

Doctors, Clergy and the troubled Soul: two professions, one vocation?

Personal reflections on a conference hosted by the Guild of Health, the Spirituality and Psychiatry Special Interest Group and the Royal Society of Medicine at St. Marylebone Parish Church, 2nd November 2011.

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This co-sponsored meeting was certainly a major opportunity for the SPSIG to cross boundaries between Medicine and Pastoral Theology and to foray into the world of religious and spiritual Healing. The programme was appropriately ambitious and set out to ask, and attempt to answer, four very pertinent contemporary questions: How does the sense of vocation compare for doctors and clergy? How is hope sustained in the face of adversity? What does healing mean when there is no cure? How to work collaboratively?

This was a successful and memorable meeting - but for unusual reasons. Three named speakers were unable at the last moment to attend and the presentations by unprepared but experienced speakers (Chris McKenna and Andrew Powell) added an element of unrehearsed informality to the occasion, which increased the personal nature of the meeting and symbolised the greater cohesion in this field over recent decades.

Each of the questions asked could not have been considered adequately in the time allocated, but nevertheless to have asked them at all in such a public meeting, with secular and religious auspices, was itself of much importance to advancing thought in this field. There are indeed exciting developments both in medicine - with the greater demand for personalised care, yet a system that makes this almost impossible to achieve - and in practical theology, where there is increased awareness of the churches' contribution to health through counselling, prayer, sacrament and proclamation. What is missing in this field, however, is the courage from both these perspectives to consider the evidence base and to develop conceptual models that will place these issues and their solutions under the noses of the policy planners in local and national government.

The prospect, therefore, of considering whether or not medicine is a vocation (as I assume it still is for clergy), and to visit for the first time what I have regarded as the HQ of Christian counselling, had motivated me to do what I previously so often had failed to do - that is to book early for an SPSIG meeting to avoid disappointment! In addition I was keen to identify more overtly with a SIG that was successfully born during my presidency of the College and which had placed all things spiritual and religious so firmly on the psychiatrist's map. Whatever your belief about the nature of miracles, or whatever your position is about the place of prayer in medical practice, then this surely is an achievement which has reverberated internationally and has now challenged the World Psychiatric Association to move faster and further in this burgeoning field.

It was also good to see the logo of our College together with that of the Guild of Health and the RSM - a 'trptych' that symbolised the possibility that a true medicine of the person, as foreseen by Tournier, could yet be realised. Spirituality, Religion and Medicine have always been in my blood stream – a combination I suspect of nature as well as nurture. My grandfather was one of the first protestant missionaries to Cuzco (before Machu Picchu had been discovered) and died there from typhoid, six months after my mother was born. He had considered studying medicine but settled instead for teaching and evangelistic work. My aunt was a medical missionary in India before settling back to a holistic general practice in Harrow which combined homeopathy with allopathy. My father was one of John Wesley's travelling ministers; and my oldest sibling, Murray, (well known to some SIG members) had a rare gift for imaginative exploration of the boundaries of Shakespearean metaphor, routine psychotherapy at Broadmoor and mainstream theology.

These familial influences, and an interest since I was a medical student in implementing Tournier's *Medicine de la Personne*, had encouraged me to arrive on time for this high profile London based SIG meeting. Alas this was not to be! Pecuniary pressures (i.e. off peak travel) meant I arrived slightly late and I then had to leave slightly early. So I cannot claim that this report is comprehensive, and it is no more than a personal response to a thought-provoking day.

Medical practice for me is a vocation in the sense that it has an inherent element of compassion, altruism and the occasional going of an 'extra mile'. This too is what the first speakers of the day confirmed.

Is it really conceivable that these motivations have been squeezed out of the National Health Service by an individualistic, competitive and target-driven culture - as suggested by Ballatt and Campling in their book '*Intelligent Kindness: reforming the culture of medical care*'? If this is so, then secularism and capitalism, far from being virtues and a safeguard for patients have become a liability, as patients and healers are cut off from the religious and spiritual sources of energy which can motivate compassion and help patients at their time of greatest need.

Yet several speakers also illustrated the significant change for good in this field of religion and spirituality, and psychiatry, and the improved understanding between clergy and psychiatrists. The medics were no longer daunted, for example, by the need to personalise their talks on hope, vocation and forgiveness. They were not afraid of anecdote and testimony to spiritual influences. And above all, perhaps, those from non-Christian religions and those with no religious affiliation were able to dialogue with Christian clergy and doctors, as did Rabbi Jonathan Wittenberg movingly – when making reference to the cross which dominated the Christian Church - an example that was more implicit perhaps in the secular and Christian speakers that followed.

Certainly the flavour of the successful SPSIG, with its broad appeal and ability to encourage secular speakers to talk as though they were giving a fireside chat rather than addressing 150 attendees seated in hard pews in a beautiful church, was there for all to see.

Chris MacKenna, parish priest at St. Marylebone and Jungian analyst, carefully explored the tensions at the interface between secular and pastoral counselling. He reminded me of the Christian resources to draw on when confronted with suffering and loss, such as the therapy

of the Wounded Healer, the image of the Good Shepherd, the nature of the suffering Servant, the shared journey, as well as Tournier's praying hands (one for science, the other for communication, and the two together invoking the 'Other'). Interestingly many of these values, but not perhaps their origins, appeared to be shared by speakers from other faiths, as well as by those who declared themselves as non-believers.

The inevitable queue for coffee and food enabled networking with a service user, who had noted that service users were missing from the cast list. 'Who was more important than a psychiatrist?' I was asked. The expected answer was: service users! Also there was a sprinkling of College members to talk with, but otherwise a sea of rather unknown faces - at least to me. The extended lunch break however enabled a visit to the Crypt, which included a Chapel, counselling rooms, refectory and what appeared to be a primary care medical centre. Almost an Asclepion, I mused - and certainly a healing holistic ambience.

Although my travelling companion Professor Alexander Moreira Almeida - who heads a Spirituality and Psychiatry Research Centre in Juiz de Fora in Brazil - is a Spiritist, and there was a helpful presentation from Rabbi Wittenberg, the day was not strong on discussing multi-faith issues. However, I found that the secular humanist speakers shared many Christian values that I have espoused.

I was inspired by the talks to read more carefully the theological, neuro-theological and other scholarly chapters in Fraser Watt's excellent book 'Spiritual Healing: Scientific and Religious perspectives'; to think in more depth about the conceptual complexity of this field (and particularly its inter-faith dimensions); to wonder whether the good work at the Marylebone Healing and Counselling Centre has been evaluated; to return to Cheltenham very respectful of my medical colleagues' ability to talk off the cuff in such a personal manner on subjects that were formerly almost taboo; and to consider again the urgent need for evaluative outcome research and for integrative conceptual models.

Those doctors present who were clergy, and those clergy who were doctors, may indeed have a particular responsibility for leading thought in this field and in answering in more detail the questions that were posed at the meeting. Yet, crucially, those of us who are not should assist also, and together join forces with secular colleagues to restore a spiritual secularism to health care, and to re-establish the roots of medicine within the vocational values of the Faith traditions that we have inherited since Hippocrates. Could this even be considered at a follow-up colloquium in Gloucestershire - a county which, after all, had hosted the first meeting of Asylum Superintendents, and whose Spa waters were thought to cure all manner of ailments? We would be glad to host it - although be warned: the Cheltenham waters are not to everyone's taste!