10-1992

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M. Therese Lysaught
Loyola University Chicago, mlysaught@luc.edu

Recommended Citation

"Who is My Neighbor? Commentary on David Hilfiker's Case Story." Second Opinion 18 (October 1992): 59-66.

Commentary
Who Is My Neighbor?

M. Therese Lysaught

BEING A GOOD SAMARITAN CAN BE A THANKLESS job. David Hilfiker's story makes that abundantly clear. The problems he recounts—from dealing with noncompliant, belligerent, drug-addicted patients to confronting a "system" that ignores, rejects, or even attacks those it purports to serve—illustrate that those who follow the example of the Good Samaritan often meet frustration, resistance, and ultimately their own powerlessness.

David Hilfiker is rare among Christians and physicians. He has taken risks that few would take, and he has followed the call to discipleship, reaching out to broken and marginalized people in an attempt to offer healing. In 1983 Hilfiker left an established family practice in rural Minnesota and moved with his family to Washington, D.C., where he became medical director of Community of Hope Health Services and a staff physician at Christ House, a center that provides medical care for homeless men (see Hilfiker 1989).

In his account of the story of Clint Wooder, Hilfiker brings out difficulties that can attend a vocation of service. He shares what his relationship with Clint Wooder has taught him of the public health system's aggressive indifference to the poor and of his limits as a physician. He does not elaborate on religious meanings embedded in the experience that he narrates, but the particular Christian context of his vocation and the moment he uses to frame his account intimate theological insights.

These insights, for me, were clarified when I considered the story of Clint Wooder next to the biblical parable of the Good Samaritan (Luke 10:29–37); in many ways the two stories illuminate each other. Hilfiker nowhere explicitly draws on the parable, and he might even reject the suggestion that he understands his work in terms of this paradigm. But there are clearly points of contact. Sociologist Robert Wuthnow, in his book *Acts of Compassion: Caring for Others and Helping Ourselves* (1991), gives considerable attention to contemporary understandings of the parable, identifying commonly held attributes of the Good Samaritan.[1] These understandings may conveniently map the story of Clint Wooder. Two strangers encounter each other on the road (in Clint's case, "the road to recovery"). Clint is the classic "neighbor," the one in need. Doc is the classic Samaritan—an individual, a nonconformist, and to some extent a social outcast (Hilfiker might use the term *broken*), whose inner

M. Therese Lysaught is the Associate for Religion, Culture, and Health Care Ethics at the Park Ridge Center for the Study of Health, Faith, and Ethics, Chicago, Illinois.

For citation: Lysaught, M. Therese. 1992. "Commentary: Who Is My Neighbor?" *Second Opinion* 18, no. 2 (October): 59–67.

strength and virtue encourage him to "go the extra mile," to perform what many would perceive as a supererogatory act for the sake of another. Their recognition of their common humanity bridges the barriers created by social inequalities.

The story of the Good Samaritan has always been a powerful ideal for those whose religious convictions call them to ministry, especially ministry to the sick. Many undoubtedly find their personal stories taken up and reshaped by the Lucan parable, motivated by Jesus' exhortation to "Go and do likewise." For others, however, the parable condemns rather than motivates; it stands as an ideal impossible to attain, unworkable in a real world full of bureaucracy, fear, and indifference. The story of Clint Wooder reveals the limits of the paradigm of the Good Samaritan by confronting it with hard questions that the parable does not take up; the parable, in turn, traces the particular shape of grace in this healing encounter between two broken men.

I

THE STORY OF CLINT WOODER DEMONSTRATES the inherent limits of using the Good Samaritan as a paradigm for service in contemporary settings. On the one hand, the paradigm does not address concrete problems surrounding the provision of health care to marginalized people, and on the other, it seems to advocate certain attitudes that only exacerbate strained situations.

To begin with, the parable of the Good Samaritan, though indirectly depicting "the system," is not complicated by practical problems of access to health care faced by the poor and marginalized. The Samaritan has no problem finding someone to care for the man—he has money. He pays for his keep up front, and when he leaves he tells the innkeeper, "Take care of him; and whatever more you spend, I will repay you when I come back." Had the Samaritan lacked the means to pay, the two would more likely have been turned away. How would he then have proceeded?

This is Doc's experience. (In an earlier draft of this commentary, I found myself referring to David Hilfiker as "Hilfiker" but to Clint Wooder as "Clint," which seemed to accord greater respect to David Hilfiker. After further reflection, I decided to refer to the two men as they refer to each other: Clint and Doc. The names that they use, interestingly, reveal that the two men do not see each other as equals. In fact, this nomenclature may reinforce the inequalities that often serve as barriers to friendship.) Doc does not have the Samaritan's option of unlimited means. Like most people, he begins with what he knows—he tries to help Clint by referring him to a professional therapist and one of the best private hospitals in the city. But in both of these attempts, lack of money diverts Clint to the city's public mental health system. Even Medicaid coverage does not suffice, for unlike the Samaritan, the government does not promise to repay the private health care system for "whatever more" it spends.

But Clint's story illustrates that means and money are not the whole problem. Even social agencies ostensibly designed to serve the poor and socially outcast are rendered inaccessible by overburdened personnel and uncompassionate attitudes. Clint first encounters well-intentioned inability when the "best psychiatric resident in Washington" proves to be himself a scarce resource, unable to devote adequate attention to Clint. But this lack of attention seems benign in comparison to the attitudes Clint and Doc meet as they move through the public health care system. The system coerces Clint when he will not consent and finally attacks him with outright hostility when he is at his very weakest. (Several parts of this account raised questions for me. First, I wondered why Doc did not follow up on the psychiatric resident's recommendation to look for another psychiatrist less in demand with more time. Second, his query—"How quickly would a middle-class person complaining of uncontrollable rage after an assault be hospitalized or provided with at least some intensive care?"—seemed disputable; it is not obvious that for someone with greater means,

hospitalization or involuntary commitment would be the first option. Finally, Doc's interpretation of the attack at the detox as premised on racism could be challenged, insofar as the white physician on staff participated equally in refusing Clint admission. Clearly, Doc is witnessing a power game that goes beyond race.)

With each door that closes, the crescendo of despairing frustration builds. Luke does not suggest how Doc is to follow his call when he meets hostility or finds every avenue he pursues closed off. Clint's experience teaches Doc that the system resists those who people the margins, even when they have an ally, an advocate. It treats them as a constant, ever-present burden; their demands are perceived as draining those who serve, rendering the efforts of caregivers futile.

These systemic obstacles are well recognized and are often the focus of advocacy efforts by well-intentioned would-be agents of change. But the magnitude of these obstacles can obscure attention to another difficulty that arises in providing health care to the marginalized: relationships between strangers often begin in situations of inequality. The parable does not offer details about the Samaritan's relationship with the man who fell among robbers. We know that the Samaritan is compassionate, and we might describe his behavior as rather excessive and self-sacrificing: he promises to repay the innkeeper *whatever* he spends; he detours from his own activities and tends the man through the night, oblivious to his own needs. He is not one among society who has power and privilege but rather is himself marginalized, a foreigner, an outcast, not important enough to be burdened with responsibilities like the priest and the Levite. As a Samaritan, he is offensive to and persecuted by Jews, so one would not expect him to respond compassionately to the plight of the Jewish man he finds beside the road. But we know very little about the man who receives the Samaritan's care. The parable does not say whether he was grateful or whether he resented the obligation such gratuitous assistance can create. It does not say whether he waited at the inn until the Samaritan's return or left "AMA." It does not say whether he ever thanked the Samaritan for his assistance. The parable does make clear, however, that the Samaritan leaves; their relationship—at least for a time—ends.

For some, the parable of the Good Samaritan condemns rather than motivates; it stands as an ideal impossible to attain, unworkable in a real world full of bureaucracy, fear, and indifference.

But the story of Clint Wooder displays an ongoing relationship, one that moves beyond the realm of a medical encounter and toward the bonds of friendship. Clint is looking not only for someone to treat his symptoms but for someone to trust, someone who will not abandon him even when his attempts at recovery and healing fail. Doc remarks that early in their relationship, Clint let him in, trusted him. And Doc, for his part, begins to trust Clint. Clint impresses him as being different from the other alcoholic homeless men he has treated: Clint regularly keeps his appointments; he is "incapable of lying." Clint's hearty, bashful laughter draws the doctor in, and he finds himself "fascinated by him, attracted to him, rooting for his recovery." Relatively quickly, Doc trusts that Clint had made it.

The particularities of this relationship take it beyond the stereotype of feel-good healer and grateful beneficiary. Clint and Doc meet out of different positions of socioeconomic privilege, radically different life experiences, and different levels of need (in other stories, we might encounter differences in gender and race). To some degree, Doc recognizes the disparities between himself and Clint. He feels that their "internal realities" are not the same and

that he will never truly understand. He senses that in this inequality, he has power—he is the "guide to someone from another culture."

As long as these inequalities exist, true friendship (contrary to Doc's assessment) will be difficult to attain; at no point, for example, do they breach the fiduciary barrier and *reciprocally* use first names. These inequalities make it difficult for Doc to see Clint as a person, a subject equal to himself, and not reduce him to an object of his actions. Doc's actions are aimed at effecting an objective (healing), keeping Clint straight, controlling him, saving him, moving him "back into society"; thus he feels—as do many who attempt to fix an alcoholic—that he has "wasted" his time, that Clint has "sabotaged" his efforts, that there was no point.

Doc is clearly disappointed in Clint's failure; his trust in Clint has been betrayed. Doc, too, betrays the trust Clint had placed in him by not resisting the efforts of those who orchestrate Clint's involuntary commitment (although he is reluctant to take responsibility for his part: his observation that "the trust we had nurtured in Clint had been severely damaged" eliminates agency). Like many who have been oppressed and rejected, Clint pushes and pushes Doc to see how far that trust, that commitment, that compassion goes. Doc recognizes that Clint, in his violent outburst, "had done what he needed to do to get discharged back to the streets"—a characteristic alcoholic action. He does not seem to recognize in this same action Clint's challenge: an outcry for attentive discipline, in the context of forgiveness that signals a gracious love not conditioned by merit. The parable might have shed some light on these complicating difficulties had the Samaritan remained with the man.

The parable seems to assume that the needs of the man lying on the road are relatively straightforward, an attitude that can collude with a medicine still inclined toward paternalism.

The urgency of Doc's desire to guide Clint from one place to another reveals another potential pitfall of the Samaritan paradigm: the parable seems to assume that the needs of the man lying on the road are relatively straightforward, an attitude that can collude with a medicine still inclined toward paternalism. Informed by at least the medical tradition, Doc proceeds with a clear vision of what is best for Clint, of what Clint "needs." Thus he becomes exasperated by Clint's "noncompliance" and eventually cooperates with the system to coerce Clint into accepted patterns of action under the guise of healing and helping. It is not plain that Doc recognizes his paternalism; narrating this story several years later, he still seems angry at the psychiatrist who released Clint from St. Elizabeth's, though hindsight proves the psychiatrist to have been correct in believing that Clint posed no threat of violence to himself or anyone else.

It seems from this narrative that at least as much as Clint needs psychiatric treatment or Haldol, he needs simply to be listened to, to be heard. When Doc does listen, he is surprised at Clint's insight into himself. Yet time and time again Doc fails to hear what Clint is saying. Clint admits to Doc, "I have no control over alcohol"; yet even after years of working with alcoholic homeless men, Doc glibly thinks that after only a few months Clint has recovered and expects him to behave accordingly. Clint tells Doc that to stave off "the angry" he needs more to keep him busy; Doc, in response, suggests therapy. Clint explicitly and emphatically informs Doc that he does not want to go to St. Elizabeth's, yet Doc eventually assists in having Clint involuntarily committed. (It is important to note that Clint *was* willing to accept inpatient psychiatric treatment, just not at St. Elizabeth's.) Finally, Clint

warns Doc that the public detox won't take him; yet Doc plows ahead, dragging him to a place where he suffers further attack and abuse.

If Clint had been listened to, we might have learned more about what he thought he needed: more work to keep him busy perhaps; more respect and acceptance from Sister Marcella who waits expectantly for him to fail; more support in his dealings with Tony, whose abuse mirrors the abuse from Clint's childhood and triggers his rage. We are left wondering, at the end of the story, what exactly Clint needed and found in the months and years following his journey with Doc that helped him weather "the angry," that made the "miracle" more explicable. Doc does not ask. Insofar as the parable of the Good Samaritan does not suggest that those in need might be listened to, it can underwrite the attitude that the most important concern is to meet their needs, to "fix" their problems and render them no longer needy, rather than to see them as persons and at times simply walk with them through their trials, quietly listening to their stories.

Lastly, the parable of the Good Samaritan can be interpreted in highly individualistic terms that both protect the insularity of the physician-patient relationship and fail to take account of the limits and needs of those who serve. This individualistic reading can burden those who are genuinely compassionate with expectations they cannot possibly meet, a program for failure, betrayal, and burnout. In the parable, the Samaritan and the man meet as strangers and individuals, not circumscribed by a common context, a community. Stories like Clint Wooder's, however, suggest that communities are crucial for sustaining both the broken person and the healer. One wonders what happened to the communities that support Clint and Doc; they bracket the narrative but do not constructively enter into the dynamic. At the beginning, Clint regularly—almost obsessively—attends AA meetings. But as we move to the story of "the angry" and through the episode at Christ House, no mention is made of the role of the AA communities, communities whose members share Clint's "internal realities" and whose experience might help Clint through this crisis (and probably eventually does).

At the same time, the narrative does not idealize or romanticize communities; Clint's story displays the limits of the other community, Christ House. The narrative suggests that the situation at Christ House may in part have precipitated Clint's behavior: Clint perceived that he was rejected by Sister Marcella, that he did not have enough to do to keep him busy, that the rules were too rigid. Nor does Doc turn to Christ House for support. Even though Christ House is the context of his service, he seems to feel that he must negotiate Clint's situation on his own, a task well beyond the capabilities of one person.

Moreover, given that Christ House is the context of this episode, it is peculiarly striking that a central Christian practice plays no part in the account of this community, namely, the practice of forgiveness. In the practical world of illness, healing, addiction, and recovery, communities and individuals fail. Yet no mechanism is described that might mediate the acceptance or forgiveness of failure. In an incident not unlike what happened at the public detox, Clint breaks the rule and, for his single offense, is expelled. No steps are taken to mediate the dispute and cultivate forgiveness between Clint and Tony, yet Tony's actions are clearly implicated in Clint's rage.

Although not present in the parable of the Good Samaritan, communities, despite their frailties and failings, are necessary to support and sustain both recoverer and healer. Community is crucial for creating out of chaos a disciplined life; AA recognizes this. But forgiveness is crucial for sustaining a disciplined (root: *disciple*) community. In a Christian context like Christ House, this practice of forgiveness ought to be grounded in the central moral practice of eucharistic worship, worship that could truly provide the foundation for friendship between these men of unequal backgrounds. Unfortunately, this dimension does not play a role in their relationship. Until the end.

II

SO THE STORY OF CLINT WOODER ILLUSTRATES some of the limits of the paradigm of the Good Samaritan. In spite of all Doc's efforts, the Good-Samaritan formula breaks down: Doc is relieved to be rid of Clint; Clint returns to the streets and alcohol; they don't see each other again for six months. But at the end, the two men meet over the chalice, and we begin to see how the parable of the Good Samaritan might illuminate theological aspects of the story of Clint Wooder. For this, however, we need to return to the parable and draw upon a slightly different interpretation, one offered by Arthur C. McGill (1982) in his *Suffering: A Test of Theological Method.*[2]

Those who are in need reveal in their day-to-day survival the condition the parable reveals about humanity: that we are all broken, needy, spiritually and existentially in the same condition.

In the parable, the righteous and earnest lawyer asks Jesus what he must do "to inherit eternal life." Jesus affirms the lawyer's response: "You shall love the Lord your God with all your heart, and with all your soul, and with all your strength, and with all your mind; and your neighbor as yourself." Being a lawyer, he is not satisfied with this and presses Jesus further: "And who is my neighbor?" This question prompts the telling of the parable, at the end of which Jesus asks the lawyer, "Which of these three proved neighbor *to the man who fell among the robbers?*" to which he must respond, "The one who showed mercy on him." Thus Jesus asks the lawyer to identify not with the Samaritan but with the man on the road. The *neighbor,* thus, is not the one who needs our help, our service, our charity, but rather that one who, though we may despise him and may have persecuted him, reaches out to us excessively, expecting nothing in return, tending our wounds, loving us compassionately. Hearers of the parable are exhorted to love not those they find in need but rather those who tend to their needs.

If the original ideal of the Samaritan was unworkable, this is not much better. McGill questions whether we would ever find one like the Samaritan to love as ourselves; real-life Samaritans are generally too limited. And more to the point, McGill suggests, if we did happen to be found by one, it is not clear that love would be our immediate response; such unmerited selfless, sacrificial love can create a sense of obligation which, challenging our deeply valued sense of autonomy and self-reliance, can foster feelings of resentment. Neither image compels our joyful emulation.

But this, McGill suggests, is precisely the parable's point. For as he notes, Jesus does not offer the parable as a model of human activity. This parable is not first anthropological but rather theological: "Like all Jesus' other parables, it does not tell us about our human love and about how we can go about displaying it to needy people. . . . It requires us to identify ourselves, not with the heroic Samaritan, but with the poor wounded man on the side of the road. . . . It tells us about God's love for us in Jesus Christ" (1982:110). The Good Samaritan, the neighbor the parable exhorts us to love, is God in Jesus Christ.

This interpretation of the parable casts the story of Clint Wooder in a different light. Doc is no longer the Samaritan figure, the healer; he is, with Clint, one lying "at the side of the road." Although Doc comes close to this insight, he misinterprets their points of commonality and difference. It is not, for example, that we share with Clint powerlessness "before our own *urges.*" Rather, the parable would suggest that our commonalities lie where Doc posits difference: our "internal realities" in many ways are

comparable; we *all* live close to the edge, leaning over an abyss, with our sense of power and control largely illusory, our lives radically contingent. Those who are marginalized and in need have perhaps less ability or reason to hide behind the ideology of control, revealing in their day-to-day survival the condition the parable reveals about humanity: that we are all broken, needy, spiritually and existentially in the same condition.

So, in fact, the story of Clint Wooder is the parable of the Good Samaritan. At the end of his narrative, Doc looks into the grinning face of his acquaintance, receives communion, and cries. And, of course, he should. In this moment at the altar, the true and only Good Samaritan, Jesus Christ, ministers to Doc through the broken but healed person of Clint. Tears are a natural response to being touched and healed by God in Jesus, who touches and heals most powerfully through those who, like himself, are most broken.

III

THE STORY OF CLINT WOODER hence illustrates both the limits and the possibilities of the parable of the Good Samaritan for shaping self-understandings of those who seek to redress the needs of others. But three points remain, points that can be treated here only briefly. To claim that the parable of the Good Samaritan is first theological rather than anthropological tells only half the story, for theology implies anthropology. The parable exhorts its hearers to "Go and do likewise," magnificently embodying the "is/is not" tension characteristic of parables, the illuminating juxtaposition of the real and familiar with the theological. McGill's theological interpretation reads this phrase as an exhortation to "Go and likewise accept the gracious ministrations of God who meets you in the form of one who is marginal. Love this God as your neighbor."

But a significant aspect of the parable, an aspect that has formed charitable actions across history and cultures, is that the Samaritan *does* stop; he does try to help. The exhortation to "Go and do likewise" is concrete, practical; it suggests that those whose lives have been touched by the healing grace of God are called to do the same, to be ministers of God's healing grace, to be disciples after the fashion of the one followed—broken, humble, gracious. Doc lives this exhortation. This would imply that the theological and anthropological require each other, that each alone is incomplete. But if this is the case, we are confronted with a dilemma. It is not clear that the paradigm of the Good Samaritan so construed can be viable in a contemporary culture uncomfortable with theological language. At the same time, as Wuthnow's analysis and Clint's story suggest, it is not clear that contemporary understandings of the story—exhorting an anthropology derived from the individualistic "theology" of secular humanism—can sustain compassionate service and not fall prey to the pitfalls Hilfiker encountered. Wuthnow found that for many volunteers who were familiar with the story of the Good Samaritan, the "moral" of the story was that the Good Samaritan and the man, in recognizing their common humanity, overcame significant social barriers. For Clint and Doc, however, neither common experience nor common humanity proved sufficient to overcome completely the barriers between them. Wuthnow's survey also revealed that many volunteers were reluctant for their relationships with those in need to move beyond the carefully circumscribed boundaries of the volunteer realm. Acting as isolated individuals, they—like Clint and Doc—do not have enough in common to sustain their relationship.

Wuthnow concludes that an important factor in motivating and sustaining caring activities is community. Wuthnow's analysis implies that this is true for those who seek to serve the needs of others in a variety of contexts, whether secular, medical, or congregational. But it is not clear how these kinds of communities will emerge in the contemporary context, or whether they will be equipped with skills to survive. The presence of religious congregations, pervasive but latent in our culture, is one possible answer to both of these concerns. Not only have

congregations historically served as communal loci of identity and caring activity, they have at their disposal at least two powerful practices for sustaining both communities and their members in the difficulties they encounter—the practices of forgiveness and common worship.

This claim holds two final implications. First, for people who serve those in need, either vocationally or occasionally, some sort of communal context will be necessary (though not sufficient) for sustaining their efforts. Second, the stories of the Good Samaritan and Clint Wooder speak to Christian congregations. In the vignette that brackets the story, Clint acts as minister of the eucharist, and this is extremely fitting. For the meaning of the Good Samaritan suggests that those like Clint are most truly the core of the church. The broken and healed especially body forth the broken Christ's healing, living examples of the way that God's power can be made perfect in weakness.