

HOLISTIC HEALING
IN BYZANTIUM

Edited by
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Foreword by
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On the cover: Byzantine Haemorrhoid amulet. 10th–12th century, hematite and gilded silver. The Metropolitan Museum of Art. Gift of J. Pierpont Morgan, 1917 [17.190.491]. Photograph, all rights reserved.

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To
Jennie Gatses

My loving sister, personal friend—
consummate reminder of all that is Greek.
Your extraordinary warmth, profound
nurturance, and zest for life manifest
the essence of Healing Grace for all
whose lives you touch.

61. For example, *Apoph.Pat. (alph.) Agathos* 26.
62. *V.Pach. Paralipomena* 35.
63. Shenoute, *Canon* 5, XS 319=L.IV:53–54; *Canon* 3, YA 421=L.IV:124; Jerome, *Preface* 5.
64. Jerome, *Preface* 5.
65. Shenoute, *Canon* 9, FM 186=L.IV:160–61, who forbids monastic doctors from treating nonmonastics; the existence of his rule, however, emphasizes that this was a known practice among monastics.
66. Pachomius, *Ep.* 5.2; *V.Pach. Paralipomena* 15–16; *Paralipomena* 35; *V.Pach. GI* 53=Bo 48; *GI* 28=Bo 26.
67. Theodore, *Instruction* 3.15, trans. Veilleux.
68. Shenoute, *Canon* 3, YB 73=BnF ms.copte 130.2 folio 61 recto.
69. Shenoute, *Canon* 9, DF 178=BL Or. 3581A(28).
70. Shenoute, *Canon* 5, XS 351=L.IV:59.
71. See, for example, Pachomius's and Shenoute's admonition against caring for the nonmonastic sick, *V.Pach. Bo.* 9, 10; *Canon* 9, FM 186=L.IV:160–161.
72. Paul Jonathan Fedwick, *The Church and the Charisma of Leadership in Basil of Caesarea* (Toronto: Pontifical Institute of Mediaeval Studies, 1979), 15: "[D]uring the period commencing in 362 Basil became an uncompromising advocate of the ecclesial type of asceticism. This asceticism in his original intention was to be developed not on the margins of the local churches but as a sequel to the sacrament of baptism."
73. Gregory of Nazianzus, *Oration* 43.62, trans. Browne and Swallow.

Chapter 5

Healing and the Scope of Religion in Byzantium: A Response to Miller and Crislip

Derek Krueger

Timothy Miller and Andrew Crislip's essays (Chapters 3 and 4 of this volume) about Byzantine hospitals and health care raise questions about the social and cultural location of the work of healing in Byzantium. They also afford an opportunity to reflect on how profoundly modern this volume's attempt to integrate religion and medicine might be. The Western Enlightenment of the eighteenth century yielded a new understanding of science and medicine that distinguished them from the categories of religion, magic, and superstition. Indeed, at the same time that modern "science" was born, Enlightenment thinkers invented the category of "religions" to contain all the things that men like Locke and Hume thought could not be accounted for by rational inquiry and investigation.¹ It is as much a condition of modernity to think of "religion" as separate from "medical science" as it is to think of "medicinal science" as separate from "religion." Such a Post-Enlightenment worldview, of course, did not obtain in Byzantium. If Byzantium seems to have blurred these categories, it is because these strongly dichotomous categories did not exist in Byzantium, or at least not in the same way as they exist for us moderns and postmoderns. The problem in attempting to integrate medicine and religion may stem as much from our problematic understanding of what religion is as from anything else.

Thus I encourage us to think flexibly, broadly, and perhaps a bit sloppily about religion and medicine in Byzantium. In-

deed the preceding papers may demand it. To study a Byzantine medical system apart from a religious system proves impossible. What was the difference in Byzantium between religious healing and medical healing? If in some cases there appears to be a difference, is that difference consistent or stable? Underlying that problem is another problem of distinguishing a difference between physical healing and salvation.

One place to gain leverage on this slippery problem is a liturgical hymn by the great sixth-century poet Romanos the Melodist, who composed and chanted at the Church of the Theotokos in the Kyrou district of Constantinople through much of the reign of Justinian. In his Good Friday dialogue between Mary and Jesus, Mary queries why the Christ is so eager to be crucified.² He responds by configuring the crucifixion, descent into hell, and the resurrection in medical terms. Adam and Eve are very sick; it must have been something they ate. Jesus explains to his mother:

By intemperance, by gluttony
Adam became ill and was borne down to the
lowest hell.
While Eve, who once taught him disorder,
groans with him, for with him she is ill,
that together they may learn to keep the
physician's order.³

Humanity has fallen from good health by failing to keep doctor's orders. Romanos frames Adam and Eve's condition, and indeed the human condition, not merely as a spiritual disease, but as a physical illness, one resulting in the death of the body. Their salvation depends on their physical healing. Now desperate measures are required.

Romanos revives the medical conceit two stanzas later as Christ explains that he must descend into hell in order to make a house call. (I remind you that Dr. Miller has taught us that in Byzantium house calls were very expensive.)⁴

Be patient a little longer, Mother, and you
will see
how, like a physician [καθάπερ ἰατρός], I
undress and reach the place where they lie
and I treat their wounds,

cutting with the lance [λόγχη] their calluses
and their scabs.
And I take vinegar [ὄξος], I apply it as
astringent to the wound,
when with the probe of the nails I have
investigated the cut, I shall plug it with
the cloak.
And, with my cross as a splint,
I shall make use of it, Mother, so that you may
chant with understanding,
"By suffering he has abolished suffering,
my Son and my God."⁵

In Romanos's creative rereading of the crucifixion, the instruments and elements of the Passion of Christ become salvific agents restoring humanity to health. The lance, the vinegar, the nails, the cloak, and even the cross itself are put to use in a surgical procedure. Jesus is the "Good Doctor." His harrowing of hell effects a salvific healing. The overlay of medical practice and the narrative of salvation presents a powerful metaphor, but it is more than a mere metaphor. The analogy between healing and salvation engages in serious theological work.

The analogy between the work of doctors and the work of Christ is embedded in the Greek language itself. It is useful to remember the wide semantic range of *sōzō*, both "to heal" and "to save." Elsewhere in the poem Romanos has Christ say, "In this [flesh] I suffer [πάσχω], and in this [flesh] I save [σώζω]."⁶ But in light of the passages quoted earlier, we might also translate, "in this [flesh] I heal."⁷

Indeed Byzantine theologians consistently made analogies between salvation and medicine. They configured the Eucharist as medicine and the literary lives of the saint, the words of the saints, and the Holy Scripture as "salvific food," ingested through the ear for spiritual nourishment.⁸ Such metaphors reveal a wide range of Byzantine medico-religious realities. Medicine presented one of the dominant modes in which to think about religion. And if Romanos employed medicine to think about the economy of salvation, he also provided the economy of salvation as a place to think about medicine.

Of course Byzantines knew the difference between medical practice and pious practice, between a doctor and a healing

saint. However a text such as the seventh-century *Miracles of Artemios* complicates a dichotomy between religion and medicine even while it seeks to maintain one.⁹ While texts associated with shrines cued Byzantine Christians to see the limits of medicine as an invitation to rely on the saints, this is not the whole story. Among Byzantine healing saints, Artemios was a specialist, principally effective in curing male genital ailments, especially testicular hernias. Other scholars have noted the text's frequent jabs against doctors. One suppliant at the shrine, who at the moment was straddling the tomb of Artemios so that his swollen scrotum could make contact with the holy coffin, swears an oath to the saint, "Holy Artemios, by God Who had given you the gift [of cures], no doctor on earth will ever touch me again."¹⁰ Elsewhere in the text, as John Haldon has observed, "Doctors, surgery and medicine in general are condemned or pilloried for their failings, the pain and suffering to which they often lead, and the cost entailed."¹¹

But as Haldon and Miller point out, St. Artemios himself often appears in visions as a doctor, and gives the impression of being like a doctor making the rounds. In fact the text reveals a complex relationship between miraculous healing and the medical profession. Artemios himself employs techniques (usually in his patients' dreams) that were consistent with medical practice: lancing pus from a diseased scrotum or manipulating distended guts back up into the abdominal cavity. A resident of the capital, originally from Amastris, presented at the shrine with a painful boil on his scrotum. The resident priests of the church gave him a wax-salve concocted from oil of the lamps of St. John the Baptist and of St. Artemios. The man applied this to his scrotum. "This took place at the fourth hour, but at noon the servant of God stood near him and, pretending to touch him, made an incision with a scalpel and all the holy house was filled with a stench."¹² Not only is Artemios imagined as employing the instrument of surgery, but those present in the church also functioned like an attending staff, bringing "warm water and sponges and with their own hands spong[ing] off the effluvium from the sore." The Amastrian left the shrine making a poultice of the saint's wax.

In another case doctors could not cure an outbreak of venereal lesions on the tip of a young man's penis. (They had ruled out amputation.) Artemios appeared to recommend tying a rag soaked in salt and vinegar to the afflicted member. This treat-

ment cleared up the condition in two days. As the text remarks, "The man who had experienced this still survives proclaiming and recounting the glory of the martyr and many who have succumbed to the same disease, not only men but women also, he enjoined to employ the same treatment."¹³ Thus at the same time that the text records attitudes critical of doctors, it exhibits a basic and explicitly medical knowledge of the conditions treated and presents a highly medicalized notion of the miraculous healing available at the shrine.

The criticism of doctors in miracle collections was commonplace.¹⁴ Perhaps it reveals more tension with the doctors themselves than with medicine. The anonymous author of the *Miracles of Thecla*, composed between 444 and 448, himself had once developed a coal-colored spot on his index finger, which doctors diagnosed as anthrax.¹⁵ (In Greek, *άνθραξ* means "coal.") The doctors feared that the "thoroughly burning and inflaming illness" would spread to other parts of his body and cause death. Therefore they determined to amputate his finger the next morning. Just at dawn, while in a half-dreaming state, the author saw Thecla appear to shoo away a swarm of wasps that were about to sting him. When he awoke he was cured of the anthrax. When the doctors arrived "knife in hand" and ready to perform surgery, they were amazed, although, as the author points out, they complained that they had been cheated out of their fee.¹⁶ The story seems to be at the doctors' expense, although it does not conflict with basic medical protocols. And we must not forget, as Miller points out, that many other miracle-working saints had been doctors. The iconography of Sts. Kosmas and Damian and St. Panteleimon includes their *panaria* (medicine boxes). St. Sampson, a doctor in fourth-century Constantinople, gave rise to both a shrine and a *xenon*. Moreover medical knowledge and therapies informed widespread Orthodox religious practices.

Ascetic discipline integrated medical knowledge in a project not so much concerned with an individual's physical health as with his or her participation in salvation. Teresa Shaw's work on the food asceticism of Christian women, entitled *The Burden of the Flesh: Fasting and Sexuality in Early Christianity*, has shown how medical theories of diet's relationship to sexuality informed the adherence to regimens avoiding meat and wine and favoring raw vegetables and simply cooked pulses.¹⁷ Medical theory charted the path to redemption. And the infusion of medical

perspectives on diet did not merely inform the religious lives of monastics and renunciants. Once Athanasius had configured an elaborate system for lay fasting and sexual renunciation during Lent, Christian lay practice also participated in periodic medico-religious therapies.¹⁸ The practice of Christianity in Byzantium included adherence to a salvation diet. Moreover the monastic control of diet, the strict regulation of sexuality, the punishing regimen of sleeplessness, genuflexion, and *proskynesis* were not merely directed toward individual salvation. Byzantine monastic teachers and theologians repeatedly interpreted asceticism as a therapy undertaken for "the life of the world." With the monastic life as a whole, we are not speaking merely of healing, but rather of monastic participation in the divine *oikonomia*, an *oikonomia* of universal salvation and healing.¹⁹

Perhaps then there is a need for a remystification of Byzantine health care practices together with a reassessment of a Byzantine theology of health care. The preceding papers on the history of the hospital offer some clues as to how this might be accomplished. Professor Crislip's work on the monastic origins of the hospital shows how the earliest Christian infirmaries functioned as organs of the monastic institutions in which they occurred and as regular features of monastic life, governed by monastic rules and enclosed within monastic precincts. It would be a mistake to attempt to view them apart from the range of elements, both architectural and organizational, established to make the common ascetic life possible, which included kitchens and refectories, oratories, chapels, and churches, the structures in place for the production of agriculture and handicrafts, and so forth. We find such concern for accommodating and caring for the sick through the entire Byzantine monastic record from the world of Pachomius to the *typikon* of the Pantokrator monastery.²⁰ The eleventh-century Evergetis *Typikon*, like the Pachomian evidence, is worried about how to balance the need for the sick to bathe with the problem of monks seeing each other naked.²¹ Crislip rightly situates the origin of monastic health care structures in the desire for the monastery to meet all the needs, both worldly and otherwise, that a monk might have over the course of a life. The infirmary was nearly as necessary as the chapel. And it was in the chapel, of course, where a monk might offer suffrages on behalf of the sick and the dying. Crislip's Egyptian evidence also raises questions about the monastic doctor. In the early period we are speaking principally of

physicians who left towns and cities to join monasteries, but as time went on, of course, monasteries became one of the places in Byzantine society where medical training was available, although, unlike in the West, it never became the only place. How might the monastic doctors of Byzantium shed light on the integration of medical and religious practice? And what does this evidence tell us about the gender of nursing as an emerging profession within monastic communities?

If Crislip's willingness to talk about monastic health care using such current terms as "outpatient care," "inpatient facilities," "health care providers," and "ancient health maintenance organization," even the use of the word "hospital" risks anachronism, it also jars us into accepting analogies between the shapes of pre-modern and postmodern concerns for human health and human frailty. The Byzantine distinctions that Miller illuminates among hospitals, hospices, and old-age homes suggests a sophisticated understanding of both the possibilities and the limits of Byzantine medicine's abilities to heal. A historical medical anthropology constructed on analogies with contemporary HMOs, however, risks missing some key elements of the culture of healing that were nearly universal in Byzantium, for these *xenones* were all religious institutions. The context for understanding both health and sickness was not what we might call "secular."

The monastic infirmary was not the only religious context in which the hospital was born. Dr. Miller has argued that the *xenon* of St. Sampson, attached to the holy doctor's shrine next to Hagia Sophia, was established before 450 and was flourishing from the sixth century on. Healing shrines commonly provided explicitly medical care either onsite or nearby. Miller has argued convincingly that *xenones* were indeed hospitals and not merely hospices. They were dedicated to providing medical treatment in hope of a cure. However Miller's suggestion that the *xenones* were "exclusively medical" takes evidence for the division of function among a variety of institutions—hospital, rest home, hospice—and rereads it in terms of a modern hospital/nonhospital split. These institutions should not be taken to have been "exclusively medical" in a sense of concern to this volume's conversation. These charitable institutions, attached to or contained within religious institutions, were always also religious institutions, invested with religious obligations and reflecting religious values. The problem has less to do with the imposition of modern categories

of the medical, and more to do with the poverty of modern conceptions of the religious. The xenones were in no way secular institutions. As Miller points out the xenones "saw spiritual comfort as a central part of their program of treatment" and "maintained chapels." Patients could make Confession and receive Communion. But this is not principally what marked the xenones as religious institutions. In Constantinople xenones were attached to monasteries, such as the Pantokrator, or to healing shrines, such as the early Byzantine foundations of Kosmas and Damian at the Kosmidion or of St. Sampson next to Hagia Sophia, and in close proximity to and association with the shrine of St. Artemios. The description of their location, however, tells only part of the story. The care given in these xenones was not conceived as "exclusively medical," and the treatment received was not understood by patients as "exclusively medical." The practice of medicine in these places was integrated into Byzantine religious practice. The doctors worked in the context of a religious institution, and patients came to a religious institution in order to receive care. These facts blurred distinctions between medical practice and Byzantine religious practice.

The foundation of institutions offering such social services to the public was of great interest to the Church, as the following example illustrates. A seventh-century text known as the *Vision of Kaioumos* tells the story of a wealthy shipowner, merchant, and landowner named Philentolos, who did great works of charity for the poor and the orphans and who built a hospital (*nosokomeion*).²² After his death controversy arose among the bishops of Cyprus about whether the Church could accept his generous donations of the foundations and the money to run them, since the man was also a notorious fornicator. According to the narrative, in order to resolve this issue, the archbishop of Constantia/Salamis consulted monks in monasteries, as well as stylites and hermits. God revealed in a vision to one hermit named Kaioumos that Philentolos was neither in heaven nor in hell, but was standing between the two with the souls of unbaptized children and saved from eternal fire by his generosity. The vision licensed the Church's use of Philentolos's philanthropic legacy. The story of the donation of a hospital by a wealthy if morally flawed man expresses an ideology of religious giving. While the vision suggests the Church's concern to exercise some caution in accepting donations, the publication of the text and the circulation of

the story suggest an effort on the part of the Church to promote philanthropy as a form of penance or at least as an act of salvific good work. Thus, and in short, the history of Byzantine medical institutions that Crislip and Miller provide us is already a history of Byzantine religious institutions and a history of Byzantine religious practice.

Crislip offers a further complication to our quest for a distinctly Byzantine tradition of healing in his example from a papyrus herbal, a compendium of knowledge about the use of medicinal plants. While his evidence shows a continuity with pre-Christian Egyptian medicine, it also shows a continuity across a blurry line with Egyptian so-called magic. In fact such knowledge and traditions were not exclusive to Egypt; it is only an accident of preservation that provides the scholar with lots of Egyptian evidence for a way of averting and coping with misfortune that was in fact pan-Mediterranean. So-called magical papyri discovered in Egypt offer recipes to cure a wide range of ailments both common and obscure. In these texts herbal and organic therapies mix with liturgical incantation and entreaties to a variety of *daemones*, chthonic beings, members of the heavenly host, and even Christ. This also is part of the Byzantine health care system, and only the blinders brought from Post-Enlightenment definitions of medicine, and among religion, magic, and superstition, would allow us to see it entirely otherwise. And this is to say nothing of the wide variety of Christian amulets entreating Christ and the saints for cures or harnessing divine power to ward off illness and misfortune. These too were part of the medico-religious culture of Byzantium.²³

In sum Byzantines' ideologies of health and salvation were deeply intertwined. Medical analogies informed an understanding of divine oikonomia. Healing shrines and hospitals coexisted without contradictory practices or mutually exclusive epistemologies of the body on the mend. Charitable institutions were instruments of divine grace. Christ the doctor healed through the organs of his church, and God was the first and foremost philanthropist or lover of humanity. Religion was not a place to put all the things that weren't scientific.

The conceptual overlap between religion and medicine in the Byzantine hospital provides an entrée into the question of "holistic healing" in Byzantium. On some level, of course, there was no such thing as "holistic healing" in Byzantium. Caring for

the "whole" patient with integrative therapies that mixed what we might call science and what we might call religion was likely the norm. Our concept of "holistic" healing is a reaction to the concept of a markedly nonholistic approach that emerges only in modernity. But this means that *both* nonholistic healing and holistic healing are products of the Enlightenment and features of modernity. Modern medicine was born of a particular sort of distinction between religion and medicine that cannot be found in Byzantium. The contemporary quest for holistic therapies is a product of a worldview that separates religion and science in a particular way. This is not to suggest that Byzantines did not also conceive medicine as somehow different from religious practice, but it is to caution that they did not perceive it as different in the same way that we might. This volume's search for a cure to our own health care system's ailments among the medico-religious synthesis of Byzantium is laudable: it requires a qualifying perspective that rethinks not only Byzantine medicine but Byzantine religion as well.

Notes

1. For perspective on the invention of "religion" and "religions" as categories of analysis, see Peter Harrison, *Religion and the Religions in the English Enlightenment* (Cambridge: Cambridge University Press, 1990) and David Chidester, *Savage Systems: Colonialism and Comparative Religion in Southern Africa* (Charlottesville: University Press of Virginia, 1996).
2. Romanos the Melodist, *Hymns 19*: edition: *Sancti Romani Melodi Cantica Genuina*, ed. Paul Maas and C. A. Trypanis (Oxford: Clarendon, 1963); Romanos the Melodist, *On the Life of Christ: Kontakia*, trans. Ephrem Lash (San Francisco: HarperCollins, 1995), 143–50.
3. Romanos, *Hymns 19.10*.
4. Timothy S. Miller, *The Birth of the Hospital in the Byzantine Empire*, 2nd pbk. ed. (Baltimore: Johns Hopkins University Press, 1997), xiv–xv.
5. Romanos, *Hymns 19.13*.
6. Romanos, *Hymns 19.6*.
7. See *A Greek-English Lexicon*, compiled by Henry George Liddell and Robert Scott, revised and augmented throughout by Sir Henry Stuart Jones, 9th ed., with supplement (Oxford: Oxford University Press, 1968) and *A Patristic Greek Lexicon*, edited by G. W. H. Lampe (Oxford: Oxford University Press, 1961), s.v. $\sigma\phi\zeta\omega$ and derivatives.
8. For some examples, see Derek Krueger, *Writing and Holiness: The Practice of Authorship in the Early Christian East* (Philadelphia: University of Pennsylvania Press, 2004), 141–49.
9. Text, translation, and studies are in Virgil S. Crisafulli and John W. Nesbitt, *The Miracles of St. Artemios: A Collection of Miracles Stories by an Anonymous Author of Seventh-Century Byzantium*, translated by Virgil S. Crisafulli with an introduction and commentary by Virgil S. Crisafulli and John W. Nesbitt, supplemented by a reprinted Greek text and an essay by John F. Haldon (Leiden: Brill, 1997).
10. *Miracles of Artemios 21*.
11. Haldon, in Crisafulli and Nesbitt, *The Miracles of St. Artemios*, 44.
12. *Miracles of Artemios 3*.
13. *Miracles of Artemios 20*.
14. See Alice-Mary Talbot's contribution in this volume.

15. *Life of Thecla and Miracles of Thecla*: see Gilbert Dagron, ed., *Vie et miracles de Sainte Thècle: Texte grec, traduction et commentaire* (Brussels: Société des Bollandistes, 1978). See also Gilbert Dagron, "L' Auteur des 'Actes' et des 'Miracles' de Sainte Thècle," *Analecta Bollandiana* 92 (1974): 5–11. Translations are my own. For an excellent study of the phenomenon of Thecla piety, see Stephen J. Davis, *The Cult of Saint Thecla: A Tradition of Women's Piety in Late Antiquity* (Oxford: Oxford University Press, 2001).
16. *Miracles of Thecla* 12.
17. Teresa Shaw, *The Burden of the Flesh: Fasting and Sexuality in Early Christianity* (Minneapolis: Fortress, 1998).
18. David Brakke, *Athanasius and the Politics of Asceticism* (Oxford: Clarendon, 1995), 182–98.
19. See, for example, Lars Thunberg, *Microcosm and Mediator: The Theological Anthropology of Maximus the Confessor*, 2nd ed. (Chicago: Open Court, 1995).
20. "Pantokrator: Typikon of Emperor John II Komnenos for the Monastery of Christ Pantokrator in Constantinople," trans. Robert Jordan, in *Byzantine Monastic Foundation Documents*, 5 vols., ed. John Thomas and Angela Hero (Dumbarton Oaks, 2000), 2:745.
21. "Evergetis: Typikon of Timothy for the Monastery of the Mother of God Evergetis," trans. Robert Jordan, in *Byzantine Monastic Foundation Documents*, 2:491.
22. F. Halkin, "La vision de Kaioumos et le sort éternel de Philentolos Olympiou (BHG 1322w)," *Analecta Bollandiana* 63 (1945): 56–64.
23. See *The Greek Magical Papyri in Translation, Including the Demotic Spells*, ed. Hans Dieter Betz (Chicago: University of Chicago Press, 1986); *Ancient Christian Magic: Coptic Texts of Ritual Power*, ed. Marvin Meyer (Princeton: Princeton University Press, 1999); *Curse Tablets and Binding Spells from the Ancient World*, ed. John G. Gager (New York: Oxford University Press, 1992).

Chapter 6

Faith and Healing in Sacramental Life: The Byzantine and Modern Greek Orthodox Experience

Demetrios J. Constantelos

When sickness strikes, the body pains and the spirit faints, but faith in God sustains and healing gains. Do I speak from experience? Yes, I do! But I also speak from the study of history and theology—history as *historia*, an inquiry, as Herodotos defines it, is a quest to understand the nature of man and his deeds in time and space. It is not enough to teach abstract theology and preach from the heights of a hill, for I have learned as a pastor of fifty years and a teacher of forty that *theologia* without a *viomatiki empeiria*, an experiential life, remains an abstraction.

History confirms that, when sickness knocks, man instinctively turns to God. Few, if any, are the brave minds that in time of illness rationalize and surrender to their fate. Whether one studies the attitude of people in antiquity, the middle centuries, or of recent years, sick people of all walks of life, of every creed, color, and social and intellectual state, one discerns a common attitude toward the Divine. The relationship between divinity and healing is confirmed by the history of every nation on the earth.

The spiritual unity of humankind is manifested primarily in the religious experience of healing. To be sure, there is one world that includes many gods, but the diversity of divinities turns into unity in the belief that God is the first source of healing. Before people turned for assistance to fellow human beings, they turned to God. Means of purification, bathing with water of sacred