

The healing of persons (*médecine de la personne*): reflections on Paul Tournier's contribution to person-centred medicine

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The development of Paul Tournier's médecine de la personne as a relational body/mind/spirit approach to healthcare provision is outlined in this paper. His holistic understanding of the nature of the person may assist psychiatrists, and other health professionals, to reintegrate the psychosocial/transcultural and neurosciences, and to develop the healing relationship with patients that is central to person-centred medicine.

Paul Tournier (1898-1986) worked throughout his life as a family practitioner in Switzerland and travelled widely as a lecturer and writer to many countries, including Greece, the UK, Japan, the USA, South Africa and Iran. He was an imaginative thinker, a French-speaking family doctor and author of over 25 books translated into more than 30 languages. At present, 120 editions are still on sale, mostly in Asia - and recently new editions have been published in Romania and Korea. Tournier was a gifted writer with an anecdotal self-revelatory style, a man of faith, a successful family physician with a sharp intellect and a need for human belonging at a personal level. He founded the médecine de la personne (healing of persons) movement, which influenced the development of person-centred medicine in the post-war decades and, from its inception, the International College of Person Centered Medicine. The International Medicine of the Person Group, which was initiated by Tournier in the aftermath of the Second World War, has continued to meet annually in various European countries.2

Family and developmental history

Tournier's medical training was at Geneva University Hospital from 1917 to 1923, with internships in Paris and Geneva. He became a student leader and was President of the Swiss Zofingia Student Association – which involved much public speaking. After the First World War he worked with the Red Cross in Vienna for the repatriation of Russian, Austrian and German prisoners of war and was co-founder of a home for mothers and children suffering from tuberculosis. ¹

His father was a poet and pastor at St Peter's Cathedral in Geneva and died when Paul was 2 months old. His mother died from breast cancer when he was 6 years old – a loss that upset him greatly. He and his sister Louise as orphans went to live with their uncle and aunt in a more worldly home; his aunt had mental health problems. At that time, he was very unhappy, withdrawn, insecure and hesitant in his relationships with others. He was later rescued by his Greek teacher, who through discussion brought him out of himself, and he was later able to mourn the death of his mother. 'If I am sensitive to human suffering,' he wrote, 'I owe it to this experience of suffering that I lived through in my childhood. I think, too, that if I secretly decided while I was still very young to become a doctor, it was, without my being aware of it, to avenge my mother, to fight against the death that had taken her from me'.3

Paul had two children – Jean-Louis and Gabriel. His grandson Alain is, like his father Gabriel, an architect, and curator of the archives held by the Paul Tournier Association in Geneva. Nelly, Paul's first wife, died in a hotel in Athens; this was a tragic loss. They had had a long and loving marriage. Most mornings he practised, often with Nelly, meditation – a mixture of prayer, Bible study and thinking about the day ahead.

Interwar years: personal and professional turmoil

The interwar years were times of personal and professional turmoil, which influenced his decision to become more open with patients and more willing to explore their underlying difficulties. The seeds of his first book, *Médecine de la Personne*, were sown during the interwar years. The manuscript was written in 1938–1939 but, following call up as a military doctor with time in the evenings to reflect on his text, he took further advice from colleagues and rewrote much of the manuscript. The book was published in French in 1940, but not in English (as *The Healing of Persons*) until 1965. His later book, *The Meaning of Persons*, was similarly influential and its content remarkably relevant to a COVID world.

Médecine de la Personne struck an immediate chord with doctors in many different countries who, in the aftermath of the Second World War and the holocaust, were questioning their vocation, their religious beliefs and their awareness of the disastrous consequences of the separation of science from values. In A Listening Ear Tournier described how these post war years were times of,

'passionate discussions in a ruined Germany, with doctors, lawyers, artists, economists, and architects had a decisive influence \dots thereafter I \dots enlarged [these discussions] in my own field of medicine with colleagues of every sort of speciality, from different countries and belonging to different religious denominations. \dots Medicine is not just a scientific and technological matter — it has a human dimension as well. It uses science and technology in its fight against disease, but through a personal relationship with a patient the doctor helps the patient to become a person not only in his or her individual development, but also in harmonious relationship with nature, with fellow human beings, and with God. '6

His thinking was influenced by the Hassidic philosopher Martin Buber (1878–1965), who regarded the interpersonal 'I–thou' dialogue, in contrast to the more impersonal 'I–it' discourse, as particularly linked to the divine. Victor Frankl, founder of logotherapy and colleague of Sigmund Freud, regarded Tournier as a pioneer of person-centred medicine. They had a shared understanding that the search for meaning (the spirit of man) was central to knowing the person.

Medicine of the person

Medicine of the person – a relational body/mind/ spirit (RBMS) approach to healthcare provision⁷ – has provided a conceptual and ethical underpinning of my clinical and international perinatal research work since I was a medical student. For Tournier such 'adventures of living' had five characteristics: personal risk, self-expression, ingenuity, sense of purpose and a motivation to love; altruism and compassionate empathy - central components of the RBMS approach 9 - had their origins in his early development and the nature of his religious beliefs. The Bible, he wrote, 'proclaimed these elements as aspects of God which are manifested in the creation, in all his acts, and in all his interventions in favour of his people, of all men, and for the whole universe' (p. 85). Tournier had a strong personal belief in a loving God, in the power of sacrificial love shown by Christ on the cross and in the reconciliation between God and Man.

Many of the components of Tournier's *Médicine de la Personne* have been brought together by Juan Mezzich and colleagues¹⁰ in their psychiatry of the person (of the totality of the person's health, including its ill and positive aspects), for the person (promoting the fulfilment of the person's life project), by the person (with clinicians extending themselves as full human beings with high ethical aspiration) and with the person (working respectfully, in collaboration and an empowering manner).

Current relevance to medical and psychiatric practice

General practice leaders in the UK have recognised that the doctor-patient relationship has

remained central to almost all optimal outcomes – despite new forms of remote working and the use of mobile consultation devices. ¹¹ Tournier's vision may encourage psychiatrists and other health practitioners, as well as the medical Royal Colleges and research funding bodies, to reintegrate the psychosocial/transcultural and neurosciences – and to mainstream the developmental, spiritual and existential dimensions of human experience into their educational and research programmes, and into the healing processes that are at the heart of clinical psychiatry and at the heart of medicine as a whole.

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