

A PLACE OF HEALING

*Working with Nature & Soul
at the End of Life*

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Introduction

I was twenty-three years old and coming to the end of my medical studies. I had become disillusioned with clinical medicine as I saw it practiced on the wards of the teaching hospitals and was considering leaving medical school to pursue my interests in English literature and film. An older man, whose advice I was seeking, suggested that before I do this, I should visit St. Christopher's Hospice in London, which he described as "a place of healing." I did as he suggested. While there I encountered patients who, despite the fact that their bodies were frail and dying, seemed to be among the most real and complete human beings I had ever met. I too felt more alive in their presence and left with my faith restored in the power of the human spirit—and in medical care. As I struggled afterwards to understand what had happened there, I found myself remembering my friend's words. A "place of healing" accurately described what I experienced during my visit, which had also rekindled an enthusiasm to continue with my medical training.

In many ways, that experience was the genesis of an exploration, both professional and personal, into the nature of healing and its place within healthcare. By "healing" here I mean the process of becoming psychologically and spiritually more integrated and whole; a phenomenon which enables persons to become more completely themselves and more fully alive. To speak of "healing in healthcare" may seem like a tautology. Surely, healing is what healthcare is all about? In my experience this is far from the truth. Western healthcare has become very focused on and very good at "curing," as in "fixing" and "making better," on restoring the sick person to the status quo of how life was before (or as close to this as possible). Contemporary western healthcare is not really that concerned with the question of healing. If healing happens in our healthcare institutions, it does so spontaneously and silently and is seen (if even recognized) as an idiosyncratic and unbidden bonus rather than a desired outcome.

A significant advance in healthcare in the latter part of the twentieth century has been the development of the hospice movement and the specialty of palliative care. From within this specialty a body of expertise has been established that can do much to control the pain and lessen the suffering of patients and families who are living with far advanced and terminal illness. For the past twenty years I have been working as a doctor in this area of care. On numerous occasions the experience of that early visit to St. Christopher's has been validated as I have witnessed patients becoming more human and alive, even as their bodies wasted away. This is not said to romanticize dying or in any way to minimize the distress of terminally ill patients and those close to them. Even for those patients receiving the "best possible" palliative care, some pain and suffering may remain, for ultimately dying is the greatest loss and the most absolute separation any of us can experience. What I am saying, however, is that even so, and even in the midst of such emotional distress and physical disintegration, even when nothing remains that can be "cured," "fixed," or "made better," this process of becoming more whole as human beings is witnessed by those caring for the dying again and again, and again.

I believe that palliative care is a microcosm of all healthcare where issues of broad relevance come into stark relief against a dark backdrop. Working with people approaching death, I have come to appreciate many of the strengths of the dominant paradigm of western healthcare, the so-called "medical model." These are evident in the multidisciplinary expertise that has been developed to treat and ease pain in its many forms. I have, however, also come to see the limitations of this model in this setting, particularly when confronted by certain forms of suffering, such as grief. Perhaps this is also true of the medical model in the broader context of general healthcare. While its strengths are again manifest in an ability to assess, explain, and successfully intervene in an ever-increasing range of problems, its limitations become apparent when confronted by forms of suffering that do not respond to such interventions. Failure to accept these limitations can lead to efforts that may prove counterproductive and damaging. On the other hand, an acceptance that the medical model, although valuable, is limited in what it can achieve in such circumstances, coupled with the observation that patients themselves often seem to find a way of living with and through their suffering to a place of greater wholeness, raises an important question. Is there another way, another model, besides the medical model,

which is operative here and which could be of relevance when working with patients in intractable suffering?

Whether or not we even begin to search for such a model, however, is conditioned by how we view the responsibilities of healthcare. If we believe these are defined by that within the patient's experience of illness which responds to the interventions of the medical model—and it appears that many would accept such an analysis—then our task is relatively straight-forward. We must then use our considerable scientific and technological abilities to diagnose what can be diagnosed, cure what can be cured, fix what can be fixed and, when this is no longer possible, recognize that we have reached the limits of our abilities, do all we can to make the best of a difficult situation and hand over to others better qualified to deal with the patient's unresolved (and perhaps unresolvable) social, psychological, and existential issues. If you too share this viewpoint, perhaps you do not need to look beyond the medical model. If, however, you find such a position too narrow and believe that an attempt to work with the patient's *total* experience of illness, including those aspects of suffering that are unresponsive to the interventions of the medical model, *is* the concern of healthcare, then, I suggest, you must look for, identify, and learn to work with another model to partner the medical model. Were such a model to be found perhaps it could inform, deepen, and support a truly integrated clinical approach.

Where might we possibly begin our search for this other model? I suggest that we start in a place we may least expect to find it, that is, deep within the shadow cast by the luminous edifice of the medical model. If we look closely, we will discover there a narrow, winding pathway that leads us inwards, downwards, and backwards in time to ancient Greece and the very beginnings of western healthcare. There we find the two intertwined systems of early scientific or biomedical medicine, derived from the teachings of the great physician Hippocrates, and a form of psychological and spiritual healing based on the ritual practice of Asklepios, the Greek god of healing. Whereas Hippocratic medicine, representing the beginnings of the medical model, concentrated on the treatment of curable conditions, Asklepiian healing was primarily concerned with helping those suffering from incurable conditions. Where Hippocratic practice emphasized the need for a rational and evidence-based approach and was dependent on an external agent to achieve its effect, the Asklepiian rites assumed that there was a spontaneous tendency

towards wholeness within each individual and that healing came through cooperation with this inner dynamic. Here was a culture that recognized the value of two fundamentally different but complementary models of care. Here was an integrated system of healthcare which attended to patients as whole persons: body, mind, soul, and spirit.

What of this ancient alliance and contemporary western healthcare? The reality is that these twin approaches which co-existed in a relationship of mutual respect and harmony in ancient Greece have, with the passing of time and as a result of a variety of historical developments, become widely split off and separated from each other. If the teaching of Hippocrates is clearly seen in the medical model, where, we may ask, are the healing rituals of Asklepios? At first glance it may appear as though Asklepios is long dead and buried and only remembered in the ruined healing temples of Greece. The presence of the god's emblem of the serpent coiled around a staff on the sides of our ambulances, the covers of our medical journals, and the windows of our pharmacies are, however, signs that this is not the case. Banished, perhaps, but not totally forgotten. Covertly, Asklepios is to be found within patients' subjective experiences of inner transformation and healing, and in the compassionate and caring attitude of those who attend them and stay with them in their suffering. Overtly, his influence is seen in areas such as the arts, the humanities, and deep ecology, as well as in body therapies, psychotherapies, and spiritual practice. Although many would consider these areas worthy and of value in themselves, few, I suspect, would view them as an essential and integral part of healthcare. I believe that for our system of western healthcare to truly become what its name implies we must consciously and deliberately begin to examine how we might welcome Asklepios back from the shadows. We would then have healthcare institutions that are not just places of caring, competence, and curing, but temples of healing also.

This book is written primarily for caregivers, whether professional or lay, who work with persons in suffering. It is also intended for those who are themselves living with suffering and for all who are interested in the inner quest for healing. The basic assumption underlying this way of working with suffering is that healing is something that happens, rather than something we do. Our role in this is to help create an environment

where what is fundamental, natural, and indigenous to the human psyche can most easily do its own work of bringing about integration, balance, and wholeness.