump and a secondary tumour excised, and then had both chemotherapy and radiotherapy. She had had the full gamut of medical intervention. Given the nature of the disease, it would never be possible to say she had been cured.

9) Deception

Probably the most prominent American healer is Benny Hinn. He draws enormous crowds in the States and his meetings are broadcast all too frequently on American television. The Foreword to one of his books was written by a doctor.¹⁹

He highlights the story of a man who is reported to have been healed of colorectal cancer. In Chapter 1, Hinn introduces the details, whilst the last chapter tells the story. It is clearly presented as his best case and certainly sounds impressive, until you look at it closely. With all such written accounts, the author is liable to tell the tale in its most positive form. However, they get into difficulties when they quote from medical documents. Here there remains a real chance of objectivity combined with the fact that a non-medical author is liable not to fully understand what the report says. Benny Hinn claims the man required “no radiation, no chemotherapy, no colostomy, and no medicine for his cancer. He was totally healed by the power of God” - a list which left me asking ‘what has been omitted?’ Did this man have a surgical excision, which would be the most likely curative intervention? Hinn quotes a medical follow-up report after the man’s recovery. It states, “Rectal side of the anastomosis: negative for malignancy. Colonic side of the anastomosis: negative for malignancy.” The word “anastomosis” is a common medical term used to describe a join in the bowel after a section has been excised. If the doctor who wrote the forward had had his critical faculties engaged, he would have noticed this. The reason this man did not have a colostomy is the surgeon was able to do an end to end “anastomosis”, reconnecting the bowel at the time he excised the tumour. It is not clear to me who is responsible for this deception, but the patient would not be the first, if he had deceived himself.

10) Multiple Pathologies

Reinhard Bonnke is a German Pentecostal healer who seems to perform mainly in Africa. I use the term ‘perform’ advisedly, as Mr Bonnke’s ranting and raving are something to behold. The crowds flock to hear him. A television investigation of the claims of Benny Hinn and Reinhard Bonnke was able to investigate claims from Mr Hinn, albeit with entirely negative results, because the American context meant that the cases were medically documented. However, in Africa it is far more difficult. They merely noted the cruelty of what Bonnke was doing and the way severely disabled people returned the next day to find the crutches they had so enthusiastically abandoned. However, Mr Bonnke did once produce a video about an English woman²⁰ and the story featured in a televised documentary.²¹

The cover reads:

“Mrs Jean Neil of Rugby, England, was a truly hopeless case – spinal injury, angina pectoris, a hip out of joint and one leg shorter than the other. She underwent 14

operations, spent four years in hospital, suffered three heart attacks and was treated with traction and plaster jackets. Mrs Neil was confined to a wheel chair, used three respirators (*sic*), applied heart patches and took 24 tablets daily. This was her situation throughout the course of 25 long years – until 12th March 1988. Now she has a brand new story.”

We talked on the phone and she sent me several orthopaedic documents in her possession. They made no comment about any discrepancy in her leg lengths and reported that X-rays of her hips appeared quite normal. Of her 14 operations, only four were on her spine. The others included two Caesarian sections, an appendicectomy and an operation for hammer toe. Vigorous investigations for heart disease were reported as normal and her asthma appears to have been due to the side effects of beta-blocker medication, given for angina which she didn't actually have. The four years in hospital was her generous estimate of the total of all her unrelated admissions, while the 24 tablets a day included 8 paracetamol.

In particular, the documents stated emphatically that X-rays of her spine taken after her healing showed “absolutely no change” from the X-rays taken before the event. Three months *before* her healing, her orthopaedic surgeon reported that she was able to walk, albeit using sticks. The claims that her invalidity was static and that she was confined to a wheelchair for 25 yrs were plainly untrue.²²

I sent a list of questions to her doctor with her permission but he replied that he did not feel that it was in his patient's best interests to answer them! I sent a report to Mr Bonnke asking him to withdraw the video, which led to a long and entirely fruitless correspondence.

11) Relative Thinking

Our post-modern culture encourages people to understand truth in relative terms. People commonly speak of something being “true for me”, whether or not it is held to be true by anyone else. The next two stories illustrate the difficulty.

Dr. Mary Self was reported in the Daily Mirror to have been miraculously healed of bone cancer. She subsequently published the story in detail.²³ Her tumour had led to an above-the-knee amputation. Sixteen years later she developed a secondary in her lung, which was surgically excised. Later that year she developed pelvic pain and CT scans appeared to indicate a further metastasis. This lesion however subsequently decreased in size and gradually disappeared over the next few months. The article quoted her consultant as saying “She is saying it is a miracle. I am saying it is unexplained. It is important to say we do not have proof this was a metastasis in the pelvis. Everyone assumed it was on the basis of the scans.” A biopsy had been inconclusive. The lesion may have seemed like a secondary to her, and we can easily sympathise with her fears. The story is remarkable. Her surgeon said he had never seen a case like it. Her prayers appear to have been answered, but there is no evidence that it involved a Christ-like miracle.²⁴

My final case concerns a Mrs. Jean Smith from Gwent. She was reported in Alpha News²⁵ to have been miraculously healed after being blind for 16 years. However, her description of the event was not supported by any medical evidence. I wrote to the editor and asked if he had published the story without validating it or whether he had a medical report, which for some inexplicable reason he did not quote. He stated that Mrs. Smith did not want any renewed medical investigation and was simply content that she can now see. It was true for her. It became clear that he did not seek medical validation before publication, and he believed me to be cynical and lacking integrity in asking for it.

If this was just a private matter, I wouldn't have pursued it. However, a public claim had been made very widely, that a woman who was registered blind can now see. I suggested to him that he should obtain medical reports and seek an independent assessment of them. She may well have already been re-examined. All that was then required of her was her consent for an up to date report. If the miracle was verified, he should published the findings as widely as possible. If it was not true, he should set the public record straight and apologise to his readers. It was his integrity that was on the line, not mine. I didn't need to be involved.

It is very easy to publish these stories, but it is not difficult either to find out whether they are true. To believe them without evidence is naïve; to then publish them is grossly irresponsible.

Conclusions

I have searched in vain for over forty years for compelling evidence of a contemporary miraculous healing. To illustrate my investigations, I have reported on 'best cases' from Morris Cerullo, Lourdes, Rex Gardner, Sir John Houghton's Consultation, the Acorn Healing Trust, Benny Hinn, Reinhard Bonnke, the secular press, the religious press and television.

I have also written up some eighty case-histories to illustrate the complexities of the subject and the difficulties I have had in getting at the truth. Publishers tell me this book, *Looking for a Miracle*, should certainly be published – but not by them! Any of the individuals identified, not least the wealthier ones whose reputation is at stake, could attempt a legal action. Even an unsuccessful action can be costly and very time consuming, so that detailed manuscript remains on my file!

My assessment of the medical realities surrounding claims of healing miracles impacts on three major areas for discussion – ethical, theological and apologetic. The first concerns the need for openness and honesty. The second concerns expectations raised by some Biblical texts. The third area concerns the intellectual defence of Christianity in our increasingly secular world. I can only make brief comments here.

Honest Enquiry

Firstly, my investigations have met with obstruction on almost every occasion, with the notable exception of Lourdes. I have had to learn to be 'tough minded' in pursuing the

truth. For instance, I would write a polite letter asking two key questions and receive an irritated letter answering only one of them. I have then had to write back asking that they respond also to my second question. A signed consent for access to her medical records was given by someone who then, without telling me, promptly instructed her GP not to release them. My motives have been repeatedly questioned and offensive letters have been written by Christian people. There have been threats to report me to the GMC and a highly worrying letter from Cerullo's solicitor demanding a public retraction within seven days, if I was to avoid High Court action. By comparison, being manhandled, punched and physically ejected from Earl's Court by his stewards was light relief.

Obtaining the truth is important, not least when it affects vulnerable people with incurable diseases. They should not be abused, put in danger, given false hopes or robbed of their funds. Wishful thinking is not good enough for them. We need to know what is actually happening, when modern miracles are being claimed. Openness and honesty should be essential outworkings of pastoral compassion.

As for the ethics of going public with my investigations, I have only revealed details of stories which have already been placed in the public domain by others.

Biblical Expectations

Secondly, the heightened, contemporary expectation of miracles hangs on only a few specific texts.²⁶ These include the sending out of the twelve and the seventy, the promise that disciples will do "greater things", Christ's saying that faith will "move mountains", the claim that the Lord will "raise up" the sick person after prayer and of course the view that healing in the 'here and now' is somehow achieved for us in Christ's atoning death.

The twelve and the seventy were sent on limited missionary tours, either to the Jews (Mt 10:5ff), or to places where Jesus himself would visit (Lk 10:1). These tours had a clear end-point (Mk 6:30, Lk 9:10 & 10:17). Furthermore, on these tours the disciples were commanded not just to heal the sick but to 'raise the dead' (Mt 10:8). All this is in marked contrast with the Great Commission, where the risen Christ commanded them to go into all the world and preach the gospel. (Mt 28:19, Lk 24:47f, Acts 1:8, Jn 20:21). Only the later additional ending of Mark speaks of accompanying signs and healing the sick.

The book of Acts claims that such signs and wonders did happen, albeit rather infrequently. The rest of the New Testament is strangely silent on the matter. There is one reference to "gifts of healings" (a double plural), but listed separately from the gift of miracles (1 Cor 12:9.10). Otherwise, we learn of Trophimus being left behind because of illness (2Tim 4:20), Epaphroditus nearly dying (Phil 2:25-30), Timothy requiring wine for his stomach and frequent illnesses (1Tim 5:23), and most famously, Paul having no miraculous answer for his 'thorn in the flesh' (2 Cor 12:7-10).

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It is a strange idea that anyone could do greater miracles than Jesus. The 'greater works' of Jn 14:12 are better understood in the light of Jn 5:20f where the same phrase occurs.

To believe that Jesus actually meant his disciples to move mountains would be a dull literalism indeed, while the promise that the Lord will raise up the sick person (Jam 5:15) cannot be meant universally and need not involve a miracle.

The idea that Christ died to free us from sickness now is quite unwarranted. Matthew says that Isaiah's prophesy was already fulfilled in the miracles of Christ's ministry, not ours (Matt 8:17). John Stott has written, "To speak of Christ atoning for our sicknesses is to mix categories; it is not an intelligible notion."²⁷

Contemporary Apologetics

We are instructed to renounce secret and shameful ways, not to use deception and to set forth the truth plainly (2Cor 4:2). Why then is it so difficult? It seems to me that many Christian people today have a 'miracle' story undergirding their faith. This was why they became Christians. To threaten that story is very disturbing for them. To help them, they need to find the adequacy of firmer foundations, building on objective rock and not subjective sands.

Christians are taunted by the new atheists about God's lack of intervention in natural disasters, famines, the holocaust and sickness. John Lennox was asked in Australia this summer why God did not cure amputees. He replied that this is a very difficult question. But surely it becomes a much more difficult question if we contend that God is doing some physical miracles but not these. Why? Surely God has the power to cure obesity, dementia, AIDS or amputations in an instant and to raise the dead. But he does not do so.

The view that God, having created the universe, now sustains it according to the laws of physics, which he laid down in the first moments of the Big Bang, is not difficult to defend. If you fall out of a window, he will not reverse the law of gravity. But within the physical system that he created and sustains, he nonetheless answers our prayers for healing in often remarkable ways. These normally involve drugs, surgery, and the health care professions.

While God, by definition, could do Christ-like miracles today, it appears that he chooses not to. Nonetheless, he answers our prayers within the framework of the natural order that he created and sustains - and constantly surprises us by his mercy and goodness towards us.

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Making ethical decisions: dualism and personhood

The Rev. Sally Nelson

1. Introduction

In January, a newspaper headline¹ announced: *Funding halted for stem cell research: scientists say cash has been cut off for 'moral reasons'*. Turning over, a follow-up piece was entitled: *Can it be ethical to prevent this crucial work?* These articles are typical of the debates generated around ethical decisions, especially in medical research: two opposed but equally reasonable and rational views are offered and we struggle to identify the way forward.

The research referred to above was concerned with the development of hybrid embryos as a source of stem cells.² Although licensed last year (2008) after intense parliamentary debate, the work has so far been refused essential funding by the research councils, for reasons as yet undisclosed at the time of writing. The newspaper described the many benefits of the research and reported that some scientists suspected a 'moral' conspiracy to prevent the funding of the licensees. Many people believe that this research would move our understanding of, and treatments for, disease into new territory; possibly transforming the prognosis for some currently intractable problems, and even 'giving life back' in currently hopeless cases. Those voicing objections usually articulate a feeling that this work questions what it is to be human.

Medical research that involves trials of drugs or new surgical techniques, while raising other moral issues, is less emotive; perhaps because it deals with 'fixing' the existing damaged body. Stem cell research takes us outside the 'comfort zone' of conventional medicine, because it manipulates the body's reproductive processes to produce new, 'customised' cells.³ The two headlines above neatly encapsulate the dilemma: those in favour of the research believe that it is unethical NOT to do it, because of the possible benefits to so many; while those against see it as immoral to go ahead, because it is 'against nature', with scientists presuming to do the work that properly belongs to God.

It is unfortunate that many people still believe that science and faith are at best uneasy bedfellows, and at worst in outright conflict.⁴ I will argue that this view is a modern version of the classical dualism that posits two forms of reality: the material and the spiritual. Problems begin when we distinguish sharply between God's proper area of activity and ours, and then identify these activities with the spiritual and the material respectively. Western culture, which is reductionist and materialist in flavour, provides a happy home for this kind of dualism; and there are related issues about the perceived utilitarian value of individuals in such a culture which influence the way in which society values people with disabilities. I will indicate arguments that challenge the assumptions that underlie our cultural default position that (a) that the material and spiritual are totally separate realities; and that (b) it is always helpful to understand humans as rational autonomous subjects.

First I will address the possible root of this dualism, and then suggest the use of a relational theological anthropology in place of the contemporary individualism of our culture, which I believe should clarify (though not necessarily resolve!) some of our current ethical dilemmas. These are philosophical questions. There is, however, a practical issue: to convince the 'wo/man in the street' that s/he should listen to a (minority) Christian view at all.⁵ This resistance to faith is arguably rooted in the same fundamental dualism. The ongoing task of the Christian community is to expose and address the dualism by living the Kingdom of God in a countercultural paradigm.

2. The two cultures

In his Rede Lecture of 1959, C. P. Snow famously described the 'two cultures' of science and literature, separated at their extremes by a dangerous gulf of incomprehension. Snow articulated an anxiety that science, while being the driver of progress in the (then) 20th century, would become incommunicable without proper education, because scientists and non-scientists did not share a common language. 'What is a machine tool? I once asked a literary party; and they looked shifty', he comments with characteristic irony.⁶

Although there is evidence of an emerging 'third culture' in which literate scientists' contribute powerfully to public policy, two cultures can still be identified, as indicated by the continuing poor uptake of higher level science subjects by students.⁸ Modern life relies ever more extensively on science and technology, but, like Snow's literary party, few of us understand what 'lies behind the scenes' of a laptop computer, a microwave oven, or stem cell research.⁹ Somewhat paradoxically we are also gravely out of touch with 'nature' and would find life difficult without the adaptations of technology. Does it matter? Can we leave science to the scientists and just get on with living?

Reflection suggests that in fact we cannot evade implication, at least passively, in the corporate activities of society.¹⁰ After Hiroshima, Robert Oppenheimer (the colourful scientific director of the Manhattan Project) remarked that scientists had now learned how to sin, implying that the 'purity' of science had been irrevocably sullied.¹¹ Even allowing for the seductive power of the soundbite this remark displayed a worrying contemporary dualism. It cannot be right for a democratic society to benefit from the advantages of scientific development yet to distance itself from the political misuse of science, or, indeed, to attribute to the morally neutral processes of science an abstract (and godlike) culpability. Similarly, in modern medical research, stem cell research offers, at one level, a possible way of replacing damaged tissue without requiring donor organs, and of treating some hitherto intractable genetic conditions. At another level it calls into question the very issue of what makes a person, something that can only be recognised by the whole of society. But how can anyone decide what is ethical unless the conceptual gulf between the cultures is bridged?

‘The scientific process’, said Snow, ‘has two motives: one is to understand the natural world; the other is to control it...Cosmogony...is a pretty pure example of the first class. Medicine is the type specimen of the second. Yet, in all scientific fields, however the work originated, one motive becomes implicit in the other’.¹² This is the classical link between knowledge and power: if we do not understand, we cannot ‘own’ something, and it is always out of our reach. Arguably, in spite of educational initiatives, scientific research has dropped further out of dialogue with ordinary life: it has been decontextualised by the joint processes of expert specialisation and public apathy towards science. We can neither own science, nor discuss its ethics, if we do not understand *what* it is.

Nowhere is the ‘incomprehensible gulf’ greater than when thinking about the ultimate nature of reality. Why do we need to invoke God when he has been so notably ‘absent’ (for example, in the two world wars); and therefore why should science in general, and medical research in particular, be influenced by theology? I hope to show that a relational theological anthropology is a helpful way to illuminate some of the ethical landscape around medical research, by addressing the extreme individualism, reductionism, and desire for optimisation that characterise contemporary western culture.

3. One lump or two? The nature of reality

3(a) *Classical theism*

We can generalise that science today is a rigorous empirical discipline based upon a reductionist materialist philosophy of reality. This approach to investigation has been markedly successful,¹³ which has led us to believe that the material is all there is, and that we can get to the bottom of every problem by splitting it down into simpler components. God is not a necessary explanation for ‘leftover mysteries’: we simply need better techniques to obtain more information.

Essentially this view, which is institutional in its prevalence, splits reality into two ‘lumps’: the material and the non-material. Science deals competently with the material world, while religion is perceived to deal with non-material matters of ultimacy and transcendence that are not amenable to scientific investigation: and therefore arguably may not exist at all, since they cannot be empirically proven. Pannenberg observed in the 1970s that no valid revival of the cosmological proof of God (*ie* the argument from creation) was possible in a contemporary scientific mindset: the relationship between God and the world has been philosophically and comprehensively decoupled in modern thought.¹⁴ How did this happen?

While Descartes revolutionised early modern philosophy by proposing the separation of mind and body,¹⁵ there is an argument for starting further much back, rooting the difficulties of communication between science and faith in the historicocultural development of monotheism.¹⁶ Judaism, and later, Christianity, evolved as minority beliefs in comparative tension with a surrounding culture of polytheistic religions. As

the ancient Hebrews moved from polytheism to henotheism to radical monotheism, Yahweh acquired significant characteristics. The journey from 'god among gods', to 'God above gods', to 'only God', meant the incremental association of ultimate power and necessity with developing ideas of an 'almighty' God.¹⁷ Linda Zagzebski¹⁸ argues that the philosophy of religion is only necessary or possible in a radical monotheistic setting. If one believes in a multitude of gods then there is no problem with ultimate questions. No single being holds total responsibility: another god can always be invoked to account for any remaining problems. So the difficult issues of medical ethics, which we often tend to link with a loss of religious belief and its associated God-given boundaries, may in fact be rooted in the very monotheism that we superficially regard as the solution: even if that root is hidden from public view.

The ancient Hebrew writers struggled with the almighty God's ultimate responsibility for suffering, which may be the reason why the OT characterisations of God are so varied, and also why scriptural *stories* of this God's involvement with humans predominate over *descriptive* accounts of God's being, his attributes, or his commands (although, being human, they had a good attempt at the latter). Christianity, born of this parent Hebrew faith, grew up within socially polarised Greek and Roman cultures. Space precludes a detailed exploration but essentially Christianity acquired a flavour of dualism from Greek philosophy (the material being inferior to the spiritual and always separate from it), while God increasingly became identified with the all-powerful, perfect, remote, timeless 'Other' of 'hard' classical theism.¹⁹

It is fundamental to the Christian faith that humans are created 'in the image' of God (Genesis 1:27), whatever this analogy may mean. Thus the perennial question 'what kind of god is God?' is of the utmost importance and is constitutive of what it is to be human. We are quite capable of getting the answer wrong! Ethicist and theologian Stanley Rudman remarks: 'concepts of divine immutability and perfection were deeply influenced by Greek philosophical ideas in a way that is no longer necessary or desirable'.²⁰ He notes that the concepts of person we use today are influenced by ideas about divine persons *even if this association is not generally recognised*.²¹ Discussions of human personhood will always run into problems if the archetypal divine persons are assumed to be timeless and non-embodied. In other words, supposedly Christian views of personhood become incredible to modern culture because they are predicated upon the image of this perfect, timeless, impassible Other, which leaves insoluble questions about God's responsibility for suffering and evil. Science, with its massive rational success at uncovering mysteries, seems to modern people to be a more humane and identifiable ultimate than the classical theistic God who is remote from our pain, bodies, emotions and limitations. Moltmann remarks: 'The more transcendent the conception of God became, the more immanent were the terms in which the world was interpreted. Through the monotheism of the absolute subject, God was increasingly stripped of his connection with the world, and the world was increasingly secularised'.²² An additional

consequence of this materialism has been the loss of western culture's ability to handle metaphorical description with any real finesse. Religious belief, which deals with the transcendent and is necessarily couched in metaphorical terms, is thus further compromised.

3(b) Classical theism and medicine

Medical research today is a scientific enterprise. However, it is also a very *personal* venture and it is much harder to maintain a strict dualistic view when actual human bodies and tissue are the subjects of experimentation. Christians can assert that human persons remain a mystery because of the Christian belief that in some way we image God; and that this transcendent aspect to the person explains why we struggle with research on human tissue as if it were simply 'stuff'. In other words, Christians believe there is an appropriate boundary; but are hard pressed to explain what it is within a materialist culture, because it cannot be described 'materially'.

There have been many interesting studies of the interaction between medicine and society,²³ in which one can trace the development of the sense of 'commodity' of the person as an economic unit within a consumer society. It is important that people be well to function productively; thus successful medicine is vital to the market economy.²⁴ In particular, there has been a significant change in the perceived social status of doctors in the past century because of the success of medicine as a strategy for improving health and wellbeing. Doctors have always occupied the shadowy ground between health and sickness, life and death.²⁵ Once impotent, this is now a powerful place to be.

Hippocrates, the ancient founder of the profession, described medicine as follows: 'In general terms, it is to do away with the sufferings of the sick, to lessen the violence of their diseases, and to refuse to treat those who are overmastered by their diseases, realizing that in such cases medicine is powerless'.²⁶ Although the Hippocratic Oath is still broadly contained within the General Medical Council's guidelines,²⁷ the scope of medicine has changed markedly. Many conditions that were once fatal are now completely curable, and we would be hard pressed to find a case in which medicine were truly 'powerless' today. Although sometimes palliation is the only option, the exercise of pain relief is far from a powerless strategy.²⁸

Our expectations of medicine are therefore high, especially since as a society we no longer corporately put our faith in God or have any sort of confidence about the life to come. Beverley McNamara²⁹ remarks that '[p]eople think about living for as long as possible rather than living in preparation for an after-life', and identifies a worryingly misplaced public instinct that eliminating all risks and achieving immortality is not impossible. Tony Walter comments that 'At the late eighteenth-century deathbed the doctor took control from the dying man or woman and from the priest...Death ceased to be a spiritual passage and became a natural process overseen by doctors'.³⁰ The two cultures are once again evident.

This shift in medical care has been accompanied by an increased professionalism, characterised in three main ways.

(i) The first is the phenomenon known as the ‘medical gaze’ or ‘clinical gaze’. Patients are understood through an analysis of their symptoms, with a loss of the ‘whole person’ dimension (care is shifted to cure).³¹ This reductionist shift accompanies a move to increased specialisations within medicine.

(ii) There is a change in the dynamics of the patient–doctor relationship. In past centuries the doctor (who would have personal knowledge of his patients) would listen to the story of a person’s illness and together they would discuss the treatment (if any) and expectations. Today the consultation is likely to be a transactional interview in which information is given by the sufferer to the expert for an empirical diagnosis. The knowledge and power lie with the expert and this inevitably impacts the personhood of the patient (this dynamic will be explored in §4 of this article with reference to McFadyen’s work). Howard Brody argues that without an understanding of power, ethical medical decisions are impossible,³² viewing storytelling as a more equitable method of sharing data. There has been a shift towards the rehabilitation of such ‘narrative medicine’ since the late 1980s,³³ but it should be noted that such a strategy is time-consuming and ill-suited to the high-throughput NHS that we inhabit.

(iii) There is an emphasis today on patients’ rights as rational autonomous individuals, which impacts ethical decisions: often the good of one person has to be evaluated against that of another person (or proto-person). It is difficult to assign relative values to people; yet a materialist culture encourages this kind of evaluation and in logical extension regards personal interactions as ‘billiard ball’ collisions rather than relational events. This tendency can also be rooted in hard classical theism if God, in whose image we are made, is understood as remote and other: so, by implication, are we.

(iv) A final point is the disenfranchisement of the ‘laity’. Because of the increased professionalism and responsibilities of medical and other welfare staff, patients and families feel they have no expertise in the healing process. It is easy to forget that the patient is still a contextual and relational being, and that health is more than cure.³⁴

In summary, medical research has grown out of the same dualistic culture that has shaped our attitude towards science (and faith), and shares some of the characteristics bequeathed originally by classical theism: specifically reductionism; individualism; and optimisation (a desire for perfection). I believe that contemporary Christian anthropologies can offer the following helpful responses:

(i) we can re-imagine the nature of reality as holistic, not dualistic; human persons are thus not alienated from God or from nature as they are in the classical model;

(ii) we can produce credible relational models of the person which retain *a sense of the socially formed individual* as a response to the fierce *individualism* of our culture;

(iii) we can suggest a view of suffering that is intrinsic to, and not deconstructive of, the person.

3(c) Other insights re: reality

The bridge between the two cultures of science and faith is clearly a vital part of the current theological endeavour, since as Christians we occupy a technological culture. There are various approaches to this problem, reviewed with clarity by Ian Barbour.³⁵ He identifies attitudes of opposition (the view that science and faith cannot be reconciled); independence (science and religion occupy separate domains of life); dialogue (finding methodological analogies between the domains); and synthesis (a systematic integration of worldviews, such as natural theology).

3(c)i Starting points: God or nature?

I would like to consider the use of some aspects of process thought to adapt the classical picture in a natural theology (an example of synthesis). Any debate about starting points (do we begin anthropology with God or with nature/humanity?) is, I think, a red herring.³⁶ It is of necessity a hypothetical exercise, since we cannot actually get inside the mind of God: we are embodied beings and have to accept our contingency. Furthermore, relativity theory reminds us that we cannot be completely impartial observers of any experiment or event: our presence of necessity intrudes into the process. Therefore I believe it acceptable to interpret what it means to be made in the image of God by starting with my human body and experience.³⁷ I believe that there is justification for this method of interpretation in the incarnation itself, because Jesus of Nazareth's human body is fundamental to the process of revelation: in him, God did not 'speak from eternity' as a disembodied power, but subjected himself to the human experiment as a participant.

In discussing human personhood as analogous to divine personhood, Rudman remarks that although the differences between Creator and created should not be blurred (a tendency in some process-adapted theologies, arguably such as that of Sallie McFague), still 'direct inferences should not be drawn between the inner life of God and human relationships...The doctrine of the Trinity is not intended as a blueprint for human sociality and Christian ethics'.³⁸ Rudman's view is that human personhood is analogous to divine personhood but cannot be derived from it. We have no descriptive information about the internal working of the Trinity, but we do have scriptural stories, which offer 'suggestions' about what God is like. This is a most important insight: we cannot be reductionist about God, but have to hold various metaphorical insights in constant tension; yet there is also an absolute certainty about God that can be identified with Jesus Christ.³⁹ I would argue that to be made in the image of God means that human personhood is also immune to reduction, and analogical and metaphorical in nature. Such a view of the person could look very different from a personhood developed from a modern individualist and materialist worldview; yet would not be any less valid, since

we have seen how both are rooted ultimately in perceptions about the natures of divinity and of reality.

3(c)ii *Process thought*

Process thought is a 20th century philosophy originated by A. N. Whitehead and developed and diversified by his pupil Charles Hartshorne.⁴⁰ Whitehead's thinking is complex but many philosophers and theologians have subsequently made use of aspects of process thought to expand the metaphors we can use to think about God and reality. Crudely, in process thinking the whole of reality (God and the universe) is organic; every entity (including God in Whitehead's original form) is a bit of experience in process. Enduring realities (what we normally call material things) are stable and continuous processes. Process thought is panentheistic because (a) God is not completely 'Other'; and (b) it apparently places some limitations upon God,⁴¹ and for these reasons is unacceptable to those who adhere to a strict doctrine of creation *ex nihilo*. However, it is not necessary to resolve beliefs about this inaccessible dimension of reality in order to make use of process insights. If we understand talk of God to be necessarily metaphorical and resistant to systematisation, there is no reason why we cannot adopt insights from process thinking to help us in our overall project of theology.⁴² Moltmann, for example (not a process theologian yet somehow using a similar language), speaks of God 'withdrawing' a space within himself for creation, which then requires a self-differentiation and a self-identification within God.⁴³ This idea is not incompatible with creation *ex nihilo* yet uses process-like language. We can also understand the orthodox credal affirmation that God is creator 'of all that is, seen and unseen' within this explanation.

The great advantage of process-adapted theology is that there is no duality of matter and spirit. God is not Other, although neither need he be identified with creation, for he is more than that; he holds within himself every event within creation, good and bad, and all has eternal significance.⁴⁴ God is biblically the great giver of himself (see Philippians 2) and evidences his love by his self-giving in creation. This self-giving is manifested not as control but as participation in all that he has made; his power is not about manipulating creation, but about giving it the freedom to develop and evolve. In this way one can account for evil and suffering without making the Almighty powerful God culpable: in fact, the term 'intervention' becomes meaningless for God. He is present in creation, 'luring' it onwards through kenotic love, and we can respond to or ignore his presence and his address (conventionally we might describe this 'lure' of God as the work of the Spirit; and this freedom as grace). By using process insights theodicy (attempts to exonerate God from blame) is no longer a primary theological task: indeed, the ethicist Stanley Hauerwas offers the view that theodicies are 'parasitical' and divert us from more positive ways of life.⁴⁵ Theodicies in practice are rarely convincing for people who are suffering; I believe the reason to be that theodicies are simply too reductionist to deal with the complex nature of suffering itself.⁴⁶

3(d) Reality and research ethics

Why is the nature of reality important for a debate about ethical decisions? Because it reconfigures the whole way in which we try to conceive of ethics. Initially this might sound liberal, but we know from experience that ethical questions are not black and white but shades of confusing grey. Our reductionist and materialist mindsets would like neatly to categorise good and evil, right and wrong: but that desire is predicated upon a reality constructed under the government of the classical, perfect God: the King who commands, judges, and punishes. The basis of reality may simply not be like that (see, for example, 1 Corinthians 1:18 ff; or Matthew 5:3-10). Evolution, which is delightfully compatible with a process-adapted view of creation, is at once both glory and misery. Its glory is the genetic mutation that leads to a world of amazing creativity, adaptability and diversity. Its misery is the genetic mutation that leaves a child disabled and terminally ill. It takes courage to live with this degree of uncertainty: most of us like to cut our losses and build in some control – or at least, to defer that control to God (the Almighty one, of course), in whose image we are made, and whose authority is so very attractive.

As a parent of a disabled child I have found that there can be little room in some Christian circles for the apparent ‘failure’ of healing prayer⁴⁷ that is represented by a persistent and intractable physical and mental condition. Attention is very much focused on the ‘problem’ of the person’s disability rather than on the person’s value as a human being and a part of the community, who needs to be included *for the good of all*. I no longer think that pursuing explanations for ‘why it hasn’t worked’ is pastorally helpful, or even honouring to the God who poured himself out, made himself nothing, and who was crucified in Christ. I would argue that the epistemological discomfort we experience when healing does not occur is rooted not in Christian theology, but in our hermeneutics and our cultural reductionism and consumerism.⁴⁸

Conceiving of reality as ‘one lump’ rather than two (material and spiritual) has an additional dimension for ethics, since it addresses our perceived alienation from the planet. We are not so much the ‘stewards’ of the earth, which implies a degree of control, as intimately coexistent with it; and endowed both with responsibility for the earth (as rational conscious beings) and subjection to it (as co-evolved and materially dependent on it). This distinction might seem semantic, but significantly it bestows a subtle but vital change of emphasis on the experience of suffering which medical research seeks to alleviate: suffering is not ‘imposed upon us’; it is not part of a plan; nor is it the subversion of a plan. Paul Fiddes remarks that it is nonsense to speculate about creation being ‘otherwise’ (*ie* without pain), since otherwise is not accessible to us.⁴⁹ Suffering is simply part of reality, and God himself is not exempt from it, as we see demonstrated on the cross. Attempts to understand the cross as anything other than an experience of God in all eternity pathologically undermine the unity of the Trinity and are frankly unorthodox.⁵⁰

By recognising the dualism we can no longer think of God being separate from any

experience of humanity. The pain of genetic disease or of damaged body parts is not just our pain but his; but also that pain is intimately part of the whole of creation (Romans 8:22). In the open-endedness of a free, creative, evolving universe pain is unavoidable, but never meaningless, since all things are held within the eternal being of God. Bodily disorder is not a metaphysical mistake. That is not to say (perversely) that it is all right to suffer: but it is an acceptance of *what is*, with a confidence that God has not deserted us. Thus our current view of disability and pain as alien experiences could be transformed, and that might affect the decisions we make about which research is acceptable, necessary, or best. We have a tendency within our materialist political and social structures to think that a true person needs to be able-bodied, fully rationally cognisant, and free from suffering – perhaps because only thus is a person able to participate fully in a consumer economy. To transform this view of what gives a person ontological integrity would also transform our criteria for medical intervention.

4. The relational sociality of persons

When an ethical dispute arises, and the rights of two persons are in conflict, those persons are normally conceived in law as rational autonomous subjects.⁵¹ In theory, experts agree that of course a person is *more than* this; but in practice it is the rational autonomous subject that fits so neatly into our culture of reductionist materialism. We have already discussed how the image of God shapes our understanding of the human person, and thus when our image of God is potentially flawed, so are our human socialities. Theology has in recent years taken very seriously the need to address the individualism of western cultural concepts of the person, and various alternative relational constructs have been developed. I would like to consider the anthropology of Alistair McFadyen, who describes his personhood model as ‘dialogical’.⁵²

McFadyen understands a person as one who is called into dialogue (relational being) by the perfect address of God.⁵³ We are also unavoidably in dialogue with other humans: it is impossible *not* to be in relation, since we are gestated and born, and remain dependent for many years. Our dialogical relationality is thus constitutive of our being as persons. It is, however, possible to distort the dialogues (with God and others) in which we participate. We can passively refuse to engage, either by failing to ‘hear’ or failing to ‘speak’. We can actively manipulate a dialogue with another person, by refusing to allow them true access to the ‘conversation’ – for example, an abusive marriage or over-protective parenting. The integrity of dialogue is not measured by its quantity but by its openness to the other.⁵⁴

Personhood is thus socially formed. It is not about a fixed and unchanging ‘self’, but the ‘sediment’ of life experiences. When I interact with others, in harmony with my ‘self’, their expectations of me are either met or unmet and their responses are fed back to me. I then find my ‘self’ affirmed or challenged, and may adapt accordingly. There is a cyclical reinforcement of ‘who I am’ over time. Every encounter helps to shape this self, which will move towards a certain form that is uniquely mine, although it is never

completely fixed. Thus McFadyen's model avoids the extremes either of total relativity or total individuality of personhood: and always leave open the possibility of transformation, or *metanoia*.

McFadyen's personhood also avoids the 'pathological' models of the Trinity that underpin our usual view of reality, as discussed above. A hard monotheism that collapses the Persons of the Trinity into three aspects of one God, or an effective tritheism that separates the Persons, will both collude with the rational autonomous subject models of the person so prevalent in our culture. A truly inter-relational picture of the Trinity, in which the Persons are identified with self-giving love and which is also characterised by its openness to creation, is transformational of human relationships rather than simply judgmental of them.

This model is helpful when thinking about medical research, because it refuses to decontextualise the person by defaulting to a consideration of the rights of one individual against another. If we interpret personhood dialogically, then we can see that every person is part of the formation of others, which counters the relativism and materialism of western culture. Philosophically, no-one is abstracted from their part in shaping society, or other persons. Similarly, no medical intervention will affect solely the one person to whom it is applied. It will also impact that person's family and neighbourhood, and the knowledge base of the medical community. This corporate dimension of personhood challenges the *adversarial* assumptions of legislative practice which are so influential in current medicine; and also the *utilitarian* assumptions about independence and productivity as ideals for a person. The importance of the individual person is not diminished but it is contextualised, and responsibility is shared. While this position would not fully resolve (say) the question about when a ball of cells becomes a person, it does reduce our reliance on the criteria of autonomy and rationality, and might allow us to feel happier with sensitive case-by-case decisions rather than striving for the elusive 'safety' of universal legislation.

5. No pain, no gain?

With McFadyen's model of the person in the background I want to ask some questions about how we perceive suffering today. The tradition of Hippocrates was based upon an ancient realistic attitude towards human disease. Hippocrates insisted⁵⁵ that confidence in the physician was enhanced if he could offer a reliable prognosis (by observing patients and identifying their symptoms), but that the prognosis was not always going to be a happy one. Sometimes the patient would not recover: Hippocrates observed that 'the gods are the real physicians'.⁵⁶ It could be argued that rather than individualising and deconstructing the patient by an analytical approach to diagnosis, the ancient physician took a holistic view of how to help that person and family to deal with the sickness. Hippocrates spent considerable time discussing 'decorum': 'Perform all this calmly and adroitly, concealing most things from the patient while you are attending to him. Give necessary orders with cheerfulness and serenity, turning his

attention away from what is being done to him...'.⁵⁷ The physician was expected to maximise the wellbeing of the patient. Today we might call this 'spiritual healthcare', a concept that is rooted in Cicely Saunders' recognition of the complex nature of total pain;⁵⁸ care that is not obscured by an overemphasis on cure.⁵⁹ With dialogical personhood in mind we could say that we are talking about the difference between a distorted professional monologue and an equality of dialogue.

I have already discussed the traditional difficulties around suffering. If God is omnipotent, omniscient and good, why should suffering afflict people who do not seem to us to deserve it; and indeed, why should he allow suffering at all? I would like to experiment with the alternative that there might be a single reality in which suffering is not alien, not a break-in from some other place, but a part of the creation that we inhabit. Clearly this differs from the usual interpretations of Genesis 2;⁶⁰ it is quite possible to interpret these ancient stories differently, such that a perfect lost Eden does not lie at the heart of a regretful theology. To take this position is NOT to say that sin and evil do not exist; rather that they are metaphysical *necessities* (as opposed to *problems*, which can be solved) in a free creation. We can also say, either in a process adapted (or also an open theistic⁶¹) model, that God is not isolated from this suffering but experiences it with us. By using process insights, we can say that our creativity or suffering in some way are metaphors for God's creativity or suffering; and ultimately our experiences are taken into his in the fullness of creation, whatever that may mean.

Medical research focuses our attention because suffering is often perceived as meaningless in our culture – something that 'should not be'. Viktor Frankl, the Jewish psychiatrist, noted in his experience of the Nazi death camps that nothing was so destructive to people as the belief that their suffering was pointless and unnoticed by God or human.⁶² Because meaningless suffering is so frightening, we often look for a cause for our pain and sadness, and this can turn into an assumption that suffering is a punishment from God, which once again colludes with the metaphysical picture of a remote and almighty deity.⁶³ Soelle has written extensively on suffering and describes our culture as 'apathetic' towards the experience. Ironically Christianity, the faith that centres on a suffering Christ, 'has become a stranger to pain', she says.⁶⁴

The Japanese theologian Kazoh Kitamori⁶⁵ suggests that God's love is actually rooted in God's pain, by which he means that in the cross, God's love and wrath collide. God does in Christ what he 'cannot' do: he embraces sin and loves it. Kitamori goes on to say that our pain, which we perceive as meaningless, is actually full of meaning if it 'serves the pain of God' – *ie* if through our pain we can begin to understand something of the utter necessity of the cross and that Christ's experience of suffering and death is an eternal one at the heart of the Trinity. If God has to hold this experience, then we, in his image, will do also.

This is all very well, but how does it impact ethics? I believe that retrieving these biblical insights on suffering as a profound challenge to the materialism and individualism

of our culture can address some of the dilemmas we might face, and I would like to approach the argument initially with some insights from the hospice world. In palliative care, to cure the patient is not the goal: the objective is now to treat the patient with the utmost dignity and tenderness: to recover the earthy realism of the Hippocratic philosophy that sometimes medicine is powerless to cure. Just as important is the holistic care of the patient and his/her family. The experience of the hospice is that although death cannot be avoided, people can be helped considerably to deal with that death in a constructive manner and with acceptance rather than denial and anger.

Cicely Saunders' great achievement was to develop an approach to death that rehabilitated the dying rather than viewing them as medical failures. I believe that a true biblical grasp of suffering can help us similarly in thinking about medical research, as follows.

(i) By recognising that a person is not just a rational autonomous individual, but exists in the context of his/her social networks and cannot be removed from them meaningfully. Thus a decision about treatment cannot affect only that person, but must impact family, friends, society and medical practice generally. If we are truly to adopt Christian insights then we need to take due care with patient-focused approaches to medicine, because these are predicated on the autonomous view of the person, and may miss some of the relational dimensions of being. It is possible that the current tendency towards blame and legislative action could be arrested by using a model of dialogue to conceptualise what takes place between doctor and patient. The move towards narrative based medicine is a welcome one: the biggest obstacle is the underlying structural metaphysics that invisibly shapes so much of our culture.

(ii) By recognising that suffering is not about one individual but is shared by us all, since we are ontologically relational. Arguably the worst aspect of suffering is to bear it alone: but in fact we are called to be the body of Christ together: and this designation includes suffering as well as health. If we truly offer love to one another then suffering as a shared experience can be robbed of its destructive power, as the hospice experience shows.

(iii) By recognising that if our suffering is shared by God and held by him, and thus finds meaning in its eternal significance, we have an eschatological hope that can transform our experience here and now. Hauerwas⁶⁶ argues that suffering has to be contextual because it is always part of someone's story: something that causes me great suffering may not affect you at all. Once we accept that suffering is contextual we also accept that it must have a meaning, since we begin to interpret it and also set it in the light of a metanarrative. The Christian eschatological hope gives us meaning, and we can argue (sensitively, of course) that simply perpetuating life means that we miss our true destiny, because we are not created for earthly immortality, but for relationship with God. One question about the motivation for medical research is always going to be

whether the driving force is consumer philosophy: that we believe that we want to be fully functional economic units for as long as possible, otherwise we have no purpose. To release persons from that extreme functionality and to redeem the transcendent aspects of a relational ontology would be a gift indeed.

6. Conclusion

In this essay I have identified the key issues of (i) the credibility of a Christian view on medical ethics within the prevailing dualistic worldview and (ii) the related need to recover a 'dialogical' dimension to personhood for the health and wellbeing of society. I have suggested that some of the problems of both our material culture and our Christian worldview can be traced to this dualism, and have offered a possible alternative in a theology with some process adaptations. I believe this alternative provides a philosophical home for questions about the ontology of the person and the meaning of suffering; and therefore would offer a helpful context for debates about medical research ethics. However, many Christian communities still function within a dualistic metaphysics which perpetuates distorted models of personhood.

John Bell (of the Iona Community) responded to the 2008 stem cell research debate by telling the story of the visit of a blind man to his home.⁶⁷ Bell explains how he found himself being patronisingly overprotective to this man, who normally managed perfectly well in a sighted world. His conclusion was that the perceived 'problem' of the blindness lay not with the blind man, but with Bell himself. Things do not need to be perfect: just good. Stem cell research was, Bell felt, about a search for perfection: yet in that search we can sometimes miss the 'good'.

Christians have a God who became incarnate and died in a world that was good but flawed; yet our theology often projects a different set of values in which we set ourselves impossible goals of perfection, and in so doing degrade what it is to be human. This is where a truly Christian view of humankind should make a difference: by placing the focus of value in a relational ontology of the person and not in that person's achievements, or potential to achieve.

Footnotes

- ¹ *The Independent*, Tuesday 13 January 2009.
- ² In which the UK leads the world because of more conservative legislation in the US under the Bush regime.
- ³ The stem cell methods used recently to repair Claudia Castillo's trachea (her own stem cells were used from bone marrow) do not excite the same controversy (see *The Independent*, 19 November 2008 for a non-specialist report). Moral problems arise when human embryonic tissue, a better source of stem cells but with the potential for human life, is destroyed. Hybrid embryos theoretically remove this objection but create other issues around the nature of the cloned tissue.
- ⁴ Richard Dawkins has recently polarised the debate by publishing *The God delusion*, and summer camps for children, established in 2009, which effectively teach rational atheism, were inspired by him.

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- ⁵ In a society that creates legislation through debate and democracy it is essential to be both credible and comprehensible.
- ⁶ C. P. Snow, *The two cultures* , p 30.
- ⁷ Richard Dawkins is an example; see *The third culture*, edited by John Brockman.
- ⁸ See, for example, Times Online for 27 November 2008, reporting the Royal Society of Chemistry's concerns on standards in science education. See: http://www.timesonline.co.uk/tol/life_and_style/education/article5240805.ece, accessed at 1410h on 15/01/09.
- ⁹ Alasdair MacIntyre discusses this problem in *After virtue*. A religiously informed culture can, over time, lose its shared religious awareness (for example, under the influence of modernism), but be left with a skeletal form of religious morality that becomes increasingly difficult for the 'man in the street' to comprehend and use.
- ¹⁰ Not only does relativity preclude the possibility of passive observation in a philosophical sense, there is also a moral relational imperative to social living.
- ¹¹ From Oppenheimer's Arthur D. Little Memorial Lecture at MIT in 1947 (see *Physics and the contemporary world* by R. Oppenheimer). Variousy quoted in debates on science and society: see, for example, Mary Midgley, *Evolution as religion*, chap 3; Walter Wink, *Unmasking the powers*, p 141.
- ¹² C. P. Snow, *ibid*, p 67.
- ¹³ Gerard Loughlin comments: 'The modern is thus imbued with a great sense of its own importance, of its ability to comprehend the world and make it new'. *Telling God's story*, p 7.
- ¹⁴ W. Pannenberg, *Basic questions in theology*, vol 3, p 83.
- ¹⁵ See Linda Zagzebski, *Philosophy of religion*, pp 28, 176, 177 for an overview.
- ¹⁶ See, for example, Jurgen Moltmann, *God in creation*, p 3; Philip Clayton, *God and contemporary science*, p 87.
- ¹⁷ For example, James Alison, in *Undergoing God*, discusses the development of monotheism and notes its implications for morality and anthropology. He says (p) that the one God is beyond comparison and defined from nothing, but ironically strict Jewish monotheism excluded by comparison.
- ¹⁸ Linda Zagzebski, *ibid*, p 19.
- ¹⁹ Larry Hurtado, *One faith, one Lord*, discusses the gradual development of belief in the divinity of Christ after the resurrection. Possibly this lengthy process also led to the dilution of the humanity of Jesus of Nazareth in the minds of those early communities of The Way.
- ²⁰ Stanley Rudman, *Concepts of person and Christian ethics*, p 121.
- ²¹ Rudman, *ibid*, p 123
- ²² Moltmann, *God in creation*, p 1.
- ²³ See, for example, Beverley McNamara, *Fragile lives*; Paul Ramsey, *The patient as person*; Howard Brody, *The healer's power*; Nikolas Rose, *The politics of life itself*; Ivan Illich, *Limits to medicine*.
- ²⁴ Note, for example, the reporting of lost days of work from illness as an economic problem.
- ²⁵ Stanley Hauerwas, *Suffering presence* , p 13.
- ²⁶ Hippocrates, *The art* (III), p 193. translated by W. H. S. Jones. Cambridge MS: Harvard University Press, 1923.

- ²⁷ See Good Medical Practice 2006, at: http://www.gmc-uk.org/guidance/good_medical_practice/index.asp accessed on 12/01/09 at 1434.
- ²⁸ Crucially for our culture, however, medicine does not defeat death (addressed later in this essay). See also S. Nelson, *A thousand crucifixions*, 2008.
- ²⁹ Beverley McNamara, *Fragile lives*, p 15.
- ³⁰ Tony Walter, *The revival of death*, p 12.
- ³¹ Sharon R. Kaufman & Lynn M. Morgan, *Ann. Rev. Anthropol*, 2005, 34, 328, referring to the work of Michael Foucault.
- ³² Howard Brody, *The healer's power*, chap 2.
- ³³ Howard Brody, *Stories of sickness*; Trisha Greenhalgh & Brian Hurwitz (eds), *Narrative based medicine*.
- ³⁴ Some aspects of the relationship with professionals are explored further in S. Nelson, *Medical rites*, 2009.
- ³⁵ Ian Barbour, *Nature, human nature, and God*, chap 1.
- ³⁶ Karl Barth was famously (and morally correctly, in his context of National Socialism) opposed to natural theology because he felt that it undermined the status of revelation. Perhaps he would have been more sympathetic in the current era.
- ³⁷ See Thomas Nagel, *The view from nowhere*, Introduction, for a philosophical examination; and Trevor Hart, *Faith thinking*, chap 3, for a theological perspective.
- ³⁸ Rudman, *Concepts of person*, p 172.
- ³⁹ Barth would surely be happy about this statement.
- ⁴⁰ See, for example, John Cobb & David Griffin's *Process theology*; David Pailin's *God and the processes of reality*; or John Cooper's *Panentheism* (a critical perspective of the area) for an overview.
- ⁴¹ We could argue that any attempt at systematic theology places a form of limitation on God because it presents the opportunity to flee from metaphor into the safety of explanation.
- ⁴² This 'messy' theology, with bits that do not fit, is unsatisfactory to a materialist mindset but transcendence necessarily escapes empirical definition.
- ⁴³ Jurgen Moltmann, *God in creation*, p 15.
- ⁴⁴ Whitehead speaks of God as the 'chief exemplification' of all metaphysical principles: A. N. Whitehead, *Process and reality*, corrected edition, p 342; or Pailin, *God and the processes of reality*, pp 55 and 60.
- ⁴⁵ Hauerwas, *God, medicine and suffering*, p39.
- ⁴⁶ I can confirm that this is true from working as a hospice chaplain for several years. It is far more therapeutic to be angry with God than to seek a philosophical exemption for his actions.
- ⁴⁷ To avoid misunderstandings: I believe that prayer is vital, but that we may have wrong expectations of it; and it can never be right to pray for supernatural healing yet to ignore addressing the real and practical needs of the prayed-for person, which is surely a part of living together as a body of Christ.
- ⁴⁸ See a fuller exploration in S. Nelson, *A thousand crucifixions*, 2008.
- ⁴⁹ Paul Fiddes, *The creative suffering of God*, pp 115-123. While adopting process insights into the God-world relationship, Fiddes does not assume the process dipolar character of God, which

- in its world-related aspect makes God dependent upon the world, an unacceptable move for Christians. Rather, he develops a Trinitarian analogy of the person.
- ⁵⁰ Dorothee Soelle describes powerfully the way in which we can mistakenly think of the cross as nasty temporary episode that God has now transcended, *Suffering*, p 43.
- ⁵¹ This is a simplification, especially when the foetus has to be considered. But see the articles by Lenn E. Goodman and David Novak in *Personhood and health care* (edited by David C. Thomasma *et al*).
- ⁵² Described in Alistair I. McFadyen, *The call to personhood*. Dialogue does not just mean speaking, but the whole of an interaction.
- ⁵³ He draws upon the work of Martin Buber and Rom Harré.
- ⁵⁴ Thus a deaf or mute person can still be in dialogue.
- ⁵⁵ Hippocrates, *The art*, vol II, Prognostic, p7. According to the editors, Hippocrates wrote at a time when medicine was regarded with suspicion because physicians did not always cure, and sometimes patients got better without treatment. Thus Hippocrates was more interested in prognosis than diagnosis, for he felt that it was more helpful to the patient overall. This is rather different from the reductionist approach of today.
- ⁵⁶ Hippocrates, *The art*, vol II, Decorum, p 289.
- ⁵⁷ Hippocrates, *The art*, vol II, Decorum, p 297.
- ⁵⁸ See, for example, Cicely Saunders & Mary Baines, *Living with dying*, p 13. Total pain has physical, social and psychological components.
- ⁵⁹ It is no accident that the concept of total pain should emerge from the palliative sector, where cure is impossible.
- ⁶⁰ Genesis describes creation as 'good' but clearly evil is intrinsic to it in some mysterious way, symbolised by the presence of the tree. There are other interpretations; in Second Temple Judaism the origins of evil were often interpreted in the light of Genesis 6.
- ⁶¹ Open theism is revised classical theism in which God freely relates with creation in a way that limits or changes him. Classical theists do not hold this. See Cooper, *Panentheism*, chap 14.
- ⁶² Viktor Frankl, *Man's search for meaning*, *passim*.
- ⁶³ For a discussion of sickness and sin see Hauerwas, *God, suffering and medicine*, p 60.
- ⁶⁴ Dorothee Soelle, *Suffering*, p 41.
- ⁶⁵ Kazoh Kitamore, *Theology of the pain of God*.
- ⁶⁶ Hauerwas, *Suffering presence*, p 28.
- ⁶⁷ John Bell, *Thought for the Day*, Radio 4, 20 May 2008.

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Book Reviews

Thomas Dixon. *Science and Religion: A Very Short Introduction* 2008 Oxford OUP. Pb. £7.99 ISBN 978-0-19-929551-7

There are probably over 200 volumes in the Short Introduction series and the present volume is one of the latest. More are promised. They deal with the arts, sciences, politics, religion and philosophy – a very wide spectrum. If the other volumes are anything like the one under review, we must congratulate the publishers and authors, and wish them well. “Science and Religion” may be a short introduction, but it is a fascinating and comprehensive overview of the subject and to be warmly recommended.

The author aims to strike a balance between the extremes of the plausibility of religion and that of science (which begs the question of why one *or* the other).

One chapter is concerned with the struggle of Galileo against the Church of Rome, and his capitulation to its authority. Here we have the conflict of “either or” in its extreme form. J H Brooke argues for complexity rather than conflict – both science and religion are “blurred at the borders”. The question is posed: in addition to sense, reason, testimony and memory, should we add revelation? The situation in Rome at the time was as much political as religious.

A chapter follows on the evidence for God’s action in nature. Does He intervene sometimes in His Creation, and why not at other times? The miracles at Lourdes are used as examples. Later in the same chapter we lead on to Einstein, quantum mechanics, etc. Science here reveals a mysterious world of uncertainty at the particle level.

Two chapters follow on Darwin and evolution – timely in the 200th year of Darwin’s birth. “The survival of the fittest” in the seemingly cruel world of nature is discussed. The publication of “The Origin of Species” divided people, not least in the Church. The second of these chapters is given over to creationism and Intelligent Design, and the apparent prominence of these viewpoints in the USA. For example is the flagellum too complex to have arisen by evolution alone? What of the eye – often quoted in similar circumstances? Although the teaching of these viewpoints is unconstitutional in the USA, e.g. in the schools, the argument goes on.

The final chapter is devoted to the mind and morality. How do we see mind, brain and soul, today? Is there a “God-spot” in our minds? And what of altruism – why do we do good things that do not benefit ourselves directly? Dawkins comes in here. Bodily resurrection is an issue discussed – not “just” the immortality of the soul.

The last sentence of the book is worth quoting : “Looking to the future, there is every reason to believe that science and religion will both continue to flourish, to enlighten, as well as to frustrate, to obfuscate, and to oppress. Some people may wish that one half of this essentially modern pairing could be disposed of, or can be persuaded to relinquish its troublesome claims to authority in some or other sphere of knowledge, morality or

politics. But such people should be careful what they wish for. Would they really prefer to live in a society where everyone agreed about the questions raised in this book? What sort of place would that be?"

There is a lengthy reading list and a very good index. Altogether a comprehensive read. I think it could be used to guide a discussion group in church circles.

Reviewed by Dr. A B Robins

Joel B. Green *Body, Soul and Human Life* 2008 Milton Keynes Paternoster 219pp.pb.
.£12.99 ISBN 978.1.84227.539.9

Joel Green is Professor of New Testament Interpretation at Fuller Theological Seminary and on the editorial board of our sister journal *Science and Christian Belief*. He has been involved with other Christians in Science on the 'Portraits of Human Nature' and 'Mind, Brain and Personhood' Projects. These investigated the current thinking in the neurosciences and its relation to Biblical Christianity. This book is the latest foray into this territory.

The author believes that the popular Christian way of viewing human beings as either consisting of body and soul or body, soul and spirit is profoundly mistaken and does not truly reflect biblical teaching. Instead we must see humans as persons and not as persons with bodies. There is no 'inner' being (spirit, mind or soul) but just a person with a body and brain. He points out that the use of new technologies for non-intrusive scanning as well as experimental studies in animals and the clinical observation of patients with brain damage and mental disorders have called into question many firmly held Christian beliefs about what it is to be a human being. These include the use of language, moral behaviour, altruism and the cognitive ability to view others as intentional agents with their own beliefs and desires which were once thought to be the sole preserve of humans. Evolutionary psychologists have observed many of these faculties, at least in an embryonic form, in primates and in various other animals. The use of imaging techniques have shown that specific parts of the brain are active when the person is engaged in moral and religious activities such as prayer and meditation. This has led some researchers to suggest that there is a specific area of the brain (a 'God spot') responsible for religion and have even suggested the introduction of a new discipline called neurotheology!

Joel Green highlights the Christian doctrines of sin and freedom, salvation and the resurrection of the body as particular areas where neurophilosophy (a word coined to describe the interface between the neurosciences and philosophy of mind) and traditional Christian beliefs clash. Using insights from both science and modern biblical hermeneutics he seeks to show how we can understand these doctrines without recourse to a belief in a 'soul'. Human behaviour is generated by and reflected in our character and dispositions, which are formed through relationships and socio-culturally. Damage to

the brain can cause a change in our behaviour. He cites the case of the schoolteacher who became addicted to pornography and was arrested for child molestation. It was found that this uncharacteristic behaviour was the result of a brain tumour. If we cannot help how we behave if the brain is damaged where does this leave the Christian doctrine of sin? Green gives a detailed exposition of I Peter, James and Paul's letters to argue that the NT view of sin is following choices already dictated by the communities in which we live and to which we are enslaved. Redemption is the freedom to become servants of God. He maintains that our brains are hard-wired to favour people who look like us whereas "the gospel prescribes a multiethnic instantiation of the people of God." (p.105)

One area the reviewer finds difficult to accept is his conclusions regarding the resurrection of Christ and of the believer. He poses the question, "How are we capable of transversing from life to life-after-death? Simply put, we are not. The capacity for resurrection, for transformed existence, is not a property intrinsic to the human person (nor to the created cosmos)." He argues that, "... the relationality and narrativity of who I am are able to exist apart from neural correlates and embodiment only insofar as they are preserved in God's own being, in anticipation of new creation." (p. 179-180). In other words Green is saying nothing which constitutes us as persons survives death. Our minds are just patterns of electrical signals in the brain. God, who created us and knows all things, could keep a copy of these in His mind and, on the basis of these signals, resurrect us as new persons. These comments raise a number of issues. If God were to reprogram our brains would we be the same persons as the ones that existed before our death? Is an exact copy or replica identical to the ante-mortem person? The questions are important because Christians believe that in the afterlife everyone will have to appear before God to be judged or rewarded for what he has done in his mortal life (2 Corinthians 5.10). Many years ago Anthony Flew pointed out that "... personal identity is the necessary condition of both accountability and expectation; which is only to say that it is unjust to reward or punish someone for something unless (as a minimum condition) he is the same person who did the deed." There is also the issue of the state of Jesus. Was the incarnation not a case of the spiritual uniting with the physical body? Did God the Father reprogram Jesus after his death? If He did, does this mean that the two natures of Jesus are separable; Jesus' human nature would have ceased to exist between death and resurrection and we would, in effect, have a second incarnation?

The author criticises traditional Christians of interpreting the Bible through the lens of Platonic and Cartesian dualism and believes he is giving an authentic interpretation. One might be excused for thinking that he is viewing the Bible through the lens of monistic neuroscience. This is an interesting study that challenges deeply held views and should stimulate us to reflect on what we believe and why.

Reviewed by Reg Luhman

Robin Routledge *Old Testament Theology: A Thematic Approach* 2008 Nottingham Apollos hb £16.99 ISBN 978-1-84474-286-8.

Old Testament Theologies are usually weighty tomes written in an erudite fashion by eminent scholars and largely inaccessible to the ordinary reader. This book is a welcome exception. The author is the senior lecturer in Old Testament at Mattersley Hall in England and also lectures in Prague, Brussels and Florida. In his writing he clearly has his students in mind. Dr. Routledge writes in a concise manner and gives an overview of the central themes in Old Testament theology and their relevance to both the Jewish and Christian faiths.

The opening chapter helpfully summarise the various approaches to OT theology, which include the allegorical, christological, typological, redemption history (*Heilsgeschichte*) and history of religions school. He points out the weaknesses of the liberal post-enlightenment criticism as well as the largely Roman Catholic dogmatic theology approach. He rightly observes that OT theology should not be reduced to a systematic theology, which treats the various books as theological documents with a common theme and imposes of them an alien order and structure. There are also helpful summaries of canonical criticism, narrative criticism, structuralism and post-modernist developments as well as useful notes on outstanding O.T. scholars like Walter Brueggemann and John Goldingay. The author is committed to an evangelical understanding of the OT and its authority and adopts a hermeneutical model of interpretation that seeks to understand what the text says (exegesis), what it implies (biblical theology) and then to seek to apply it in a systematic and homiletical way to show its relevance to contemporary situations.

The chapters cover the development of belief in God and an examinations of the character of God as it is found throughout the text. Of particular interest to readers of this journal will be the chapter concerned with God and Creation. He reviews the biblical material on election and covenant, worship and sacrifice in the context of the Ancient Near East. There are also helpful insights into wisdom literature, prophesy and ethics as well as the way the Old Testament saw its role towards other nations and the promise of the ultimate rule of God in the world in the person of the Messiah. Routledge concludes his study with the observation, "The inclusion of the nations is not an addendum to God's dealings with Israel: it is implicit from the start of the OT, and is fulfilled through the coming of Christ. Thus Christians may rightly regard the OT as our book too."

The book is well documented and contains an extensive bibliography for those who wish to follow up the excellent summaries given. This book is to be highly recommended.

Reviewed by Reg. Luhman

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