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## Physicians and Clergy: Perspectives on Healing

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There is a story being told about six men of Indostan, all of them blind. They heard so much about the elephant and decided to find out for themselves what the elephant really was like. So they set out, in different directions, to search for the elephant and to report on their findings.

The first man, happening to fall against the broad and sturdy side of the elephant exclaimed, "Oh, my God, the elephant is nothing but a wall!"

The second man felt the smooth, sharp tusk and observed, "The elephant is nothing but a spear!"

The third man who came along happened to touch the squirming trunk and said, "God bless me! The elephant is nothing but a snake!"

The fourth man stumbled into the elephant's knee and concluded, "I am certain now that the elephant is nothing but a tree!"

The fifth man touched the elephant's ear as the elephant was lying down and said, "Even the blindest man cannot deny that the elephant is nothing but a fan!"

Finally, the sixth man reached the elephant as it swung its tail, and holding onto it exclaimed, "Here it is! The elephant is nothing but a rope!"

As the six men came back together to share their newfound knowledge, they started arguing about what the elephant was. Each of them was busy defending his own point of view, and so they really never came to know what the elephant was. If they had been willing to listen to each other's bit of truth, they could have had a better picture of the elephant.

This story can teach us much about life, relationships, truth, even within the hospital context. Physicians and clergy are professional people who historically have been involved in the healing process. Both professions have their own contribution, their own bit of truth concerning the meaning of healing. Very often, though, there might be a tendency to become defensive and narrow-minded about one's truth and vision, thus depriving oneself and those one serves of a broader perspective in understanding sickness and healing.

The purpose of this article is to take a look at the dynamics involved in a healing model centered on the patient, to outline the different perspectives that clergy and physicians bring to this model and then to offer some suggestions to strengthen the relationship between these two disciplines so they can work as members of a healing team.

## A Model of Healing

If we look at the varied ways in which sick people are cared for in an institutional setting, like a general hospital, we become aware of a number of models of caring. One prevalent model features the doctor calling and directing the show at center stage, while the patient and other professionals depend on and report to him as the arbiter of the situation. In such a model, the patient follows the doctor's instructions, and other professionals assist in the process of care, diagnosis and treatment.

A second model of caring centers around another arbiter of the situation, such as the insurance company (Blue Cross/Blue Shield), or PSRO (Professional Standard Review Organization) where certain criteria or standards influence the quality, place and length of care received.

A third model of caring, and by far the preferred one, focuses on the needs and situation of the patients, who become active participants in the healing and decision-making process. The different disciplines are utilized to better meet patients' needs. When appropriately interpreted, such a model is the most helpful because it defines and identifies caring as the priority. It also promotes responsibility in the patient and cooperation among members of the healing team. There are three components in this model which are important to explore and understand:

### 1. Patients' Relationship to Illness

People assign different meanings to their illness. Some see illness as an injustice or as a punishment. Some see it as a test or as a reflection of their humanity. Some see it as an opportunity for growth or as a consequence of their lifestyle. Upon examination into the causes of an illness, a number of factors may surface:

- a. **The Role of Emotions in Physiology** — It is estimated that 50% of all illness is psychogenic in nature. Research indicates that emotions play an important role in the functioning and dysfunctioning of the body. For instance, just being anxious can raise blood pressure, tense muscles, constrict blood vessels, change respiration. At times, we may develop unhealthy patterns of dealing with emotions. At that point, the body hurts and speaks

up. We need to stop and ask ourselves: "Why do I keep getting migraine headaches?" or "What does this ulcer say about the way I handle anger?" Learning to listen to the signals and becoming aware of the process is the first step in becoming an active participant in one's healing.

- b. **The Role of Grief in Illness** — Grief can be both a source of growth or a source of problems for many people. Indeed, it seems that people who have marital problems tend to see a physician more frequently than others, and divorced people tend to have a much higher chance of being hospitalized. The grief that follows the death of a loved one can manifest itself in gradually developing colitis, cancer and a myriad of other physical problems. Since grief is part of life, it is important that we learn to deal with it positively or we may become the next victim.
- c. **The Role of Family in the Disease Process** — At times, sickness may be a sign of sick relationships. Illness may provide a way of coping when other means have failed. In such cases, it becomes important to assess the degree of stress caused by personal, family and environmental factors so as to explore ways to change those elements and enable the person to function more effectively.

Because illness may be rooted in a number of these factors, patients need to look at themselves and their lives to find long-term solutions to their difficulties. Taking pills or seeking surgery may, indeed, be only a temporary, inadequate way to take care of the hurt, unresolved anger, or repressed guilt with which they need to deal.

## 2. Patients' Relationship to Themselves

Once the patients begin the process of self-searching and self-understanding, they become aware of their responsibility for their health and sickness. They begin to see that when something happens once, it might be an accident; when it happens twice, it might be a coincidence; but when it happens three times, it becomes a pattern. They begin to discover the relationship between their emotions, their attitudes, their spirituality and their bodies. They may realize where the blockages and stresses are present and why.

Once they identify the origins of their problems they learn to identify the resources available, within and without, and take responsibility to make the necessary changes and decisions. In the healing process, some people choose to follow the traditional medical model of diagnosis and treatment, while others may mobilize their own beliefs or resourcefulness by practicing relaxation, meditation and visual imagery techniques as helpful components in the process.

### 3. Patients' Relationship to the Healing Team, Specifically, Physicians and Clergy

When people become ill, they often look at physicians as miracle-workers or problem-solvers. An aura of magic and power surrounds them because of their knowledge and experience. Just seeing their physician makes some people feel better. Actually, physicians may know much less than we assume they do. They may have difficulty diagnosing the problems or deciding the best treatment procedure. Therefore, we need to recognize that they, too, are human and allow them to be imperfect, to be limited, and to fail.

On the other hand, some people, when sick, look to the clergy as the answer-givers or peacemakers. They expect the clergy to have ready-made answers to their questions and to know why God is causing them all their pain. These people may ask for prayers as the way to miraculous healing or make private bargains with God.

These expectations illustrate an attitude of dependency that patients sometimes have toward physicians and clergy who are not the healers, but only the instruments of healing. God is the source of all healing; patients and care-givers are active participants in the process. Physicians and clergy contribute their knowledge, skills and resources to foster healing. At times they may be instruments of healing in the way they approach and communicate with patients. Open communication promotes trust; distance and coolness foster distrust. Physical posture and body language are prime sources of communication. Through them, patients can read important clues about the willingness of care-givers to be there or, conversely, patients sense when professionals are in a rush and seem to be checking people off their list.

Other times, physicians and clergy can become instruments of healing through their ability to relate to patients both as professionals and as human beings. The combination of competence and sensitivity enables patients to trust their physicians and clergy. If a physician enters a patient's room with a list of good and factual medical information, or if the clergy's approach is simply through reading some biblical passages, patients may feel their needs have been bypassed in the process. Frequently, and perhaps unintentionally, physicians and clergy come to the bedside with their agenda and do not take time to check out patients' agendas. Mutual trust is born out of true sensitivity and concern. Where there is love, there are healing relationships.

#### Physicians and Clergy: Their Differences

There are a number of components which physicians and clergy have in common: both are leaders in their specific fields; both have many expectations placed on them; both have a great deal of responsi-

bility and stress in their professions; both are human beings. However, within these common threads, they approach the healing model with different histories, different sensitivities, different perspectives. Some of the differences are:

### **1. They Live in Different Kingdoms**

The physicians' kingdom is the hospital. Physicians refer to the people they care for as "our patients." A strong sense of ownership and responsibility marks their care-giving. At home in their kingdom, they have a network of consultants, they know the rules of the system and are familiar with the turf.

On the other hand, the clergy's kingdom is the church. Clergy refer to people who belong to church as "our parishioners." They consider themselves to be shepherds, guiding the sheep. They, too, know their turf, even though they may be less familiar with the history of individual persons and more familiar with the history of the community.

### **2. They Speak Different Languages**

Physicians' language is logical, scientific, precise. They are concerned with the sick part of the body, and talk about diagnosis, medication and treatment. They may refer to their patients as "cases." An unusual growth or disease becomes "an interesting case," rather than a person having a particular problem. Very often, their language and medical terminology are technical, difficult to understand, and may be used as a defense to perpetuate their status.

The clergy's language is more spiritual, less factual, less scientific and less definable. Clergy tend to deal with fears, values, relationships, God and prayer. At times, their language is also foreign to the patients. They tend to be concerned with the person's response to the illness rather than the illness itself.

### **3. They Have Different Traditions**

Many physicians and clergy believe in the dualistic approach where the former take care of the body and the latter, the soul. In dealing with the sick, physicians may utilize the tradition of standard medical procedures, while clergy may refer to historical community symbols (cross, prayer, reconciliation) as resources for hope/healing. Both may have days of commitment: the doctor's yearly check-up or the Easter duty.

### **4. They Use Different Tools**

Physicians' tools are the stethoscope, reflex hammer, ophthalmoscope — ways of listening to the language of the body. Their prescriptions are pain-killers, surgery, vitamins, therapies.

Clergy tools are the Bible, prayer, Holy Communion, confession, pastoral presence. Their prescription: trust in God, read the scriptures, meditate, know that the community is praying for you. Some may also use pietistic religiosity or platitudes like "It's God's will," or "Everyone has his cross to bear." Those may not be helpful.

### 5. They Symbolize Different Roles

Physicians are seen as healers or "cure-givers." They are the ones who help the patients go from not knowing to knowing, from sickness to health, from pain to relief.

Clergy, on the other hand, are seen as comforters or shepherds. They are the ones who offer patients comfort in times of fear, peace in times of guilt, hope in the face of death.

### 6. They Have Different Attitudes and Criteria toward Healing

Physicians use criteria which can be seen and verified, to measure progress of patients. They identify healing when sick parts of the body are improving — the tumor is shrinking, the wound is healing, the fever is going down, the blood transfusion is working. The evidence of healing is the return home of patients.

Clergy criteria for healing are more difficult to measure because they have to do with patients' inner transformation, sense of well-being, change of attitude and perspective toward life. Healing is seen as the patient becoming a deeper person, learning to grow and mature through illness by deepening his or her faith and relationship to God, others and self.

### Issues and Opportunities

The differences outlined are not, in themselves, a barrier in the relationship between physicians and clergy. They specifically highlight the unique contribution, perspective and background these two disciplines bring to healing. If physicians and clergy are able to value, respect and utilize each other's distinct input into the healing process, the patients will certainly benefit from that cooperation and teamwork. However, most often, these two disciplines appear to be working independently and without much dialogue and interchange. Several concerns tend to make it difficult for physicians and clergy to come together and work as a team. Simply stated, some of these are:

- a sense of mutual fear or threat which color their relationship in different degrees. For example, this may be rooted in negative perceptions experienced with clergy in early childhood.
- the temptation of omnipotence or self-sufficiency which may characterize the performance of one's profession. For example,

many physicians will attend only those conferences addressed by other physicians.

- the unwillingness to take time to learn each other's language, each other's resources, each other's needs, each other's humanity.

The future of healing is not served by fear, individualism, narrow-mindedness or prejudice. The future of healing is best served by appreciation, cooperation and a willingness to take risks and explore. Physicians and clergy together can develop a positive relationship with each other by:

- 1. Getting to know each other as persons and human beings, either socially or through educational opportunities** — Taking the initiative to meet and share is the first step to take away some of the fear and build an atmosphere of mutual respect and support. One successful program launched at St. Joseph's Hospital in Milwaukee is the "Cancer Program for Clergy." Over a period of three years, 120 clergy from different denominations in the community have attended a two-day clinical seminar. In groups of five, the clergy spent those days at the hospital, hearing about cancer and meeting with pathologists, radiologists, radiotherapists and chemotherapists, as well as with patients, in order to better understand the disease, the needs of the patient and family, and to develop a better relationship with physicians.
- 2. Accepting their own poverty** — Again, we need to be aware that healing comes from God. We are only His instruments. Physicians realize their own poverty when, after all the tests, they still do not know the patient's prognosis. Clergy experience their own poverty when they don't know how to respond to a crying heart which says, "Why is God doing this to me?" Before suffering, we all discover our own poverty. Our strength and power remain in our solidarity. Physicians and clergy can consult with each other, share the burden of responsibility in complex, moral decision-making, be present together to those with life-threatening situations and, yes, even pray, relax and play together.
- 3. Cooperating as members of the healing team instead of working in fragmentation** — The participation of physicians and clergy at interdisciplinary meetings is a reminder of the many needs — physical, spiritual, emotional, social — that patients bring to their situation and the responsibility of the professionals to work together, whenever possible.

In the healing model, physicians and clergy have different functions and services to offer. The future of their relationship will be based on their willingness to encounter each other in openness and to expand their perspective and understanding so as to meet and serve the sick with loving hearts, caring hands, knowing minds and open souls.