

## EDITORIAL

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## From the Editor: Interrelationship in Osteopathic Medicine

The end of the year is rapidly approaching, which is traditionally a time of reflection about the previous year and considerations for the next. One concept that many religious and spiritual traditions emphasize is the importance of communion and relationship with others. When I participated in a two-year Zen chaplaincy program, it became unfortunately clear to me that this very important part of human relationships is often actively discouraged in medical training and the practice of medicine. The main reason appears to be that scientific objectivity seems to require emotional distancing on the part of the observer. Another reason could be concern about excessive emotional attachment for the physicians or patients, leading to co-dependency or emotional burden of the physicians. Additionally, in most medical settings today, the physician is overloaded with clinical tasks and so the idea of trying to establish a real connection in such a limited period of time is laughable.

Martin Buber, the Jewish philosopher, wrote the book, *I and Thou*, in 1923.<sup>1</sup> Although often discussed in theology and care-taking settings, the I-Thou relationship also has great relevance in medicine. Buber's argument in this book is based on the idea that individuals do not exist independently but through relationships. I-It relationships exist in terms of objects. I-Thou relationships are ones based on mutual respect and compassion. Buber says that in the I-Thou relationship, we are honoring divinity as found in the other.

The I-It relationship, which is how modern medicine training often teaches us how to approach patients (and ourselves), is based on the effability of people:<sup>2</sup> e.g., assuming that everything we can know about somebody or a diagnosis is quantifiable and knowable. The I-Thou relationship turns away from that, teaching us to put the person suffering the disease process at the center and not at the margins. How do we greet patients? Do we say a

perfunctory hello and then quickly ask them what their symptoms are? Or do we look into their eyes with joy and curiosity?

The I-Thou relationship also suggests that in a true relationship, the combination of I and Thou are more than the sum of their parts. This can be seen in heart-to-heart meetings between close family or friends, or between a healer and the patient. No matter how heart-rending their stories or how tragic their lives, when we sit with others in relationship, we are honoring them. When we can do this, we honor the entire world and the ineffable relationships that join all of us together.

There have been several attempts at integrating the I-Thou relationship into medical practice. The osteopathic approach, from the Osteopathic Oath to the Five Models, incorporates this I-Thou relationship in spirit, if not in so many words. In this journal issue, the cover image from Dr Kelley Joy is a quilt that incorporates different patches of color in order to reflect the pyramids and colors of Guatemala, which honors the work in that country of the physician who received it. Dr Herb Miller's FAAO thesis describes the cybernetic, or dynamic, interchange between physician and patient during careful palpation and treatment. During this process, the patient is examined and treated as a unique being. In respecting that uniqueness, the physician is also expressing their own unique humanity. Dr Theodore Jordan's book review about the placebo effect in manual medicine also touches on aspects of that dynamic interpersonal relationship that is so important for healing.



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The NMM/OMM specialty is particularly well-suited to practicing the I-Thou relationship in medicine. For one, we generally have more time than primary care physicians. For another, we have learned to communicate non-verbally, through touch. Additionally, this specialty is still very much predicated on an apprenticeship model—this has its drawbacks, but the significant advantages include a potentially deep mentor-mentee relationship. Through this relationship, both mentor and mentee learn from each other and can be touched by each other's humanity, curiosity, and desire to learn. This can be naturally carried forth to patient care, especially if we see this humanistic approach expressed by a mentor with patient after patient.

While supervising a recent workshop between the Oklahoma State medical students and premedical students, I noticed how differently the medical students applied their touch during an OMM experience as compared to the pre-medical students. They were careful to check in with the “patient” and modulated their touch gradually and thoughtfully. In doing so, they were approaching the “patient” respectfully. The premedical students jabbed with their fingers in a hopeful or anxious approximation of what they saw the medical students doing. The difference in the quality of touch between the premedical students and even the first-year students was tremendous.

In OMM lab, we learn how to be patients as well as physicians—having something done to us and doing something to someone else. We learn that some people have a hard touch and other people touch more thoughtfully. We notice that some of our fellow students talk to us more kindly and help us feel more relaxed, while others are abrupt and cause us to feel anxious. Slowly, as we rotate with different partners, we acquire an understanding of how to be with someone else through the medium of touch and presence—and, perhaps just as importantly, how not to be with someone.

The Osteopathic Oath includes this line: “I will be mindful always of my great responsibility to preserve the health and the life of my patients, to retain their confidence and respect both as a physician and a **friend** who will guard their secrets with scrupulous honor and fidelity, to perform faithfully my professional duties, to employ only those recognized methods of treatment consistent with good judgment and with my skill and ability, keeping in mind always nature's laws and the body's inherent capacity for recovery”<sup>3</sup> (emphasis added). What does this word,

friend, indicate in a professional oath? Certainly it could not mean that we are to be personal friends with all of our patients.

Seen in the context of Buber's philosophy, however, perhaps it indicates a way of being with someone else. To be in an I-Thou relationship, you perceive the wholeness and particularity in yourself and the other being. And to be a friend of someone, you likewise see them as being more than just a group of personality traits or personal history facts.

Memory is a funny thing. I can remember details about a patient's personal history and hobbies years after I have seen them: recently, I recalled the book<sup>4</sup> that a patient was reading at the previous time I had seen him, which was three years ago. One of my mentors can rattle off details about patients and their family members decades after having seen them. It isn't because we have great memories. I would argue that we remember those details because our patients were important to us as people, not just as patients.

Other authors describe different ways to incorporate Buber's philosophy into medical encounters.<sup>2,5,6</sup> For example, Scott, Scott, Miller, Stange, and Crabtree (2009)<sup>6</sup> describe a framework that they entitled the Healing Relationship Model, which incorporates Valuing, Appreciating, and Abiding in order to develop healing relationships. In order to describe this framework, they studied clinicians who purposefully attempted to build such healing relationships with patients with chronic illnesses and found that these physicians experienced less burnout and enjoyed their vocations. Laura Griffin, DO, FAAO echoed this in the Harold Blood Memorial Lecture in 2019, where she spoke about how the practice of osteopathy helps to nourish satisfaction in medical practice.<sup>7</sup>

In other examples, Rachel Naomi Remen, MD, has written several books about the importance of interpersonal relationships in healing, most notably Kitchen Table Wisdom.<sup>8</sup> Victoria Sweet, MD, also has written several books about developing and expressing an interpersonal orientation in the practice of medicine.<sup>9,10</sup> Wendy Lau, MD, describes developing a caring community for physicians to help them with burnout.<sup>11</sup>

This approach has relevance for interactions with medical trainees as well. As an academic physician, I find that orienting towards a more relationship-based interaction

rather than a strictly hierarchical one has also been very helpful to cultivate with students. When I first started teaching, I had a kind of terror about being not good enough or experienced enough to teach and I instinctively avoided forming personal relationships with students. After reading Parker Palmer's book, *The Courage to Teach*,<sup>12</sup> I started to open up with students and look for their unique qualities, moving from I-It to I-Thou relationships. This helped me to enjoy teaching a lot more because I felt more invested with the students on a personal level and this, in turn, led to deeper relationships with them.

So, how can one embody an I-Thou relationship? It is pertinent to note that the I-Thou relationship cannot be induced, although it can be encouraged: it is something that arises spontaneously out of a willing openness in both people.<sup>13</sup>

First, work on developing a deep and wordless appreciation for yourself as a being in the world, worthy of honor and appreciation and being seen. As you develop this, you will naturally be able to express it towards other people without trying to do so. If you are uncertain about what this might feel like, seek out relationships that are rooted in unconditional regard. Unconditional love can sometimes be a hard ask but unconditional regard is founded in complete acceptance of the other or the self as a being worthy of respect and honor.

One way to develop this understanding is to practice being completely present in silence and without distraction. Sometimes, learning or practicing a hobby or craft is helpful to experience being completely present, curious, and doing something purely for the fun of it.

Generally, however, this is very difficult. We are very used to being overstimulated, both because of our roles as physicians and the many effects of technology on our nervous systems. Do you feel anxious if you don't check

your phone multiple times an hour? Me too! But there is another way of being, which takes a lot of practice to be able to embody consistently. A religious or spiritual practice, especially with an experienced teacher, can be helpful to develop these qualities.

Another aspect of this is to work through enough of your own conditioning and traumatic experiences so that you can be fully present and not be fearful or dissociate, no matter what the other person feels like they want to share. As physicians, we hear many really terrible things and this can lead to secondary trauma. If we can allow our reactions to arise and fall away, as they will naturally do if we do not try to hold on to them, then we can be fully present even when people are relating terribly traumatic histories. Sometimes, we may need to see counselors or therapists to help us learn how to process our own experiences.

As we develop these skills, we may be able to be with our patients without feeling the compulsion to try to fix or advise. This respect and honoring of the other person's experience, no matter what occurs, is the heart of the chaplaincy interaction and the mutually healing I-Thou relationship. Although it is possible to develop in any relationship or medical interaction, there are certainly some circumstances where it is more likely to occur. The OMM visit, which is largely an interaction with another person through touch in a particular paradigm that honors the unity of a person's mind, body, and spirit and ability for self-healing, has a predilection towards true healing. If we can also include the philosophical structure of the I-Thou relationship, this predilection may be further amplified. Certainly, this return to interrelationship is a way of working with burnout and the depersonalization of modern medicine.<sup>11</sup>

Best wishes for a rewarding and joyful year ahead for you!

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