METHODIST VIEWS OF PERSONAL AND SOCIAL HEALTH

By Phillip Dybicz and Aaron Ketchell

Introduction

The foundations of Methodism were laid by John (1703-1791) and Charles Wesley (1707-1788) in the late 1720s as they organized Holy Clubs meant to recapture disciplines, spiritual practices, and ethical precepts deemed neglected by the Anglican Church in England. Originally seeking to recover the life and thought of the early Christian church, this Wesleyan minority was attempting not to break away from the Church of England but rather to stir it to life. However, the passions and actions of John Wesley precipitated a formal break from this parent tradition by Methodists in America in 1791 and similar groups in England shortly thereafter. Methodism had the largest religious membership in the United States by the mid-nineteenth century. It counted 5.5 million worldwide adherents among its ranks by 1900. However, it has been divided along economic, racial, political and ideological lines for most of its American history. Fifty percent of the world's contemporary Methodists now belong to the United Methodist Church (Vanderpool, 1986, pp. 317-318). United Methodists fit squarely within the mainline Protestant tradition and unite with Lutherans, Reformed believers, Episcopalians and others around issues such as the sufficiency of scripture and salvation by grace through faith. Yet this tradition is distinctive among its Protestant brethren because of an emphasis on humanity’s freedom to resist or accept salvation, a believer’s ability to know salvation through an experience of inner transformation, and notions of perfection related to an individual’s capability to love God with all his or her being and to love neighbors as themselves.

Methodism is a denomination that emphasizes the heart when seeking to relate to God. Developing a love of God is its primary focus. The denomination's emphasis on the heart has served to engender a strong sense of humanitarianism and concern for the suffering of others. John Wesley and his successors always displayed an interest in developing health and well-being in oneself and society. Wesley turned to the Christian doctrine of creation and doctrine of grace to anchor the core of his teachings. Therefore, these doctrines serve to illustrate Methodism’s view of health and well-being.
The Doctrine of Creation

The doctrine of creation forms the centerpiece of Methodist beliefs about spirituality and health. This doctrine states that before the Fall, Adam and Eve lived in Paradise, where there was no sickness, pain, or death. Paradise also represented a universal wholeness. There existed interconnectedness among all parts of the natural world—a sentiment expressed when creation was finished on the sixth day and God “saw everything that he had made, and indeed, it was very good” (Genesis 1:31, NRSV).

In light of this viewpoint, creation is viewed as good, natural, and right. This led Wesley to see the natural sciences as something to be embraced. Scientists and physicians were capable of discovering the secrets that lay in nature (i.e., the order underlying all of creation). Moreover, this order was oriented ultimately toward happiness and well-being. As Wesley stated, “the great Creator made nothing to be miserable, but every creature to be happy in its kind” (1831, vol. 2, p. 183). Thus Methodism has, throughout its history, remained open to advances in the science as further steps in a movement to restore the harmony of original creation.

Another aspect of this original order is the idea that men and women are created in the image of God. This is reflected on three levels—human beings embodying a natural image of God, a political image of God, and a moral image of God. The natural image of God reflects the capacity of humans to understand the world around them and to exert free will in response to the challenges that life presents. Freedom and liberty, and the consequent choices they entail, are key elements of this natural image of God. The political image affirms the idea that humans are stewards of creation—i.e., the natural environment. With this comes a consequent responsibility to care for and maintain proper harmony among all things. The moral image is taken by Wesley to simply mean the capacity to love. Love is the bedrock of Methodist ethical thought. Rather than turning to reason to try and establish absolute principles as the primary means for guiding behavior, Methodists begin by developing and emphasizing a loving concern for others.

According to this doctrine, when Adam and Eve ate from the fruit of the Tree of Knowledge, they were cast out of Paradise. Thus, humans fell into a state of disharmony with the rest of creation. Part of this disharmony was reflected in a schism between the soul and the body. However, the soul was not severed from the body. Life became filled with pain, sorrow, and death. But through God’s grace, the original integrity of creation could be restored and salvation provided the way to reestablish this order. This was made
possible through the coming of Christ. The Fall had prevented men and women from

discovering, and thus acting, within their created nature. Christ came to open the way for

men and women to discover and act as was established at the moment of divine

creation. This presaged the process of the cosmos moving towards a new creation. Such

a transformation entails a change from disharmony to harmony, ugliness to beauty, and

an end to sickness, pain, and death. And every Christian, on an individual level,

embodies this overall process.

In Methodism, the focus of the Doctrine of Creation is not on determining when

and how creation took place. Rather, it is on discovering and outlining what moral and

religious implications arise out of the concept that men and women were created in the

image of God. This doctrine serves to provide a guide for religious behavior in the

present and a map toward the ultimate end in which all of present creation is stumbling in

its present pain and disharmony. In terms of defining well-being, it posits a physical,

psychological, emotional, and spiritual harmony that exists within the individual and that

situates persons in harmony with the rest of creation.

The Doctrine of Grace

According to the doctrine of grace, God offers men and women a way to

recapture their originally created nature through divine grace. The process by which this

is achieved is illustrated within the metaphor of taking a journey. One Methodist

theologian, Albert Outler, described it as an “incredible journey from the barely human to

the truly human to the fully human” (cited in Holifield, 1986, p. 167). An important

theme that runs through this metaphor is that while a person must freely choose this path,

progress is viewed as a gift from God and not as a result of personal achievement. The

metaphor of the journey is chosen to reflect the idea that salvation is a process of doing,

not a destination to be achieved. It is also recognized that for most people, progress

usually happens in incremental steps (although room is left open for epiphanies). There

are four major steps or transformations in this journey: prevenient grace, justification by

faith, rebirth, and sanctification.

Prevenient grace is an invitation put forth by God to accept the gifts of

salvation. One’s ordinary free will lacks the ability to even begin this journey. It is only

the individual that understands and receives this gift of grace and has the power to set out
on the journey towards salvation. In Methodist thought, this grace lies within every individual, no matter if he or she was born Christian or non-Christian. Thus, in order to discover it, one must understand that this gift lies within oneself and then freely embrace it. In bestowing this gift, God retains a respect for the integrity of man and woman in God's image--i.e. possessing free will and understanding. Thus God does not force acceptance. Wesley preferred to illustrate God's role as that of drawing forth or wooing the soul. Because one contains the gift of prevenient grace, one could thus respond to a divine calling with faith and love. Once this is accomplished, the second step in the journey--justification by faith--becomes possible.

Justification by faith entails repenting for sins. Knowing that one has acted from a base nature, one must have faith in God that God will forgive and love. It is faith alone that allows a person to take this leap, drop his or her defenses, and open up to God. Faith is viewed as more than simply a belief in God. It also reflects a trust and confidence in God. This is a trust that God loves humankind, as shown by the divine incarnate in Christ who died to save humanity from sin. And, it is a confidence that God is present in our world and always reordering it towards a new creation. Wesley viewed justification by faith as a movement from being burdened with sin to being restored to God's favor. This shift from faithlessness to faith is considered a profoundly healing and restorative act.

Consequently, this transformation was so extraordinary that Wesley likened it to a rebirth:

If any doctrines within the whole compass of Christianity may be properly termed fundamental, they are doubtless these two: the doctrine of justification, and that of the new birth: the former relating to that great work which God does for us; the latter, to the great work which God does in us, in renewing our fallen nature (1831, vol. 1, p. 399).

Although these two events are considered to happen concurrently, Wesley considered rebirth to be the fruit of justification. Like a baby being born, one goes from being unable to see or hear to arriving in a world open to all senses. The sinful soul is transformed from having the potential for life to God granting it life. This process then sets the stage for the next step in the journey. Rebirth puts one on the path to sanctification--a process that involves the Christian being gradually restored to the full image of God as established in creation.
Christian growth or advancement along the path of sanctification involves the enrichment of one’s capacity to love. Faith is therefore subordinate to love. Love is the ultimate goal and a way of being likened to the harmony wrought in creation. Wesley stated that love was “the end, the sole end, of every dispensation of God, from the beginning of the world to the consummation of all things” (cited in Outler, 1964, p. 227). Faith serves as the means to accomplish this end through restoring man and woman from their fallen nature. As with justification, this capacity to love is not seen as a personal achievement but rather as a gift bestowed by God through the life, death, and resurrection of Jesus Christ.

This complex doctrine requires a bit of elaboration. On the one hand, Methodist theology says that the capacity to love God and one’s neighbor is a gift bestowed by God and must be arrived at through faith. On the other hand, they emphasize that this position does not mean that people who are not Christians do not possess the ability to love. They merely state that this journey or pathway to love only applies to themselves, and that as Methodists, whatever capacity they have in this regard is not reflective of their accomplishments but rather is a divine gift.

Wesley viewed sanctification as a healing and restorative process. This healing encompassed spiritual diseases such as sloth or pride. In addition to bringing healing to the soul, he also felt that sanctification could bring health to the mind and body. Methodism does not view the soul as separate from the body. Therefore, the spiritually restorative process of soulful sanctification can bring benefits to both the mind and the body. Wesley captures this notion as follows:

The love of God, as it is the sovereign remedy of all miseries, so in particular it effectually prevents all the bodily disorders the passions introduce, by keeping the passions themselves within due bounds. And by the unspeakable joy and perfect calm, serenity, and tranquility it gives the mind, it becomes the most powerful of all the means of health and long life (Wesley, 1768, p.32).

Wesley often spoke of love’s restorative properties. He described them as the medicine of life; as the never-failing remedy for the ills of a world in disharmony; and as the balm for all the miseries and vices experienced by men and women. Thus, love is a powerful antidote for many ills, and those who embrace sanctification wholeheartedly receive many restorative benefits. However, because the soul is in union with the body, one is not immune to sickness altogether. The body must encounter the disorder inherent
The benefits of engendering this capacity to love not only serve to provide a sense of inner tranquility, but also find expression through a person’s character and outward conduct. A sanctified Christian is motivated to perform good works—which are viewed as a service to God. This service is not looked upon as a mere obligation however. As good works stem from a heightened capacity to love, they are often characterized in terms of mercy. As John Wesley stated, “All works of mercy, whether they relate to the bodies or souls of men, such as feeding the hungry, clothing the naked, entertaining the stranger, visiting those that are in prison, or sick or variously afflicted” arise from and serve the soul's ability to love (cited in Outler, 1964, p. 280).

God bestows this gift of love and serves as its foundation. There is no love that is separate from one’s love of God. Thus, love for one’s neighbor, or the virtue that stems from that love, is an expression of one’s love for God. The English Methodist Hugh Price Hughes described this dynamic in the following way: "We are Christian just so far as the Love of God has been reproduced in us; just so far as we love one another in the very same way in which God, that is Christ, loves us” (cited in Holifield, 1986, p. 118). Holiness is therefore described as the expression of an ability to love through the disposition of good works. Happiness is found in a love of God and an orientation that draws one’s attention away from self and directs it outward toward God, toward others, and toward all creation. Holiness engenders happiness through the fulfillment and self-transcendence found within love and its expression.

The four steps outlined above represent the path of salvation. It is important to note that for Wesley, salvation meant more than a future in heaven. It is conceived as a way-of-being in the world—a gradual journey from sinfulness to holiness and from disunion to wholeness. Thus, it is a process that continues throughout one’s lifetime. One does not attain salvation but rather experiences it through the aforementioned steps.

Definitions of Health and Healing

Methodist descriptions of health have evolved over the years. Initially, health was viewed in very individualistic terms. Today it encompasses a more expansive view defined by one Methodist historian as “the harmonious functioning of a unified person within a community of other persons” (Holifield, 1986, p. 47).
Wesley’s views on health and healing were guided by the doctrines described above. He believed that in the original order of creation, humanity’s nature included harmonious functioning of the body. Adam and Eve knew no pain, illness, or discomfort and thus were never in need of remedies for illness. After the Fall, God’s grace allowed the restoring of the created order to proceed. One aspect of that restored order was physical health. Healing of the body moved in accord with God’s movement of restoring created order, and thus was something actively encouraged and sought. Consequently, on the path towards salvation one must attend to more than just one’s soul--one’s must also consider the body. However, one’s physical health is always subordinated to one’s spiritual wholeness. For Wesley, good health was seen as one of the many benefits accrued along the journey towards salvation but should never be confused with the goal itself.

From the beginning, a social component was present within the Methodist conception of health. Wesley exhorted individuals to provide service to others. One form this took was training deaconesses to visit the sick. However, it was not until later that these forms of service changed from being perceived mainly as acts of mercy to being viewed as representations of spiritual health and growth. With the advent of the Industrial Revolution, the environment was given focus as containing disharmony and thus spreading sickness within society. The concept of one’s interconnectedness to others was given greater prominence. Thus, Christians were prompted to not only restore order and health within oneself, but to also aid society by struggling against social diseases such as poverty and oppression. This change was reflected in the adoption of a Methodist “Social Creed” in 1908. This creed committed adherents to serve human need wherever it could be found. These principles affirmed ideals of social health such as the regulation of working conditions, the provision of protection and recreation for children, and the safeguarding of workers from dangerous machinery, unsanitary working conditions, injuries, and occupational diseases (Holifield, 1986, pp. 52-53).

Thus, the Methodist conception of health has expanded much from the denomination’s beginnings. It has moved from an idea of the absence of impairment within one’s physical or mental functioning to the conception of the harmonious functioning of a unified person within a community. One is not to think of oneself as an isolated individual but rather interconnected to others. Illness is now viewed as something to struggle against both within one’s physical self and one’s social
community.

Many of John Wesley’s successors expanded upon his conception of health as stemming from the doctrine of creation. For example, Russell Dicks, an American Methodist hospital chaplain (b. 1906), published a journal called *Religion and Health* and a series of books of well-being (Holifield, 1986). His view of health and healing encapsulated three main ideas. First, as pointed out by Wesley, disharmony in one’s soul can translate into disharmony in one’s body. Second, Dicks viewed God as ever-present in the natural order (often depicting God as Nature) and thus continually working towards the alleviation of disease and suffering through the restoration of created order. As all are part of the movement toward this order, every creature contained within itself an orientation towards health. Understanding God through nature would enable one to experience the constant healing presence of the divine. Third, trust in God was situated as a potent precondition to healing. This trust is displayed through the process of confessing one’s sins, abandoning a self-centered outlook, and embracing a socially oriented reality. This change in outlook opens one up to God’s healing presence.

The advent of psychological theory, and Methodism’s embrace of advances in science, led to a further expansion of the denomination’s view of healing and health. Carroll Wise, a Methodist chaplain who also taught pastoral theology and wrote *Religion in Illness and Health* (1942), contributed towards expanding the conception of health to include the role of religious symbols. He felt that attention must be paid not only to the intellectual content of beliefs but also to their emotional content when examining effects on health. Utilizing a modern definition of health—persons as unified organisms within a greater community—Wise viewed religious symbols as having the potential to reveal a disposition and facilitate an orientation to a unified self. Religious symbols accomplished this by uncovering truths about reality. These truths serve as markers allowing one to constantly reorient oneself. Since this reorientation is directed toward wholeness and harmony, it will provide insights into health and religion that serve to enhance one’s well-being.

Erastus Evans and William Strawson, members of the Methodist Society for Medical and Pastoral Practice in England, also spoke about the nature of God’s presence in healing (Holifield, 1986). While stating that spiritual disharmony negatively affected a person’s ability to move toward unified wholeness, they emphasized that religious faith did not offer the physician a set of techniques to apply in treatment of sickness. They did
maintain, however, that God is present at all levels in the natural order. Thus, effective healing relied upon attuning oneself to the divine forces at work in healing. This is accomplished through trust and confidence in God.

Wesley’s original focus upon salvation is always maintained within these elaborations on healing and health. While it is one’s Christian calling to struggle against all forms of suffering, one’s focus is always to remain upon the journey toward salvation. In this context, health and well-being are two different concepts. Well-being represents progress along the journey toward salvation. Health and healing remain byproducts of this journey:

When growth, whether spiritual or psychological, becomes an end consciously sought, the end proves elusive, for a self-arranged growth remains within the narrow boundaries of the self that arranges it. But when the self is drawn outside itself, when the journey focuses the gaze on the truth rather than the traveler who seeks the truth, then the truth can indeed make one whole. And when that wholeness brings health and healing, the traveler will be grateful for the gift (Holifield, 1986, p.60).

The doctrine of creation and the Fall dictates that sickness is disorder, and thus contrary to God’s created order. Salvation represents a journey towards reorienting oneself to this original order. Illness is to be always struggled against because it interferes with this journey. The Doctrine of Grace suggests that each human being is bestowed with an impulse toward created order, which includes within it health and healing. This impulse is realized through enhancing one’s capacity to love God and creation. However, it is also recognized that we currently exist in a disordered world, and thus are subject to the sicknesses resulting from this disordered state.

On Suffering

Drawing from the doctrine of creation, it becomes clear that God does not will suffering on humankind. Suffering, sickness, and death arise out of disorder in the natural world and must be struggled against. There are two types of suffering--suffering of others and society, and personal suffering. Each engenders its own response.

Sanctifying grace emboldens the heart towards works of mercy. Most often this means a concern for the health of the poor. Their condition is viewed by Methodists as stemming from environmental disorder--societal ills such as rampant greed, pollution, and intolerance. Methodists thus do not condemn the poor for their suffering or see it as
stemming from retribution. Methodists engage in ministering to the poor as a way to help restore God’s created order. They look upon this service to others as a means to demonstrate their love of God. As Wesley first emphasized, each person was created in the image of God: natural, political, and moral. Today’s Methodists phrase this concept as the inviolability of each person. In 1962, they defined this notion in their outline of Christian ethics: “The first principle is the dignity and worth of the human person as a child of God” (Holifield, 1986, p. 119).

Methodists therefore have a long history of creating institutions to care for the downtrodden. This started with Wesley organizing women as deaconesses to visit the sick in London hospitals. In the late 1800s, American Methodists organized a medical missionaries overseas. During this same time, many Methodist hospitals were built across America. They also have a long history of attending to children with special needs. And more recently, they have devoted much attention towards establishing hospital chaplains and providing hospice care.

Suffering experienced personally must be struggled against because it is not part of the created order. God does not stand aloof during one’s ordeal or make one suffer in vain. Christ suffered in order to more fully identify with humanity. Thus, God provides opportunities for one’s suffering to be invested with meaning. The Methodist theologian Leslie Weatherhead addressed this topic at length in The Will of God (1944). He described God’s will as the created order, which involved humankind living in mutuality and happiness. But God also gave men and women free will. As evidenced by the Fall, this has the potential to create suffering. When human free will disrupted God’s design, God did not revoke it. Rather, God works within the suffering and hence, provides the opportunity to have it invested with meaning.

Thus, suffering opens the way to allow one to better understand Christ’s tribulations. This can lead to developing a stronger connection with others who suffer, enhancing one’s capacity to love God through taking actions to end other’s pain. Therefore, while suffering is not to be sought but rather overcome, the overcoming of suffering may produce insight--drawing one’s heart from self-absorption to a love of God. Suffering is by no means meant to be the common way to develop a love of God. But allowance is made for the experience to serve as a way to deepen one’s ability to empathize. Therefore, even suffering can be used to further the journey of salvation
and sanctification.

**Conclusion**

Methodist insights about the health of persons and society can be summarized in relation to the four domains of well-being--spiritual, physical, mental, and social. The spiritual domain is primary and permeates the others.

**Physical Health**

No major figure in Protestant history has more enthusiastically joined the concerns of pastor and physician than John Wesley. He was actively involved with the theory and practice of medicine. Indeed, he traveled from England to the British colony of Georgia to spread the Christian message and to serve those who had no regular doctor. Wesley published the influential book *Primitive Physick* in 1747. It was reprinted over sixty times by 1880. In this text, he urged weekly visitations of the sick to his followers and explored alternatives to the conventional medical practices of his day. This work offered advice meant for popular rather than professional consumption in order to restore apostolic approaches for physical, mental, spiritual, and social health. For Wesley, salvation entailed "a restoration of the soul to its primitive health"--a state of harmony prior to human corruption by original sin (Wesley, 1831, vol 5, p. 493).

As was typical of clerics during the eighteenth century, Wesley ultimately attributed all types of disease to sinfulness. However, this condition was not one of total human depravity. Because the soul and body were inherently linked, spiritual prescriptions could alleviate diverse forms of illness. Health was seen as a journey that involved justification by the grace of God, a rebirth of faithfulness, a process of sanctification through which the Christian spirit was gradually restored, and a renewal of the capacity of love. This final step entailed emulation of divine love, a process described by Wesley as "the most powerful of all the means of health and long life" (Wesley, 1768, p. xii).

By popularizing phrases such as "cleanliness is next to godliness" (Holifield, 1986, 35), Wesley offered a critique of unhealthy habits and squalid social environments unmatched by any other Protestant reformer. Early Methodists heeded such injunctions by advocating for disciplines or "regimens" of hygiene, diet, sleep, and leisure.
Temperance in alcohol consumption was central to this agenda. Holistic spiritual therapies for both bodily and psychological ills were recommended by Methodist clergy in the United States who frequently acted as physicians for their congregations.

Methodism took hold most thoroughly on the American frontier and met with its greatest evangelical success among those who seldom had access to professional medical doctors. For example, vital figures in the history of the American Methodist church such as Francis Asbury and Thomas Coke viewed the prescription of medical remedies as a pastoral duty. By 1880, however, Methodism had become the statistically dominant religion in the United States and reduced its focus from John Wesley’s medical theories and therapies. Yet, historical charitable concerns for the sick and the poor were not forgotten.

The building of Methodist-sponsored hospitals began in 1882 with Seney Methodist Episcopal Hospital in Brooklyn. By 1960, seventy-six general hospitals were being operated by Methodists—a number second only to Lutheranism among Protestant denominations in America (Muelder, 1961, pp. 308-311). Temperance remains a primary concern and is exemplified by the continued sacramental consumption of grape juice instead of wine and ongoing condemnations of tobacco and illegal drug use.

The United Methodist Health Ministry Fund (UMHMF) serves as an example of the denomination's continued focus upon issues of physical health and the integration of these concerns into a holistic model of wellness. Founded in 1986, the UMHMF provides support to Kansas-based projects that promote the gamut of health concerns. Strategic initiatives for 2003-2006 reflect the Fund's emphasis on the physical domain of health. Primary objectives for this period include: improvement of oral health, increasing healthy lifestyles through physical activity and healthy food choices, and improvement of access to health care. Although this list is oriented around issues of bodily well-being, the UMHMF, like the United Methodist Church itself, advances a multifaceted definition of health that incorporates complete physical, mental, spiritual, and social well-being.

**Mental Health**

Wesley believed that consuming tea or liquor, sleeping too long, or failing to exercise could lead to mental disorders such as nervousness or depression since physical and mental health were viewed as inextricably intertwined. He often recommended spiritual therapies for both bodily and psychological ills. Claiming that one could achieve “unspeakable Joy and perfect Calm” via God’s love, he wrote, “Grief, Desire,
Hope deferred, make the heart sick, with a sickness that drugs cannot cure . . . What but the love of God, that sovereign balm for the body as well as the mind?” (Wesley, 1774, p. 10). Wesley was a believer in miraculous Healings; he never hesitated to recommend “that medicine of medicines, prayer” as a supplement to folk remedies and regimens (Wesley, 1773, p. 156). And while the contemporary United Methodist Church is divided concerning the efficacy of faith healing, the Holiness and Pentecostal traditions—offshoots of Methodism—continue to welcome this practice and perspective (Vanderpool, 1986, p. 338).

In modern times, this connection is represented by the idea that spiritual malaise can impact one’s mental health. The love of God is seen as working within the love of interpersonal relationships. One’s journey towards salvation, and the consequent loving relationships one forms, serve to facilitate a sense and awareness of wholeness. This in turn can produce profound psychological healing. Though as is the case with regimens, preservation of one’s psychological health as prevention is prioritized over seeking healing after mental illness occurs.

Contemporary Methodist understandings of mental health have been greatly informed by the disciplines of psychology and pastoral care. After World War II, pastoral theologians such Howard Clinebell, Jr., Carroll A. Wise, and Paul E. Johnson explored the relationship between psychology and theology. By integrating the thoughts of John Wesley with psychotherapeutic notions such as the unconscious, repression and sublimation, and instincts toward sexuality and aggression, these thinkers have offered Methodist-derived visions of mental health that confront issues of freedom and dependency, stagnancy and growth, and the necessity of human-human and divine-human relationships for psychological wellness.

On a more practical level, Methodist concerns for mental health have been made manifest in a variety of ways. For example, twenty-first century Methodists sponsor end-of-life programs based upon "dying with dignity"; support for persons whose marriages are in peril; provide pastoral crisis intervention for congregants with mental illness; and many other similar initiatives. Furthermore, members of the United Methodist Church are very active in interdenominational efforts to facilitate mental wellness such as Pathways to Promise—an interfaith technical assistance and resource center that offers liturgical materials, program models, and networking information to promote a caring ministry for people with mental illness and their families.
Social Health

Methodist prohibitions and injunctions have also facilitated social wellness. Methodists led the prohibition charge in late nineteenth century America as alcohol became identified with numerous social and physical harms. They viewed intoxication as an illustration of the wages of sin. They linked it with crime, delinquency, and suicide. By advocating temperance, nineteenth-century Methodists viewed love of God and holy living as essential for physical, mental, and spiritual well-being. After 1892, judgments against the habitual use of tobacco were added to the “special advices” section of the official Doctrines and Discipline of the Methodist Church. Even after the repeal of the prohibition amendment in 1933, the dangers of alcohol and cigarettes continued to top the church’s wellness agenda and remain priorities in the modern day.

Harkening upon the benevolent concerns of their founder, Methodists joined other late nineteenth and early twentieth century mainline Protestants in their embrace of the Social Gospel. This movement sought to inculcate society with the ethics of Jesus and the Hebrew prophets through its focus upon issues of health, crime, labor relations, poverty, and racism. Mainline Protestant traditions during this era implemented an applied Christianity to assist those in need. Methodists often spearheaded these initiatives.

Although American Social Gospel activities somewhat subsided in the second decade of the twentieth century, Methodism has perpetuated many of these concerns. For instance, John Wesley’s interest in the plight of orphans has continued to be of primary importance for the church. By the mid-twentieth century, Methodists in the United States operated sixty-five child-care facilities with an emphasis upon short-term treatment and the placement of children in supervised foster homes. Methodism’s focus upon social health also extends to end-of-life issues such as hospice care and ministry to the dying. As of 1986, the United Methodist Church sponsored thirty-two hospice facilities. Finally, programs for those in need or the disadvantaged have continued throughout the twentieth century. Such initiatives include: worldwide relief programs for those made homeless or hungry by disasters; localized soup kitchens and night shelters; shelters for abused women and children; efforts to include disabled persons within caring communities; and outreach to people in prison (Holifield, 1986, pp. 173-175).

The social health emphases of contemporary United Methodism are best expressed in the denomination’s central teaching, The Book of Discipline (2000). This work
includes a section entitled "Our Social Creed" that commits the Church to "the rights of men, women, children, youth, young adults, the aging, and people with disabilities . . . and to the rights and dignity of racial, ethnic, and religious minorities." Furthermore, the it promotes "the right and duty of persons to work for the glory of God and the good of themselves and others" and "the elimination of economic and social distress." Finally, it pledges dedication "to peace throughout the world, to the rule of justice and law among nations," to "individual freedom for all people of the world" and "the preservation, enhancement, and faithful use by humankind" of "God's handiwork" (United Methodist Church, 2000, 166). Thus, John Wesley's conception of holistic health endures as twenty-first century United Methodism continues to assert its founder's emphasis upon love as the remedy for all social ills. For according to Wesley, love is "the medicine of life, the never-failing remedy, for all the evils of a disordered world, for all the miseries and vices of men" (1872, vol. 11, p. 45).

**Spiritual Health**

John Wesley's health advocacy was an essential element in his understanding of sanctification and Christian perfection. By emphasizing the purity and holiness of body and mind, he equated healthy states with the manifestation of pious and virtuous desires. By practicing a complete love of God, and thus freeing oneself from anger, doubt, and despair, adherents would become empowered through grace to live peacefully and altruistically. Thus, through a combination of simple, practical, physical disciplines, the cultivation of mental states wrought with love and purposefulness, and reliance upon the supernatural intervention of the divine, one could lead a life imbued with personal, communal, social, and spiritual wellness.

In the modern day, the United Methodist Church perpetuates many of its earlier health emphases. Contemporary Methodists maintain a focus upon Wesleyan views of perfection and hope to manifest perfect love in this life through the power of God. According to Howard Clinebell, Jr., a Methodist minister, counselor, and founder of the Clinebell Institute (a center for religion and wholeness), spiritual hungers must be satisfied in "open, loving, growing, life-celebrating, esteem-strengthening, and reality respecting ways." Only with this groundwork laid can spirituality in turn nourish "physical, mental, and interpersonal health" (1992, p. 25).

Thus, an emphasis upon growth of the soul through the development of
appropriate piety remains an overarching concern for Methodist conceptions of holistic health. Wesley’s expansive notion of well-being endures, as contemporary adherents continue to echo their founder’s claim that “It is a double blessing if you give yourself up to the Great Physician, that He may heal soul and body together. And unquestionably this is His design. He wants to give you . . . both inward and outward health” (Wesley, 1931, vol. 6, p. 327).
References


HSERV 510 Social and Behavioral Sciences in Health Program Planning and Implementation (3) Provides an overview of three core areas in the social and behavioral sciences of public health practice and research: social determinants of individual and population health, health promotion and disease prevention, and cultural competency and community collaboration. Supply and provision of personal and public health services. Managed care. Government and private sector roles.