

Introduction

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Paul Tournier and Medicine of the Person

Dear friends,

Many participants have asked us to include more about Paul Tournier and to talk about his life and his practice, in the form of an introduction to the conference.

Who was Paul Tournier? How did he arrive at medicine of the person?

And

What did he mean by 'person' in 'Medicine of the Person'?

Few amongst us knew him or came into contact with him personally.

That is why I am going to briefly present Paul Tournier and above all allow him to speak for himself. In a talk he gave in Zurich as if by chance on his 84th birthday, he in effect described his life from childhood onwards and talked about how he became a doctor of the person.

Tournier was born on 12th May 1898. His father, Louis Tournier, who was 70, was a poet, writer and pastor at Geneva Cathedral. He was overjoyed at the birth of his son, but he sadly died 2 months later. Paul had a very intimate and affectionate relationship with his mother and with his sister Louise who was 4 years older than him. But they also lost their mother very early, when Paul was six. He said, '*That was a terrible blow for me, and I repressed all memories of my mother.*'

The early years as an orphan left their mark on Paul Tournier.

Recently, Paul's grandson, Alain Tournier, discovered a very moving 60-page letter written by Louise for Paul's 50th birthday. She described in it her life with her father and mother until the death of their mother. She had herself died four months before Paul's birthday.

The children were taken in by an uncle and aunt in the countryside. Paul lived there until he went away to study. His foster parents didn't spoil him much. Tournier says nothing about his sister. But he describes himself as timid, withdrawn, shy, not very sociable and incapable of playing with others. He was well on the road to becoming neurotic.

In his talk of 12th May 1982, he tells his whole story in French, translated ad hoc into German by Ben Harnick, a well-known psychiatrist from Zurich. I've reproduced a significant part of it, abridging it a

bit, and I am reading his words translated into German (and therefore necessarily retranslated back into French).

Paul introduced himself thus.

' I had the impression of being worthless, of being useless in this world. I found joy in climbing a tree, pulling up the rope, sitting there and being alone. My uncle was a hunter and had dogs. As I wasn't able to speak to people, I talked to the dogs and told them about my worries. I plunged myself into a deep meditation.

During that dark period, I was about 12 years old, I made two decisions about my life, all alone, without saying anything to anyone: I decided firstly to become a doctor and secondly to give my life to Jesus. To become a doctor seemed obvious to me. I was certainly very good at Mathematics, but as yet another mathematician I wouldn't contribute anything to this world. I wanted to do something useful, to help people. It was only much later that I understood that I wanted to avenge my mother's death by doing something to delay other people's death. In contrast, I didn't know what it would mean as I said very quietly: 'Jesus, I give you my life'. I, no doubt wanted to become someone, develop an identity, find the father that I had never known on earth. It is thus that, in the profound obscurity of my childhood, I took these two decisions as the foundation of my life, and when I think back (for this talk to mark his 84th birthday), I in fact made every effort during my whole life to match up these two decisions.

But I had to become someone. I had to exist. I didn't exist. I had to stand on my own two feet, and I started to take an interest in everything: weather, arts and crafts, sewing, philosophy, theology.

When I was 16 years old, my Greek teacher noticed that something wasn't right with me and that I was missing something. He invited me to visit him, which teachers rarely do. I sat down timidly in a corner of the sofa, all the walls covered in books, and I didn't know what to say, and I don't think he knew what to say either. But he did something absolutely fundamental: he validated my existence. I was someone. This played such an important role that for ten years, even though a student, I visited him every week. He accepted me as a person. I was experiencing a personal encounter and being treated with respect.

We didn't talk about anything personal, but of Plato, of philosophy or of religion, in the philosophical sense of the term, never of feelings but a dialogue of ideas. It was a first step towards becoming a person.

At school I became class representative. I talked brilliantly about the soviet revolution and about the war. 'Some were pro, some were anti.' Hahaha ! (Tournier had a good sense of humour including mockery of himself and a characteristically booming laugh).

Then, while still a student, I became the overall president of Zofingia (the biggest students' union in Switzerland).

One day, I was in Zurich and after a well-lubricated evening, I wanted to go home in the early hours of the morning. It was then that a friend came up to me in the gloom and said to me: 'I heard that you grew up an orphan.' I felt a lump in my throat. I forced myself not to cry – and I disappeared like a rabbit in the night – and I cried for hours, for the first time in my life.

I had certainly found a way to relate intellectually with society and to hide my solitude behind that facade. I could give a talk to 1000 people, take part in an intelligent debate, but I was quite simply incapable of entering into a personal relationship.' Tournier recounts how during his studies, he was delegate to the International Red Cross meeting in Vienna to repatriate prisoners of war, wrote a play, founded a youth group as a church counsellor. They were called the 'anxious sons of the Church.' This created quite a stir, as the traditional teachings of the Church were shaken and destabilised. '*Certain were for, others against,*' and again his joyful laugh rang out.

Concerning these activities, Tournier went on:

'But none of these activities bore fruit. Something was missing! During a crisis, I resigned my post as secretary at the church, I was doing more harm than good. I was depressed.'

After his studies and two years of working at the hospital, he set himself up in general practice in 1925.

In 1924, he married Nelly Bouvier, with whom he had two sons and with whom he lived until her death in 1974.

In his talk, he now recounts:

'One day, one of my friends with whom I was looking after an Austrian princess who had a difficult personality told me that she had totally changed after attending a religious group. I wanted to know more precisely how that had happened, and we searched for members of the organization, called the 'Oxford movement.' The princess took us with her to one of their meetings.

Emil Brunner, the professor of theology from Zurich was there, the psychiatrist Alphons Mäder, and a third well-known person as well (the psycho-analyst Professor Theo Spoerri) and a Dutch man, a financier who was high up in the United Nations. He told us that for the last few months he had sat down every morning to listen to what God was saying to him. I asked him how long he spent meditating like this. He replied, 'On average, an hour!'

The following morning, I got up an hour earlier than usual, without making any noise so that my wife wouldn't ask me what I was doing, and I sat down in my study, my clock on the table, and I meditated – but God didn't say anything. I kept an eye on the clock, as I wanted to do this properly. But I couldn't manage to concentrate. I was a religious book, I could pray and write a sermon, but I was incapable of listening. I needed to continue to meditate! Was that God's message to me? (24.11.1932)

Today, after 50 years of meditating one hour every day, with very few exceptions, I have to say that God never spoke, but I learned to draw close to Him and to feel what He expected of me.

After some weeks, my wife and I realised that we were both meditating while keeping it from each other and that we didn't want to talk together about it before knowing if it was working. We therefore decided to do it together. But that didn't work. We therefore asked God why it wasn't working. I didn't find anything. But she wrote a phrase which I will never forget; 'You are my teacher, my doctor, my pastor, my psychologist, but not my husband!' It had nothing to do with sexual frustration. But we realised that we only ever had intellectual exchanges, we talked about everything except our feelings. I realised that I had found my way intellectually, but she was shut out of what I was feeling, my emotions. My wife appreciated everything that I had achieved and which I told her about, but she would have also liked to talk about feelings.

I went back to see the Dutch man to ask him what he had experienced. He was a traditional Christian and he had suddenly realised that he needed to put some order in his life. A long confession. I was obliged to reply. But I couldn't enumerate all that I had accomplished during my studies, at the church, at the Red Cross. I needed to talk about something personal about myself. For the first time in my life, I talked about my solitude, about my father, about my mother and I cried. I cried for my mother. I cried for my father. For the first time in my life, I sobbed, at the age of 34 and in front of someone else.

It was the second stage needed to become a person, no longer intellectual sharing but sharing of emotion, feeling, sentiment and personal thoughts. Feelings form part of the personal encounter.

For many years, my aim has been to talk to people about their personal problems, not only intellectually. People instinctively feel what we are able to talk to them about. As family practitioner, I knew the patient and all their family, and suddenly they started to talk about problems which they had never mentioned before. But it took more and more time and I suggested to them that they come in the evening so that I could discuss their problems with them in front of the open fire. Besides, many people had problems without being ill.

For many years, I had people come in the evening for a 'cure of the soul' and often, it allowed their illness to be healed. But doing both in parallel became too much of a burden and I found that there were plenty of good doctors, better than me, but not enough of those who took the time to listen. My wife was against me having an exclusively pastoral role. And what had I written, when newly married? 'If my wife is against it, God must be too.'

One day, I understood that God didn't want me to abandon medicine in favour of the cure of souls, but that I should unite the two. Technical medicine doesn't really grasp that which is specific to mankind. It analyses and knows numerous details. But it doesn't get the essential, that which characterises a human being, the emotional side, the spiritual side, which makes us capable of having a personal relationship.

And so, in 1937, I wrote to all my patients to tell them that I was going to concentrate on that area of practice. My colleagues warned me that I would lose many patients, which is what happened. But I had lots of time, I talked for hours with my patients and people sent me clients from all over. In 1940, I wrote my first book and presented the manuscript. Not one colleague approved it for publication. But I found a publishing house and once the book had been published, I received numerous positive and enthusiastic letters from all over. Some colleagues had read the book during the war. They came to Geneva to talk to me.

In 1947, after the war we gathered together doctors interested in the aim of finding man as a person. Did that process have to be religious?

The preceding year, I was in Germany for a conference in a newly created protestant academy. Professor Viktor von Weizsäcker and many other well-known German doctors were present. We were looking for a new humanitarian framework inspired by Christian faith. During a bible study which, in any case, I didn't understand as it was being given in German by a theologian, I went for a walk in the forest. It is there that I met Prof von Weizsäcker by chance, also taking a walk in the forest (even though he spoke German!). We sat down together on a tree trunk.

He asked me what the bible represented for me. And so, I did my first bible study: not theologically, but what the bible means to me; it is the place where I encounter God.

In 1947, during preparation for the first conference at Bossey, on the edge of Lake Geneva, we told ourselves; devout doctors will come to the bible study, and the others will go for a walk in the forest. And so there was no bible study. After a week without bible study and with discussions about what a person is, someone asks 'what does the bible say on this subject?' And they asked me, me and not a theologian, to do the bible study, as then everyone would come. And that is what happened in subsequent conferences. It is thus that, for 20 years, I gave a bible study every morning for the whole week. And everyone thought that that was my specialty. HAHAHA!!! Now, my colleagues do them, - even better than me.

A big obstacle to a meeting between believers and people without faith is the language of the faithful who seek to convince the others. It is an obstacle to real encounter, for it is a discussion which divides more than it gathers together. Some are pro, some are against. I have therefore followed the principle with my colleagues of putting my whole faith in my medical vocation but not being restrictive or exclusive (in terms of being a Christian). All doctors know that patients have problems with the meaning of their illness. Even the patients who are least religious ask themselves sometimes what they could have done to displease God.

Numerous illnesses are not totally due to chance. They are part of life. They have a meaning. The patient 'makes' his illness, as one says in French. From a scientific point of view, he is not responsible for his illness. The doctor must fight against the illness and must win. But the illness can maybe have something to say to the patient? The meaning of the illness is that God wants to say something to the patient. Many doctors sense that. But they are afraid to talk with patients of their personal problems, whereas many patients are just waiting to be able to talk about their problems.

Balint says the same: we shouldn't just ask the patient questions but let them speak freely. This requires a change in the doctor's inner attitude. Balint meant this on the psychological level. But from my point of view, it isn't psychology, but God himself who changes man. I don't hide my personal faith, but I never try to convert someone. I am convinced that if I hold Jesus' hand with one hand, I can hold the patient's with the other hand and pass on the message. Even if the patients don't share my faith.

I was in a mosque in Iran and the Ayatollah asked me to talk to the people, to 2000 people, of the importance of religion to health. I spoke of obedience to God, to Abraham, our common ancestor. That is valid for the whole world. Even for Moslems. We don't need to convert anyone.

<u>What is of fundamental importance to me, is that each doctor, whatever their spiritual</u> <u>convictions, seeks a personal encounter with the patient and their inner person.</u> '

This is what Tournier said on his 84th birthday in 1982. I have had to shorten the last part considerably, as you have already had a long day.

The description of his life is for me the best example of medicine of the person.

We have seen how he had to repress all his emotions when young. Certainly, he was intelligent, likeable and successful, but he wasn't really capable of forming relationships. In order for patients to really be able to talk about their life problems, he had to resolve his childhood problems for himself and learn to share his emotions. The Greek teacher certainly helped him to exist (and to surface from his depression) because he accepted him as he was. In the end, the exercises of being fully aware with the Oxford movement allowed him to open himself to emotion and thus to encounter his wife and his patients on the level of 'I-thou.'

He says repeatedly, almost making a play on words: 'Medicine of the Person depends on the person of the doctor.' And by 'person,' he means mankind in his totality and his integrity, 'as God would

have wanted him to be.' Through family, conditions of life, illnesses, relationship problems, religion, education, all sorts of traumas, a sort of mask is placed on our inner person from birth onwards (perhaps even before). That disguise of the person puts its mark on all our life and can influence the appearance of illnesses and their evolution. The more we as doctor enter into a personal relationship with patients, the more they will lift the mask and make it permeable, in such a way that problems eventually can appear and be discussed. So, patients are obliged to confront them, and tensions can be diminished. For Paul Tournier, the distinction between psychotherapy and the encounter in medicine of the person resides in the fundamental attitude of the doctor. Psychiatry can, just like somatic medicine, do excellent work orientated on symptoms and diagnostic tests in the relationship (1 - it') (Martin Buber). In the approach of medicine of the person, we need to be open to an encounter 'I – thou,' in which a reciprocal personal resonance becomes effective, and which produces a change in the two participants which can lead further. For that, Tournier uses that imaginary picture of the doctor who knows that one of his hands is held by God, and who stretches the other out to the patient. 'To hold out one's hand to God' signifies being prepared to be open to the change that He requires of us as we encounter the patient. To live a consciously orientated life. Even if we are not religious.

In 1982, after having written a good 20 books on medicine of the person, Tournier replied to the question asking how to know what medicine of the person is:

'I do not know. Pascal said: 'One does not search in order to find; one searches in order to search.' That is why, young colleagues, continue to search.'

We continue to search in a world which is changing, with patients who change and in ourselves with our ongoing personal development. This is the purpose of our conference. My wish for all of us, again this week, is that we might make more progress in becoming a person.

Good night!