

## **Roman Catholic Views of Personal and Social Health**

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### **Introduction**

Catholicism, from the Greek word *katholikos* ("general" or "universal") is a name applied to two strands of Christianity. The term has been used since the first centuries of the Common Era (C.E.) to describe the original movement founded by Christ and the Apostles. Thus, many groups utilize "catholic" in the general sense to denote their relationship to the early church (e.g. the Roman Catholic Church, Orthodox Christian churches, and the Anglican churches). In a narrower sense, the word refers to the "One Holy Catholic and Apostolic Church" governed by the pope and Vatican, which is the largest Christian denomination in the world. In casual usage, "Catholicism" usually suggests adherents of the Latin or Roman Catholic Church (Bahr, 2004).

The roots of Roman Catholicism (a title that was not in common parlance until the sixteenth century) can be traced to the earliest decades of Christianity. Numerous developments in the first four decades of the Common Era codified the church that would eventually dominate Medieval Europe. Essential for the identity of Roman Catholicism among these early developments was the formulation of the Apostles' Creed and the Nicene Creed. The Apostles' Creed was so named because it is a summary of essential Christian beliefs as held at the time of the Apostles. Although parts of this statement can be traced to the first or second centuries, its current form probably dates from the seventh century. The creed affirms doctrines such as the existence of a Trinity, Jesus' virgin birth and resurrection, and a future time when Christ will return to judge the living and the dead. The Nicene Creed, originally drafted in 325 C.E., elaborated upon these principles and has become (in various forms) the profession of Christian faith for all Catholic and Orthodox churches and most Protestant denominations.

Despite these similarities, essential differences that separate Roman Catholicism from its Christian brethren include: the church as official agent and mediator between the people and God; the respect of tradition (or authoritative beliefs such as the writings of Church Fathers, the decisions of Church councils, and the pronouncements of popes, that are not found in Scripture); the recognition of the seven sacraments; belief in the real transformation of the bread and wine of the Eucharist as the presence of Jesus' body and blood (transubstantiation); veneration of the Virgin Mary and other saints; and salvation

through good works, rather than by faith alone.

That which most thoroughly distinguishes Roman Catholicism from related Christian traditions is the authority of the papacy. The pope, or the Bishop of Rome, is the institutional head of the church while Christ is the spiritual leader. As a direct successor of the apostle Peter, by the fifth century the pope claimed authority over secular rulers while at the same time holding that his teachings were representative of Christ. According to Roman Catholic belief, he possesses ultimate authority over all issues of "faith and morals" and may declare official dogmas. Additionally, he oversees a vast administrative structure (the largest human organization in the world) that is headquartered at the Vatican in Italy. Throughout the past two millennia, the pope has had varying degrees of political power, with his authority over secular issues reaching a zenith under Innocent III, who led the church in the early thirteenth century. Although Roman Catholics continue to recognize the pope's influence, it is not accepted by Orthodox Christians or Protestants, and it has even been rejected by some smaller Catholic groups.

The first Christian communities were founded in large Mediterranean towns. However, when the Roman emperor Constantine converted to Christianity in the fourth century, he claimed divinely ordained authority and made his new faith the official belief of all those governed by Rome. By the early seventh century, the papacy proclaimed its jurisdiction over all Christendom and its responsibility for ordering every aspect of society in the Middle Ages. From approximately 600-1000, Western Europe was troubled by political unrest, poverty, famine, plague, and disorder. Partial stability was provided by monasteries and local parishes. From 1000-1300, Europe underwent rapid urbanization and witnessed significant population growth. Theology of this period was influenced by theologians such as Thomas Aquinas (1225-1274) who developed Catholic canon law into a systematic code of belief. From 1300-1600, papal control of secular life began to diminish with the rise of strong national monarchies. The dawn of Renaissance thinking called into question existing social, economic, political, and religious structures, and the pope's ultimate authority became suspect. The most thorough reevaluation of his power occurred during the Protestant Reformation, when vast numbers of Catholics left the church for schismatic bodies instituted by Martin Luther, John Calvin, and others (Amundsen, 1986, pp. 65-68).

The Roman Catholic Church convened the Council of Trent (1545-1563) in

response to the Protestant Reformation. This council was meant to refute doctrinal innovations put forth by reformers such as salvation by faith alone, the unnecessary nature of the priesthood, and the deemphasizing of the sacraments. Moreover, it meant to eliminate financial, administrative, and other abuses that had led to much corruption among the clergy. Trent implemented a conservative and strict theology, created a more centralized power structure, retooled the liturgy, and instigated a monitoring system for popular religious expressions such as the veneration of saints. This "Tridentine" Catholicism would be the model for the Church as it expanded its influence into Africa, Asia, and the Americas (O'Connell, 1986, pp. 108-110).

The Tridentine model guided Roman Catholicism until its boundaries were once again reformulated at the Second Vatican Council (1962-1965). Among many innovations, this council: changed and modernized earlier Catholic teaching by declaring that masses (liturgies for worship) should be conducted in vernacular languages instead of Latin; promoted greater ecumenism with other Christians and inter-religious dialogue; affirmed the separation of church and state; and asserted that obedience to church hierarchy should be softened via clergy who serve, rather than lead, congregations. Modern day Roman Catholicism continues to grapple with issues such as a priest shortage, the place of women within its polity, dissenting opinions among members concerning social issues like abortion, contraception, and homosexuality, and charges of clerical sexual abuse. Yet despite these travails, the Church remains the largest Christian organization in the world and currently boasts over one billion members.

### **Physical Health**

Medieval Christians sought physical healing through a variety of temporal means. The miracle working power of saints was primary among these initiatives and was employed most thoroughly during outbreaks of the plague in the sixth through eight centuries and amidst the devastation of the Black Death in 1348-1349. With demonic causality accepted as the explanation for most disease in the Middle Ages, appeal to saints who may facilitate cures became a way for believers to effect change in the physical realm while still demonstrating their conviction that the divine was the source of these remedies (Amundsen, 1986, 68-72).

Although insuring the spiritual health of their flock was of utmost importance for clergy, many did study medicine and subsequently functioned as physicians. However, the Second Lateran Council of 1139 specifically forbade monks from practicing medicine

"for the sake of temporal gain" because in doing so, they were making themselves "physicians of human bodies" and thus neglecting "the care of souls" (Schroeder, 1957, pp. 201-202). Throughout the High Middle Ages, papal decrees continued to emphasize that medical practice should not lead to the neglect of spirituality. Nevertheless, individuals continued to consult doctors and to partake of folk or natural remedies that, according to church doctrine, could verge on spiritually harmful superstition.

The papacy did implement various material measures to battle the Black Death, which was the most atrocious pestilence ever to afflict Europe. God was viewed as the ultimate cause of this outbreak, but Pope Clement VI attempted to hinder the disease and hired doctors to care for the afflicted. In the end, most medieval Christians sought cures for maladies that united the temporal with the spiritual. As Ronald Finucane, a leading authority on the late Middle Ages, has asserted, "It is clear that in practice most sick people called upon the power of saints and of trained physicians. This was as true at the very top of the social ladder as at the bottom; as true for laymen as for clerics" (1977, p. 67).

While medieval theology emphasized the primacy of the supernatural realm, it also continued a historical focus upon good works as a means to salvation. For example, Vincent de Paul (1580-1660) established the Sisters of Charity to care for the sick and dying in Paris. Since the seventeenth century, this model has been emulated by scores of other similar organizations. Elizabeth Ann Seton introduced the Sisters of Charity into the United States in the early 1790s. The Dominican Sisters of the Sick-Poor were founded in the 1840s. In 1886, Dr. Charles H. Mayo and a group of Franciscan nuns opened St. Mary's Hospital in Rochester, Minnesota. And by the early 1960s, there were 950 Catholic hospitals in operation in the United States alone (O'Connell, 1986, pp. 135-136).

Although Catholic hospitals are now mostly dependent on medical insurance and public monies and are hardly distinguishable from their Protestant counterparts, the Roman Catholic Church has continued to be a leader in the field of health care.

According to Jesuit ethicist Richard A. McCormick, the mission of any such institution should be to "give sensitive care to the whole person" that supports "loving care and respect for personal dignity" (1987, pp. 8-9). Focused upon the needs of the underserved and equitable distribution of health care resources, oversight organizations such as the Catholic Health Association support more than two thousand health care sponsors,

facilities, health plans, and related initiatives throughout the United States. Addressing the Catholic physician in a 2000 prayer, Pope John Paul II respected the work of a long-suspect medical profession when he prayed, "You who are the Way, provide us with the gift of knowing how to imitate you every day as medical doctors not only of the body but of the whole person, helping those who are sick tread with trust their own earthly path until the moment of their encounter with You" (2000). Thus, like many Protestant denominations, the Catholic Church promotes hospital chaplaincy and professional pastoral counseling to help people dealing with physical and other challenges to draw upon their spirituality for strength.

### **Mental Health**

Although mental illnesses, like physical ailments, were often construed as products of demonic influence during the Middle Ages, they were also given partial material explanation. As psychiatrist Jerome Kroll has suggested, "Mental . . . illnesses were attributed as much to overwork, overeating, and overindulgence in sexual activity as to climactic conditions, magic spells, and demonic possession" (1973, p. 281). However, such illnesses were still viewed as products of sin; counsel provided by priests, repentance, and even exorcism were considered the most efficacious remedies. Penitential literature, voluminously produced during this period, played a large role in mental healing. These works discussed a wide variety of indiscretions and prescribed specific acts of penance.

Sacramental practices also facilitated a sense of mental wellness. Extreme unction (called "anointing of the sick" in antiquity and renamed this after the Second Vatican Council), was often administered to those deemed at the end of their lives and was meant to allay anxieties and to help to prepare for death. Although on rare occasions this sacrament was said to restore physical health, according to the Council of Trent its primary impetus was to strengthen "the soul of the sick person by exciting in him great confidence in divine mercy." It aided the person to more easily bear "the miseries and pains of his illnesses" and to resist "the temptations of the devil" (O'Connell, 1986, pp. 114-115). Thus, as with physical wellness, medieval mental health was subsumed under a more vital notion of spiritual well-being.

A willingness to adopt modern stances toward and categories of mental illness did not occur until the end of the Tridentine era. Although the parish priest had always served as counselor as well as spiritual guide, only in the 1950s did a faith-informed

variant of psychology permeate the clerical profession. The papacy issued a statement in recognition of the International Year of Disabled Persons (1981) that called for greater emphasis upon the "dignity, welfare, and total development of the handicapped person, in all his or her dimensions and physical, moral, and spiritual faculties that must be primarily considered, protected, and promoted" (McCormick, 1987, p. 149).

Thus, as McCormick has stated, Catholics now reject the notion that all mental illnesses "are consequences of sin and manifestations of evil." Instead, the goal should be the building of "a network of support among us through which decisions can be made in faithful response to a loving God" (1987, p. 150). Actualizing this charge are groups such as [Catholic Charities USA](#), who seek to support individuals, families, and communities via a faith-based psycho-social approach. Although Catholic Charities' social service agencies may incorporate religious beliefs and practices of clients if they wish, there is no requirement. Often agency staff and clients are not Catholic, so agencies must be open to clients' diversity and their goals for service. In addition, many parishes and dioceses have implemented mental health ministry plans that offer practical and pastoral support to those affected by mental health issues. Through these and myriad other programs, the Roman Catholic Church has furthered a contemporary emphasis upon holistic health informed by modern science while continuing its emphasis on spirituality as most crucial for achieving all facets of wellness.

### **Social Health**

Throughout the Middle Ages, Christianity included a communal perspective emphasizing the corporate body of Christ, i.e. the church and community of believers. Care for the poor was the responsibility of bishops who erected xenodochia (later termed *hospitalia*) adjacent to churches. These institutions provided shelter, food, and other amenities for the impoverished. Monasteries were also places of refuge for the indigent and monks were required to provide various types of care for which they would have to "render account for all these on the Day of Judgment" (Amundsen, 1986, p. 83).

During the late Middle Ages, the social nature of sexual morality became a paramount concern of the Church. Prohibitions against adultery, masturbation, homosexuality, contraception, and abortion permeated confessional manuals. Much of this sentiment arose from Thomas Aquinas' elaborations upon natural law. Discussions of sexual ethics have a long history within the Church and possibly originate with Augustine's understanding of sexual pleasure and desire as spiritually disobedient

impulses. For Aquinas, sex was within the order of nature but individuals had to maintain focus upon procreation as its ultimate end (McCormick, 1987, pp. 88-89). As Thomas Tentler summarized, "Medieval churchmen were devoted to the idea of the moral goodness of procreation and mistrustful of doing anything for pleasure" (1977, p. 207). The Church's stance toward sexual ethics within marriage was softened a bit by the Council of Trent. The procreative element remained central, but the council did acknowledge that love and pleasure could be inspirations for sexual activity. These thoughts, however, did not sanction birth control-which remains prohibited by the Vatican. With high rates of infant mortality and the need for children to assist with agricultural work, childbearing had great social import (O'Connell, 1986). Aside from this practical issue, the church views all human life from the moment of conception to be sacred.

Beginning in the sixteenth century, the Roman Catholic Church engaged in intense global missionary efforts. Clerics accompanying European explorers established a variety of social services abroad, including orphanages, homes for the aged, and poor houses. But as with all other domains of health, the social was constantly consigned secondary status to spiritual welfare. Reflecting upon these efforts, Pope Pius XII stated in 1951, "Such works of charity are undoubtedly of the highest efficacy in preparing the souls of non-Christians and in drawing them to the faith and to the practice of Christianity" (Carlen, 1981, p. 197).

Modern Catholicism has placed an ever-increasing emphasis upon issues of justice. For example, in Latin America liberation theology entails "a Biblical reflection concerning the poor and a practical . . . discovering [of] steps to implement a plan of action to overcome oppression" (Ortiz & Smith, 1999, p. 314). By rooting this ideology in praxis and empowering local communities to determine courses of theologically-based action, liberation theology integrally links spirituality and everyday experience. Catholicism has developed numerous and extensive social justice movements from the [Catholic Worker Movement](#) to Catholic social services, and lobbying governments against the prevalence of poverty, war, capital punishment, and abortion. In addition, social ethics are promulgated through parochial schools and hundreds of Catholic institutions of higher education in the United States. And, since Vatican II, the Catholic laity has been granted a greater responsibility for the shaping of social ethics.

In the American context, the United States Conference of Catholic Bishops

[\(USCCB\)](#) addresses the gamut of social health concerns. This organization includes departments that address faithful citizenship, migration and refugee services, pro-life activities, and a host of other concerns. The Department of Social Development and World Peace is the national public policy agency of the USCCB. This department frequently issues statements on topics such as nuclear disarmament, fair trade, human rights, welfare reform, and environmental justice. According to their website, these initiatives are all subsumed under four core principles: to "share the social teachings of the Church"; to "apply Catholic social teaching to major contemporary domestic and international issues which have significant moral and human dimensions"; to "advocate effectively for the poor and vulnerable and for genuine justice and peace in the public policy arena"; and to "build the capacity of the Church (national and diocesan) to act effectively in defense of human life, human dignity, human rights and the pursuit of justice and peace."

### **Spiritual Health**

Upon attempting to convert Europeans to Christianity during the Middle Ages, promises of spiritual health became paramount for missionary efforts. Whereas indigenous European religions offered responses to concerns such as poverty or disease and harmony with nature (as in shamanism), Christianity emphasized a relationship with God, salvation through Christ, and the mediation of faith through ecclesiastical structures. According to the Christian theology, there would be no worldly suffering if not for original sin, and individuals' sinfulness was often the explanation for sicknesses. Thus, the goal of missionary work was, according to professor of classics Darrel Amundsen, to "wean the flock from the temporal to the eternal, and from the material to the spiritual." In doing so, spiritual health became "the very essence of Christianity" and notions of well-being were realigned "from a present horizontal to a future vertical orientation" (1986, p. 78).

The church promoted the development of medicine and hospitals during the Medieval period. In addition, physical and mental wellness could be partially facilitated via devotion to saints, veneration of relics, or pilgrimages to sacred shrines. However, cure of the soul trumped cure of the body. As described by Fulbert of Chartres, an eleventh century bishop, Christ was the true "author of good health" and therefore, prayer and penance should be the primary means of achieving this-worldly happiness and other-worldly salvation (Behrends, 1976, p. 47). Despite the prevalence of folk remedies and

the dawn of rudimentary scientific medicine, this vantage continued to be accentuated throughout the medieval period. When the Fourth Lateran Council convened in the early thirteenth century, it took great strides to emphasize the spiritual (i.e. Catholic) responsibilities of ostensibly secular physicians by restricting medical care for Christians to doctors of the same religious persuasion. This measure not only assured that Christian patients would not be able to obtain Islamic or Jewish treatment but also allowed clergy to check the practices of the medical profession from within the church confessional.

Little was said about illness at the Council of Trent. Extreme unction (an anointing usually at the time of death) was addressed, but the council insisted that the spiritual, rather than physical, well-being of individuals was the purpose of this sacrament. In fact, one of Trent's principal foci was to reassert the importance of sacramental practices whose significance were being questioned by reformers. By adopting this course of action, the Church not only avowed the necessity of clerical guidance, but also reasserted the necessity of a sacramental theology that posited the existence of outward and physical expressions of inward and spiritual graces. Although such an understanding recognized the supernatural as immanent in the lives of devotees (in contradistinction to the more transcendent God of Reformed Protestantism), it nevertheless upheld the primary importance of otherworldly concerns (O'Connell, 1986, pp. 108-131).

Even prior to the watershed changes of the Second Vatican Council, the Catholic Church began envisioning health in a more holistic fashion while yet maintaining the primacy of the spiritual realm. This "principle of totality" was first outlined by Pius XII when he referred to "the good of [a person's] being as a whole" (1952, 779-789). At Vatican II, attendees spoke of the preservation of the human person "whole and entire, body and soul, heart and conscience, mind and will." It was imperative for humanity to uphold this totality, which at its root required an acknowledgement of God as the source of "harmony with themselves, with others, and with all created things" (Abbott, 1966, pp. 201, 211). Thus, while the church has partially remade its wellness principles through more broad and holistic insights, spiritual health for Catholics is still predicated upon an individual's acceptance of Christ's healing redemptive love mediated by clerical authority and religious doctrine. Yet the Catholic Church recognizes spiritual insights that occur in other Christian denominations and other religions. Since the Second Vatican Council, the Catholic Church has engaged in various ecumenical rapprochements and interreligious dialogues (e.g. Griffiths, 1982; Johnston, 1978; Pannikar, 1978).

The Catholic Church has developed elaborate systems of mystical theology and spiritual practices, such as retreats and meditation or contemplative prayer practices, as well as spiritual growth counseling. In modern times, these have been made available widely to the laity (Keating, 2002; Johnston, 1995; Merton, 1961). These practices may supplement and deepen experience of the liturgy, the sacraments, reading of scripture, and other devotional activities. For many Catholics, the sacrament of the Eucharist provides the most intimate experience of spiritual communion with Christ. Within mystical theology (i.e. theology about the development of spirituality), spiritual health matures through a process dedicated to deeper and deeper cultivation of a relationship with God, immersion in divine love, expressions of this relationship in daily life, and the cultivation of holistic well-being.

## References

- Abbott, W. (Ed.). (1966). Documents of vatican ii. New York: America.
- Aguilar, M. (2001). Catholicism. In M. Van Hook, Hugen, B. & Aguilar, M. (Eds.), Spirituality within religious traditions in social work practice (pp. 120-145). Pacific Grove, CA: Brooks/Cole.
- Amundsen, D. W. (1986). The medieval Catholic tradition. In R. L. Numbers & Amundsen, D. (Eds.), Caring and curing: Health and medicine in the western religious traditions (pp. 65-107). Baltimore and London: The Johns Hopkins University Press.
- Bahr, A.M. (2004). Christianity. Philadelphia: Chelsea House Publishers.
- Behrends, F. (Ed. & Trans.). (1976). The letters and poems of Fulbert of Chartres. Oxford: Oxford University Press.
- Carlen, C. (Ed.). (1981). The papal encyclicals, 1939-1958. New York: McGrath Publishing Company.
- Finucane, R. (1977). Miracles and pilgrims: popular beliefs in medieval England. London: Book Club Associates.
- Griffiths, B. (1982). The marriage of east and west. Springfield, IL: Templegate Publishers.

John Paul II. (2000). Prayer of the holy father for the catholic physician. Retrieved May 04, 2004, from [http://www.healthpastoral.org/wordofpope/med\\_pray.htm](http://www.healthpastoral.org/wordofpope/med_pray.htm)

Johnston, W. (1995). Mystical theology: The science of love. London: HarperCollins Publishers.

Johnston, W. (1978). The inner edge of love: Mysticism and religion. New York: Harper & Row.

Keating, T. (2002). Foundations for centering prayer and the Christian contemplative life: Open mind, open heart, invitation to love, mystery of Christ. Continuum Publishing Group.

Kroll, J. (1973). A reappraisal of psychiatry in the middle ages. *General psychiatry*, 29, 276-283.

McCormick, R. (1987). Health and medicine in the Catholic tradition. New York: Crossroad.

Merton, T. (1961). New seeds of contemplation. New York: New Directions.

O'Connell, M. R. (1986). The Roman Catholic tradition since 1545. In R. L. Numbers & Amundsen, D. (Eds.), Caring and curing: Health and medicine in the western religious traditions (pp. 108-145). Baltimore and London: The Johns Hopkins University Press.

Ortiz, L., & Smith, G. (1999). The role of spirituality in empowerment practice. In W. Shera & Wells, L. (Eds.), Empowerment practice in social work (pp. 307-319). Toronto: Canadian Scholar's Press.

Panikkar, R. (1978). The intra-religious dialogue. New York: Paulist Press.

Pius XII. (1952). Acta apostolicae sedis. 44.

Schroeder, R. J.. (Ed.). (1957). Disciplinary decrees of the general councils. St. Louis: B. Herder.

Tentler, T. (1977). Sin and confession on the eve of the reformation. Princeton, NJ: Princeton University Press.

