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**The Sick Person and Science:
The Role of Religion in Medicine and Modernity**

Abstract

The secularization thesis predicts that science will eventually render religion useless due to inherent incompatibilities. Modern discourses have created a similar conflict between scientific competence and more humanistic aspects of medicine. I will use the secularization thesis to analyze the unusual role of medicine as both a scientific discipline and a venture into the moral realm. Religion affects the way humans understand nature, which impacts the possibility of the scientific method as well as the role of the sick person in society. Though individuals have always been healers, institutionalizing healthcare through the creation of hospitals indicates a profound shift of values. The Greeks did not share these convictions, and thus did not have a mechanistic view of science nor a community responsibility towards healing.

I will argue that non-scientific modes of competence are ancient. Christianity has contributed to these values by building upon the contributions of the ancient Greeks, bringing forward shifts in both realms—scientific and moral—that have created the paradigm in which modern medicine exists. The persisting religious values and assumptions in medicine provide a practical example of the secularization thesis applied and overcome; they illustrate how a “scientific” discipline is inextricably bound to religion, both historically and in contemporary expectations. These foundations have never gone away; religious assumptions remain crucial for the scientific and moral capacities of the modern doctor. Medicine provides a lens to evaluate the role of religion in today’s pluralistic and secular society.

Introduction: Context, Method, and Overview

Through this paper, I critically and academically explored my identity and motivations as a religious person, a scientist, and a future physician. I was inspired by Charles Taylor's *A Secular Age*. Though I do not understand the complex ways in which modernity evolved, the possibility indicated by this massive attempt to explain these changing worldviews excited me. His language exposed me to a broader way of thinking about humanity and the way religious experience has varied in different eras. I gained an appreciation of philosophical conversation. Like Taylor, I emphasize the changing role of God and nature in the moral and scientific endeavors of humanity. He traced the way secularism developed using broad frameworks. I will use this philosophical method as a model.

Scholarship is established on the rational and moral endeavors of the Greeks, the history of medicine, the relationship between Christianity and science, and the role of religion in our modern secular and pluralistic society. My contribution is to consolidate some of these ideas using the secularization thesis and medicine. I use medicine to examine the secularization thesis by connecting the language of the secularization thesis to modern expectations of medicine. The secularization thesis indicates that medicine's future is as a purely scientific discipline. I will use the secularization thesis to show medicine to be both a scientific and moral endeavor, but will argue that both aspects of the dichotomy are valuable, and that the non-science underpinnings are ancient; these contributions cumulate in ancient Greece around the fifth century B.C.E. I am more explicit than most about the sacralized state of Greece, though I realize this is a simplification. I tie moral and scientific developments together, relating the status of the sick person to understandings of God and nature. Taylor shows how religious conceptions of God and nature affect capacities for science; I will show they also affect moral capacities—specifically,

how people understand the sick person in society. The way the community responsibility towards the sick relates to Christianity, the autonomization of nature, and the possibility of science is also an original contribution. Christian thought concerning Jesus changed the perception of the sick person; creation theology, reform ethic, and apostolic Christianity also played a role. My use of Kierkegaard to show new conceptions of the sick person—despair as original sin, and thus the inherent condition of humanity—is also original. I will portray the Greek contributions and limitations with Taylor’s language and interpret Greece to be a turning point in history, a culmination of the sacralized world that is compatible with Christianity, positioning it to contribute several aspects of medicine. By juxtaposing the ancient Greek worldview with the Christian worldview, we see the limitations of Greece alongside the long-lasting contributions that made the Western world a place where Christianity could “succeed.”

Further, there is a mutually beneficial relationship between Christianity and science; they thrive in the same worldview in which nature is autonomized. I hope to show that our modern values are a product of this heritage; there were other possibilities that were not traveled. When we evaluate why this occurred, we will understand our modern values more fully. Science arose in a culture saturated with Christianity and religion still plays a role in our society, although sometimes in non-traditional ways. Taylor, in contrast to those supporting the secularization thesis, sees science as reinforcing religion. The process of secularism did not kill religion; religion continues in traditional forms and as spiritual values. According to Taylor, the secularization thesis—the idea that modernity, science, and democracy will continue to advance as concern with God and spirituality will retreat—is unconvincing and tries to prove that God and spirituality are still at work in the world, but that we must look for religion through moral inquiry and aesthetic sensibility rather than traditional theology. On this view, religion continues to manifest itself in a variety of ever-changing conditions of experience in our secular society; I provide the scientific and moral foundations of medicine—as well as modern expectations of

medicine—as an example of these values. I provide these factors using Taylor’s language and attempt to reject the secularization thesis at the level of medicine. The rejection of the secularization thesis in medicine parallels its rejection in broader society; in both cases, authorities other than that of pure science are recognized. Accordingly, Taylor does not have any patience with arguments that say natural science, particularly the theory of evolution, has rendered religion useless.

By exposing the religious foundations of our modern values—motivations that have allowed science and our modern image of the sick person—I hope to show the risks involved when our society tries to throw these expectations aside. Culture can benefit from engaging, rather than ignoring, these contributions. It is important to emphasize the relationship between modern values and Christian heritage; this is a clue to the role of religion today. The secularization thesis is a misleading ideology; religion is active in society (although sometimes in non-traditional ways) and must be considered a part of our cultural conversation when making bioethics and healthcare decisions today.

The Secularization Thesis

The secularization thesis predicts that science will eventually demythologize the universe and answer all of our questions. Further, religion is incompatible with science; faith and religious practice will retreat from public life in favor of science and reasoning. In the words of Taylor, it is a series of “supposed arguments from, say, the findings of Darwin to the alleged refutations of religion” (Taylor 4). Traditional and orthodox religious faith and many forms of secularism are increasing in popularity today. The consequent growth of these varying options has caused mutual skepticism, fear, and anger (Keller x). “We have come to a cultural moment in which both skeptics and believers feel their existence is threatened because both secular skepticism and religious faith are on the rise in significant, powerful ways. We have neither the Western

Christendom of the past nor the secular, religion-less society that was predicted for the future. We have something else entirely” (xv). The secularization thesis illustrates these fears.

Charles Taylor agrees that there are a multitude of options and that all are made more fragile by the existence of the others. The effect of these insecurities leads to what Colin Russell, author of *Cross-currents: Interactions Between Science and Faith*, describes as a library of “war language” (19). These images of a war have cultivated the popular image of the relationship between religion and science as one of conflict and hostility. This “war language” is largely the secularization thesis, which contributes by polarizing the discussion and stunting useful conversation: there can be only fundamentalists and atheists, both of whom tend not to acknowledge the other as conversation partners. Thomas H. Huxley was a key figure in this movement, which sprang literature such as John William Draper’s *A History of the Conflict Between Religion and Science* and Andrew Dickson White’s *A History of the Warfare of Science with Theology* in the early 1900’s. Contemporary atheist authors such as Richard Dawkins and Christopher Hitchens have continued this tradition. These writers hold that religion is archaic, a weakness to be gotten rid of that manifests itself in the absence of knowledge. In Taylor’s words, they believe religion “emanates from a childish lack of courage. We need to stand up like men, and face reality” (561).

The Medicalization of Sin and Competence vs. Caring

The “war language” of the secularization thesis has been imposed on our expectations of modern medicine, promoting categories such as “scientific” and “non-scientific” that eventually become commonplace in contemporary culture. A conflict has precipitated in medicine, juxtaposing scientific competence and more non-scientific qualities and values in medicine (i.e., caring).

In *From Badness to Sickness*, Conrad and Schneider cite the institution of medicine as a method of social control. They claim that the medical enterprise has somehow been able to bring many realms of human activity under its authority. This phenomenon has also been called the

“medicalization of sin” (Taylor 506). Deviant behaviors “once defined as immoral, sinful, or criminal have been given medical meanings” and have thereby been brought under the jurisdiction of medical social control (Conrad and Schneider 1). They argue that medical doctors have maneuvered themselves into this role by institutionalizing their trade (forming the AMA) in order to serve their own agendas, effectively competing out osteopaths, homeopaths, chiropractors, herbalists, and pharmacists. “When an institution (e.g., the church, state, medical profession) gains the power and authority to define deviance, that is, to say what kind of a problem something is, the responsibility for dealing with the problem often comes to that institution” (8). Forms of deviant behavior that have been defined as medical problems in America at different times include abortion, mental illness, alcoholism, substance abuse, juvenile delinquency, attention deficit/hyperactivity disorder, homosexuality, and poor hygiene. Conrad and Schneider examine how medicine achieved the authority to define these problems as “sickness” rather than “badness” (or sin) and ultimately argue that medicine is by and large an institution of social control, achieved strategically through enterprise, institutionalization, and politicking. This effectively brings a variety of social problems from religious and other non-science jurisdiction to the realm of scientific authority. The term “medicalizing,” whereby behaviors once defined as immoral, sinful, or criminal are brought under the jurisdiction of medicine, indicates its roots in the spheres of politics (criminal), religion (sinful), and philosophy (immoral and unethical). Conrad and Schneider even draw a parallel between modern doctors and the Catholic Church in earlier eras, arguing that from the Middle Ages to the Inquisition, the Catholic Church filled the role that now belongs to medicine. Both are dominant institutions that gained the authority to define deviance, but this also suggests that religion might have been involved in the formation of medicine, particularly in defining deviance as sin. The term “medicalization” also indicates that medicine is becoming more separate from these influences. It shows the trend to overcome these things with science, which reflects the secularization thesis

and the modern tendency to use explanations that avoid religious, moral, and humanistic arguments.

A “war language” has also been created on both the personal level of the physician and the institutional level of Western medicine. At the institutional level, Good and Good discuss the “idealized contrasts” between Western medicine and traditional healing methods that have been used in recent decades. Regarding views of the body, the nature of disease, the role of the healer, and the nature of the healer-sufferer relationship, Western “biomedicine” represents reductionalism, individualism, and mechanistic thinking. It objectifies and decontextualizes the patient and the disease as “asocial objects of the medical gaze. Disease is thus entified and treated as a dimension of human biology rather than as a socially produced misery or human suffering. Biomedicine shares biological reductionalism and mind/body dualism with much of Western culture since the enlightenment” (Good and Good 81-82). This view pits Western medicine, coined with the revealing term “biomedicine,” against more traditional methods used throughout the world, often associated with magic, religion, or broader forms of spirituality, using science as the sole distinguishing factor.

On the more personal level of the individual physician, Good and Good frame the conflict between science and religion as a conflict between “competence” and “caring.” Medical competence is understood to be scientific, and “caring” is understood to be an amalgamation of humanistic qualities and is associated with religious agenda. They show the conflict in terms of several changes that occur in the medical student during the education process:

We argue that American medical culture is characterized by an ideology that reifies the domains of “scientific facts” and “human values” through the juxtaposition of two key symbols, “competence” and “caring”; and that the training of students to be “competent” physicians entails a reconstruction of commonsense views of the patient, sickness, and the personal boundaries of the medical student. Students experience a culturally distinctive configuration of contradictions as they attempt to maintain qualities of “caring” while encountering the world of medical science. (91)

This perception of conflict between humanistic aspects of medicine and scientific competence is created and maintained by arguments akin to the secularization thesis.

Good and Good cite a study where auditors of Harvard's medical school observed the effects of the first two years of basic sciences on medical students. The students learn to organize the body into organelles, cells, and organs. They study the boundaries, communication, and transport mechanisms between these biological systems. Most importantly, they physically view and enter the body in new ways, starting in histology lab with microscope and radiology imaging techniques such as x-rays, CT scans, and NMR scans (89). Particularly provocative is the way these experiences culminate in gross anatomy lab with the dissection of cadavers. The students experience a new intimacy with the body, which is newly constituted as a "medical" body. They experience a "phenomenological reconstruction" of the body and person, including themselves, as objects of the "medical gaze." They begin to experience themselves and those around them differently. Through individual cases with real patients, they develop new methods of forming relationships with people as patients: a new set of personal boundaries and an entirely new set of rules for viewing the person. According to one student, "there's none of this individuality and goodness; it's all whether you synapse quickly" (96). The medical student learns to reconstitute their conception of the person—as a patient, a case, or body—which is juxtaposed to a person who is suffering. "A technical language is juxtaposed to everyday discourse...a physician with reorganized personal boundaries is juxtaposed to the normal individual relating to another human being who is suffering" (102). An ideal type is characterized in the modern media—specially, the television show *House*—in which the physician must be an atheist, asocial, and extremely medically competent scientist. There is no doctor-patient relationship and the physician dehumanizes himself in a variety of ways. The media displays our society's affinity to the secularization thesis-driven idea that science and reason conflict with more human aspects of medicine.

The Secularization Thesis Imposed on Medicine

The secularization thesis established a dichotomy in medicine, creating the distinct categories of science and non-science. The “medicalization of sin” and the dramatized clash between caring and competence show that the secularization thesis does indeed play a significant role in our conception of modern medicine. In the process of learning to be medically competent and serve the patient effectively, the doctor must presumably learn to interact with patients differently; doctors must be detached in order to function. These changes—the trend to give modern medicine a purely scientific type of authority where moral qualities are not a priority and thus become less and less a possibility—are perceived as progress. Medicine is certainly a scientific discipline. “Throughout, competence is given primacy, as is bioscience as the presumed basis for medical practice, and the language of competence has come to be increasingly powerful in expressing the self-worth of the physician” (Good and Good 94). This scientific model has provided great technical advances. However, these scientific qualities have been emphasized by juxtaposing them to non-scientific modes of competence. It becomes clear that when scientific competence becomes the sole priority, much of the art of the profession—the doctor-patient relationship and other moral elements—is lost. The secularization thesis (somewhat ironically) reveals the expectations and perhaps benefits of both categories. “Ever since the establishment of medical skill as a distinct art, its practitioners have reflected on that art’s origins, its historical progress, and the current state of medicine—both as a profession and as a scientific discipline” (Grmek 1).

Medicine is not a purely scientific endeavor, but a moral one as well. The aspects of medicine the secularization thesis excludes form a category, and medicine can be understood to be an amalgamation of many influences; more complex explanations of its authority are required. As the secularization thesis associates science with Western modernity—words like “biomedicine,” “biological reductionism,” and “competence”; an asocial medical gaze and a decontextualized, individualistic, and mechanistic view of the body and disease—the other category also precipitates, in which the unique ethic of the profession becomes visible. This

category consists of a non-scientific language; words like “caring” and “moral,” often associated with more traditional practices with a religious or spiritual component.

Medicine, like most of the sciences, is knowledge transformed into power. The theoretical aspects of medicine—biophysics, biochemistry, physiology, physiopathology, microbiology, pharmacology, and so forth—constitute the rational, experimental foundations of a science which is then applied to the practitioner, for medicine by definition is the applied science that enables us to intervene, directly or indirectly, in the various processes taking place in the human body. The practicing doctor, too, has a dual role. As a scientist he is concerned with the abstract problems of the body and disease, the patient’s organism being regarded as a living thing that reacts according to general laws. His science is merely a branch of the many other sciences which study the operations of nature. But as a practicing physician, on the other hand, he must make contact with his patient on a personal, therapeutic level; and here is a unique relationship which makes medicine something more than a science, which makes it an art, a form of dialogue between two human beings in which the patient, a conscious human mind in a state of anxiety, is the questioner and the doctor the counselor. (Starobinsky 6)

There are two arguments. One is the secularization thesis, which cites the incompatibility of these two categories and the superiority of science. It does not have to be this way; the other argument is that both aspects of the dichotomy are crucial in the art of medicine. By creating these distinct categories of scientific and non-scientific, the secularization thesis is useful for evaluating the nature of the medical profession; namely, two types of authority—moral and scientific—whose sources can be assessed. I will explore the sources of the moral and scientific components of medicine and then argue that history and modern expectations show both aspects, not just science, to be crucial.

Ontological Frameworks

The North Atlantic world (the West; Latin Christendom) lives in a secular age, but it arose from societies that did not. Taylor traces how the conditions of experience and the search for the spiritual have evolved as we enter modernity. In this process, religious practice manifests itself in different ways and new opportunities become available for experiencing the world. Ontological frameworks determine religious capacity; how we access the world and how things take on meaning change. Thus, the way in which humans conduct their spiritual and moral search is not

constant across history because the possibilities for belief options and spiritual experience changes. “Now this fact, that the religious language, capacities, modes of experience that are available to each of us comes from the society in which we are born, remains true in a sense of all human beings” (Taylor 148). The way the world appears changes; what appears to be rational changes. This allows for an evaluation of why certain movements are compelling and allowed to occur at different times. Whether it be deism, the Reformation, or the modern atheism movement, there are reasons these ideas were appealing when they were.

Taylor traces the origins of these options to define secularism and its role in shaping human spirituality, and in the process he identifies many terms useful for describing different eras of human activity. He uses history to probe something deeper, a kind of human attitude that pulls history along with it. By creating this genealogy to reconstruct the way modernity came about, Taylor explores how secularism emerged in the West and how it determines the changes in these philosophical conditions, which alter the capacity for experience and understanding, religious and otherwise. Christianity emerges as a powerful influence as notions of the self, society, God, and nature change. This did not occur necessarily as some type of unfolding logic—Taylor simply shows that it did unfold in a certain manner; particularly, that the capacity for science and an exclusive humanism arose as forms of secularism progressed out of earlier forms of Christianity.

Two Shifts From Greece

I will use medicine to show the role of non-scientific modes of competence in modernity. The unusual role of medicine as both a scientific and non-scientific (moral, which I will evaluate through understandings of sickness) discipline presents an interesting opportunity to evaluate the secularization theory. Medicine can contribute to the so-called “science vs. religion” debate because it provides an opportunity to explore the compatibility of a “scientific” discipline with these other motivations. Both of these have been influenced by religion; though often identified as archaic, religion helped form the moral and scientific paradigm in which modern medicine

exists. Understandings of God and nature affect the value placed on individual human life, and the way the sick person is treated affects the role of the doctor. The effect of religion on role of the sick person in society involves healing, the body, ethics, and a community responsibility towards the sick. The way humans understand nature also directly impacts the possibility of the scientific method. Though individuals have always been healers—“nowhere is this art wanting, for the most uncivilized nations have had knowledge of herbs, and other things to hand for the aiding of wounds and diseases”—institutionalizing healthcare through the creation of hospitals indicates a profound shift of values (Grmek 2). Our modern values have driven the formation of the hospital and the scientific method; we cannot assume their existence. Inquiry into moral and religious influences can help explain how the values that allowed the mechanistic world necessary for modern science came about. Assumptions such as these are still important today because these values dictate how we make important decisions.

A mechanistic view of nature and a community responsibility toward the sick represent scientific and moral assumptions that define modern medical practice. The ancient Greeks had different scientific and moral convictions and thus different scientific capacities and priorities regarding individual human life. Although claims of the contributions of Greece—“The contribution of the Greeks was to make medicine both a rational and an ethical enterprise” (Pellegrino and Thomasma 45)—are true to an extent, several shifts crucial to the modern paradigm in which medicine exists today were not quite possible in Greece. The Greeks still lived in a sacralized world as will be discussed below, so rational conversations about natural causes occurred in a culture saturated with the gods. There was not a strong enough consensus regarding the status of God and nature to allow strong foundations for science; natural causes were more of a contested experiment than an agreed-upon worldview. In this state, the community viewed sick people as weak and damaged and thus treated them with standards unlike those of today.

The Greeks stood on the precipice of breaking free from the sacralized world; their contributions and limitations were integral as Christianity entered the world picture. There is a connection between religion and medicine, which I will evaluate by showing the positive contributions of a non-science tradition—specifically, Christianity in the West—to both the scientific and non-scientific traditions in medicine. Christianity has contributed to this structure by building upon the contributions of the ancient Greeks, bringing forward shifts in both realms—(1) assumptions about nature that allow modern science and (2) a new understanding of sickness—that have created the paradigm in which modern medicine exists. There is certain continuity between science and religion; religion persists today in our assumptions and values and thus has a role in the ways we make decisions.

Early Understandings of God and Nature in the Sacralized World

Taylor describes how monotheistic faiths started a gradual “disenchantment” or “desacralization” of the world; this accompanies the autonomization of nature and is the first wave of secularism. When Taylor qualifies a type of pre-modern society as “enchanted” or “sacralized,” he means that within this framework, spirits, demons, and other moral forces were a reality. The divinities were embedded everywhere in the natural world. A person may have been seen as demon-possessed then, whereas, in today’s framework, we are more likely to arrive at a difference explanation. “We eroded away forms of immediate certainty,” so in modernity there are now a variety of competing options of interpretation and experience (Taylor 12). This society was fundamentally different from that of today. These religious assumptions affect understandings of God and nature, which affects both aspects of medicine: science and moral (developments surrounding the sick person).

Taylor’s distinction between the porous self and the buffered self is a key to understanding the sacralized world—which I will argue cumulated in ancient Greece—and its subsequent secularization as Christianity contributes to a new value system. In an enchanted

community, individuals have a porous self-identity. Meaning is not in the mind; rather, it is independent and outside of us, and includes another power (God) that can communicate (or impose) this meaning to us. For the porous self, the source of the most powerful and important emotions are from outside the mind of the individual; outside meaning penetrates the porous self and there is an absence of boundaries between the mind and outside that seem essential to the modern, “buffered self,” who has the ability to disengage and constitute meaning independently. The boundary between physical and moral wasn’t drawn. There is a sense of vulnerability and fear for the porous self, as well as a dependence on the spiritual realm. Everything was an act of the divine and people prayed for things as a community: weather, sickness, healing, crop yields, and fertility. People were surrounded by a hostile nature invested with mysterious and spiritual forces that control everything. In order to live unharmed, they had to use constant vigilance and observe a complicated system of rules and rites that protected them from these forces. Ritual represents these efforts to influence these divine entities; these skills gave people power over their surroundings and were thus necessary for survival.

The Yekuana of Brazil are an example of a modern people who have avoided the influences of Christianity and secularization and maintained this sacralized world. For them, every object is “animated with an independent and potentially destructive life force” (Guss 31). These categories are symbolized by weavings in all their material culture—their houses, clothing, baskets, and gardens—as a way to systematize and communicate ritual knowledge that is necessary to engage the dangerous world around them. These objects display concentric circles that indicate the spiritual nature of their world. The outer portion represents the dangers facing the Yekuana; it is considered profane, ephemeral, illusory, unknown (associated with the forest that surrounds them), hostile, and toxic (26). The inner portion is associated with ritual and thus safety; it defines a central, spiritual, cultured space where ritual can mediate communication with these spirits and secure survival in the dangerous world. The Yekuana navigate this spiritual world by recognizing and responding to these dangers using symbolic associations; they saturate

all activity with religious symbol and ritual that allows them to understand, contain, and transform the dangers around them. For example, their main food source is the cyanide-rich yuka tuber, which they detoxify of dangerous spirits by pressing with a special kind of basket. They weave symbols of danger (animals and death) into their baskets in order to control these elements. Stages of human development are understood in terms of levels of vulnerability (the most dangerous transition states being birth, menstruation, and dying): “those most vulnerable, such as children and young mothers, are rarely seen without all items of dress in place” (47). These rituals allow safe contact with spirits. “Although equanimity is achieved by a complex of ritual procedures that penetrate their world and accompany every human-nonhuman interchange, these spirit beings can be potent enemies when one of their members is treated in an unkind fashion...potentially uncontrollable and disruptive...the art of manipulating the supernatural power...can and must be learned” (31-32).

According to Taylor, disbelief is hard for a porous self in a sacralized world because the porous self lacks the control to constitute its own meaning; meaning exists independently and is imposed. This relationship between the human being and the divine is correlated with communal religious experience, which also limits options of disbelief. The porous self is bound to others and does not have the option of disengaging. Religious life is inseparably linked to social life, so religious experience was constituted socially. The porous self relates to God as a society through collective prayer, ritual action, and sacrifice. It was the community’s responsibility to punish those who angered the spirits in order to protect the whole society. Because the most important actions were in groups led by functionaries, they couldn’t conceive of themselves as separated from this social matrix. In the sacralized world, the lives of individual people were thus secondary to the community, which is reflected by the treatment of sick people. I will argue that as the world was eventually “desacralized,” the social sacred and these conceptions of sickness dissolved and allowed new value systems in which more emphasis was placed on the individual; in time, human life gained more value and sickness was viewed more optimistically.

Limitations of the Sacralized World

In the sacralized world, the sick person was a victim of the spiritual realm (Yekuana), or—in what Sigerist refers to as the next higher stage of sacralized civilization—the sick person is no longer an innocent victim but is atoning for sins. Being sick is a disgrace, a sign of individual sin. The world no longer consisted of a plethora of spirits with which one had to interact, invoking proper ritual to avoid harm. Sickness gained a moral element; it was punishment from the gods for sin as opposed to simple victimization. In Yekuana culture, for example, fever, insanity, and death are in some capacity a punishment for not interacting with spirits through the correct ritual: the spirits would “search out the guilty offender and strike him,” usually resulting in fever or even death (131). However, our understanding is that the Yekuana perceive people more as victims than moral failures. Ritual was never guaranteed to succeed, and a faulty performance did not cause punishment in the same sense as “sin”; this concept does not exist in their culture.

Ancient Babylon is an example of the practice of religious medicine, where disease was perceived as punishment: “All disease came from the gods, and the task of the priest-physician was to discover and interpret the intentions of the gods so that he could placate them. Babylonian medicine included a great many magical and also empirical elements, but as a whole it remained a system of religious medicine” (Sigerist 132). This is evident in the Book of Job when Job’s friends ask him to try to remember what he had done to invoke such punishment, implying that he fully deserved the tragedies in his life (Job 22:5). The notion that sickness is a punishment from the gods was never completely eradicated. “The *pauper egrotus* is not the incarnation of a body of symptoms, arrayed by a neutral and scientific observer, but, first and foremost, the incarnation of religious admonitions...[the disease is] positioned between the body and the soul...Disease manifested at the level of the body the defects of the soul” (Agrimi and Crisciani 173). This notion

of sickness as punishment is to be contrasted with later Christian doctrine, where sickness is viewed an inherent condition that can be used for positive ends.

In a sacralized world, spirits are a constant cause in the world; this is why people like the Yekuana engage in constant ritual to protect themselves. The physical, natural world cannot be precise or studied mathematically because there is no unifying order that is constant (which is foundational for the logical experimentation and mathematical formulation that characterize the scientific method). For example, the ancient Greeks expected a good amount of imprecision in nature because their creator (*Demiurge*) was a less powerful god who had to struggle against stubborn forms of preexisting matter. They saw the material world as disorderly, misleading, and somewhat evil. A mechanistic world separate from the divine was not possible yet. In this way, religious conceptions of the divine and nature in a sacralized world limit understandings science and sickness.

These are the religious foundations of the scientific and moral aspects of modern medicine. Before discussing the extensive changes induced by the arrival of Christianity in the Western world, it is necessary to analyze how these factors culminated in ancient Greece. Greece was one of the final large-scale sacralized societies in the West before the rise of Christianity. The sacralized world was questioned as never before in Greece, but the culture of the gods was able to withstand these threats. Thus, although the ancient Greeks made many contributions regarding sickness, science, and (especially) the professional tradition of the physician, they were fundamentally limited. The Greeks formed the worldview upon which Christianity could successfully build.

“Non-Scientific” Contributions of the Greeks

The contributions of the Greeks are foundational to modern medicine in the West. It was then that being a physician became a recognizable profession. “The second half of the fifth century B.C.E. marks a decisive step forward in Western medical thought. It was the moment we

consider the ‘birth’ of both medical literature and the art of medicine" (Jouanna 22). All the earliest writings of Greek physicians were passed down under the name of Hippocrates of Kos. This Hippocratic collection has long been the focus of medical thought. As early as Hellenistic and Roman times, and even now, a primary concern has been determining which works were actually written by Hippocrates himself (33) (notably by Galen in Rome, who wrote many commentaries on the specific systems of medicine found in the Hippocratic collection). Hippocrates was famous and of great reputation during his own lifetime (estimated dates: 460 to 370 B.C.E.). He is considered the father of medicine, although he came from an aristocratic family, a long line of physicians who claimed to be the descendants of Aesculapius. His father of the same name is known to have written many medical treatises. The physician known as Hippocrates was famous during his lifetime for his teaching and theories. The Hippocratics developed the near-scientific theory of humors (and the key concept of causation in nature), created the first tradition of professional physicians, and established some of the first medical ethics. The Greeks’ romanticized view of health also helped shape the role of the doctor.

Individual healers have existed in all cultures, often serving dual roles, perhaps as a priest or shaman. However, “if we consider medicine an art, then it is not wrong to speak of its birth” (23). In the fifth century B.C.E., the history of culture was considered by the poets and Thucydides to be one of progress, in contrast to the Hesiodan conception of human history (a steady decline following the golden age):

[This progress begins with man] in a state of savagery, clearly the opposite of the golden age, and continues up through various stages of civilization, brought about through the appearance of various arts. Among those arts that have led to the birth of civilization, a prominent place is enjoyed by medicine, which saves men from death and disease. The twofold discovery of cooking and medicine...constituted, for humanity, a point of departure, marking a transition from life in a state of unhappy savagery, in which man ate like the animals, to a civilized life. (45)

There was a “remarkable climate of intellectual enthusiasm” in which many disciplines developed into something like a profession and are called *techné* (24). The age of Hippocrates is when

medicine established itself as a *techné*—a recognizable profession with connotations of art, skill, and craft; however, there remains a notable theoretical or philosophical element (King 8). The Greek doctor was regarded both as a craftsman and as a teacher or philosopher. This term defines two concepts that were inseparable to the Greeks: art and science. Besides describing diseases, predicting their course, and detailing the remedies, the Hippocratic physicians also wondered about the methods and ultimate purpose of their art. The Hippocratics thus developed a distinct profession with its own philosophy.

As a *techné*, the Hippocratic medical tradition operated within a newly developed ethical framework and standard of practice indicative of a true profession. Hippocrates began the tradition of the travelling physician. In the treatise *Epidemiae*, for the first time in the history of medicine, there are a number of individual files on single patients, with day-by-day descriptions of the development of their diseases (Jouanna 27). Hippocrates taught methods to detect and diagnose disease; for these physicians, observation was truly an art. Records indicate the Hippocratic physician was extremely well-trained to use all of his senses to evaluate the patient's posture, facial features, and hand movements. They would listen to heart auscultations—"it seethes inside like vinegar...a sound like new leather"—and were able to shake the patient in different ways to produce different sounds (52). They observed astonishing details that the modern doctor no longer has to perceive. These practices represent the development of the profession and standardization of practice.

Experts doubt the existence of any type of medical schools in ancient Greece. The city-state itself had not organized any type of medical education, nor established credentials authorizing the practice of medicine, so the teaching that was done in cities tended to remain closely bound up with aristocratic and family structure; the profession developed a certain amount of prestige. Medical knowledge was generally passed down within families and apprenticeships, with strict guidelines about the student's duties to his teacher's family. The Hippocratic Oath outlines these agreements. As a result of all the traditions, physicians of this

techné (profession and art) began to have a comradery; a union of physicians “against the attacks from without, all physicians were obliged to close ranks, presenting a united front in defense of their art” (50).

A particular ethic for doctors was clearly developed in Greece; the Greeks began to articulate the internal morality of medicine. Hippocrates required his pupils to lead an almost monastic lifestyle. The Hippocratic treatise *On Decorum* states that the Greek doctor was expected to “act like a gentleman, dressing modestly, avoiding strong perfumes, and refraining from quoting from the poets at the patient’s bedside,” as well as by having “a healthy appearance, a cheerful and gentle manner, and also by avoiding extravagant clothes and refraining from any discussion of fees when at the patient’s bedside” (King ix and 15). Aspiring doctors were required to make a special commitment to medicine as a calling dedicated to the interests of the sick. Hippocrates encouraged an ethical commitment to the welfare of the sick person. These doctors were committed to a virtuous way of life. “It gave medicine a perduring ethical framework. It united physicians into a moral community with shared ethical ideals and a way of life dedicated to beneficence and nonmaleficence, avoidance of abortion and euthanasia, protection of confidentiality, and a promise not to take advantage of the vulnerability of patients and their families” (Pellegrino and Thomasma 46).

The Hippocratic physicians reflected on their profession more than ever before, leading to a distinct ethic. These ethics are expressed largely in the Hippocratic Oath: the doctor would always help the patient to the best of his ability, never cause injury or intend wrongdoing, never poison or perform abortions, never compromise the patient’s confidentiality, and never abuse the vulnerability of the patient (sexually or otherwise). There were also limitations on surgical practices. Hippocrates taught respect for the patient and also theorized about the doctor-patient relationship. The relationship between the patient and disease was conceived in terms of a struggle where the disease must be combated by the combined efforts of the patient and the physician. “The patient must cooperate with the physician in combating the disease” (Jouanna

63). The struggle against the disease is waged by the patient and the physician is the patient's ally. In this relationship, the physician strived for modesty and humility: "For where there is love of man, there is also love of the art" (38). This human dimension, in the relations between the physician and the patient, constitutes one of the great original contributions of Hippocrates. Although still rooted in the tradition of the priest-doctor-shaman role, these ethics represent a remarkable shift. At least for these individuals, healing was much less associated with the supernatural. A Hippocratic doctor acted as a teacher on his own authority rather than on supernatural, magical, or religious authority. The Greek model of practice, professionalism, ethics, and the doctor-patient relationship is embraced by the Christian worldview and ultimately serves as a direct foundation for modern medicine.

"Scientific" Contributions of the Greeks

The Greeks played a role in rationalizing medicine as well. To make medicine a rational enterprise was to separate it from its magical and religious origins, seeking causes in natural phenomena instead. Many well-known Greeks were more inclined toward a rational and scientific view of the world, including the body and healing. Early Greek physicians used a phrase meaning the "healing force of nature" (Pellegrino and Thomasma 46). Greek medical knowledge is known for presenting natural explanations for disease. Where early religious medicine used spirits and magic to heal, the Hippocratic physician relied on the body's own healing capacities. "When we speak of Greek rationalism in the age of Pericles, we naturally think of the historian Thucydides, who refused—in contrast with Herodotus—to explain the progression of natural events through the intervention of deities in human affairs. A kindred approach can be found in the Hippocratic collection" (Jouanna 38-39). The Hippocratic treatises largely rejected the intervention of deities and the use of magic, prayer, incantations, and purifications; they had an "undeniable unity consisting chiefly of a spirit of medicine freed of all reliance on magic" (31). Many treatises denounce physicians who describe disease with divine

causes. They instead try to understand the world (and the body) through an “awareness of the basic elements of human nature. These primary elements are mingled with those of the universe” (37). Natural causes of disease became part of the medical discussion, and this formed the basis for science as a body of knowledge separate from magic and religion. The Hippocratics helped people to question their relation to the gods. People were tied to the universe around them; they were made up of its parts, and were thus to be considered part of this environment, the natural world.

Hippocrates’ humors were a particularly important doctrine for starting this scientific discussion. The body consisted of interacting categories, usually fluids—yellow bile, black bile, blood, and phlegm; or phlegm, water, bile, and blood; or wet and dry; or fire and water—that were foundational to the scientific dialogue of the body and healing. The humors flux in accordance with the laws of nature; “health was evident when the constituents of the body were in balance: disease showed that one had gained the upper hand” (King 13). Beginning with Galen, the humors have been considered the cornerstone of Hippocratic doctrine that provided the foundations for a mechanistic view of the body. Though the Greeks did not perform human dissections, they developed many impressive and complex theories about the way these fluids interacted. The shape and makeup of the organs determined their functions (Greek knowledge is now scientifically obsolete, but the processes by which they arrived at these conclusions are still relevant). Galen, a Roman influenced by Hippocrates, performed famous animal dissections, during which he became familiar with the nervous system and impressed spectators by making body parts twitch by touching different nerves (42). He could also remove a pig’s intestines and put them back. This represents a significant shift from a spiritual understanding of the body and healing to a natural one.

Natural and understandable causes increasingly replaced divine and mysterious causes. Of the many contributions of Greek philosophy, at least to science and medicine, this idea of “causes” was the most influential. The components of the body (the humors) were made up of

and were influenced by the natural components of the world. The treatise *De aere, aquis, loci* describes the natural factors a travelling physician should evaluate in a new city: winds, soil, and climate, all of which exert forces on people. These factors were “singled out to explain the physical and moral differences among people” (Jouanna 44). For example, a flow of cold humors might be caused by changes in the winds and might be treated by invoking the opposite humor. Health occurs when the humors are balanced.

The concept of causality—and this is the most important new idea of the Hippocratic text—is already linked to that of prediction. If a knowledge of causes seems indispensable to the physician of the Hippocratic collection, it is not only for the prediction of diseases, but also so as to combat them with a correct and natural treatment...opposites are cures for opposites. In this manner, the cognitive paradigm of order, with the exclusion of disorder, was inaugurated. It was to be the foundation of the deterministic conception of science. (50)

These natural causes led to arguments against the sacralized world. The previously mentioned *De aere, aquis, locis* has a whole chapter devoted to disproving that the impotence of certain Scythians, called *Anarei*, was caused by a deity. The reasoning: if it were more sacred than other diseases, it would strike those who offer the fewest sacrifices and offerings to the gods, namely, the poor. Instead, the disease chiefly strikes the wealthy (40). Similarly, the treatise *De morbo sacro* begins by denouncing physicians who recognize epilepsy as the “sacred disease” (35). The Hippocratic author harshly attacks those responsible for considering the disease sacred, then sets forth to explain natural causes. It is the earliest known text in which a rational medicine is opposed to a religious medicine. In reality, however, these arguments were not so black and white; they were much more nuanced and the Greeks were not able to entirely reject the sacralized framework as much as is implied by their exploration of natural causation through the humors.

Limitations of Science in Greece

The endeavors of the Hippocratic physicians do not represent the full range of popular practices in Greece. The rational and scientific contributions were made by an elite group of philosophers

and physicians. They were an extraordinary exception that did not represent the overall framework of the age, which still attributed all acts in the natural world to the gods, including healing. The majority of the population still understood themselves largely in relation to the gods. The Greek framework maintained components of the sacralized world. “Beginning with the Homeric epic, moving on through lyric poetry, and culminating in tragic poetry, man chiefly found his identity through his relations through the gods...Poets compare the power and knowledge of the gods with the weakness and heedlessness of men” (Jouanna 42). Part of the later success of early Christianity can be attributed to the apostles’ use of miraculous healing, a practice which engaged this culture. When Paul and Barnabas healed a cripple in Lystra, the crowds shouted “The gods have come down to us in human form!” They believed Barnabas to be Zeus and Paul to be Hermes and tried to offer them sacrifices (Acts 15:11).

The divine presence in Greek culture was evident in the widespread magical temple healing practices. The diseased could go to almost any temple, bring offerings, and pray for health. There are references in the comedies to the blind being healed. There is archaeological evidence as well; many stones (*stelae*) uncovered at Epidaurus, dating from the fourth century B.C., display accounts of miraculous healing. Patients would fall asleep in the sanctuary, see a god in a dream, and wake up cured the next day. Almost all the gods served healing functions; worshippers often left images of the afflicted parts of their bodies at shrines, and put up inscriptions describing how the god had helped them (King 3). Many of the most common medical practices were said to have been invented by the gods, who cured disease but also inflicted plagues as punishment. Apollo was considered the inventor of medicine and was responsible for the famous plague that afflicted the Greek army at the opening of the *Iliad*. The darts of Apollo brought pestilence, the ground where Hephaestus fell was used as a remedy for snake bite and mania, and in Sparta, people suffering from eye diseases worshipped Athena. These religious healing practices gradually crystallized into the worship of Aesculapius, the son of Apollo. The healing temples of Aesculapius existed in Greece into the Christian era.

Some say the Hippocratics remained completely separate from this popular culture, making them especially remarkable. “The rational medicine of the Aesclepiads does not derive from the temples of Aesculapius” (Jouanna 41). Two separate forms of medicine existed side-by-side at this time: the rational medicine of the Hippocratics and miraculous, religious healing in Aesculapius’ temples:

The split between elements of primitive medicine was complete from the Greek period on. The sixth century B.C. marks turning point not only in the history of Western thought but also the history of medicine. Rational systems of medicine developed that consisted not merely of collections of crude empirical facts—lists of symptoms and recipes—but endeavored to interpret the nature of health and disease. They were based on observation and experience, excluded mythology and the transcendental, and interpreted the problems of medicine philosophically, and later scientifically. How people ever succeeded in liberating themselves from the bonds of magic and religion when they approached problems of health and disease is still a mystery. The fact that they did gives the Greek genius its unique position. (Sigerist 133)

These cultural conditions help illuminate the unique activities of the Hippocratics, but we cannot underestimate the effects of living in a culture that is saturated with the gods. The Hippocratics’ philosophical discourse and deliberations took place within and in reference to this culture that was saturated by the gods; they were constantly engaging it and were thus fundamentally limited by it. Science (at this point, simply natural causation) was more of a philosophy lived by some than a worldview assumed by the whole culture and capable of changing Western thought. This conversation is portrayed in Raphael’s *School of Athens*. Plato points to the heavens, representing his view that the earth rots and is corruptible. The true forms are in heaven and people will be misled if they study the corruptible. Men should figure out the truth by thinking, not experimentation. Aristotle stands next to him; he disagreed and thought it was beneficial to study the earth. Galen, heavily influenced by the Greeks and Hippocrates and probably the most acclaimed doctor of antiquity, wrote that many attributed his extraordinary success in prognoses to magical rather than medical skills (King 38). He even admitted that his father was commanded by a dream from the god Aesculapius to encourage him towards a medical education (39). The purpose of this claim was likely to placate the masses who still lived in the sacralized world.

The Greek influence clearly had a religious, even mystical, component, and the Hippocratics did not remain as immune to the lingering enchanted and polytheistic traditions as the previous passages indicate. Two forms of medicine existed and the rational was by far the minority in a much larger culture. Although the revolutionary philosophy of natural causes challenged the divine, it did so within, in reference to, and by engaging this sacralized culture. As impressive as these philosophers were, “it should not be supposed that the Greek tradition was seen as homogenous” (Russell 27). “Given the diversity of authors found in the Hippocratic collection, however, we should not expect total consistency in the attitudes of the Hippocratic physicians concerning the divine” (Jouanna 40). The Hippocratics still recognized the gods to varying degrees. The Hippocratic oath begins, “I swear by Apollo the doctor and Asclepius and the goddesses Health and All-heal and all the gods and goddesses” (King 3). The snake represented immortality because it could shed its skin to renew itself; it was associated with Aesculapius and later became the symbol of the art of medicine, indicating the persisting influence (5). “Interestingly, even as Greek medicine declared itself free from religion and identified itself as a craft or *techné*, it still called upon the gods for its healing powers” (Pellegrino and Thomasma 46). The Hippocratic treatises vary widely on how they reference the divine. All of them do accept the gods, even as they advocate natural causes; some Hippocratic texts more directly engage this divine culture than others.

One indicator of the sacred influence upon these philosophers is that they were careful never to completely dismiss the gods:

The rationalism of the Hippocratic authors is cautious not to enter into open conflict with this medicine of the sanctuaries, and stops short of rejecting as a whole the category of the divine. The author of *De morbo sacro* has steered safely away from accusation of atheism...he has overturned the positions of his adversaries by accusing them of atheism, setting up against them a purer conception of the divine, assimilating it into the concept of nature. (Jouanna 42)

Very few rejected the gods altogether. The Hippocratics by and large did not claim that the divine played no role in disease; instead, they compromised, saying that there were both divine

and natural causes. Most treatises would only go so far as to say that a particular disease is “more divine” or “less divine” than another. For example, regarding epilepsy, which was known as one of the most sacred diseases: “The sacred disease is no more divine than other diseases, but all diseases are at the same time natural and divine...[the author of *De morbo sacro* assumes] that natural phenomena, such as climactic conditions and the winds, are divine” (42). This Hippocratic author thus rejects the intervention of a specific deity, which would compromise natural causation, but still appeases the sacralized framework—“preserves the concept of a divine factor”—by saying that the gods manifest themselves in the natural laws (42). Another part of the Hippocratic ethic indicates the resistance to denying the role of the gods in nature—they believed that art should never harm nature: “The violence of the physician does not resemble the violence of disease; it can only be a gentle violence. The ultimate goal of medicine, the welfare of the patient, is never lost sight of” (62). According to the reasoning in *De aere, aquis, locis* devoted to disproving the divine cause of impotence, “if it were more sacred than other diseases, it would strike those who offer the fewest sacrifices and offerings to the gods, namely, the poor. Instead, the disease chiefly strikes the wealthy” (40). According to this reasoning, some diseases *were* sacred. Some treatises condemned the physicians who believed in divine causes; therefore, some physicians believed in divine causes. Indeed, some Hippocratic texts did directly advocate the gods: the treatise *De diaeta* goes so far as to recommend that patients offer prayers to the gods and *Prognosticon* advises the physician not to fail to determine whether there might be a divine factor present in the disease when establishing his prognosis (40). “One can find, here and there in the vocabulary of these medical treatises, the heritage of archaic thought, which viewed disease as a demonical force that penetrated the patient from without, to possess him” (38). However, true to their reputation, the Hippocratics were usually skeptical of purely divine influence.

“Moral” Limitations of the Greeks Regarding Sickness

Sickness was viewed differently in the sacralized world. Despite these tendencies towards a sacralized world, the Greeks still played a great role in separating healing from religion in favor of science and reason, especially regarding the sick person. There was a shift in the perception of the nature of the sufferer. In pre-Greek sacralized societies, the sick person was primarily a victim or one being punished by gods. Though the gods continued to play a role, the Greeks began to see sickness more simply as a sign of weakness. “The social term *infirmitas* had a negative connotation, as weakness, inability to work, lack of status and dignity, and state of dependency” (Agrimi and Crisciani 173). Sickness—now with both natural and divine causes—was somewhat secularized. This was encouraged by a romanticized view of health. There was an increased emphasis on health and thus the sick as weak: “Health appeared as the highest good. Disease, therefore, was a great curse. The ideal man was the harmonious being, perfectly balanced in body and soul, noble and beautiful. Disease, by removing him from this plane of perfection, made him an inferior being” (Sigerist 68). The romanticized view of health also contributed to the prestige of the healing profession; because the physician could help the sick man reach this ultimate goal of health, he was “among the most highly esteemed of the craftsmen” (69). This romanticized view of health contributed to both the notion of the sick person as weak and an authority and ethic (perhaps an ethic compatible with Christianity) of the doctor that began to exist independently of religion. Christianity would incorporate and modify this priority of healing.

The sick man was considered by society only so long as he had the capacity for improvement; the weak were often ignored or destroyed. The Greek physician would have considered it immoral to attend to a hopeless case; to them, it would have been a waste of time. The Hippocratic ethic generally taught that the physician should treat all patients indiscriminately: “In the Greek city where he was practicing, the physicians would care for all men, women, citizens, strangers, freedmen, slaves, Greeks, and barbarians. He accepted payment

but made no apparent distinctions among his patients. The physician considered that he had, first and foremost, a human being before him” (62). However, this was rarely the case. It was agreed that the purpose of medicine should be to be useful to the sick person; the goal is not the success of the physician but the health of the sick person. The Hippocratic physicians do not, however, appear to have agreed on whether to heal all of the sick or only those who he considered to be curable. “To be useful” is an ideal that a doctor cannot always achieve, thus “Do no harm” is added, which provides justification to select their patients. The decision of whom to heal was left largely to the individual practitioner; there were no clear standards or institutions. They did not place the same value on the human life as we find in the later periods; the weak were left to die. Hippocrates himself is said to have refused to treat enemies of Greece, including nobility in the Persian army (Jouanna 25). Sickness was weakness and there was thus no community responsibility to help the sick. It was distinctly Christian beliefs that began changing this view of the sick person.

Christianity meets Ancient Greece, the Culmination of the Sacralized World

The Greeks are positioned at the transition to our modern era. Natural causes (the humors) show a tendency towards the mechanistic view of the world necessary for modern science and the romanticized view of health (where sickness is perceived as weakness) helped to secularize sickness, to separate healing from spiritual sources. This separation represents aspects of the autonomization of nature as described below: a separation of God and nature, a new focus on the natural world, and the departing sacralized views of the sick person associated with the social sacred in favor of an increased value on human life. Greece is thus truly an amalgamation of the sacralized world and the beginning of modern ideas about science, medicine, and morality. It is a crucial connector between the sacralized world and the world of Christianity. The Greek worldview was conducive to Christianity; they set up a value system with which Christianity could engage. Perhaps this combination of compatibilities and logical additions contributed to

the success of Christianity in the West: a separate authority (separate from magical and religious medicine), its own ethic, a romanticized view of health, and a tendency toward science. The social position of the doctor, the ethics of medicine, the precedent of the doctor as a teacher with authority outside religion, the sick person as weak, and the causal basis of science are all concepts indebted to the Greeks; Christianity would engage and reorient these components. Greek reason and humoral doctrine culminated in the idea of natural causes, which set the stage for the true desacralization of the world that would occur through Christianity and subsequent secularizations, which would eventually make a more comprehensive scientific framework—and thus the paradigm for modern medicine—possible.

Introduction: Christianity and Science

Shattering accepted theological doctrine, Schwann reasoned that the body was not infused by a mysterious force, but instead operated according to blind natural laws, just as physical laws govern blind inorganic matter. Even though he was a devout Catholic, he came to believe that the life force emerged from the action of fundamental properties of natural forces in the inorganic world, combining into action to give rise to life. He imagined that living cells arose from biological substances, much like crystallization in the inorganic world, but that once formed, cells could change by the guiding forces of chemistry and physics. Philosophically he had stolen the vital force from the Creator and transferred it to the chemist and physicist. (Fields 26)

Theodor Schwann was a nineteenth-century German physiologist. What would prompt this devout Catholic to reject the vital force (supported by the church) in favor of natural laws? He did not even see this as a compromise of his faith. Schwann was not the first scientist to reach this conclusion; though occasionally hindered by unhelpful church doctrine, this persisting pattern repeats itself. Scientist after scientist with distinctly Christian motivations and worldviews have been motivated, rather than discouraged, by Christianity: Leonardo da Vinci (hydraulics, anatomy), Blaise Pascal (hydrostatics, fluid pressure), Robert Boyle (chemistry, elements, gas laws, scientific method), Isaac Newton (calculus, laws of gravity & motion), Carl Linnaeus (systematic biology classification), Georges Cuvier (comparative anatomy, vertebrate paleontology), Michael Faraday (electromagnetics, field theory), James Joule (thermodynamics,

electricity), Gregor Mendel (genetics), Louis Pasteur (bacteriology, germ theory, law of biogenesis), Lord Kelvin (thermodynamics, energetics), William Ramsay (isotope chemistry). At the least, Christianity does not seem on the surface to discourage science. The fact that this historical data is surprising to most people indicates that the secularization theory has largely determined the popular idea of the development of science:

The typical science textbook is narrowly designed to acquaint students with major historical discoveries and present little of the scientists' underlying philosophical or religious motivations. The sole exception to this seems to be instances when philosophical or religious beliefs were rejected—such as Copernicus's rejection of Ptolemaic geocentric cosmology or Galileo's rejection of Aristotelian physics. This selective textbook presentation tends to create in the student an implicitly positivist impression of science—that progress in science consists in its “emancipation” from the confining fetters of religion and metaphysics. Typically the student assumes, at least unconsciously, that the historical characters who led this emancipation must have shared the same derogatory view of religion and philosophy. Nothing could be farther from the truth. (Pearcey and Thaxton xi)

Christianity has a rich heritage in science. For long periods of time, Christianity was the dominant intellectual framework that was part of virtually every scientific discussion. “For most of its history, modern science has been pursued in an ostensibly Christian culture, has acquired presuppositions that derive from biblical theology, and in matter of surprising detail has sometimes displayed the most remarkable conformity with the theological views of its practitioners” (Russell 17).

Up through the Middle Ages and until the 1800s, modern science was shaped and developed largely by discussions about nature among Bible-believing Christians who held certain fundamental convictions about God and nature. Many “secular” scientific accomplishments were driven by these faith commitments; scientists understood that Christianity could be developed into a complete worldview. Not until the early twentieth century did the Christian faith lose its hold in the public and retreat to private belief. The fact that the scientific method arose in a culture thoroughly saturated with Christianity indicates that the Christian framework is somehow compatible with “science”:

The most curious aspect of the scientific world we live in, says science writer Loren Eiseley, is that it exists at all. Westerners often unconsciously assume a doctrine of Inexorable Progress...“Yet the archaeologist would be forced to tell us,” says Eiseley, “that several great civilizations have arisen and vanished without the benefit of a scientific philosophy.” The type of thinking today known as scientific, with its emphasis upon experiment and mathematical formulation, arose in one culture—Western Europe—and in no other. Science, Eiseley concludes, is not “natural” to mankind at all. Inquisitiveness about the world is indeed a natural attitude, but institutional science is more than that. “It has rules which have to be learned, and practices and techniques which have to be transmitted from generation to generation by the formal process of education,” Eiseley notes. In short, it is “an invented cultural institution, an institution not present in all societies, and not one that may be counted upon to arise from human instinct.” Science “demands some kind of unique soil in which to flourish. (Pearcey and Thaxton 17)

Pearcey and Thaxton were quoting from Eiseley’s *Darwin’s Century*. Eiseley proceeds to somewhat reluctantly identify that distinct soil as Christianity. For Eiseley, science is not natural; religion and worship of nature come more naturally to people than science (18). This is not to say that all superstition and religion is opposed to science. I argue that the Christian religion in particular ultimately provides several assumptions about nature that allow a mechanistic understanding of the world where understandable natural causes replace mysterious divine causes. The development of science is thus tied to religion, which provides an understanding of God and nature that allow this type of thinking. In various ways, Christianity provided a new intellectual environment. Several factors conducive to science precipitated as nature was desacralized in the Christian world.

Christian Assumptions about Science

Christian creation doctrine is important; it provided the Western world with many new assumptions about the relationship between nature and God. It led to a distinction between God and his creation, which, along with the accompanying new conceptions of the self, allows a new understanding of nature, including the motivation and ability to study it. I will begin with a description of this new understanding of nature using Taylor’s language and then evaluate the direct contributions of Christianity.

Before the autonomization of nature, there was the sense that God created the world *and* was part of the world; that God was a *constant cause* of actions in the world. This was part of both the pre-axial and the monotheistic religions, which were not always easy to distinguish (peasants were Christian). In pre-modern societies, God was actively involved in all events of this world and everything was understood in terms of God's purpose and will (the porous self), but there was no independent nature to be understood by scientific laws. In a world where nature is an embodiment of the divine, our understanding of nature stops at God's will because nature is divine; *causes* are divine. Science could not meet the needs of the Greece's sacralized culture because, for the porous self, there was no reason or ability to think of nature as anything besides the will of the spirits and gods. In this type of enchanted world, meaning comes from a higher power; the gods are a constant cause in nature. In the Hebrew Bible, for example, there is no word for nature. Everything was God's creation; the immediate world was understood completely in reference to God. There was no order separate from God, so God was understood through the Hebrew Bible instead of through constant laws of nature. Before, everything was God's will, but after, nature can exist independently.

A possible objection is that the Jews in the Hebrew Bible had the same creation story and lived in a sacralized world. Admittedly, early Christianity was still sacralized in many ways (it could probably be described as sacralized or desaccralized). At its origins, it engaged the sacralized world; it is a world of miracles and demon possession. Miraculous healings were an integral part of the ministry to the Greeks. However, Christianity does mark a boundary at which new notions of God and nature began to bring the natural world into focus in several ways, ultimately allowing a more complete desaccralization and secularization.

The Judeo-Christian claim that nature is the creation of God and not actually a part of God is what Taylor refers to as the "desaccralization of nature," the "autonomization of nature," and the "mechanization of the world picture." (Similarly, historian of science R. Hooykaas says nature was "un-deified.") This shift was an essential pre-condition for the endeavor of modern

science to exist. It is no longer assumed that everything at every level is orchestrated by God. The world has been demystified. The possibility of nature-for-its-own-sake—modern science—was thus rooted in Christian debate. Once Christianity posited an absolute, omnipotent, transcendent, creator God—effectively removing the divine from nature so the world is no longer understood as inhabited by local gods, spirits, and demons of the enchanted world that cause all natural events—science becomes possible because the world can operate according to constant, mechanical laws that can be studied and are free from the possibility of change. This autonomized understanding of nature is unified, orderly, and mathematically precise; God is eternally dependable and orderly in his own character, and therefore, Christians expected nature and the universe to exhibit constant "laws" of behavior. The final cause (God managing every event to fulfill his ultimate plan) drops out with regard to nature, which allows understandings of nature outside of God's will. Only efficient cause stays; nature is mechanical, a series of small causes and effects that obey the constant laws of nature.

Natural causes then replaced divine causes. The Christian worldview facilitated the transformation of this possibility into the discipline of science. First of all, in the Christian worldview, nature is real and thus possible to study. Worldviews that consider material things to be unreal, like Hinduism and Buddhism, are less likely to produce a scientific discipline to study that which is understood to be illusion. The Greeks were limited in this way; they thought that order lay only in the heavens and that the earth was formed out of stubborn, preexisting materials, or forms. Further, Christians believe God created the universe *ex nihilo* (out of nothing) and therefore had complete control over the end result. Because the creator God is understood as orderly and invariable, his creation also must have a precise and logical structure. This contrasts with the mysterious sacralized world and the stubborn, imprecise forms of the Greek world. God is radically transcendent, a creator of an ordered, perfect cosmos that is no longer part of the world. Nature, as a manifestation of God, can be studied to understand God. Creation doctrine also provides Christians with second motivation to study nature: the Bible says the creation is

“good” (Genesis 1:9). “God never meant man to be a purely spiritual creature. That is why He uses material things like bread and wine to put the new life into us. We may think this rather crude and unspiritual. God does not: He invented eating. He likes matter. He invented it” (Lewis 59-60). For Christians, the incarnation is the ultimate statement about the goodness and usefulness of nature.

Another particularly important “spiritual source” for the autonomization of nature was the new development of apostolic Christianity. Rather than retreating from the world, their priority was to engage the world. This was because the new emphasis Christianity had on its suffering savior promoted a new evangelical attitude; that the message (that Christ suffered and died for the world) has to be brought to the world. Emphasis on the creator God remained, but this spiritual development did shift emphasis away from the Christ as a judge to a human, suffering Christ. Christ in human form reasserted that the Christian’s priority was to be a Christian in the world. “So it is not altogether surprising that this attempt to bring Christ to the world, the lay world, the previously unhallowed world, should inspire a new focus on this world...this involved a new vision of nature...brought ordinary people into focus” (Taylor 94). We see the new Christian emphasis on the physical world through Giotto’s murals, which depict humble, earthly scenes. The disciples were sent into the world to preach the gospel; this healing mission was to occur in the world. Apostolic Christianity thus played a significant role in helping Christians value the natural world.

Nature must be separate from the divine in order for people to attempt to dissect, control, or study it. If divinities are present in nature, it would be disrespectful for humans to dissect and study it. A scientist with a biblical worldview may study nature in a scientific and technical way without "attacking" a divinity. If God is nature, one cannot transcend it to study it; however, if God is separate, “thinking God’s thoughts after him” becomes possible. The Greeks could not; the Hippocratics were not allowed to harm nature as they practiced medicine. Further, the Bible

teaches that people are made "in the image of God," (Genesis 1:27) which provides an optimism about the human mind's capacity to think and rationally analyze nature.

New understandings of nature and new understandings of the self mutually encourage each other: the shift from the porous and communal society to the buffered self and society composed of individuals accompany the autonomization of nature and the new optimism towards and focus on the natural world. The modern, buffered self has boundaries that the porous self does not; meaning is not necessarily imposed by the community and the divine. The buffered self has the ability to disengage from the world, which is not a possibility for the porous self. There is a shift from an identity embedded in society to identity conceiving ourselves as free individuals. "Only later did we come to conceive ourselves as free individuals... involves a profound change in our moral world, as is always the case with identity shifts" (Taylor 157). The new buffered and individualistic identity allows for disembedding from social religion, what Taylor calls the "social sacred," weakening earlier forms of ritual and belonging. The individual identity now plays a more pronounced role; personal devotion and individual discipline increased. Taylor says that the newly created boundaries of the buffered self and the disembedding from the social sacred allowed new possibilities regarding civility, improvement, individual responsibility, human agency, and reform. This is the rise of the "disciplinary society." There was increased optimism about the human capacity to be good and ability and responsibility to improve itself, and thus new focus on the natural world brought on by the autonomization of nature.

As God recedes, humans can take on more and more agency and power, which leads to the belief that humans can be improved. This parallels the human's ability to transcend and understand nature. The idea of improving human being only comes when idea of nature becomes manipulable, separate from God. This gospel can be seen as a call to break away from old society; our world is disordered and must be made anew. Just as we can understand, control, and manipulate nature because of the ordered cosmos, there is an ordered human nature, which means we can control ourselves: "Preaching is less and less concerned with sin as a condition we need to

be rescued from through some transformation of our being, and more and more with sin as wrong behavior which can be persuaded, trained, or disciplined...Religion is narrowed to moralism” (225). This order had authority because it was seen as God’s design and it leads to individual responsibility within the church and in society. In the sacralized world, order is God-given and permanent; after autonomization, order is shaped by human effort to remake human life and transform society. “There is a shift from finding our place in the cosmos to constructing it” (114).

Christianity’s distinct reform attitude and focus on the world was maintained; it is well expressed in Max Weber’s sixteenth-century thesis, *The Protestant Ethic and the Spirit of Capitalism*. He claims a relationship between religion, the rise of economic capitalism, and the birth of modern civilization in Western Europe. For Catholics in Medieval Europe, the daily labor of ordinary people was distinct from the religious work undertaken by monks, priests, and nuns, who were divinely appointed to this special work. Martin Luther then “secularized” the idea of vocation: “The effect of his teaching was to dissolve the Catholic concept of a special religious vocation simply by expanding it to include everyone...even the humblest tasks are solemn duties assigned by God himself” (Pals 161). The world gained value and further capacity to represent the work of God. Through this “secular calling,” Christianity becomes a “source of social action” as well as energy in business endeavors. Weber claims Protestants consequently developed a lifestyle of discipline, thrift, simplicity, self-denial, and a “systematic lifelong pattern of effort in enterprises designed to earn a profit,” helping form modern capitalism in the West (161). Weber explains this with Calvin’s doctrine of predestination. Protestants were deprived of the usual mechanisms to reassure the soul, namely Catholic traditions:

The medieval church was a nursery of the supernatural. Relics, pilgrimages and indulgences, stained glass and sculpture, the wonders of martyrs and saints, priestly absolution declared in confessional, the miracle of the wafer and wine turned into Christ’s body and blood at Mass—all these formed a vast supernatural support system that mediated God’s forgiveness and favors to the simplest believer. To Luther and Calvin, conversely, this entire system was little more than a mass of satanic superstition. (162)

Consequently, Protestants experienced a deep anxiety and anguish about their own salvation. They began to develop the belief that prosperity could be a sign of election. The reform spirit in Christianity was crucial; the Reformation played an important role in eradicating the gap between elite and popular piety. The Reformation, in effect, by revisiting worldly priorities, shows Christianity's tendency to bring the natural world into focus, complimenting the desacralized world, buffered self, and individualism.

Christianity and the autonomization of nature act to mutually encourage each other. Christianity provided several spiritual motives for interest in nature as autonomous and a new focus on the natural world. Thus, all aspects of the shift to the buffered self—civility, optimism in the human ability to improve, human agency, and individualism—work together with assumptions following understandings of creation and original sin and the apostolic focus and reform ethic of Christianity to bring the natural world into focus and to drive these new understandings that allow this new status of nature. Nature can but is not necessarily indicative of a divine creator and it is no longer assumed that God orchestrates everything at every level. It is in this context that the world can operate according to constant, mechanical laws that can be studied; natural causes replace divine causes. This is modern science. The possibility of nature-for-its-own-sake was rooted in Christian debate. All these motivations to focus on the natural world coincide with the shift to understanding God as the creator of an ordered cosmos (that can be studied to understand him), leading to an increased interest in nature and eventually to the study of nature for its own sake. Once people began using nature to understand God, there was an increased interest in nature. The first shift allows the next shift, which was studying nature for its own sake. In a sense, Christianity presented the option of looking at nature, which then takes on its own logic and leads to its own demise, or at least to options beyond itself; this is an important aspect of the secularization. "People begin to be interested in nature, in life around them, 'for their own sakes', and not just in reference to God" (90). In this way, Christianity "has motivated, sanctioned, and shaped large portions of the Western scientific heritage" by bringing

the natural world into focus (Pearcey and Thaxton 248). This anticipates new sickness: after the autonomization of nature and shift to the buffered self and society of individuals, the values of the sacralized world no longer had such a firm grasp. Values—such as understanding sick people as victimized, punished, and weak—are destabilized, and it was in this context that Christianity could provide new understandings.

Christianity Redefines Sickness and Healing

In the sacralized world of the porous self and the social sacred, there is less focus on the value on individual human life. The sick person was a victim of the mysterious sacred realm, was being punished by the gods, or was simply perceived as weak and invaluable. The Greeks contributed to the professionalism and the ethic of the physician, much of which would be adopted by Christianity. The Greeks made great strides away from magical healing and sickness as punishment from the gods towards science and rational thought, but they were unable to completely eradicate the tendencies that exist in a pre-modern, sacralized world. It was Christianity that encountered this accumulation of ideals and transformed medical practice into the charitable, community-oriented, and truly scientific discipline we recognize today.

Christianity accomplished these breaks in Rome through the autonomization of nature, doctrine of original sin, and by using Jesus' example of incarnation and suffering on the cross. After the autonomization of nature, of which Christianity was a crucial participant, new conceptions of sickness become possible in the desacralized world. With this possibility, Christian virtues—namely charity, value of human life, and community—are imposed on the structure of sickness.

It remained with Christianity to introduce the most revolutionary change in the attitude of society towards the sick. Christianity came into the world as the religion of healing, as the Joyful Gospel of the Redeemer and the Redemption...Disease is no disgrace, is not a punishment for the sin of the sufferer or of others, nor does it render the patient inferior. On the contrary, suffering means purification and becomes grace. Illness is suffering and suffering perfects the sufferer; it is a friend of the soul, develops spiritual capacities and directs the gaze towards the Infinite. (Sigerist 69)

The obligations to heal and to care for the sick are rooted in the Hebrew Bible, which taught that healing is from God: “I will not bring on you any of the diseases I brought on the Egyptians, for I am the Lord, who heals you” (Exodus 15:26). Thus, according the Christians, God had already shown His concern for the health of His people through the laws given through Moses. These teachings were expanded in a new direction by the teachings of the Gospel. The new facts of the incarnation, atonement, and resurrection gave new meaning to illness, suffering, and healing. Jesus’ life was devoted to healing. There are many instances of healing in the gospels where Jesus shows his concern for the suffering and weak. Healing filled his daily life and was intrinsic to his ministry; he was always among the sick, the disabled, the suffering, and the handicapped. Much of Mark’s gospel is devoted to these narratives of healing: “That evening after sunset the people brought to Jesus all the sick and demon-possessed. The whole town gathered at the door, and Jesus healed many who had various diseases” (Mark 1:32-34). The doctrine of original sin and the example Jesus provided by suffering and dying gave Christians a new motive to appreciate sickness.

Christians used the image of Jesus to radically redefine the social status of the sick person and thus transform the role of the doctor. Sickness was no longer a punishment or sign of weakness; by erasing the stigmas of illness which existed in Greece and primitive societies, the Christian doctrines of creation and original sin, along with the idea of Christ as the “wounded healer” (Isaiah 53), gave the sick person a new, elevated role in society. Suffering and sickness were no longer signs of human weakness, nor were they punishment from divine entities; they were now to be embraced. Sickness is the natural condition of the human and suffering was ennobled. Further, the sick are God’s chosen mechanism for salvation; the method by which humanity can come to know God.

Soren Kierkegaard’s nineteenth-century philosophy provides an example of the type of thinking that follows this shift. He describes the human as a synthesis of two distinct modes of being; “a synthesis of the finite and the infinite, of the temporal and the eternal...established by

something else” (Kierkegaard 43). Because the human is a synthesis of the material world and the spiritual world, an inherent conflict exists within the human. We are finite but have infinity in us. As finite beings, we have corporeal bodies and thus the possibility of sickness (illness bound up with finitude). Kierkegaard calls this condition of inevitable conflict “despair,” the “sickness unto death.” Kierkegaard shows that despair is in the person—the synthesis—by nature: despair is “the imbalance in a relation of synthesis... the imbalance lies in the synthesis...despair lies in the person himself” (45-46). This is Kierkegaard’s doctrine of original sin. Sin is the inherent condition of humanity. Illness was no longer seen as a punishment for sin, but rather as the result of sin shared by all of humanity: “Neither this man nor his parents sinned,” said Jesus, “but this [blindness] happened so that the work of God might be displayed in his life” (John 9:2-3). Sickness is still a *consequence* of sin, which is by nature incompatible with God, but no longer a *punishment*; sin, suffering, and sickness are God’s mechanism to redeem his people.

Despair is this inherent unbalance and tension of the eternal and the temporal that must be brought into harmony. Overcoming despair is when the temporal and the eternal resonate and the true self and its relation to God is evident to the human. Kierkegaard describes this idea as an ironic cure to the problem of despair—an optimistic view of despair—that despair, and the temporal and eternal of which it is a component, is what allows the progression of the human to the state of self-realization, making it truly a necessity. Kierkegaard explains that this state of despair—of sin, sickness, and suffering—is not bad. Bound to both the temporal and the eternal, the human is inevitably torn in this way. Sin is sickness of the soul as physical sickness affects the body; we are sick because we are sinful. Kierkegaard argues that this state is fundamental; sin becomes a mechanism for salvation and thus God’s glory, critical for the self-realization of the human. Though a product of sin, physical sickness is in fact is the crucial mechanism by which the human is able to comprehend and embrace their identity as God’s creation, and thus understand God. This condition is good because it allows the human to realize his true identity and to recognize himself as God’s creation. As the difference in the synthesis, despair effectively

makes the combination of temporal and eternal the key to humanity as God intended. “This sickness will not end in death. No, it is for God’s glory so that God’s Son may be glorified through it” (John 11:4).

The development of the human spirit is bound to progress through this sickness. This fate is at the same time a burden and a possibility. The only way to escape despair is to go through it—this possibility is the Christian’s struggle, but also his advantage. “He who has not suffered under human bestiality will not become spirit” (Kierkegaard 7). Without going through despair, one could never understand himself and God. This is the power of despair; how it can be the solution to itself, so to speak. Despair compels the human synthesis towards the eternal; the human’s only effective link to God and true humanity according to God’s plan. The role of the temporal and eternal is to be the true human by creating the realization of self that is realization and understanding of God. Suffering becomes crucial for the Christian, and this priority is layered on the Greek influence. “Compassion in the full and authentic Christian sense is inspired in us because in every suffering human we recognize Christ, who suffered for all of us. The crucifixion is repeated daily in every mortally sick person. We know that without it there can be no Easter Sunday” (Pellegrino and Thomasma 96). Within Christianity, human frailty—sin and sickness—is presented optimistically.

The depth of this doctrine is implied by the mid-twentieth century Catholic fascination with sickness, pain, and suffering, which provides an example of the ways in which these views may be applied to a society, where sickness and pain permitted the sufferer a more intimate experience of Jesus’ suffering. Because the sick were following Christ’s example of suffering, separated from the temptations of the world, they were seen as especially holy. “Jesus held him so close in his love for him that he left the marks of his passion on his body” (Orsi 14). Sickness was God’s tool—“Pain was always the thoughtful prescription of the divine physician”—and the sick were perceived as God’s chosen instruments (21). The “holy cripple” became a sort of mythology within the church.

Pain purged and disciplined the ego, stripping it of pride and self-love; it disclosed the emptiness of the world. Without it, human beings remained pagans...The saints were unhappy unless they were in physical distress of some sort. Catholic nurses were encourage to watch for opportunities on their rounds to help lapsed Catholics renew their faith and even to convert non-Catholics in the promising circumstances of physical distress. (21)

All sorts of physical distress, from conditions like cerebral palsy to the unexpected agonies of accidents and illnesses, were understood as an opportunity for spiritual growth, not only for the sufferers, but those around them. Sickness gained a “darkly erotic” quality and became a “source of spiritual energy” (22 and 33). This optimism about sickness is rooted in original sin and Christ’s incarnation and suffering.

Frederick Nietzsche—for whom “pure spirit is pure lie”—acknowledges and attacks this new role of sickness and suffering in the West after Christianity (Nietzsche 132). He represents a sharp contrast to the Christian perspective.

What is good? – All that heightens the feeling of power, the will to power, power itself in man. What is bad? – All that proceeds from weakness...The weak and ill-constituted shall perish: first principal of our philanthropy...What is more harmful than any vice? – Active sympathy for the ill-constituted and weak – Christianity. (128-129)

To Nietzsche, the elevated role of the sick person—that the conditions of weakness and despair are ennobled by Christianity—is a threat to life. He wants humanity to will a strong, powerful, person instead; this person is “more valuable, more worthy of life, more certain of the future...I call an animal, a species, an individual depraved when it loses its instincts, when it chooses, when it prefers what is harmful to it...I consider life itself instinct for growth, for continuance, for accumulation of forces, for power: where the will to power is lacking there is a decline” (129). To Nietzsche, Christianity represents an attack on the instinct for life because it supports and even embraces sickness and weakness. “Christianity is called the religion of pity...Suffering itself become contagious through pity...Pity on the whole thwarts the law of evolution, which is the law of selection. It preserves what is ripe for destruction...the tendency hostile to life” (130-131). Christian charity, what Nietzsche refers to as pity, represents the epitome of the tendency to promote weakness and (to Nietzsche) is the product of moral and

religious lies. Though his beliefs make him more pessimistic than Kierkegaard, Nietzsche confirms the same radical transformation: because of Christianity, the role of the sick has been elevated in European thought. Modern medicine is built on this principle: healing takes its place in our modern world out of reverence for the sick. The philosophy of the Nietzsche—representing a distinctly opposite perspective, reminiscent of the Greeks (romanticized health) yet highly exaggerated—shows a framework of values that our modern society rejected. We thus cannot take for granted the assumptions which motivate our modern moral framework and are bound to evaluate the ways in which we came to value human life to such an extent, even in sickness.

Charity, Community Responsibility to Sick People, and the Hospital

The combination of factors that brought the natural world into focus and changed the perception of sickness resulted in the Christian ethic of charity. The elevated role of the sick person brought new meaning to the profession of healing in the West by associating it with this charity and providing a model of community healing. “Charitable care of the sick was a particularly Christian idea and motivated the monastic care of the sick, and the building of hospices and hospitals” (Wear 3). The Christian was to see Christ in every sick person because “the invalid is odious, in that he incarnates and displays sin, at the same time provoking salutatory reflection and repugnance; but he is also the object of our love, for he reproduces and multiplies endlessly the image of Christ’s suffering, a wandering and needy pilgrim. It is therefore necessary to turn towards him with pity and charity” (Agrimi and Crisciani 174). Concepts and values central to Christian spirituality “at various levels (doctrinal, religious, social) gave origin, during the course of the Middle Ages, to specific forms of behavior, both in the individual Christian and in the charitable institutions fundamental to the structure of society as a whole” (170).

The healing ministry of Jesus provided the Western world with a powerful example. Jesus' concern for suffering provided the primary motivation for Christians to engage in healthcare; healing became a community activity. Because of this new role for the sick, there was also a new role for those who took care of the sick; this new ethic was added to the teaching ethic and secular authority of the Greek doctor. The sick person was not to be abandoned, but was instead owed a certain level of consideration. Mathew 25 describes and advocates many merciful works that involve physical actions of assistance towards the body: visiting the sick, giving drink to the thirsty, feeding the hungry, taking care of the imprisoned, clothing the naked, taking in strangers and pilgrims, and burying the dead. The second verse lists many spiritual actions, such as providing counsel, teaching, praying.

It thus became the duty of the Christian to attend to the sick and poor of the community. Christian virtue demands charity, healing everyone rather than select people for their potential. In Luke 5:17-20, for example, it is the cripple's friends who lower him to Jesus on a mat through the roof. When Christianity became the official religion of the state in Rome, society assumed the obligation to care for its sick members and doctors were given tax immunities; this was the first time the state had a role in medicine (Wear 1-2). By the third century, "the Church had accepted and encouraged the care of the sick as a necessary and admirable apostolate. Out of the apostolate grew the religious foundation of hospitals, hospices, and homes for the care of the sick, the poor, the aged, and the orphaned with which we associate the ideal of Christian charity and the corporeal works of mercy" (Jouanna 46-47). Early Christianity provided the basis of social responsibility for the sick and organized care on a community basis. Ultimately, and most importantly, the Church played a significant role in the establishment of modern hospitals. In 325 A.D., the Council of Nicea decreed that hospitals were to be established in all areas under the jurisdiction of the Church. Gregory of Nazianzus describes one of the first examples of a medieval Christian hospital (in Caesarea in Cappadocia):

Philanthropy is a fine thing, the zeal of helping the poor and bringing succor to human frailty. Leave the city; immediately outside the gates you can admire a new city; I am referring to that stone dispensary, that commonly held treasure, always rich and available to all...in which disease is accepted with the serenity that comes from wisdom; in which misfortune is considered a blessing and mercy is striven after and put to the test. (Agrimi and Crisciani 182)

The process by which the Church truly developed an association with hospitals was a slow one. Through the Middle Ages, charity was applied to healthcare most thoroughly by monks who provided healthcare to the people around them; these monks were often in great demand. Some monasteries became infirmaries. The most famous was the Swiss monastery of St. Gall, founded in 720 by an Irish monk (Margotta). Many monks grew plants in order to make medicines and started to treat patients, even in visiting them in their own homes. During this time, there were no specific forms or sites of assistance that varied according to whether the patient was a poor person, and old person, an orphan, or an invalid. Christian monks were among the first to distinguish the sick as separate, which was crucial as the image of the hospital developed. The role of the monks in caring for the sick, poor, and handicapped continually reinforced the idea that healthcare could and should be an outlet for Christian charity. With this encouragement, the church slowly came to include and embrace the mission of practicing physicians that had been articulated long before in Greece.

The Hippocratics had established the foundations of medical practice—as a *techné* (art; philosophy; craft), a distinct profession with traditions (prestige due to romanticized health; the doctor as a teacher; knowledge was passed down within families), ethics (doctor-patient relationship), and standards of practice (patient records; the art of observation and diagnoses; passing down knowledge within families; a prestige and comradery)—and the profession had continued to develop. A consolidation of this ethic, scientific capacities, and an academic responsibilities of the doctors gradually took place under the church:

Confident in the value now recognized in the science of the body, a physician—in making use of his command of doctrine—could reconcile his Christian obligation to perform charity with his special social standing, both as a scholar and as a professional...Medicine and health were fundamentally considered gifts from God...the

physician, beneficiary of the gift of ‘talents’ [intelligence, capacity to study], had the moral obligation to render these talents fruitful through rigorous and profound studies...when a priest was called upon to evaluate the sins a physician might commit, he would rank in the first place, ahead of even fraud, the lack of skill, the failure to study, inadequate or haphazard preparation, the lack of knowledge, and the failure to keep up with the latest scientific developments. A physician might be guilty of murder through lack of knowledge...The physician too considered the acquisition of knowledge the highest value toward which he could strive and toward which...it was his duty to strive...Medical science thus “saved souls.” For the physician’s knowledge allowed him to do good, to practice charity, to attain truth, all at the same time. (Agrimi and Crisciani 181)

The church thus valued science. All aspects of medicine—both the intellectual capacity of people to understand the organism as well as herbs to be used as medicine—were seen as a gift from God. The value that the Church placed in professional medicine is indicated by the frequent quotation of Ecclesiastes 38:1: “Honor physicians for the services, for the Lord created them” (180). The physician was recognized as an intellectual partner and ally in the Christian mission of service and healing. “It was at this precise juncture that two experts, the priest and the physician, could begin to exchange and cooperate, abandoning their traditional conflicts and territorial squabbles. Both of them...have a right to an honored presence in the house of the patient they are summoned to visit” (180).

As the Church began to recognize these roles as distinct yet valuable, the legitimacy of the doctor as a healer increased and Christians appreciated the competence and mission of the physician. The Church gradually recognized the aspects of medicine that mirrored its own mission and gained a greater and greater role supporting physicians, first by including them in their ministry and eventually by commissioning hospitals. These religious foundations continued to persist even as the hospital was secularized: “The hospital originated as and remained a fundamentally religious structure. This was so even when it was no longer run in accordance with the pastoral and social obligations of the ecclesiastical hierarchy, but instead maintained by the religious impulse of solidarity of laymen. In any case, it remained a ‘pious’ place” (182).

Expectations of Modern Medicine and Religion Today

Christianity has contributed to both the scientific and moral developments of the physician, indicating that non-scientific practices do contribute to medicine. Medicine as a Western cultural institution accepts this dichotomy of caring and competence as fundamental, but instead of attributing all forms of competence to science as does the secularization thesis, it “defines as essential to the role of physician qualities of both these cultures. This image of the physician is maintained in popular culture, in the self-understandings of students long before they enter medical school, and in a long history of humanist critiques of medical education” (Good and Good 94). These expectations indicate a modern framework that thoroughly combines the supposedly conflicting elements of the profession. After describing the “conflict” between caring and competence, Good and Good proceed to describe the “nostalgia for the commonsense view of human suffering” as the most significant sentiment expressed by medical students. They fear in their struggle to achieve scientific competence, they will lose “precisely those qualities they most hoped to bring to medicine” (102). The many responsibilities of the doctor—making decisions regarding patient care, analyzing data, making appointments—that compromise the physician’s ability to spend time with his or her patients causes medical students to express sincere regret about these human limitations, wishing for more personal interaction with patients. A desire to help people is part of the identity of aspiring physicians. On this view, the physician is responsible for the whole person, and understanding this relationship has many factors, especially moral and religious.

During the application process to medical schools, students must write numerous essays about these personal qualities, particularly the priority of patient care. Modern medical schools pride themselves in teaching subjects such as biochemistry, anatomy, and genetics alongside skills like patient interaction, problem solving, teamwork, and communication. The mission statements of medical schools are filled with language about service to the community, diversity, interdisciplinary scholarship, and “holistic” approaches. Essay questions often ask students to write about educational experiences outside the sciences that will help them communicate with

diverse set of people or philanthropic work that might have given them a more global and humanistic worldview. Prospective students must demonstrate their understanding of the physician-patient relationship, their capacity to make hard decisions, and their ability to work with a variety of people.

An important component of the medical school application process is demonstrating a compassionate desire for patient care. Much of medical school today is dedicated to maintaining this in whatever capacity possible. The harsh reality is that in order to not be overwhelmed by the harsh emotions Michel Foucault speaks of—“as soon as he sets foot in the hospital, [the doctor] undergoes a decisive moral experience that circumscribes his otherwise unlimited practice by a closed system of duty...he will feel those painful emotions...that burning desire to bring comfort and consolation, that intimate pleasure that springs from success...It is there that he will learn to be religious, humane, and compassionate” (Foucault 84)—the doctor may have to remain emotionally unavailable to some extent; this is simply in order to protect himself from the constant suffering and death he or she encounters. However, the “nostalgia for a commonsense view of human suffering” remains, and medical schools do all in their capacities to help future doctors overcome these limitations.

Further, these priorities reflect the increasing options in medical care. Alternative, holistic, and traditional healing techniques are receiving increased attention today. Faith, meditation, and religious practices are not irrelevant to the healing process, if only for the simple reason that many doctors and patients are motivated by religious convictions. Techniques including a variety of religious forms of meditation continue to be practiced with success. The patient’s attitude in healing has proven to be incredibly important—double-blinded studies on the placebo effect repeatedly produce astonishing results. People are recognized as complex human beings; personal relationships with family, friends, and medical staff are important. The brain is its own pharmacy of good drugs; doctors today are recognizing that expectations, attitudes, and

relationships have real effects on the body, regardless of whether or not science will ever be able to explain these things.

Thus, two sets of expectations exist today. One recognizes both aspects of the dichotomy as valuable; this is the humanistic approach (rather than religious, though values with religious foundations persist), in which the complex needs of the patient are a priority. Non-scientific expectations of modern medicine indicate religious values persist. Patients don't want to be objectified and dismissed as a body; that's not how our moral capacities for healing came about and people still refuse to accept that. The other set of expectations is driven by the secularization thesis, where science is the only authority; this is represented by the medicalization of sin, the conflict between caring and competence, and the ideal type of an asocial, atheist doctor who must dehumanize himself to an extent in order to be scientifically competent. There is a choice within medicine that parallels the choice presented by the secularization thesis: we must decide to what extent pure science can satisfy our human needs.

Philosophical Evidence for Dichotomy in Medicine

Philosophers acknowledge the non-scientific competence of the physician. Foucault compares the profession to that of a goldsmith; health, like gold, is a "product" by which everything else is measured. He explains that there are "two categories of objects...about whom any error may prove fatal. Thus the value of an industrial object cannot be determined by consensus...Therefore doctors should be supervised in the same way that goldsmiths are supervised, as men of the secondary industry who do not produce wealth, but who treat that which measures or produces wealth" (Foucault 79). Health is a unique product, so the physician must fill a unique role in society. Sigerist put this responsibility in sociological terms: the doctor's ultimate goal is not only to heal the patient but to restore that person to a functioning place in society (65). The developmental stages of medicine have been intensified—that is, involving not a small group but whole societies—because health is an elemental concern of

everyone. As such, the medical profession requires special regulations and has displayed the unusual ability to extend its influence to other aspects of society, including the realms of morality and ethics (as Conrad and Schneider observed).

Explicit moral and religious associations with medicine must also be noted. Conrad and Schneider draw a parallel between the Catholic Church in earlier eras and modern doctors. They argue that from the Middle Ages to the Inquisition, the Catholic Church filled the role that now belongs to medicine; both represent dominant institutions that gained the authority to define deviance. A different morality is also expected of doctors, sometimes called the ‘internal’ morality of medicine: “Why should physicians try to suppress self-interest, at great cost to their own welfare and that of their families, when other professionals pursue self-interest with singular determination...the nature of the healing relationship is in itself the foundation for the healing obligations of the physicians...These obligations, we hold, are binding.” (Pellegrino and Thomasma 1). Foucault refers to something similar: “as soon as he sets foot in the hospital, he undergoes a decisive moral experience that circumscribes his otherwise unlimited practice by a closed system of duty...he will feel those painful emotions...that burning desire to bring comfort and consolation, that intimate pleasure that springs from success...It is there that he will learn to be religious, humane, and compassionate” (Foucault 84).

Religion plays an especially important role in the medical enterprise because it deals directly with illness, suffering, death, life, and healing. “Life and death are the ultimate concerns of medicine, and always have to be kept in mind” (Wear 2). Spoken from a faith perspective: “Faith enables us to endure, even when God appears to be punishing us, or those we love, and seems to be unjust and asking more of us than we can bear. This is predominately the case when illness, disability, and death afflict us and our loved ones. Illness is one of the few remaining things over which humans do not have full dominion” (Pellegrino and Thomasma 44). Religious activity tends to accompany these issues. This view represents a correlation between medical practice and religious activity:

From its beginnings, medicine has been inextricably entwined with religion, with belief in some transcendent order with which humans must engage, either in denial or affirmation. In short, with some faith commitment. This faith was first placed in the pagan deities, then in the God of the monotheistic religions of Christianity, Judaism, and Islam. In the past, these faiths were challenged by a multiplicity of heresies and the resurgent pull to paganism. In the modern era this faith was eroded for many people by the post-Enlightenment move to rationalism, agnosticism, and atheism. But a persistent religious perspective on healing has survived despite these erosive tendencies. (Pellegrino and Thomasma 45)

The proximity of healing to religious activities has probably played a role in the extent to which medical professionals have been involved in moral discussions (defining deviance), a characteristic that has perhaps been compounded by scientific authority in our secular age. In many cultures, the role of the doctor has included a teaching component, where the doctor is a type of pseudo-moral agent. Starting with Hippocrates, medical professionals have been involved in discussions about the patient's overall health, which often include lifestyle and moral issues beyond the sphere of science. The physician's role as a teacher has persisted in Eastern traditional medicine especially, where doctors treat patients in a holistic fashion. The unique nature of health as a product, parallels between medicine and the medieval Church, Foucault's description of the hospital as a "moral experience" and a place where the doctor becomes religious, and the "internal morality" of medicine, and the development of the moral scientific capacities underlying medical practice are all clues that indicate the association of medicine and religion.

Conclusion: The Rejection of the Secularization Thesis in Medicine and Society

The rejection of the secularization thesis within medicine indicates the persisting role of religion in society and thus the rejection of the secularization thesis more broadly. Medicine acts as a practical expression of the secularization thesis, and as such, the secularization thesis as applied to medicine and society can be similarly challenged. Many voices have articulated these

concerns. According to Taylor, there is no adequate explanation for a decline of faith because there are many middle options that allow science to be compatible with religion:

I don't see the cogency between the supposed arguments from, say, the findings of Darwin to the alleged refutations of religion...Of course bad arguments can figure as crucial in perfectly good psychological or historical explanations. But bad arguments like this, which leave out so many viable options between fundamentalism and atheism, cry out for some other account of why these other roads were not travelled. (Taylor 4)

Similarly, Colin Russell argues that the familiar images of hostility and conflict between religion and science is actually a “misconception of recent lineage [war language]”; that they can be better described as an alliance. As this imagery of warfare has spread, it has been challenged by many historians and scientists. There has been a recent surge in academia in opposition to these ideas, and some studies indicate that a variety of spiritual activities, including traditional faiths, have increased in the last fifty years. It is more accurate to say that the world is polarizing over religion and the science-religion debate is drawn in. Regardless, “in recent decades, this view has been assailed for both logical reasons and historical inaccuracies, and historians have developed a new sensitivity to the role played by extra-scientific factors in the development of modern science, beyond textbook presentation, to the scientist as a human being, to the complex of beliefs assumptions and socio-political factors that motivated the scientific research” (Pearcey and Thaxton xi-xiii).

Taylor seeks to shift the scope of the discussion to conditions of faith, or the way moral and spiritual life tends to show up in different time periods, rather than specific belief options. The secularization thesis relies on the question of belief to define the secular; on this view, belief itself is a falsity. Because modes of understanding are not constant and vary according to different frameworks in different times and places, there's no simple truth or falsity according to Taylor's method. For example, those alive today can make no claim that their ancestors' religions were primitive. Instead, Taylor defines and traces the development of religious experience without value judgments, evaluating the possibilities for meaning in different historical moments, and thus approaches secularism by exploring belief and unbelief not as rival

theories, but just as different experiences. This is why the contributions of values underlying the scientific and moral components of medicine, for example, can and should be appreciated without reference to religious orthodoxy or any other absolute truth claims. The inability of the secularization thesis to account for these complexities is a problem Taylor solves as he pieces together a more complete understanding of the secularization process. Taylor's understanding of religious activity allows the influence of religion and spirituality to exist and contribute in a thoroughly secular and pluralistic world.

Taylor speaks in terms of negative subtractions and positive options, describing a myriad of causes and effects to explain the progression from the pre-modern world to today. He rejects the secularization thesis, saying this subtraction story is too simple (science comes and religion goes). The simple subtraction story is an inadequate understanding of the secular because each subtraction comes with new possibilities. Taylor claims that there is no necessary connection between Darwin and the rejection of religion; secularism is not humanity coming to rationality such that religion is marginalized by science. It is just a new framework that involves its own series of subtractions and subsequent options. Natural science is not necessarily threatening to God; indeed, Christianity's role in the desacralization of the world was necessary for a truly scientific paradigm to be possible. Taylor instead works to define and trace secularization as a shift in the conditions of belief in which there is now a wide range of religious options and ways to achieve fullness.

There was a definite change in the way people experienced religion in the West. Society went from a context where everyone lives in reference to God to one where God is understood to be an option among many. "The shift to secularity consists among other things as a move from a society in which belief in God is unchallenged and unproblematic to one in which it is understood to be one among others, and often not the easiest to embrace" (Taylor 3). Somehow, it was virtually impossible not to believe in God 500 years ago in our Western society, but now it is easy. In previous eras, it was very different for people to reject the religion they were brought up

in. Taylor claims it was impossible to be an atheist because this also entailed refuting one's social and political structure. "We are aware today that one can live the spiritual life differently; that power, fullness, exile, etc., can take different shapes" (11). This earlier sense of the human was conceived within the God framework and nothing made sense outside of that; there was only one way of fullness. This is a shift in the understanding of "fullness" from "a condition in which our highest spiritual and moral aspirations point us inescapably toward God to one in which they can be related to a host of different sources, and frequently they are to sources which deny God" (26). There is a spectrum of belief options, where each belief system influences the others. "It is clear that we have moved into a world where spiritual vocabularies have more and more travelled, in which more than one is available to each person, where each vocabulary has already been influenced by many others" (148). We now navigate among a range of standpoints; personal religiosity is understood to be one way of believing and acting among a variety, each with potential for fullness.

Religion thus continues to play a role in our secular, pluralistic, and tolerant modern era, though sometimes in non-traditional ways. To see secularization as simply the separation of church and state and the rise of worldliness and skepticism is to miss the more enduring aspects of religion in spiritual life (these "bulwarks of belief" have remained), which continue in a variety of forms. The old distinction between the sacred and the profane has new meaning. Many options of religiosity continue; these include but are not limited to traditional religion. Taylor introduces several religious and non-religious ways of life, each with own assumptions. Sacred practices are deeply implanted, and religion is rooted in the roles and rules of these modern social systems.

Modern expectations of medicine, as well as (religious) assumptions foundational for the moral and scientific capacities of modern medicine, can be understood in this way. They are an example of how religion never went away; how these religious values persist. Through our moral

framework, religiosity can continue in a variety of ways, which can be non-orthodox, non-traditional, and independent of absolute truth claims, so religion still has relevance.

In this sense, as Taylor indicated, every way of experiencing the world is a type of religiosity with its own assumptions and value systems. Even modern atheism has its own assumptions about the world that rely on some level of faith. The idea of a war between science and religion is a relatively recent invention—one carefully cultivated by those who hope the victor will be science. Secularism (i.e. science) is the wedge to get religion out of public life. Timothy J. Keller recommends that each side look at doubt in a radical new way: “All doubts, however skeptical and cynical they may seem, are really a set of alternative beliefs” (Keller xviii-xvii). In late nineteenth-century England, several small groups of scientists and scholars organized under the leadership of Thomas H. Huxley to overthrow the cultural dominance of Christianity, particularly the intellectual dominance of the Anglican Church. They were some of the first proponents of the secularization thesis; their goal was to secularize society, replacing the Christian worldview with a scientific naturalism, a worldview that recognizes the existence of nature alone. These secularists understood that they were replacing one religion with another, describing their goal as the establishment of the “church scientific.” Huxley even referred to his scientific lectures as “lay sermons” (Pearcey and Thaxton 19). For Taylor, secularists, humanists, and atheists operate with precepts and assumptions about the world that inform their decision-making just as much as a traditional church-goer. In this sense, secularism is more a new form of religion than its antithesis; everyone frames moral issues within a persisting spiritual framework. There is no way to make some neat separation of a pure “religious thinking.” Through this lens, the boundaries between “religion,” “values,” and “morality” becomes blurred. Traditional faith can continue *and* its contributions to the modern paradigm can remain valuable for the larger pluralistic and secular society.

This is why using the terms “moral” and “religion” loosely is acceptable for the purposes of this paper. It is not meant to indicate their equivalence; morality can certainly exist outside of

a traditional religious structure. “Religious structure” is the multivalent term. Regardless of their resemblance to religious orthodoxy, these alternate worldviews are composed of assumptions and value systems that are hard to distinguish from what many would call “religion.” These worldviews, “religious” or not, inform morals and views of the body, healing, and the human. Morals and religion are not really separate; morals are rooted in views of the human being, which are inextricably bound in religion; there are no neutral views of the human.

At both levels—within medicine, and in society more generally—the secularization thesis has been falsified. From this, we can draw several conclusions. Our pluralistic and tolerant society needs to recognize the underlying role of religion not just in medicine, but in all of society. Modern expectations of the physician indicate that these values are still much more a part of decision-making today than the secularization thesis suggests. Recognizing the role of religion accompanies the idea that other worldviews (such as in ancient Greece or the philosophy of Nietzsche) were possible and that religion helped society develop as it did. The fact that our society has largely embraced the Christian ideal of charitable healing—instead of something more Nietzschean—shows the extent of this influence. What we think of as normal simply did not exist in antiquity. The weak were left to die. Hospitals that people have a right to go to are a very recent phenomenon. Though often forgotten, religion can contribute in our modern society not only because it has played a significant role in creating our values, but because religious assumptions persist in these modern values; moral and scientific capacities in medicine are an example. In the West, there is a moral compass beyond that of the Hippocratic Oath; there are scientific possibilities beyond those in Greece.

I think that we have a choice about the role of religion in our increasingly secular modern society. We are now at an age when some people, guided by the ideals of the secularization thesis, say we can get rid of these undergirdings. For me, Christianity’s role in the assumptions that allow our modern paradigm indicates that Christianity continues to be useful today; these contributions should not be ignored. For example, religion contributed to the framework of

beliefs that explain why doctors and hospitals exist. The desire to be compassionate and help comes from the high value Christianity places on human beings. Would these values persist if we reject the system they were built on? Would we still have motivation for healing work without the religious component? Would we continue to understand nature as we do? The “war language” of the secularization thesis is dangerous. Taylor says each side is “fragilized” by the existence of the other, which polarizes the discussion; there can be only fundamentalists and atheists and neither side sees the other as a conversation partner. Secularism, which some see as necessary for tolerance, actually does the opposite by endangering consideration of these values. “The word belief bears heavy weight in public talk about religion in contemporary America” (Orsi 18). When science is perceived as the only authority, collaboration between people of different faith commitments is effectively outlawed and useful conversation dissolves.

We must work “to eliminate the comfort of academic distance and to undermine the confidence and authority of the claims, ‘We are not them’ and ‘They are not us.’ We may not condone or celebrate the religious practices of others—and let me emphasize this here because it is always misunderstood: to work toward some understanding(s) of troubling religious phenomena is not to endorse or sanction them...but we cannot dismiss them as inhuman, so alien to us that they cannot be understood or approached, only contained or obliterated. (Orsi 7)

Mechanism and purpose are different questions; there are questions science cannot and is not meant to answer. This is especially true of “scientific” issues, such as bioethics and health policy. In the immediate future, moral issues will continue to precipitate as technologies develop and the economy strains healthcare costs. How to effectively allocate our resources will be a primary issue. Values determining how we understand the sick person, for example, will be central to these discussions.

Effective conversation cannot occur if people of traditional faith do not engage the larger secular culture. Likewise, effective conversation cannot occur if all values associated with religion are dismissed. If religion can contribute to our society, this should not be avoided. Science and medicine are examples of these contributions. Because Christianity “has motivated, sanctioned, and shaped large portions of the Western scientific heritage,” there need not be a

tension between scientists and Christians (Pearcey and Thaxton 248). Further, Christian conceptions of charity and the sick person have affected the value we place on human life and patient care. Understandings of the relationship between God and nature allowed science. With mutual, critical dialogue, our secular society should not be threatened by, for example, the physician who maintains and embraces this heritage. The value system in which medicine takes place has very Christian assumptions about life, sickness, caring, death, and charity. Because Christian principles played a role developing the framework of the Western ethic, it is not an extraordinary, surprising, nor unreasonable leap for them to play a role in the physician's ethic today. Christianity is compatible with the scientific and moral objectives of healthcare, so the Christian doctor is possible and logical:

Today the idea of the Christian physician is an amalgam of the ethical commitments to the sick by the Hippocratic physicians, the divine revelations of Jewish and Christian Scripture, the tradition of healing as an apostolate of all Christians, and a coterminous commitment to scientific competence. For the Christian, this whole amalgam is transmuted by faith into a way of serving God and one's fellows. The tension that some see in the alliance of diverse elements of disparate provenance is made constructive rather than destructive by the Christian's belief in the unity of all creation under the parenthood of God. (Pellegrino and Thomasma 47)

For me, this means that religion is still a viable option and can inform the practices of the physician. The usefulness of Christian virtues in medicine is an example of the possible contributions of religion in our society.

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