

Detachment, hope, and spiritual understanding: A comment on Bernie S. Siegel's *Prescriptions for Living*

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My long experience in medicine has shown me that doctors generally do not know how to talk to patients, especially in situations involving serious illness. The broad accusations that doctors are impersonal, callous, cold, distant, noncaring are the most obvious signs of the problem. Today the situation has been intensified by the threat of lawsuits for malpractice and negligence. There is always the invisible third party sitting in the office – the attorney, and once doctors are made to be self-conscious by this invisible presence, they become afraid of saying the “wrong” thing. The results are locutions even more than usually mechanical and insensitive to the patient’s needs.

In the following comments, I want to offer an approach for remedying this problem – an approach that I view as a guide for healing – and I take as my point of departure Dr Bernie Siegel’s discussion of “detached concern” and “false hope” in the Summer 1999 *Advances*. In his comments (excerpted from his recent book *Prescriptions for Living*), Siegel defends himself and his message of “love, peace and healing” against critics who say that the proper stance of a doctor is one of “detached concern” – Siegel says it should be one of caring – and who assert that Siegel gives his patients “false hope” when he emphasizes the positive. Siegel says he always tells them the truth of their situation and still gives them hope. “You can give hope and teach survival behavior in the face of uncertainty,” he writes. “No one will ever criticize you and say, ‘You gave me hope, made

me laugh, taught me to love and I died anyway.’”

Clearly, Siegel seeks from his heart to help his patients. Surely the same can be said about many doctors who oppose Siegel. But both, I believe, are following wrong, though divergent approaches in their relationships with their patients. The relationship I propose here is based on my understanding of healing and the healing relationship that I have learned through nearly forty years of clinical work in the realm of the mind and the arena of mind–body medicine, both as a psychiatrist/psychoanalyst and, eventually, a practitioner of integrative medicine as a student, initiate, and practitioner of what I call Western Spiritual Medicine. By this I mean that I write and practice as a believer in God and a follower of the Hebraic contribution to medicine. Elements of this contribution (which I discuss in my book, *Healing into Immortality* [1994]) will emerge from my comments.

The views I hope to elucidate in my comments are as follows: Unlike Siegel, I believe in detached concern – an element, I maintain, of true love – but not the detached concern of Siegel’s critics. Again unlike Siegel, I would remove “hope” from the armamentarium of doctors, but I do not want to substitute for hope, which Siegel’s critics call false hope, the “false reality” of most doctors. In my view, uncertainty is the essential ground and focus of all spiritual practice and understanding. It is in uncertainty where profound change can occur. I believe that the task of physicians (and educators)

is to teach patients (and students) to practice uncertainty in the midst of uncertainty. To give false hope, to create any false uncertainty or illusion, is to derail the healing process.

Detached concern

I start with a tale about a “spiritual” physician.

An old Arabian sheikh dies and leaves his three sons 17 camels. He has stipulated that the oldest son should get half the camels, the second son a third, the youngest son a ninth. The three sons are in a quandary. How can they divide 17 into a half, a third, or a ninth?

They finally go to a sage in their community for help. He listens to their story, ponders it for a moment, then tells them that he will lend them his camel to help them solve their dilemma. He asks only that they return the camel if and when they have no further need for it.

They go home with the camel, and now they have 18 camels. The eldest son takes his half, or 9 camels; the second son takes his third, or 6 camels; the youngest son takes his ninth, or 2 camels. Nine plus 6 plus 2 equals 17. The sons have fulfilled their father’s wishes, and they return the 18th camel to the sage.

This tale is a paradigm of the healing relationship as it is understood from the side of spirit and as it may be applied in the “doctor–patient relationship.” The sage agrees without hesitation to help the “sufferers” in their plight. He is immediately available without questioning the motives of the supplicants. He lends what he has without being concerned about it, much less caught up in the outcome or result of their situation. He is detached with regard to what happens and is focused squarely on giving a helping hand in the moment. He is interested only in rendering service, and asks no remuneration. He gives unstintingly without conditions or strings, other than to say that the camel be returned to him whenever it is no longer needed. He relies on the perplexed to solve their own dilemma and does not presume to be an authority or an expert about their situation, nor does he feel impelled to give a prognosis, nor does he introduce any hope about a future outcome. In

short, he loves the three young men who seek his help. He welcomes them openly and embraces their being without judgment in an atmosphere of unconditional acceptance. These elements are all aspects of true love, which also includes detachment and concern.

The basic difference between the attitude of detached concern that doctors supposedly show and that Siegel would replace with care from the heart, and the attitude that I have described is this: physicians, almost without exception, are intensely concerned with adhering to some ideal goal that their treatment/intervention must accomplish. This goal may be for the patient to become well or at least improve or any other variety of aims the doctor (including Siegel) feels the patient must fulfill. But this attitude and belief system actually impedes cure and healing because, in essence, the supposedly detached concern of doctors in fact supports their interests in results. In this context concern means concern about the patient’s outcome or eventual welfare, which is quite the contrary of detachment.

Siegel suggests that he is not interested in outcome, only in serving the patient as best he can. I do not doubt his good intentions. But we can see that he fell into standard-setting in *Love, Medicine and Miracles* when he defined what he termed the “exceptional cancer patient.” Such standard-setting creates an “in group” and an “out group.” In other words, it expresses a form of conditional love. Any ideal or standard to be met speaks to a conditional relationship. True love speaks of no strings, no contingent dependencies, no conditions to be fulfilled, nothing to get back. It is not hard to imagine that a person rejected for acceptance in a group called exceptional cancer patients would experience such a rejection as a severe, even devastating blow.

The sage of my story has detached concern. But his state of being is anchored in his understanding that detachment means creating a space of freedom. Creating a space where the other is free to be who and what that person is in a framework of uncontested freedom of choice and where it is understood that the chooser has responsibility and accountability for that choice, is an act of true, pure, unconditional love. This act emulates in the

human, microcosmic relationship what God did in the macrocosmic setting when, according to the mystical tradition of Kabbalah, God, who was everything everywhere, constricted Himself in an act of pure love to allow the space for the created world to come into existence. Without creating such a space, freedom cannot happen, and creation cannot occur. Without this creative possibility, healing, which is to say wholeness and health, cannot take place.

This said, I agree with Siegel that in modern usage the term care or caring might be a more apt term than concern. Caring is related to charity itself, an aspect of giving that is intimately connected to/with love.

False hope

In adding a religiouspiritual dimension to the practice of medicine, the ancient Hebraic tradition made it eminently clear that the moral-social dimension was directly connected to the physical-emotional status of the individual. The mechanism of how this works speaks directly to the wrongheaded character of Siegel's use of hope – and, indeed, of any and all of the prognostications offered by the medical community in general.

To give hope, to suggest or announce what will happen, is to talk into the future – that is, to offer assumptions and anticipatory statements about an illusionary existence called “the future.” When the future is evoked in the form of expectations, many undermining factors impinge on an individual patient in at least three spheres – the moral/social, the physical/emotional, and the mental.

Here is what I believe is happening in each of these spheres from my spiritual and medical perspective. I should say that I am not such an innocent that I expect easy acceptance of some of my remarks, particularly the first, but I want to be entirely clear about my outlook and understandings.

- In the *moral/social sphere*, talk of the future creates a graven image in violation of the second commandment, which dictates the proscription of graven images. When a physician gives or denies

hope, “false” or not, the patient's mind etches an expectation. The patient is thus thrust squarely into the future, thereby trespassing a boundary into the realm of God, who is the caretaker/guardian/owner of the future. No person can know the future; to encourage a belief (or a feeling) that it can be known is to put a patient in the position of kneeling, in effect, before a false god.

(I should add that there are instances where a false hope given as lie – itself proscribed by the ninth commandment of not bearing false witness – can be said to save a life. I know of a woman who lived nine years with “terminal” cancer. She had told her family: “If I have cancer, don't tell me or else I'll die.” They managed to keep the knowledge from her for nine years, and when it came to her attention unwittingly, she died almost immediately.)

- In the *physical/emotional sphere*, whenever an expectation goes unmet – for example, if the patient seems to be getting worse – disappointment sets in followed by blame, either of oneself or the other, in this case, the doctor or the medicine. What ensues is a distressing emotional state: anger, fear, anxiety, guilt, any combination of these, or any derivations of feelings such as worry, despair, and consternation. Within one to 72 hours of these disturbing emotions, there is a physical symptom and/or addictive craving. (I believe that any attentive doctor can testify to this phenomenon.) The activation of a symptom then creates another disappointment, and the cycle starts over again, making healing more and more impossible. (In situations in which no diagnosable disease exists at first, the chronicity of the cycle will ultimately eventuate in one.)

- In the *mental sphere*, through a process associated with what has happened in the other spheres, a mental emergency state is set up. A gap appears between what is offered and what in fact is occurring. What happens next is an event I have witnessed many times. An inner crisis is created, and there is a concomitant chemical outpouring in the body: insulin, glycogen, steroids, adrenaline, thyroxin, pituitary hormones, lactic acid are all

pouring into the system. All of these elements eventually break down and become poisonous metabolites that have to be cleaned out of the body by the lymphatic system and the immune system.

Continuous expectations of the future – future mongering – leads to continuous metabolic breakdown, leading to eventual burnout of the lymphatic and immune systems, leading to continuous decay and disorganization of our being, eventuating in death.

As it says in Deuteronomy: at each moment we are faced with choosing the path of life or that of death. In Western spiritual terms, focusing on the future, the illusory realm, is siding with the forces of death. My experience (and I would say, my success) in clinical practice has demonstrated to me that the path of life – in this instance, the truth of the present – much more often than not is truly the best medicine. The truth, as I see it in these medical instances, is that the doctor does not really know what the future holds and should not presume to arrogate to him/herself the role of God, that is, of predicting the future and so creating a false idol (which, unfortunately, sometimes becomes the doctor).

Siegel responds

Let me start by saying that I have stopped “defending myself.” I share my experiences and beliefs. I will try to be brief because being misinterpreted for 25 years and explaining what I am saying over and over again gets tiring. I am, however, pleased to stir the thinking of others and see Epstein’s comments in print. I have learned that criticism polishes my mirror.

I use the term “rational caring” to replace “detached concern,” and I use statistics to help people make decisions, but an individual’s outcome is not related to statistics. Hope is a memory of the future, and the future is not only in God’s hands. God uses many tools and helps those who help themselves. There are many people alive and well today who were given no chance of a cure by physicians. I do not deny our mortality but

In sum: It is necessary in my view to have a clear spiritual source/understanding/practice that is applied to the field of therapeutics called medicine. Such a perspective can point out to us errors in living in general and errors in the delivery of health care in particular. This understanding also brings sharp clarity to the insufficiently understood area of the doctor–patient relationship.

Siegel has issued an important call to his colleagues to take stock of their ministrations. Nonetheless, I feel that his and their understandings, seemingly so different, need to be more deeply thought out, especially when conveying intrinsically important issues as love and hope to a general audience. This needs as much precision and depth of understanding as possible so that the audience is not misled, misdirected, nor worse yet, becomes alienated from the dimension of Spirit that is so critical to acknowledge to regain the freedom and wholeness that have been given to us as our birthright by God.

Reference

Epstein G 1994 *Healing into Immortality*. NY: Bantam (Reprinted 1997; NY: ACMI press)

use the fact that we are here for a limited time to help people save and live their true lives and derive the benefits of the change.

I also come from a Jewish background and study Kabbalah, but how does that help agnostics, atheists, and fundamentalist Christians? These people need answers of a different kind and from different sources, which I have studied too. I have been called Satanic and occult in parts of our country because I use imagery and meditation and Satan could take over our images when our eyes are closed. Not to mention the people who know God is punishing them and that they deserve to die. So sometimes I give a lecture based on the words of another Jewish healer, Jesus. “If you do not bring forth what is within you, it will destroy you. If you bring forth what is within you, it will

save you.” That is a quote by Jesus from the Gospel of St Thomas. The message is age-old, and let us all wake up to it.

Believing God is in charge of the future, Epstein can create the same guilt pattern he says I create. Kabbalah tells us we are God’s vessels and reflections of the divine light and when enlightened may choose to see the face of God and death or turn away and use our wisdom to help others.

Next, I am criticized for excluding people by having exceptional patients. When only 8 women out of 100 patients with cancer respond to a letter inviting them to join a group and attempt to live a longer, better life, my wife thought that it was an appropriate term. Why didn’t 500 people appear? Guilt, shame, blame, and fear are the answers, related to the experiences with parents, teachers, and religions. If someone wins the academy award or is voted most valuable player, does that stop others in their field from trying? I never exclude anyone. Come to my home, answer my phone, read my e-mail and regular mail, and you will see what I mean.

Epstein’s article is, as he says it is, related to his beliefs and views, and I believe they are limited also. We see what we are living. To focus on the future, he says, is “siding with the forces of death.” I teach people to live in the present and pay attention to their feelings. The body participates in their choices in the here and now, but the future and death are great motivators. We know people live longer when looking forward to meaningful events. I preach that the only way to be immortal is through love. It is the only thing of permanence.

I agree we need to incorporate spirituality and the patient’s life experience into our practices. I agree this needs to be thought out for a general audience so that we deal with their experiences and beliefs. Medical information needs to become medical education. As a surgeon I have experienced things that Epstein hasn’t, and that pain changed me. I also realized we are all the same color inside and that a scalpel can be used to heal or wound. Just as our WORDS can become WORDSWORDSWORD ... SWORDS.

For the people I work with, God is a resource not a punisher, and disease is a loss of health that we look for together. Beating a disease is not about

curing it or living forever but realizing the Talmud’s message, “He who rejoices in the afflictions which are brought upon the self brings salvation to the world.” Helen Keller’s writings and life are a good example. I teach survival behavior and what I have learned from people facing afflictions, addictions, or life-threatening situations. We are all capable of being exceptional, but it takes the same thing it takes to get to Carnegie Hall. As the old joke says, “Practice, practice, practice.”

What we doctors need is a dialogue to show that we do have some goals in common, particularly the well-being of our patients. But if doctors show detached concern and display posttraumatic stress disorder, it isn’t going to happen. We can’t just think we must all learn to feel.

Thank you, Dr Epstein, for your thoughts, and I hope you do stir some changes in those who are hurting and have the courage and inspiration to seek healing. But remember, not everyone believes in God, so quantum physics and astronomy become important too. Intelligent, conscious, loving energy can help atheists, and the quantum physicists tell us desire and intention alter the physical world, thus causing things that would not normally occur if they were not desired and that this is not simply hoping or wishing for something. Since astronomers and Kabbalists agree the universe came from Ein Sof or the undifferentiated nothing, we can all take advantage of its wisdom and become resistant to disease the way bacteria learn to become resistant to antibiotics. The human body is an awesome thing that when combined with spirit and soul can do some amazing things.

Let us devote ourselves to human potential and not misinterpretations, personal beliefs, rules, and regulations. I live in the moment. Rehearse peace, love, and healing daily. Ask my family, patients, and coworkers to criticize me so that I may get it right in my life time. The only thing I detach from is judging others.

Love is a wonderful affliction when it blinds and a powerful force when it eliminates enemies. I learn from children and animals, who are more complete than adults are. I owe much to Don Quixote and Lassie, my role models. So in their name, Dr Epstein, I love you and wish you peace, love, and healing.