

# SPECIAL ISSUE ON HEALTH

WE GO TO PRESS during the fifth month of the pay-dispute between the British Government and health service workers.

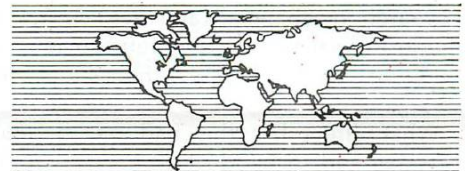
It is the attitudes of people—employees, patients and politicians—to each other and to the National Health Service which will ultimately decide whether the NHS remains viable.

However the current dispute is resolved, certain challenges will remain. These include the re-establishment of trust and harmony among all NHS employees, and between the employees and the Government; a willingness to eliminate waste and unnecessary demands on facilities by all who work in or benefit from the NHS; and the fair treatment of those who cannot take industrial action without risking people's health.

If these can be achieved the NHS will not only retain the respect of the world but also show a way forward for other large-scale enterprises. ■

# NEW WORLD NEWS

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An evening with Dr Paul Tournier: 'Our task, then, is to help doctors escape from their scientific prison.' See page 4.



Pay-protest—workers of the British National Health Service (NHS) taking part in a day of action organised by the Trades Union Congress. With more than one million employees, the NHS is Europe's largest employer.

## THE NHS—A MIRROR TO THE NATION

by Dr John Lester, Birmingham

HEALTH IS NOT A RIGHT, it is a gift. Many agonise over the nature of illness, and its purpose. Yet for all the suffering which it has inflicted on humanity it has been one of the anvils on which the concept of care has been hammered. Illness brings out the best in the human spirit not only in those who suffer, but in the family which cares for the ill and bereaved, and in the attendants who over the centuries have learned to couple the instinct for care with professional skills.

Through ingenuity and hard work certain diseases have been conquered—smallpox, for example. Surgeons have advanced their skill so that now no part of the human body is out of bounds to the knife. Others have worked for



Dr Tournier was addressing an international health conference at the MRA centre in Caux, Switzerland—conference report, page 6.

better housing, safer water supplies, or have raised money and built hospitals. Others have spent years training in a variety of skills to give individual care.

The British National Health Service was a bold step forward for it sought to make the caring services available for all. It asked everyone to pay not for their own health but for everyone's—the opposite of an insurance scheme in which each person takes responsibility for himself.

So something of great worth appeared—a service in which the poorest and least significant could command the attention of the very best of the profession if they were sick enough to need it.

The growth of the health services is an important and encouraging part of the human story. But it has developed a cancer of its own—the materialism which uses illness to make money or gain power.

As well as the Nightingales, Listers and Flemings have appeared the charlatans and the greedy. Whilst most gained the just reward which a grateful society offered for a task undertaken on its behalf, others sought to maximise their own gain.

What effect has this had on the current situation? Personal and social idealism have been distorted through the increasing linking of reward to service. For it is a hard fact that a spirit of care, which is a universal human response, and demand for reward are incompatible bedfellows. The moment care is dependent on reward it ceases to be true care. Reward does not diminish the value of care to the community but demand for reward threatens the continuing supply of care, for it poisons its source.

## Hospice

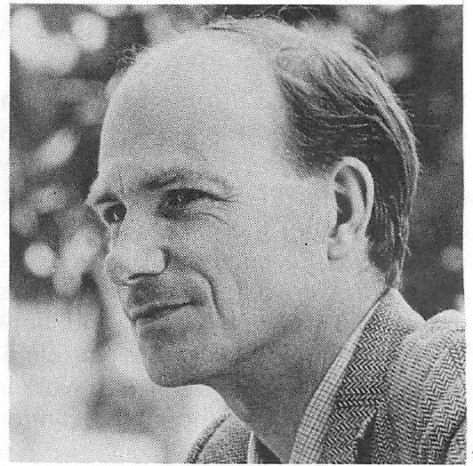
My wife began doing voluntary work at a local hospice. A clergyman's wife said, 'You must be mad to do it without being paid.' But she is lucky in a way to be able to do voluntary work for the scope of it has diminished with the welfare state. Many cottage hospitals which were provided for through endless jumble sales, coffee mornings and local philanthropy have been taken over by successive governments and then closed because they are 'too expensive and not viable'.

Before the NHS, consultants gave a large proportion of their services in the big city hospitals. It had the disadvantage that not everyone got the treatment they needed. But it reinforced in the profession the policy that they had a calling to give their talent to people irrespective of reward. Medicine was one's life, not one's job. Hours and effort were spent as needed and not counted though, it should be said, rewards were often substantial.

In recent years it was the doctors who began the struggle to have their services weighed in order to have their rewards increased. The result has been that many hospital doctors are paid a basic salary plus overtime payments. This undercuts the whole concept of a profession.

When doctors took action against a Labour government—and now the ancillary staff are taking action against a Conservative government—lasting damage was caused. The damage is not primarily to the patient but to the spirit of service. For what people are saying is, in effect, 'I care—but there are limits to that care and I am prepared to withdraw it even though it threatens the well-being of others.' The justice of the cause does not alter the result of the action.

The general public however in tut-tutting at this erosion of care must recognise that it mirrors the growth of ma-



Dr John Lester

terialism in us all. For the service is in danger because of all our attitudes to money. Successive governments have wanted to hold wages down partly because costs of health are soaring so much and no one has known how much people are prepared to pay for the health of the nation.

The question facing us now is, are we still prepared to fund the health of all through the National Health Service even if it means we have to pay more? Do we believe that the little old lady should have the best medical care if it means we have less to spend on ourselves?

On the whole, materialism tries to have it both ways—the best care for all as a principle, but the maintenance of your own standard of living as a right. This is not possible.

The NHS is the repository of some of the best of our individual and our corporate values. I submit that this is why it is under attack and in ferment.

If we should fail to uphold care as a virtue what would it mean for society? The opposite of care is violence. The society which rejects care embraces violence. We may think that the current dispute is political but its roots touch the soul of our nation.

Each person faces a fundamental choice about what sort of society he or she wants—one based on care, or one based on materialism.

## CAN'T BUY ME CARE

by Dr Lewis Mackay, London

I USED TO CURSE shop assistants who were too busy talking to each other to serve, or bureaucrats whose language I could not understand. Then I realised that I might, like them, be looking through some people without seeing them.

Could this have anything to do with the problems of the National Health Service? They go deeper than an x per cent pay rise or so many billions of pounds. Whatever pay is finally agreed, bitterness will linger. There is much that can be put right that does not depend on money alone. Is part of the trouble that some of the 1.2 million health employees feel not just underpaid but neglected, that all the glamour rubs off on the nurses or surgeons?

Reflecting on what I could do as an individual doctor about the current dispute, I came up with three simple

steps. The first was to pick up contact with trade unionists in the NHS I already knew.

The second idea was to get to know by name those people I meet in my contacts with hospitals. It is easy to take for granted the person at the desk who answers questions. Instead of rushing on to the next thing, I have begun to get to know the laboratory technician who takes the samples for examination. The first time I asked a porter his name he said, 'Why do you want to know? I'm not important.' I said, 'You are important and what you do is important.' He told me his name and I shall look out for him on my next visit.

The final idea was to stop next time I passed a picket and find out what the strikers felt. So I asked two young men who were on the hospital gate keeping supplies out what the strike was about and when it would end. 'We haven't been told,' was the answer to the second question. Two of the other unions had ended their local action but these men had not yet been seen by their leaders. How had they decided to come out on strike? Volunteers had been called for at a meeting. These two were representing others. At first there had been a levy to make up their pay but this was petering out. They felt victimised. Was there any way in which the NHS could save money on supplies? Oh yes, there was unnecessary waste.

Could the ideas of such workers be welcomed? I once asked a hospital porter if he knew how to save money. He got up and turned off the light. At any time, he said, a third of the lights burning in that hospital were not needed. There had been a bonus incentive scheme for people who made useful suggestions but it had been axed for shortage of cash. He was convinced that it would have saved more than it cost.

Do the public and government know the feelings, frustrations and hopes of the laundry workers, tea ladies and technicians in the Health Service? Could more be done to build teamwork and friendship? Could everyone consider how to save beds which are occupied by road accident victims, alcohol or other drug addicts and would-be suicides? It is not enough to blame one side or another, or to pretend that cash alone will fix everything. There will never be enough to meet every demand.

The current dispute in the NHS is a chance to bring into Britain a new spirit of genuine concern for the less fortunate, including those overseas who cannot have pure water let alone a heart transplant. Unselfishness can begin at the grassroots as well as at the top. ■

## NHS's unique chance

THREE NURSES, two physiotherapists, three dieticians and a bacteriologist, signed the following letter which has appeared in three papers in Britain:

'The current emphasis on the difficulties, as against the achievements, of the NHS is undermining this reputation and damaging the morale of those who work in it. In this it reflects a general problem of the country.

'As a group representing various professions in the health service, we believe that a new spirit must be generated which could set a pattern for other industries. This spirit is one of caring and understanding. It means looking after

people's spiritual, emotional and material needs. It is seen at work in the quality of care for each other, as well as the patients. For us this is a practical reflection of our faith in God.

'We meet regularly to encourage ideas and to support each other's concerns about everyday work. We commend the positive value of such supportive units and should be interested to hear of other people's views.

'We believe that by demonstrating the importance of teamwork based on care, the NHS is in a unique position to be a trendsetter for other industries.' ■

Three of the signatories to the above letter were among British participants at the international health conference in Caux reported on page 6. They are shown here talking with Egyptian participants: (l to r) Dr Suzan Banoub, lecturer in nursing, Egypt; Dr Omnia Marzouk, Egypt; Mary Joan Holme, student physiotherapy teacher, Britain; Yvonne Kaleniuk, dentist, Britain; Aisha Murad, Professor from Egypt where she pioneered physiotherapy and physical education; Philippa Burrell, nurse, Britain.



Prince Charles, President-elect of the British Medical Association, sent a message for the Association's 150th anniversary. It read in part:

## TOTAL CURE

'I think the members of the medical profession should be reminded occasionally that the words "healing" and "holy" come from the same original idea of "making whole".... There is a sense, I think, in which medicine today tends to be more and more chemistry and less and less healing in the classical sense. I do not for one moment wish to decry the chemistry because we owe it too much, but I do not want to do it the disservice of pretending that it is the whole answer to the voice of the physician's calling. It can never deal with the sickness of the spirit proliferating with horrific swiftness all around us. What is the modern physician's response to the stricken spirit who comes to him with his sick soul disguised as an ailment of the body? Does he allow the faith in him to reawaken the faith in the patient; to join his chemistry for the total recovery of body and spirit?... Paracelsus wrote that "the whole world is an apothecary's shop and God the apothecary in chief". It seems to me that the lack of psychological insight—into the unconscious being of man—is possibly one of the saddest neglects of modern medicine. Has it perhaps been forgotten, too, that the oath which binds a physician pledges him both scientifically and religiously?' ■

Swiss physician and author PAUL TOURNIER addressed doctors, nurses, dentists and specialists in several branches of health care who were attending an international health conference in August. It took place as part of the summer assembly for Moral Re-Armament in Caux, Switzerland. (See report on page 6.)

Introducing his talk, Dr Tournier paid tribute to the initiator of MRA, Frank Buchman. 'To him I dedicated my first book, *Medecine de la personne*. God inspired this man, and it is largely through him, his friends and fellow-workers and now all of you that my life has been made fruitful and that I have been able to bring this new perspective to the medical profession.'

Dr Tournier then described the transformation which had come in his life and that of his family as a result of making 'an honest experiment', listening in silence for God's direction.

We print extracts from Dr Tournier's informal talk:

## WHEN DOCTORS DARE TO BE HUMAN

FOR THE LAST 50 YEARS I have been faithful to this notebook in which I write down the thoughts that come to me. I often missed a daily time of quiet, especially in earlier times, but since my wife's death eight years ago I have not missed a single day. This is the basis of my life. All who have thanked me for my books are aware of this. They sense how much I owe to this life of silence and service in which I meet people and they open their hearts to me. In this way I discovered how immense are the problems of living to be found in everybody. I remember saying to myself one day, 'It's frightful, the secrets, the terrible burdens in everybody's life.' We doctors examine, observe or make a medical diagnosis, but there is another diagnosis to be made. I began to sense the important effect on health of all these problems of living. Illness rarely comes by chance, much more rarely than people think. It has often been building up for years. There is a link between health and all these problems of living which people carry within themselves, looking for help, for an answer, but not knowing to whom to turn.

In the medical faculty we are taught pathological anatomy, physiology and the symptoms, pathology, psychology. Our training covers the whole of medical science. All over the world there are thousands and thousands of doctors who see only material scientific factors. This is of course necessary. You understand that I am not against science, far from it. But this is only the visible side of the moon. Besides the objective half there is the other half. Many doctors glimpse intuitively that a great number of illnesses are the expression of some tragedy within, some hurt, failure or conflict between husband and wife. But how are they to put their finger on it? They do not know what help they can bring.

You do not help people with advice. What does help them is what helped me, to meet people who speak concretely of their hurts, difficulties, obstacles, refusals and escapes.

Doctors are afraid to see a problem emerge which they cannot answer. They fear an illusion. They must be helped to see that to help the process of cure you must first help the patient express himself and get things off his chest. In so doing, a person is set free.

This was my own experience. I was a general practitioner, a family doctor, and thought I knew my patients well. Then suddenly they began to talk to me on a deeper level. How deep that level is depends on how available we are. I was struck at once by how many of these problems concerned the choice between rebellion or acceptance. Hurt always evokes rebellion, and the answer always lies in acceptance; but you never help anyone by saying, 'You must accept.' It is a delicate task, to get the doctor to understand that there is a connection—not a chain of material cause and effect but a spiritual connection—and that acceptance by our patients comes from our acceptance of our own personal difficulties.

### Let patients speak

One doctor did a great deal, much more than I, to help doctors understand the importance of people's personal problems. Michael Balint was a Hungarian psycho-analyst, a refugee in London at the time of Hitler. When I read his works, I said to myself, 'That's what I've been doing for 30 years!' I have often said to my medical colleagues: 'You are always asking questions. That way you will only get a scientific dossier. For once let people speak, let them speak freely, for an hour if need be. They alone can tell you what their personal problems are.'

That is how I began. Often, when patients began to talk a little, I would catch the scent of the problem and say to them, 'Look, perhaps this consultation is too short; there are people waiting. Come back and see me this evening by the fireside, not as doctor and patient but man to man.' By the fireside there was a quite different atmosphere.

Nevertheless, there was one clear difference between Balint and myself. Psycho-analysts remain men of science. They wish to see problems purely objectively. I must admit, they have been very kind to me. They summoned me and asked, 'How do you go about it?'

'I don't know,' I replied.

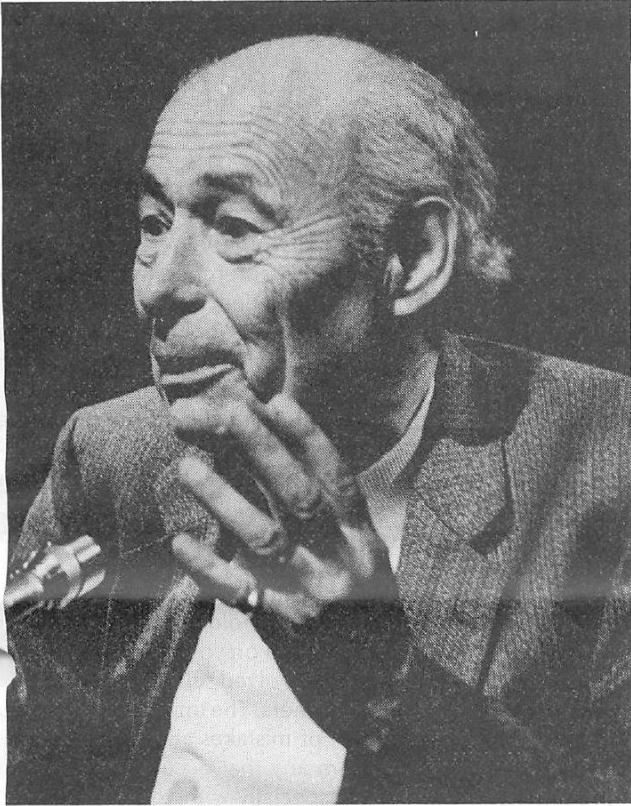
'Well, what is your method?'

'I don't have one.'

That staggered them. They were embarrassed by the fact that I broke one of the fundamental principles of psycho-analysis, the doctor's moral neutrality. My habit of speaking of my experiences, even of my faith, really threw my colleagues. For I was going against the first rule laid down by Freud and his successors. It had been explained to us that we had to be like a blank screen on which the patient could project any picture that he wished. This meant that there must be no picture already on the screen. So at the start there was a Tournier problem.

### Step down

Who came to my defence? Professor Flournoy was one of the first Swiss psycho-analysts immediately after Jung and Freud. In an article in the international review of psychology he wrote: 'Dr Tournier is criticised for failing to be neutral and even declaring his own convictions sometimes. Let us admit that we all do it.' He quoted Charles Odier, another psycho-analyst, who used to say, 'Sooner or later the doctor must step down from his scientific pedestal and become



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Dr Paul Tournier

human again.' Psycho-analysts showed a breadth of outlook which was not shared by all Christians. I much appreciated this.

Balint remained silent, but he saw that doctors have so much to do with so many patients that the lengthy interview must be the exception. Quite recently I read a book on which Balint had worked shortly before he died, entitled *Six Minutes for the Patient*. That, it seems, is the rhythm in England, the average length of a consultation. The problem which Balint and his wife raise is this: How can doctors practise a medicine which goes deeper? He invented a new expression which struck me. It was the word, *flash*. There is no definition but everyone understands. At any moment there may be a *flash*, a genuine encounter between doctor and patient. Now this *flash* must be something which is not rational or scientific. It is an impact, a feeling, which personally I would call communion. Indeed sometimes there is this feeling of encounter without a single word being said—*flash!* Balint and his wife say, 'It's unforgettable.' There they are, on the brink of the irrational, but they hesitate to cross the gulf because they have always had implanted in them the duty of remaining objective. His word, *flash*, reveals a flirtation with the irrational. He grasps that the missing element in medicine is something not scientific, a chance for each person to expose his own problems, to try living differently. This can happen in an instant even during a six-minute consultation. Here is something which eludes objective analysis. Is it an encounter between two—or three? As I see it, there is a divine reality in a *flash*, even when it happens between a psycho-analyst with no faith and a patient with no faith. 'Not everyone who says, "Lord, Lord"....'

Neither patient nor doctor forgets the *flash*. It is an experience, something you live. Naturally Balint would say that it is a psychological experience. I maintain that it is a spiritual experience, a moment in which God speaks; and

then people are set free from a burden of the past.

Our task, then, is to help doctors escape from their scientific prison. That does not mean that they are no longer men of science, but they must understand that medicine is more than science.

*Flash* touches not only man's psychological side but also his religious side. I can always say to myself, 'This patient is sent to me by God. He has problems which God can solve, not I.' I must welcome him and be ready for that personal encounter. This requires that the doctor step down from the pedestal of science. This is the meaning of my evenings by the fireside, and what Balint intended in his longer consultations or in his *flash* interviews.

There is a *flash*, I maintain, when there is genuine give and take. The scientific attitude is the opposite—on one side there is the person who knows, and on the other the person who knows nothing. There is no symmetry when the doctor knows and gives orders and the patient has only to obey. We doctors know more about pathology, but the patient knows more about his illness than we do.

## Meaning of illness

Now, what does an illness mean? I cannot objectively diagnose the meaning of a life or of an illness. Medical diagnosis is something objective and scientific. But all answers to questions of meaning are for the patient himself to discover. The more our patients quest for the meaning of their illness, the greater is their need to express themselves—and they do not need to be told answers. It is not for me to tell that patient what his illness means. I can only speak of my own search for meaning. This is a difficult question to tackle and one must realise that you may discover answers after the event, sometimes several years after. The patient says, 'Now I see—it led to this lesson.'

Often the meaning comes clear only later; but first of all there has to be an act of faith. We have to trust that there is a meaning. Either nothing has meaning, or everything has meaning. If the world has meaning, then so has each one of us. This requires a different approach from the objective one. The doctor must carry out his duty as a man of science who knows what the patient does not know; but he must also accept one condition, that there is something which the patient knows and he does not; that the patient's pain is made twice as severe by the problems he turns over in his heart through sleepless nights. How many people say, 'What can I have done to God that such trouble should come to me?' So many patients have come to talk to me about this problem of guilt, often imaginary guilt. 'Why don't you go and talk to your doctor about it?' I ask them. 'Oh, he never has time.' Time is never the problem.

## Give and take

So a change is needed in the doctor. Balint himself speaks of a change required in the doctor—a very small change but essential. In this connection he mentions only that openness of spirit which makes one aware of personal problems. But there is also a deeper change needed. The doctor must not only be the observer of psychological problems; he must also adopt an attitude of 'give and take', so that he can speak openly of his own problems. This is what makes the *flash*, the real personal contact—and it is very difficult for a doctor, for a man even more than for a woman.

Many doctors seek for this vital personal contact. They

would like to discuss; but you can discuss the concept of personality all your life without finding a vital contact with people. I explain to them: 'You can discover this only when you open yourself.'

'Oh, and how do you do that?'

'All right, this evening you will talk to us about your own life.'

I come back later and find my colleague sitting in front of a blank sheet of paper with drops of sweat on his brow.

'So, professor,' I say, 'it's no good?'

'Well, I have nothing to say.'

'What? You've lived 40 years without anything happening?'

'Of course, like everybody else, I drink my coffee in the morning, I do this and that, but nothing that could be of interest to anybody.'

What a way to drive down all one's feelings! Then I try to help him. 'Didn't you lose a son when he was 20?'

'Oh, I can't speak about that,' he cries. However, he finds the courage he needs, and the whole atmosphere of the evening is changed.

## Price to pay

Doctors feel quite at home in their role as scientists. Their contact with the patient involves no emotion. Yet this is the price to pay. There is not only the patient who must take this road; there is also the doctor who must have the attitude of a brother and overcome his own fear of emotion. Then there is a vital personal contact, through which we learn much. Indeed, everything I have put in my books is what I have learnt from my patients. They need someone to whom they can bring their inner dramas and all their doubts, someone to whom they can say everything. How many people have said to me as they left, 'I've been looking for that for 20 years.' The price we have to pay is to be willing to come out from the thicket where we hide behind our scientific attitude, so as to establish a vital personal contact. For this we must do our utmost.

## Come to life

I remember a story told me by my friend Jean de Rougemont, a surgeon in Lyon. After a year in a clinic, his son had died of a sarcoma. It was a terrible experience for the surgeon to watch his son for 12 months moving slowly nearer to death. Then one fine day in the same room where his son had been, he found a little old lady who had lost her daughter and was inconsolable. She was completely closed with no more taste for life. He tried to console her with words, but it was no good. Would he speak to her of his son? If there was anything private and intimate, it was that. Finally he said, 'You know, here in this room my own son died.' Next day the little old lady got up, put on her best skirt, a little powder on her face, and her hat, and went out in the street. She had come to life again.

I must admit I am afraid of meeting patients, just because I have no technique. How convenient it would be to have one! You would only have to switch on the machine. But what counts is what happens in us, and that means what happens between God and us. In the time of silence, in listening to God you discover bit by bit, in spite of the difficulties, the problems in you which prevent that vital contact. When we speak of the 'medicine of the person', we think of the doctor's personal involvement, not just the patient's. ■

# CAUX CONFERENCE HEALTH AND A SICK WORLD

BELGIAN PROFESSOR of neurosurgery Joel Bonnal, spoke to those attending the health conference in Caux of the need to be fully available to patients. It was sometimes quicker to give a patient a prescription than to do a proper investigation but 'it costs a great deal less to take an extra one-and-a-half hours examining a patient than to make a wrong diagnosis'. He never put a time limit to an operating session by fixing an appointment for immediately afterwards. Then he was not under pressure of time. Some of his operations took twelve hours, much of the surgery done under a microscope. Working under pressure could lead to poor results.

Professor Bonnal said that he aimed to challenge his students—future neurologists, psychologists and surgeons—to excellence. 'You must be tough on yourself and then you can be tough on others.' This involved self-criticism. 'We all make mistakes, doctors like others. The important thing is to keep down the proportion of mistakes and for us doctors and our teams to learn from any that occur. That requires the humility to be honest, especially with yourself. As soon as you become proud of success, you become distant from your colleagues and can even become blind to your own failures.' He had found that those students from whom he had required the highest standards and the greatest efforts had come up to his expectations and 'never counted the cost in time or effort'.



Professor Joel Bonnal

Sheena Sciortino from Malta gave insight into 'the meaning of illness'—one topic of the conference. Illness, she said, had brought her face to face with reality. She had been suffering from high blood pressure and was feeling desperate at not being fully able to cope with their busy home. One day she asked a visiting friend, a Franciscan monk, to pray. 'He prayed about my fears. I was rather shocked as I did not realise I had any.' She had sought God's guidance on this and was later struck by the thought, 'This constant tension and anxiety is mostly concern about how well you are doing, judging yourself by other people's standards.' She suddenly recalled a long-forgotten incident of rejection as a child, and realised that she was afraid of being despised and rejected. She went on, 'Then it came to me that it was all so unnecessary. I was loved by God. I must turn to Him in my despair because I could not break the feelings and tension

which gripped me. I was responsible to Him. I asked Him for an experience of His love and of Himself. So I am learning to turn to Him and to accept His inner leading hour by hour. As a result,' she told the conference, 'my blood pressure has gone down.'



Gardner

**Sheena Sciortino**

*Omnia Marzouk, an Egyptian doctor, said that she could easily be critical of corruption and favouritism in her country, 'but it is another thing to live the high standards that I expect of other people and of my leaders and not just be one more complaining voice.'* Recently she had returned \$100 pay which she had received in error, even though she had often done unpaid overtime. Two days later she unexpectedly received \$900 pay for this overtime.

Professor Aisha Murad from Cairo, the pioneer of physiotherapy and physical education in her country, said that she had always been very busy but had now learnt the value of taking a disciplined time of quiet each day 'to listen for what God wants me to do'.

The presence of people from Lebanon was a reminder that a sick world needed healing. A lawyer from Beirut, one of nine Lebanese taking part, told how he had refound his faith in God after facing his own sinfulness. 'Nothing can take away from me that sense of inner victory,' he said, referring to the severe trials he had faced during his country's difficulties. 'With others I try to work for reconciliation. It is often dangerous. We often feel helpless before the enormous problems but we have an unshakeable faith that those who allow God to rule their lives can create needs of hope.' ■

*KARIN MOBERGER is a lecturer on the ethics of medicine at the University of Linköping, Sweden. The following is taken from a talk which she gave during the health conference in Caux:*

## QUESTION OF LIFE

MOST OF MY STUDENTS are nurses. In my course, we constantly wrestle with the question of the meaning of life, including suffering. The question that most troubles nurses is how to handle suffering and death. When you speak about this, you have a most attentive audience.

Many in the West believe that life is meant to be pleasant, comfortable and happy and that you should have every chance to develop your personality. When illness and

suffering enter our lives, we feel utterly helpless.

Suffering poses a paradox. In the first place, it is meant to be fought against with all that we can offer. The skill and thoughtful care which are traditional to the medical and nursing profession are invaluable gifts to humanity. On the other hand, suffering is meant to be accepted. I think that the philosophy that suffering is in itself good for your soul is basically dangerous. However suffering is part of life. You cannot get away from it. To love someone means to suffer. To ask forgiveness, which is a necessary part of life, is very painful. If you want a life without suffering, cruelty lies near at hand. History gives many examples of this.

A severe illness threatens or removes most of the things you value. This challenges you to think out which values are indestructible in your life. You do not, of course, automatically become a saint through illness. It can make you more self-centred, demanding and blind to the needs of others. Psychiatrists tell us that when people are faced with dangerous disease, death or bereavement, they react with anger, fear, depression, protest or refusal to face the facts. They have to look at these feelings honestly and wrestle with them if they are to find an answer. This is also true for those who are caring for them. Inadequate honesty about your feelings leads to lessening of social empathy. In other words, if you do not open your heart to your own feelings, you will close it to the hurts and needs of others.



Gardner

**Dr Karin Moberger**

I think it is important to realise that illness does not have one single meaning which you can give to people like a special medicine with all the other treatments. There are at least three possible elements in the meaning of an illness. First, if you have an illness as a result of a wrong way of living, its meaning is obviously to tell you to live differently.

Secondly, illness can enable you to give new heart and vision to those around you. I had an uncle who was blind and paralysed with Parkinson's disease. His courage and grace made a deep impression on me.

Finally, many people do not want to face facts about themselves. Often they have to come up against a seemingly blank wall in order to face some necessary truth and find new direction. Some years ago, half of my face became paralysed. In my work, I meet new people all the time. It takes all I have to teach, persuade, convince and captivate them. I felt sure that a disfigured face would repel people, especially the youth, and I felt I just could not face meeting them. Then I had a clear thought, 'Until now you have always wanted to identify with successful people. From now on you are meant to identify fully with those who fail and are neglected.' My face healed. But the wall in my heart, between those I had found interesting and worthwhile and those I had not, had been broken down. Through that illness, I had found an unexpected gift of love. ■

The writer lives in Southern Africa:

## Draining the poison

I HAVE RECENTLY RECOVERED from an illness which my family, friends and even my doctor expected to be fatal. I was certainly in a state of mental and physical collapse, and I was dead spiritually. All I knew was that I was drowning in a sea of fear. Though I had committed my life to God many years ago, I could not find Him. I knew deep down that He did exist, but He was far away. When I stretched out my hand, I could not find His.

What had brought me to this state? First, I had had to leave my charming flat because the rent had been raised beyond my means. On my family's advice I moved to live in the same house as my granddaughters.

Unfortunately, I came to believe that my grandchildren, aged between 17 and 22, had transferred their love to another old lady. In my heart I accused her of stealing their love. I felt, too, that they paid more attention to a house-guest than to me.

Also, after some bad falls, I was having agonising pain in my back. X-rays proved that I had arthritis, osteoporosis and wedge fractures in the base of my spine. I was given all the right treatments, but I was convinced that I would be crippled. Because the pain was so severe, I spent most of my time in bed. I felt that I had lost my family's love just as I was facing a crippled existence, and I was desperately afraid. I also felt that I was a burden to my son who had to give all his time and energy to his farm.

## Deserted

I was sick throughout one night. The doctor put me in hospital the next morning. I lay there, lost, miserable, afraid, feeling utterly deserted and, it was believed, dying.

Yet I was found to have nothing worse than I had suffered before. My spine even showed some improvement. After a few weeks I was discharged from hospital and taken back to the farm. There I lapsed completely into mental confusion and physical inertia.

Due to the great kindness of my family who had endless patience with me, and no doubt my friends' prayers, certain thoughts began to penetrate the mists of my mind. Where mere sympathy had very little effect, straight talk along with real caring did. More than one person suggested that my problem was self-concern that had accumulated like a poison through the years and was now finally destroying me. They were right—I was indeed destroying myself.

The mist began to clear from my mind. My whole life unfolded before me as if on a screen. I saw that since my mother's death when I was eleven I had been full of self-concern and fear, easily resentful if my husband, family and friends did not fit in with my pattern of life.

I was sorry for those many years of wrong attitudes. I apologised where possible, particularly to my family who never ceased to care for me. I resolved to forgive where resentment seemed justified. As I humbly faced my past, my mind began to work normally again. My body responded, too, so I can now walk and eat, and my worst pain has gone.

Fear and pain often grip me still but now I can put out my hand and find that God is there to take it. Though the pain sometimes remains, fear goes. ■

A student writes:

## Peace breaks out

FOR THE LAST four years I have suffered from an undiagnosed illness. By chance, a few months ago, it was discovered that my blood sugar was low. I felt sure that this was the root of my problem; I seemed to have many of the symptoms of a hypoglycemic. I underwent the necessary test, which was unpleasant, only to be told that my blood sugar was normal.

I was stunned. How could God do this to me, I asked myself. I simply could not understand it. It was so unfair! I was neither ready nor willing to face the possibility that I might never know what was wrong, and that I might never be wholly well.

I cried many tears of anger, bitterness, frustration and hurt. I pushed God right away. Yet, strangely, through it all I was conscious of God's love. It was as if He was saying, 'Go ahead and feel all these things. They are a necessary part of coming to terms with the uncertainties of the future. I will still be here when you're through.' He did not seem to be pushing me to turn to Him, to accept my illness and uncertainty with a smile and a 'Thy will be done'.

Finally, I told Him that I did not understand, that I did not want to be ill for the rest of my life, not even knowing the cause. Things did not change dramatically, but I felt a peace which has stayed with me. I still do not understand—maybe I never will. But somehow it does not matter any more. I shall walk with Him hand in hand, one step at a time. ■

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