

## **Mainline Protestant Views of Personal and Social Health**

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### **Introduction**

Since their inception during the Reformation of the sixteenth century, Protestant traditions commonly referred to as “mainline” have devoted much thought and energy to issues of health. Even though there are important historical and contemporary distinctions between mainline Protestant denominations, it is possible to identify a number of shared theological and social vantages.

Theologically, mainline Protestants visualize God as parent, lover, and healer, whereas their conservative counterparts frequently represent God as father and lawgiver. Mainline Protestants do not emphasize the existence of evil as an embodied entity (i.e. Satan) active in the world. They uphold Christ’s ability to offer redemption from sin to all believers. Unlike conservatives who often profess an inerrant stance toward scripture, these adherents view the Bible as created by fallible human beings under divine inspiration in particular historical and cultural contexts. However, scripture is still regarded as a divinely inspired guide for living and one’s quest for salvation.

In the realm of social ethics, liberal Protestants have historically placed greater emphasis upon community action rather than evangelization. Instead of a world-rejecting premillennialist view held by many conservatives--one that sees humanity as increasingly depraved and a cataclysmic apocalypse as immanent--they have opted for an optimistic postmillennialism that offers the opportunity for social betterment in anticipation of Christ’s Second Coming. This viewpoint has led mainline advocates to welcome modern scientific advancements (such as evolutionary theory), to ally themselves with those who view the earth as billions rather than thousands of years old, and to promote an alliance between the Bible, tradition, and science as the primary sources for social policies and beliefs.

This accentuation of community by mainline Protestants has led to a number of societal programs. For example, the Social Gospel Movement of the late nineteenth and early twentieth-centuries brought together a wide array of liberal Protestants to combat newly burgeoned problems related to industrialization and urbanization. Furthermore, within the past thirty years mainline Protestant traditions like the United Methodist Church, the Episcopal Church, the United Church of Christ, and the Presbyterian Church

(USA) have become more open to the ordination of women, the presence of gay and lesbian people within congregations, and dialogue concerning abortion and genetic manipulation. Mainline Protestant denominations have typically opposed slavery, racial segregation, oppressive patriarchal household relations, capital punishment, and public school prayer.

The discussion of mainline Protestant views of health offered below includes studies of the Lutheran, Reformed, Anglican, and Disciples traditions. Methodism is addressed in a separate essay. These faith groups by no means represent all that could be included in the mainline fold. Instead, this is a selection of some of the larger denominations. Other traditions that identify as mainline or liberal and offer a holistic vision of health would include the American Baptist Churches, the Church of the Brethren, the Friends United Meeting, and many others too numerous to detail in this brief essay.

A notion of strong individualism spawned from the Reformation continues to influence the ways that mainline Protestants view health. Martin Luther and other reformers stressed ideas of individual responsibility and discipline that surface in all the considerations of health mentioned below. They suggested that each person could cultivate an unmediated relationship with the divine and thus play a vital role in his or her own salvation. Although reformers such as John Calvin and John Wesley often emphasized the necessity of physical regimens meant to purify one's body as "temple of the Holy Spirit," the cultivation of mental well-being has always been important within mainline groups. Health concerns have also been integrally linked to the social realm and conceived of as inherently communal. This is reflected in the dual role of clergy-physician practiced by many ministers; the founding of hospitals, orphanages, and mission societies; and coalitions with modern science and political establishments that have sought to alleviate poverty, hunger, abuse, or injustice. Finally, all mainline traditions have historically exhibited a concern for spiritual health, claiming that despite the individualistic stance of Protestantism, devotees require support from a spiritual community if individual piety is to become fully manifest.

As with other essays, the discussions of mainline traditions offered below divide health and well-being concerns into four separate domains: physical, mental, social, and spiritual. However, the historically holistic approach among such groups often makes these distinctions somewhat arbitrary. As will be seen, both historical and contemporary

mainline Protestants have sought to integrate these various health arenas. Thus, categories frequently overlap and intermingle within presentations of individual traditions. By calling for a unification of physical, mental, social, and spiritual perspectives, mainline Protestant adherents have voiced the necessity of harmonizing these categories in a multiplicity of ways since the early sixteenth century. These bodies have always held that health and wellness is more than the mere absence of physical disease. In contemporary times, Lutheran, Reformed, Anglican, and Disciples traditions continue to emphasize the mutuality of all domains of health and to actively work toward well-being at the personal, congregational, and societal levels.

### **The Lutheran Tradition:**

Martin Luther (1483-1546) instituted the Protestant Reformation in 1517 to transform a Christian tradition he thought was mired in an emphasis upon works rather than a quest for grace. He rebutted the Roman Catholic position that salvation was contingent upon a person's good deeds. Luther asserted that deliverance was solely the work of God and a product of lives situated within an ongoing struggle between faith and doubt or wellness and illness. He placed forgiveness of sin outside the realm of human acts. He emphasized life and health as divine gifts offering the possibility of healing to those able to manifest appropriate piety. As one who suffered myriad illnesses during his lifetime and witnessed much suffering and religious persecution, Luther urged his followers to exhibit trust in God and belief in a redemptive plan--not in order to escape affliction but rather to place it (as with all things) in the hands of the divine (Lindberg, 1986, pp. 173-176).

### **Physical Health**

Although individualism is often put forth as the hallmark of the Reformation, Luther's emphasis upon personal ethics and the vocation of serving each neighbor as a "little Christ" broadened his movement's purview to include a concern for community-wide physical health. He believed that Christians were responsible for not only alleviating suffering but also for preventing it. He supported the establishment of public welfare institutions such as hospitals while advocating for health care and sanitation education. Through his theology, he helped facilitate a "paradigm shift" in the world of medieval science founded upon induction and experience. He emphasized the integral

link between this world and the divine. He believed that a “calling” (divinely-ordained occupation) gave godly sanction to practices of science and medicine grounded in nature. By broadening the definition of a “vocation” to include more than the narrow confines of the priesthood, Luther argued that all areas of life could be imbued with a theological-ethical dimension (Lindberg, 1986, pp. 176-183).

In the contemporary United States, Luther's theology of unselfish love and its manifestation in life have been primarily exhibited by the establishment of hospitals. To address the needs of Lutheran immigrants, the church opened its first American hospital in Pittsburgh in 1849. By 1960, Lutherans joined Methodists as the leading Protestant providers of institutionalized health care in the country (Muelder, 1961, pp. 308-311).

However, by this juncture immigrant communities had largely assimilated and so these institutions adopted a more ecumenical orientation. The Evangelical Lutheran Church in America (ELCA), like all mainline Protestant denominations, positions physical health within a larger holistic vision. In a 2001 publication, the ELCA called for health care providers to: view each individual as unique instead of as "a set of symptoms or diagnoses"; offer "culturally competent" services; take seriously the needs and desires of "those without power in society"; and employ technology without viewing it as an "end in itself." Although these dictates place great responsibility upon those who practice medicine and provide health care, this statement concluded that physical health begins with individuals who appreciate "the wonderful gift of life" and are willing to serve as stewards of that gift. This stewardship can be personally enacted through simple practices such as eating sensibly, exercising regularly, getting good sleep, avoiding tobacco, using alcohol sparingly, and seeking the counsel of doctors when necessary (Evangelical Lutheran Church in America, 2001, pp. 26-29).

## **Mental Health**

Although Luther respected his sixteenth-century medical establishment and its ability to treat external illness, he also felt that sickness was not merely the product of physical causes. As he wrote, “Our physical health depends in large measure on the thoughts of our minds. This in accord with the saying, ‘Good cheer is half the battle’” (Tappert, 1955, p. 17). His theology of human nature was underscored by a view that both body and soul are unconditionally accepted by God. The essential basis for well-

being is seeking justification by grace alone. While one could never fully overcome sinfulness, he or she must nevertheless remain “healthy in hope” by remembering that God offers salvation to even the worst of sinners (Lehmann & Pelikan, 1955, p. 260). Luther embraced the scientific advancements of the burgeoning Enlightenment and thus promoted a close working relationship between doctor and pastor. By rejecting the notion that disease equaled divine punishment, he marked life as an ongoing struggle in which an individual combats pain first through faith and second through seeking human aid.

Currently, the Lutheran Network on Mental Illness/Brain Disorders ([LNMI](#)) recommends a number of ways to act upon the founder of their tradition's mental health emphases. The LNMI encourages congregants to: participate in local chapters of the National Alliance for the Mentally Ill; join a Compeer program and serve as a friend to someone with mental illness; host a forum on the topic during an adult Sunday school class; start/maintain church outreach programs aimed at welcoming those with mental illness to worship services; or ally congregational plans with ecumenical bodies that have a mental health focus such as [Pathways to Promise](#) or the [Stephen Ministries](#) program. By enacting such initiatives, local churches can become involved in the ELCA's broader mental health focus--a concern demonstrated yearly since 1996 via the All-Lutheran Candlelighting for Mental Illness.

## **Social Health**

Luther's communal health emphases were augmented by the influences of the Pietist movement in the seventeenth century. Pietism objected to what was deemed an undue focus upon doctrine by orthodox Lutheran contemporaries. It protested a replacement of Luther's focus upon living faith by staunch dogma. Philip Spener, the “Father of Pietism,” instituted a revival in pastoral care founded upon Christian charity by stressing ethical renewal and the merits of thrift, honesty, and diligence. As he stated, “They [Pietists] must become accustomed not to lose sight of any opportunity in which they can render their neighbor a service of love” (cited in Forell, 1971, pp. 262-263). By making human service central to his movement, Spener and others worked toward the establishment of social service institutions such as orphanages, hospitals, and missions.

During the nineteenth century, Lutherans reacted to the newly arisen problems of industrialization and urbanization by developing the Inner Mission and the deaconess

movements. Aware of the tribulations of urban poverty, clerics such as Johann Hinrich Wichern established rescue homes for neglected children, offered job training and education, and lauded the curative powers of leisure and sports. In time, the movement was broadened to include prison reform and care for the homeless and people with disabilities. The diaconal movement, like the Inner Mission, found its roots in Luther's understanding of vocation and the universal priesthood. Begun in the early nineteenth century, this program sought renewal of women's ministry in the church to assist released female prisoners, the sick, orphans, and the outcast. A contemporary formulation of the diaconal movement reads: "Because alienation from God is the deepest affliction of persons and because salvation and well-being belong indivisibly together, *diakonia* takes place in word and deed as wholistic service to persons" (Von Hase, 1981, p. 660).

On the national level, the ELCA has, within the past thirty years, issued statements on capital punishment, aging, sex, ecology, and other pressing social health concerns. Moreover, [Lutheran Services in America](#), an alliance of the ELCA, the Lutheran Church-Missouri Synod, and nearly 300 social ministry organizations, assists individuals with hospital and residential care, emergency aid, and other social services. Internationally, [Lutheran World Relief](#) works to improve harvests, health, and education in fifty countries each year. Thus, although the individualistic focus of the Reformation is still evidenced in the church's theological orientation, social ethics are vital. At a denominational conference on health, healing, and health care, the conferees stated, "As the church addresses faith questions it addresses societal issues. Health is not just the health of a whole person but of the whole society. Health is part of the mending of creation, but it must always be seen in the larger context of justice" (Lindberg, 1986, p. 198).

## **Spiritual Health**

Although Lutherans have historically placed importance upon aiding the misfortunate and oppressed, many contemporary adherents continue to support the primacy of faith and the seeking of personal grace. Sensing that Satan had a hand in many cases of disease, Luther prompted his followers to incorporate spiritual tactics into their quest for well-rounded health and labeled this approach a "higher medicine, namely faith and prayer" (Tappert, 1955, p. 46).

Sensitivity to issues of health has permeated all levels of the contemporary church. On the liturgical level, prayers for life crises such as addiction and surgery have augmented traditional rituals for birth, marriage, and death. On the congregational level, Lutheranism has witnessed a growing openness to ecumenical resources oriented around caring and curing. Faith communities now have greater access to regional health mission projects and printed programmatic material aimed at facilitating spiritual health. Many modern-day congregations also choose to utilize such resources within Bible studies and retreats, and thereby hope to actualize Luther's embrace of "higher medicine."

### **The Reformed Tradition:**

Like the Lutheran tradition before it, those in the Reformed tradition (primarily Presbyterians and Congregationalists) trace their origins to the European Reformation of the sixteenth and seventeenth centuries. John Calvin (1509-1564) became the most important figure within this Protestant movement through his passionate personality, multiple commentaries on the Bible, and work in Geneva, Switzerland. Those in the Reformed tradition acknowledge God's providential governance of both natural and human affairs, profess that all human life must be viewed as subject to God's will and Christ's redemptive power, and claim that well-being cannot become manifest until God's reign is fulfilled. Reformed Protestants stress Jesus' grace as that which has restored persons to their right relationship with God after the severing of an initial human-divine concord in the Garden of Eden. They share a covenant theology viewpoint that calls for all personal and public life to be brought into agreement with God's eternal dictates (Smylie, 1986, pp. 204-206).

### **Physical Health**

Although Calvin viewed relinquishing of control to God as primary, he also put forth many practical disciplines capable of facilitating physical well-being. Among his list of necessary practices included "quietness of mind; cheerfulness of spirit; a sober use of meat, drink, physic, sleep, labor, and recreation; charitable thoughts, love, compassion, meekness, gentleness, kindness; comforting and succoring the distressed, and protecting and defending the innocent" ("The Larger Catechism," 1956, pp. 157-158). As this

inventory indicates, gluttony, drunkenness, and extreme behavior of any type is deemed injurious. Additionally, Calvin, like Luther, emphasized one's calling to a particular vocation, thereby recognizing usefulness in the secular sphere to be integrally linked with the possibility of salvation.

Calvinism was brought to America by English Puritans in the early seventeenth century. Reformed New England clerics such as Cotton Mather practiced medicine as well as religion. True to Calvin's call for ultimate reliance upon God, Mather underscored science's limited efficacy in relation to divine will when he wrote, "O Thou afflicted, and under Distemper, Go to Physicians in Obedience to God, who has commanded the Use of Means. But place thy Dependence on God alone to Direct and Prosper them. And know, that they are all Physicians of no Value, if He do not so" (Mather, 1972, pp. 5-8).

In the mid-nineteenth century, Presbyterians began opening hospitals to care for the sick and poor. To emulate the gospel-writer, Luke, Reformed adherents entered newly created medical schools like the Columbian-Presbyterian Medical Center of New York. Over the past 150 years, health care access and medical ethics have been vital for this physical health mission. As Reformed physician John Bryant wrote, "Whatever health services are available should be equally available to all. Departures from equality of distribution are permissible only if those worse off are made better off" (Smylie, 1986, p. 232). Reemphasizing covenantal relationships so essential in this tradition, ethicists have urged consideration of the communal aspects of life and their import for health care. Physical well-being becomes, in the words of Kenneth L. Vaux, dependent upon the promotion of both "health and dignity" (1984, p. 28).

On the congregational level, physical health is today addressed through a variety of initiatives. The Presbyterian Church (USA) (PCUSA) encourages member churches to take congregational health ministry surveys, host health fairs, create care teams that respond to the needs of individuals and families, and participate in parish nursing programs. Individual United Churches of Christ also actively pursue health programs. For instance, the [First Congregational United Church of Christ](#) in Boise, Idaho, defines the mission of its health ministry in this manner: "Following the example of Jesus, Boise First Health Ministry promotes the harmony of body, mind and spirit in an atmosphere of mutual caring and empowerment."

## **Mental Health**

Contemporarily, issues of mental illness and health are addressed through a number of Reformed initiatives exemplified by the Presbyterian Church (USA). In 1988, the General Assembly of the PCUSA adopted a resolution that called for ministry and mission to persons affected by serious mental illness. This statement stationed the church as bridge between the clinical setting and home life, urged inclusivity within congregations, and encouraged programs to learn more about mental disease and responses to "urgent" mental health issues (PCUSA General Assembly, 1988, pp. 443-446). Resources to facilitate these initiatives are available through the Presbyterian Serious Mental Illness Network ([PSMIN](#))--which provides materials and training to congregations. By drawing upon the PSMIN, participating in the annual Presbyterian Mental Illness Awareness Week, establishing special Sunday morning worship services around issues of mental health, and forming mental illness task forces, many local congregations are working to better welcome people with mental illness into their churches.

Other Reformed traditions have adopted similar emphases upon religion and mental health. In 1992, the United Church of Christ began its [Mental Illness Network](#). Constituted of representatives from hundreds of congregations, the Network possesses a number of primary concerns, including: education mediated through churches to end discrimination against those with mental illness; coordination with other faith groups around such issues; social and legislative advocacy; and modeling compassion for the rest of society. In this manner, the Mental Illness Network seeks to emulate an injunction from John 13:34-35 (NRSV) that reads, "I give you a new commandment, that you love one another. Just as I have loved you, you also should love one another. By this everyone will know that you are my disciples, if you have love for one another."

## **Social Health**

In mid-nineteenth-century America, those in the Reformed tradition began to fulfill a sense of duty to bring all to an awareness of God's power and will through a global mission scheme. By practicing medicine to evangelize the world, Reformed physicians went out to fulfill Matthew 28's call for a "Great Commission"--one meant to "make disciples of all the nations." Accompanying this nineteenth century movement was a theological liberalizing of the Reformed tradition that began to place less emphasis

on God's sovereignty and more on divine love made known in Jesus Christ. During this era, illustrious Congregationalist theologians such as Horace Bushnell and Henry Ward Beecher aided in a Reformed transition from emphasis on dying and preparation for the next life to a focus upon facilitating the development of moral communities and assisting those suffering from diseases of all types (Smylie, 1986, pp. 214-222).

In the modern day, the Social Justice Program Area of the PCUSA addresses a broad range of national and international public issues such as social welfare, community organizing, and child advocacy. The Presbyterian Health, Education, and Welfare Association ([PHEWA](#)) undertakes similar concerns through proclaiming an inclusive gospel of justice and mercy while seeking to emulate Christ's works of compassion and love. The church's bi-monthly social health publication, [Church & Society](#), offers information on racism, poverty, violence, and other social justice concerns. The United Church of Christ (UCC) includes the Justice and Witness Ministries and Justice and Peace Action Network, which enact the UCC's overarching [social health mission](#) of "doing justice, seeking peace, and building community."

## **Spiritual Health**

John Calvin rose to fame during the Reformation by advocating the sovereignty of the divine. According to Calvin, only through realizing the totality of God's power and control can humans become conscious of their covenantal relationship with God, and as a corollary, adequately fulfill their duties. He marked surrender to God's will as essential for practical and spiritual health. He wrote, "As consulting our self-interest is the pestilence that most effectively leads to our destruction, so the sole haven of salvation is to be wise in nothing and to will nothing through ourselves to follow the leading of the Lord alone" (Calvin, 1960, p. 690). As all humans are marred by the stain of original sin, everyone is in a sense dis-eased. However, by seeking God's grace, embracing God's Word, and living within a Christian community, one is offered the opportunity for health. Frequently referring to God as "Great Physician," Calvin proposed that the possibility of victory over illness, sin, and death was offered through Christ's redemptive sacrifice.

Today, health continues to be understood as a dynamic process involving body, mind, and spirit. Life in a believer community is still viewed as integral to well-being. For example, pastors and physicians in the United Presbyterian Church in the

United States of America (UPCUSA) (which became part of the PCUSA via a merger in 1983) offered a report in 1960 entitled “The Relation of Christian Faith to Health.” It stated:

### **Mental Health**

Revisions to the Book of Common Prayer over the past two centuries have been instrumental in the way that members of the Anglican tradition view sickness and health. Modifications in 1892, 1928, and 1979 have been especially significant. Most importantly, the equating of illness with sin has been stricken from these texts. In addition, the efficacy of spiritual healing has produced much debate. Influenced by Christian Science and other mind-cure movements of the early nineteenth century, the Episcopal Church in the United States was further prompted to reconsider the relationship between religion and health. While some in the tradition continue to stress spiritual approaches to the neglect of medical science, a statement by the Lambeth Conference of Bishops of the Anglican Communion in 1930 codified the position held by most contemporary adherents. As it stated, “The Church must sanction methods of religious treatment of bodily disease, but in doing so must give full weight to the scientific discoveries of those who are investigating the interrelation of spirit, mind, and body” (Lambeth Conference of Bishops, 1948, p. 182).

Currently, issues of mental health and illness are being addressed by groups such as the Episcopal Mental Illness Network ([EPIN](#)). Since 1992, the EPIN has provided a network to facilitate loving, welcoming attitudes toward those with mental illness and offered resources to clergy and lay persons around this issue. With a presence in dioceses nationwide, the EPIN's goals reflect a resolution passed by the 70th General Convention of the Episcopal Church in 1991 and reiterated in 2000. Within this decree, Episcopalians were urged to: "become knowledgeable about mental illness in order to reduce stigma and stereotypes"; "reach out, welcome, include and support persons with a mental illness"; develop specific programs around these concerns; work with existing agencies and organizations addressing mental illness; advocate for public policies that "provide comprehensive community-based services, hospital care and research into the causes and treatment of mental illness"; and make use of the resources and services offered by the EPIN (General Convention, 1991, p. 822).

## **Social Health**

A wide range of views on social issues can be found within contemporary Anglicanism. As the church possesses no centralized authority, even influential clerics such as the Archbishop of Canterbury do not speak for all believers. Thus, while all may agree, for example, that there must be some type of moral criteria for considering issues of sexual orientation, birth control, economic policies, and use of medical technology, positions are often divided along liberal/conservative lines within and between congregations. However, there does seem to be consensus regarding the necessity of basic human rights and freedoms--an accord voiced by the General Convention of the Episcopal Church when it insisted upon "the responsibility of society to provide for all . . . of whatever station, economic level, ability, or talent, those opportunities for proper growth and development" that will allow each "to exercise and celebrate his individuality within the community" (General Convention of the Episcopal Church, 1970, p. 466).

This concern for social justice has continued into the twenty-first century. On the national level, the [Episcopal Church's Peace and Justice Ministries](http://www.episcopalchurch.org/peace_justice.htm?menu=menu3626) (http://www.episcopalchurch.org/peace\_justice.htm?menu=menu3626) address criminal and economic justice, environmental stewardship, governmental relations, and a wide variety of other issues. As stated on the denomination's website, this office equips Episcopalians to carry out the promise made in their Baptismal Covenant to "strive for peace and justice and respect the dignity of every human being." Moreover, many individual congregations have incorporated social health ministries into their church structure. For instance, the [Social Justice Ministry](#) of St. Jude the Apostle Episcopal Church in Cupertino, California provides day care for seniors who need continuing supervision, supports a center for parents of children with special needs, coordinates with agencies seeking to reduce juvenile crime, and contributes to many other community-wide outreach programs. Like the Episcopal church at-large, St. Jude's hopes through its social initiatives to emulate Christ by loving one's neighbor as oneself.

## **Spiritual Health**

Due to the decentralized nature of the Anglican tradition, pronouncements about health and justice tend to be pastoral rather than dogmatic. Concern from the pulpit and

personal counseling thus override juridical standards as congregations confront health and healing on the local level. Individual judgments influenced by one's congregation and pastor are emphasized. The Joint Commission of the Episcopal Church wrote in 1973, "Ultimately, each man makes his own decisions, and the Church can only provide the support necessary to allow him to arrive at those decisions in keeping with his informed conscience with the least possible civil constraint consistent with the peace and safety of all people" (Joint Commission of the Episcopal Church, 1973, p. 590). Implied in this statement are many themes that resonate throughout all mainline Protestant discussions of faith and health, including a historical Protestant focus upon individualism and personal culpability, a concern for the larger social repercussions of such behavior, and the need for church communities to provide support and perspective for members struggling with controversial health issues.

Yet contemporary Anglican theology does offer suggestions for the cultivation of spiritual health. Reconciliation between humanity and God is necessary because of ongoing unhappiness and misery among God's creation. Life will invariably involve suffering, but this can at least be partially allayed through the forging of relationships.

While strengthening the human-divine bond is primary, the Anglican is said to be constituted by "multifarious loyalties"--allegiances that involve bonds with family, church, local community, nation, and the world. Via these relationships, one is provided hope and confidence in times of turmoil. Although spiritual health can be bred within any of these associations, the congregational dimension is most vital for human-human relationships. As a Protestant tradition that still is highly ceremonial, religious rituals are prime facilitators of such connections. Religious studies professor David Smith has written, "Rituals serve to establish community among persons both in social space and over time--with the children of God in the past and with those who are to come" (Smith, 1986, p. 14). Thus, through involvement in church activities and communion with other congregants, Episcopal adherents can alleviate suffering and further a notion of spiritual health that links them to both the past and the future of their tradition.

### **The Christian Church (Disciples of Christ) Tradition:**

The Christian Church (Disciples of Christ) is an American-born group formed in 1832 by the merging of movements led by Barton Stone (1772-1844) and Thomas (1763-

1854) and Alexander Campbell (1788-1866). Most early leaders of this tradition had been Presbyterians and Baptists. The Stone and Campbell movements rallied around notions of ecumenism and Christian union. When merger occurred in 1832, Alexander Campbell favored the name Disciples of Christ while the Stone churches generally called themselves the Christian Church. Both names have been used throughout the denomination's history. They called for an end to divisiveness amongst Protestant groups and sought to restore early Christianity by returning to New Testament principles. Those in this tradition felt that Scripture contained a pattern for all Christian thought and behavior. Putting forth the much repeated motto, "Where the Scriptures speak, we speak; and where the Scriptures are silent, we are silent," members pursued a style of religion that utilized the Bible as its only existential guide. Spreading rapidly throughout the Midwest and South in the latter nineteenth century, the movement grew to over one million members by 1906. Since it did not have authoritative denominational structures until the later 20th century, most of the organization's ideologies were disseminated through influential journals such as the Christian Standard and the Gospel Advocate. Although there is often sizeable variation between individual congregations, the Disciples of Christ has historically joined with other mainline Protestant groups in embracing social health causes and promoting holistic ideas of wellness (Harrell, Jr., 1986, pp. 376-378).

### **Physical Health**

Since first generation leaders of the Christian Church (Disciples of Christ) focused on the nature of religious unity and doctrinal questions surrounding the renewal of New Testament Christianity, they devoted little attention to issues of health or the codification of rules of personal conduct. However, Disciples did join many fellow American mainline Protestants in the nineteenth century by condemning a wide variety of behaviors they considered to be vices. Among these were smoking tobacco, the reading of fiction, and dancing. As with Methodists, Presbyterians, and others, alcohol consumption came to dominate this temperance agenda. Linking this initiative to millennial aspirations, a Disciples editorialist wrote in 1843, "Christians, is it not part of almost every prayer you offer, that God will soon open upon the world the millennial day? Are you acting in accordance with your prayers, by lending your influence to help forward this glorious cause of moral improvement [prohibition], which must prevail ere

the millennium shall fully come?" (quoted in Harrell, 1986, p. 382).

As the Christian Church (Disciples of Christ) tradition entered the twentieth century, it continued to view prayers for physical health as the responsibility of individual churches. For the Churches of Christ, a conservative schism that arose during this period, such imploring of the divine often was accompanied by belief in the viability of miraculous healings. However, more liberal Disciples adherents rejected this Pentecostal orientation and maintained a focus upon cultivating physical health through congregational and social action. For instance, prohibition advocacy gave way to the exploration of ways to treat alcoholism. Such endeavors continue to be primarily the bastion of individual congregations. As an example, the First Christian Church (Disciples of Christ) of Marietta, [Georgia's Congregational Health Ministry](#) promotes a holistic vision of health that encompasses all domains discussed in this essay. Like many other local bodies, this church's Minister of Congregational Health serves a multifaceted function as health educator and counselor, developer of support groups, trainer of volunteers, and integrator of faith and health.

On a macro-level, beginning in the late 1960s, this tradition developed a more thorough denominational structure and adopted the formal name, "Christian Church (Disciples of Christ)." Since that time, this national entity has put forth many resolutions related to physical health. For example, a 1999 statement from the denomination's General Assembly issued a call for members to "work for the establishment of health care for all, regardless of the ability to pay"; support "preventive health care initiatives"; and "advocate for initiatives both public and private to provide health care treatment for short and long term illness" (Tuttle, 1999, p. 2). Thus, although the Christian Church (Disciples of Christ) remains the most decentralized of all mainline Protestant groups, over the past thirty years it has increasingly manifested a unified voice--one which has sought to perpetuate the tradition's historical focus upon physical well-being.

## **Mental Health**

To restore the apostolic Christianity so vital to Disciples' conceptions of appropriate faith, the tradition began building institutions in the early twentieth century that possessed a heightened social conscience. While more thoroughly addressing existential issues such as the meaning of death and suffering over the past one hundred years, members of the denomination have also developed numerous projects around

issues of mental health. For instance, by 1981 the Disciples' National Benevolent Association was operating eight American centers that served 1,500 children and others with mental illness (Harrell, 1986, 390). At a 1999 convocation, the church's General Board asserted that such treatment was spiritually imperative. Within a resolution entitled "On Health Care in the United States," the Board stressed the necessity of advocating for public and private initiatives for treatment of mental disabilities and thereby provided an ideological basis for further projects around this concern (Tuttle, 1999, p. 2).

### **Social Health**

Although Disciples members vigilantly campaigned against drinking alcohol, many unified denominational efforts focused upon issues of social health often suffered due to the tradition's anti-institutional ideology. For example, opposition to missionary, Bible, and education societies was based upon the apparent lack of such organizations during the New Testament era. While this aversion inhibited the growth of benevolent associations during the tradition's infancy, denominationally-run philanthropies did arise after the Civil War. However, most Disciples continued to take a more philosophical rather than material approach to social health. Writing in the Gospel Advocate in 1882, Augusta Smith stated, "If we did not violate the laws of nature, humanity would be largely free from the pains and aches, the debility and suffering, that now renders the existence of so many miserable" (Smith, 1882, p. 274).

After 1870, liberal Disciples became increasingly concerned about social injustice as a proper Christian concern. As James A. Garrison, the foremost leader of this liberal wing, wrote in 1894:

Never before has the ministry taken so deep an interest in the great social problems which affect the well being of man in the world . . . . We would urge upon our ministers and members the importance of extending practical sympathy and aid to all wise movements, looking to the purification of our political life, the removal of unjust burdens from the shoulders of the oppressed, the enactment of laws for the better protection of the life and the health of the toiling masses, . . . in a word, to lend their influence and assistance to whatever will help to lessen crime, diminish the burdens of the weak, protect the home, purify our public life and make the world a more desirable place in which to live. (Garrison, 1894, p. 774).

As a result of this new found concern, Disciples began building hospitals, orphanages, widows homes, and other similar institutions in the early twentieth century. Expanding their foreign missions during this period, the church sponsored such initiatives in the Belgian Congo, China, and the Philippines as well as the United States. In the latter twentieth century, liberal Disciples searched for ways to accommodate their faith to rapid social change. Challenged beginning in the 1960s by issues such as homosexuality, abortion, drug use, and divorce, they have attempted over the past few decades to address these debates within the church's historical tradition.

Contemporary liberal adherents of the Disciples tradition fit squarely within mainline Protestantism. Social health concerns are made manifest through the [Christian Church \(Disciples of Christ\) Home Missions](#). Initiatives that offer a public witness to the church's emphasis upon social justice include: an AIDS Ministry Network; the distribution of anti-violence packets for use by Sunday school classes, youth groups, and peace with justice groups; the production of criminal justice workshop materials; resolutions and strategies for environmental preservation; and published materials on issues of racial justice. Most thoroughly exemplifying this focus upon social health is the Disciples Peace Fellowship (DPF). This organization was formed in 1935 and is the oldest peace organization of its type in any denomination. Originally created to facilitate the abolition of war and the creation of peace among all people in all nations, the DPF currently focuses upon demilitarization, ending the nuclear threat, abolishing the death penalty, seeking labor justice along the United States-Mexico border, and promoting corporate responsibility. Through this and many other projects, adherents continue to uphold the long-standing Disciples' slogan, "In essentials unity, in opinions liberty, in all things charity."

## **Spiritual Health**

Leaders in the Disciples tradition have always marked spiritual education as key to the pursuit of well-rounded humanity. As Alexander Campbell wrote, "True science affirms that all that is in man, and only what is in him, is to be educated; that every organ and sense and power, whether animal, intellectual, moral or religious, can be improved, and ought to be improved by education" (Campbell, n.d., p. 460). Convinced that all nature was governed by God's natural law and taught to humans through revelation and experience, Campbell and others felt that health-oriented rules could be derived from

divine dictates--a belief that thus united material and spiritual notions of well-being.

An editor for the [Christian-Evangelist](#) wrote in 1957, "It would seem that the best approach to the matter of healing by the Church would be to acknowledge freely the basic place of prayer as integral in maintaining or regaining health ("What is faith healing?" 1957, p. 650). Although not advocates of Pentecostally oriented faith healing, contemporary liberal Disciples meld spiritual health and religiously inspired moral stances with proper action in society and culture. Since the tradition's inception, it has adamantly promoted liberty of conscience in nonessential beliefs. Those in the Christian Church (Disciples of Christ) that ally themselves with mainline Protestantism refuse to provide a rigid system for all behavior. Nevertheless, they continue to assume that the cultivation of spirituality informed by God-given reason will be an adequate guide for the promotion of wellness.

## **Conclusion**

When the mainline traditions discussed above are considered in unison, a number of similarities emerge. For instance, the individualistic nature of the Reformation has led all aforementioned denominations to embrace notions of personal responsibility for physical and mental well-being. Additionally, the importance of pursuing God's grace within a believer community has induced mainline Protestants to nurture healthy church structures in an attempt to bring about spiritual wellness. Finally, social health concerns pervade all periods of mainline Protestant history. Originally spawned from a proselytizing emphasis, believers reworked their perspective during the American Social Gospel Movement of the nineteenth century into one that sought to not only convert but also to alleviate the ills of poverty, substance abuse, or dangerous working conditions.

All the denominations discussed in this essay are members of the [National Council of Churches USA](#), an organization that shares the holistic vision of health advocated by its members. It strives for peace and justice in the social, political, and economic orders. Its constitutive denominations engage in a wide variety of ecumenical activities focused upon eco-justice, justice for women, migrant labor conditions, and a host of other concerns. Thus, contemporary mainline Protestants work on a wide variety of levels to bring about physical, mental, social, and spiritual wellness.

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