

“PARTNERS IN SERVICE TO GOD”: TORRANCE’S SCIENTIFIC METHOD IN HEALTHCARE CHAPLAINCY

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Abstract: The author argues that “spiritual” approaches in healthcare are based on a Cartesian dualist outlook that is outdated in a Maxwellian-Einsteinian cosmology. A review of the history of medicine exacerbates the dichotomy between the physical and spiritual aspects of human nature. Thus modern healing has ceased to be seen as religious.

An examination of scientific method suggests that modern science is more congenial to Christian theology than is supposed by Bradshaw and other proponents of spiritual care. Torrance’s doctrine of man is used as an example of how a modern scientific method allows us to regain a proper understanding of the mystery and uniqueness of humanity. The author argues that Torrance’s reconstructed natural theology of man allows healthcare professionals to view each other as complimentary, thus allowing a return to true holistic healthcare.

Key words: Cartesian, Christocentric, dualist, holon, hierarchy, theological science.

Introduction: ‘Black birds’

In a previous article (Ward 2003), the author suggested that chaplaincy has an important part to play in the future of healthcare. Moltmann’s “double strategy” offered a reconciliation between views of chaplaincy as central or peripheral, but the question remains how might chaplaincy construct itself as a theological science alongside the other healthcare sciences. The tension between different disciplines is illustrated in an etching, *circa* 1820, which depicts three outlandish figures in black garb huddled together in animated discussion: a physician, a lawyer and a minister, unflattering ‘Black birds.’ (Porter 2001: fig. 52). It is easy to imagine the figures, their dress indicative of their exclusive and elevated calling, engaged in rational debate. Alasdair Macintyre might have had contemporary ‘black birds’ in mind when he wrote:

“Managers and therapists... are seen by themselves...as uncontested figures, who purport to restrict themselves to the realms in which rational argument is possible – that is, of course, from their point of view to the realm of fact, the realm of means, the realm of measurable effectiveness.” (Macintyre 1985: 30)

If, however, we find a utilitarian focus for healthcare chaplaincy wanting, the place of the chaplain in healthcare requires a proper theological *method*. Only then, this author suggests, will chaplains be

able to move the debate in healthcare forward beyond “the realm of measurable effectiveness”.

The patient experience

Indeed, patient literature appears to widen the gulf between the Enlightenment view of medicine and contemporary *experience* of disease and healing. Levison (1999), whilst inevitably accentuating the experiential aspects of disease, treatment and recovery, implicitly acknowledges a divide between spiritual and physical care. His “experience of the fragility of the body and also at times of the mind” (Levison 1999: 31) implies an acceptance of the Cartesian model that is spelt out by Ferguson.

The medical model [of healthcare] is based on Cartesian dualism...so we can see the body as a piece of mechanics, and treat it as such, without reference to the mind. It has given us many blessings...However, it leaves many areas unexplored and therefore undeveloped. (Ferguson 2002: 15)

The experiential aspects of healing may not be so simple, however, and these will be examined later. Such is the power of the medical model that inevitably one is tempted to draw precisely the kind of distinctions that Levison and Ferguson have made between physical and spiritual care. Thus the doctors are called in to administer physical healing and the

chaplains are validated in their role in administration of spiritual care.

Similar assumptions are prevalent in nursing literature. Spiritual care is compartmentalised, and in the culture of so-called holistic care of the last two decades, is separated from but complimentary to physical care. Bradshaw's (1994) model still supposes one can look at the spiritual dimension independently of the physical, a view reiterated in the 2002 SEHD Guidelines (NHS HDL 2002).

Scientia generalis and scientia speciales

The last century has seen profound changes in the foundations of thought. If Barth and Bultmann were anxious to draw a sharp line between the theological understanding of the world in the light of Jesus Christ and its investigation by the scientist, Thomas Forsyth Torrance recognised that the new scientific outlook opened up fresh vistas for theology. With the limitations of Newtonian cosmology exposed by quantum physics, Torrance suggested that theology now finds itself in the throes of a scientific culture that is curiously *not* antithetical to it but which operates with a non-dualist outlook consistent with the Christian faith. Theology now possesses the framework in which it can re-evaluate itself as a *scientia specialis*, in which the kind of theological questions that are asked, including those of healthcare chaplaincy, are appropriate to the nature of the object, God. Theology has no need to apologise. *Scientia generalis* and *scientia specialis* are two modes of the same procedure. The former is dependent upon the latter. Medicine, for example, could not be what it is but for the plethora of individual medical sciences with their own languages and frames of reference.

So medicine itself, like theology, may be in a transitional phase. The history of medicine since the Enlightenment can be seen as a shift from the *theatrum medicinae* akin to a quasi-religious morality play to a number of pathological *scientia speciales* in which disease is localised rather than holistic. Clinical skills that had relied more upon the patient's account than any perfunctory physical examination now utilised Laennec's stethoscope and the technique of auscultation. The doctor was listening primarily to bodily functions and not the patient (Porter 2001: 89-90), detracting yet further

from a holistic approach. All the while mechanical Newtonian philosophy offered its seal of approval. Clockwork thinking was the order of the day. As in the "secularisation of matter", so in the secularisation of the human body: iatromechanism, the theory advanced by two Scottish doctors, Pitcairne and Cheyne, cast the human body as a system of pulleys and levers and pipes, governed by the laws of hydraulics. "Healing", to quote Porter, "had ceased to be religious" (Porter 2001: 149).

As a consequence, the caricature of the physician as depicted in 'Black birds' was soon to change. Products of the 1815 Apothecaries Act, the new general practitioners were presented to the public as nothing less than heroes: Trollope's eponymous *Dr Thorne* or Lydgate, the doctor-hero of *Middlemarch*, are in stark contrast to the negative image of clergy in Victorian England. The physician 'black bird' now had the language and the clinical skills to set him apart from the other two professions.

"Partners in Service to God"

Unlike Barth, Torrance sees theology and the natural sciences as interactive disciplines, each with their respective language and subject. But it is specifically his doctrine of man that mutually affirms the role of the doctor and the chaplain in reconstructing a complimentary view of healthcare, through which the concept of natural and theological sciences as "partners before God in service to God" (Torrance 1980: 6-7) is best evaluated.

In keeping with his Christocentric understanding of creation, Torrance maintains that the model for the basic structure of humanity is Jesus Christ. His doctrine of man thus owes much to the Hebraic tradition in which mind and body are indivisible. The incarnation, death and resurrection of Christ, taken together, affirm our contingent existence as embodied soul. They expose and heal our broken nature, for only by living in union with God is humanity fully human and personal. It is fundamentally a *relational* doctrine. That is not to say the soul or creaturely being is deified. Rather, the Spirit of God humanises and personalises us, confirming our creaturely reality whilst allowing us to grasp knowledge of God through our contingent nature. As there is no division between spiritual and physical in nature, so also in man. Our creaturely relations thus represent a created corre-

spondence to the uncreated Trinitarian relation with God.

For Torrance, the essential unity of the created order allows both the natural and theological sciences to be perceived as revealing the rationality of the universe in manners appropriate to the subject. There remains a Christological focus – “Christ is thus like a lens, allowing us to see the created order in its proper light” (McGrath 1999: 219) – through which the world and humanity are perceived. If theological and natural sciences are mutually grounded upon contingent reality, then an analysis of the notion of the *ordering* within the world by scientific investigation will lead us to the concept of redemption from disorder. Thus Torrance’s Christological focus sets a doctrine of atonement within the wider natural creation.

Herein lies the fundamental essence of Torrance’s doctrine of man: not only has humanity been created in God’s image, but redeemed from its disorder, humanity now takes on a redemptive mission to nature. Christian theology must regard man’s God-given role in natural scientific enquiry... not only to be the constituent element in the universe whereby it unfolds and expresses its inherent rational order, but to be the instrument under God whereby physical evil and disorder are rectified... to serve the whole created order. However, it is only as man himself is healed of his own inward split that he may exercise a truly integrative and re-ordering role in the world... (Torrance 1981: 138)

So in Torrance’s natural theology, his doctrine of humanity sums up his rejection of dualism whilst reaffirming his Christological focus: redemption and creation, spiritual and physical healing, the world of the physician and the theologian are brought together as *partners in service to God*.

The hierarchical model of man

Torrance illuminates his natural theology by extensive references to Polanyi, particularly to what I shall call the Koestler-Polanyi model of the holon or organic hierarchy. This model (Koestler 1949, Polanyi 1958) sets out a ‘hierarchical universe’ (Polanyi) or ‘evolutionary hierarchy’ (Koestler) that focuses upon the physical and life sciences respectively but which, not surprisingly, share the same features. The laws and structures of the higher levels of the hierarchy are dependent upon those of

the lower levels, though they cannot be reduced to them. So, for example, the higher level of *purpose* cannot be discerned by the lower level of *functionality* though the latter is controlled by the former. Hence the necessity for the questions of science or medicine to be appropriate to the subject matter: to be *literally* on that level. Questions of purpose cannot be asked by those operating according to the laws and language of a lower level within the hierarchy.

Perhaps Torrance’s selective focus upon the physical sciences has not allowed him to fully explore the implications of his theological method in relation to the life sciences. But, as Barth had his Safenwil and Torrance his Beechgrove, so for the chaplain the doctrine sketched here must be honed in the turmoil of the hospital ward or the quietness of the hospice room.

Theological method in healthcare

The absence of doctrinal uniformity is, if we accept Campbell’s (1986) thesis, a defining feature of our time. Therefore it would be naïve to suggest that healthcare chaplaincy could, or even should, embrace any specific doctrine. But the *methodology* by which Torrance encourages his readers to engage with God and the world guards us against the incipient individualism of which Campbell is so critical, bringing us alongside those who offer their medical and clinical skills. Authority, as Campbell suggests, may well rest upon our ability to be fellow travellers and companions with those whose skills treat the human body.

The Koestler-Polanyi hierarchical anthropology allows the healthcare chaplain, *à la Torrance*, to predicate a theology of healthcare on the *method* that every reality is to be investigated *kata physin* – that is, according to its own distinct nature or its own level within the multi-layered hierarchy. Healthcare chaplaincy can, and from the Christological standpoint *must*, apply its own method of enquiry and its own language as a theological discipline alongside the medical *scientia speciales* whose methods of enquiry and language are equally valid. *Holistic healthcare must not be a “lowest common denominator” fusion of different methods and disciplines.*

Certainly, the natural theology that places man at the centre of the hierarchy, the linchpin through which God’s redemptive action is discerned, will go some

way towards countering the “self-inflicted obsolescence” (Torrance 1975: 272) that has marred the Church’s witness. For unless we recognise the right of theology to operate within its own subject matter and ask questions of man pertinent to the level of reality upon which the theologian operates, the temptation to translate the message into questions pertinent to a lower level of the hierarchy – where no purpose or meaning can properly be discerned – will be difficult to resist. To paraphrase McLuhan, it is easy for the Church to mistakenly think that the medium *is* the message, with the church erroneously playing a role opposite that of scientists. And chaplains to doctors perhaps? The problem of losing the distinctive and Christocentric language of theology is that it leads to what Polanyi famously called “moral inversion”: for the healthcare chaplain *a meritorious chaplaincy dispensing spiritual goodness, helping therapeutically but not properly addressing itself to the subject matter appropriate to its discipline i.e. God*. If the Church is not well served by such a model, the world too is the poorer: for how can there be a true return to holistic healthcare without accepting an underlying view of man that is at once spiritual and physical? Yet this itself *presupposes* the new scientific method outlined above.

Conclusion: *kata physin* and holistic healthcare

Returning to the patient’s experience, we find that Torrance offers fresh insights into what one patient called “a connectedness to something much bigger than me” (Ferguson 2002: 24). It is for the chaplain, in the rightful language of theology, to articulate the connectedness in terms of the Koestler-Polanyi-Torrance axis of wholeness and healing. Experiential opposition of immanence against transcendence – “I have now come to believe that what is important is not how God acts towards me, but how he acts in me” (Ferguson 2002) – can be lessened by adopting a model of humanity that does not hold one view against another. Healing within, and healing without, are equally valid in their own terms. In mental healthcare, there are signs that what Foskett calls “the mental health industry” is beginning to adopt a hierarchical model that validates *both* psychopathology and spirituality (Foskett 2001).

In physical medicine, the picture is different. What does the application of a rigorously scientific holistic model of humanity have to say of the tendency, exacerbated by technological advances, to fit patients into pre-designed and rigid clinical criteria that are inherently inflexible? Invariably, subjects are shoehorned into data items to be completed by the clinician or nurse, not *vice versa*. Does theological science have something to say about patient care that goes beyond clinical pathways? Or is healthcare to remain comfortable with the inverted perception of an outdated scientific method that divides the physical from the spiritual?

One possible *rapprochement* between a rigidly clinical practice and the hierarchical practice advocated here may be through the empowerment of patients and an appreciation of the healing force of humour and communication. Campbell and Swift’s recent study echoes the author’s view of the danger of reducing patients to clinical stereotypes. Their study also suggests a *relational* model affirming the kind of characteristics, which, in the Koestler-Polanyi model of humanity, draws the human person upward in the hierarchy towards a sense of wholeness (Campbell and Swift 2002). *Thus the theological foundation of a hierarchical model of humanity creates the conditions by which proper holistic healthcare may flourish.*

No doubt the reader can call to mind further implications of accepting a scientific theology that takes into account the unique nature of the human being and proposes a complimentary of disciplines, medical and theological, through which a proper understanding of the human body in its physical and spiritual *wholeness* will emerge.

Does this, as Dorrien believes, place too much of a role upon *understanding*? Is the “inward split” in humanity reconcilable *only* through God’s self-revelation? But then Torrance himself would rather be seen as the instigator of further questions rather than providing the answers. Throughout his work, he retains an emphasis on the mystery of humanity that, in part, addresses those who suggest, “Torrance’s theological project is permeated by the atmosphere of the physics lab” (Dorrien 2000: 163). Does Torrance’s obvious enthusiasm for ‘the anthropic principle’ of Creation, or his awe at the beauty of Clerk Maxwell’s electromagnetic field theory, really negate Barth’s emphasis that God is holy, hidden and myste-

rious? The healthcare chaplain can still share in Torrance's wonder at the miracle of humanity, and find in the life sciences data that challenge mechanistic views of the human body.

These are questions to be framed in the light of a scientific method that has laid to rest the popular dualism of mind from matter and enables us to understand man at the centre of a God-created and ultimately mysterious universe. The 'black birds' may talk different languages, but they compliment one another. Each testifies in his own way to the divine mystery of the universe, through which man understands and is understood, heals and is healed.

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