

HAS THE BYZANTINE HOLISTIC APPROACH TO HEALING COME FULL CIRCLE

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The human spirit will endure sickness; but a broken spirit—who can bear?
Proverbs 18:14

Over the past few years, health care has seen the growing popularity of a “holistic” approach to healing attending to the needs of mind, body and spirit. Doctors and experts in the history of health remind us that the “separation” of mind and body is attributed to the period of the Enlightenment beginning in the 1600s. We have indications that this probably started out sooner, but it has only been in the last 100 years that the differentiation grew exponentially. Possibly, the Byzantines did not view what they were doing as “holistic”—they didn’t need to, it was the traditional approach then.

At a recent conference, held May 7-8, 2004, on Holistic Healing in Byzantium: Epistemologies and Methodologies at the Center for the Study of World Religions, Harvard University, Dr. Maria Evangelatou defined the word “holistic” in terms of medicine that acknowledges that human beings are made of both matter and spirit. I certainly don’t disagree with this definition, but there is still the element of the separation of mind, body, and spirit in this definition, the “bringing together” of the separate elements. However, I see the attempt at a “holistic” approach in the Western sense of the word as more of a belated attempt to “reconstruct” the human person, who has been deconstructed by increasing use of technology, scientific knowledge, and devaluation of the spiritual life that we have witnessed in the past century.

Yet, in this trend focusing on “holistic” therapy and the incorporation of more “spirituality” in health care, we encounter not only obstacles, but potential pitfalls as well. Spirituality is loosely defined, and a holistic approach to healing is often anything but. For example, techniques employed to alter one’s “spiritual” status or their “mental plane”, such as meditation, may make one subjectively feel better, but does it bring about “healing”? Other techniques, such as “therapeutic touch”, in which the “energy force” surrounding an individual is “manipulated” (the “touch” in “therapeutic touch” paradoxically does not involve an actual physical touching of the person), have their basis neither in science nor in theology. These are but two examples of numerous initiatives that have been lumped in under a “spiritual” label. It must be remembered that the Byzantine integrative model of care is rooted in the connection with God – it is a faith-based model, combining both the secular and the religious in a seamless manner, at least theoretically. Many modern, so-called “spiritual” interventions and manipulations, rather than being the integrative approach which the Byzantine model of care espouses in which the healing of the person takes place on a

physical, mental and spiritual level, claim to control “forces” which are non-existent, as yet another human attempt to affect outcome. Some of these “spiritual” methods smack more of magic than science, more of the occult than an appeal to the transcendent God. And in the modern quest for the quick fix, there may also be a desire to obtain the subjective improvement symptomatically or affectively without appeal to God, without recourse to religion. The danger here is that people may equate the foundation and methodology of the Byzantine model with these other “spiritual” initiatives.

Physicians and health professionals can approach each individual patient as an integrated, inseparable whole (a reflection of the mystery of the Holy Trinity and its three persons as distinct, yet indivisible, one of the characteristics of the Orthodox anthropology of the human person). Historically, the Byzantine methodology preserved this tradition (although even in the structure of the hospital, as described by Timothy Miller, there were distinct tasks and responsibilities; it is interesting to speculate how much the physicians of the time, or rather, the ones that were not monks or priests, actually dealt with the spiritual side of the patient).

There is evidence supplied by “hard science” on the interaction of mind and body, which many of us accept based on our faith. While certainly not the ultimate vindication of the holistic view, the experimental “data” certainly gives us positive affirmation in using a holistic approach; it is an affirmation of the beliefs of those professionals who yearn to incorporate their spiritual understanding of the holistic person with their technical knowledge within their field of interest. Although science gives us raw data and some observations, such information alone is not sufficient in account for the myriad of possibilities and world events that can go unexplained without spirituality and dedication.

The question arises as to how we extrapolate from these findings that the interactions of the body and the spirit, or even the mind and the spirit, are possible. In fact, as many scholars of religion and spirituality reminds us, spirituality is transcendent, which interacts with us in unlimited and unfathomable ways. With each bit of “data,” each new fact we uncover, we fill in a very small part of a very large picture. But we cannot attempt to completely understand the human person, our selves, inners workings, purpose, and the complexity of our interactions.

The other danger in integrating spirituality and holistic healing into medicine, for instance, lies not in the physical, but the spiritual dimension. Rather than putting the findings of the psycho-neurological and psycho-biological interactions into their proper perspectives (within the broader context of the holistic approach as understood within the Byzantine tradition as supportive or affirmative), there may be a tendency to focus on these findings as a result in themselves, and to seek the “effect” without its ontological source – God. Upon completing the integration, one is still left with an incomplete understanding of the complex interactions of body and mind. Worse, we may reduce the body-mind

interaction to merely another form of “intervention” or “treatment” within which we expect to influence a good clinical outcome. The intervention *is* the basis of “rational” medicine. However, in dealing with what is spiritual, and more precisely, what is of God, the objective is greater than just restoring physical health. Healing, as explained by Dr. Kyriakou Markides, goes beyond just the restoration of the body.

Dr. Alice-Mary Talbot explains that hagiography and other writings reflecting Byzantine tradition, sometimes tended to side against physicians. It was usually the failure of the secular physicians to a cure a particular patient and the success of a spiritual intervention that prompted the hagiographers’ bias. Interestingly, however, the failure to achieve a cure through contact with relics, shrines, and even holy men is rarely mentioned, though undoubtedly this did happen. In some instances, failure was attributed to ongoing personal sin, which had to be acknowledged and corrected before a physical cure could take place. Personal sin did and does play a role in physical illness in some cases (i.e., lifestyle choices, gluttony, etc.), yet the concept of a “retained” personal sin could not be applied across the board to all who were ill. Rather, it is sinful nature, which introduces corruptibility and illness into God’s creation.

Yet as Talbot also points out, the criticism did not appear to be against secular medicine *per se*, but addressed to a particular incident involving a particular patient. In the modern hagiography of medicine, it is the spiritual that is often the object of ridicule quite contrary to the nature of cures in Late Antiquity. We must be reminded that Byzantine health care saw fully complementary roles of religion and medicine; this survives even to this day. For example, the Elder Porphyrios Bairaktaris (1906-1991), a monk who was the chaplain at the Athens Polyclinic for many years, was frequently consulted by its physicians for difficult cases that they couldn’t diagnose. And in the other direction, there is the example of Valentine Voyno-Yassenetsky (Archbishop Luke of Simferopol – 1877 - 1961), an eminent professor of surgery in the Soviet Union, who as an ordained clergyman and archbishop continued to practice, and brought all of his secular and spiritual skills to the care of his patients (he was glorified as St. Luke of Simferopol by the Ukrainian Orthodox Church in 1995).

The secularists in the medical world need to be reminded that the unexpected recovery - the “miracle,” is sometimes reality. Miracles, a manifestation of the Kingdom of God in the reality of human history—occurring outside of the control of our human abilities—gives us a glimpse of the Kingdom of God to come. Hope is based not only on the present, but also on the eschatological hope of the restoration of human personhood in all its elements, its union with God, and the restoration of all creation to God along with it. But in a modern world where everything is viewed in a utilitarian light and the focus is on urgency and efficiency, a failure to obtain a cure when one prays for it—to receive the miracle on demand—either shakes one’s faith or confirms an already held notion that spirituality plays no role in healing and hence has no value.

In conclusion, an ability to demonstrate tangible scientific effects and manifestations of body-mind interactions certainly reaffirms our innate belief in the need to treat the human person as an indivisible whole. The interactions

involving the spirit are, by nature, are impossible to quantify. We will continue to learn about these interactions scientifically and add to the body of knowledge that will certainly support our work. Yet, we must not forget to consider that our work in science alone cannot provide treatment for our lack of spirituality. We must also keep in mind the limitations we face in our respective sciences and by reflecting on these limitations we must complement our methodology to address all dimensions of health. We must remember not to see the scientific work as an end in itself. Acknowledging that we do not have the answer to a medical problem or cannot do anything more for a patient is a difficult challenge, but it ultimately serves as an act of humility. In implementing the holistic approach, our greatest efforts must be directed toward giving humility the central role. In the Gospel account of the events in the garden of Gethesemane on the night of His betrayal, Christ's very human need to be spared suffering is countered by His submission to the will of the Father through the statement, "Thy will be done," an example of humility.

As many experts have pointed out, Byzantine society was attuned to the transcendent God and although society hoped for cures and healing, it was also accustomed to the notions of life and death because it was often thought that the regardless of whether the outcome was good or bad, the decision was in God's hands. Society today expects only the good outcome on every occasion. This outcome is seen by society as dependent on our ministrations as human beings, not as Disciples of Christ, but as people of science. In our attempts to reintegrate or reintroduce the true understanding of the human person and consequently the role that faith plays in healing, it is this mindset that we must confront. We will continue to answer the questions of how and what should be done, but will merely scratch the surface of the "why." We will learn much, but we cannot exhaust the mystery of spirituality and the human person.

Has the Byzantine model of care come full circle? The idea of a holistic model of care certainly has. The Byzantine model, with its emphasis on a unified rational and spiritual approach, centered on the Holy Trinity, has always been there. It remains only to be rediscovered and fully explored.