

Medicine and Theology: Partners in Holistic Health

I wish to begin an exploration of this very important topic by sharing with you a few preliminary thoughts, which might serve to indicate the context in which I propose to make this presentation.

First, there is a statement from Hippocrates which goes like this: "The trouble with doctors today is that they separate the soul from the body. They do not recognize that the soul and the body are one." The patron of medical practice, Hippocrates, was in this respect a 20th century Christian theologian in his witness against any form of dualism in the human person.

Second, St. Paul wrote to the early Christians at Corinth to register his utter detestation against their gross immorality, and he challenged his converts with this question: "Do you know that your body is a temple of the Holy Spirit within you which you have from God? You are not your own; you were bought with a price. So glorify God in your body". (I Cor. 6:19,20). Our bodies are understood to be more than just centers of emotion and feeling, they are places of abode for that which is greater than what we can ever become or understand.

Thirdly, the symbol of medicine is that of two serpents entwined on a staff—representing wisdom and the healing power of mother nature. We are told that the priests of Asclepius the father of medicine used the serpent as the sacred animal in the mystery cult. The serpent is also portrayed in the Bible as the animal of cunning which is associated with the origin of sin in the human race in the Garden of Eden. The question posed by the continuous crawl of the serpent is this: is there a connection between wisdom, nature, and sin? If so, what is it?

Fourth, we have been growing quite accustomed to hearing a great deal about law-suits against donors for medical mal-practices. We have encouraged mixed feelings about this escalating trend, not only because of the attendant possibility of increased costs in the delivery of health care, but also because of the increased mental pressure of members of

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the medical profession. All are bound to suffer in one way or another. Doctors can now take some comfort from the fact that they have been joined by the clergy in the litigation arena for mal-practice, since a California court has been considering what is reputed to be the first law-suit for clergy mal-practice in US legal history. I suspect that there are those who would ask why it took so long in coming.

The context in which I speak, therefore, is marked by a perspective that spans the entire historical spectrum in a way that links physicians and pastors together in an inextricable professional and vocational bond, whether they like it or not, whether they are aware of it or not. The partnership implied in the title of our topic is in a very real sense quite involuntary—it is there already, the body says so, the Gospel says so, the serpent says so, and so does the society as well, even if in a back-handed sort of way. The major issue then seems to be this: in medicine and ministry, how can physicians and pastors become what they are already, partners in holistic health?

We need, I think, to state very obvious factors in our present reality. Chief among them would be that we are in fact living in a world which is growing more *impersonal* every day. It is not just that the plastic revolution has taken over our forms of mutual identity, or that the computer has provided a new escape route for the dispensability of human intercourse, or even that commuter marriages are assaulting the very fabric of family life, but, more importantly, that the capacity of *dialogue* as the essential structure through which our relationship as persons is to be built is shrinking fast. Furthermore, people are more often “clients” than they are “persons”, professions are being staffed by professionals more than by persons (the grave-digger and the garbage-collector are now “sanitary engineers”), and the doctor-patient relationship has grown to be more depersonalized through the proliferation of para-medical services, health insurance systems and the social costs of high living. One of the questions I am therefore proposing for discussion is this: “In what ways can the wholeness of personhood be promoted and sustained in an increasingly depersonalizing environment?”

It is hardly possible to over-stress the importance of personhood as it relates to holistic health. I take the meaning itself to be that state of being in which we can do what we want to do, in which we can make the best of the capacities we have. I understand health to be synonymous with *wholeness*, and more significantly, I also understand health to be synonymous with *holiness* and *salvation*. It is true that authentic health is multi-dimensional—there is the mechanical/physical, biological, psychological, social/historical, spiritual—and that there are therefore the corresponding dimensions of disease. Healing must always be understood to be a complete process, and full health as the full harmonious development of the person. This harmonious development involves nothing short

of the total integration of personhood—spiritual, physical, and psychological—and this is what holistic health has to constitute in itself.

Christianity understands itself to be a religion of the person. Its very center is incarnational in that it professes that the God whom it worships was enfleshed in the human condition. Furthermore, it speaks of that God in an experientially developed trinitarian formula by which it seeks to express the personal relationship both within the Godhead, and between the Godhead and humanity. Christians affirm that there is a personal fellowship with the living Christ which has value beyond the spiritual realm. The medicine of the person, as I understand it, does not relate to any aspect of personhood that is exempt from the religious connection. While we are aware that physicians need always to break through the outer layers of personage with which their patients usually present themselves and their symptoms, and to discover as best they can the dominant characteristics of their patients' personality as a part of the diagnostic process, yet we also know that behind personage and personality there lies the real person who is often difficult to meet or understand, simply because that person is only partially functional in personage and personality, and partially functional in issues of ultimacy and metaphysical significance. The patient is one who by definition is suffering from a wounded humanity, and who is in need of repair of his/her personal dimensions. The conscious desire for repair is only possible because of a consciousness of the possibility for wholeness, and it is at that level that personhood finds its radically healthy meaning. How do we share in helping to find such meaning? That is the essential challenge. Medicine and Religion are seen as two wedges of professional promise, because of the capability suggested in the triple-dimensions of knowing, doing, and helping.

What is the relationship, do you think, between the medicine/religion of the person and the current understanding of what is being called psychosomatic medicine? An article in the *Washington Post* (Health, April 3, 1985) quoted Dr. Bernard T. Engel of the National Institute on Aging in Baltimore as saying: "psychosomatic medicine is the interaction among patient characteristics: the social milieu, learned characteristics and then the signs, symptoms and disease processes themselves . . . It's not a static relationship between the environment because as you learn, you change, and your interactions with the environment change, and these reflect back on how your disorder may express itself within your body". It seems to me that we have here the grounds for creative discussion between the psychiatrists and the physicians in which the pastor could participate as an interested third party. Nevertheless the ministry to the person transcends the dictates of environment and changing circumstances, since we are always conscious of the reality of divine grace, and of the relevance of such grace to the process of personal healing and

human wholeness. Let it be said, however, that psychiatrists, physicians, and pastors are viable, valuable, and necessary agents of the therapeutic community, and areas of collaboration should always overwhelm possibilities of arrogance and competition.

At the Howard University Divinity School Convocation in November of 1980, Dr. Edmund Pellegrino, who was at that time the President of the Catholic University of America, made a presentation on the very topic we are discussing here. At that meeting he raised a number of significant questions among which he asked, "What does Religion contribute to wholeness?" Pellegrino offered three basic answers. First, he said that religion gave meaning to the experience of illness, suffering and death, in that the belief in God's redemptive process was fully at work. He suggested too that even meaninglessness in the context of suffering could be seen as an act of faith. Secondly, he saw religion as a source of medical morality that complemented the inherent deficiencies of a philosophical approach to ethics. Thirdly, he saw religion itself as a source of healing, and he pointed out that the Latin word "cora" from which we got the word "cure" was also the source of the word "care". Cure and care could not be disconnected.

Pellegrino then went on to look at the need of physicians for a religious source of what they do. Here he made two points. First he said that religion was the only antidote for human pride and delusion, physicians needed to be conscious of the fallibility of science. Secondly, religion, he said, clarified their human values and strengthened the growth of physicians as persons, because they were always in need of clarifying their own faith and profession, besides being in need of healing for themselves. Physicians, like all other people, need to be whole persons.

But the clergy needed medicine too, Pellegrino suggested, for at least four compelling reasons. First, medicine provided for the clergy a living contact with human suffering in a way which enabled them to ground the spiritual with humanity. Second, they needed to become more aware of the tremendous therapeutic power of the Spirit, since the suffering state of humanity gave flesh to the meaning of such words like "redemption" and "atonement". Third, medicine pooled together the largest amount of knowledge about humans that we have, and so provided for an interpretation of an integral humanism. It is out of such knowledge that a Christian religious humanism developed. Fourth, contact with the suffering reminded us of the need for advocacy for the rejected members of society, questions of social justice were important for we had a Christian responsibility to work for the protection of the weak.

Pellegrino is currently attached to the Kennedy Institute of Ethics at Georgetown University in Washington D.C., and is to be listed as a prominent spokesman amongst a growing number of scholars, physicians, and theologians who are actively engaged in studying all of the implica-

tions of holistic medicine, and of the partnership between medicine and religion. The dialogue is growing, and the literature is expanding, as I discovered after I accepted the invitation to deliver this paper. All participants in the debate, would, I am sure, agree with Dr. J. Robert Nelson of Boston University:

“. . . the Christian physician is on the side of the theologian and of every fellow member of the church, insofar as he endeavors to understand the interrelation of faith and health. The physician, surgeon, researcher, pastor, chaplain, theologian—they all meet as members of the church and confessors of faith in God through Christ. But they possess different gifts (the *charismata* of the Holy Spirit) as well as different training and responsibility. And in a very general sense, they all have the same purpose in their life's vocation: the healing, reconciling, and redeeming of human beings." (*Dialogue in Medicine and Theology* p.39)

Another scholar in the field has recently published a book on the images of the healer as these relate to the physician. His name is William F. May and the book is entitled *The Physician's Covenant*. May suggests that physicians as healers might see themselves as the Parent, or the Fighter, or the Technician, or the Teacher. But it is in the context of the Covenanter that physicians might best see themselves today. Since the concept of covenant is so deeply rooted in the biblical and religious traditions of our culture, a covenantal ethic rather than a merely contractual one might best motivate physicians in their delivery of health care, while they continue to take seriously the other images which he has described. Here too we have a key ingredient introduced into the search for the meaning of holistic health, since self-perceptions of either physicians or pastors are crucial to the quality of service they render and the fabric of the partnership which they build.

The President of the Union Theological Seminary Faculty, New York, Dr. Donald Shriver has also been immensely helpful in providing for us some of the guidelines on how religious studies might contribute to patient care. He has suggested such areas as the critique of idolatry, the meaning of suffering, the understanding of death, the value of human life, and professional decision-making. On the question of human life, Dr. Shriver makes a very important observation:

"The medical profession has a stake in religions that sustain the belief that humans are worth caring for. It has a similar stake in resisting those interpretations of the human drama which reduce its significance to that of a trash pile or otherwise weaken the significance of the actors' commitment to taking part in that drama. At stake here is not only the quantitative question of whether human life is worth prolonging, but also the qualitative question of what kind of life is worth prolonging." (*Medicine and Religion: Strategies of Care* p.29)

The question of the human drama of which Shriver speaks is obviously related to the whole question of anthropology and its implications in human health care. Just as we have noted that the professional self-per-

ception is important, so too we ought to recognize that the anthropological models at work in one's perception are also important. It is here that we are addressed by Dr. J. Harold Ellens in his recent work *God's Grace and Human Health*. Dr. Ellens suggests that in our social, cultural, and psychological processes there are essentially four anthropologies at work in the minds of our colleagues, our clients, and ourselves. First there is the Mesopotamian model which says that humanity is trapped. Second, there is the Greek model which says that human beings are the measure of all things, their creative destiny is in their hands. Third, there is the Hebrew model somewhat secularized into the notion that human beings are unitary phenomena with all the prerogatives and possibilities for meaning and destiny inherent in the structure of their individuality. And fourth, the Christian model takes the human predicament seriously, while also recognizing the two crucial redemptive potentials—the one to wholeness, and the other to become in Christ a healer in the world of humanity through experiencing God's gracious acceptance. Ellens insists that we "encounter all these models and their consequences continually in our interaction with clients. If we fail to clarify the model of man in these terms, we tend to lose efficiency in achieving healing".

I must confess that Ellens has been more helpful to me in what he leaves unsaid. For while I might be able to agree that some functional modelism is at work in our anthropological perceptions, I do not agree that Ellens' models are either identifiable today, or operative in our Western mind-set. No one must delude himself that Western self-perception has not been affected—whether positively or negatively—by the anthropology of Africa or Asia. No one must imagine that nearly four centuries of racist exploitation or territorial domination of the South by the North has not determined what models of anthropology will predominate. Indeed, it is so much of these considerations which not only dictate the guidelines for the availability or accessibility of health care itself, for technological and economic justice, for ideological superiority, or for theological acceptability. How dare we say that models are Mesopotamian or Christian? Our anthropological models are fully evident not in answer to the question of "what", but rather to the question of "who". The dominant quest in our social struggles is always to ensure that the right people will say and do the right thing at the right time. So functional anthropology is important both for the physician and the pastor as they respond to the dictates of the human drama, as they collaborate in their fight against sickness as an evil desecrator of the human temple, as they protest against the denial of the right to human wholeness and integrity, and as they roll back the frontiers of creative justice in the affairs of men and women who have all been created in God's image.

Should holistic medicine really be considered, or treated as, an area of specialization? One of the questions for discussion is: "What are the at-

tendant advantages and disadvantages in the growth of specialized medicine or ministry?" Many are undoubtedly familiar with anecdotes about medical specialists who transfer their patients from one specialist to another in an effort to provide a mutual servicing of the build. However unfair or unfounded these anecdotes may be three things must be noted. First there is a gradual shift away from a care for the organism as a whole towards a greater concern focussed on the particular organ of the body. Secondly, specialized research has emphasized more of the curative and not enough of the preventative. I am impressed with the argument of those who hold that if more attention were paid to conception rather than to contraception, to ovulation rather than to anovulation, we might be on a better track towards resolving the bio-ethical questions to which contraception and birth control give rise. We need an increasingly appropriate mix of preventive and rescue strategies in medicine in the context of fairness, equality and liberty. Thirdly, more and more ministers of religion are joining the guild of specialists on the strength of credentials which are an affront to the Gospel of truth, of sacrifice, of humility, and of salvation. Without too much doubt, some ministers are unwittingly endorsing the claims of those who believe that a little knowledge is a dangerous thing. It must however be said that in the area of holistic medicine all illnesses of consequence have to face religion and medical questions. Before I venture to suggest some practical areas in which the partnership between physicians and pastors might profitably evolve, I wish to outline some theological indicators which seem to me to be inherent in the dialogue between both professional concerns.

The Christian doctrine of creation is incomplete without an understanding of the doctrine of salvation. The God who creates is also the God who saves. Healing and salvation are part of God's continuing creative act, and human agents are therefore understood to be pro-creators with God. The practice of medicine is therefore to be seen not as a process against nature but rather as an inherent characteristic of the natural creative—or re-creative—process. This is the context in which we are to look at the following question: "To what extent does the nature of illness constitute an inherent illness in Nature? What is the correlation between illness and evil?"

Let it not be forgotten that questions of ultimacy also include questions of theodicy, and those who experience pain and loss through illness are often confronted with the difficulty of belief in an all-loving and all-powerful God. How could such a God allow it? Christians find meaning in the doctrine of the Cross and Resurrection of Jesus Christ, not as myth and symbol, but as the radical demonstration of God's re-creative act and as the firm assurance of human hope and liberation. Nothing can be more powerful for those threatened in faith by the forces of theodicy than the doctrine of the suffering God. The God who heals is at one and

the same time the God who suffers with us. Doctors who find meaning in the Christian doctrine of the Resurrection also find meaning in the redemptive process of suffering, and consequently in the practice of holistic medicine. For without the fundamental vision of completeness through hope, holistic medicine would surely be defective.

We need always to acknowledge that all healing comes from God, and that the practice of medicine is also like a pilgrimage in search of God. What we further understand, however, is that healing is indeed a sign of God's patience, and that in the patience God meets us in our pilgrimage towards him.

The Gospel tradition provides us with an understanding of the ministry of Jesus in relation to the meaning of human wholeness. Many of his healing miracles were understood to be signs of the in-breaking Kingdom of God. He understood his ministry to be entirely characterized by five aspects of proclamation and practice; he brought a message of hope; he issued a call for action; he practised solidarity with those who were on the under-side of human history; he proclaimed forgiveness to sinners; and he issued a command to love. Jesus clearly wished his activity to be understood as ushering in the Kingdom of God through restoration of human wholeness and the establishment of social reconciliation. His personal manifesto is best summed up in John 10:10 "I am come that men may have life, and have it in all its fullness". Jesus links the meaning of repentance with the reversal of the unwholesome human condition. For Jesus, therefore, as indeed for us, the understanding of salvation bears directly on the understanding of health, and all processes of diagnosis, prognosis and therapy have christological significance.

I wish to share some thoughts which I have been developing around the meaning and practice of partnership in this most important exercise of our human stewardship. First, I support the thesis of Dr. Pellegrino that there should be no confusion of the professions, but rather a network of inter-relationship on the basis of the strengths of each. Both professions need each other, he says, so that there should be no artificial barriers of professionalism. Mechanisms should be developed for bringing both professions closer together, perhaps through joint educational opportunities and experiences. Pellegrino reminds us that, like the physicians, the ministers also have their 'patients', they have their people who in their suffering are waiting to be healed.

Secondly, to be in either of these professions is an enormous challenge, for we painfully recognize the truth of that saying of Jesus that many are called but few are chosen. There is a built-in vocational component which cannot be acquired from the textbooks, the examinations, the degrees, or the laboratories. It comes to us from beyond. It requires a great deal of nurture, so that in the pursuit of either profession the frustrations many and the disappointments often can be withstood and eventually

overcome. What I am saying therefore is that in both professions we need constantly to develop spiritually as well as professionally, and there are many ways in which we can help each other in this process. For example, there could be a service of consecration for physicians at the beginning of their professional practice, and at well-occasioned intervals. Ministers look back to their ordination, to what do the physicians refer as their rite of passage? Physicians could participate more professionally in church discussion-groups and decision-making assemblies, as a partnership in a shared ministry. For let it never be implied that the physicians are to share their turf while the ministers zealously preserve theirs.

Thirdly, there are areas for sincere mutuality and support which could be identified and strengthened. I think for example of what I choose to call the FIVE-'C' NETWORK. 1. COMPETENCE—We need constantly to be upgrading our skills, keeping abreast with the new developments, and trying to scratch the back exactly where it is itching. The display of diplomas on a wall should be regarded as the least assurance of genuine competence. 2. COMPASSION—This is to my way of thinking the most essential characteristic required in both professions; it means feeling with, suffering with, others. It can neither be bought nor sold, and no fee can be charged for it. It fundamentally underlies the true meaning of holistic medicine. 3. COMMUNICATION—This is the art of sharing, of sharing ourselves, and information, and the truth, with each other. Both professions must expand, enhance, and respect the channels of communication with, and on the behalf of, the patients with whom they deal. 4. CONSCIENCE—This is a very tender part of the human person; some call it the voice of God, but I certainly do not. It is the operative force in our beings as moral agents which is shaped and conditioned by a complex of circumstances quite unrelated to the awareness of the divine presence. The Greek word for conscience, 'suneidesis' virtually speaks for itself. Our consciences require regular doses of holistic medicine just as much as our patients. We must never take them for granted. 5. CONFIDENCE—Here we do not merely refer to being sure about what we are doing, but more particularly the important area of trust and trustworthiness. Doctors and ministers often share others' privacy to an extent that no other professions can, and with this there evolves a large measure of responsibility which cannot be treated callously or with mischief. Can ministers and doctors sustain a vibrant network of the FIVE 'C's in mutual support and encouragement? Can they minister to each others' needs in these very vital areas? I can find nothing to suggest that they cannot.

The fourth possible area has to do with health education. There are at least four diseases which are prevalent among most of our people on which so much more could be done. These are: Hypertension, Diabetes, Alcoholism and Stress. We must certainly commend the work that is

being done by the Church High Blood Pressure Program in Baltimore, Maryland, towards educating the congregations and helping in so many ways to spread the work about what are the real parameters of this killer disease. The discipline which is involved for hypertensives both in the regularity of drug therapy and in the weight and dietary control is surely an area in which all of our churches could be involved. We need to do all that we can in our churches in helping our people to help themselves in these very vital matters. Ministers very often exercise more persuasion with patients than physicians can, mainly because most people are afraid of physicians. We should also be prepared to alert our people to the dangers of Stress-related disorders, especially in this unwholesome pace of life to which we all feel that we must be unswervingly committed. This is particularly true for our middle-classes. We must remind them that God has never uprooted the Garden of Eden, and that there is a very significant lesson to be learnt by our bodies from the meaning of 'sabbath'. It means to rest, to use time recreatively, to practise the art of wasting time well, to recoup the sources of energy by giving the body enough time to enjoy itself. We physicians and doctors need specially to learn more about all of that, and I can find no better way of learning it than by constantly remembering to teach it to others. How can we dare to advertise about holistic medicine if we do not have the goods to deliver? Becoming whole means being completed, it means the development and purification of the body and the soul.

In conclusion, I would simply make a special plea for mutuality of respect, support, compassion, and confidence at all levels. It is God who ministers to the minister, but it is God who ministers to everyone else. It is God who heals the physician, but it is also God who heals everyone else. In the delivery of care whether for the body or the spirit, we are to see ourselves as workers together with God, who in Jesus Christ wills that all should be free. Christians affirm that freedom, health and wholeness go together. May we find wisdom and encouragement in the following words: "While health is not the totality of human wholeness, it is a basic component. While physical healing is not the same as personal healing, it is intrinsically related. And while creative medicine will not usher in the reign of God, it can contribute significantly to that fuller realization of our common humanity, which is both a gift and an achievement". (James B. Nelson & Joanne Smith Rohricht, HUMAN MEDICINE, Augsburg 1984, p.216)