CARING FOR THE WHOLE PERSON BY HEALTHCARE AND RELIGIOUS INSTITUTIONS: THE DIVIDE AND THE POSSIBILITIES

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In the global society heavily influenced by Western culture, we are still in need of a complete revolution. This is in terms of the approach of Caring for the Whole Person in both traditional "healthcare" * services and the ministry of the global church within the local congregation. Before every revolution in history, there is usually a crisis. The crisis we continue to experience comes from the results of the faulty, dichotomous ways in which we have thought about both health and the "salvation" of God.

Semantics is praxis. Both institutions have created different languages and practice for what in Biblical scriptures is one and the same for the total person.

I. THE TRADITIONAL WESTERN PARADIGM

A person's spiritual health and welfare is seen as being the responsibility only of the Church. In this fact, spiritual health has tended to be neglected in Primary and Hospital Health Care worldwide.[1] [2]The Church is just as guilty of this separation. Physical and Mental Health are matters for the Medical establishment. Both the church and healthcare professionals see "*health*"

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ENDNOTES

World Health Organization. *The WHO Medium-Term Mental Health Programme* 1975-1982. Geneva: WHO, 1978.
[2] World Health Organization. *Alm-Alta 1978 Primary Health Care.* Geneva: WHO on the Alma-Ata declaration on Primary Health care spiritual concerns which relate to health are not specifically included in the definition of health or recommendations for action.

and "*salvation*" as unrelated. Thus, a person's total or whole person health needs are broken down as it were into different compartments, to be met by different professionals at different times in different settings.

A. Problems

What are the problems associated with the key features of this Western paradigm of health?

THE FIRST PROBLEM is the belief in dualism.

Countries that have been influenced by Western philosophy often adopt an "either/or" approach called "*dualism*". Here, the mind and the body have no interaction with each other.[4] At the same time, spiritual and material realities are seen as completely separate.

As well the needs of the individual and the needs of the community in which the individual lives are separate.

THE SECOND PROBLEM is the limited vision of what comprises both health and salvation.

Think of the word "*health*". Influenced by Western thought, most of us would have a picture in our minds of someone having a strong disease-free body. The major focus is on using agents such as medication reduction or surgery to restore bodily integrity, including the brain as basis for "mind". How appropriate is it for us to continue with this tendency towards a narrow and largely materialistic view of health?

Similarly, our Westernized view of "*sin*" and "*salvation*" within the Judeo-Christian perspective has failed us. Western Christianity, influenced by the narrow approach of dualism, portrays sin and salvation merely as moral and spiritual realities rather than also directly relating to practical suffering.

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[3]* I use healthcare in parenthesis due to its semantic distortion amidst the great divide.
[4] Dubos, Rene. *Man Adapting*. (1st ed.) New haven: Yale University Press, 1965.

The greater focus is merely on the "saving of souls" and our spiritual redemption – and nothing beyond the "soul" or "spirit".

With regard to our physical, emotional and socio-economic suffering, the role of God in the life of persons is only to comfort and give strength until death and the resurrection – but not to transform.

With this limited dualistic Western view of both "health" and spirituality and separatist view of the person, any healing in the various dimensions is to be carried out by separate professionals and their related teams using different frames of reference or languages alien to each other. The body is left to the doctor, the mind to the psychologist, the spirit to the church and the socio-economic to the social scientists and politicians! It is no wonder that, as history and current public life show, *the person divided is the person exploited* by the dividers.

This person divided and exploited ends up with *a patchwork approach* to both healthcare and spiritual care – themselves divided.

THE THIRD PROBLEM is the politics of territory within and between church and "healthcare" professionals.

This is consequent upon western influence dichotomy semantics and practice. It relates to a strong tendency towards a *clericalism*[5]*4 5* which, though resisted by some clergy, is tacitly encouraged by those laity who may be culturally insecure. *In the context of a one-sided focus on "spreading the word", the pulpit becomes the pinnacle of church life*. In many protestant churches, the tendency is for the role of "preaching pastor" to be the only recognized and funded ministry. This has resulted in a neglect of wholistic teamwork. The ordination or commissioning of full-time or part-time employed "Co-Ministers of Health and Healing" and other non-pulpit ministers is too infrequent. Could the power of pastors deemed as the "sole authority" become threatened? What about jealous comparisons of traditional salaries between different disciplines? Can the church organ fund be put on hold to aid healing ministry funding? This has contributed

[5]4 Smith, Ashley. *Real Roots and Potted Plants: Reflections on the Caribbean Church*. Mandeville: Eureka Press Ltd., 1984, p. 48-49.

5 Gregory, Howard. "Ministry Formation for the Caribbean". *Caribbean Theology: Preparing for the Challenges Ahead*. Kingston: Canoe Press, 1995, p. 85-86.

to a significant fragility of the sustainability of the Church as the healing community of Christ. Too many Church-based Healing Ministries have been under-funded and under-manned. How willing are we to have full or part time parish nurses, physicians and community workers on staff?

Too few denominations sponsor paid chaplains to participate on an equal standing in the multi-disciplinary teams of hospitals. In these hospitals it is often the Evangelicals or Pentecostal laity and at times some Catholic religious workers who separately roam the wards to pray for healing.
Also, with the politics of the pulpit, the democratic ministering of the "charisms" or spiritual gifts of healing, among the laity, has too often been suspect rather than publicly recognized.
As in the Corinthian church, human jealousy and protection of roles can stifle the Spirit (1 Cor. 12).

Healthcare practitioners such as traditional western physicians, psychologists and social workers can also be victims of the "politics of territory". Apart from that, within the healthcare institutions, there is the suspicion of church representatives who themselves can get into territorial battles over themes such as "utilizing medical care versus faith", "mental illness as spiritual weaknesses", "sickness as sin", etc. Too often church and healthcare leaders see each other as godlike experts in whose territory we dare not enquire or seek to learn. Is this intellectual laziness? Should all church workers be trained in basic healthcare awareness? And should all "healthcare" workers be sensitized in their training to issues relating to how spiritual beliefs can affect health behaviour and outcome? With this need seminaries and "healthcare" training schools need to stop being victims of differences of worldviews semantics and politics, even Christian "healthcare" institutions of practice and training fall in the same traps.

THE FOURTH PROBLEM is one-sided spirituality

The human institutional forms in which the Church as the "Body of Christ" finds itself are falling short of meeting the global needs for which Christ died because of internal divisiveness.

This is because, many of us are colluders in a one-sided and thus incomplete theological and doctrinal emphases regarding the church's spirituality and community. One-sided incomplete theology and doctrine may satisfy our intellects and our cultural or social class backgrounds or aspirations. It may be influenced by our various personality types. Yet it eventually leaves us as preachers, healers, prophets and servants all wounded and ineffective and to varying degrees lost amidst the labyrinths of the human condition. Thus too many toe the line of *word-based* evangelicalism, *social action* based main line churches, Spirit-filled based Pentecostalism and sacramental oriented Catholicism. As we excuse all but our arbitrary preferences, we then throw out the baby with the bath water so to speak and end up with losing the benefits of an integrated spirituality. The politics of territory becomes reinforced by spiritual one-sidedness.

The result is that, for many, the institutional Church in its daily functioning is losing its relevance and power to meet the whole human condition - that binds us ourselves as much as it does those we seek to serve.

Without a balanced and integrated spirituality across the existing spectrum and without true community, the Church will not be able to minister effectively to the needs of the whole person in the world. One-sided spirituality aids the division between the church and "healthcare".

B. The Crisis

1. We are currently in the throes of a crisis resulting from these four problems fueling the traditional Western divided paradigm of health and spirituality. These result in similarly large gaps between the *possibilities of God's creation* of science and religion, and the *realities* of unnecessary global human suffering. These result in similarly large gaps between Christians and the church, the "healthcare" establishments and the realities of unnecessary global human suffering. The crisis is expressed in different ways in countries both north and south of the Equator.[6]6

[6]6 Christian Medical Commission, World Council of Churches. *Healing and Wholeness: The Churches' Role in Health*. The report of a study. Geneva: World Council of Churches, 1990.

a. Many persons of the South are *suspicious about the existence of any benefits of Westernized commercial and secularized medicine and Christianity*. This is because the tradition has been to largely ignore non-Western ways of looking at the spiritual world and affirming the role of spirituality in health. The so-called "natives" go to church and see the doctor but still hold on to their "native" integrated lifestyle through indigenous beliefs and rituals related to religion and healing.
b. The popular "*one-sided*" approaches to "healthcare" as well as to spiritual living and witness, has to come to terms with problems of justice, resource distribution, human rights, peace and community. This failure has contributed to social oppression, civil war, community violence, racism and inadequate land reform programmes.
c. Those in the grip of poverty find it hard to gain adequate access to potable water, food, immunization and family planning. Poverty in turn is the main contributing factor to preventable infectious and nutritional diseases.

   A more sobering thought is that the HIV/AIDS pandemic is most rapidly proliferating among populations where political disenfranchisement and/or poverty threaten realities such as social and family integration as well as the availability of health education facilities, condom use and medications. Such populations include Sub-Saharan Africa, the Caribbean and African-American minority groups in the United States.

2. The crises in the North and among the upper classes and cities of the South. *The increasing secularization and materialism* of urban life have brought with it the pain and crisis of isolation, separation and feelings of loneliness. This is contributing to the death of the family and community. Secularization, or lack of religious awareness and practice, has led to the decline of a shared awareness of "*what is normal*" and to a growing absence of values in life-style. It has also resulted in a loss of meaning and purpose in life. Hence suicide, drug abuse, incest, family abuse breakdown and violence in the home and on the street are on the rise. So is sexual harassment in the workplace and mass violence in schools.

3. In both settings of the North and South, *the crisis of life-style* or how persons look after their own health is becoming the greatest cause of death. Common problems include death from eating food over-rich in fats, sugar, salt and additives, from smoking, drinking, stress and lack of exercise. One-sided Western "*healthcare" and spiritual paradigms ignore the sanctity of creation*. Thus, neglect and also the rape and pollution of the environment is producing crises of unnecessary disaster, deaths and toxic and infectious diseases. *The commercialization of healthcare* runs the danger of it becoming less available and less "healing".

   Surely we need to examine the non-integrated ways we think about health and spirituality.

II. THE REVOULTIONARY APPROACH OF THE WHOLE PERSON PARADIGM: A DIFFERENT WAY OF THINKING AND ACTION

Over forty years ago, my frustrations with the gaps of dualism and a limited vision in "healthcare" propelled me into theological training and to almost abandon my role as physician to become a pastor. Yet I met an equal frustration in the *dualism and limited vision* of Western Christianity. I felt a "dual personality" split within myself. Thus, I was forced into a quest for a new *"both/and"* paradigm that would integrate health and spirituality. This quest brought me into seeing the need for a Whole Person paradigm that would create a revolution of Caring for the Whole Person in both healthcare and congregation ministry.

A. The Whole Person Paradigm of Science and the Bible

Medical and psychological research has shown the realities of a clear mind-body relationship in disease and health. The connection between the socio-economic aspects of a person's life and the other areas of self and living, have also been clearly demonstrated. This is reflected in Engel's

call for a "*bio-psychosocial*" approach to healthcare.[7]7 Increasingly also, studies are showing that one's spiritual life shares a mutual relationship with both mind and body[8]8 and that spiritual/religious practices can influence better health.[9]9 These situations of a new awareness have all combined to influence a new Whole Person paradigm. *Health now came to mean* ***wholeness****, which is: an integration or harmony between body, mind and spirit, between the individual and others, and between the individual, nature and God as our Higher Power.* Thus, the process of healing involves the restoration of wholeness.

The new paradigm of health in its Whole Person or "total" sense includes the bio-psychosocial perspective of Engel but goes beyond it. *It is not merely the absence of physical or mental disease, but a maximum quality of life called "wellness"*. This wellness includes a spiritual centeredness.

The biblical view has long since informed us that the person is a unified
(or whole) being.[10]10 [11]11 Here, God's action[12]12 as well as the "*Healing"* Ministry of Christ and the Apostles are described as relating to the Whole Person.

The Biblical view of God's salvation is quite different from "the moral and spiritual only" perspective which is too often conveyed in popular language and practice in the Church. Transformation means a change or renewal of one's total self and experience within the life of the Church as a healing community. Thus, the Whole Person approach is not a new paradigm in the true sense of the word. It is one that governed early aspects of Christian missions before the Western paradigm took full command.

Thus for the Church, *the Kingdom of God is not only proclaimed verbally in evangelism but needs to be demonstrated practically in the healing of body, mind and one's relationship to others and the natural environment*. This was the ministry of Christ and His challenge to His

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[7]7 Engel, G.L. "The Need for a New Medical Model: A Challenge to Biomedicine. *Science* 196: 129-136, 1977.
[8]8 Larson, D.B. and Larson, S.S. *The Forgotten Factor in Physical and Mental Health: What does the Research Show?* Arlington: National Institute for Healthcare Research, 1992.
[9]9 Koenig, H. *Spirituality in Patient Care: Why, How, When, and What.* Philadelphia: Templeton Foundation Press, 2002.
[10]10 Genesis 2:7.
[11]11 Luke 2:40.
[12]12 Psalm 10, 3:2-6.

disciples then and now. For healthcare institutions, the achievement of wellness needs to be understood not only in terms of attending to the body or mind but also in terms of the inner search of persons for transcendence through spirituality and religious practices. Thus, *healing must involve not only traditional medical services but also a spiritual ministry*,

Both the workers and institutions of Church and the healthcare system can come to be *partners of a common integrated mission* of Whole Person Healing, involving body, mind, spirit, the social and natural environment and God as our High Power. This will come as both sets of institutions come together as a "multi-disciplinary" team to share not only common strategic roles but also a common Whole Person paradigm articulated from within their strategic contexts and perspectives. *THIS WILL BE THE TRUE REVOLUTIONARY APPROACH OF CARING FOR THE WHOLE PERSON IN HEALTHCARE AND IN THE MINISTRY OF LOCAL CONGREGATIONS.*

III. PRACTICAL POSSIBILITIES OF THE REVOLUTION

What are some of the practical possibilities for the integration of the complementary forces of spirituality and health within church congregations and traditional healthcare institutions?

How can both institutions work together in practice for integration?

A. The Local Church as a Community in Healing

There are practical ways in which each congregation can become a community in healing. We need, first of all, to rid ourselves of the image of the church setting as that of a theatre or stage. The local church should be envisioned as having the same mission as the hospital – *a place, not only for the drama of preaching and ritual, but primarily for the healing of the sick.*

1. God – as Christians understand Him – has given the materials and skills to the local church to carry out a **medical ministry.**

   "Health for all by the Year 2000" was the main goal that the World Health Organization (WHO) had set for this planet. With the many health problems still around us, this goal is

yet to be achieved. What can we do, however, to make this a reality within the shortest possible time? The health experts are saying that justice is necessary for healthcare. Here healthcare is a right rather than being a commodity. This can only come about in the context of integrated communities, where **each person takes responsibility for promoting the health of the other.** Therefore, if all local congregations, worldwide, in every city, town or village, took this mandate seriously and trained at least two members to function as lay community health promoters, health workers, as well as community organizers, there would be a health revolution on this planet. The role of the community organizer is vital to healthcare, as poverty and injustice are the greatest causes of ill-health in the world. *This model of the church member as trained village, suburban or inner-city health promoter, health worker and community organizer is an apt and necessary one.*

2. God – as Christians understand Him- has also given to congregations the human resources to exercise skills in **counseling and mental health services.** In the Bible, the apostle Paul exhorts believers to *"carry each other's burdens"*[13]*13.* Indeed, there are many in our local communities and congregations who are suffering with anxiety, depression, personality problems, control problems, difficulty in marriage, with children, with their job, with finances, with their sexuality and with relationships in general. Spiritual problems such as concerns about the need for commitment to a Higher Power, a loss of faith, doubt, hopelessness, knowing God's will, feeling far from God, also need to be addressed by counseling. Daily also, congregation leaders and members face the crisis of death, divorce and loneliness and daily they need to respond.

   The counseling service is one that can be performed by non-professionals from among ministers and lay leaders, as well as human service health professionals. **All congregation members can engage in informal counseling,** or intentional listening. This could be in settings such as home visitation and on the occasions of life changes, ordinances and religious ceremonies such as the blessing or baptism of children, confirmation of adolescents, funerals and weddings.

[13]13 Galatians 6:2. *Good News Bible: Today's English Version*. New York: American Bible Society, 1966

A counseling ministry needs to involve **fellowship-building activities** in small groups – house groups, support groups and enrichment groups for such as singles, married couples, youth and the elderly. These could also be for persons with special need for support in bereavement and for personal struggles such as mental illness, chronic physical disease, alcoholism, drug addiction and domestic violence. Community is the greatest agent of healing.

3. In Biblical teaching and history, God has given His Church the most powerful tool for Whole Person healing – **prayer.** The apostle James makes it abundantly clear that it is the inescapable duty of elders, and also each member, to pray for the sick in the congregation.

   Each congregation should have groups that intercede for the sick, as well as teams that go out to pray for the sick at home and in hospitals. There should be prayers for the sick in the liturgy of worship services. Indeed, the opportunities for this aspect of a healing ministry are many.

4. The total ministry of the local church as a healing community is not only for its members, but also can be part of a **community-based approach** for the surrounding village, suburban or inner-city neighbourhood or region. This would involve *community organizing* and *socio-political advocacy* for the marginalized. Here, the role of the church is critical.

5. We can be bold enough to say that given the attitude of several oppressive societies, faith communities such as **the church, synagogue or mosque are the main institutions able to generate the total service commitment needed to rehabilitate those most neglected by others.** Such neglected persons would include the poorest of the poor, the addicted, the mentally ill and other homeless persons on the streets all over the world. To what degree is the Church engaging in a ministry of healing to the Whole Person in its congregations and health missions. Medicine and Divine Healing, as well as counseling, mental health and community services are all God's avenues to healing of body and mind, our spirits and our social and environmental problems. Thus all these resources of

God are to be equally honoured and used in our stewardship of healing. This is what it means to have an integrated versus one-sided spirituality.

We need to recognize the multidisciplinary nature of whole person ministry. When this is done, there will be an increase of the much-needed ordination of non-pulpit ministers to serve the needs of whole persons. Also, there will be a greater commitment of churches to the 4 M's that will make these ministries viable and sustainable outside of the pending solely on the often limited state private or insurance funding - **M**otivation for volunteerism, **M**oney through sacrificial stewardship, effective **M**anagement and **M**arketing of the whole person vision. This renewal of the Biblical approach to ministry will return healing faith and a Ministry of Healing to that place of prominence, in the mainline churches, intended by Christ and demanded by both the diversity of human need and the diversity of spiritual gifts to meet these needs.

B. Integrating Spirituality within Traditional "Health" Institutions

In past centuries, the church's theocratic tendencies led to the ex-communication of seminal scientists such as Galileo and Copernicus.

In many ways beginning during the Enlightenment period the separation of religion from medicine and psychology in the West has allowed for an unfettered freedom of scientific pursuit. Thus, it has been the usual practice to keep spiritual issues outside of traditional Western secular healthcare and even to some extent outside of the clinical rooms of mission hospitals and clinics. Nevertheless, medical caregivers are becoming increasingly aware of the need to integrate spirituality into healthcare. One way of doing this is by means of a respectful and ethical inclusion of discussing spiritual issues with patients.

What are some of the reasons why this discussion should take place?

1. *Many patients would welcome this intervention*.

2. Then there is increasing *empirical evidence* already referred to that spiritual belief and religious affiliation and practices, such as prayer, can be beneficial to health.
3. *Religious beliefs can influence medical decisions* especially in situations of serious illness
4. *Some religious beliefs can be damaging to health* and need to be understood and explored.
5. Discussions of spirituality introduce *the Whole Person perspective, a self-directed approach and an enhancement of a relationship of the patient with the caregiver* that are vital to the healing process. Here, the person is no longer an object of intervention, but he/she becomes the central subject of decision-making relating to the health caregiver as a facilitator.
6. Patients experience not only physical pain, but *pain related to mental and spiritual suffering* and to what Christina Puchalski of the George Washington Institute for Spirituality and Health, describes as an *"inability to engage the deeper questions of life"*. Such questions include "Why is this happening to me now?", "What will happen to me after I die?", "Is there a God? If so, will He be there for me?", "Will I have time to finish my life's work?" Compassionate care involves helping patients find meaning in their suffering by addressing their spirituality. This is what true healing is about: accepting one's illness and experiencing peace with one's life. "This healing … is at its core, spiritual".[14]14
7. *The physician can receive personal benefit*. Through their involvement in clinical discussions of spirituality physicians are helped in confronting questions of meaning, value and relationships in their own personal and professional lives, and in recommitting themselves to the cultivation of empathic relationships to their patients.

What are some of the possible roles of physicians and other health workers in integrating spiritual care in traditional Western healthcare? The following roles being listed can be performed even by personnel with no formal spiritual beliefs or religious affiliation[15]15. They include:

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[14]14 Puchalski, C.M. "The Role of Spirituality in Health Care" Baylor University Medical Center Proceedings 14(4), 2001.
[15]15 Puchalski, C.M., op. cit.

- Practicing compassionate *presence*, that is, being fully present, attentive and supportive to the patient;
- *Listening*;
- Taking a patient-centred *spiritual history* (as a screening and decision making tool), as part of the social history in new patient evaluation, on admission to hospital and on health maintenance visits;
- Being *attentive to all dimensions* of the whole person and family;
- *Encouraging patients to use beliefs and practices* that they have found beneficial;
- *Involving professionally trained and certified chaplains* in referral and mutual consultations as members of the multidisciplinary healthcare team;
- *Involving community religious leaders* in similar referrals and mutual consultations;

Physicians and other health workers in public or secular health care institutions *who also belong to faith communities* should initiate only those *spiritual practices with patients that are requested, appropriate and ethical*. This includes avoiding proselytizing as well as initiating prayer only on request from a patient of one's own faith.

C. Church and "Healthcare" Institutions in Collaboration

Though they usually serve the same populations, both local congregations and healthcare institutions have too often failed to initiate close collaboration in their day-to-day services. This is one of the serious neglects in both spiritual care and healthcare delivery. They are not practical as one and the same.

Both the Church through a Healing Ministry, and public and private sector health institutions should form a common bond of collaboration aimed at the promotion of healing for the Whole Person – body, mind, spirit and socio-economic and environmental relationships. Why? It is

because **each of these areas of health affects all of the others**. This means that if a person is to receive help to become well, all dimensions must get equal attention.

Each institution needs to recognize that "treaters" can only do patchwork. The whole person needs "healers". As Christian and other health professionals, when we make the mistake of substituting a materialistic-technical-"treating-the- organ" approach for real healing, then we find that we are limited. So often, I have patients coming to see me for psychological help. They complain, "Doctor, I have a financial problem now. I have been to six or seven different doctors. They have done all the different tests and they have found nothing." That reminds me of the Syrophoenician woman!

But we are saying that healing involves a relationship. The woman reached out and touched Jesus, establishing a relationship with the healer. Healing comes partly because in that relationship there is expectancy: "If I may touch but his clothes," she said, "I shall be whole" (KJV). Healing comes because in that relationship there is the healing power of God. As healers, indeed, we are merely stewards of that power. Even in nature, God has put the power for a wound to heal. We can only work along with that process. We are not God.

So then, what does it mean to be a member of the multi-disciplinary team as a wholistic health professional? It means that one is to be a healer rather than a treater—one who comes to Christ together with the "patient" (i.e., the person whom we serve). The Christian clergy, or other human services health professional who seeks to establish a healing relationship with the needy person, and in that relationship facilitate the latter's own relationship with Christ—that ultimate relationship which leads to wholeness.

Both sets of institutions, through *cross referrals* and *interdisciplinary case discussions*, can work together to examine and address the contributing factors to the disease of the Whole Person. There can also be a *sharing of the resources of knowledge, personnel and materials* in common research and service activities.

The collaboration between the Healing Ministries of congregations and the health programmes of governments and the commercial sector should be both community-based and managed.

The respective agencies should be jointly *working together with community members* to ensure adequate healthcare and health promotion for all.

In all of these aspects of practical collaboration in integrating spirituality and health, churches and healthcare institutions can truly become successfully involved in the revolutionary approach of Caring for the Whole Person. There can also be collaboration at the level of national and regional *Whole Person Health Institutes*. These institutes can be attached to centres of learning such as medical schools or theological colleges. They can also be freestanding. They can serve to facilitate dialogue, research, think tanks, international collaboration and the integration of spirituality and health in professional learning institutions where caregivers of all types are trained.

IV. **WHOSE BUSINESS?**

The revolutionary approach of Caring for the Whole Person is achieved by the integration of spirituality and health *within* the local congregations and *within* healthcare institutions. It is also achieved by practical collaboration *between* both institutions. *The "within" and the "between" must go together and will not be fully successful without each other.* The critical question for the full realization and sustainability of this revolutionary approach is that of "whose business is it?" It is not properly the business solely of the clergyman and his team or the physician, psychologist, social worker and their teams in isolation. *It is properly the business of all those persons and others working together on a multidisciplinary team.* These persons can function as teams *working* ***within*** *and* ***between*** *congregation Healing Ministries, hospitals, Primary Health Care programmes and in private medical centres*. It is through these multidisciplinary teams that cross referral, mutual consultation, interdisciplinary case discussions, sharing of resources and personnel and joint community action can take place. Within and between institutions team members can also influence persons of their respective disciplines in the wider society to understand and practice the whole person approach. These teams can be similarly engaged in the integrating mission of Whole Person Health Institutes.

Interdisciplinary collaboration, to be effective, requires the abandonment of the *politics of territory,* where clergy and physicians, with their respective team members, as well as professionals in other human service disciplines, see themselves as being more important than each other. It will involve integrated wholistic professional formation and continuing education. It requires the capsizing of the *pyramids of hierarchy* where clergy, physicians and other professional caregivers see themselves as being above the laity, non-physician and other non-professional caregivers respectively. Governments, the private health sector, faith communities and other non-governmental service organizations in all countries need to strive for unity and collaboration in policy and in service delivery. Caring for the Whole Person is everybody's business!

V. LESSONS FOR ECUMENICAL AND MISSIONS COLLABORATION

The Christian Medical Commission of the World Council of Churches was able to work closely with the WHO in the 1990's to help established Primary Healthcare.[16]16 Extensive valuable reflections on Health and Healing where collated from Global Consultations.[17]17 There was productive facilitation, information sharing and capacity building provided to regional Church Health Associations. The CMC died in 1992 partly due to issues of political support.[18]18 The contemporary challenge is for the WCC to convince several UN health and development organisations of an empirical basis for the influence of spirituality.[19] [20] [21] Thus ecumenical and missions collaboration can be powerful bridging influence but needs financial commitment, political support and to truly integrate scientific research with a distinctive spiritual advocacy.

CONCLUSION

[16]16 Phiri, I.A. (2014) *The Healing Ministry of the Churches Today*. Christian Responses to Health and Development. Tübingen. pp.6
[17]17 Phiri, I.A. op. cit. pp.5
[18]18 Grundman, C.H, (2014) *The Legacy of Tubingen I*. Christian Responses to Health and Development. Tübingen. pp.23
[19] Phiri, I.A.(2014) op. cit. pp.6
[20] Grundman, C.H, (2014) op. cit. pp.23
[21] Flessa, S. (2014) *The Declarations of Tübingen in the 21st Century: History or Guiding Principles?* Christian Responses to Health and Development. Tübingen. pp. 31

The person divided is the person exploited.

We in the Church are too often preoccupied with maintaining our treasured traditions, structures and bureaucracies. Thus *the needs of persons in our pews, in our streets, homes, workplaces, prisons and hospitals to become whole - in body, mind, spirit and community and in relationship to the natural environment - are not being adequately met.*

Science and technology in themselves are not bringing wholeness. The idealist philosophy of Western thought, developed during the period of history called "the Enlightenment", stresses the **priority of reason and scientific enquiry**. Yet *these too often used in isolation from intuition and spirituality, has also failed us*. So has the Capitalist free market economics. Here the *"human face of policy and execution has virtually disappeared."*

God provides His resources of nature, and also His revealed spiritual wisdom which operates at the centre of our beings. Both these provisions give the empowerment to institutional leaders to channel leaders to the new possibilities of uniting *medical, natural and social sciences* on one hand and miracles of spirituality as well as religious community on the other in order to collectively benefit humanity rather than competing to fragment the person. **The time is now for a global revolutionary approach of Caring for the Whole Person. Let us fight tooth and nail to defend this revolution against its enemies – against the enemy of professional territorialism, one-sided spiritualities against the terrorism of the old ways of thinking, against the enemy of indiscipline in management, against the enemy of the global forces oppressing the poor and most of all, against the enemies of spiritual and medical conservatism and blindness.** The new millennium is upon us, flush with new possibilities. Let all of us; in all the disciplines relating to the human being unite within and between our institutions to rediscover the scientific based and Biblical paradigms of wholeness and well-being and in this way struggle together for the new revolutionary approach to healthcare and religion. Caring for the Whole Person – everybody's business! The time is now!