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The Raising of Enzo: A Study in Pastoral Theology

by

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I. The Persistence of Intuition

Millennia passed before humankind discovered that energy is the basis of matter. It may take a few more years before we prove that wisdom and knowledge are the basis of... energy which in turn creates matter.
(*The Science of God, Schroeder, Prologue*)

I have always admired the persistence of ancient alchemists who, in spite of centuries of failure, clung to their belief that it is possible to change one thing into something else. They believed in particular, to use Aristotelian terms, that human beings could effect an essential as opposed to an accidental change in matter. While turning a dull lump of lead into a brilliant bar of gold was among their chief intentions, their work caught the human imagination in such a way that it became symbolic of the possibility of deep personal transformations of soul, born of increasing unity with God.

This vision of the alchemists was vindicated at the end of the 20th Century. In the era of modern chemistry, each of the 109 essential elements, out of which all existing matter is made, was uniquely identified by the number of protons and neutrons in its atomic nucleus. Thus, changing one element into another became a matter of finding a way of altering this sum of protons and neutrons. Utilizing this knowledge, scientists were able to bombard a platinum atom with neutrons, producing an isotope of platinum which, through radioactive decay, became gold.¹ Gold was created while, at the same moment, platinum vanished.

The application of the energy required to blast the neutrons into the atom's nucleus was an astonishingly expensive proposition, and its result converted the more valuable platinum into the less valuable gold. This disappointing financial return did not exactly fulfill the hopes of the alchemists, but the outcome of the experiment showed the importance of intuition, especially persistent intuition, in the uncovering of the mysteries of creation and in the application of these discoveries to life. It also showed the essential power that energy has over matter, since the actual conversion of platinum to gold was in the energy of radioactive decay.

In this present case study I would like to focus on another ancient intuition which refuses to be silenced, namely, that the energy of prayer is efficacious in the healing of sickness (including effecting material changes in the tissue of living beings), and has a rightful if not prominent place in the management of disease. I would like to focus in particular on the Roman Catholic ritual of healing which, in one form or another, spans two millennia – the sacramental anointing of the sick. The Church has always taught the importance of prayer in the transformation of illness. I hope to show that the persistent intuition of its importance, like that of transmutation for the alchemists, is not without a scientific base.

II. Prejudices Born of Pride

Why do you observe the splinter in your brother's eye and never notice the plank in your own? How dare you say to your brother, "Let me take the splinter out of your eye", when all the time there is a plank in your own? Hypocrite! Take the plank out of your own eye first, and then you will see clearly enough to take the splinter out of your brother's eye.

(Matthew 7: 3-5)

In my attempt as a priest and a physician to rescue the critically ill Enzo, whose story I will soon describe, I was surprised to see how timid and reticent I was to use prayer as part of my armament as I did battle with him for his life. This is a very important revelation because it uncovered my own theological prejudices about prayer and the sacramental anointing of the sick, and shows how these prejudices influenced my behavior and, in fact, relegated the anointing to the last attempt at the man's rescue.

Evaluating the assumptions and prejudices that are behind ministerial action is part of the discipline of practical theology, also attractively called wisdom theology. Practical theology is meant to offset the modern notion that knowledge and technique are the primary goals of the human family, by restoring the concept of thinking from the heart.

Thinking from the heart, in turn, requires freedom from erroneous assumptions and prejudices. Thought and action rooted in the heart are

what is meant by wisdom, and wisdom restores to the drama of human history the importance of individual personal choices in building a better world.² By helping to uncover the theological assumptions and prejudices behind any ministerial act, and by looking at them in the light of a new experience and the most current knowledge in relevant fields of study, practical theology challenges these assumptions so that they are deepened to the extent that they are authentic, purged to the extent that they are erroneous, or discarded if they are blatantly false. An exercise in pastoral theology is meant to uncover a deeper wisdom that can illuminate a future critical moment, so that decisions born of that deeper wisdom at that new moment will help create a future more in harmony with God's dream for the world.³

The timidity and reticence that I had in regard to prayer, revealed to me in my encounter with Enzo's agony, are not hard to understand. My formation as a priest in the 1970s (and thus formation in the sacraments) took place when a massive exodus from the ordained ministry seemed to cast doubt on the validity of the priesthood and the effectiveness of the priest's craft. This psychosocial reality was set in an intellectual era of the demythologizing of religion and religious practice, and the attempt to explain all of reality in the language of the hard sciences of physics and chemistry (and their application in the "life sciences" of physiology and biochemistry.) The concept of soul was becoming archaic, since everything related to consciousness and unconsciousness was seen merely as a product of biochemical and physiological processes.

These intellectual trends began during the Enlightenment and had been unfolding ever since, and had a very old theological ally – the Greek concept of the dichotomy of mind and body, so contrary to Jewish belief, which had rooted itself deeply into western Christianity. This impressive combination of influences certainly shaped my own view of sacramental anointing as being geared toward another world, a separate world from this one; and had formed me in the assumption that its use in the face of modern medicine was questionable and that its benefits were vague.

Yet, in spite of the Enlightenment, the dominance of the Greek mind-body opposition, the demythologizing of religion, and the priesthood in crisis, the Catholic Church has continued to uphold the importance of the sacramental anointing and a deep intuition of its fruitfulness. Some examples of where its importance was reemphasized, since the time of Christ, include the Apostolic tradition of St. Hippolytus (3rd century), the Galician Sacramentary (8th century), the Council of Mainz (9th century), the formulations of the Scholastics in the Middle Ages (12th century), the Council of Trent (16th century A.D.) and in the Second Vatican Council (20th century).⁴

III. Enzo and the Shadow of Death

In the tender compassion of our God, the dawn from on high shall break upon us, to shine on those who dwell in darkness and the shadow of death, and to guide our feet into the way of peace."

(Luke 1 79)

I have the good fortune of having two vocations, one contained within the other. The deeper and more inclusive one is that of a priest, being ordained in 1979 in the Roman Catholic tradition with formation in the spirituality of St. Paul of the Cross. I belong to the Congregation of the Passion (Passionists). My priesthood is a share in the priesthood of Christ and draws its legitimacy only from His priesthood. I also share in the life of Christ the physician. I am a licensed physician of the Osteopathic tradition which, in addition to the rigorous curriculum of the Allopathic tradition, forms its students in the ancient art of laying on of hands in the form of manual manipulative medicine. I have worked outside of my native land since 1984, concentrating my ministry in Haiti since 1987. This ministry takes me as priest-physician five days a week to the poorest slums in Port-au-Prince, where I work in the poorhouses run by the Missionaries of Charity, founded by Mother Teresa of Calcutta.

This present study concerns a man named Enzo, employed as a driver for the Missionary Brothers who run one such poor house, in a miserable slum called "Pele". It is an area of brutal poverty. I knew Enzo well and was very fond of him. This fondness had the danger of becoming an obstacle to his care when, one day last August, the Brothers rushed Enzo to me because he was in the danger of death. Emotions easily cloud judgment, but a friend and myself were the only physicians in the whole vast slum and, in spite of our friendship with Enzo, we needed to act clearly and quickly.

Enzo was unconscious and was having sporadic seizures. He was breathing in a way we physicians refer to as "agonal", which is an alternation of deep and shallow breaths, followed by periods of no breathing at all, with all breaths being irregular in pattern and frequency. His other vital signs (blood pressure, heart rate and temperature) were normal when I first saw him and remained normal throughout the whole episode. This was surprising in the face of what was a serious assault on his central nervous system. His pupils were also normal and reactive to light, a surprise for the same reason. Enzo frothed white saliva from his mouth.

The options of what might be wrong with him raced through my mind as I tried to elicit from his own brother a recent history of the illness, a previous occurrence of this illness, a recent fever, gradual weakening, a

serious cough or other sign of infection, a blow to the head, an animal bite, other people in the area who might have a similar illness, etc. The history didn't help. Enzo was "fine" until a few hours ago, and now he was "like this." I considered meningitis, rabies, hypoglycemic coma, malarial coma, poisoning, and hysteria as the chief possibilities. I scanned his head and body for evidence or clues that might point to anything on my list of possible causes. I looked for signs of accident or trauma; for a dog, rat or bat bite; I checked his vitals repeatedly. As the evaluation proceeded we gave Enzo intravenous fluids with dextrose and, since I was far from a hospital, I gave him quinine for malaria and an initial dose of a strong antibiotic for meningitis. Enzo was by then seizing continually so I gave him a medication to break his seizures, since serious brain damage or death can result from continuous seizures. Shortly after giving this medicine, one of Enzo's periods of apnea (non-breathing) became prolonged, and he did not take a breath again.

My colleague pronounced Enzo dead, which set off a reaction of hysteria in his brother and all witnesses, as I looked on Enzo in shock and sadness. Although I don't know how long I stood in shock (four minutes is enough to cause irreversible damage in brain tissue deprived of oxygen), I was pushed by intuition to listen to his heart with a stethoscope, and I heard its faint but steady beat. I obviously knew that apnea was part of the presentation of his illness, but I also knew that the medicine I used to break his status epilepticus could stop his breathing. Yet giving him the medicine was a necessary and calculated risk. The solution to the drug-induced catastrophe of breathing cessation, should it happen, is to breathe for the patient. In our setting, that meant my mouth to his mouth; my breath to his lungs, until the medicine I had given disappeared according to the laws of half-life.

After breathing a full five minutes for Enzo, as I imaged all the while the famous fresco on the ceiling of the Sistine Chapel of God giving Adam life through touch, Enzo began breathing again on his own. I, who had almost killed Enzo, was suddenly cheered as a hero. But for all the drama and excitement of Enzo's resuscitation, we were right back where we began: Enzo breathing the agonal breaths of a life-death struggle.

It was at that point — with Enzo still unconscious and seizing occasionally, antibiotics and antimalarials given, intravenous solutions flowing — that I assembled Enzo's friends, his brother and the other people present. I suggested that we pray together, and said that I would offer the sacramental anointing. I was very much afraid because I knew that even if Enzo survived this ordeal, if my shock had lasted more than four minutes before I offered him my own life breath, then Enzo might not come out of the coma at all. Or if he did, that he could be brain damaged.

The prayer and anointing were offered with great heartache. I knew, of course, the prevalence of voodoo and black magic in Haiti, and I knew my prayer had to include an unequivocal statement directed at the heart and mind of Enzo that the power of Christ superceded all other powers over him.

This is the prayer I usually say, and said over Enzo, in preparation for the sacramental anointing: "Almighty God, look with compassion on our brother Enzo in his agony. Send your Holy Spirit to cover him, to enter into his body, his mind, his heart, and his soul. Your Spirit of power gives life, sustains life, and leads us to life eternal. Give Enzo the consolation of feeling your Spirit within him. Give Enzo the courage born of feeling your strength, more powerful than all other forces in heaven, on earth and under the earth; and use your power to free him from the very grip of death."

Then I pronounced these traditional words as I spread oil on his forehead and palms: "Through this Holy Anointing may the Lord help you with the grace of the Holy Spirit. May the same Lord who frees you from your sin, save you and raise you up."⁵

Upon completion of the rite, which was followed by the spontaneous prayers of those present, Enzo's eyes opened wide in horror and he bolted upright to a seated position and howled a chilling cry. He was dazed and confused; but within an hour's time he was fully aware of his surroundings, had intact memory and, aside from feeling weak, was back to his old self.

IV. Oil of Ancient Days

So they set off to preach repentance; and they cast out many devils, and anointed many sick people with oil and cured them.

(Mark 6:13)

It is important to look at the origins of the sacramental anointing of the sick, and to see how clearly from the beginning it intended physical healing. A good place to begin is with a discussion of the medium of the anointing: olive oil.

It would not be possible in any present or past human culture to attribute to water a purely religious use or meaning. Human life depends on drinking it, human health depends on bathing in it, and it sustains everything in the world around us that sustains us. It is precisely because it is so essential to life that water has also become a religious symbol – a symbol of deeper dimensions of life and initiation into the layers of mystery.

For the people in Old and New Testament times, oil was held in similar secular and sacred esteem. Oil was used in cooking, in baths, in medicines, and in the anointings that mark one apart politically or

spiritually. Thus it would be erroneous to identify the use of oil as a unique element of the prayer of healing handed down in an unbroken and consistent fashion through the course of the centuries. On the other hand, oil has been a central element in Christian healing for two millennia, and the depth of its meaning, even if not unique to Christian prayer, is a worthy focus of contemplation because, like water, it is a substance "capable of bearing the weight of diving glory."⁶

It is significant that Jesus, in the numerous healings recorded in the gospels, never used oil with his prayer. This is because He *was* the Anointed One, which is what his very title "The Christ" means. Jesus healed through his own power. His disciples, however, sent in His name, could not heal of their own power. They could heal only by uniting themselves with the power of Christ; and it is understandable that they would make use of signs and symbols to signal this union. Oil became the symbol of the Spirit of the Anointed One.⁷ The only gospel passage referring to the use of oils, as the disciples invoke the healing power of Christ, is Mark 6:13, quoted at the head of this section. The Church sees in this passage the prefigurement of the sacramental anointing, through which the disciples share in and continue the curative power of Christ.⁸ In time the Church would declare the anointing of the sick to be the sacramental counterpart of Christ's ministry of healing.⁹

The saving work of Christ would continue after His resurrection and ascension, through the abiding presence and power of the Holy Spirit, whose descent at Pentecost was promised by Christ before he was taken up to the heavens. The Holy Spirit formed and guided the embryonic Church, and was invoked at every important juncture, as recorded in the Acts of the Apostles. In the Epistle of St. James is found the instruction that the sick were to be commended to the power of the Holy Spirit, through the prayer and anointing by the presbyters, in union with the prayers offered in faith by all those present.

Is there is anyone sick among you? Let him call for the elders of the Church, and let them pray over him and anoint him in the name of the Lord. This prayer, made in faith, will save the sick man. The Lord will restore his health, and if he has committed any sins, they will be forgiven. (James 5: 14-16)

This passage calls for more formality than individual charismatic healing. The elders are those in authority, and the term is not a reference to age. The sick are those debilitated from illness but not necessarily in extreme condition. The anointing is not only a medicinal treatment, but also an invocation of the healing Spirit of Christ to restore health, forgive sin and bring salvation.¹⁰

It is clear then from the physical healings of Christ, the physical healings of his disciples through His power, and from the instruction to invoke the power of the Holy Spirit (after the ascension of Christ) to save and raise up the sick, that healing of the body is a basic intent of Christian healing prayer from the first days of Christianity. This would make for an intuitive association between salvation and health, and inversely an association between illness and a danger to salvation.

Strength in illness and recovery from illness, both for the sake of salvation, are the principal purposes of the Christian prayer of healing. As the centuries passed, whether healing or strengthening dominated as the prime purpose of the sacramental anointing varied with time, but neither dimension ever lost its intuitive importance. A cursory review of the history of the anointing of the sick shows that earliest extant prayers call not only for complete restoration of health, but even better health than was enjoyed before the sickness.¹¹ St. Hippolytus in the 3rd century prays that the oil "may give strength to all who taste it and health to all who use it."¹² St. Serapion from the 4th century calls for God's curative power on the oil so that "it may become a means of removing every disease and every sickness."¹³

The use of oil was liberal and loosely controlled, widely available to the suffering. Anyone could use the oil for anointing. There were only two prominent restrictions on it. The oil had to be blessed by the bishop, and it could not be used on those in the penitential stage of reconciliation (the extended period between confession and absolution.) This point touches on a second deep intuitive association, between illness and sin.

Thus we have seen illuminated an intuitive triad associating health, forgiveness and salvation as well as their opposites – sickness, sin and damnation. This triple association is a longstanding religious intuition in general, and certainly a Christian one. Yet its elucidation has been fraught with difficulty and danger. Even modern preachers, confused about how the elements of this triad interrelate, embarrass themselves by blaming senseless tragedy on the sin of the victims, as happened as recently as after the September 11th terrorist attacks. Christ Himself spoke against the *causality* of illness by sin, as for example in the story of the man born blind (John 9: 1-38); and against the *causality* of tragedy by sin, as in the story of the fallen tower at Siloam (Luke 13: 4 – 5). Yet, His words and actions reveal that evil is *associated* with illness and tragedy in some way, as is evidenced by the exorcisms and absolutions that often accompanied His healings. Just as the anointing of the sick would always be associated with healing and strengthening, so would it always be associated with forgiveness of sin even if, in the Scholastic era, that would refer to the relief from the vicissitudes of sin. These were understood to be the remnants of sin that led one to resist the final struggle for good over evil out of

lassitude, and to be inclined to anxiety, discouragement, doubt, and despair of God's mercy as one approached death.¹⁴ The sacramental anointing was, by this medieval stage in the development of its theology, seen primarily as an inner strengthening of the spirit for a final struggle and preparation for glory. Bodily health was no longer seen as a principle effect of the sacramental anointing. It was now seen as a cure of the "sickness of sin."¹⁵ As the focus of the sacrament shifted from being for healing the body to being for healing of the spirit, the actual areas of the body to be anointed also shifted. In ancient times, the parts in need of healing were anointed. By the time of St. Thomas Aquinas, the five senses were anointed, since they represented the doorway between the soul and the world, and as such the pathways of temptation and sin.¹⁶

It is interesting to note that the anointing of the sick became less associated with bodily healing and more associated with strengthening against evil when the actual oils themselves entered into the exclusive control of bishops and priests. This began during the reformation of the clergy during the reign of Pope Innocent I in the 5th century, who was the first to refer to the anointing as a sacrament, thus relegating the anointing to clerical control. After this, with the passing of time, every aspect of the sacramental anointing became precisely defined, codified in law, and ritualized. It became *de facto* a sacrament for the end of life, whereas in origin it had been a sacrament of healing for the living.

The Second Vatican Council, of the last century, reoriented the sacramental anointing of the sick towards its ancient roots and reshaped its laws and rituals to reflect the many dimensions of its meaning. The renewed Rite restores the anointing to its place as a sacrament for the living. The Church intends for the anointing to contribute "to the recovery of health, and to bring a spiritual strength to sustain the one who is ill with a radiant hope of resurrection, even if the sickness should end in death."¹⁷ Here is expressed a clear will for the continuance of life, but also a clear confidence in death, and both are linked to the Resurrection of Christ and draw their meaning from that mystery. The struggle against illness is not seen as a solitary act, but rather calls forth love and responsibility from the one suffering and from the community. The sacrament is thus seen as an opportunity to strengthen the bond between the sick person and the caring community so that love, encouragement and responsible help will flow from it.¹⁸

Ours is an age in which there is a certain indignity and degradation that the sick must suffer, especially in institutional settings. Minimal personal contact, rapid visits by the doctor, public physical exams during rounds, the invasiveness of exams or procedures with minimal explanation or regard for the person, all add a heavy burden and bring an indignity to

the illness. The Sacrament of the Sick is meant to restore dignity to the ill person by expressing concern for the person's sufferings, and by attempting to illuminate the meaning of suffering. Suffering is given supreme dignity by uniting it to the suffering of Christ. The sacramental anointing is also an opportunity to strengthen the person against discouragement and despair, and to offer an opportunity for self-examination and reconciliation. During the Second Vatican Council, the Church once again persistently proclaimed the value of the sacramental anointing of the sick as a means of grace, strength, healing, forgiveness, dignity and meaning.¹⁹ It is this sacrament in its fullness that is to be offered to the sick, without the slightest timidity or reticence.

V. $E=MC^2$ and Halos

My notion of the life force doesn't arise from complex metaphysical or philosophical doctrines. It is based on simple observation and a workaday understanding completely accessible to anyone, and it's something that all my years of experience with patients tells me is true.

(The Touch of Life, Fulford)

These words were written by a physician of the Osteopathic tradition in the ninety-first year of his life, who has used the laying on of hands as an integral part of his medical practice for over six decades. The life force of which he speaks is a radiant energy, and ordinary people feel it. It makes one jittery around a nervous person, apprehensive around a strange person, and serene around a holy person. This life force has been captured in religious art as a halo, it is perceived by highly intuitive people as an aura, it provides revelations to sensitive people known as "vibes", it is detected by EKG and EEG machines to reveal the workings of the heart and brain respectively. Healers from physicians to Shamans, from preachers to gurus wield their craft by influencing this life force, often in non-medical ways. Books on this topic abound. A member of my religious community has recently written a very popular memoir, in which he devotes a chapter to his curing someone from a grave illness by blessing with a relic.²⁰ There is another popular book that is geared toward teaching people how to interact with another person's life force both to diagnose and to heal.²¹ There are numerous experiments reported in reputable medical journals in which prayer is offered for the sick with documented physical benefits.²² There are rapidly expanding bibliographies covering all types of alternative approaches to healing, each being alternative to the orthodox, scientific, evidence-based, technical medicine that has dominated the western developed world for nearly one hundred years.

The quest for alternative forms of healing stems from at least two factors: a widespread dissatisfaction with orthodox medicine, and the fact that alternative approaches to health frequently work. In fact, prayer as a healing force is reported to work 20% of the time.²³ While no pharmaceutical company could market a medication that was only that effective, one can hardly consider a 20% cure rate an insignificant impact on health care.

There has been an antagonism between orthodox medicine and alternative approaches to healing, deriving from a distrust between science and matters of the spirit that goes back centuries. This has often led orthodox medicine to ignore statistics like the one just mentioned. In this antagonism, science has had the upper political hand and has been able to oppress ideas that contradict its own. Yet, as we have seen, even in the face of antagonism or ridicule, intuitions survive when they contain a precious truth, a truth that cannot yet be fully articulated. We are at a moment in history when the age-old intuition affirming faith healing can finally enter into dialogue with science. There are many things that make this dialogue possible, not the least of which is the advance of physics.

Advances in physics should be of interest to doctors, because they are, after all, physicians. For many years the physics of Isaac Newton dominated scientific thought and was the foundation for the development of modern medical practice. In Newtonian physics, time is seen as linear, every effect is preceded by a cause, and material bodies follow well-understood and predictable patterns of behavior. These concepts generated the attractive idea that all physical reality, including the human body, could be reduced to laws subject to probability and predictability and thereby fall under the control of humankind. This thinking enabled the technological dominance that we know today, and while it has made many positive contributions to life, it has also deprived life of its mystery.²⁴ Seeing life and life's environs only as objects, technology has led to vast destruction of environment, abandonment of values, and a poverty of spirit manifest in widespread depression and addiction. The material world has become the sole interest of science, and the application of materialistic thinking to health and the human body has made it impossible for modern medicine to see the body as an articulation of the soul. Orthodox medicine is so determined to cure that it ignores the mystery of the body, and rather "abstracts the body into chemistries and anatomies, hiding the body behind graphs and charts."²⁵ This decidedly material focus has made of modern medicine a vast database of physical symptoms and treatments, so voluminous that it is collapsing onto itself because it lacks any theory to give it shape or cohesiveness. Orthodox medicine understands health as simply the lack of disease, focuses its efforts on physical manifestations of disease, and denies non-physical causes of the same.²⁶ That this gets

pushed to an absurd degree is best illustrated by orthodox medicine's refusal to accept death as the natural endpoint of life.

It is not that orthodox medicine has no place in healthcare. Like other aspects of technology, it has made substantial contributions to the human family. The development of vaccines, the antibiotics to control infections, advances in treatment of chronic diseases like HIV, and the achieving of remission in some forms of cancer, have all benefited the human family. However, its failures are also obvious. It has a poor record in controlling chronic degenerative diseases, diseases of the nervous system, autoimmune diseases, viruses like hepatitis, metabolic diseases, and mental illness.²⁷ Its biggest failure is at the same time its Achilles' heel, namely, that it presents itself as the only and the most effective way to treat sickness.²⁸

The discoveries of Albert Einstein have led to a complete rethinking of physics. Time and matter are understood to be relative, rather than absolute. They are made relative by motion. Time is not linear, and energy and matter are seen as interchangeable by a factor of motion. (Energy, according to the famous equation of Einstein, is matter multiplied by the squared velocity of light). The smallest known subatomic particles pop into and out of material existence as they express themselves alternately as energy and matter. With relativity as the starting point, the laws of physics are not seen as absolute and predictable, but as dependent, evolving and mysterious.

Einstein's discoveries do not negate those of Newton. They just change the reference point. Newton's physics is valid at the velocities and masses of the world of everyday experience. Einstein's physics is valid when velocities approach the speed of light, and masses are so small as to be visualized only by the electron microscope. The theories of relativity and quantum mechanics have made two astounding contributions to physics, with enormous ramifications in medicine. Relativity shows that energy and matter are directly related and interchangeable, and quantum theory shows that any material object or energy form that we can know, is already affected just by our knowing it. This means that *matter is not independent of the mind that observes it*, and that the mind figures prominently in the manifestation of matter.

That mind generates matter has been shown in the science of neurophysiology. A thought generates physical chemicals called neuropeptides, and these begin a cascade of signals that run throughout the nervous system and give the thought a physical character. Emotions do the same, which leads to physical characteristics of emotions such as blushing, sweating, etc. (There are psychotherapies involving massage and motion whose goal is to free up the mind by freeing emotions and thoughts that are locked in a state of physical storage). The whole process can even start without a thought. For example, the sound waves of an abrupt noise strike

the ear drum, and neuropeptides are generated. They set off the cascade of physiological process just mentioned, resulting in the physical sensation of being startled. This all takes place even before one gives thought to the sound. Mind generates matter (neuropeptides) as it interacts with the outside world, with or without conscious thought being involved. This means that the mind is not confined to the brain. Mind is in every cell of the body.²⁹

Astoundingly, this idea is not new. The Hippocratic writings of ancient Greece state that consciousness is present in varying measure throughout the body, and has a powerful effect on the body. The ancient Persians elaborated on that idea, adding that consciousness affects not only the body, but other bodies as well, as through blessings or curses.³⁰ Spanning millennia from the Persians to the most recent issue of the magazine *Spirituality & Health*, one finds an article examining the many different minds of the human body, all of which are independent of the brain. The heart is one such mind. The heart is older than the brain in the history of the evolution of species. Even in the development of the embryo, the heart functions before the brain is even formed. Furthermore, the adult heart has a nervous system with as many neurons as are found in the sub-cortical brain. These heart neurons secrete the same neurotransmitters as the brain neurons. It is no wonder that thoughts and emotions are reflected in heart rhythms. The heart is also the organ that releases oxytocin, called the "love hormone". Mystics and poets have always known what they were talking about when immortalizing the heart's powers.

There are other such minds in the body as well. The digestive system comes quickly to mind, and the timeless expression "gut feeling" says very precisely why. There are over one hundred million neurons in the gut. It seems that the body has a distributed intelligence, probably because "knowing", whether conscious or unconscious, is far too complex to develop under a single big brain.³¹ The same article continues with a discussion of what are called mirror neurons. As the name implies, they reflect and imitate whatever their attention is on in the outside world. They help one learn to ride a bicycle, for example. They are also essential in the experience of empathy (the ability to feel what is seen). They are the receptors of the halos, the auras and the vibes of other people. One cannot help but wonder how mirror neurons come into play mutually when someone stands lovingly at the bedside of a comatose friend. Similarly, what vast richness of subtle activity is set off by a tender prayer, or by the laying on of hands?

There is an avalanche of popular opinion on the subject of mind and healing. These opinions are rightly enthusiastic and generate a log of experiences that help illuminate the reality of the interface of psyche and matter. However, conclusions as to how mind and body inter-relate are often quickly drawn, and these conclusions can be misleading or

damaging. For example, some conclude that one is sick by choice, and that healing is a matter of wanting to be better, of understanding and rejecting the choice to be ill. There are probably situations in which this is true, but that does not reduce every sickness to being a matter of personal choice. Personal blame for illness, especially for serious illness, adds a cruel burden to an already devastating condition. Great minds such as those of Einstein and Jung have ventured into the mystery of the mind-body interface with deliberate constraint, certain of the interrelatedness but cautious in its elucidation. It is simply not wise to grasp at premature conclusions, which damage the credibility of serious study and can be harmful to people who are already suffering. In this case study, I have no intention of drawing conclusions other than this: that the issues related to faith healing are valid and not illusory, and that they are grounded in history, in the revelations of the major religious traditions, and in science.

There are documented reports of the spontaneous regression of tumors following prayer, and there is documentation to verify other healings that cannot be explained by science. The power of the placebo itself is mysterious, and really is a demonstration of the power of the mind over matter. The placebo stimulates improvement in health, which is due *just to the perception* that help is being offered. It is a powerful enough reality that every therapeutic trial of a new medicine has to be measured against it. It cannot be questioned that mind changes matter. But mind doesn't *always* change matter, nor does it seem to do so directly *as a matter of will*. There are many dimensions of illness that need to be explored before we know fully why this is so. But we do have some hints.

For example, it would certainly be disastrous to survival if our every imagining manifested itself physically, or if everything we put our mind to actually materialized. An organism could not exist in such constant and drastic flux. Self preservation is part of the reason that mind does not directly and immediately change the body in every instance. This process of self-preservation is highly individualized and preserves each person's uniqueness. "Human beings are not robots that can be spontaneously vitalized, chi-ed, or shamanized into higher beings. They are extremely conservative organisms, and their mere contact with a medium is not going to transform their lives."³² Conservation of being is a modifier of the mind-body interface.

If mind affects body, one would think that greatness of mind should affect the body greatly. Why do saints get sick? Why do people with brilliant minds get sick? They surely do. The reality is that both brilliant people and holy people get terribly sick while, as the psalmist lamented, the wicked seem to glide through life sound and sleek. One has to consider the possibility that God is interested in more than bodily health³³ and that illness can lead to levels of being unavailable to the healthy. For example,

while melancholy verges on depression and is a waning of the life force, it nonetheless "gives the soul an opportunity to express thoughts and feelings otherwise hidden behind lighter moods".³⁴ Dark nights of the soul have their own transforming powers, which can override and limit the mind's attempt to restore the health and seek for the soul a brighter day. A distinctly Judeo-Christian idea also comes into play here. In some strange way, God identifies with sickness: "Yet it was our infirmities that he bore, our sufferings that he endured, while we thought of him as stricken, as one smitten by God and afflicted." (Isaiah 52: 18-20.) And again, "...Lord, when did we see you ill...and visit you? ...Amen, I say to you, whatever you did for the one of the least brothers of mine, you did for me." (Matthew 25: 39-40.) These passages reveal illness to be a unique means of communion with the divine, and the beginning of a conversion of tremendous depth. Maybe the power of mind is modified when it conflicts with this mystery.

The notion of sickness as transformation is not just a religious idea. The body evolves as it fights the opponents to its existence, and the fight against particularly virile opponents is manifested as sickness. In this instance, sickness is an agent of the organism becoming better adapted, more advanced and uniquely more individual. In fact, this struggle against disintegration is constant in our bodies, and guarantees our individuality by keeping us from degenerating into the collective pool of the 109 chemical elements. Maybe the power of mind is modified when it would interfere with this evolution.

The teachings of the world's great religions bring other important dimensions to the understanding of health and sickness, which are manifestations of wisdom and cannot be ignored. Religion is very much interested in life's mysteries, of which sickness is certainly one. The root meaning of health is wholeness, and the root meaning of religion is to rebind into wholeness. Health and religion are thus intimately connected. The Buddhist doctrine of the Four Noble Truths and the Christian doctrine of original sin reveal that life is wounded in essence and we can never get away from this reality. These ancient intuitions warn us that thinking of the natural state as one without wounds is illusory, and that to deny the woundedness of life is folly. Any medicine motivated by this illusion is trying to do away with the human condition. Sickness may, in some strange way, actually *be a cure* since it leads us to the central mystery of the woundedness of life and restores a religious participation in this mystery of life.³⁵ The power of mind over matter may be modified in this instance because it would be impossible to override human nature itself. This woundedness, or deep fracture at the base of life, might also be another reason why, in addition to that of conservation of being, the mind has only indirect power, and not direct will-power, over matter.

Apparently, of all the different minds in the body, as previously discussed, *the mind containing the will is not directly connected to the nervous system.*³⁶ This means that for healing to happen, belief must penetrate to levels deeper than mind and consciousness in order to begin its work.³⁷

Religious traditions further challenge our assumption that health is an individual prerogative. Can a fetus be healthy if the mother is not? Can an individual be healthy in a cosmos that has a fundamental rift? The locus of sin may, in the end, not be in the individual but in the cosmos. Can human beings be free, for example, of lung disease if the Amazon forests (the earth's lungs) are burning by human design?³⁸ To the extent that illness is a manifestation of a cosmic reality, mind may not be able to overcome it.

There is also the question of whether illness bears a message that cannot be ignored. Does it bear a message from the soul and will it refuse to go away until it is heard?

It is plain to see that there are many paths to follow before we have a deeper understanding of the relation of mind to matter, and of prayer to the healing of living matter. These paths have barely been trod, but they suggest there are modifiers of the mind's power over matter which are related to aspects of sickness that are actually beneficial (deeper transformations, communion with God, higher awareness); impossible to overcome (the woundedness of life, the rift in the cosmos); or not possible until an essential communicated message is received. Much work lies ahead, but the direction is pointed out by ancient, persistent intuitions still at work among us. In the meantime, we can say that mind has power, that healing prayer is willful energy of the mind, and that this willful energy can be united with God's great Spirit to effect healing. This seems to happen when all the dimensions of the meaning of illness are constellated a certain way, and for each person that constellation is as unique as a fingerprint. "Miraculous things are possible, but only in gradual ways and with attention to detail and idiosyncrasies"³⁹

VI. Enzo Revisited

The physician should speak of that which is invisible. What is visible should belong to his knowledge, and he should recognize illness just as anyone who is not a physician does... but he becomes a physician only when he knows that which is unnamed, invisible and immaterial, yet has its effect.

(Care of the Soul, Thomas Moore)

After Enzo recovered, I kept him close for a few hours so I could watch him and be sure he would not relapse. In those hours I had the chance to question him about what happened, and about his life and his thoughts. I learned that Enzo had two wives, an arrangement all three were

comfortable with until recently. Enzo told me that lately both his wives were angry with him about something, and together had sought out a voodoo hougan (witch doctor) to punish him. The hougan works his magic through spells and with powders that sooner or later get ingested by the accursed. I also learned that Enzo had bouts with addiction, and occasionally took some cheap drug either produced or cut in the fetid slum.

The many dimensions of Enzo's illness became clear to me. Enzo had a social cause for his illness, being in two marriage contracts and not satisfying either. Enzo had a disordered personality, evidenced by an addictive pattern of behavior with drugs that he could not fully shake. Enzo had both a spiritual and a psychic dimension to his problem, stemming from his belief in the spiritual world represented by the hougan and the hysteria and terror that were generated by that system of belief. Enzo also had a physical problem from poisoning, either from the hougan or from street drugs taken by his own hand. Every dimension of his illness had contributed to leading him to the shadows of death. Each dimension demands its own diagnosis, and it should not be lost on us that the word diagnosis also means discernment. It is clear to me that someone trained only in high-volume, industrial-based, biochemical medicine applied to a targeted physical exam would not necessarily be capable of the discernment necessary to lead Enzo away from the shadows of death.

What saved Enzo, from my experience of his dramatic moment, was that our attempts to help him reversed a spiritual, psychological, social and physical spiral of negations of life, that were pulling him to death. On the "visible" side of his sickness, keeping Enzo hydrated, controlling his airway, blocking his seizures, medicating for infection and riding out the half life of the toxins all contributed to buying him time. On the "invisible" side of things, the loving concern of those present, the prayers of his brother and the Missionary Brothers, the confident invocation of the spirit of Christ to be present and dominant over all other forces, served as a veritable weaving of spirits to strengthen his dwindling life force and enabled his own "will to live" to dominate the forces that opposed him. Grace, dignity, forgiveness, strength, meaning, love and responsible care all joined forces, in the context of a sacrament, and yielded for Enzo their promise of life.

VII. De Profundis

These are the signs that will be associated with believers: in my name they will cast out devils; they will have the gift of tongues; they will pick up snakes in their hands; and be unharmed should they drink deadly poison; they will lay their hands on the sick, who will recover.

(Mark 16: 17-18)

I owe a large debt of gratitude to Enzo. By drawing me intimately into his agony, I have emerged from it, with him, all the richer. As I first jumped into the fray, the poverty of my own understanding of the ancient healing sacrament was shown to me, as the sacrament timidly took a last place during that important drama of Enzo's life. Later study of the sacrament and its richness revealed that from earliest times its effects were meant to be multiple, played out in a myriad of life's dimensions. All of these dimensions were needed by Enzo, because it was in fact a confluence of crises on these very levels of life that threatened his existence. The orthodox medicine of today, focused on biomedical intervention, was shown to be only partly important in the saving of Enzo's life. This clear demonstration of its limited place validates the voices of many healers at present, in vast and varied healing traditions, who claim that healing is deeper than technological dominance and needs to be freed from it. Even the hard sciences that gave birth to technological medicine, especially physics and chemistry, have given rise to new structures of thought that help us imagine how healing is possible from energy, whether it flows through touch, thought, movement or the deliberate invocation of God's power in prayer. The ancient intuition of the power of prayer in healing is vindicated by experience, by science, and by a convergence of healing traditions. The foundations of these sources run very deep.

These depths, of course, introduce new questions and deepen older ones. In the past, many voices from these depths capable of contributing meaningful insight to these questions were silenced, as I mentioned, by the longstanding mutual mistrust between science and world of the spirit. As Pope John Paul II has recently said in an address to scientists in Rome, "Our meetings...are a sign of the dialogue that is going on between the worlds of science and faith. It seems that the times of the attempt to set them against each other are over. In many academic and theological circles an awareness is growing that science and faith are not opposed to each other, but on the contrary need and complete each other."⁴⁰

I, for one, greatly look forward to further fruits of that dialogue, especially those fruits that will deepen my life as priest and physician; as they have already deepened my confidence in the use of prayer in the artful practice of medicine.

Bibliography

Ayrinhac, H. A. *Legislation in the Sacraments in the New Code of Canon Law*. New York, London: Longmans, Green & Co., 1928.

- Beck, C.P., Edward, L. *God Underneath: Spiritual Memoirs of a Catholic Priest*. New York, London, Toronto, Sydney, Auckland: Doubleday, 2001.
- Brown, S.S., Raymond E., Joseph A. Fitzmeyer, S.J., Roland E. Murphy, O.Carm. *The Jerome Biblical Commentary*. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1968.
- Browning, Don S., *A Fundamental Practical Theology*. Minneapolis: Fortress Press, 1983.
- Didier, J.C. *The Last Rites*. London: Burns & Oates, 1961.
- Dossey, Larry, M.D. *Healing Words*. San Francisco: Harpers, 1993.
- Dudley, Martin & Geoffrey Powell, ed., *The Oil of Gladness: Anointing in the Christian Tradition*. Collegeville: Liturgical Press, 1993.
- Fulford, Robert C., D.O. *Touch of Life*, New York: Simon & Schuster, Inc., 1996.
- Groopman, Jerome, M.D. *The Measure of Our Days: A Spiritual Exploration of Illness*. New York: Penguin Books, 1997.
- Grossinger, Richard. *Planet Medicine*. Berkley: North Atlantic Books, 1995.
- Gusmer, Charles. *And You Visited Me: Sacramental Anointing to the Sick and Dying*. Collegeville: Liturgical Press, 1990.
- Halligan, O.P., Nicholas. *The Administration of the Sacraments*. New York: Alba House, 1963.
- Helwig, Monika. *The Meaning of the Sacraments*. Dayton: Pflaum Press, 1972.
- John Paul, II. "Science That Saves, Science that Alienates." *The Pope Speaks*, Vol. 47, No. 2. Huntington, Indiana: Our Sunday Visitor. March/April 2002.
- Kiesling, Stephen. "The Body of Knowledge." *Spirituality and Health*, Vol. 5, No. 1. New York: Spirituality and Health Publ., Inc., Spring 2002.
- Libreria Editioe Vaticana. *The Catechism of the Catholic Church*. New Jersey: Paulist Press, 1994.
- Monahan, W. D. *St. Thomas Aquinas on the Sacraments*. Worcester & London: Ebenezer Baylis and Sons LTD. (no date).
- Moore, Thomas. *Care of the Soul*. New York: Harper Collins Publishers, 1992.

Myss, Caroline, Ph.D. *Anatomy of the Spirit*. New York: Three Rivers Press, 1996.

Palmer, S.J., Paul. *Sacraments of Healing and of Vocation*. Englewood Cliffs, New Jersey: Prentice-Hall Inc., 1963.

Pastoral Care of the Sick. Collegeville, Minnesota: The Liturgical Press, 1990.

Poling, James N., Donald E. Miller. *Practical Theology: Foundations for a Practical Theology of Ministry*. Nashville: Abington Press, 1985.

The Rites of the Catholic Church as Revised by the Second Vatican Council, Volume 1. Collegeville: Liturgical Press, 1990.

Schroeder, Gerald L. *The Science of God*. New York: Simon & Schuster, 1997.

Solomon, Andrew. *The Noonday Demon*. New York: Scribner, 2001.

Snyder, Carl H. *The Extraordinary Chemistry of Ordinary Things*. New York: John Wiley & Sons, Inc., 1992.

Villien, A. *The History and Liturgy of the Sacraments*. Great Britain: Benziger Brothers, 1932.

Von Franz, Marie Louise. *Psyche and Matter*. Boston & London: Shambhala, 1992.

Weil, Andrew, M.D. *Health and Healing*. Boston, New York: Houghton Mifflin Co., 1998.

White, Dale ed. *Dialogue in Medicine and Theology*. Nashville: Abington Press, 1967.

References

1. Carl H. Snyder, *The Extraordinary Chemistry of Ordinary Things*, (New York, John Wiley & Sons), 1992, p. 75.

2. Dan S. Browning, *A Fundamental Practical Theology*. (Minneapolis, Fortress Press, 1983), p. 39.

3. James Poling and Donald E. Miller, *Practical Theology: Foundations for a Practical Theology of Ministry*, (Nashville, Abingdon Press, 1985), pgs. 12, 62, 69.

4. Paul Palmer, S.J., *Sacraments of Healing and of Vocation*, (New Jersey: Prentice-Hall, Inc. 1963), pp. 42-50.

5. The Second Vatican Council, *The Rites of the Catholic Church, Vol. I*, (Minnesota: The Liturgical Press, 1990)
6. Martin Dudley and Geoffrey Powell, eds. *The Oil of Gladness: Anointing in the Christian Tradition*, (Minnesota: The Liturgical Press, 1993), p.8.
7. *Ibid.*, p. 46.
8. Raymond E. Brown, Joseph A. Fitzmeyer, and Roland E. Murphy, eds., *The Jerome Biblical Commentary, Vol. II*, (New Jersey: Prentice-Hall, Inc., 1968). Chapter 43, p. 34.
9. Palmer, *Sacraments of Healing and Vocation*, p. 42.
10. Brown, et. al. *Jerome Biblical Commentary, Vol.II*, Ch. 59, p.376.
11. Palmer, *Sacraments of Healing and Vocation*, p.45.
12. *Ibid.*
13. *Ibid.*
14. Nicholas Halligan, *The Administration of the Sacraments*, (New York: Alba House, 1963).
15. W. D. Monahan, *St. Thomas Aquinas on the Sacraments*, (Worcester & London: Ebenezer Baylis & Sons, LTD. No date) pp. 217, 219.
16. *Ibid.*, p.220.
17. Monika Hellwig, *The Meaning of the Sacraments*, (Dayton: Pflaum Press, 1972) p. 90.
18. *Ibid.*, and *Pastoral Care of the Sick*, (Minnesota: The Liturgical Press, 1990) pp. 778, 814.
19. *Pastoral Care of the Sick*, p. 780.
20. Edward L. Beck, C.P., *God Underneath, Spiritual Memoirs of a Catholic Priest*, (New York: Doubleday, 2001), pp. 129-134.
21. Carolyn Myss, Ph.D., *Anatomy of the Spirit*, (New York: Three Rivers Press, 1996), Introduction

22. A survey of the index of the New England Journal of Medicine over the past few years will list several such studies.
23. Larry Dossey, M.D., *Healing Words*. (San Francisco: Harpers, 1993), p.15.
24. Andrew Weil, M.D., *Health And Healing*, (Boston, new York: Houghton Mifflin Co., 1998), p.261.
25. Thomas Moore, *Care of the Soul*, (Harper Collins Publishers, 1992), 155.
26. Weil, p.115.
27. Weil, .p. 82.
28. Richard Grossinger, *Planet Medicine*, Berkley: North Atlantic Books, 1995), p. 17.
29. Myss, p. 35.
30. Dossey, p.38.
31. Stephen Kiesling, "The Body of Knowledge," *Spirituality and Health*, Vol. 5, No. 1, (New York: Spirituality and Health Publ., Spring 2002), p.39.
32. Grossinger, p. 6.
33. Dossey, p. 256.
34. Moore, p. 138.
35. Moore, p. 166. 168.
36. Weil, p. 250.
37. Ibid., p. 254.
38. Myss, p. 25.
39. Grossinger, p. 6.
40. John Paul II, *The Pope Speaks*, Vol. 47, No.2. p. 78