

Practice and presence: a gathering for Christians in health care – finding God in all things

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With the complexities and time demands of health care in the late modern world and the scientific reductionist frameworks which tend to depersonalize medicine, as well as the complex systems which frame clinical and global health practice, there is a need for reflection and connection. This year's gathering from 19-21 May 2017 at Duke University Divinity School in Durham, North Carolina, USA by Christians practicing medicine, chaplains, and other health professionals focused on Ignatian practices of meditation and imaginative prayer. Organized by the department of Theology, Culture, and Medicine, the conference accomplished its objectives of tuning our eyes and hearts to see God's presence in our work in healthcare; to engage in imaginative, contemplative reading of scripture and prayer; to learn from Ignatian practices of discernment and decisionmaking; and to grow in friendship with one another.¹

Seeing and Seeking God

In the opening session John Hardt, PhD., Associate Professor in Neiswanger Institute for Bioethics, Stritch School of Medicine, and Vice President and Associate Provost of Mission Integration, Loyola University Health System and Health Sciences Division, introduced the Ignatian concepts of *seeing* God in all things and *seeking* God as "a beggar, a supplicant" through contemplation to attain divine love. Required was an awareness that God works and labors for us in all creation, so that in

all things we may serve Him. This takes several steps: 1. A reorientation to establish new standards of excellence and new definitions of success, humbly recognizing our sinfulness, our gifts and our dependence as creatures; 2. Fostering gratitude which moves us back into the world to serve others; and 3. Practicing reverence for God "in retreat and in the street," living our lives as if we really believe that God saved the world in Christ. The cross is the "still point of the turning world" (T.S. Elliott) which shatters death and defeats the constraints of time, allowing us to live for the moment, to take a "long loving look at the real," becoming a "friend of time" (John Swinton), finding moments of light as gifts even in the mundane exigencies of everyday life, and walking with the "three mile an hour God" at the speed of love (Kosuke Koyama).

Imaginative Prayer

In the second session, David De Marco, SJ, MD, a Jesuit Priest and Assistant Professor in the Division of General Internal Medicine, Department of Medicine and Chaplain at Marcella Niehoff School of Nursing at Loyola University, Chicago, introduced imaginative prayer as part of the spiritual disciplines and an "indispensable companion of reason" (C.S. Lewis), integrating head and heart. This requires us to be open to sacred moments, God's prompting, and interior movements of the heart. Cultivating an attitude of open-ness to the Spirit, we can draw upon narrative in both the gospel and our



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own experiences toward deeper intimacy and identification with the person of Jesus. Using reflective imagination to create scenes along the lines of scripture can then be related to our current real-time context, testing our thoughts and attitudes against those of Jesus. This allows us to "enter the patient's chaos" and "hold the patient's story," making internal movements toward God. As Richard Weinberg writes, the "communion" experienced with those for which we care is a connection through shared stories leading to healing moments.²

Discernment and Decision-making

In the third session, Martha Carlough, MD, MPH, Professor in Family Medicine and Public Health, University of North Carolina at Chapel Hill, former missionary to Nepal and Ignatian-trained spiritual director, discussed discernment and decision-making. To discern is to "sift through, or to sort out" and is an essential link between prayer and the active Christian life (apostolic action). To be truly prophetic is to be consistent, to move toward God, and to exercise a link between words and signs. The scriptural basis of discernment includes Moses' exhausting but delegating judgments (Ex 18:13-37) and his call to "choose life" and reject death (Deut 30:15-20); the psalms speaking peace (consolations) or unsettledness (desolations) (Ps 131, 94); testing the spirits (1 Jn 4); growing in maturity (1 Cor 3:1-3); and walking by the Spirit not by the flesh (Gal 5:16-21), culture, principalities, or powers. The affective components of the inner life that St. Ignatius of Loyola emphasized were also important to John Wesley and Jonathan Edwards in other Christian traditions of discernment. The emotions help us control what we decide and how we understand ourselves and therefore God (Augustine). Dr. Carlough shared principles used for decisionmaking and the importance of paying attention, deep listening, imagination, and decision making in times of tranquility. The Prayer of Examine can be used as a daily exercise of reflection, discernment, and transformation—settling down in God's presence, praying in thankfulness, reviewing the day, praying imaginatively from one moment of the day, and looking toward tomorrow. This could make us more aware of disordered attachments (e.g., obligation, power, money, accolades) and the difference between true consolation (which draws us toward God) and false consolation.

Sacred Moments

In the final session, Dr. Demarko brought the discussion and exercises together, noting that the contemplative physician cannot attain perfection, but seeks to walk the path toward God, experiencing sacred moments in the exam room and finding freedom there. It opens up new avenues of meaning in the often hurried, economically-driven practice of medicine. It speaks truth to power structures and is a way to be prophetic to the patient's life and to the Becoming aware of the interior community. movements of others, understanding and "holding" their story, is a way to make sense of suffering and walk with others through it in compassion and care. Becoming conscious of the moving of the Spirit and our dependence on God in prayer and reflection helps us amend our ways toward Christlikeness.

Story-telling and Christ the Healer

Several breakout workshops were offered by the speakers in Ignatian contemplation, medical ethics in the Catholic tradition, and practicing decision making, as well as medicine and storytelling (Ray Barfield, MD, PhD), and cultivating awareness of Christ in health care contexts (Cathy Lewis, PhD, MSW) where there was rich interaction. Times of fellowship over meals, worship in song led by Jonathan and Amanda Noel, and an imaginative performance of Christ the Healer from Scripture by Lauren Greenspan, MDiv and Rachel Campbell rounded out a refreshing weekend



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that equipped participants to practice God's presence in their service to patients.

Respectful Connectedness

Richard Foster describes contemplative love as a "stream" of Christianity that "leads us forth in partnership with God into creative and redeeming work." Experiencing God's presence in the mundane and challenging practice of medicine, public health, and community development is essential to sustain love for the suffering and allow our work to retain deep purpose. According to Brother Lawrence, when the soul looks to God daily in intimate familiarity, "it passes almost its whole life in continual acts of love, praise, confidence, thanksgiving, offering, and petition," in a ceaseless exercise of God's divine presence.⁴ Listening to and holding the story of the people we serve, knowing what has been described as their "thread" is vital to being a "witness" who considers their dignity in fostering a healing environment.⁵ This respectful connectedness is also an important element in

development which is truly sustainable. Listening to the voice of God in our own lives, in other people's lives and in the surrounding culture, allows discernment in order to understand systems, origins of disease, and disordered relationships. It also guides us in seeking God-informed, innovative solutions personally, clinically, and globally toward health and wholeness.

References

- 1. Theology, Medicine and Culture, Duke Divinity School. Available from: https://tmc.divinity.duke.edu
- 2. Weinberg R. Communion. Ann Intern Med. 1995;123:804-805. https://doi.org/10.7326/0003-4819-123-10-199511150-00011
- 3. Foster R. Streams of living water: celebrating the great traditions of Christian faith. San Francisco: HarperCollins; 1998. p. 58.
- 4. Lawrence B. The practice of the presence of God. New Kensington: Whitaker House; 1982. p. 72.
- Chochinov HM. Health-care provider as witness. Lancet. Sept 2016;388(10,051):1272-73. https://doi.org/10.1016/S0140-6736(16)31668-3

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