

# The whole patient

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*'Ultimately, the entire universe (with all its particles, including those constituting human beings, their laboratories, observing instruments, etc.) has to be understood as a single undivided whole, in which analysis into separately and independently existent parts has no fundamental status' David Bohm<sup>1</sup>*

## Introduction

I'll start with what I mean to convey by the word whole: as comprising the full quantity, amount, extent, without diminution or exception; undivided, a unity, entire, and complete in itself.

Pictorial images of wholeness are found throughout history in the form of mandalas, mandala being Sanskrit for circle. In Hinduism and Buddhism these sacred images symbolise the whole universe in a microcosm.

In a similar vein, there is the Gnostic description of the Divine as an infinite sphere, whose centre is everywhere and whose circumference is nowhere.

It may be no coincidence that from a very different quarter, cosmologists have also discovered that this turns out to be an accurate conceptualisation of the universe.

In this discussion of wholeness, I shall be treating the physical and the metaphysical worlds as two sides of one coin and so I shall be speaking of body and soul, although I'm well aware that 'soul' is not a word likely to be heard on a medical ward round.

## Wholeness and selfhood

So much of life is concerned with surviving traumas of one kind or another that it is no surprise humans are drawn to wholeness such as we see in the innocent delight of a happy baby. Memories are stirred of our own brief sojourn in the Garden of Eden.

Babies are not yet self-aware and so there is no delimitation of the self. Not until after around eighteen months does a toddler look into a mirror and grasp that it reflects back the image of the self. There is the realisation of a divide between self and world, one which bestows the privacy of an inner world, along with a new independence of mind. But in discovering that the self is bounded, the child is obliged to face that he/she is alone – a leitmotif that weaves its way through all human consciousness.

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<sup>1</sup> David Bohm. *Wholeness and the Implicate Order*. Routledge: London. 1980:174

If we have been loved and cherished early in life, we internalise good parental images that we can draw on for the inner source of comfort and love when needed - in effect, learning to parent ourselves. In this way, the child can sustain a sense of wholeness while exploring the wider world. But when something goes wrong and a child is distressed, the sense of wholeness is under threat and can rapidly fall apart unless a loving care-giver is there to step in and help restore confidence.

As we continue to grow, and become competent at survival, we learn the complex rules of life, when to observe them, bend them and sometimes break them. At the same time, we acquire a variety of roles intrinsic to our maturing sense of identity: worker, friend, lover, spouse, parent and more.

Throughout the first half of life, during what has been called 'the outward journey', a great deal of energy goes into fulfilling those roles as best we can. For this we are indebted to the function of mind called ego, with its hopes, fears, drives and defences that enable us to steer a course through life.

Yet for everyone the day must come when the return journey begins. It may be occasioned by illness, loss or emotional trauma, or a person otherwise in good health may come to it through their mid-life crisis. At any rate, whether it comes sooner or later, we are challenged to take stock of the whole shape of our lives - what has been, what is, what still remains. Not least, the fond illusion of immortality recedes as we have to face that an ending will come.

For many people it is a time of realisation that beyond the roles of our multi-faceted personhood, there is another, deeper layer to the self, a centre of stillness, which transcends the helter-skelter of emotions that dominate so much of life. This is the soul perspective - that helps us to view life and the drama of human affairs with equanimity, tolerance and lightness of being.

It was in essence always there. Indeed, the soul can be seen, remarkably, in the eyes of a new-born infant, and in the clear and trusting gaze of the child. As year on year the soul accompanies the burgeoning ego through the travails of life, it acquires a new depth of understanding and compassion for the human condition. This, some would say, is the ultimate purpose of humanity.

There are different perspectives on the soul, ranging from using the word simply to describe what inspires the very best in a person to averring that we are all of us spiritual beings on a human journey. For the purpose of this discussion of the whole patient, it makes little difference with one proviso: the doctor needs to be sensitive to, and willing to work with his/her patient's beliefs, since they sometimes turn out to be important in how illness, especially when life-threatening, can best be managed.

### **The impact of illness**

It has been rather shockingly remarked that life is a sexually transmitted disease for which there is no treatment and which is uniformly fatal.

The human ego can't bear this grim fact since it is dedicated to being strong and well, overcoming illness or disability, being potent in every sense and achieving great things. This means fending off at all costs the meaning and inevitability of death. Yet,

of the many roles that we take on, the one that sooner or later must befall us all is of becoming a patient.

I recall two brief but memorable episodes of illness in childhood. When I was ten years old, away at my boarding preparatory school, I developed an acute ear infection. It was treated cursorily by the school matron who didn't hide her contempt for me because I was habitually homesick, and this infuriated her. The pain in my ear was agonising, made worse because I felt I was not believed. Fortunately it was at the end of term and as soon as I got home, my mother rushed me to the local hospital where a kindly doctor examined me. I remember the hiss of breath through his teeth as he observed that my ear drum was about to perforate. I was immediately given an injection of penicillin and within twenty-four hours I had recovered.

The second time, I was twelve and home on half-term exeat. I woke with a bad tummy-ache, which by the next day had got a lot worse. Our family doctor called in the local surgeon for a domiciliary visit. He felt my tummy, admitted me to hospital on the spot and removed my appendix the same day.

I'm sure these events played their part in my wanting to become a doctor. Less visible was the mark left by those years away at school, which I realised only much later had a lot to do with my going on to specialise in psychiatry.

Such short-lived illnesses of one sort or another accompany most of us through life. We are stoical, complaining, made anxious or treat them with bravado according to our disposition. The important thing is that we get better, so the problem of wholeness, or rather the lack of it is temporary and sympathy from family or friends and, of course, the right medical help usually gets us through unscathed.

When illnesses are more complex and enduring, the defences employed by the ego to shield the self from anxiety, often by means of denial, can be powerfully activated and sometimes at great cost. I remember examining a woman with advanced breast cancer who only came for help when her breasts were so swollen she could no longer find a bra to fit. There was a man facing potential amputation of his legs due to vascular disease who refused to admit that his continuing heavy smoking had anything to do with his blocked femoral arteries. The moment the consultant left, the patient wheeled himself out of the ward to get another smoke.

Denial is not the exclusive prerogative of our patients. Doctors can suffer from it too, especially when we attempt to treat at all costs – hence the quip 'the treatment worked but the patient died'.

A visibly frail man had a series of cardiac arrests in the coronary care unit where I was working as a young doctor. Each time we defibrillated him he regained consciousness, and then a few hours later there would be another arrest. After about the fourth time, he whispered to me 'Let me go'. I was so determined to win the day I did not, or could not heed what he was saying. As it happened, the next time his heart stopped it resisted all of my heroic efforts. It was a lesson I have never forgotten. Our patients sometimes know what is best for them and playing God is bad for them and bad for us.

## **Whole patient, whole doctor**

Both patient and doctor are in demanding roles, complementary ones since there would be no doctors without patients and vice versa. Patients need to be helped to explain as clearly as possible what is wrong in order to enable the correct diagnosis since, as medical students soon find out, very few people are concise and accurate historians. So the doctor must lead, guide and maintain clarity, a clinical skill which calls for rapport as well as medical acumen.

When a patient senses that his/her distress is being responded to with empathy, the barriers come down, ego defences are set aside and the natural anxiety that accompanies illness can be allowed to speak.

Illness makes children of us all. It is a natural, temporary regression which, when handled appropriately helps us manage our fears. In the parlance of psychoanalysis, a good doctor meets the transference needs of the patient – to be cared for by a trusted parent figure that will hopefully put right what is wrong and so restore one to health (note that health, wholeness and healing all share the same root, as in the old English word 'haelen').

The World Health Organisation now defines health as 'a state of complete physical, mental and social well-being, not merely the absence of disease', and goes on to say ... 'the health professions have largely followed a medical model which seeks to treat patients by focusing on medicines and surgery, and gives less importance to beliefs and to faith – in healing, in the physician and in the doctor-patient relationship. This reductionism or mechanistic view of patients as being only a material body is no longer satisfactory. Patients and physicians have begun to realise the value of elements such as faith, hope and compassion in the healing process'.

This statement is timely and important. However, the context should be born in mind. When my appendix was removed, I did not need a lengthy heart-to-heart with the surgeon. He was brisk, friendly, said what was needed, did his job and was gone.

It was very different when as a young doctor myself, my wife and I went through a personal loss, during which we were enormously helped by our paediatrician, a kindly unassuming man, who knew how to listen, advise, and most importantly, who had the gift of never seeming hurried. I can now see that he had a natural humility, so that we felt he was with us step by step while we all waited for an outcome that would be inevitable and final.

Wholeness needs looking at through more than one lens. To begin with, there is the naïve wholeness that is one's healthy biological endowment and which most people enjoy unthinkingly. The life force is plentiful; mens sana in corpore sano. An unforeseen illness knocks us over but we bounce back – whole again! The vagaries of the human condition test all of us at some time and most people, thank goodness, do not become physically incapacitated, suffer from psychosomatic afflictions or fall mentally ill.

Then there are illnesses which impact more deeply on us. I related two from my childhood that were significant because the dramatic interventions of those two doctors probably inspired my choice of career.

More serious illnesses leave a different mark. They are life-changing, having the potential to diminish or enhance life according to what we make of the experience.

When I was fifty I had heart surgery, unfortunately followed by pneumonia. I don't need to go into the details, suffice to say that I found out what it was like to be unable to think straight or to remember anything, getting in and out of bed was like climbing a mountain, and coughing felt being stabbed over and over in the chest. I slowly recovered, got ambulant again and began to retrieve my mind. The new lease of life brought home to me as never before that consciousness is a miracle and one's most precious possession, and that life is nothing without love for oneself, for others and for the world that is our home.

There was a remarkable interview during the Paralympic games when an amputee who had just received a gold medal was asked if she wished she could have her limb back. She declared unhesitatingly, 'No, because then I would never have had this moment'. What had started as a devastating blow to the ego had become the emblem of her triumph over loss. She had found wholeness, and perhaps more so than she had ever known before.

This underlines that wholeness is a way of being, not the impression of physicality. The renowned psychodramatist Zerka Moreno was diagnosed at the age of 18 with bone cancer of the right arm and was advised that her arm should be amputated. She could not bear the prospect of surgery and asked God what she should do. The answer came right back at her: 'Sure, you can keep your arm but you will die, or you can lose it and live'. Zerka's wholeness of being is such that when first meeting her, many people, me included, simply don't notice that her arm is not there.

### **Mental Illness and the affliction of the soul**

Disorders of mental health are invariably complex and life changing for all mental illness, whatever the cause, is indicative of a breakdown in wholeness, a fracturing of the self.

The statistics are alarming. There is a prevalence of around 1% each of the two most severe illnesses, schizophrenia and bipolar disorder. With a world population aged 15 upwards of over 5 billion, the sum total comes to more than 100 million. Beyond that, in the developed world we have a veritable epidemic of depression on our hands. In the general population of the UK, around 25% of women and 12% of men suffer major depression during their lifetime. Additionally, over one third of people seriously medically ill have been shown to be clinically depressed. In all, over 5,000 people in the UK die by suicide each year.

Substance misuse is also of epidemic proportions. In the UK alone, 1 adult in 13 is dependent on alcohol, with 33,000 associated deaths per year, 10% of the population take illicit drugs, causing another 1800 deaths per year, while the legally-sanctioned killer, tobacco, is responsible for more than 100,000 deaths per year.

The scale of the mental health problem is such that 20% of patients seeing their General Practitioner come with an emotional disorder and up to another 20% with co-morbidity, including the somatoform disorders. These are disorders with underlying emotional significance such as chronic fatigue, musculo-skeletal

complaints, chronic pain disorders, palpitations, functional gastro-intestinal symptoms, body dysmorphism and hypochondriasis.

What is this terrible malaise that has taken hold of human society? Is it surprising in this post-modern world where cost comes first and value second that so many people are afflicted with problems of identity, meaning and purpose? To explore the subject in depth would be another whole discussion but the social pathology suggests to me that the 21<sup>st</sup> century seems to be heading away from, rather than towards, any hope of a healthier, happier world.

What is the hard-pressed doctor supposed to do? It could be argued that a great deal of the problem is political, or socio-economic, and it is true that the mental disorders arise from a complex interplay of biological, psychological and sociological factors.

However, most doctors are not cut out to be either politicians or managers of healthcare. They want to see and help their patients in their surgeries, and for that medical anthropology isn't going to be much help either. All that can be done is to identify and treat, or help to alleviate specific causes so far as the pragmatics of healthcare will allow.

Yet there is a common subjective end-point that characterises all such suffering. It is the loss of wholeness, which results in feeling estranged both from self and/or others. It is a cardinal feature of mental illness and in this situation, perhaps more than in any other branch of medicine, if the relationship between practitioner and patient is to be of help, it needs to be authentic, trustworthy and compassionate. This is the medicine of the soul, and while it may not be the only medicine required, it is always the first that should be taken.

### **Soul – what's in a name?**

There can be no one definition for by its numinous nature, soul means different things to different people; yet most people will own that the word holds deep resonance. Some see the soul as an ontological reality, non-corporeal but as 'real' as the physical body. Others take the humanistic viewpoint that it best expresses the finest values and aspirations of humankind. For still others, it symbolises the deepest experience of what it means 'to be' – a state of awareness not to be confused with the noisy chatter of the mind.

While personally I happen to subscribe to all three perspectives, what I want to bring out here is that the soul is profoundly subjective, that it lives in 'the now', and is always receptive to the human journey yet knowing at the same time that 'all things must pass'. Most importantly, the soul simply 'loves to be'. Because this exuberance of love flows from the same well-spring for the whole of humanity, the soul sees all selves as reflections of the one self. This is the basis of the 'Golden Rule', found in the precepts of every spiritual and religious tradition. What we do for others, we are doing as much for ourselves. Vocational work is never something reasoned but arises from this kind of love.

Fortunately, we are not required to be enlightened spiritual masters to talk soul-to-soul. I'm suggesting it is a natural expression of the human psyche, ready and

waiting provided that the ego, with its many agendas based on conditionality, can be set aside at least for a while. Then the soul makes its presence known and invites a response. Such is the nature of empathy.

In the privileged relationship between doctor and patient, or care-giver and cared-for, soul talk comes naturally to those who want to take the chance to connect. In doing so, both are nourished.

There is no prescribed content to soul talk; it could happen in a split second in the appreciation of flowers on a bedside table. It can be in sharing good news or breaking bad news. Whatever arises will happen naturally and exactly as it should when the doctor is able to be fully 'present', unafraid, genuinely open to what their patient is experiencing and helping find the way forward that is in their best interests.

### **Wholeness at the end of life**

When a person is suffering from terminal illness, the doctor may experience helplessness and a sense of failure. Patients are acutely sensitive to this; we know that in such cases they will try to hide their own anxieties and concerns from the doctor. Yet hospices specialising in end-of-life care have shown that this can be a very special time, and one when pretences and evasions can be relinquished. It is an opportunity for reconciliation and forgiveness, not only with others but with the self. Enabling the soul to speak heals those splits in the psyche that we all incur during our lifetime, for the soul welcomes home the bruised and battered ego with the same compassion that greeted the return of the prodigal son.

Helping one's patient to die with a sense of wholeness means to enable a person to die healed – and this is not the contradiction in terms that it might appear to be. The ego lives through the span of life haunted by a fear of loss that began in that first encounter with aloneness that befalls every infant. Yet to explore the great challenge of life means leaving the safety of the Garden of Eden in order to find out, through the exertions of the ego, what a person's life is for and what is to be accomplished. For that to happen, separation and loss are pre-conditions.

Fortunately, the human psyche is also endowed with a rich symbolic life – one that ensures the Garden of Eden is never lost to us even though we may forget we were once there. For, as the years pass, we become aware, sooner for some and later for others, that the world stage of the ego is a drama on which the curtain must fall. It is the cue we need to listen for if we are to re-discover the oneness that underlies all of life, so that the full quantity, amount, extent, without diminution or exception; undivided, a unity, entire, and complete in itself is restored.

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Andrew Powell's publications on Spirituality and Health can be found at  
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