

Healing, cure, and the whole person

I cannot go to cure the body of my patient, but I
forget my profession, and call unto God for his soul.

Thomas Browne, *Religio Medici*

She had been his patient for over 20 years. An elderly woman with severe arthritis, she was the piano teacher for generations of children in her small rural community. She served as the accompanist for various school choirs and had been, for as long as anyone could remember, the pianist and organist for her church. Now her condition had worsened to the point that her deformed hands no longer allowed her to play her instrument. During a routine visit her physician noted the progression of her disease and empathized with her. 'I know that the pain associated with your conditions is really a problem. I want you to know that I will do everything I can to make you comfortable.' Her response had a profound impact on her dedicated and sensitive physician. 'Doctor, you don't understand. It is not the pain that is a problem. The problem is that I no longer know who I am.'

This woman had no family. She had no spouse, no children, no grandchildren. Outside of her work as a teacher and performer, she had no active involvement in the community. If she was not 'the piano teacher,' the 'school accompanist,' the 'church organist,' who was she? How was she to be defined? Clearly her disease involved more than the mere presence of a physical ailment. The complexity of her condition involved the totality of who she was as a human being.

As we explore what it means to provide effective healthcare to the whole person, one of the first issues we must address is the nature of personhood. What are the facets of a human being, and how do these facets and complexities impact how we practice healthcare? The modern clinical model, as it emerged from the Enlightenment and the consequent development of the scientific method, diminished the importance of the whole person and narrowed the focus of medicine to an almost one-dimensional plane. In the book *Patient-Centered Care*, Ian McWhinney relates the clinical method as described by Laennec, a French clinician writing in the early 1800s. Laennec, who is known as the discoverer of auscultation and inventor of the stethoscope, did an exhaustive 12-year study of chest-related disease. He attributed his discoveries to proper observation and described his methodology as follows (from *De l'auscultation mediate*):¹

The constant goal of my studies and research has been the solution of the following three problems:

- 1 To describe disease in the cadaver according to the altered states of the organs.

- 2 To recognize in the living body definite physical signs, as much as possible independent of the symptoms ...
- 3 To fight the disease by means which experience has shown to be effective; ...to place, through the process of diagnosis, internal organic lesions on the same basis as surgical disease.

By the late 1800s this method of strict observation and repeated testing had evolved into the modern clinical method for examining disease, and it has essentially defined medicine as we understand it today.

What is critical for this discussion is the focus on the physical aspect of disease created by this methodology. Emerging from this new investigative model was an understanding of disease as an essentially independent entity located in a host body. Over time, the medical community seems to have anthropomorphized diseases, endowing them with an essentially personal and independent existence. A functional disassociation between the disease and the person in whose body it resides has occurred. The mental, emotional, social, and spiritual aspects of the person are seen as secondary to the physical pathology. It is not unusual, in a hospital hallway, to hear two clinicians talking about 'the cancer' in room 401, or 'the cirrhosis' in room 503. The person with the disease fades into the background, and the importance of the patient's history, relationships, values, beliefs, fears, hopes, and dreams are lost.

But can a model of healing that focuses on the physical aspects of disease while neglecting the other facets of personhood be effective? Perhaps – if the absence of disease is the solitary goal of healthcare. But what if we have broader goals? In his book *Integrating Spirituality Into Treatment*, psychiatrist William Miller makes the following suggestion.

If health is more than the absence of disease, and broader than the single dimension of suffering, then a healer's task is larger than the detection and eradication of a specific disease state. It has to do with quality of life, with the richness that is invoked when we truly ask and answer the question 'how are you?'²

Miller goes on to assert that health involves three domains. True health he suggests requires not only (1) the absence of suffering, but also (2) the presence of an ability to function and (3) what he calls 'coherence,' or what many call inner peace. Coherence is the ability to make sense of life and its events, to endow them with meaning. To be well one must weave coherence into the process of healing; one must identify the meaning one has conferred on the disease, and from that base of meaning find the capacity to function. Thus to be a healer means not only to address the physical aspect of the condition, relieving suffering and enhancing or restoring the physical capacity to function, but also to address the issue of coherence and enhance the emotional, spiritual, mental capacity to function. Being a healer means helping patients understand the meaning of their disease. Helping them place the disease in the context of their values and beliefs.

Brown, Weston and Steward capture the same concept when they insist that there is 'a distinction between two concepts of ill health: disease and illness... *Disease*, on the one hand, is an abstraction, the 'thing' that is wrong with the body-as-machine. *Illness*, on the other hand, is the patient's personal experience of sickness – the thoughts feelings and altered behaviors of someone who feels sick

... A particular disease is what everyone with that disease has in common, but the illness experience of each person is unique.³ Focusing on these two concepts these authors also approach wellness from a multifaceted perspective. Wellness requires dealing with the *disease* present in the body, the traditional task of medicine. But it also requires working with patients to address other aspects of their *illness*, their ideas and feelings, their expectations regarding treatment and outcomes, and their ability to function.⁴ When the person is struggling with these other aspects they are experiencing what might be called 'dis-ease.' Dis-ease is a lack of peace or comfort centered in the non-physical aspects of the person. Dis-ease relates to the emotional, spiritual, and relational. What is common to both of these models is a broadened concept of personhood.

Personhood in faith systems

Since the beginning of recorded history there has been a sense that the physical body does not define a person. Both Jewish and Christian thought, for example, have always presented an image of the self as being multifaceted. The most common Judeo-Christian image of the self involves a dichotomy, involving both a body (*soma* in Greek, *basar* in Hebrew) and a soul (*psyche* in Greek, *nephesh* in Hebrew). In the Hebrew the word *basar* means, literally, 'flesh,' and by extension refers to the human body, with a focus on created life as opposed to divine life. It is often used along with the word *esem*, or bone, to convey unmistakably the idea of the physical body (flesh and bone). The word 'body' refers, importantly, to only the external form of the person. It is only one of the facets of the person, the other being the *nephesh* or soul (in a few cases the word *leb*, or heart, is used instead). According to John Oswalt, in the *Theological Wordbook of the Old Testament*, 'it would be inappropriate to think that the Hebrews conceived of a living soul inhabiting an otherwise dead body. Rather they saw the human reality as permeating all the components with the totality being the person.'⁵ Often, in the Torah, the words 'soul' and 'body' are used together, illustrating the essential unity of the person. This is most evident in the Psalms:

'My soul longs, yea longs for the courts of the Lord, my heart and my flesh cry out for the living God.'
Psalm 84:2

It must be noted however, that although the Jewish scriptures suggest a critical unity between body and soul, there are also hints of what is often called 'anthropological dualism.' The very use of dual terms for the self seems to indicate a number of unique components, each with their own reality. Although the soul and body have an essential unity and together are used to describe the corruptible self, there is also a degree of separation. 'The body may be seen at a certain remove. One may abandon it to pain or death, for the true I is the soul or reason which survives death.'⁶

A similar dichotomy is found in the writings of the New Testament. There the *soma* is the organic or corporeal body and is that which experiences sickness and healing (Mark 5:29) or needs food and clothing (James 2:16). However, as in Hebrew thinking, the body and the soul are not easily distinguished in the New Testament. Indeed, early Christian writers such as Paul reflect an even more

profound connection between these two facets of the individual. Perhaps the best illustration of this essential unity is in the fact that the future life (life after death or life after the apocalypse), initiated by the resurrection, is a bodily one. According to Paul a person, when he or she is reunited with God, will be united 'even to the point of his corporeality.'⁷

The soul, in the New Testament, is the 'principle of all life, physical, intellectual, moral, religious.'⁸ It has continued existence after the death of the body because God wills that the living principle of the human continue. The New Testament usage of the word *psyche* flows out of the common Greek usage of the word by philosophers such as Plato. In Greek thought the word 'psyche' was used to describe the life principle, or vital principle. The psyche was the organ of thought and judgment and often was seen as the immortal part of the person (Plato, *Timaeus* 30B).

There is a third word which must be included in any exploration of the concept of person in the Judeo-Christian tradition. That word is 'Spirit' (*pneuma* in the Greek and *ruah* in the Hebrew). There are some who would insist that the Spirit comprises a third additional facet of the total person. For these thinkers the soul is still defined as the principle of life, and includes understanding, emotion, and sensibility. But it is united with the corporeal in such a manner that it, along with the body, ceases to exist at death. The spirit, which literally means 'wind' or 'breath,' is, for this group, 'the mind, the principle of man's rational and immortal life, the possessor of reason, will, and conscience.'⁹ At death the spirit returns to God who gave it.

If we were to query modern Christians about their concept of the person, and specifically their view regarding life after death, we would find this functional trichotomy widespread. Paul, and probably most early Christians, believed in the imminent return of Christ and a general corporeal resurrection of the dead. But as the years turned into decades, and the decades into centuries, the idea of an eventual physical resurrection was not enough for many believers. They wanted a sense that when a person died the transition to new, eternal life was more immediate. The concept of one's spirit being reunited with God in 'heaven' became a common solution among believers in general. It should be noted that many who hold to the concept of a dichotomy come up with the same solution to the problem of a delayed resurrection of the dead. For them the soul leaves the body and returns to God, a solution that, while emotionally satisfying, ignores the intrinsic unity of the body and soul portrayed in the New Testament.

For most Christians, however, the word 'Spirit' is used to describe not a third facet of personhood, but the dynamic presence of God in the person of the Holy Spirit. This Spirit comes into the person who is in relationship with God and possesses and influences that person, body and soul, so that the person lives in union with God and has a life that reflects God's presence. Their actions, indeed their very character, are transformed by the wind or breath of God.

In talking about the main thrust of Judeo-Christian thought, therefore, it is best to think primarily in terms of the classic dichotomy of body and soul. Soul, however, should be seen as complex in nature, being the locus of understanding or rational values and emotion. But even if affirming the dichotomy, we should not ignore the Spirit. For Christians the person, body and soul, is meant to be a person in relationship with the divine, connected to that power by the Spirit, which dwells within and becomes, essentially, a part of the person. The spiritual dimension, although not a component of the person itself, transforms the body/soul complex

in which it dwells. Thus in a real sense it is appropriate to talk about the person as physical, soulful, and spiritual and insist that any approach to healing must include all of these elements.

The Sufi teacher Hazrat Inayat Khan presents a similar model of personhood in his book *The Inner Life*. According to this Muslim leader the purpose of life is 'to not only live in the body, but to live in the heart, to live in the soul.'¹⁰ To see the self merely as a body is to be severely limited and to 'not know that another part of his being exists, which is much higher, more wonderful, more living, and more exalted.'¹¹ For Khan, in parallel with Judeo-Christian thought, to live as a multi-dimensional being is possible only as one connects with God. Indeed, the 'first and principle thing in the inner life is to establish a relationship with God, making God the object which we relate to ...'¹² So the person is multifaceted and is empowered by an inner connection to the divine.

The Buddhist concept of the person represents a significant departure from the family of faiths represented by the Judaism, Christianity, and Islam. It is best understood if one focuses on some concepts central to Buddhism. One of the most critical of these concepts is that of Nirvana. According to Huston Smith, a noted scholar of comparative religion, the word means to 'blow out' or 'to extinguish.'¹³ It may be best to place the concept of Nirvana in the context of the Four Noble Truths, which explain the reality of life. The First Noble Truth is that life is *dukkha*, or suffering. It is not that life is nothing but suffering, as in Buddhism it is possible to experience joy in life. It is more that joy is superficial, and that at some level pain seeps into all finite existence. This pain exists because life is dislocated. The word *dukkha* is used in Pali to refer to an axle, which is off-center with respect to its wheel. Because things are 'off-center' or out of balance there is a resultant friction. Life 'rubs' and is full of conflict, barriers, and pain. Buddha in his teachings cited six occasions when life's dislocation is most evident: The trauma of birth, the pathology of sickness, the morbidity of decrepitude, the phobia of death, one's slavery to what one abhors, and one's separation from what one loves. So human life, in its normal condition, is out of balance, estranged, so to speak, from the truth, and this estrangement must be overcome if the pathologies of life are to be addressed and authentic happiness is to be achieved.

The Second Noble Truth points to the cause of this estrangement. We are out of balance, and thus in friction because of *tanha*, or the desire to seek fulfillment through the self. One writer calls *tanha* 'the desire for self at the expense, if necessary, of all other forms of life.'¹⁴ The ego, as normally understood and nurtured by humans, is a barrier to fulfillment. The more we seek to satisfy the ego or self, the more it hinders our understanding of others as fellow participants of the same reality, and the more it hinders our ability to act for the benefit of the whole. The result is pain.

The Third Noble Truth focuses on the cure for humanity's pain. If we would get rid of the dislocation or imbalance that causes pain, we must get rid of the self-centeredness that causes it. We must move from the narrow imprisoning focus on the self and focus on the universal. The Fourth Noble Truth reveals that *tanha* can be overcome by following the Eightfold Path, which might be seen as spiritual principles, disciplines, or steps.

Nirvana, which is the state of balance that all seek, is thus not so much the extinguishing of the self, but elimination of the distinction between the individual self and the universal. It is not obliteration or self-annihilation, but, in a powerful sense, self-realization. It is coming into balance, and being what one was created to

be, a person in a seamless, giving relationship with the whole. This is a difficult concept to comprehend. Buddha himself insisted that Nirvana was 'incomprehensible, indescribable, inconceivable, unutterable,' for if we eliminate every component of the self we understand, how can we speak of what is left?¹⁵ Nirvana is not God, and many would argue that there is no concept of God in Buddhism. However, it might be safe to say that Nirvana is the realm of the Spiritual. So the self is best understood not in terms of the individual, but in terms of the universal, the wholeness that is the spiritual, an idea that is revolutionary for our perception of the goal of healthcare.

One of the more interesting aspects of Buddhist thought regarding the self is that people do not have a soul (or *atman*). There is no spiritual substance which can be seen separately from the physical self (no dualism) and retain its separateness beyond death. This denial of spiritual substance is part of a wider denial of substance. In Buddhism both the idea of permanence and matter are viewed with suspicion. For Buddha 'the mind was far more basic in man and nature than matter' and he 'challenged the implications of permanence contained in the idea of substance.'¹⁶ Buddha thus viewed the body as rather ephemeral, a pile of elements no more permanently or concretely bound together than the grains of a sand pile.

So what are we left with? If the body is impermanent, and the soul is without substance, what is the essence of a person? Perhaps a clue can be found in discussions around life after death, or continuance. In Buddhism it is probably not correct to say either that a person 'lives on,' or that a person 'ceases to exist.' The first comment suggests a continuance of the individual that is not consistent with Buddha's thought. The second comment suggests total extinction, which is also inconsistent with what Buddha believed. Smith suggests a path somewhere between those two poles. 'The ultimate destiny of the human spirit is a condition in which all identification with the historical experience of the finite self will disappear while experience itself not only remains but is heightened beyond anticipation.'¹⁷ There is a self or spirit which is part of a greater whole. It finds freedom and joy as it participates in that whole, and pain as it seeks distinction or separation. It finds peace as it moves from its ties to the temporal world, and a temporal body.

So with Buddhism, as with the Western faiths, there is a clear need to move beyond the body in the definition of the self, and a need to take the spiritual seriously in any attempt to bring healing into the presence of disease.

Philosophical and psychological definitions of personhood

During the last century a number of thinkers attempted to define personhood. One of those people was Paul Tournier, a physician from Switzerland, who presents at the beginning of his book *The Whole Person in a Broken World* what he considers the prevailing image of the person in the world of medicine.

What, then, is the person? ...Everybody knows what direction medical science has pursued for a hundred years now in order to answer that question. It has pursued the direction of materialism. And from that point

of view man is compared with a machine, or more precisely, with an assemblage of machines ... man is a complex ensemble of different machines – digestive system, respiratory, nervous, urinary systems, etc. ...¹⁸

The direction of medical science has, Tournier admits, created great advances in knowledge, but in its reduction of people to the merely physical and medicine to physical pathology, it has become limited and unbalanced. Tournier points to Freud, who he insists, 'broke the line of the development of organic pathological medicine and rediscovered the importance of the psychic,'¹⁹ showing that there are problems that are not caused by a lesion, but by an idea (again we move toward the concept of dis-ease). According to Tournier, if it is true that there are both organic diseases and non-organic 'functional' diseases based on such things as imagination, then medicine must look beyond the body to a broader definition of the person. He echoes here the thoughts of Alexis Carrel, who insists that we cannot perceive the material, mental, and spiritual aspects of the human as different things. 'Neither the soul nor the body can be investigated separately. We observe merely a complex being whose activities have been arbitrarily divided into physiological and mental.'²⁰ Tournier ultimately concludes that any adequate conception of the person must be one that includes the body, psychological functions, and something more, what most would call the soul or spirit. Only this kind of transformed vision of the person will allow us to truly bring healing into people's lives.

One author who provides such a conception is Dr Jean de Rougemont. According to de Rougemont human life manifests itself through five different phenomena:²¹

- 1 bodily, physical phenomena
- 2 psychic phenomena: the play of imagination, the interior sense
- 3 mental phenomena: abstract thinking, judgment, and reasoning
- 4 unconscious phenomena
- 5 spiritual phenomena.

These five phenomena make up four levels of being, the physical, psychic, mental, and spiritual. The unconscious phenomena do not constitute a level of being, but are instead incorporated into all levels except the physical. Psychic, mental, and spiritual phenomena can be either conscious or unconscious. It is important to note that although de Rougemont differentiates between these various levels and types of phenomena, he believes in a critical unity similar to the unity between body and soul seen in the religious models of personhood. 'We are "men" through our body, our psyche, our mind, our unconscious, and our spirit... there are no sharp boundaries.'

Alex Stocker developed a similar model in his book *The Confusion of Modern Man*. Stocker uses a triangle to define the various components of the person. At the pinnacle is the heart (A), which as he defines it, is very similar to the Biblical concept of spirit. The middle section represents the mental or intellectual aspect of the person (B), and the base of foundation of the pyramid is the body (C), or the physical.

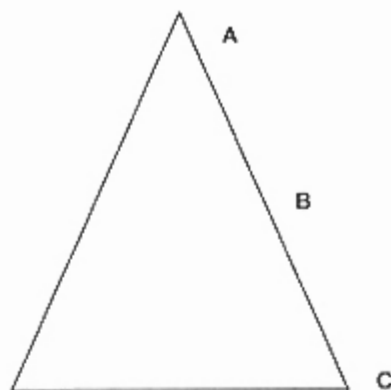


Figure 1.1

Tournier, who followed them, refers to both de Rougemont and Stocker in his deliberations. However, although he clearly appreciates the models they have developed, he feels that both their models are insufficient to explain the complexity of the person, especially with respect to the presence of the spirit. The spirit, he notes, which is present at the apex of Stocker's model, and as the final level of de Rougemont's, is clearly different from the other components of the self. 'One can make body, psyche, and the mind the object of experiment. The spirit, however, is inaccessible to science; it can be perceived only intuitively, introspectively, or better, through grace.'²²

Therefore Tournier suggests yet another model of the person, one which incorporates the spirit in a more inclusive and intimate manner. For him the spirit essentially permeates the entire self, body (A), as well as the psyche (B) and mind (C). It is the spirit that brings life to all of them. The spirit is the point of intersection between all the aspects of the person, and perhaps also the point of intersection between the person and the sacred.

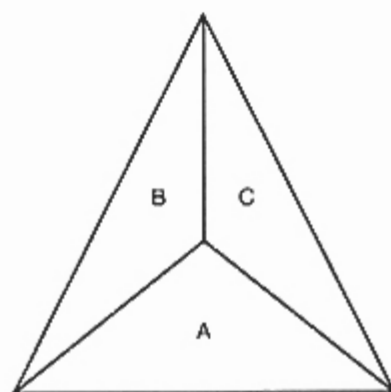


Figure 1.2

The spirit, as a point of intersection, is essentially without dimension, and thus is not accessible except through the other aspects of the person. But it can be expressed through the body (through actions), through the psyche (through feelings or perhaps art), and through the mind (through the world of ideas – perhaps theology).

This model shows more clearly than the others we have explored why the modern clinical method has had such a difficult time incorporating the spiritual aspect of the person. By adopting the scientific method, medicine became totally dependent upon objective investigation of things that can be seen and measured. Therefore it is condemned to understanding only those aspects of the person that encompass the 'exterior' components, the body, psyche, and mind. Since it cannot directly access the spiritual aspect of the person, it ignores this critical component that defines the person we see, touch, and hear. In short, according to Tournier's model of the person, medicine misses that which ultimately defines the person.

It seems important to include at least one model of the person emerging from the world of psychotherapy. Virginia Satir, in her book *Peoplenaking*, talks about the various aspects of personhood in a very functional manner. She believes there are four aspects that demand attention:²³

- the feelings and ideas one has about himself, *self-worth*
- the ways people work to make meaning with one another, *communication*
- the rules people use for how they should feel and act, which eventually develop into the family system
- the way people relate to other people and institutions outside the family, or the *link to society*.

These four aspects relate both to how a person functions internally (emotionally) and how they function within their family and within society (socially). These aspects also relate to the rules or values by which a person lives, to the way they see life, respond to life events, and establish meaning. So, in essence, they also relate to the existential or spiritual.

Satir's model, although clearly not developed from any sort of religious perspective, is very consistent with the models we explored earlier. Again we see both the complexity and essential unity of the person. She does not, since she is developing a psychological model, address the issue of the body, but does create added dimension to the non-physical aspects of personhood by focusing on the social or interpersonal.

In the religious models, as well as those of Tournier, Stocker, and de Rougemont, the vertical relationship between the person and something, someone beyond the self are explicit. Indeed, in many of these models it is this vertical relationship that defines the person. This is especially clear in Tournier's model, with its spiritual axis. Satir's model introduces the horizontal relationship between the person and other people and addresses this relationship as an essential part of the model. While in many of the other models the person cannot be defined without taking into account the connection to that which is greater, or beyond the self, however defined, in Satir the person cannot be defined without taking into account the connection between that person and other people. Indeed one of her categories relates to the person's 'inner' relationships, the psyche, mind, and spirit, while three of her categories relate to the person's outer relationships. These rules and values define the way the person interacts with others, the methods by which they communicate, and the linkages that are created.

The person defined

There are then, a variety of ways in which one can define personhood. It seems that at the very least we must include two aspects, body and soul (or spirit). However, in order to better capture the complexity of human nature it is better to include four basic components.

- First there is the body, the physical aspect of the person and the focus of disease-centered medicine.
- Second there is what we might call the soul, the realm of the 'inner person.' This might include one's thoughts, feelings, perhaps that part of our self that is impacted and imprinted by our personal histories.
- Third there is the social self. The self as it functions within the context of a shared humanity. The self in relationship with others, including significant others, families, peers, and co-workers. This aspect of the self relates to our horizontal relationships.
- Finally there is the spiritual self, the self as it relates to something greater than itself, however that might be defined.

It must be noted that separating these four aspects into distinct factors is artificial. As has been noted by almost all of the thinkers we have explored, there is an essential unity of personhood, a significant linkage between all of the facets of personhood, with each of them connecting to and impacting the others. So it is that if something happens to us physically, it affects us socially, spiritually, and relationally. This is why it makes sense to talk about the 'meaning' of a disease for the patient. How do they connect the dots? What does their cancer mean to them on a spiritual level? Do they see it as a curse, some sort of punishment, as something that is meant to test their faith, or as a chance event that their connection to the sacred will enable them to manage? What is the impact on their inner self? Does it make them bitter and cynical or does it create a new capacity for empathy? How does it impact their significant relationships? Is it a barrier to intimacy, or something that creates a new intimacy?

To take any one facet of the individual and focus on it to the exclusion of the others is to err. For the physician to ask that the patient leave their spiritual/social/inner self at the door and bring in only the physical self is inappropriate, just as it would be inappropriate for a minister to treat the spirit or soul, but ignore the social or physical aspects of the self. To preach 'salvation' to a person who is hungry is just as improper as treating a person for physical pain, but ignoring the presence of spiritual or emotional suffering.

Let us look at these four facets of self as they present in one person. Developing this kind of a portrait helps us to see how these various facets unfold in the therapeutic relationship between a patient and a provider. Let us begin with the purely physiological facet of the patient.

Harvey is a 62-year-old African American man who has been hospitalized due to worsening of his chronic lung condition. He developed worsening shortness of breath about four years ago. As the symptom worsened, he became unable to walk up the stairs to his apartment and could not make the trip downstairs to his mailbox each day. Harvey consulted his physician who discovered an abnormality in his chest x-ray and referred him to a lung specialist. After a series of tests, a diagnosis of interstitial pulmonary fibrosis

was made. The doctors explained to Harvey that this condition was caused by a gradual process in which the lungs become infiltrated with fibrous tissue causing them to become stiff and leathery. He was told that this condition is usually progressive and that he would not get better. Although there are medications to slow the disease process, only a lung transplant had any chance of restoring him to a functional life. Prior to his hospitalization, a visiting nurse came to his home every day to help him with his daily care needs. He depends on oxygen around the clock to avoid feeling short of breath when simply sitting in a chair.

So far we have defined our patient in terms of the physical self, and see him only from the perspective of the disease that is attacking his body. But clearly Harvey is more than a physical body, he is a person.

Harvey is a retired mail carrier who was married, but is now divorced and living alone. He is also a father, with two adult daughters who live in other states. He corresponds infrequently with one of these daughters and is completely estranged from the other. Harvey is a man with few friends, but prior to his illness he regularly visited a community senior citizens' center and enjoyed playing cards.

Now Harvey is beginning to emerge as a real person, with his social or relational self slowly gaining definition. In this case we have a person whose relational facet is marked by failure and isolation.

Since learning of his diagnosis, he has felt angry and despondent, but he hasn't talked with anyone about these feelings. Within the past week, Harvey was told that he probably would not qualify for a lung transplant due to his lack of social support and his other medical problems. He tearfully admits to being afraid and is desperate for any hope of treatment for his condition.

Now we are in the realm of the inner person, the soul. Harvey has revealed something of his inner self and we begin to see his feelings regarding his disease and how he is allowing that disease to define his life. We have a glimpse at a deeper level of how this person thinks and feels, how he responds to the challenges life presents. We begin to understand that there is a condition here that goes beyond the interstitial pulmonary fibrosis. This is a person profoundly afflicted at the level of the heart, a man who is suffering in the realm of the soul. But what about the realm of the spiritual?

Harvey is not a person who displays an overt spirituality. He does not attend church, and has not shared any sort of spiritual history. Yet spiritual issues are clearly present. This is a person who is living on what might be called the dark side of spirituality. He is full of fear, hopelessness, and isolation. He not only has few relational resources to draw upon, but also few spiritual

resources. He has no clear sense of connection with the divine, no sense of comfort or hope, but instead, a profound dread of the future and death. Thus his spirituality is not likely to be of much help in coping with his illness.

Because of where he is spiritually, his physical condition is likely to be overwhelming, and the possibility that he will find healing in the midst of his illness (both his disease and his dis-ease), that he will be able to tap into his spirituality and find blessing in the midst of disease, is low. Since the research shows that a positive spirituality can be very effective in helping people cope with chronic or terminal disease,²⁴ Harvey might well benefit if his spirituality could be nurtured and he could find empowerment at that level.

Questions for reflection

- If you were to define 'the self' how would you do it? (What are the components of the self from your perspective?)
- What aspect of your self do you consider most important? Which aspect has the most influence on how you live life?

The realm of the spiritual

Now that a concept of the person has been developed that is multifaceted and includes the realm of the spiritual, it is time to move forward and define spirituality more clearly. In order to define the rather nebulous concept of spirituality we must first differentiate it from the concept of religion. What is religion? According to those exploring the relationship of medicine and spirituality, religion has certain unique characteristics.

- Religious factors are focused heavily on prescribed beliefs, rituals, and practices, as well as social institutional features.²⁵
- Being religious involves undertaking the search for the sacred (for God, meaning, purpose, truth, fulfillment) using specific means or methods (such as rituals or behaviors) within an identifiable group of people.²⁶
- Religion is an organized social entity.²⁷
- Religion is a specific system of belief, worship, conduct, etc., often involving a code of ethics and a philosophy.²⁸

If we look at these brief descriptions, we see that religion is seen to be communal or social by nature. But it is not just communal. It is also 'organized.' People do not merely spend time together, they do so within an organized and defined context. There are specific agreed-upon rituals, formalized modes of worship. People not only gather, but when they gather their togetherness is based on a standardized set of beliefs and values. Religions usually have a designated corpus of writings deemed as core or sacred and various symbols that represent this sacred reality. The group also sets or establishes norms for behavior, not only within the community of faith, but also within daily life. In general, the community and the reality it represents have a certain degree of authority over the individual. In other words, the individual is

subservient to the corporate. Perhaps the most positive way to view religion is to see it as a means rather than as an end. It is a way to develop, to pursue spiritual growth. People participate in a religion, adhering to its beliefs, values, and practices, in order to find their place both in terms of the sacred and the worldly. It is a way to search for closeness with the sacred, and a way to understand one's purpose in the world or universe. As many people will be quick to note, participation in a religion does not guarantee that a person is spiritual. Many people participate in religion out of habit, or because of cultural norms. Some may participate in religion for very non-spiritual reasons, such as profit, political or social advancement, even relational peace.



Figure 1.3

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But in spite of the fact that there are those who practice religion out of very un-spiritual motives, many people are both religious and spiritual.

So what is spirituality? This concept is not an easy one to define and there have been many attempts to explain spirituality in meaningful terms. Definitions that have emerged from the medical literature are as follows.

- Spirituality is better understood as a multidimensional space in which every individual can be located.²⁹
- Spiritual factors ... are concerned more with individual subjective experiences, sometimes shared with others.³⁰
- Spirituality is a search for what is sacred or holy in life, coupled with some kind of transcendent (beyond self) relationship with God or a higher power or universal energy.³¹
- Spirituality connotes an individual's private search for meaning and connection, particularly his or her relationship with God.³²

These definitions share some common elements. In each case, spirituality is seen as private or individualistic, rather than communal or social. Thus, while spirituality may be experienced communally, it is seen as an inherently personal or subjective experience. Second, spirituality is generally seen as experiential in nature. It has less to do with doctrines, ideas, or even rituals, and more to do with inner feelings, movement, or impact within the world of emotions, the realm of the heart. It is not that spirituality does not involve practices or rituals, but these activities tend to be more individualistic rather than organized or formal, and are geared at stimulating inner movement or growth.

Martin E Marty, a Protestant theologian and church historian, insists that spirituality is generally 'moored' or connected, however loosely, to some sort of religious tradition. Within the United States he has identified five types of spirituality, each unique due to the religious tradition to which it is moored most tightly.³³

- **Humanistic spirituality** (in the US about 7% of the population): This type of spirituality focuses on the human spirit. People espousing this kind of spirituality believe that the individual can, through the nurturing of the spiritual facet, grow and develop, essentially becoming self-transcendent. There is generally no transcendent reference, no sense of a deity or even of a higher power, although there can be a strong sense of the sacred. Generally there is a highly developed ethical system involving strong feelings about one's relationship and responsibility to the world and those who live in it. Marty suggests that Albert Camus and Ernest Hemingway might well exemplify this form of spirituality.
- **Unmoored spirituality** (about 7% of the population): This form of spirituality is found most heavily among the upper middle class, especially among those who make up what might be called the cultural elite, including the arts community, college professors, and health professionals. It is very individualistic, rather than communal or religious. People who have this kind of spirituality emphasize energy, connection, and nature. Devotees of what is often called New Age spirituality, complete with crystals, healing touch, astrology, and parapsychology, fit into this form of spirituality, as do those who pursue their spirituality through books, taking bits and pieces from many faith systems and creating a hybrid spirituality. Some within this group maintain that they connect most effectively with the divine through nature. According to Marty this is the type of spirituality exemplified by Shirley MacLaine.
- **Moored spirituality – Eastern Type** (<3% of the population): A growing number of people in the United States, and a large number of people worldwide, fit into what Marty calls 'Eastern Type' spirituality. This group would include Buddhists, Taoists, Shintoists, and Hindus, all faith systems that espouse connection to a sacred core, to 'something' beyond or universal, but do not have a deity in the standard sense. The connection for those in this group would be to the sacredness of creation or to an indefinable universal other. This type of spirituality does involve practices, some of which are outer, or observable, but many of which might be classified as inner. This group would think more in terms of meditation than of prayer, more in terms of inner growth or inner peace than of divine intervention.
- **Moored spirituality – Western Type I** (about 25% of the US population): This group includes an eclectic collection of faith systems including evangelical and conservative Protestant Christians, Pentecostal Christians, Roman Catholics, Orthodox Christians (most varieties), Jews, and Muslims. In all of these groups there is a strong sense of the divine, of a deity to whom one is ultimately responsible. This deity is generally very authoritarian by nature and is in control of the world. Generally the deity is anthropomorphized and seen as a person who can be named, such as Yahweh, Allah, or Jesus. As a being who has been given form and substance, God is often assigned a role (often relating to an earthly or human role) such as king or father and can be visualized. A wonderful example of such visualization is Michelangelo's incredible painting of God passing the spark of life to Adam. People in this spiritual domain believe they can interact with the divine in a personal way, primarily through prayer. Some

from this group believe they regularly enter into what can actually be thought of as a dialogue with the divine. The sense of active interchange is stronger within some of the faith systems of this group than others. The critical distinction is that with this group, God is seen as not only being approachable, but as being responsive, intervening in people's lives. Many people from this domain believe that God is concerned with illness and intervenes, bringing cure and/or healing.

- **Moored spirituality – Western Type II** (about 60% of the US population): This group has some strong similarities to the Western Type I but consists of those who are on the more liberal side of the religious spectrum. This group includes most mainstream Protestant Churches, as well as some from the Roman Catholics, Orthodox Christians, Jews and Muslims. The fact that some of these groups are also included in Western Type I reflects the presence of diversity within those systems. This group has a similar view of God, although the 'image' of God in this system is likely to be less concrete and less defined. God is more like some sort of benevolent power, difficult to define and picture. It is not that God is less real to this group, merely that those within this type of spirituality tend to be less concrete in their visualization of God, and in their thinking. This group is also more likely to be tolerant and inclusive in terms of dogma. They will have less defined doctrines and fewer or more flexible rules of behavior. In short, this group has fewer issues which they see as 'black and white' and more that are perceived as 'gray', situational, or perhaps even subjective by nature. They believe that all of life is under 'God' and that we should live responsibly in terms of our own self, others, our communities (religious and otherwise), and even the natural world. This group also believes in prayer, but generally does not pray with the specificity of Western Type I. They will generally ask merely that 'God's will be done.' Those belonging to Western Type I sometimes see those in this group as being vague, unsure, or weak due to their reluctance to claim God's clear direction in daily life. In the uncertainty of the late twentieth and early twenty-first centuries, this type of spirituality, once dominant in America, has been fading while the more dogmatic, assertive, and definitive spirituality of Western Type I has been growing.

The distinctions outlined by Marty are helpful in understanding the broad range encompassed by the term 'spirituality.' Marty's typologies, because they encompass the breadth of human experience, suggest that all of us are spiritual beings, even those who are reluctant to adhere to any concept of the divine. There is a spiritual component (although it may not always be defined that way) even in those who totally reject the idea of a god or divine being, or reject the idea of a 'power greater than one's self.' Sometimes the spiritual component is well developed, and is both important and impactful. At other times the spiritual aspect of the person is buried or repressed, or merely undeveloped, and is not a visibly powerful part of the person's life. Sometimes it is clearly identified as 'spiritual' and at other times given another label (such as 'energy'). But it is our belief that the spiritual is there, in each of us, and that it is a part of the essential unity that makes up the individual person. It is also our belief that the spiritual is both a potential benefit and a potential barrier to the process of healing. It is something that both affects physical health and is affected by it. It is important therefore to respect spirituality and to understand the spiritual type one is working with. It is not critical that we use the spiritual types defined by Marty, as his typology is not exact or exhaustive. What is

important is that we develop a paradigm for thinking about a person's spiritual mode so we can interface with them in an effective and sensitive manner.

We must also recognize that many people express their inner spirituality through the medium of religion. Religion, unlike spirituality, is centered on concrete observable components such as communities, sacred writings, images and icons, worship, and other outward observances. Religion provides content, with visible clues, and thus is often the point of focus when we think about or work in the realm of the spiritual. Most research that has been done on the integration of medicine and spirituality has really been research on religion not spirituality. It is informative that Koenig, McCullough, and Larson titled their exhaustive and academic look at the subject *The Handbook of Religion and Medicine*. The religious affiliation of a person can be an excellent clue about a person's spiritual mode, but is not an infallible indicator. As we saw in Marty's typology, some religious systems are contained in multiple types. In reality any effort to categorize a person's spirituality is fraught with difficulty. For example, a person can 'belong' to a faith system, due to cultural influence, family history, or other such factors, but in fact have a spiritual mode that is far different from that common to that system. A person can belong to a system but not truly be in touch with their spirituality at all. So one must be careful to avoid relying too heavily on religious affiliation while exploring another's spiritual perspective.

In general, when talking about spirituality, it is best to think in terms of a 'culture of one.' Each person's spirituality is different, shaped by a whole array of associated life factors including their personal history: their family, their culture, the religious community they grew up in (or the lack of such a religious background), their education, their friends, the books they have read. Spirituality is extremely personal, and is constantly evolving.

One author, in attempting to capture this dynamic, realistically states that we should focus on process not content. To focus on process is to focus on 'vague implicit bodily feelings in a special way so that they unfold and bring new explicit meanings that result in psychological relief or release.' On the other hand 'content involves symbolizations, or what the process is all about.'³⁴ To focus on the process allows the caregiver to focus on what is happening inside the spiritual facet of the individual, to look for growth or regression, for joy or agony. To focus on content means to focus on the outward signs and symbols, and thus on things that can be misunderstood. It is the process, this author insists, which is truly the spiritual, that which is common to all of us. The spiritual experience is 'a subtle, bodily feeling with vague meanings that brings new, clear meanings involving a transcendent growth process.'³⁵ Content is very specific to unique systems and cultures and often brings with it 'baggage' that leads to alienation or judgment.

As we work with people around those feelings, which can range from the subtle to the intense, and seek to help them establish fresh meaning and thus experience spiritual growth, we must move carefully and gently. Our role is that of a facilitator and our goal is nothing more (or less) than to help that person unwrap, reveal, perhaps discover their spirituality in our presence. Henri Nouwen, a Roman Catholic author, has a marvelous description, in his book *Reaching Out*, of what it means to take spirituality seriously, and work with a person in that sacred realm.³⁶

Hospitality means primarily the creation of a free space where the stranger can enter and become a friend instead of an enemy. Hospitality is not to change people, but to offer them space where change can take

place. It is not to bring men and women over to our side, but to offer freedom ... it is not an educated intimidation with good books, good stories, and good works, but the liberation of fearful hearts ... The paradox of hospitality is that it wants to create emptiness, not a fearful emptiness, but a friendly emptiness where strangers can enter and discover themselves as created free – free to sing their own song, speak their own languages, dance their own dances; free also to leave and follow their own vocations.³⁶

Questions for reflection

- How do you define spirituality? Develop your own definition.
- How do you define religion?
- What is the relationship of spirituality and religion?
- What is your spiritual 'type'?

Health and healing

Before we move on from the task of developing functional definitions, it will be helpful to take a look at one more word, 'health.' Clearly the goal of healthcare should be to create or facilitate health. But what does that mean?

The concept of health is as complex as personhood. For many, it is impossible to think about health without thinking in terms of disease. In his book *The Tibetan Book of Healing*, Lopsang Rapgay notes, 'When we think about our health, we are actually accustomed to thinking in terms of disease... When we feel fine we rarely think about our health or what we need to do to maintain it.'³⁷ Normally, in other words, we define health as the absence of illness. This is not surprising, since, when it comes to our physical body, which is the most concrete and observable facet of the person, we tend to notice what is wrong more than appreciate what is right. We seem to expect to feel well, to have the 'machine' function properly, much in the same way we expect a car to simply 'run' when we turn the key. When everything works appropriately many of us simply don't pay attention, and thus don't have a well-defined sense of wellness. It may break through at times, when we accomplish something physically, or emerge from illness, or just have a burst of energy, but often wellness is taken for granted. It is when our biological 'machine' experiences a dysfunction that we take notice, and our sense is of being unwell or ill. What we must remember is that health has to do with both the presence and the absence of physical illness.

But we must also remember that illness and health are not simply about the physical. People also suffer from problems, such as pain, weakness, or exhaustion, which are more subjective than a fever or a tumor. People experience conditions that are more subjective and elusive still, such as suffering, loneliness, or a sense of loss. People also enjoy such experiences as joy, energy, and hope. Illness can be experienced not only in the realm of the physical, but also in the realms of the soul, the spiritual, or even the social. In these realms, as well as in the physical realm, it can be either positive or negative, the presence of health (or absence of illness), or the presence of illness (or absence of health).

Illness or health in one facet of life can carry over and affect other facets, or can remain relatively contained. A person can be ill with a physical disease such as cancer, but be healthy in all of the other facets of his or her personhood. Conversely a person can be ill socially or spiritually and yet be healthy physically (examples of non-transference). A person can be ill physically, and have that condition affect his spiritual life negatively, or have a spiritual or emotional condition that contributes to physical disease. This returns us to the essential unity of the person. We must remember that a problem in any one facet of personhood may, eventually, impact other facets negatively, while health in any facet may well impact the other facets positively. This is why the World Health Organization has defined health as 'a state of complete physical, mental and social well-being, and not the mere absence of disease or infirmity.' Rappagay similarly, insists that we must 'learn to recognize the role played by physical, psychological, emotional, social, spiritual and environmental factors in contributing to the overall quality of our lives.'³⁸

One of the best definitions of health comes in the book from the American Psychological Association, *Integrating Spirituality into Treatment*. In an opening article, two of the contributors, Miller and Thoresen, suggest that health can be thought of as having three domains: suffering, function, and coherence.³⁹ *Suffering* defines the experience of the absence of health. Suffering may be experienced in many forms, such as physical pain, emotional pain, anxiety, depression, anger, or loneliness. *Function* defines one's functional ability. Can one function fully, or is one impaired? Again this is a complex dimension. Ability or impairment can be seen in every facet of the person. On the physical level we can look at such things as physical flexibility or strength, a functioning immune system, or a deficient one. On the social level we find people who can relate meaningfully to others, and those who can't. Emotionally one can be capable of naming, owning, and expressing deep emotions, or incapable and repressive. Spiritually one can be in touch with that which gives life meaning and purpose (functional), or out of touch (impaired). It is important to note that 'the impairment or loss of a particular function may be devastating to one person and irrelevant to another ...'⁴⁰ This is all very personal, and again it must be stressed that with each person we are dealing with a 'culture of one.'

The final aspect of health is *coherence*. Miller and Thoresen equate coherence with inner peace. It is a sense that life makes sense, there is meaning and purpose, and hope is a realistic option. Here we are dealing with a positive presence. Without the presence of this inner peace one can be physically well, free of disease, but not healthy. It has been suggested that we live in a time where a lack of coherence is rampant, at least in industrialized nations. In the past, most people in the world were needed to ensure survival. People were needed to provide food, clothing, heat, and transportation, all the necessities of life. A person's job might be difficult or unglamorous, but it was necessary if the family or the community were to survive. Now far fewer people are involved in such 'essential' activities. So many of the 'life support' functions in our society have become so mechanized that only a small percentage of the workforce is actually involved in performing them. Instead a large percentage of the workforce is involved in providing such products as recreation and entertainment, in tasks that are inherently less meaningful than survival tasks. It is far more difficult for people to find meaning, therefore, through their jobs. Meaning must be found in other ways, through relationships, volunteerism, or faith.

Also challenging coherence are the dynamics present in our world. DA Walrath, in his book *Frameworks*, suggests that there was a time when the world held life

together.⁴¹ Life was relatively confined and most aspects of life were integrated. Work, church, school, home, government, and leisure were connected in time and space, and generally included a specific group or community of people who shared many aspects of life in common. People not only lived next to their neighbors, but in many cases worshipped, worked, and played with them. People were interconnected. In some isolated rural areas this way of life still exists. But in much of the world this kind of life is gone. Life is faster, more complex, broader, and less reflective. The various components of life are often not related at all. It is common for neighbors to barely know each other, for people to work in communities other than those they live in, to never see co-workers outside of work, and for communities of worship to be totally separate from the daily world of the worshippers. Today's world no longer holds life together, it fragments it.

Another issue in today's world that challenges and disturbs a sense of coherence is change. There was a time when change happened so slowly it was hardly noticeable. There was change, but the changes were incremental, infrequent, and manageable. Now change is rapid and exponential. Ray Kurzweil is an inventor, an entrepreneur, an author, and a futurist. The creator of the first reading machine for the blind, speech recognition technology, and many other technologies that help envision the future, he is one of the most innovative creators of our time. It is his belief that we are experiencing an age of acceleration, a time when change not only happens, but also happens with increasing rapidity.

In the first stage of human-directed technology, it took tens of thousands of years, which is what you would expect for the next stage via the wheel, or stone tools, and that kept accelerating, because when we had stone tools, we could use them to build the next stage. So a thousand years ago a paradigm shift only took a century, like the printing press. And now a paradigm shift, like the World Wide Web, is measured in only a few years' time.⁴²

This accelerating change has a great impact on people. It creates uncertainty, confusion, and a loss of coherence. As Kurzweil notes, 'today there's an axiom that the only constant is change. But what people don't recognize is that the world itself has changed because the greater change is accelerating, so our whole concept of what it means to be human is going to be changing.'⁴³

A final issue is the way in which world events confuse people and violate many of their expectations and values. The increase of technology is an excellent example. Back in the middle of the twentieth century, people, enamored with advances in technology and thrilled by voyages to the moon, came to expect that technology would eventually solve most of the problems faced by humanity. While technology has produced many benefits, it has not been the panacea it was hoped it would be. In fact technology has actually generated new challenges and threats. It was believed, for example, that medicine would find cures for most, if not all, diseases. Instead, medicine, while making progress, has not found the cure for all diseases. Indeed, new and frightening diseases such as AIDS and SARS have emerged, and we are even seeing drug-resistant versions of old diseases such as tuberculosis. It was believed we would find new ways to generate power that would be nearly inexhaustible. Our quest for effective new sources of power was sidetracked by Three Mile Island and Chernobyl. Our use of technology and our resource-hungry lifestyle have created major environmental issues that affect everything from our health to our weather.

Meanwhile many of things that rob people of wellness and happiness and hinder progress the most, things such as hatred, bigotry, and violence, continue unabated and are actually aided by our technology. We have become amazingly effective at killing one another. No wonder people struggle with the issues of meaning and purpose and find it difficult to establish the kind of coherence that Miller believes is a key to wellness. Not being able to make sense of the world contributes greatly to a sense of dis-ease.

Health then, can be seen as involving these three major modalities: suffering, function, and coherence. Using this definition we move from a definition of health that focuses on the body and physical disease to a more comprehensive, and hopefully useful, definition of health and healing.

If health is more than the absence of disease, and broader than the single dimension of suffering, then a healer's task is larger than the detection and eradication of a specific disease state. It has to do with quality of life, with the richness that is invoked when we truly ask and answer the question, 'How are you?'⁴⁴

From this perspective we see healing as much more than facilitating a physical cure. It must also involve a healing of the mind and emotions, the soul, a healing at the level of the spiritual and/or the social and relational. Cure has to do with the physical aspect of healing. Healing may involve cure, but is clearly much more. Healing may come, even when cure does not. A person may not find their physical disease eradicated, but they may find a sense of inner peace, or may find resolution in a fractured relationship, or they may rediscover a connection to the sacred in the midst of disease.

Back in 1980 Dr Paul Kliwer was a physician and surgeon in a small rural community in Oregon. Paul was an outstanding and well-loved doctor who lived an active and healthy lifestyle. He rarely drank alcohol and had never smoked in his life. He spent most of his free time outdoors, working in his yard, hunting, fishing, or hiking. He was extremely fit and had no apparent health problems. In the summer of 1980, Paul got a cold that would not go away and soon became progressively worse. Finally, when it was clear that there was at least a serious infection, his partner, also his son-in-law, convinced him to get some tests. The results were devastating. Paul had mesothelioma, an untreatable form of cancer commonly related to asbestos exposure.

The main tumor was located in the pleura, but by the time it was identified it had also spread to the lungs. It was clear that not much could be done from a medical perspective. His specialists recommended that he receive various kinds of treatment to shrink the tumor and provide some additional comfort, but offered no hope of cure. He decided that he would do nothing except control his pain. So much for the physical aspect of this illness.

Paul, the son of a Mennonite minister, was a man of faith. Since there was no Mennonite church in the small community he served, he had joined the Presbyterian Church and had been a regular attendee and an elder. Indeed, for his family, missing church was rarely an option. Even if he had spent the night delivering a baby, Sunday morning would find Paul in worship. The congregation became very used to the sight and sound of him asleep in the back pew, head back, snoring loudly.

When he received the news of his illness and the diagnosis that he might have as little as six months to live he decided to seek healing. He understood completely

that healing in his case would probably not mean cure, and so approached the process in a unique way. He focused on all aspects of his personhood, and sought enrichment and healing in each sphere. Yes, he did take care of the physical side. Although he did not accept treatments such as radiation, he did take care of his body and sought to strengthen it in any manner possible. But his focus was clearly on other facets of his life. He reaffirmed his belief in God, and actively sought to nurture and build his sense of being connected to God; he started a small bible study group, read the Bible, read other religious writings, prayed, and participated in worship. He worked on the relational side of his life. All through his life he had been a very generous and kind person, but he had not been a person who easily showed or shared emotion. Now he consciously began developing that side of himself. He took extra time to visit with friends. He retired from practice and, with his fifth wheel trailer, made the rounds, visiting his brothers and sisters and his children. He traced his genealogy, and built relationships with many relatives he had never met. He worked hard at deepening his relationship with his brother, his wife, and his children. And he succeeded. In the process of deepening and nurturing his relationships with people and with God he built an inner life that could sustain him through the progression of his illness. Throughout his illness he was a stable person, with a clear sense of inner peace. In short, although Paul did not experience healing in the realm of the physical, he did in the realms of the emotional, social, and spiritual.

To look at his experience another way, although there was some physical suffering and even some emotional pain, overall Paul was able to move away from anxiety, depression, anger, and loneliness and toward community, hope, and joy. In the absence of overwhelming suffering, he enjoyed health. He stayed very functional. Even after his physical strength began to wane, he was able to stay active emotionally, relationally, and mentally. He continued, for example, to provide leadership for a study group. Again, we see the marks of health. In terms of congruence, Paul was able to look back on his life and affirm its value. This value came not only from his role as a physician, but also from his role as a father, a husband, a friend, and a community member. He was also able to look forward and find hope and meaning in his future, both in this life and beyond. He also then had coherence.

The community he served struggled with his illness more than he did. At one point, shortly after the initial diagnosis, friends decided that they needed to have a prayer vigil on his behalf. They made arrangements with the Presbyterian Church and held a 24-hour vigil, encouraging people to stop by the sanctuary and offer prayers for healing. Hundreds of people, out of a community of 2800 people, did. Amazingly, Paul's cancer went into remission. The tumor shrank, the pain subsided, and he was able to return to work for several years. Eventually the tumor did grow, and the pain and weakness returned, but this was not a big issue for Paul. He would laughingly call the remission his 'Lazarus experience,' referring to the man raised from death by Christ in the Gospels. 'Lazarus,' he noted, 'eventually died again. He just got some bonus time.' Paul considered this time of remission as bonus time, given to him by God so he could get closer to his family, take some special trips with his wife, and learn how much other people loved him.

When Paul died in 1985 an entire community joined together to celebrate a life well lived. Not only was the sanctuary full, but hundreds more watched the service via closed-circuit television. Was Paul cured? No. Did he find healing? Absolutely. Was he able to find joy, satisfaction, and purpose during his years of illness? 'In some ways,' he asserted before he died, 'these were some of the richest years of my life.'

Some people find cure. Some people find healing. Some find cure without healing. Some find healing without cure. The ultimate goal of healthcare should not be cure alone, but the healing of the whole person. The goal of the healer should be to work toward cure, within the context of healing. Cure of the body, and healing in every other facet of the self.

The goal of this book is to explore how that goal is reached.

Questions for reflection

- What is the difference between 'cure' and 'healing'?
- How would you define health?
- How does your definition of health change or reinforce your concept of healing and healthcare?
- What is the role of the healer?

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