

Health is Membership

THE COMMUNITY IS
THE SMALLEST UNIT OF HEALTH

From our constant and increasing concerns about health, you can tell how seriously diseased we are. Health, as we may remember from at least some of the days of our youth, is at once wholeness and a kind of unconsciousness. Disease (dis-ease), on the contrary, makes us conscious not only of the state of our health, but also of the division of our bodies and our world into parts.

The word *health*, in fact, comes from the same Indo-European root as *heal*, *whole*, and *holy*. To be healthy is literally to be whole; to heal is to make whole. I don't think mortal healers should be credited with the power to make holy. But I have no doubt that such healers are properly obliged to acknowledge and respect the holiness embodied in all creatures, or that our healing involves the preservation in us of the spirit and the breath of God.

If we were lucky enough as children to be surround-

ed by grown-ups who loved us, then our sense of wholeness is not just the sense of completeness-in-ourselves, but is the sense also of belonging to others and to our place; it is an unconscious awareness of community, of having-in-common. It may be that this double sense of singular integrity and of communal belonging is our personal standard of health for as long as we live. Anyhow, we seem to know instinctively that

Plain

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health is not divided.

Of course, growing up and growing older as fallen creatures in a fallen world can only instruct us painfully in division and disintegration. This is the stuff of consciousness and experience. But if our culture works in us as it should, we do not age merely into disintegration and division, but that very experience begins our education, leading us into knowledge of wholeness and of holiness. I am describing here the story of Job, of Lazarus, of the lame man at the pool of Bethesda, of Milton's Samson, of King Lear. If



our culture works in us as it should, our experience is balanced by education; we are led out of our lonely suffering and are made whole.

In the present age of the world, disintegration and division, isolation and suffering seem to have overwhelmed us. The balance between experience and education has been overthrown; we are lost in experience, and so-called education is leading us nowhere. We have diseases aplenty. As if that were not enough, we are suffering an almost universal hypochondria. Half the energy of the medical industry, one suspects, may now be devoted to "examinations"—to see if, though apparently well, we may not be latently or insidiously diseased.

I believe that the community—in the fullest sense: a place and all its creatures—is the smallest unit of health and that to speak of the health of an isolated individual is a contradiction in family or community or in a destroyed or poisoned ecosystem.

So far, I have been implying my beliefs at every turn. Now I had better state them openly.

I take literally the statement in the Gospel of John that God loves the world. I believe that the world was created and approved by love, that it subsists, coheres, and endures by love, and that, insofar as it is redeemable, it can be redeemed only by love. I believe that divine love, incarnate and indwelling in the world, summons the world always toward wholeness, which is ultimately reconciliation and atonement with God.

I believe that health is wholeness. For many years I have returned again and again to the work of the English agriculturist Sir Albert Howard, who said, in *The Soil and Health*, that "the whole problem of health in soil, plant, animal, and man [is] one great subject."

We speak now of "spirituality and healing" as if the only way to render a proper religious respect to the body is somehow to treat it "spiritually." It could be argued just as appropriately (and perhaps less dangerously) that the way to respect the body fully is to honor fully its materiality. In saying this, I intend no reduction. I do not doubt the reality of the experience and knowledge we call spir-

itual any more than I doubt the reality of so-called physical experience and knowledge; I recognize the rough utility of these terms. But I strongly doubt the advantage, and even the possibility, of separating these two realities.

What I'm laboring against here is not complexity or mystery, but what I take to be an absurd and destructive dualism. I would like to purge my own mind and language of such terms as *spiritual*, *physical*, *metaphysical*, and *transcendental*—all of which imply that the Creation is divided by fault lines into "levels" that can readily be peeled apart and judged by human beings. I believe that the Creation is one continuous fabric comprehending simultaneously what we mean by "spirit" and what we mean by "matter."

Our bodies are involved in the world. Their needs and desires and pleasures are physical. Our bodies hunger and thirst, yearn toward other bodies, grow tired and seek rest, rise up rested, eager to exert themselves. All these desires may be satisfied with honor to the body and its Maker, but only if much else besides the individual body is brought into consideration. We have long known that individual desires must not be made the standard of their own satisfaction. We must consider the body's manifold connections to other bodies and to the world. The body, "fearfully and wonderfully made," is ultimately mysterious both in itself and in its dependences. Our bodies live, the Bible says, by the spirit and the breath of God, but it does not say how this is so. We are not going to *know* about this.

The distinction between the physical and the spiritual is, I believe, false.

On January 3, 1994, my brother, John, had a severe heart attack while he was out by himself on his farm, moving a feed trough. He managed to get to the house and telephone a friend, who sent the emergency rescue squad.

The rescue squad and the emergency room staff at a local hospital certainly saved my brother's life. He was later moved to a hospital in Louisville, where a surgeon performed a "double bypass" operation on his heart. After three weeks John returned home. He still has a life to live and work to do. He has been restored to himself and to the world.

He and those who love him have a considerable debt to the medical industry, as represented by two hospitals, several doctors and nurses, many drugs, and many machines. This is a debt that I cheerfully acknowledge. But I am obliged to say also that my experience of the hospital during John's stay was troubled by much conflict of feeling and a good many unresolved questions,

and I know that I am not alone in this.

In the hospital what I will call the world of love meets the world of efficiency—the world, that is, of specialization, machinery, and abstract procedure. Or rather, I should say that these two worlds come together in the hospital, but do not meet. During those weeks he was in the hospital, it seemed to me that my brother had come from the world of love, and that the family members, neighbors, and friends who at various times were there with him came there to represent that world and to preserve his connection with it. It seemed to me that the hospital was another kind of world altogether.

When I said earlier that we live in a world that was created and exists and is redeemable by love, I did not mean to sentimentalize it. For this also is a fallen world. It involved error and disease, ignorance and partiality, sin and death. If this world is a place where we may learn of our involvement in immortal love, as I believe it is, still such learning is possible here because that love involves us so inescapably in the limits, suffering, and sorrows of mortality.

When John was in intensive care after his surgery, his wife, Carol, was standing by his bed, grieving and afraid. Wanting to reassure her, the nurse said, "Nothing is happening to him that doesn't happen to everybody."

And Carol replied: "I'm not everybody's wife."

In the world of love, things separated by efficiency and specialization strive to come back together. And yet love must confront death, and accept it, and learn from it. Only in confronting death can earthly love learn its true extent, its immortality. Any definition of health that is not silly must include death. The world of love includes death, suffers it, and triumphs over it. The world of efficiency is defeated by death; at death, all its instruments and procedures stop. The world of love continues, and of this grief is the proof.

In the hospital, love cannot forget death. But, like love, death is in the hospital but not of it. Like love, fear and grief feel out of place in the hospital. How could they be included in its efficient procedures and mechanisms? Where a clear, small order is fervently maintained, fear and grief bring the threat of large disorder.

And so these two incompatible worlds might also be designated by the terms *amateur* and *professional*—*amateur*, in the literal sense of lover, one who participates for love; and *professional* in the modern sense of one who performs highly specialized or technical procedures for pay. The *amateur* is excluded from the professional "field."

For the amateur, in the hospital or in almost any other

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encounter with the medical industry, the overriding experience is that of being excluded from other knowledge—of being unable, in other words, to make or participate in anything resembling an “informed decision.” Of course, whether even doctors make informed decisions in the hospital is a matter of debate. For in the hospital even the professionals are involved in experience; experimentation has been left far behind. Experience, as all amateurs know, is not predictable, and in experience there are no replications or “controls”; there is nothing with which to compare the result. Once one decision has been made, we have destroyed the opportunity to know what would have happened if another decision had been made.

Still, in medicine, as in many modern disciplines, the amateur is divided from the professional by perhaps unbridgeable differences of knowledge and of language. An “informed decision” is really not even imaginable for most medical patients and their families, who have no competent understanding either of the patient’s illness or the recommended medical or surgical procedure. Moreover, patients and their families are not likely to know the doctor, the surgeon, or any of the other people on whom the patient’s life will depend. In the hospital, amateurs are more than likely to be proceeding entirely upon faith—and this is a peculiar and scary faith, for it must be placed, not in a god, but in mere people, mere procedures, mere chemicals, and mere machines.

It was only after my brother had been taken into surgery, I think, that the family understood the extremity of this deed of faith. We had decided—or John had decided and we had concurred—on the basis of the best advice available. But once he was separated from us, we felt the burden of our ignorance. We had not known what we were doing. One of our difficulties was the feeling that we had utterly given him up to what we did not know. And John spoke out of this sense of abandonment and helplessness in the intensive care unit after his surgery when he said, “I don’t know what they’re going to do to me or for me or with me.”

As we waited and reports came at long intervals from the operating room, other realizations followed. We realized that, under the circumstances, we could not be told the truth. We would not know, ever, the worries and surprises that came to the surgeon during his work. We would not know the critical moments or the fears. If the surgeon did any part of his work ineptly or made a mistake, we would not know it. We realized, moreover, that if we were told the truth we would have no way of knowing that the truth was what it was.

We realized that when the emissaries from the oper-

ating room assured us that everything was “normal” or “routine,” they were referring to the procedure and not the patient. Even as amateurs—perhaps *because* we were amateurs—we knew that what was happening was not normal or routine for John or for us.

That these two worlds are as radically divided as they are does not mean that people cannot cross between them. I do not know how an amateur can cross over into the professional world; that does not seem very probable. But that professional people can cross back into the amateur world, I know from much evidence. During John’s stay in the hospital there were many moments in which doctors and nurses—especially nurses!—allowed or caused the professional relationship to become a meeting between two human beings, and these moments were invariably moving.

The most moving, to me, happened in the waiting room during John’s surgery. From time to time a nurse from the operating room would come in to tell Carol what was happening. Carol, from politeness or bravery or both, always stood to receive the news, which, as I said, was always reassuring, and which always left us somewhat encouraged and somewhat doubtful. Carol’s difficulty was that she had to suffer the ordeal not only as a wife but as one who had been a trained nurse. She knew, from her own education and experience, in how limited a sense open-heart surgery could be said to be normal or routine.

Finally, toward the end of our wait, two nurses came in. The operation, they said, had been a success. They explained again what had been done. And then they said that, after the completion of the bypasses, the surgeon had found it necessary to insert a “balloon pump” into the aorta to assist the heart. This possibility had never been mentioned, nobody was prepared for it, and Carol was sorely disappointed and upset. The two young women attempted to reassure her, mainly by repeating things they had already said. And then there was a long moment when they just looked at her. It was such a look as parents sometimes give to a sick or suffering child, when they themselves have begun to need the comfort they are trying to give.

And then one of the nurses said, “Do you need a hug?”

“Yes,” Carol said.

And the nurse gave her a hug.

Which brings us to a starting place.

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