

## IS RELIGION GOOD FOR YOUR HEALTH?

THE TWENTY-FIFTH ANNUAL CONFERENCE ON MEDICINE AND  
MINISTRY OF THE WHOLE PERSON, KANUGA, NORTH CAROLINA,  
USA 1996

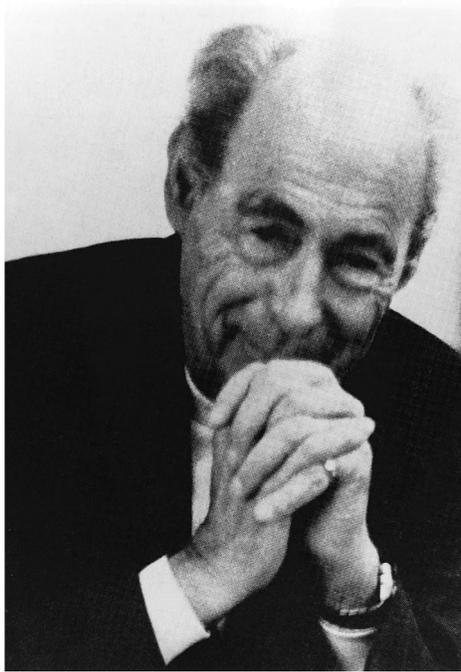
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The 7-11 November 1996 saw the twenty-fifth annual meeting of the Conference on Medicine and Ministry of the Whole Person held at Kanuga Conference Center, in North Carolina, USA. It was a time of celebration, reflection, thanksgiving and reconnection. A European group calling itself The Medicine of the Person, was established some fifty years ago by Dr Paul Tournier for medical colleagues and their spouses. This provided the model for the meetings, but from the beginning the American group had included both doctors and clergy and their partners. The group comprised about 150 long-standing members and newcomers.

Impressions are strong and personal. The story and community were essential ingredients: telling stories and listening to what was important for each other. It was not easy to guess what the professional background and status of delegates were for they did not hide behind their roles. Having partners present facilitated openness, as did being away from home. I had entered a culture that had been carefully nurtured and delegates were warm, enthusiastic and genuine. Although not exclusively Christian, it was clear that Christian faith and its expression were important aspects, and singing, Bible reading, prayer and meditation were on the programme. There were also serious academic presentation and debate, with data and statistics, and an opportunity for deep learning through reflection and discussion. Small groups of eight or so talked and debated what had been presented, expressed doubts and shared convictions. The emphasis was on enjoying one another in an 'I-Thou' relationship. A couple talked about their daughter who had died at the age of thirty three from side effects of steroids given for chronic rheumatoid arthritis. At times the assistance of a psychiatrist was called upon to help her to emerge from bouts of depression. When, some years later, the psychiatrist's daughter was killed tragically on her way to school, on meeting in church, the two fathers embraced one another in a way that both men understood.

### PAUL TOURNIER AND MÉDECINE DE LA PERSONNE

Paul Tournier is little known in mainstream medicine, but on the shelves of many Christian doctors, pastoral counsellors and ordained ministers, copies of his books are to be found. Although many of his books are out of print, his works still represent for some landmarks in personal and professional development. Described as a follower in the footsteps of St Luke, Paul Tournier was a Swiss general practitioner who spoke and wrote in French but has been widely translated. He stressed the fundamental importance of the personal relationship between doctor and patient on the one hand, and between God and man on the other. *The Meaning of Persons* and *A Doctor's Casebook in the Light of the Bible* are two of his early publications. In these Tournier concentrates on questions of meaning and comfort in suffering.



Dr Paul Tournier (1898-1986)

Paul's father was seventy years old when Paul was born. His father died two months later; when he was three years old, his mother died.<sup>1</sup> He was able to identify with other orphans who strove to achieve identity in doing great things,<sup>2</sup> but in mid-life he came to believe that simply being alongside others was the important thing. He wrote from the heart and many of his books are drafted like fireside chats. He observed that often more significant things were happening in the person of his patients than were listed in their medical complaints, and referred to this as the 'second diagnosis'.<sup>3</sup>

Tournier became for many a highly regarded confessor and pastoral counsellor who led his patients to resolution in their crises and renewed experience in personal faith; he had no formal training in theology or psychiatry. He said that it was not because he knew how to solve problems that people came to him, but because he believed in grace; if he tried to solve problems he only made them worse. Tournier himself addressed the Conference of Medicine and Ministry in 1978, the same year I heard him address the International Congress of Christian Physicians in Davos in Switzerland. He did so again in 1984 on the subject of Discipline and Discipleship, together with Richard Foster, the Quaker author of *Celebration of Discipline and Money, Sex and Power*.

Dr Bernard Harnik, from Zurich, a personal friend and translator of Tournier, addressed the conference on issues of personal identity. He had helped to launch the original conference 25 years ago, together with the Americans, Richard Sosnowski (gynaecologist), Norman Boyer (psychiatrist) and George Kinnamon (Lutheran minister) who continue to oversee the Conference. His title was Ministry of the Whole Person. 'Definitions are difficult because the person has to do with mystery.

When we speak of the Whole Person, we mean the heart of the real person, the essential being of a person, rather than the persona or personage, the roles and functions we adopt, which have to do with types and images of typical men, women, doctors and pastors.' (The word 'person' owes its origin to the masks worn by actors to amplify their voices (*sonare...per*).<sup>4</sup> With the Enlightenment came a separate specialisation of Theology and Medicine. Harnik sees a unity between these two disciplines. He insisted on speaking about medicine and ministry; for him they are falsely separated. Nine years ago as a retired paediatrician, marriage counsellor and family therapist, then aged 77, he became an ordained pastor in the Reformed Protestant Church of Switzerland (he entered the University of Zürich Faculty of Theology at the age of 72), but before that he was often asked if he practised pure medicine or also pastoral care. His answer was, '...Both. When I act as physician or psychotherapist, I have a spiritual eye on the counsellee, and when I counsel a person I have a medical eye on him or her.' He had no difficulty in seeing a unity within his own person of being both a minister of Jesus and a doctor, indeed for him ministry is medicine. He drew parallels between this and the theology of the indivisibility of God and man in Jesus Christ. He then went on to talk about the specific pastoral aspect of ministering to people, which he had been asked to address, and illustrated this with examples from his practice.

*Dr Bernard Ruedi*, a physician and endocrinologist practising in Neuchâtel in French-speaking Switzerland spoke to the title of the Medicine of the Whole Person. He said that the first step was a meeting with the sick person in a spirit of dialogue, allowing the doctor and patient to meet beyond their roles, as unique people. Tournier departed greatly from the therapeutic neutrality rule of conventional psychiatry and psychotherapy; he allowed himself to be known by his patients. This does not undermine the necessity for a sound knowledge of scientific medicine and psychological principles. He contrasted the ideas of Tournier and modern psychosomatic medicine and the Holistic Medicine Movement. He stressed that although the European group had a specific Christian emphasis, it made an effort to be open to every doctor interested in personal medicine of whatever faith or none. Authentic dialogue between physicians as persons was central.

*Dr Harold Koenig*, Associate Professor of Psychiatry and Assistant Professor of Medicine at Duke University was the main conference speaker, and in three lectures presented the major themes in his work, which has been published widely and has not gone unnoticed by the popular media in the States. *Ageing and God*<sup>5</sup> is an accessible introduction to the empirical research evidence in this field.

A crisis looms in the delivery of health care due to an increasingly elderly population with major mental health needs and high expectations of health care, and this would have to be supported by a smaller working population. The American *Baby Boom Cohort*, born between 1945 and 1965, numbers around 80 million. These people are less religious, harbour more depression, anxiety and alcoholism, and are not likely to cope well with the losses associated with ageing.

How is America going to deal with this challenge? Should Medicine and Religion stay separate or link together? Central to this question, Koenig argues, is the influence of Religion on Health. In a secular society, medical practice is changed not so much by debate as by data. What are the data?

Studying religion using empirical methods is difficult. What can be measured are religious beliefs and behaviours. Linking religion, spirituality and religiosity into one category simply called 'religion', Koenig's research began 12 years ago with a systematic study of what enabled adults to cope with adversity and failing health. Statements of a personal relationship with God, prayer, church activities and trust in God referred to by him as *religious coping strategies* are a major way that people actually deal with adversity and 'This fact does not feature in major text books of psychiatry'. Furthermore, the content of religious beliefs is very powerful in determining health outcome. He concluded that wholehearted religious commitment is itself associated with longevity, reduced levels of blood pressure and resilience in the face of depression.

In examining these relationships Koenig used an *intrinsic religiosity scale* which included graded 0-10 responses to three questions: (1) What enables you to cope? (2) Does religion help you to cope? (3) How does it do that? Give me concrete examples from the past week.

Depression has a major effect on the cost of health care: 40-50 per cent of older adults in hospital are depressed. (The length of hospital stay is double among depressed elderly adults compared with non-depressed patients.) Depression is also associated with increased service use, including outpatient visits, home help visits and nursing home stays. Koenig presented evidence that the strongest predictor of speed of recovery from depression was *quality of life* followed by *intrinsic religiosity*. These effects were stronger than those caused by improvement in physical disability; religious people get depressed, but they recover quicker than people who use other coping strategies. In a longitudinal study Koenig and his colleagues have shown a step-wise decrease in depressive symptoms as people use religion to cope.

Should the Churches and medical professions be planning together for the looming health care crisis? People in their churches are a major resource. Lay ministry development will be an essential part of future care provision. The Chaplaincy could function as a bridge between health care teams and people in churches. This calls for a cultural shift to include clergy as part of the healing team. Adequate clinical training and supervision for clergy and their helpers will be required.

Physicians were worried by the inequality in the power distribution between them and their patients, a power which may keep the medical profession apart from our patients by impairing the free flow of communication. Doctors need to prepare themselves so that they can be open and receptive and ready for patients when they bring up personal issues anytime they are in dialogue as the privileged listener with someone else. The affirmation of religious faith in a patient by a doctor can empower that coping resource and promote a closer collaboration in the healing partnership.

There is a difference between healing and cure; healing has to do with the concept of coming to completion, of wholeness. This can occur even in the face of decline and death. The language of cure can be confusing if not harmful. Cure implies a return to a prior state of health, but where and when was that, how long ago?

#### ACKNOWLEDGEMENT

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## REFERENCES

- <sup>1</sup> Sosnowski R. Dr Paul Tournier in Memoriam. Unpublished. Delivered to the Conference of Medicine and Ministry of the Whole Person, Kanuga, Hendersonville, November 9, 1986.
- <sup>2</sup> Tournier P. Orphans lead the world. In: Tournier P. *The violence inside*. Transl by Edwin Hudson from the French *Violence et puissance*, Delachaux et Niestlé, Neuchâtel and Paris, 1977. London: SCM Press Ltd. 1978, 138-42.
- <sup>3</sup> Tournier P. A doctor's casebook in the light of the Bible. Transl by Edwin Hudson, from the French *Bible et Médecine*, Delachaux et Niestlé, Neuchâtel and Paris, London: SCM Press Ltd. 1954. Reprinted Crowborough: Highland Books, Edward England Books 1983, 11-6.
- <sup>4</sup> Tournier P. The meaning of persons. Transl by Edwin Hudson from the French *Le personnage et la personne*, Editions Delachaux & Niestlé, Neuchâtel and Paris. New York and Evanston: Harper and Row 1957, 13.
- <sup>5</sup> Koenig H G. *Aging and God: spiritual pathways to mental health in mid-life and later years*. Binghampton, NY: The Haworth Pastoral Press, The Haworth Press, Inc. 1994.

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Craigievar Castle, Aberdeenshire. A fine example of Scottish baronial architecture, completed in 1626  
(*Photograph by David H. A. Boyd*)