

FIFTH BLACKIE MEMORIAL LECTURE

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THE SPIRITUAL DIMENSION OF MEDICAL CARE

Your Royal Highness, my Lords, Ladies and Gentlemen. It was with very great honour and pleasure that I accepted the invitation to give the Blackie Memorial Lecture for 1990. I am particularly delighted that the Trustees of the Blackie Foundation found the theme of this lecture a worthy one and I am sure that, as a devout Christian and a deeply humane physician, Dr. Margery Blackie, whose memory we honour today, would thoroughly approve. The greatest problem in addressing this topic is that few words in the English language are less understood than the word 'spiritual'. To modern man in Western society this word so often conjures up something vague, elusive, invisible and intangible which is the very antithesis of the solid, materialistic world in which we now live - a world which, in the words of the Prince of Wales, "is remorselessly driven by monetary values".

In reality, the spiritual dimension is fundamental to the very nature of humanity. It is the dimension of our lives in which we may seek and find the meaning of life, the universe and everything and discover our true identity. Sadly, this key area of our being is often considered synonymous with religion which, in turn, is often seen as something that some folk do in church on Sunday mornings. In one of his many excellent books, C.S. Lewis refers to a group of friends who "... never talked about religion. They talked about God. They had no picture in their minds of some mist steaming upwards: rather of strong, skilful hands thrust down to make and mend, perhaps even to destroy." If we are to understand the spiritual dimension of existence and to make it the bedrock of our very lives as well as of effective and caring medical practice, our spirituality must be of this solid and real form. Some usages of the word spirit reflect this robustness, such as the spirit of adventure; indeed, exploration and adventure, and all the risks thereby entailed, have characterised the lives of some of the most spiritual people in history.

In this lecture, I propose to describe what I mean by the spiritual dimension and to consider why it is so relevant to medical care, how it relates to modern scientific medicine and what it holds out to those actually providing medical care.

Let us first consider how we may understand and define the spiritual dimension. A rather unusual but helpful way to begin is to consider that peculiar embarrassment with which many people react to the word 'spiritual' as indeed they do to any word that has religious connotations. C.S. Lewis, in his wonderfully prophetic book That Hideous Strength, describes a conversation between Mark Studdock, a young, ambitious and self-confident university lecturer and an elderly clergyman. Lewis writes that, at the mention of the name of Jesus, "Mark, who would have lectured on abortion or perversion to an audience of young women without a qualm, felt himself so embarrassed that he knew his cheeks were slightly reddening." Have you ever paused to consider why so many people feel this shrinking awkwardness in such circumstances? The answer is remarkably simple yet it is one that we all devote a colossal effort in fleeing from and it is this flight that is responsible for all the sufferings, crimes, wars and other man-made horrors and disasters that have afflicted the human race from time immemorial. The inescapable fact is that all our ills and problems arise

from our belief that we are self-made, that we are responsible for our own creation. When we then look at what we believe we have made of ourselves, how can we but feel awkward, ashamed and embarrassed when reminded or confronted with the Truth that we were all created by God in His image and likeness. In this clear Light we see the utter folly of our flight from our real and eternal natures into a make-believe world of separateness and the need to create transient and defensive egos or, in some cases, mega-egos! This belief is also a cause of guilt and a fear of retribution, yet such a fear is wholly unfounded, as the story of the prodigal son points out so lucidly and beautifully.

What has this to do with the spiritual dimension of medical care? The answer is very simple: it is only by seeing ourselves as we truly are, as eternal, perfect and infinitely precious creations of God, that we can hope to see others as they truly are, despite superficial and transitory appearances, and thereby become true healers. The psychologist William Eckhardt remarked that the only truly compassionate people that he had ever met were those with a radically optimistic view of human nature. The Rev. Christopher Hamel-Cooke, the founder of the healing ministry at Marylebone parish church, remarked that the Christian healer or counsellor perceives that a sufferer is a "fellow human being, made like himself, in the image of God. His worth, his value, is inalienable and the counsellor perceives his value as an agent of healing..." In the more secular setting of an article in the Guardian, Dr. Robin Skynner wrote that the Second Commandment 'Love thy neighbour as thyself' is not just a commandment but a statement of fact - "we will be able to treat others with respect and care, and will wish to do so, exactly to the extent that we have seen into ourselves and discovered that we are at root essentially the same as everyone else". William Johnson, a Dominican monk has written an inspiring book called 'Being in Love. The Practice of Christian Prayer': the title was derived from the writings of the Canadian theologian Bernard Lonergan who defined the spiritual state as an unconditional and unrestricted being in love". In this book, Johnson states that the difference between the secular and spiritual life "is the dimension of love. This is a love that springs from the depths of the spirit, from the fine point or centre of the soul, from the core of the being where men and women are most truly themselves."

This, of course, is very fine in theory but how are we to let the spiritual dimension flourish in our lives and work? Let me stress straight away that spirituality is not confined to any one religious tradition, or indeed to religion at all. My work has given me the opportunity to travel extensively and I have had the privilege of meeting many deeply spiritual people from all of the world's great religions. These encounters have impressed upon me the fact that, however sublime and beautiful its theological precepts, a spiritual tradition is unlikely to appeal to the general population, or indeed to survive, if it fails to take heed of the physical created universe and of the practical day-to-day problems of existence as well as of eternal truths. The Christian Gospels clearly reveal that Jesus was as much devoted to healing and comforting as to teaching and preaching. Indeed, one of the great riches of Christianity is its emphasis on caring for, and healing of, the individual person. Despite centuries of attenuation by dogmatism and legalism, this vital principle has never been totally suppressed and is today undergoing a most welcome revival. In this context, the present concern for the environment and the Green movement has a strong spiritual element. The Worldwide Fund for Nature, for example, has established a network on conservation and religion which publishes a newsletter called 'The New Road'. Jonathan Porritt has remarked that the present ecological crisis is really a spiritual crisis. For too long, religious orthodoxy has held that man is, in some sense, a creation separate from the rest of nature or, worse still, a sinful blot on

creation. The fact is dawning on mankind that we are not isolated from our environment by our intrinsic nature or by act of creation and we cannot seek healing and wholeness of body, mind and soul if we are prepared to allow the earth that sustains us to become ugly and polluted. What is the value of the work of the National Heart and Lung Institute if the lungs of the world, the tropical rain forests, are destroyed? How can we hope to have healthy hearts when the hearts of our cities are dreary, depressing and dirty? The Prince of Wales has often made the point that beautiful and well-designed buildings help healing by lifting the spirits. These may seem very practical and commonplace matters and so they are - but they are also truly spiritual as they affect the very ground and nature of our humanity, purpose and destiny.

Members of the medical profession who are deeply committed to the spiritual dimension of their work are nevertheless usually firmly rooted in the practical and physical aspects of healing and many are therefore in the forefront of orthodox, scientific and technical medical practice. Likewise those churches, such as Marylebone, St. Mary Woolnoth and St. James's Piccadilly, that have developed highly successful healing ministries, administer to the totality of human need. In my experience, those ministries based solely on healing services and laying on of hands, are ineffective and usually short-lived. Nevertheless, we must beware from becoming so rooted in the physical world that we deny the miraculous intervention of God.

Despite being a central theme of the Gospels, many churchmen steer well clear of this topic but, for the sake of suffering people who look directly to a Divine source of help and healing, we must take this subject very seriously. I sincerely feel that doctors, academics, priests and theologians should come much closer together with humility and open-mindedness to explore this difficult but important subject in depth, perhaps even in the setting of a university academic unit. This could, in the words of George Bennett, a founder of the Church of England's Divine Healing Mission, lead to the "recovery" of a lost dimension.

We cannot consider the Divine aspects of healing without reference to prayer. What is the place for prayer in the healing of ourselves and others? Despite being central to the spiritual dimension of life, being the means of communication between God and ourselves, prayer is often badly taught and grossly misunderstood. Everyone has had the experience of thinking that prayers are not answered. The problem is that we usually do not know what we need and we do not bother to listen to the answer. It is as though we consult an eminent physician but with a clear preconception of the remedy we need and a stubborn refusal to listen to his better judgement. An important part of prayer is quiet, trustful and expectant listening. A nurse who encouraged patients and relatives to visit the hospital chapel was deeply moved by the strength that they found there through prayer. She remarked that "... the solace of sincere prayer is the testament of every religious creed. Prayer draws forth with solemn clarity the essence of spiritual being. Some tremendous source of love and compassion is tapped, some sense of higher destiny revealed, if only for a brief glimpse..."

It is my sincere belief that a recovery of the art of prayer and silent meditation would revitalise the churches and the spiritual life of its members, and perhaps the nation and even the whole world, far more than any amount of evangelical crusading. Many people feel a deep spiritual thirst but the conventional dogmas and the format of organised worship often fails to quench this thirst.

Now let us turn to the practical aspects of attending to our patients' spiritual care by considering the crucial question of who will provide this care. Whether or not we accept the occurrence of direct Divine intervention in healing, and whatever our views on the power of prayer, we cannot deny that, for many centuries, there was a very close bond between the church and medicine. In recent times this has no longer been the case and many people are deeply concerned that modern science-based medical practice fails to care for the whole person consisting of body, mind and soul. A few years ago, the Bishop of Durham, Dr. David Jenkins, gave a fascinating address to the Royal Society of Medicine entitled 'Failed priests and future doctors'. In this talk the bishop referred to the need of everyone for a priest-like figure in his life. Owing to the decline in attendance at organised worship, this need was fulfilled by the minister of religion for only a minority of the population. To some extent doctors had taken on the priestly role but, with the infamous 'three minute consultation' and the depersonalised, highly technological atmosphere of many hospitals, doctors had also failed in this role. The problem with therapists these days is that they always seem to need to be doing something active, whether prescribing pills and potions, performing surgery or giving lots of good advice. Oscar Wilde remarked that while bad advice is always bad, good advice is usually disastrous! What so many people long for it just someone to be with them in their time of crisis. In fact, the word therapy is derived from the Greek word therapein, meaning to stand beside. George Bennett remarked that 'though I have listened to the stories of hundreds of sufferers it still leaves me with a sense of wonder that just sitting and listening can have such a potent effect in their healing. In the talks we have had together - though I personally say very little - one feels quite clearly a movement of the spirit taking place. I ought perhaps to say, of the Holy Spirit.'

Who will be the Bishop of Durham's future priests? Dr. Peter Nixon, a consultant cardiologist at Charing Cross Hospital, has shown how much good can come from involving dedicated lay people and the clergy in the care of his cardiac patients. To involve such helpers in one's work requires great courage, very careful judgement and, from a doctor's standpoint, a considerable degree of humility. Perhaps for the latter reason, Dr. Nixon's pioneering work has not had the widespread recognition and application within the National Health Service that it so justly deserves. Although it is true that fewer and fewer people attend church, many, perhaps most, still feel the need for a spiritual guide at a time of great crisis and distress. The hospital chaplain has the particular training and skills to help and many people have been led to a blossoming of the spiritual dimension of their lives at such times. Sadly, the hospital chaplaincy is easy prey to cost-cutting exercises by increasingly money-conscious managements and many chaplains fear for the future of their calling. Hopefully, these fears are unfounded but the hospital chaplaincy service seeks all the support that it so deservedly needs.

In addition to the ordained clergy, all of us in medical practice are called to be tomorrow's priests and healers. The problem, though, is that few practitioners of modern scientific medicine seem to see any similarity between themselves and priests or healers. Many would, in fact, regard the spiritual and scientific dimensions as being irreconcilable. Indeed, they would almost certainly bracket any considerations of the spiritual dimension with what is known as complementary or alternative medicine. In this context we must consider the spiritual aspects of complementary medicine, particularly as Margery Blackie, the instigator of the Blackie Foundation Trust, was a homeopathic physician. One of the claimed attractions of complementary medicine is that it appears to offer a totality of medical care. In fact, it is important to stress that there is nothing per se any more, or less, spiritual or holistic about complementary

medicine than there is in modern orthodox medicine. One thing that caused Dr. Blackie great distress was the attempt by some individuals to link homeopathy with quasi-religious philosophies and even occult practices. She also had no patience for those practitioners of alternative medicine who see their therapies as representing a unique and separate philosophy of medical care that could and, in the view of some, should replace orthodox medicine entirely.

Homeopathy, in fact, has never claimed to be a philosophy or religion or indeed anything other than a system of therapy which empirically appears to work. Nevertheless homeopathy poses a number of peculiar and particular challenges to the philosophy, scientific basis and practice of orthodox medicine. For those not familiar with this branch of therapeutics, I should explain that homeopathy was founded by the German physician Samuel Hahnemann who, as a result of long and painstaking work, developed the concept that a particular complex of clinical signs and symptoms could be successfully treated by administering small amounts of a substance which, in large quantities, would cause the same symptoms and signs.

This concept is expressed as 'like cures like' or 'similia similibus curantur'. Hahnemann also observed that the therapeutic efficacy of potency of a homeopathic remedy could be enhanced by making serial dilutions with vigorous shaking or succussion between each dilution. These claims cause conceptual problems to the orthodox physician because the law of similars appears to have no physiological basis and because some homeopathic remedies are so dilute that they cannot possibly contain any of the starting material. Perhaps more problematical, though, is the fact that orthodoxy classifies disease according to the underlying cause and the remedy, irrespective of the clinical signs and symptoms, will therefore be dictated by the cause. By contrast, the homeopathic physician selects the remedy according to signs, symptoms and underlying constitutional features. Thus, two patients with illnesses due to an identical pathological cause might receive quite different remedies. Also, the very fact that the choice of remedy requires so much information on the physical, mental and spiritual nature of the patient and his illness means that a close rapport between patient and therapist must be developed on these three interconnecting levels. This, for many orthodox physicians, would require a substantial re-evaluation of the reductionist approach to diagnosis and therapy in which they have been nurtured since entry into medical school. We must never forget that medicine is an art, not a science.

Nevertheless, few people would deny that science has played an immense part in the relief of human suffering - it is indeed a great privilege to work in the field of medical research. Nevertheless something seems to have gone wrong. The Prince of Wales has remarked that "the whole imposing edifice of modern medicine, for all its breathtaking success is, like the celebrated tower of Pisa, slightly off balance". (I am informed that that celebrated tower is becoming increasingly off balance as the days go by.) The problem is that science or, to be more precise, scientific method, has in some instances become a quasi-religion with its own belief systems, dogmas, mental bias and prejudices. Part of the credo of this religion is that the scientific method is the only way of acquiring information on the universe in which we live. The consequence of this belief is that we shrink the universe to fit our comprehension. Consequently, when we are faced with something outside this comprehension, we, from a fear of seeing our whole philosophical system crumble, succumb to the same intellectual error as did the proponents of dogmatic and formalised religion when faced with the discoveries of Copernicus and Darwin. The tragedy of modern medical science is that the study of its history and philosophical basis is regarded as irrelevant and valueless. Consequently, much modern research is no more than what has been called 'data dredging'. Frithjof Schuon has

written that "in all this wish to accumulate knowledge of relative things, the metaphysical dimension, which alone takes us out of the vicious circle of the phenomenal and the absurd, is expressly shelved; it is as if a man were to be endowed with all possible faculties of perception minus intelligence...". The changing attitude towards knowledge, scholarship and wisdom is no more apparent than in the emergence of 'scientometry' - not to be confused with scientology - which sets out to determine the worth of researchers by the amount of funding they can attract and by the number, not the quality of usefulness, of the publications that they can put their names to. Our escape from this dark cloud of unreason requires us to have the wisdom to realise that science is not the only path to knowledge, and that knowledge acquired by the scientific method is but part of the total knowledge that enables us to function as human beings. Once at a college dinner an arrogant and outspoken professor of atomic physics found, to his embarrassment, that he had been seated beside the chaplain. He opened the conversation by announcing for all to hear, that he was an atheist because there was no scientific evidence for the existence of God. "Well", said the chaplain, "I don't believe in the atom because there is no theological evidence for its existence". "Who on Earth has heard of providing the existence of the atom theologically?" thundered the astounded professor. "Precisely!" came the reply.

Nevertheless, we are still left with the practical problem that self-styled 'rationalists' usually consider that the spiritual dimensions of life are mere matters of belief. A cynic once remarked that faith is the ability to believe in that which we know is not true! Spirituality has, in fact, nothing to do with belief in the sense of accepting a claim in the absence of, or even in the face of, hard evidence. In the spiritual dimension, the words belief and faith really mean trust and confidence born of the experience of a deep inner reality. It is always worth reminding the atheists and secular humanists that it is they, paradoxically, who hold to belief systems that can never lead to personal revelations of their truth.

Finally, I turn to what I regard as one of the most pressing considerations in this whole subject and one that we should all be deeply involved in. I am referring to the spiritual dimension of the care of carers. Although very specific and thorough, training is, of course, essential for the practice of modern medicine, each and every one of us is a potential healer in the spiritual dimension. The gift of healing is a Divine gift and, as such, it is free to all - God's gifts, like His love and compassion, are not limited. The question, therefore, is: how can this gift be manifest in our daily lives and in the lives of professional carers? The answer, like all things in the spiritual dimension, is remarkably simple and is summed up in two words - enthusiasm and enjoyment. These are everyday words but let us look at their origins. Enthusiasm is derived from the Greek en theos, meaning God within us. Enthusiasm therefore implies a great heart-centred driving force for good. St. Paul summed this up in his letter to the Ephesians in which he wrote "Now glory be to God who, by His Mighty Power within us, is able to do more than we could ever dream of, or would dare to ask for".

Enjoyment may seem a strange word to use in the context of medical care where there is so much suffering and so many tragedies. Enjoyment, however, does not just mean deriving pleasure or having fun: the word was actually introduced into our language by the 14th century English mystic, Mother Julian of Norwich, to imply that particular delight and pleasure that comes from experiencing the Holy Spirit within our hearts and from doing His will. In this sense, enjoyment is a spiritual quality that forms the basis of healing and caring. In his book on Mother Julian, Austin Cooper remarked that "The sort of love Julian experienced for others was not some dogged sense of doing good to others. It had about it a joy and

spontaneity". We must surely all have encountered dutiful but joyless 'do gooders' who actually end up doing more harm than good by seeking coercive control of people's lives rather than a compassionate insight into their true needs. A boy scout was late for a meeting because he had stopped to help an old lady to cross the street. "But you are very late, " said the scoutmaster. "Yes," said the boy, "but the old lady did not want to go across!"

I have already alluded to the tragic effect of this misguided attitude to healing in medical practice but it also occurs within the church. A few years ago I attended a church meeting to discuss the establishment of a healing ministry. I knew from the moment I arrived that the meeting was going to be a disaster; it was such a joyless occasion! One topic on the agenda was the question of knowing God's will for us and one participant stated that if he was enjoying what he was doing, then we could be certain that he was not doing God's will. Needless to say, that particular healing ministry never got off the ground!

What is the opposite of enthusiasm and enjoyment? The buzz word at present is 'burn out', introduced by the American psychologist H.J. Freudenberger in reference to a particular form of emotional and physical exhaustion experienced by people in the caring professions. Perhaps a better expression is 'dis-spirited'. This is the state in which the light of the en theos, the Holy Spirit of Joy, is obscured by the dark clouds of depression. Not so long ago, a colleague in medical research was grumbling about the political problems he was encountering at his workplace and he said "you know, science isn't fun any more". Without a sense of fun, of joy, of delight, how can those directly involved in medical care radiate that sense of healing and wholeness to which the sick are very much more receptive than we realise? Likewise, without these qualities, how can those of us in research be expected to make those quantum leaps of intuition and vision that open whole new fields of knowledge and understanding?

There can be no doubt that, in order to provide a totality of medical care in the physical, mental and spiritual dimensions, we need enthusiastic, joyful and spirited carers. The best way of achieving this is by ensuring that the carers themselves are cared for in this very same way. Only last week, in the Guardian, Helen Thomas wrote that "My experience is that if people feel loved, trusted and valued, they blossom in all sorts of generous ways". To this end, some hospitals provide Care Days during which staff are invited to attend sessions on personal growth and self-confidence, relaxation and meditation, the healing touch and spiritual care. Furthermore, hospital chaplains are increasingly aware of the need to extend their ministry to staff as well as to patients. There will, of course, be staff members of religions other than Christianity and we need to consider how their pastoral needs are to be met. In addition, staff appraisal and counselling, provided that it is properly and sensitively conducted by experienced counsellors with spiritual vision, is a way of exploring workers' talents and healing gifts and of directing these to the best possible benefit of the patients and the advancement of medical science. This, in turn, would lead to the growth of the spiritual qualities of enthusiasm and enjoyment with even better benefit to the sick, not to mention the reputation of the hospital! In this context, may I quote from Susan Howatch's book Glittering Images: "Success involves realising the fullest potential for good in one's true self so that one's life is a harmonious expression of one's innate gifts". Failure by contrast is "Living out of harmony with one's true self in order to pursue the wrong goals for the wrong reasons. Caring more about other people's opinions than about serving God..."

In conclusion, there are many indications, not least of which is the very fact that this meeting is taking place, that we are witnessing the dawn of a new era of caring and healing in which the spiritual dimension will be paramount. This is, perhaps, part of a general awakening of the spirit of man which is also finding expression in the Green movements. This is not a spontaneous happening - it will require much dedicated work from people in all walks of life. The path will not be easy and there will be many barriers. Some orthodox medical establishments may be so obsessed with the illusion of the paramount place of science that they will refuse to accept anything above and beyond their narrow vision. We therefore need all the help and support that we can get and, in particular, we seek tolerance, patience and understanding.