Healing the Rift between Pastoral Care, Psychological Counseling, and Medicine

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Editor's note: The following is excerpted from a presentation to the members of the International Order of St. Luke the Physician (OSL) gathered in Glorieta, New Mexico. OSL is an ecumenical organization dedicated to the Christian healing ministry. Reverend Henderson's introduction is followed by Dr. Thomsen's speech.

Many people will go through their whole lives without hearing their physicians express an understanding of the role and place of spirituality in their lives and the impact of faith and practice on their understanding of medicine. I think that as patients we long to hear that word of faith from our doctors. And I think that if we were to hear that, or even catch a glimpse of it from our doctors, it would impact our healing directly and positively.

Both Dr. Thomsen and I have been affiliated with Los Alamos Medical Center for more than twenty years. He is a dermatologist in private practice, and I am a hospital chaplain. We have a long standing interest in how medicine, psychology, and pastoral care—including the ministry of healing prayer—relate to one another. We believe that the well-being of our patients and clients would be better served if these therapeutic disciplines were brought closer together. About two years ago, we began studying, writing and speaking on this subject together, most often in workshops with various kinds of counselors and mental health practitioners. This is the first time we have spoken with a group of Christian healers, and we are honored to be here.

Historically, the various healing ministries have not been separate. In fact, it is only fairly recently that they have become so specialized and fragmented. All of us engaged in these ministries know instinctively that the healing ministries and therapeutic disciplines belong together and support each other. We know that healing is multiperspectival and not hierarchical. We know physical, psychological, and spiritual care has not always been separate in theory or in practice. The recent tendency toward evidence-based scientific medicine has accentuated the gap that has been created between the therapeutic disciplines. The split between the disciplines and the rise of specialization works against the best possible outcome for the patient/client. Closer integration of spiritual values and pastoral care into the practice of both medicine and psychotherapy will promote greater health for client/patient and provider alike. Some of the reasons for this split from the perspective of a physician are explored.
also that religion, together with our understanding and our practice of our spirituality, impacts our health and also reflects it. This has been acknowledged at the academic level through the work of Dr. Herbert Benson's Mind-Body Institute at Harvard University and the work of Dr. Larry Dossey and Dr. Erv Hinds here in Santa Fe.

So Dr. Thomsen's and my question has been “if we know that it would be to the benefit of our patients/clients to draw medicine, psychology, and spiritual care closer together, and for the healing ministries to be more closely integrated in our practices, why doesn’t it happen?” This is part of what Dr. Thomsen will address.

There is much common ground between the practice of medicine and other healing traditions. For example, in all of the healing ministries, including healing prayer, we understand that people are unique and that they are social beings. Thus, we need to have an abiding interest in and curiosity about people in general and each person in particular. In addition, we seek to foster health as a positive force.

We seek to engender hope (not mere optimism, but spiritually grounded hope) in our patients/clients.

We understand and want to activate the transforming power of the relationship between the client and the therapist, the patient and the physician. We know that healing takes place within a trusting relationship.

We know that sometimes we have to distinguish between curing and healing. The word curing refers to intervening in and correcting a disease process, while healing refers to healing brokenness. All of us in this room know that sometimes curing is not possible. We also know that healing is God's gracious gift to us, and that healing is always possible.

The church and the medical community have evolved into separate communities of healing. If we consider psychology as a separate discipline from medicine, we actually have evolved into three communities. Over time, the question became, “To whom does healing belong?”

The traditional pastoral functions of healing, guiding, sustaining, and reconciling belong to both the church and the medical community. And the basic ethical principles of medicine and psychology of beneficence and justice also belong to both of us as well.

We need each other to maximize our healing potential. Good medicine and good psychology do not conflict with each other. Good psychology and good pastoral care do not conflict with each other. We need each other to work together to be at our most powerful and our most helpful.

In the eighth chapter of Romans, the Apostle Paul writes, “We know that all things work together for good for those who love God, who are called according to his purpose” (v. 28). We are accustomed to thinking of this text as referring to events and happenings in our lives either in the past or in the future. If we consider this text as applying to all of the various ways and means of healing at our disposal, we are strengthened in our understanding that we need each other and that the Lord will be glorified if we work more closely together. It is my pleasure to introduce you to my friend and colleague, Dr. Bob Thomsen.

**Dr. Thomsen’s speech**

I want to make clear from the outset for whom I feel I am speaking today. I am a physician, but I feel that I speak for the entire medical profession, including nursing, physical therapy, pharmacy, emergency people, orderlies—the whole list of people caring for the physical needs of people. Even though I speak from my personal position as a physician, I acknowledge the extreme importance of everyone on the medical team.

Our goal today is to explore the rift that we perceive has occurred in our Western culture among the professions of pastoral care, psychological care, and medical care. It is a rift born of multiple factors, including limitations of time, societal pressures, misunderstandings and egos. I think we are all acutely aware of the unity of body-mind-spirit which occurs in a healthy person, as well as the diseases of many natures that occur when there is a separation or disjunction among these three aspects of our wholeness. When we are dealing with an individual who is ill, each of us seeks in our different ministries to heal those splits, to make them whole. For in that wholeness is true health. Broadly speaking, we need all three: prayer alone or counseling alone or physical care alone cannot sustain the whole person.

However, today I want to concentrate on a different patient. The patient is our culture, a culture that separates the three cares—pastoral, psychological, and physical. That separation, that rift, has significant consequences. It is a rift that reflects the body-mind-spirit separation.
that we perceive in the individuals in our culture. In our culture, it seems that pastoral care tends to concentrate on the spirit, psychological care on the mind, medical care on the body, and each tends not to tread on the territory of the others. I want to look at that separation and how it may have occurred, ways that it perpetuates itself, and things that we as individuals might do to heal that rift.

How do we do this? It begins with each of us as individuals. We must know who we are and what our gifts are, and we must also know with whom we work. The more we know and the fewer assumptions we make, the more productive our relationships will be.

So, I will start with me. I will tell you about myself and my faith journey—not out of egotism, but rather as an example of how I think you should seek to know those with whom you do your healing work. I grew up in Des Moines, Iowa, and was nurtured in the Lutheran church. In my home there was an assumption that God is real and vibrant. My theology has been shaped by my church, but my ethics have also been shaped by our secular culture and by membership in the Boy Scouts.

I entered medical school at the University of Iowa, not out of impulse to help people, but rather because of my utter fascination with the human body—its complexity, its marvelous mystery—which I wanted to understand. I still have this fascination, but have come to be frustrated by the limitations on the ultimate explanations that medical science has to offer.

My professional life has developed along conventional lines. I have learned of advances in my profession from journals, talks, professional associations, continuing medical education, and meetings. I have applied the diagnosis and treatment skills for my patients as best I can. My personal life became focused on family—my wife, Michelle, and two children—and church. But there was a distinct separateness between home and work. Did I become a different person when I walked into my office? Of course I did not. But how was I to balance my personal beliefs with my clear obligations to my patients to serve them best?

When my church began to offer Stephen Ministry training, I decided to become a Stephen Minister. This is a multidenominational one-on-one Christian ministry of listening and caring which involves training and continuing oversight. Through this ministry I have learned much about how to listen to my patients, colleagues, and friends, and I have learned that I do not heal people, but rather the Holy Spirit heals. I have sought to learn how to incorporate prayer and meditation into my practice, while at the same time respecting my patients and not abusing my responsibilities. I have learned a lot, but I have much to learn. And I can only pray that the Holy Spirit will guide my ways.

The nature of the rift

Now, what is this relational rift I spoke about? What is fractured? While we should not totally idealize primitive cultures, I do think that people living in what we call primitive cultures have a greater chance at wholeness than we have in our complex technologically dominated culture. We have the underlying faith that technology will save us, and underlying technologic progress is a faith in our own intellect. We think too much. It is my belief that intellectual thinking has created a rift in wholeness, a wholeness that we can glimpse in children.

Think about children and how in the moment they are. Sometimes I envy crying children. They are sad and they cry. And, conversely, the joy that they express is indescribable. Children do not distinguish between body, mind, and spirit. They just are. Remember what Jesus said: “Truly I tell you, whoever does not receive the kingdom of God as a little child will never enter it” (Luke 18:17 NRSV). Jesus tells us not to think of body, mind, and spirit as separate entities to be treated in separate ways, but to treat them as a whole.

Why has this rift happened? Historically body, mind, and spirit were one, but with the development of scientific thinking, medicine split away to seek a rational understanding of the human body. Psychology split also, taking dominion over mental (mind) health in the name of science. Although this is a gross over-simplification of a complex issue, it is true that science seeks to understand by constructing theories and testing them. In constructing those theories, scientists through the centuries have tried to simplify the process by dealing separately with the body, the mind, and the spirit. However, reality is stronger and steadfast than the constructs we place upon it, and I am convinced that these three functions are not only integrated, they truly are one.

Not only are the body, mind, and spirit of the individual regarded as separate, but the body, mind, and spirit of our culture itself as well. Thus, healing the separateness of
the individual is dependant on the healing of the separateness in our culture.

**Existing Efforts to Heal the Rift**

In many ways this separateness is already in the process of being healed as the caring functions of ministry, psychology, and medicine come together for the benefit of those whom they serve. Examples of this abound: in hospice, where chaplains work closely with nurses and physicians to provide meaningful end-of-life care; in hospital chaplaincy; and in faithful clergy visitation.

During the past thirty years, there has been a trend towards holistic medicine, and many medical schools in the country now acknowledge the importance of spirituality and incorporate it into their curricula. Needless to say, we are not there yet; however, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) requires that hospitals, in order to maintain accreditation, acknowledge the spirituality of their patients.

Complementary and alternative medicine receives a lot of press, and many have turned in that direction. In fact, right here in New Mexico there is a flourishing movement towards shamanism in which the shaman provides spiritual, mental, and physical counseling for the person who is ill. There was recently a two day convention here in Santa Fe on the healing of body-mind-spirit attended by at least sixteen hundred people. It is a recurring theme of so-called New Age people, and one from which I think we must learn.

**Creating the Team**

How might we work to heal the rift? It always begins with the individual, and here it is the individual who is willing to work with others, to create a team that combines each person’s strengths and gifts. The team will be flexible, changing members depending on the individual patient. And it must include the patient as well as family, friends, and all the caregivers—physical care providers, mental care providers, spiritual care providers. Each of these needs to understand his or her individual role and how to interact with the team. Each must understand the ethics and morals. Each must know and respect the other. And this often means working with and cooperating with people who are not of the same faith.

Leadership may shift. The cardiac arrest in the emergency room is not the time for psychological analysis. Worship and prayer is not the time to write a prescription for a medication. The key is to act as a team at all times.

**Barriers faced by physicians**

What gets in the way of creating such a team? What are the barriers that keep the rift from healing? Here are some that I experience as a physician.

One is time. There is simply not enough time to do everything that I want to do. In my office, my time is controlled for me. I cannot walk away from my obligations to my scheduled patients and do as I want. In addition, I need to keep up with my field by attending meetings and reading journals. There are other professional obligations as well, obligations to the hospital staff and to professional organizations, obligations to participate in committees that oversee the protection of patients. This work takes time, energy, and effort. My family also has a right to expect my time and attention, to expect that I not allow myself to be pulled away from them in too many different directions. Where does one draw the line?

Another barrier is my training. I was trained in certain and constricted ways, which has created boundaries and boxes. It is often hard to think outside them. There are rewards to staying within these parameters. There are many treatments that really do work, that really do help people, and success with those treatments reinforces the idea that one need not venture beyond this. One example: in my field of dermatology we are bombarded by people trying to make the fast buck. They advertise the latest cream that will bring you happiness. They are driven by the profit motive, rather than by care and compassion. It is very difficult to evaluate the claims that such people make. Advertising is so seductive. And so we tend to shut out anything that is not in our standard training. “If it ain’t broke, don’t fix it.” We stick with what we were taught.

A third barrier is mistrust of other professions. When one does not understand what other people do, one sometimes questions their motives, their training, and whether they see their work merely as a means to an end—an end that glorifies themselves rather than cares for others. It is this mistrust that gets in the way of establishing the trust and cooperation necessary for an effective treatment team.

Another barrier to healing comes from personal experiences. We all have had negative experiences, and sometimes these guide us in ways that they should not. We all have
seen people hurt in the name of religion. We have seen people abused by other professionals. Maybe we personally have had bad experiences during childhood of which we are not consciously aware, but which nevertheless influence our attitudes and actions.

There are also legal and financial pressures which create barriers by draining us of any willingness to think in new and strange ways. We don't want to be sued, and there are always pressures to avoid the reality or the perception of personal injury in what we do. We are buffered by financial decisions over which we have no control. We are expected to make business decisions, which have ramifications not only for ourselves and our families, but also for the people who work for us.

And did I mention fatigue? The physician who was up all night admitting a sick patient is not going to be as receptive as one who is well rested.

A final barrier, which we have in the medical profession, is ego. We doctors tend to have bad handwriting and big egos. Success in the medical profession has built in reinforcements to our egos which tell us that we have healed the patient. A friend of mine, an oncologist and a Christian, recently told me a story about himself. He had been thinking one Saturday morning about a particularly complex patient. He was happy that she had been doing quite well, and was congratulating himself on how he had juggled many complex issues concerning her care. He said a prayer thanking God for the help in that care. Then he suddenly realized what he had prayed. God had helped in the care? No, he realized, God had done it, not he. It was God who brought the guidance and the healing. It is a rarity for us to remember that we physicians do not heal, but rather it is God.

Of course, each of these barriers can be overcome if they are recognized and if there is a will to overcome them. That, then, is the task in creating a team: to overcome these barriers. No matter what our roles as caregivers, each of us has personal barriers to overcome before we can become a team. But there are some deeper barriers as well.

Deeper perceptions of Ourselves

We also need to look at ourselves in a deeper way. Most of us are products of our North American culture, and as such we have absorbed the message that pastoral, psychological, and medical care are separate entities. I suspect that you have experienced the frustrations and confusions that I have experienced. And deep down, I think that it is hard to let go of that frustration and confusion. They get buried, and then inevitably breed resentment, and resentment breeds hostility. You may not allow yourself to articulate these emotions at the conscious level, but I suspect to one degree or another that they are there.

I suspect also that you resent people in other healing professions. Maybe as a pastor you resent the physician who does not give you the respect you know you deserve. Maybe as a pastor you resent that the psychologist dares to practice without a thought or mention of God. Maybe as a physician you resent the pastor who is creating guilt feelings in your patient for not having enough pure faith to get well. Maybe as a physician you resent the psychologist who is all talk and no go. Maybe as a psychologist you resent the doctor prescribing medications which muddle the mind. Maybe as a psychologist you regard the pastor as practicing amateur psychology. You know in your heart those resentments, and it is imperative that you realize those resentments as a first step within yourself towards healing—rifts and forgiving others. On the surface these are not big conflicts, and so it is easy to ignore or to deny them. But they do guide our actions and interactions, and they do need healing.

How? It depends on where you are at this time and place in your life journey, faith journey, and professional journey. Each of you will approach this in your own creative way. I offer one approach to healing through peacemaking or conflict resolution.

Peacemaking

In adult Sunday School at our church, we are having a class on conflict resolution. The principles taught apply well, I think, to how we might resolve these conflicts. The first step is to glorify God rather than our own egos. The second is to look at ourselves and remove the log from our own eyes. How have we contributed to this conflict? Only then may we confront others and point out their faults. The final step is to be reconciled, to demonstrate forgiveness, and to encourage a solution to the conflict. These steps may be applied toward creating teamwork in caregiving.

So, when you see that things are not as they should be, what should you do? I urge you to look within, to empty yourself of your prejudices, your resentments, your personal expectations. Listen for the word of God in the silence. Then reflect the answers to your prayers.
in kind, gentle, and firm ways. Tell your story; share your experiences. Let the light of God shine through you.

It takes enormous courage—courage to trust, courage to have faith, courage to hope, courage to love. But you are a courageous people. I am confident that you will show the courage in gentleness to close this rift, heal this division, bring together our culture and our individuals.

**Practical approaches to the physician**

In this final section, I want to shift to some practical words of advice about how to deal with people in my profession of medicine. As I have confessed to you, we doctors are an egotistical bunch, and we need to be approached with some caution if our delicate egos are not to be bruised. There is a good reason for the “God playing doctor” jokes.

- Respect the constraints that physicians labor under: constraints of time, complexity, legal restrictions, insurance companies, continuing education, fatigue, and everything else that gets in the way of patient care.
- Respect time. Do not expect long periods of time to preach to us.
- Do not loan things that you expect to get back. Our offices tend to be black holes from which nothing emerges.
- Do not give the doctor any thick books. Our attention span tends to be limited and the time devoted limited, until, that is, we recognize the value of what we are reading.

- Do not bluff. Intelligent people know when people do not know what they are talking about, and people in the medical profession tend to be intelligent, and impatient. They do not suffer fools gladly. To be effective, you must work from within the physician's existing belief system in order to nudge it in another direction.
- At the same time you may and must stand your ground as respectable care providers. You should, with due humility, expect respect and credibility. If you do not expect it, you will not receive it.
- Be yourself. Be honest and be genuine. Do not try to be someone or something that you are not. Be open about yourself, your beliefs, your concerns, your doubts, your fears. Reveal yourself with gentleness and humility. Any hint that you are doing this for your own glorification and you are sunk.
- Set expectations. Expect physicians to recognize spirituality in their patients. Expect them to respect a person's beliefs and spiritual needs. Expect them not to bully. If you live and treat this as reality, it will become real, and physicians can be opened to proceed on their own spiritual journeys, whatever form those may take.

Especially in all things concerning physicians, remember that God's time is not our time, and a physician is sometimes a tough nut to crack. It won't happen right away. Be patient. Remember, they are only doctors.

Expect much of other professionals too. Of ministers, expect them humbly to touch the leper. Expect them to put their own fears and apprehensions aside, in order to serve as God has called them. Of psychotherapists, expect them to respect the spirit of the individual. Expect them to inquire about using pastoral counseling in addition to their own. Expect them to cooperate with physicians when they see things that they feel are right or wrong.

**Conclusion**

I hope that you will look inward and examine yourselves, using your gifts and talents wisely and compassionately. We can heal this rift. To the extent that we do, we will be empowered to work together—pastors, psychologists, physicians, and other caregivers—to provide healing and to restore wholeness to our patients and their families, as well as to our culture. With God's help and guidance we shall.

**Bibliography**


