PROCEEDINGS: SPIRITUAL TRANSFORMATION AND HEALTH THROUGH THE LIFECYCLE

RONALD A. CHEZ WAYNE B. JONAS

MEDITATION AND SPIRITUALITY FOR HEALTH CARE PROVIDERS

MICHAEL J. BAIME, M.D.

Many traditional societies make little distinction between the healing of the spirit and of the flesh. Our culture is different. The belief in a fundamental separation of matter and spirit runs as deeply through the paradigm of our medical science as it runs through the fabric of our entire culture. Our system of healing aims for, and often attains, mastery of the material body. This mastery over biology and physiology produces a wonderful power to heal. We believe deeply, implicitly, in this approach. It is a profound source of meaning for us. In medical practice, we find significance in subtle changes of the concentrations of the atoms and molecules that flow through distant body cavities. The shadows cast on gelatin film by invisible rays reveal hidden secrets: the cancer that will soon take a life, the infection that a handful of small pills will cure. We feel more confident in the face of a world that is always uncertain and ultimately unknowable. Our confidence in the ultimate reality of the material world and our ability to skillfully manipulate that world has created an extraordinarily potent medical science.

WHAT IS LOST BY THE MATERIALISM OF MEDICINE

This potency comes at a certain cost. It is not surprising that a system of healing with such power to alter physiology is prone to undervalue the spiritual dimension of healing. The world of the spirit, the domain of depth and meaning that dwells at the heart of spiritual experience, seems unnecessary. It does not offer such concrete and reliable results. Our health care system has left spirituality behind.

It has been this way for a long time. In 1900, Wendell Reber wrote in the *journal of the American Medical Association'* that:

... equally difficult is it to criticize the medical man who brings nothing but pure science to his patient's bedside. He certainly does not lack book or laboratory knowledge of physics, chemistry, bacteriology, biology, physiology, or pathology ... Of things material he is easily master. But that is only half the proposition. This materialism reveals itself in the tendency to look on patients as so much flesh and blood; to treat the outer casement rather than the individual within; to forget that "we are such stuff as dreams are made of"; to take little thought of heredity, prenatal influence, temperament, domestic and commercial status, and a host of other nonmaterial factors ... If the ultrascientist would realize the full measure of his possibilities, he must possess more or less ... a species of telepathy. This faculty of insight-of seeing the unseen-is what distinguishes the artist physician from the materialist.

Dr. Reber also implies that a medical science limited to the material restricts the potential of medicine. It can master "only half the proposition." This view of the limits of our medical system has become increasingly widespread since his article was published. It is acknowledged by both the recipients and providers of modern medical care. We all sense the need for a system that includes more than purely mechanical or pharmacologic interventions. The practice of treating the body without acknowledging the spirit, of treating "the outer casement rather than the individual," leaves something unfulfilled. We are acutely aware of the shortcomings of our system even as we take pride in its accomplishments. Few would wish to give up the freedom from pain, disability, and early death that we gain from medical science, but at the same time we long for a more comprehensive view of health and healing, for environments that support growth as well as they eradicate disease. Patients are unhappy with the medical profession, and doctors find less and less satisfaction with their practice. For health care professionals, the calling of medicine seemed to promise something more than the delivery of a pill or a test, no matter how effective. It promised a deeper kind of healing that was based on selfless caring, on a deeper wish to participate in something more profound than a prescription.

THE TYPICAL CLINICAL ENCOUNTER: FOUR LIVES AN HOUR

If we actually examine what happens in the course of a typical interaction between physician and patient, it is not hard to see why all of us, patients and caregivers alike, are disappointed by what happens in a doctor's office. In my own clinical practice as a primary care internist, I see a patient every fifteen minutes. This is not a terribly grueling schedule by current standards, and many physicians have even less time for each patient. But consider what happens during that time. First, after a minimal moment of socially appropriate conversation, I take a medical history. As the patient is telling me their story, I become preoccupied as I consider the differential diagnosis or choose from among the possible diagnostic or therapeutic options. The patient, of course, without access to my inner dialogue, simply notices that just as they have started to talk about their concerns, I have drifted away into some type of reverie. I am unlikely to make eye contact or nod reassuringly when I am thinking so hard and so abstractly. Then comes the physical examination, a part of the process that is usually even more psychologically complex and potentially threatening for a patient. Often naked underneath a flimsy gown as I view and palpate their body, they must wonder what I am thinking as I work to reconcile their physical exam with their history, or as I struggle to decide whether their unexpected extra heart sound has any significance. All they know is that I am not very interactive. Then I still have to share my findings with the patient, describe and explain the course I recommend, review the pros and cons of my suggestions and compare them to the most likely alternatives, outline the side effects of whatever has been prescribed, and discuss any of the many other details that must be clarified before the patient can leave the office.

All of that is scheduled to happen in fifteen minutes. If there is a moment left over at the end of the visit, I could ask about other issues. I could ask about the things that they really want to tell me, about their family or job or whatever really matters. More likely, I am already so far behind my schedule that I feel compelled to rush out the door and immediately burst into the next room. There sits another individual, often anxious, restless, sometimes gowned, possibly cold or nauseated or in pain, never sure about what to expect. Even the blood pressure cuff, resting quietly in its corner, is a mute icon of the mechanical and objective nature of the interaction that is to follow. My mind is still full of the last visit, but ready or not, I am starting over. I have fifteen minutes. I start over twenty times a day.

Each day is partitioned into fifteen-minute segments, and each crowded segment contains a life full of hopes, dreams, and fears. Most patients would like to share that part of their life with their healer. We know intuitively that this sharing is also a type of healing. Instead, they will all be treated to the same process. Days like these are hard to get through, and even harder to leave behind. Their residue remains to solidify and tighten in parts of myself that might be better off less constricted.

Everyone can find disappointment in the doctor's office. Patients sense that no one really cared for them, since no one really did. That is not to say that their organ systems did not receive superb treatment. Although they may have witnessed world-class medical science, there was no one fully present on the other side of the exchange. They experienced something more like an assembly line than a healing encounter. Their doctor was too busy and distracted to pay attention to anything except the most mechanical aspect of the interaction. It takes more than a prescription to facilitate healing. It is very easy for a doctor to disappoint a patient in need. It is all too easy for that doctor to not even notice the disappointment. It can happen every fifteen minutes.

A LOSS OF HEART

The doctor and the hospital are often blamed, but in this drama everyone is an unwilling victim. It is just as difficult, and as unsatisfying, for health care providers. Over time, even the most sensitive and caring physicians begin to feel less and less of the distress that their patients bring them. It is not necessarily what they wish for. It just happens. They are unlikely to notice, or to view it as a problem. Everyone reflexively develops a protective callus, a hard surface that resists penetration, precisely over the area of feeling, the heart. It might seem convenient to feel less of everything. A heart that cannot feel an impact cannot break. But a heart that cannot feel an impact cannot feel anything. In the long run, it serves no one well. We cannot turn our heart back on again when it is time to go home. A perfectly reasonable protective gesture ultimately leads to a diminution of the self. There is no living spirit at the center of all of our activity.

Doctors often talk about their sense of loss, their frustration with the system, their helplessness, and their despair that the medicine that they practice is not what they had sought. They often become angry.'Their original altruistic inspiration to work for the benefit of others has little to do with their actual professional life. Some of the best caregivers are the most susceptible to this disappointment. They valued the calling of medicine the most. They may give up and leave clinical practice. Or they may give up and just go back to work. Nobody is likely to report them to their state medical association, and they still write the correct prescription. Their patients will accept what they get. Some will then visit an alternative medicine practitioner, where they find someone who cares for more than just their physiology.' Of course, health insurance does not pay for that encounter, since it is not considered medical "treatment," but because it is so important to most patients they usually are happy to pay their own way.

THE POWER OF OUR PRESENCE

The solution to this seemingly intractable problem is so simple that it is almost always overlooked. We can make a huge difference in how we help others to heal, in how the entire health care system works, by changing one key component. We can change ourselves. Our patients are not asking for something that we cannot provide. They want to be met in the healing encounter by a genuine human presence, by a real person. They want us. We can return to the exam room, to the encounter with the patient, and to the practice of healing, with our full human presence. We can bring all of ourselves into the clinical encounter, not just our knowledge and technology but our hearts and our full being. We can rediscover how to use our own presence to let our patients know that they have been touched and cared for and healed.

Ironically, that is also how we recapture the calling of healing for ourselves. By

inhabiting our body and our mind fully and entering completely into the encounter, we reconnect with the deeper satisfaction of healing with our heart and spirit as well as our technology. We feel a deeper level of connectedness to our patients and ourselves. It is a very common and natural occurrence. We can deliberately cultivate this experience in our clinical work. Connectedness arises naturally in the very moment of contact with another human being. In the moment when someone comes to us for care, we can turn our attention towards them and simply be present. It is a very uncomplicated gesture. It is also a powerful one.

IF ONLY WE HAD MORE TIME

Although this sounds reasonable to many health care providers, most have one major objection to the solution: there is not enough time. The suggestion that there might be yet another thing to do during the interaction with a patient creates dread rather than mere resistance. Our claustrophobic time-pressured environment is often the reason that we disconnected in the first place. There is no time left to spend just "being" with a patient. We have nothing left to give.

But it takes neither time nor energy to maintain one's presence. In fact, it is much easier that way. It is the constant activity, the "doing" that crowds our days and exhausts us. "Being" is simple, effortless, and natural. It feels like relaxation, like letting ourselves simply be what we are without struggle or artifice. The very act of coming back to ourselves can feel like coming home and throwing our feet up on the sofa. We don't have to wait to go home at the end of day to relax. It can happen as many times as we walk into a patient's room.

It is not so surprising that the same techniques that return healing to health care can also be used for stress management. If we become fully present in our life, we find that our activity takes on a spontaneous, effortless quality. Life flows in accord with the laws of nature if we do not get in the way. When we live in the actual center of our life, we do not need to brace ourselves against what is going to happen next, or hold ourselves up to recover from what is already past. We only need to inhabit the single moment that we are already in. It is not all that difficult. There is nothing special to do and nowhere else to go.

It is hard to believe that it is not a struggle to practice this way, with our full attention, our presence. It is even harder to believe that it actually saves time, that it makes each visit not just more meaningful, but also more efficient. How can this be? It is because we are giving everyone something that they wanted in the first place. The interaction unfolds more naturally and feels more satisfying. When a patient knows that they have been met by a caring presence, they relax and let that presence care for them. Patients ask fewer "doorknob questions," which are usually attempts to keep the doctor in the room so the patient has one last chance of being understood. There is no need to call the doctor back and attempt to be heard again. The doctor and the patient were both there the first time. Everything feels more comfortable because nothing was missed. The entire interaction is simpler and more direct.

THE ANTIDOTE TO DISCONNECTION

This might sound totally unrealistic. If you are a health care provider, however, you can arrange an experiment to see if it is true. Like any experiment, it will take a bit of work to set up, but if hypothesis is true then your clinical encounters will actually be easier and more fulfilling. There is not much point in trying to convince you with a set of slides. You can see for yourself. To do this experiment properly, you have to create an intervention that returns your full presence into your encounter with the patient.

"Presence" might seem an odd word in this context. I am using it here to signify that the full attention of the health care provider is *present in the moment* with the *patient*. Most of the time that we are with a patient our attention is elsewhere. We are captured by the monologue that runs on inside our head, totally distracted by the complexity of our task and our life. Perhaps we are out of reserves, a bit battered and bruised by the demands of our day. A few of our engines might have shut down for survival, or we retreat behind the clinician's mask to protect what's left. We are only dimly aware of what is actually happening with ourselves and our patient.

The absence of attention of the lived moment gets to be a habit. If we look closely, we begin to find that we actually spend very little time with a full experience of any moment. We perform many of our routine activities in a kind of "automatic pilot" mode. We can eat an entire meal and not taste anything. We can drive all the way home, get out of the car, and have no memory of the journey. It is as if we were reading the newspaper or daydreaming while someone else drove. We are asleep at the wheel of our own life, dreaming about the past and fantasizing the future. All the while, we fail to notice the person in front of us, the one right here in this present moment ... the only "real" place we will ever know.

THE PRACTICE OF PRESENCE AT WORK

If you want to try this experiment, you will need to intentionally sustain your presence during your contact with patients. This is not so hard to do, but in the beginning you will need to cultivate some new skills. First of all, you will need a simple and effective way to actually recover your full presence. The mere idea that you should do this is just another thought, one among the many. It comes and it goes.

The presence that we are hoping to rediscover is more of a psychomotor

sensation, a felt presence, than an idea. It takes a deeper activity, an action of body and mind together, to bring it to life.

Then, once you have cultivated a method that allows you to return to yourself, you will need a consistent way to remember to do this, even if you are very busy or distracted. I will outline some techniques that will help you to accomplish this. The specific instructions are directed towards a clinician in an outpatient medical practice, but they can be adapted easily for use in any situation or profession. You should adapt them to meet your needs. You will need to modify them for use in your personal situation if they are going to work.

HOW TO BEGIN

One technique to help you return fully to the present moment is to use the breath. First, just stop for a moment. Let your body and your mind simply come to stillness for a few seconds. Wait until you actually *feel* that this moment of stillness or rest has occurred. It might take more time when you first try it, ten or even fifteen seconds or even longer. You will feel a definite "stop."

Then, once you have recognized the feeling of "stop," bring all of your attention back to the sensation of the breath in the center of your body. Feel the breath fully, completely, with all of your awareness. Let it be an anchor in the present moment. You will notice the impulse to wander into the past, to ruminate over what is already done and gone, or the tendency to drift into the future and anxiously anticipate events that will never happen. Your thoughts may even question if you're doing it right, as if you somehow forgot to breathe naturally. Notice those thoughts and impulses and then let them go. Let the past be over and let the future remain unknown. Let the attention rest completely, fully with the flow of the breath, in and out, in the present. Feel the actual sensation, the texture and nuance of the flow of the inhalation and the exhalation. You might do this for three breaths; experiment to see what works best for you.

The final step is to let go of the breath but keep the awareness, the mindfulness of the present moment. Simply relax any tension or speed and rest directly in the feeling of presence. Release the urge to go somewhere else. Inhabit your body as if it's the only comfortable place to rest. Rest there and feel.

HOW TO CONTINUE

You can use the phrase "*Stop Breathe Be*" to remind you of these three steps. It can be very helpful to practice this immediately before entering each exam room. This will help you clear any residue or momentum left from the previous encounter. Stop right before you walk into the room, breathe, and be. Then, once you have connected more fully with your actual lived experience, try to maintain

that awareness during your time with the patient. It can be helpful to structure the attempt to do this in a very concrete and deliberate way. For instance, the first minute or so of an office visit often consists of small talk that reorients the patient and physician and helps them to reestablish their relationship. Since the goal of that introductory transition is to reconnect, you can more effectively take advantage of that time by deliberately cultivating a more complete experience of the patient. Take the first thirty seconds of the visit to bring your full awareness to rest on the patient. Give yourself half of a minute when your only goal is to pay attention. Even if you feel very rushed, you have this much time. It is about 3 percent of a fifteen minute visit, and in any case you are going to spend that time getting settled one way or another.

You don't need to look at your watch; you can again use your breath. Three or four relaxed breaths will last for about 30 seconds. Let the breaths be slow and full. During this time, your sole intention is to see what is happening in the body and the mind of the person who has come for your help. Face them directly, sit up, and look. Make a very deliberate attempt to look directly at the physical body in front of you. Look at their face, their eves, and their posture. What do you notice? Are they the same as the last time? Look at the emotional state, the mind, of the person before you. What does that feel like? What do they want to tell you that has not yet found voice? Use that information to help you set the clinical agenda.

Then go about the business of the visit, but allow yourself to stay with the presence that you cultivated. You don't need to do anything different. Simply allow yourself to remain where you are, fully engaged with the actual life you have met. When you find a pause or a moment of rest or transition in the interaction, stop momentarily, take the opportunity to return to the simplicity of the present moment with a single breath, and reconnect. When listening, try moving your attention fully to the patient and see if you "hear" them in a different way. Listen with your heart as well as your mind. When you feel someone struggling to say something that is difficult or unclear to them, give them a moment while you simply wait, listen, and feel. Resist the urge to jump in with your ideas or even to comfort. Your straightforward presence is likely to be more comfort than any advice you could offer. Rest for a breath or two and see what happens. If you practice this for a few weeks, you may be surprised at how much less struggle you feel during a working day. Even brief moments of relaxation act as a powerful antidote to the stress and tension we collect during a day. You may also be surprised by how much of a difference this simple practice makes to your patients. They will let you know. Both of you will feel better at the end of the visit.

TRAINING YOUR ATTENTION TO RESIDE IN THE PRESENT

If you want to continue with this experiment, it will help to practice a technique that assists you in resting evenly in the present moment. Most people do best to

practice this on their own, in a quiet place without distractions. Sit comfortably, close your eyes, and let all of your attention rest on the breath. Don't try to change the breath, or to relax, or do anything. Just be with the breath in each present moment. By training yourself this way you will learn to find and use the breath more effectively even during activity. The simplicity and stillness discovered in undistracted silence begin to spread. You reconnect with a part of yourself that is always at rest, balanced and awake. Sitting in this way is really just cultivating your presence in a more sustained way than you did with the "Stop Breathe Be" exercise. This practice is actually a traditional meditation technique called mindfulness meditation. The more often you do it, the more often spontaneous moments of living presence will naturally arise.

TAKING THE MYSTERY OUT OF THIS ANCIENT TRADITION

Mindfulness meditation practices are exercises which stabilize and deepen awareness. These practices, most of which come from the tradition of Buddhism, have evolved over thousands of years. They have been passed down from teacher to student for so many centuries because they produce a benefit. It does not matter if we know that they are ancient meditation practices. Meditation techniques can be used outside of their traditional cultural and religious context as simple tools for enhancing quality of life, performance, and for reducing stress. We do not need any interest in meditation or Buddhism to benefit from this kind of practice. Most people do not want another religion; often, they have enough difficulty with the one they already have. But almost everyone needs a way to connect more fully with their lived experience, with their life and their heart.

This very ordinary activity of bringing awareness into the present moment is the foundation of many types of meditation. There is nothing the least bit exotic about it. Meditation was associated with Theosophy, occultism, and mystical trance states when it was popularized in the West during the second half of the nineteenth century.' In practice, however, meditation is the antithesis of mysticism. That is because when we practice meditation we are not trying to do or change anything. We are adding nothing to our experience. This absence of activity, however, is done in a remarkable way. Usually when we "do nothing," our attention is completely unfocused. Our body and our mind sag. In meditation, we do nothing with complete precision and all of our attention. We are fully resting with the totality of what we are.

It sounds easy. It is not. We quickly discover that it is not so easy to abandon a lifetime of relentless activity and incessant thinking just because we have decided to sit still for a few minutes. It is not easy to do nothing so whole-heartedly. After an all-too-brief moment of excitement about the novelty of "meditating," our habitual restlessness reappears and starts asking if we are

going to get up and turn on the television or open the refrigerator.

WHAT WE BEGIN TO NOTICE ABOUT OUR MIND AND OURSELVES

If we stick with it and learn to tolerate our restlessness, the boredom itself begins to get more interesting. Meditation is the practice of experiencing the present moment fully. That sounds like a good thing. Why do we sometimes become restless when we begin to sit in stillness? At first, we might think that meditation is causing us to feel uncomfortable. But closer inspection reveals that this sensation of disquiet is one that we experience much of the time. It was not created by meditation. Meditation cultivates a clarity that recognizes the restlessness that is there already. That unsettled quality is so continuous that we often fail to notice it as a discrete experience. It has become the background noise in our consciousness, a constant low drone that is always present but seldom acknowledged. This background restlessness, even when unnoticed, creates an unsettled discomfort that becomes the impulse to do something, anything, whenever we have a moment of stillness. It makes it impossible to rest fully because we are always squirming out of the present, out of our actual lived moment. It creates a feeling of imbalance in our mind and body. We identify it during meditation because in stillness and silence there is nothing to distract us from it. Once we have seen it, however, we start to notice it everywhere: in the supermarket checkout line or a traffic jam or whenever we have a free moment. We usually respond to that uncomfortable restlessness by creating an activity or distraction; we turn on the radio, call someone on the phone, or open a newspaper. If we ignore this sensation, it continues to affect us. If we fight with it, we become agitated. Meditation gives us the opportunity to simply notice and rest with it by allowing it to be. We don't have to do anything. If we notice that it occurs and how it affects us, we will learn something.

OUR MIND AS THOUGHTS, EMOTIONS, AND SENSATIONS

What we discover is a new perspective on our mind. We find that we have taken our mind for granted. Even though we have had the same mind our whole life, it is full of interesting structures and events that we have never investigated. We could even begin to explore the restlessness and look at it directly, with curiosity. Why does it occur? We begin to recognize that the same mental patterns and themes recur continually. As we observe these patterns of mental activity with a neutral curiosity, we begin to see simplicity underlying the activity. We start to see that our mind is not all that complex. We find that our inner life, our experience, is made from simple building blocks of thoughts, emotions, and physical sensations. A particular emotion often tends to elicit the same kind of thought. The thought might explain or justify the emotion ("no wonder I feel crazy ...), suppress it ("I don't need to feel that way ...), or augment it ("this is going to be a total disaster ...). We start to recognize that the thought affects how the emotion evolves, and that the emotion in turn changes the direction of the thought.

The cycle of thoughts and emotions occur of their own accord. Sometimes the thoughts are accurate and sometimes they are not. Sometimes the emotions seem appropriate and sometimes they are exaggerated or suppressed. It doesn't really matter. We do not have to believe the negative predictions or react to the fears even when we are experiencing them. The products of our mind, thoughts, and emotions develop a kind of transparency and become less solid and compelling than they had seemed. Once we have recognized that the thoughts and the emotions are simply mental events, we gain a degree of liberation from their tyranny. We know that they are certain to be different in the next moment. It might be interesting to wait and see what happens. Acceptance and interest replaces dread. We notice that in one moment we think that we are fabulous, but in the next moment we think that we are horrible. Both of those thoughts seemed to be accurate at the time we had them. We can acknowledge that the truth is probably somewhere in-between. Paradoxically, we gain greater stability by recognizing the fleeting and transparent nature of our beliefs and concepts.

OUR MIND AS PURE AWARENESS

The key to maintaining this stability is found in the nature of the awareness itself. One way to describe meditation is to say that we are looking at the thoughts, emotions, and sensations that make up our mind. But if these thoughts, emotions, and sensations *are* our mind, then what-or who-is doing the looking? If we look further, we may come to a more direct discovery of awareness itself. Awareness is the underlying foundation of our mind, the knowing radiance that illuminates all of our mental contents. It exists prior to our judgments, preferences, and prejudices. It senses and feels and knows. It is the part of us that is most alive. It feels everything that is felt. Awareness is the source of depth, meaning, and aliveness. With a more full awareness, one feels more fully alive, more connected to the origin of being and vitality.

Awareness is not bound by the limitations of mind. It is unconditional and unbiased. It does not need to be stabilized because it is already fully stable in itself. It is complete in itself. We find it without much fanfare by simply resting with our experience. When we find it and gain confidence in it this way, we become less distracted by the rushed and pressured surface of our life. We are in touch with something more fundamental that silently informs every moment. The big problems turn out to be not so big. We have found an anchor that runs more deeply. We did not have to go anywhere to discover it. It was here all along.

PRESENT MOMENT AWARENESS AS SPIRITUALITY

This profoundly affects how we interact with others. We start to notice that this awareness that is the basis of our own mind is identical to the awareness that we see in every other human being. Underneath their physical body, life history, and individual personality is a presence that is unmistakably the same as our own presence. It is not similar to ours; it is the same. This recognition evolves into compassion. Other individuals are identical to us at their very heart, at the most deeply personal part of themselves. We recognize that the suffering of others, their pain and sorrow, is also the same as ours. Meditation has been practiced for more than 2,500 years as a way to cultivate compassion. That process still happens today.

Patients notice when their health care providers begin to manifest this presence. Even though the patient is being processed by the same system in the same way, suddenly they sense that a more fully involved healer is present. They are no longer so alone. It makes a dramatic difference even though small, almost undetectable behaviors communicate this difference. It might be the way in which a nurse looks directly into their eyes, and holds that gaze for just another fraction of a second, or it could be the almost imperceptible pause right before the doctor responds to their question. The presence of the healer, and their direct contact with the patient, is powerful and real.

The "presence" that we have been exploring is fundamentally spiritual. We are cultivating it with meditation, a spiritual tool used for millennia to clarify and heighten spiritual experience. Unfortunately, neither our medical system nor our culture is fully comfortable with spirituality, and when the word arises it can create unnecessary confusion. Sometimes the word "spirituality" is not worth the trouble. Even though the experiences of depth, lived meaning, and compassion are components of spiritual experience, our profession is uneasy with the term. Despite abundant evidence of the many benefits of spirituality in health care, we have carefully cultivated a "separation of church and medicine, a separation that is in keeping with our cultural paradigm. One recent summary concluded that,

... the languages of religion and science are radically different. The cultural bodymind split will not be solved by such simplistic solutions as having physicians endorse spirituality, which will result only in denigration of both medicine and religion. Physicians are encouraged to rely on clinically trained ministers for assistance in understanding the patient's state of mind or spirit and its possible effects on the course of illness and health.

Part of the problem is that we equate spirituality with religion. The rituals and belief systems that belong to a particular historical epoch or religion are not necessary for the actual experience of connectedness, altruistic caring, spontaneous empathy, and presence that is at the heart of both spirituality and healing. There is a reason why we talk about healing as a "calling," a word with a historically spiritual meaning. Sometimes it is more skillful to let the experience speak for itself. Health care providers will practice these techniques because they help them to feel better. They will study and practice mindfulness and meditation to reduce the stress and discomfort of their work. Then they will continue to connect with their patients and themselves in this way because it makes sense and it feels right. Institutions will support the application of mindfulness in the workplace because it enhances both performance and employee satisfaction.

The person who is actually having this experience, the practitioner, will give it voice in a unique way that is in keeping with their own beliefs. It will give them what they want: a healing that includes the spirit as well as the flesh. We don't have to identify it with a name or a religion or a concept. We do not have to invoke spirituality. That may or may not be their word, so it does not have to be ours. It doesn't matter. If we learn to look carefully, we will find the cathedral of the spirit in our own hearts. It was always there. It does not belong to any culture, historical epoch, or belief system. It belongs to us. We simply had to enter fully our own life to find it.

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