

# Self-Deception, Medical Practice and the Eclipse of Spirituality

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Presentation given on April 17, 2009  
to the Health Ethics and Law Institute (HEAL) Conference

Why is it often so difficult to integrate the spiritual with professional practice? This is a recurring question from practitioners in medicine and other professional fields. Certainly the theme of this year's HEAL conference suggests that this integration can be difficult.

Our identification with our professional roles is a powerful force in defining who we are in relation to others – it establishes patterns of conduct, gives our lives a sense of meaning, and secures our place in a community of common purpose. Similarly, our professional roles serve to limit our engagement with the world around us. Within a profession, one may come to accept that a nurse does this, but does not do that. And professional roles frequently instill a justifiable sense of pride.

Much of this is good, and certainly those of us who teach professional ethics subscribe to the time-honored tenets of professionalism and shared standards of practice. But today I wish to suggest that professional roles have an equally powerful tendency distort our relationships with others and to reduce our capacity for transcending the immediate duties of practice in order to recognize and embrace the larger human and spiritual realities of our work.

To begin to understand this phenomenon, we must grapple with what it means to be human in the context of professional practice. We've heard it said, "It's harder to be human these days."

In professional education we have too often held a highly *rationalistic* view of human beings. That is, we have treated persons as independent centers of consciousness, static, self-originating and separately existing. There are times when we may be guilty of reducing human purpose and fulfillment to what the philosopher Charles Taylor describes as "just of the self, neglecting or delegitimizing the demands that come from beyond our own desires or aspirations, be they from history, tradition, society, nature, or God." Dr. Sulmasy spoke this morning of our "spiritual senses becoming dulled," and some have suggested that the formative educational experience of clinicians can have just this effect.

The renowned ethicist Will May, who was here at Samford last year, believes our universities and religious institutions both bear major responsibilities for this narrowing of professional identity. In his words, "As the institution that trains the modern professional, the university has done a brilliant job of equipping the professional with technical competence, but it has not always accepted responsibility for nourishing that moral substance and cultivating those virtues which a society has a right to expect in professionals. The church and synagogue, as institutions that provide spiritual incentive for at least some members of the professional community, and that started and – for a while at least – financially contributed to many of our hospitals, have,

unconscionably, faded from the scene, except for only-too-often marginal and ineffectual chaplaincy programs.”

It is in this way that we begin to distance professional identity from the spiritual.

As our health-care institutions have undergone a gradual secularization, individuals have become uncertain of how or even whether a religiously grounded spirituality might inform their actions. Too often, the implicit message is, “Unless you are a chaplain, park it at the door.” As my own mentor, the theologian Peter Baelz, observes, “Religion has become more and more a private affair, and morality has become secular. This process affects both the structure of society and the consciousness of individuals. Institutions become independent of each other and establish their own rules and regulations. Individuals interpret life in non-religious ways. Religious beliefs lose their plausibility and no longer serve to provide a single cohesive moral pattern. Instead individuals and groups fashion their own ideals and society is held together by a minimal morality which is sufficient to make life in society possible.”

Of course, this is spiritually untenable and downright unnatural for many human beings, especially persons of faith. As Dr. Sulmasy reminded us this morning, “Spirituality is the substance of what we do as health professionals.”

Many of us here agree that professional education should be founded on a *relational* (as opposed to a highly *rationalistic*) understanding of the student – the student who is continually growing and becoming through interaction with other human beings, institutions, the physical environment and God. A sufficient answer to the question “Who am I?” requires more than just my name or my genealogy or my physical description or even my profession. According to Charles Taylor, “What does answer this question for us is an understanding of what is of crucial importance to us. To know who I am is a species of knowing where I stand. My identity is defined by the commitments and identifications which provide the frame or horizon within which I can try to determine from case to case what is good, or valuable, or what ought to be done, or what to endorse or oppose. In other words it is the horizon within which I am capable of taking a stand.”

For professionals – and for medical professionals in particular – this horizon is defined as one’s personal identity and professional role become largely synonymous.

Some of you may be aware of recent interest in the concept of *emotional intelligence*, which is understood as a combination of social awareness and self-awareness. Dr. LeBaques spoke of a similar notion today with her terms *intra-psychic* and *inter-psychic*. The latter requires honesty with oneself, which most of us know from experience is notoriously difficult to achieve and maintain. Self-awareness is a foundational concept in all spiritual traditions, as well as in the ethical theories of philosophers from Socrates to Kierkegaard and Nietzsche. At our worst, we succumb to the self-deceptive tendency to blind ourselves to ourselves – to things that rightly deserve our full attention – the activity we are a part of, our mode of living, or even the harm resulting from our actions or inaction.

Professional roles can actually help facilitate such self-deception, helping us to rationalize the limits we place on our social and self awareness. Sometimes this serves to protect our self-esteem or preferred self-image. The Existentialist philosopher Jean-Paul Sartre describes the way our human identity is subsumed by our occupational roles. He calls it "bad faith" with ourselves when we pretend to be "nothing more" than the role itself. We gradually become "beings-for-others," merely acting out our roles in the ways that are expected.

In one example, Sartre says, "A grocer who dreams is offensive to the buyer, because such a grocer is not wholly a grocer. Society demands that he limit himself to his function as a grocer. . ." A physician should be *nothing but* a physician. There is a real danger that one ultimately *becomes* the role defined by others as this identity is fully assumed.

I am reminded of the epitaph in Scotland:

Here lies John MacDonald  
Born a man  
Died a grocer.

More recently, the problem with role identity has been rendered compellingly by the philosopher Alasdair MacIntyre, who uses the term "characters" to describe roles which are endemic to particular contexts. These roles "furnish recognizable characters and the ability to recognize them is socially crucial because a knowledge of the character provides an interpretation of the actions of those individuals who have assumed the character." We might think of a clinician in a hospital setting – her appearance, demeanor, manner of speaking. For MacIntyre, the term *character* applies to those whose roles place them under "a certain kind of moral constraint on the personality." He links the roles and the moral obligations of characters, an *is* premise that entails an *ought* conclusion. If a person is a PA, he ought to do whatever a PA ought to do. But is a concern for the spiritual well-being of himself and others a part of this expectation?

MacIntyre proposes that social roles are like "masks" that are put on and taken off according to context. Many of us have experienced how the values and priorities appropriate to a professional role may differ from those we associate with other social roles – say as a parent, neighbor, church member, Army reservist. When these roles clash, something sociologists call "role strain," we find ourselves bargaining with ourselves. To lessen the strain, we may allow ourselves to accept that our moral commitments and responsibilities are determined by, and may vary according to, the roles and contexts in which we find ourselves.

Some, like management theorist Albert Carr, have argued that this sort of compartmentalization is healthy and necessary. He advises young people to learn early that religious idealism has no place at work, and that failing to accept this will only lead to, in his words, "an ulcer or a nervous tic."

Is this what it takes to maintain mental health and a positive self-image in the face of our inconsistencies? Are we not deceiving ourselves when we deny our wholeness and become fragmented in this way?

The theologian and ethicist Stanley Hauerwas warns that professional roles provide "a ready vehicle for self-deception, since we can easily identify with them without any need to spell out what we are doing. The role is accepted into our identity." This observation is similar to Sartre's (who, incidentally, professed no belief in God).

As we mentioned at the outset, professional education should instill a reasonable measure of professional pride. By and large this is a good thing. But the theologian Reinhold Niebuhr (like Bishop Joseph Butler in an earlier time) shows that pride based on intellectual achievement, can easily seduce us to deny the limitations of our knowledge, to denigrate opposing views, to evade information that conflicts with our own preferred self-image, and to obscure the failures we make in practice.

Let's pause to consider the irony in this. The more one wishes to see oneself as an ethical and highly competent professional, the more likely one may be to amplify information that will confirm this preferred view – and the less likely one may be to consider the possibility of having failed.

This tendency may be most apparent in the aftermath of a serious failure. My friend John Banja is a clinical ethicist at Emory University's medical school and author of the book, *Medical Errors and Medical Narcissism*. He writes, "Disclosing a harm-causing medical error can be one of the most anguishing conversations a health professional can have, and the anecdotal literature of the twentieth century indicates that it is a conversation that health professionals frequently avoid or conduct poorly." To be sure, there are many reasons for this discomfort, including all-too-real fears of legal repercussions, but Banja asserts that difficulty disclosing errors arises primarily from a desire to protect one's own sense of professional competence and self-esteem – which is to say, physicians cannot admit errors to others, because they cannot bring themselves to admit them to themselves. He contends, "Many physicians and other health professionals demonstrate a kind of muted narcissism whose associated behaviors serve as a form of self-protection when their feelings of adequacy, control or competency are threatened." No doubt this is exacerbated by high-stress health-care environments where professionals are expected to be right at all times.

At this point, I should acknowledge what many of you now already suspect, that my experience in health care is much more limited than many others in this room. Furthermore, I will confess that my perspective is shaped by the fact that my consulting engagements with medical providers over the last 20 years have been in response to crisis situations – patient abuse, medical malpractice, professional misconduct, Medicare fraud and other the like.

I wish to propose three types of self-deception that I believe represent dangers to medical professionals. But first I will share two stories – one professional, one personal – that may help illustrate my points.

Several years ago I was called by the administrator of a large hospital with an integral long-term care facility. A 78-year-old patient had been raped, apparently by an intruder who was not caught. Needless to say, patients, families and the institution's 1,100 employees were fearful

and needed to be reassured that the building was secure and the situation under control. Four days had passed since the incident, but the hospital administration had communicated no information and was not answering questions from the media. As you might guess, this stonewalling was recommended by lawyers who were thinking ahead about the likelihood of civil litigation. Of course, it was interpreted by everyone else as extreme indifference or insensitivity.

More recently, my business partner in a consulting practice went to a hospital for a routine, outpatient kidney stone procedure. While undergoing light anesthesia, he suffered severe oxygen deprivation and never regained consciousness. His wife was understandably distraught, but a horrible situation was made even worse when no one would talk with her or answer her questions about what had happened. She said she felt that she was immediately labeled as a lawsuit waiting to happen – which, as it turned out, she was.

With examples like these in mind, I will venture to suggest that the health-care professions may be vulnerable to three types of self-deception.

The first of these is the *self-deception of legalism*. We see this phenomenon in organizations or professions where questions of moral or human obligation are determined solely by the standards of the law. Bishop Butler, writing in the 18<sup>th</sup> century, tells us the "very province of self-deceit and self-partiality" is the occasion when one's action is not explicitly required by – or prohibited by – rules, but consists merely in a neglect of duty, such as that of loving one's neighbor. "Here [self-deception] governs without check or control. 'For what commandment is there broken? Is there a transgression where there is no law?'"

Yet Butler stresses that our responsibilities to others -- where moral obligation cannot be reduced to fixed, determinate rules -- are not the rare exception but the most common part of daily interaction with others.

My interest here is not so much in the law *per se*, but in legalism, a distortion of law such that persons let the demands of law define the extent of their moral obligations. Legalism may be understood as a *rationalistic* view of rules as abstractions, detached from the human relations they are meant to govern. A current theological thinker, Alistair McFadyen describes this sort of legalism as a "closure . . . of law's proper spirit which leads automatically to distorted codification of relations -- both with God and others." This, in turn, provides a firm footing for self-deception, as we become conscious only of the ways in which we follow rules or procedures, but not of their limitations. We resist becoming conscious of the need for grace in all relationships. Legalism is the belief in the absolute validity of a law or network of rules, from whence comes the self-deceptive belief that satisfaction of the letter of the law is enough to justify one's actions before God and others.

A second type of self-deception may be described as the *self-deception of tribalism*. Members of professional groups frequently act in concert to define their roles in ways that promote preferred beliefs about themselves. Like John Banja's example of the physician, I have seen many cases where groups collaborate to protect self-esteem and limit their exposure to anything that might threaten it. Again, it is Reinhold Niebuhr who provides an incisive analysis

of this phenomenon. "In every human group there is less reason to guide and to check impulse, less capacity for self-transcendence, less ability to comprehend the needs of others and therefore more unrestrained egoism than the individuals, who compose the group, reveal in their personal relationships."

Tribalism may be understood as *group pride*. By participating in the collective enterprise, individuals adopt the habits and attitudes of the group without always recognizing the subtle coercion and pressures that cause them to do so. Strong identification with a profession or workplace group can have a defining influence on one's beliefs about oneself, for better or for worse.

It is also typical of professions and large organizations, such as hospitals, that in becoming increasingly rigid, patterns of behavior and strict conformity to roles are reinforced systemically, though not necessarily consciously.

A third category of self-deception, which may be a particular vulnerability for clinicians and other medical professionals, is the *self-deception of scientism*. This involves the *rationalistic* assumption that the methods of science and technology are sufficient for understanding and solving all of the problems related to human beings. Again, Niebuhr is helpful here. "Almost all of the misrepresentations of human selfhood and the drama of history in the modern day are derived from the effort to reduce human existence to the coherence of nature." He worries that we live in a time when "every bit of truth and wisdom must first be 'cleared by science' before it can be given credence." Must spirituality also pass this test?

In the 21<sup>st</sup> century, science has such prestige that the search for truth in almost every field, even theology, awaits its verdicts and accepts them almost without question. Yet Niebuhr insists that the "'methods of science' which have gained mankind so many significant victories over the forces of nature and have laid the foundations for the whole accumulation of technical power, have been singularly deficient in generating *wisdom* in human affairs."

Last week I was at the Hudson-Alpha Institute of Biotechnology Institute in Huntsville. Its science director, Rick Myers, formerly head of the Human Genome Project at Stanford University, said something that struck me as very important: "The natural sciences need the humanities more than ever."

Scientism may be seen as an inordinate faith in the capacities of *rational* tools and methods to produce an explanation of the human condition that is more credible than the alternative found in our religious and wisdom traditions. Again, Niebuhr:

The relation between 'I and Thou' is not a scientific but an existential procedure. The turning of the self from itself as the center of life to God and the neighbor is also not scientific. The correlation of historic facts requires imagination, wisdom and humility which are not properly defined as 'scientific.' These attitudes require existential commitments, denials of self-interest, and recognition of the finiteness of all human knowledge in which the self rather than the mind is involved. If we fully analyze these characteristically human elements in history we will not only cease to worship so

uncritically at the altar of science. We will be less apologetic for the essence of a religion of history and revelation.

We thus confront the ironic fact that a culture, intent upon understanding nature and boasting of ever more impressive achievements in the 'conquest' of nature, has become involved in ever more serious misunderstandings of human nature, of the self and its uniqueness, and in its dramatic-historical environment.

Thus is spirituality eclipsed.

Emil Brunner, another 20<sup>th</sup>-century theologian, underscores this point. He identifies science as a sphere of life which does not always seek the Good but the True – yet which, ironically, propagates a "horrible lie" by claiming that the human self is little more than an object. The self-deception of scientism conceals the fact that "alongside the scientific knowledge and self-interpretation of man there is always another kind of knowledge," that of the self as creature defined by and dependent upon a divine Creator. Science "does not reveal human reality as it really is"; rather, it sometimes conceals it, distorts it and introduces confusion. The more a human being needs to be known, really known, the more spirituality gains significance.

Neil Postman, the popular cultural theorist, recalls that pre-Enlightenment theologians had developed an elaborate description of "the relation of man to God, man to nature, man to man, and man to his tools. Their theology took as a first and last principle that all knowledge and goodness come from God"; consequently, "theology, not technology, provided people with the authorization of what to do or think." Though Postman was not writing about medical practice specifically, there may be some relevance in his claim that "technology creates its own imperatives and, at the same time creates a wide-ranging social system to reinforce its imperatives." Scientism replaces that which it destroys -- the "edifice of belief" in the sacred -- with "efficiency, interest and economic advance. It promises heaven on earth through the convenience of technological progress," and exalts the "life of skills and technical expertise."

Scientism . . . is the desperate hope, and wish, and ultimately the illusory belief that some standardized set of procedures called 'science' can provide us with an unimpeachable source of moral authority, a suprahuman basis for answers to questions like 'What is life, and when, and why?' 'Why is death and suffering?' 'What is right and wrong to do?' 'What are good and evil ends?' . . .

In the wake of the scientific successes of the modern era, society willingly grants to scientific experts, including clinicians, a tremendous amount of authority and prestige, which can lead to self-deception in the form of intellectual pride. The *self-deception of scientism* makes it possible for the human being to be seen as something other than you or I. The essence of the *self-deception of scientism* is the Rationalist myth that science and technology have the potential to provide objective answers to all of the important questions facing the self or humanity. "But," Postman reminds us, "in the end, science does not provide the answers most of us require. . . . Moreover, the science-god has no answer to the question, 'Why are we here.'"

Such questions belong to the realm of the transcendent. Peter Baelz reminds us that “we are not alone in an indifferent universe. We are in God’s world. God reigns . . . and if God is an accompanying and an enabling God, then [everything] may be seen as part of a divine-human enterprise.”

Dr. Sulmasy told us that experiences of the numinous are experiences of the divine. He also cautioned that we tend to repress these experiences. This is the self-deception that permits a narrowing view of our professional roles and ultimately eclipses spirituality.

I have argued for a *relational* view of professional practice as an alternative to the *rationalism* that defines our work in instrumental and less-human terms. Certainly we as educators have a responsibility to draw a wider circle that encompasses spirituality as an essential and natural element of professional development.

What may be more difficult is the work that professionals, like many of you, must do to integrate spirituality with practice. Dr. Sulmasy spoke of the need for “prayer and genuine contemplation” as the way to open ourselves more fully to God and to others. And Dr. LeBaques pointed out that this is easier said than done for many of us.

The philosopher and novelist Jacob Needleman tells of a conversation with a physician known for revolutionary advances in patient care. In response to a question about his plans for future achievements, the doctor responded, “You don’t understand. I have no time! I am pathologically busy. It’s beyond anything I have ever imagined. I can’t give anything the attention it needs. . . . More and more things, good things, important things, keep coming to me. Any one of them is worth the whole of my attention and needs my time. But twenty of them? A hundred of them? And it is the same with my staff.”

We may take some comfort in the fact that this is not a new concern. In the early Renaissance theologians and philosophers were concerned that the *Vida Contemplative* – the life of contemplation, prayer and reflection – was being eclipsed by the *Vida Activa* – the life of work, creativity and activity.

In our time, we have no choice but to find a place for the spiritual in our professional lives. Too much is at stake if we fail. Perhaps we may begin by recognizing and resisting the self-deceptive tendency to deny the vital and very real spiritual dimensions of our professional callings.