

Sermon / Kauwhau given at Service of Worship on Sunday 11 May 2025, led by Graham Redding, at Knox Church Ōtepoti Dunedin New Zealand

Reading: The Raising of Tabitha (Acts 9:36-43)

The raising of Tabitha from the dead by Peter in Acts 9:36–43 is a powerful and richly symbolic moment in the story of the early church.

There is a strong parallel with Jesus' raising of Jairus' daughter in Mark 5. The parallel suggests that Jesus' power is now at work through his apostles, affirming the ongoing life of Christ's mission through the Church. It marks Peter as acting in the authority and name of Jesus.

Tabitha's restoration to life is a foretaste of the resurrection hope proclaimed in the gospel. It is a sign that death does not have the last word. In Acts, such signs authenticate the presence of God's reign breaking into the world, making all things new.

Tabitha is described as a disciple (*mathētria*)—the only time this feminine form is used in the New Testament. She is known for her "good works and acts of charity". She is portrayed as a person whose life embodies the values of discipleship: service, generosity, and caring for the vulnerable. Raising her from the dead is not just a physical miracle—it is an affirmation of her discipleship and probably her leadership status within the local Christian community. The mourning that is expressed over her death, and Peter's response, show how deeply she mattered to her community.

The miracle leads to many in Joppa coming to faith (Acts 9:42). Like other miracles in Acts, this one confirms the message of the gospel and expands the church. Narratively, this episode is immediately followed by Peter's vision and encounter with Cornelius in Acts 10—where the gospel breaks into the Gentile world. Tabitha's resurrection serves as a crescendo of Peter's ministry in the Jewish world before the Spirit pushes him into new Gentile territory.

That said, the Tabitha story poses serious questions about how it ought to be interpreted today. How does it relate to modern, scientific perspectives on medicine and healing?

There are two obvious dangers.

The first is the creation of unrealistic expectations. Some might read this story and expect that if they just pray hard enough or have enough faith, God will heal their loved one—or even raise them from death.

However, there are some dangers with this approach. People who are ill should not have placed upon them the added burden of feeling that if only they had more faith, then their prayers for a physical cure will be answered. Both the process of healing and the act of prayer are more complex than that, as is their relationship to one another.

The second is an overemphasis on physical healing. Stories like this can reinforce the idea that healing is always about the body being restored. That can unintentionally marginalise those with chronic illnesses, disabilities, or those for whom healing doesn't come.

How then might we interpret this story in a way that avoids these pitfalls?

Views on health and human flourishing have come a long way. Many of you will have heard of Te Whare Tapa Whā, a Māori model of health that pictures a person like a four-walled house. Each wall represents an essential dimension of well-being:

1. Taha tinana — physical health
2. Taha wairua — spiritual health
3. Taha whānau — family and relational health
4. Taha hinengaro — mental and emotional health

According to this model, if one wall is weakened, the whole house is unstable. This holistic view matches the Bible's understanding of human flourishing, where healing miracles are usually presented in multi-faceted ways. In both Te Whare Tapa Whā and the Bible, healing isn't just fixing a sickness — it's restoring balance, connection, peace (shalom), and dignity across the whole of life.

I want to illustrate this point with three stories. Each story involves somebody I know.

The first story involves a mentor in ministry in my first parish in the early 1990s. Bill Temple was a retired Presbyterian minister and an active member of Somervell Church. Bill, then in his 80s, told me about a time when he suffered a serious heart attack in his 50s and was admitted to hospital. The prognosis was grim and Bill, feeling that death may not be far away, found himself plunged into despair. That evening a colleague in ministry (an Anglican parish priest and hospital chaplain) visited him, anointed him with oil, and prayed for him. Immediately, Bill said, his body felt supported and bathed in God's love. It was a turning point. Not that there was any kind of miraculous cure on a physical level – Bill still had a long period of recuperation in hospital, and he knew that no amount of prayer would stave off future heart attacks if he didn't heed medical advice and attend to matters of diet, exercise and stress. But on a psychological and spiritual level, things had changed dramatically.

Bill's testimony taught me two important things about healing: Firstly, that spiritual disciplines, including prayer, should be regarded as a supplement to conventional medicine (also a gift from God), not as substitutes for it; secondly, that rituals and symbolic actions can be important elements of a healing process. They convey and facilitate something deeper than words.

The second story involves a longstanding friend and colleague, Dr Andrew Howie. Andrew was Assistant Master of Knox College when I was Warden of Selwyn College in the late 1980s. After his medical and theological studies, Andrew went on to establish a distinguished career in psychiatry in Auckland. This story was published in 2021 in a book by Dr. Himali McInnes called *The Unexpected Patient* and then retold in an online *Newsroom* article of the same year.

The story begins with the tragic death of a young Māori child who is run over by a car. The car's traumatised driver, a young Māori woman, is referred to mental-health services. Her case is taken up by Whītiki Maurea, the Māori Mental Health and Drug & Alcohol Service in north-west Auckland. Whītiki Maurea weaves together Māori healing practices and Western clinical practice. Neither takes precedence. Therapy focuses on the patient's wider whānau and seeks the best possible health outcomes for Māori using a marae- and wairua- (spirit-) based approach.

Kiri undergoes a cultural assessment, beginning with karakia, waiata, an acknowledgement of her whakapapa and a thorough mental-health assessment. In recognition of the partnership

approach of this mental-health service, Kiri is assessed by two practitioners: Andrew Howie and Piripi Daniels, a kaumātua with a wealth of traditional knowledge and extensive iwi connections.

Andrew asks Kiri to recount what happened. She does so haltingly. She stops at times, mid-sentence, lost in thought. She speaks of the panic attacks she's been having, sometimes in the middle of the night. She speaks of the nightmares, the visitations by shadowy threatening figures, the voices that say horrible things about her. Her eyes bloom with fresh tears, then just as quickly she switches to anger, then fear. She glances sideways, looks over Andrew's shoulder and cocks her head, frowning. She's listening to something that Andrew can't hear or see.

It was clear to Andrew that Kiri was displaying symptoms of psychosis and responding to auditory and visual hallucinations. He had started to formulate possible diagnoses as she spoke: perhaps post-traumatic stress disorder with dissociation, perhaps a brief psychotic episode with stressors, perhaps a panic disorder or a major depressive disorder. But about halfway through the interview, he noticed that his colleague Piripi had started to behave oddly as well. The usually calm kaumātua was darting his eyes this way and that. He, too, looked over Andrew's and Kiri's shoulders as they spoke and looked perplexed. Andrew stopped to ask Piripi what was happening. He replied, "I can see small creatures out of the periphery of my vision, Andrew. I think this is a mate Māori issue. Do you mind if I take over in te reo?"

Mate Māori is the term for an illness that is thought to be psychosomatic and often precipitated by transgressions of tapu or mākutū. Tapu has various meanings: sacred, prohibited, restricted, set apart, forbidden. Mākutū refers to sorcery or witchcraft.

Andrew noticed that Kiri was a lot more engaged talking with Piripi than she had been when speaking with him. Piripi said to Andrew, "My initial suspicions are right, I think. This is not a hinengaro [mind] or tinana [body] issue. It's partly a whānau issue. It's most definitely about wairua. I'd like to arrange a meeting between Kiri and her whānau and elders from her tribe. After that, we should try to meet with the child's family and the elders from their tribe also." Piripi closed the interview with a karakia. He then assumed primary responsibility for Kiri's care.

A month later, Andrew saw Kiri again. She was smiling and personable, poised and articulate. She made good eye contact. She displayed no symptoms of psychosis. She explained how Piripi said she needed to put right what had gone wrong through karakia, a meeting with the child's whānau and a clear apology. Her symptoms resolved after she had addressed her transgression and the pain of the bereaved, once she had recognised her symptoms in the holistic context of Māori spirituality and given space to make amends. She experienced a healing of her spirit through cultural and spiritual practices.

The third story involves my mother, who died of cancer a little over 25 years ago. For the final weeks of her life, she was under palliative care. Although my mother was not a churchgoer and her personal beliefs were not something she talked about, towards the very end of her life, she decided to take Communion, a meal rich with symbolism. After eating the bread, broken for her, and drinking from the cup, given for her, she sat in contemplative silence for a long while, and then asked me to contact her brother, from whom she had been estranged for several decades. I arranged for him to visit her in the hospice. I sat outside my mother's room while

the two of them talked. After about 20 minutes, the two of them came out of the room walking arm in arm, reconciled. My mother died a couple of days later. Reconciled. Healed.

A common thread running through these stories is the title of our next hymn: We cannot measure how God heals. Healing for Bill Temple took the form of being bathed in divine love when, at a point of vulnerability and existential crisis, he had been drowning in fear and anxiety. Healing for Kiri took the form of cultural and spiritual practices enabling her to put right what had gone wrong. Healing for my mother took the form of being reconciled to her estranged brother.

Where are the miracles in those stories?

How we answer that question will depend on what we mean by miracle and where we look for the miraculous. To that end, I want to close with a poem by NZ poet and doctor, Glenn Colquhoun, from his 2002 book *Playing God*. The poem is called “Performing Miracles”:

The heart is stitched laboriously into place by sharp needles and fine thread.
The lungs are cleaned by stiff brooms and bossy cleaners throwing open all the windows.
The kidneys are emptied without glamour down the drainpipes of a thousand kitchen sinks.
The brain is kept working by the ladies on the local switchboard.
All miracles here are usually performed by various members of the domestic staff.

Colquhoun offers a sacramental vision of the hospital: where bodily matter and mundane labour become vessels of grace. He flips the expected hierarchy: instead of surgeons or divine healers taking centre stage, the poem centres on the overlooked. The “domestic staff” are agents of healing not because they do something supernatural, but because their ordinary work has extraordinary value. The poem honours the humility, persistence, and bodily reality of those who serve—and in doing so, it transforms their work into liturgy.

We cannot measure how God heals.

Knox Presbyterian Church, Ōtepoti Dunedin

Our vision is to see the reign of God, made known in Jesus, have a transformative effect on people's lives and on the world in which we live.



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