ABSTRACT

How an Understanding of the Incarnation Affects the Patient-Physician Relationship

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In the Creation account from Genesis 1, man is created in the image and likeness of God, who called physical creation *good*. With the fall of man, sin entered the world, but God maintains the goodness of creation by the Incarnation. The Incarnation, by perfecting materiality, underscores the importance of humans as embodied beings. This concept is contradicted in the scientific view of the body as a machine. With the mind/body split, the body becomes simply a possession and the consciousness becomes the person. An understanding of the Incarnation, however, negates the view of a person as *having a body* and instead supports the view of a person as *being embodied*. This, in turn, helps teach man how to properly interact with and care for other human beings—tasks central to the healthcare field.

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HOW AN UNDERSTANDING OF THE INCARNATION AFFECTS THE PATIENT-PHYSICIAN RELATIONSHIP

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INTRODUCTION

In a profession that deals with the concept of health on a day to day basis, medicine has a surprising lack of specificity on the very meaning of the word "health." Medicine subscribes to the definition of health as it is written in the World Health Organization's constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 1948).

A partial explanation for why this definition of health has been left in vague terms is that health, as it is thought about in the medical field, applies to a pluralistic society that does not have a shared account of the good. Tristram Engelhardt explains this problem of conflicting moral values in the preface to the book *The Foundations of Bioethics*, describing how not only do different moral obligations hold opposing views on what is morally appropriate and what is immoral, but even justifying such diverse moral understandings also appeals to different principles. "Some appeal to considerations of consequences [while] others appeal to principles of right or wrong that are independent of outcomes" (Engelhardt, 1996, p. vii). Bridging such moral diversity with concrete and canonical secular morality fails in principle, and thus people must settle on the extent of their willingness to collaborate. Engelhardt argues that "if one wants more than secular reason can disclose…then one should join a religion and be careful to choose the right one" (Engelhardt, 1996, p. x). This thesis argues for moral obligations of physicians based in the Christian tradition in order to give a fuller description of what health care ought to look like in practice.

This thesis will first provide a historical Christian account of the Incarnation, which reminds us that the human experience requires a body and that as embodied, connection and understanding come through this bodily experience. With this understanding, a healer must treat patients fully as embodied creatures and respect the body as fully part of the human being and not simply a biological machine that is discardable and infinitely manipulable. While maintaining the importance of recognizing a person's lived experience of a certain illness, it is important to address the concern that during a time of illness, the body of a patient may seem alienated from the person. In this thesis, I am going to argue how a historical Christian understanding of the Incarnation shows how embodiment reshapes our cultural understanding of illness by stressing the importance of understanding the body as lived and arguing against three false goals of medicine: eliminating suffering, restoring happiness, and aiding in social adjustment. In doing this, I will also provide ways in which the humanities can help shape an education around proper formation for a profession in healthcare.

CHAPTER ONE

A Historical Christian Account of the Incarnation

"Thus it is written, 'The first man, Adam, became a living being,' the last Adam became a life-giving spirit. But it is not the spiritual that is first, but the physical and then the spiritual. The first man was from the earth, a man of dust; the second man is from heaven. As was the man of dust, so are those who are of the dust; and as is the man of heaven, so are those who are of heaven. Just as we have borne the image of the man of dust, we will also bear the image of the man of heaven" (1 Corinthians 15:45-49).

Introduction

The goal of this chapter is to explore the nature of what it means to be a human being through discussing the Incarnation. I will give a historical Christian account of the Incarnation, and I will do so by analyzing Aquinas's discussion of the Incarnation in his *Summa Theologiae.* This discussion will include several purposes of the Incarnation: sanctification of the body, atonement of sins, furtherance of the good for man, and teaching man about God. This will explain the implications of the Incarnation in underscoring the importance of humans as embodied beings, while also revealing the goodness of God and reinforcing the goodness of creation. Establishing these ideas will guide the rest of this project in explaining how patients ought to be treated by their caregivers and how caregivers must educate and form themselves in a morally proper way in order to prepare for the demands of their role.

Background to Aquinas

Before talking about the Incarnation, I will begin with Creation. Seven times throughout Genesis 1, God saw that His physical creation was good (vv. 4, 10, 12, 18, 21, 25, 31). In Genesis 2:7, God forms "man from the dust of the ground, and breathed into his nostrils the breath of life; and the man became a living being" (NRSV). Adam, the first man, is formed out of the ground, or *adamah* in Hebrew. God enlivened *adamah* with the breath of life. Man was created embodied. He was not made apart from the rest of materiality then joined with it later, but rather, man came into creation through the joining of lifeless *adamah* and God's breath of life. As Wendell Berry explains in Sex, Economy, Freedom & Community, "the formula given in Genesis 2:7 is not man = body + soul; the formula there is soul = dust + breath" (Berry, 1993, p. 106). God did not make a body and put a soul into it. Rather, he formed man of dust, then made the dust live by breathing into it. The dust does not embody a soul; it became a soul. It is worthwhile to note that, in Berry's explanation, the term "soul" refers to the whole creature. Drawing from this formula, Berry asserts that humanity, as shown in Adam, is not a "creature of two discrete parts temporarily glued together but [is] a single mystery" (Berry, 1993, p. 106). Man is intentionally molded and created embodied, and materiality is not accidental to human nature. Physical creation, both the ground and that which comes from the ground, are affirmed as good in the creation of life.

Then, with the Fall, death, shame, toil of the land, childbirth pains, and sickness entered into the world. These consequences of sin, brought about by the Fall, seem to imply that creation bears the mark of sin. Flesh and materiality seem to be evil due to these consequences of sin and the limitations they seem to put on a person's abilities and

desires. The flesh can seem misleading in its unfruitful desires, and it can seem deceptive in its short-lived pleasures. Even certain parts of the Bible itself make the flesh seem evil: "For to set the mind on the flesh is death, but to set the mind on the Spirit is life and peace" (Romans 8:6); "Watch and pray that you may not enter into temptation. The spirit indeed is willing, but the flesh is weak" (Matthew 26:41); "For all that is in the world—the desires of the flesh and the desires of the eyes and pride in possessions—is not from the Father but is from the world" (1 John 2:16).[1] While sin may make it seem like the flesh and the material are evil, the Incarnation shows that God is still committed to His creation, which was created as good. God does not abandon the material even when man sins and receives consequences for that sin. God's commitment to materiality is noteworthy and worthwhile to investigate.

A perfection of materiality is found in the Incarnation when the Uncreated and the created are united in one person. The Gospel of John begins with the Incarnation: "the Word became flesh and dwelt among us" (John 1:14). A historically Christian account of the Incarnation explains the Incarnation as "the event by which the second person of the Trinity, a divine person, takes to himself or 'assumes' a human nature" (Hause, 2018, p. 210). It is important to note that in the Incarnation, each nature, divinity and humanity, retains its own status, resulting in a hypostatic union of one person existing in two distinct natures. The term "hypostatic union" was definitively established by the Council of Chalcedon in 451 AD. This explanation of a hypostatic union was affirmed in response to Eutychianism, "a heresy that denied the incarnate Christ had two distinct natures and

[1] These passages will be further explained in Chapter 2. Paul, Matthew, and John do not believe that the body is evil, despite what these passages may seem to imply.

taught that the divine nature absorbed the human nature of Christ to create one new super nature" (Powers, 2017). It also refuted Nestorianism, "a heresy which taught that Christ was composed of two distinct and independent persons who work in conjunction with each other" (Powers, 2017). These heresies err in that it would have required God to change and would have made it impossible for Jesus to experience true human existence. The Chalcedonian Creed demonstrates that Nestorianism cannot be true by using a correct interpretation of Philippians 2:6-8, which states that "though he was in the form of God, [Christ Jesus] did not regard equality with God as something to be exploited, but emptied himself, taking the form of a slave, being born in human likeness. And being found in human form, he humbled himself and became obedient to the point of death—even death on a cross."

The Chalcedonian Creed also denies Gnosticism, which was at the root of many heresies. The Chalcedonian Creed proclaims that Christ is truly God and truly man and that the distinction of two natures does not take away from the union. The Creed refers to Jesus as being "one and the same son" and "perfect in Godhead and also perfect in manhood; truly God and truly man" (Slick, 2008). This follows from 1 John 4:2, which teaches that Jesus has come in the flesh, and John 1:1-4, which teaches that Jesus is God in human flesh. The Chalcedonian Creed includes that Jesus is "only begotten [and] to be acknowledged in two natures, inconfusedly, unchangeably, indivisibly, [and] inseparably" (Slick, 2008). On the other hand, Gnostic belief was that the original divine being, the demiurge, was remote and unknowable, and that "all man could know or experience were aeons or emanations…[and] Jesus, the Gnostics said, was such an aeon, and was not really a man because, they held, matter was corrupt" (Rushdoony, 2014).

This heresy was condemned by the early church, and contrary to the Gnostic heresy, God is indeed knowable, Jesus is truly God and not just an emanation of God, and matter is not corrupt. Gnosticism will be discussed again in Chapter 2 of this thesis.

Aquinas: Purposes of the Incarnation

In the *Summa Theologiae*, St. Thomas Aquinas explains that Christ is both fully man and fully divine without being any less human than the rest of humankind and without being any less divine than God the Father. Christ becoming man does not mean that God changed, "for by the incarnation of one of the Holy Trinity (God the Word) the Holy Trinity received no augment of person or subsistence" (*ST* IIIa q. 2 a. 3). This explanation is in agreement with the Chalcedonian Creed in affirming that God did not change by the Incarnation. Aquinas further affirms the Chalcedonian Creed by explaining that the union of the soul and body in Christ does not result in a new hypostasis or person. Instead, "what is composed of them is united to the already existing hypostasis or Person" (*ST* IIIa q. 2 a. 5). Christ assumed human nature in an individual with flesh and bones (Luke 24:39) as opposed to only assuming human nature as it exists in the pure thought of the intellect (*ST* IIIa q. 2 a. 5). Aquinas's explanation is again consistent with Philippians 2:7, as referred to earlier. The person of Christ is indeed man and not a third thing.

Sanctification of the body

In assuming human nature, God did not change, but human nature did. Aquinas explains that "every relation which we consider between God and the creature is really in the creature by whose change the relation is brought into being" (*ST* IIIa q. 2 a. 7). Thus, it follows that by the Incarnation the body is changed and sanctified because the union of the body with something nobler increases its virtue and worth, and Christ unites creation to something nobler, Himself (*ST* IIIa q. 2 a. 5). By assuming human flesh, Christ exalts the flesh and establishes it as holy. God did not choose to become an angel or a beast, but instead chose to become man. Aquinas explains that Christ is holy and a sharer in the divine life *as human* and not solely because He is divine.

> [Christ's] human holiness is not constituted by the fact of his being divine: There must be something about the humanity itself in virtue of which it is holy. It must have its own property of holiness…Since nothing created is ever holy by right, and since Christ's human nature is a creature, his human nature needs to receive holiness and participation in God's life as a free gift, i.e., as a "grace" (III 7.1), a grace that makes Christ humanly holy. (Hause 210-211)

Aquinas explains that Christ's grace, even in His humanity as the "mediator of God and men" (1 Timothy 2:5), enables Him to be a source of grace for others (John 1:16), and in this way He is "the head of the church" (*ST* IIIa q. 8). Therefore, this supports the claim that human life has intrinsic worth because man was made in the image of God (Genesis 1:27), because Christ sanctified the body by His indwelling and because God has offered grace to all humanity, which therefore contains its own property of holiness.

Leads to the Passion and atonement of sins

The sanctification of the human body by uniting divinity and humanity in one hypostasis, however, is but one purpose of the Incarnation. The Incarnation is so fitting that it serves multiple purposes. A second purpose of the Incarnation was that by dying on the cross, the Son of God paid the perfect sacrifice in atonement for man's sins. The spiritual punishments due to the original sin include weakness, ignorance, perversity, and concupiscence. These spiritual punishments include concomitants in the body such as defects, labors, sicknesses, sorrows, death, and being deprived of the sight of God and heavenly glory (Bonaventure, 1946, p. 89). It would not be fitting for a merciful Father to leave His beloved creation in such misery without any redemption, and so the Word was made Incarnate to justly redeem fallen humanity.

As explained in the *Summa Theologiae,* the Incarnation was not required for God to forgive the sins of man. The Incarnation was just the best means for such forgiveness. Aquinas explains that things are necessary in two ways: the way food is necessary for life and the way a horse is necessary for a journey. Food is necessary for life because without food, life would not be possible. A horse is necessary for a journey because the journey can be better and more conveniently accomplished with a horse. Aquinas asserts that the Incarnation was necessary in the second sense (*ST* IIIa q. 1 a. 2). God chose to use the Word Incarnate even though other means for man's atonement could have taken its place. The incarnated act of atonement has various implications, including that God continues to be committed to His creation in its materiality. What was assumed would be redeemed, and that which was not assumed would not be redeemed. Therefore, Christ assumed all (spiritual, intellectual, and physical) to redeem all. In restoring human nature, God chose

to do it in a physical form even though it was possible to do so otherwise. This restoration was best accomplished by the Incarnation. While God could have reversed the effects of original sin in His omnipotent power without the Incarnation and Passion, He furthered the good for man by the Incarnation.

Furtherance of the good for man

This furtherance of the good for man is a third purpose of the Incarnation. This good includes the gifts of faith, hope, charity, well-doing, and full participation in the life of the Trinity. Aquinas references Augustine to explain this furtherance of the good. In regards to faith, man is better able to "journey more trustfully toward the truth [when] the Truth itself, the Son of God, having assumed human nature, established and founded faith" (*ST* IIIa q. 1 a. 2). Man, being embodied, is better able to understand that which is visible and tangible. By the Incarnation, God assumes a visible and tangible form so that man can more easily understand and follow God's will. Through the Incarnation, man is able to experience God through his corporeal senses, and by Christ's actions and words, God reveals to man Who He truly is. He renders Himself knowable, lovable, and imitable. Man's faith receives affirmation in that God chooses His people again after the Fall and unites the first, the Word of God, with the last, human nature.

In regard to hope, the Son of God, by becoming a partner with those of human nature, raises man's hope by showing how deeply God loves man. There is hope in that God chose to be in relationship with His Creation, and that while man still sins, Christ died for him (Romans 5:8). There is hope further in that there truly is life after death.

Aquinas explains that it is the nature of hope to expect what as yet one has not and that God Himself is the object of that hope (*ST* IIIa q. 7 a. 4). Man does not yet possess full communion with God, but man can hope for this full communion in life after death, a gift given by Christ's sacrifice on the cross.

This sacrifice on the cross also affirms the virtue of charity given in the Incarnation as there is no greater cause "of the Lord's coming than to show God's love" (*ST* IIIa q. 1 a. 2). God's love is shown in His commitment to His creation, in His willingness to pay the price for the salvation of man, and in His benevolence to redeem friendship with man. Man regains friendship with God through Christ's mediation, which connects divinity and humanity in one hypostasis.

In regard to well-doing, God shows man how he ought to live by leading by example. Aquinas explains that "man who might be seen was not to be followed; but God was to be followed, Who could not be seen. And Therefore God was made man, that He Who might be seen by man, and Whom man might follow, might be shown to man" (*ST* IIIa q. 1 a. 2). God the Father is invisible. God the Son, by the Incarnation, is visible. As visible, Christ can lead by the example of His life. Christ's materiality gives man a more concrete vision of how to live his life.

Christ's humanity allows for the "full participation of the Divinity, which is the true bliss of man and end of human life" (*ST* IIIa q. 1 a. 2). All of these goods were made possible through the Incarnation, showing that the Incarnation was not simply a means to the end of the Passion. If it were a means to the end of the Incarnation, then that would mean that "God's self-glorification in this world [was] dependent on human sin, [thus]

reduc[ing] God himself to an instrument for promoting the purposes of the creation" (Balthasar, 1990, p. 11).

Aquinas further supports the assertion that the Incarnation was not solely for the purpose of the Passion by arguing that if man had not sinned, God still could have become incarnate because of his limitless power and that the Incarnation still would have done some good even in a sinless world because it is by the Incarnation that God reveals Himself to His children (*ST* IIIa q. 1 a. 3). Through the Word Incarnate, man was able to apprehend the Father. In all of Christ's teachings, he frequently points the attention of the people back to His Father in heaven. Aquinas quotes Augustine saying: "Christ will give the kingdom to God and the Father, when He has brought the faithful, over whom He now reigns by faith, to sight" (*ST* IIIa q. 20 a. 2). Thus, Christ will bring man to full participation with the Godhead, accomplishing His will concerning them.

Teaches man about God

This full participation with the Godhead is available by a fourth purpose of the Incarnation in teaching man about God and aiding in man's understanding of Him. It is by the Incarnation that man has "seen his glory, the glory as of a father's only son, full of grace and truth" (John 1:14). Aquinas argues that it was fitting for the invisible things about God to be made known by the visible (*ST* IIIa q. 1 a. 1). By the Incarnation, man does not have to learn about God in the abstract, but instead can learn about God as familiar in humanity. Man is able to more quickly and directly learn about God by means of a body that corresponds to their own, and so man does not need to "engage in a

freeranging investigation to seek out and construct who and what God truly is, and who and what man truly is"(Barth, 1960, p. 47). Christ serves as God's revelation to man by existing in the place where man exists. Aquinas explains that this is fitting because it is said in Romans 1:20 that "ever since the creation of the world his eternal power and divine nature, invisible though they are, have been understood and seen through the things he has made."

Shows the goodness, wisdom, justice, and power of God

The Incarnation, therefore affirms God's all-knowingness in that while the Incarnation (1) sanctifies the human body, (2) leads to the Passion and redemption for sins, (3) furthers the good of creation, and (4) renders God knowable and familiar, it fifthly shows the goodness, wisdom, justice, and power of God.

The Incarnation shows Christ's goodness "for He did not despise the weakness of His own handiwork" (*ST* IIIa q. 2 a. 1). The flesh is weak, and so Aquinas argues that "to be united to God in unity of person was not fitting to human flesh, according to its natural endowments, since it was above its dignity; nevertheless, it was fitting that God, by reason of His infinite goodness, should unite it to Himself for man's salvation" (*ST* IIIa q. 2 a. 1). Human flesh, being created, is lesser than God the Creator. However, God still unifies Himself with human nature, thus dignifying human nature by doing so. This concept has been explained above in how the Incarnation contributed to the furtherance of the good of human nature. Aquinas proposes that which is the highest good should communicate itself in the highest manner and that there is no greater communication

possible between God and creatures than personal union, and so, the Incarnation was fitting. The Incarnation shows Christ's wisdom because of the fittingness of the Incarnation and the many purposes that it serves in sanctifying the body, paying a most grievous debt, establishing faith, strengthening hope, enkindling love, and giving examples of good works. The Incarnation shows Christ's justice by overcoming death with a necessary sacrifice instead of forcibly snatching man from death. Man, thus, recovers innocence of mind by the forgiveness of sins, and this could only have been justly done with a perfect sacrifice. The Incarnation shows the power of God since he united His creation to Himself, and there is nothing greater than this (*ST* IIIa q. 2 a. 1).

Summary

From man's very creation, he was made in the image and likeness of God (Genesis 1:27). First, man (Adam) was formed from the dust of the ground (*adamah*), and then the breath of life was breathed into him. The first Adam sins and the consequences of such sin seems to imply that materiality has been stripped of its title of "good." However, Christ, being the Word Incarnate, reverses the failure of Adam to live as made in the image and likeness of God. Christ procures a comprehensive salvation for man, recovering what in Adam man had lost. Christ brings man into perfection by being the perfect man Himself. Since in Christ man may learn what it truly means to be a human being, then by studying Christ and His life man ought to know how to properly interact with, care for, and live among other human beings.

Christ reveals the true nature of what it means to be a human being by the

Incarnation that serves to sanctify the human body, justly pay the sacrifice for man's sins, further the good of man, teach man about the invisible God the Father by the visible God the Son, and reveal God's goodness. God lovingly becomes man so that man can know Him, and this, then, reveals the importance of the body.

This explanation of the importance of embodiment revealed in the Incarnation is the foundation for the rest of the project. With this historical Christian understanding of the Incarnation and the implications of it so far explained, the next chapters will explore how this affects the field of medicine and how it specifically affects those who work in the field. Through the Incarnation, we are reminded that the human experience requires a body and that as embodied, connection and understanding comes through this bodily experience.

CHAPTER TWO

The Body from a Scientific Perspective

Introduction

The goal of this chapter is to connect our discussion about the importance of the body as revealed in the Incarnation to this next discussion about way the body is viewed and then treated in the medical field. We will first discuss how modern society treats science as the determiner of facts and truths. Then, we will discuss how, despite its highly regarded position in studying the world, science can still be flawed. A prevalent assumption in science that has moved into the field of medicine is that the body and the person are separate entities. This assumption has been the result of various conversations in history: Platonic idealism, Gnosticism, and scripture passages such as Romans 8. This split of the mind and the body has led to the belief that the mind, or consciousness, is what constitutes the person, while the body is simply a vehicle through which the mind can express itself. The body, then, is a possession of the consciousness and can be manipulated or even disposed of at the will of the consciousness, and this thought is encouraged by advancements in medical technology that promise a "posthuman future free from the limitations of a failing body" (Shuman & Volck, 2006, p. 54). Following from this, we will discuss how this view shapes the practice of medicine with how the body is treated when ill.

Magisterium of Science

"Medicine primarily functions among the powers…by occupying a revered social position through which it appears to wield nearly sovereign control over life and death" (Shuman & Volck, 2006, p. 35). Science has become society's most trusted advisor to the point in which many people believe that if it is not scientific fact, then it is hardly a fact at all. This mindset is a form of logical positivism, which was a philosophical movement that was characterized by the view that scientific knowledge is the only kind of factual knowledge and that all traditional metaphysical doctrines are to be rejected as meaningless. Knowledge rests upon public experimental verification or confirmation rather than upon personal experience (Encyclopaedia Britannica, 2015).

By the scientific method, questions are tested and determined to be right or wrong. Since 1620, when Francis Bacon formulized the scientific method in his book *Novum Organum*, the scientific method has become the standard way of scientific discovery. Observations outside of the scientific method are regarded as simple musings and unsupported claims of how the world works. The problem here, however, is that in order for something to be proven by science, it must be testable by science, which according to the scientific method is limited to claims that are falsifiable. Claims that are not falsifiable, such as some made in psychology and sociology, are therefore left out of the field of science and are deemed pseudosciences.

The cautionary point to be made about the magisterium[2] of science is that science, despite society's attitude toward it, is indeed capable of being inaccurate and making false claims. Published scientific findings can be wrong in intentional ways or unintentional ways. Science has been wrong in intentional ways such as when Wakefield falsified a study that reported that vaccines cause autism (Wakefield et al., 1998), and this study was not retracted until twelve years after it was published (Lancet, 2010). While it is the hope of science that no study is ever falsified, even science done at its finest can be wrong. Scientific reports have been unintentionally wrong before, such as when scientists believed that complexity of an organism was positively correlated with the number of genes that organism had (Taft & Mattick, 2003). Under this belief, scientists reported that human beings, as one of the most complex creatures, have roughly 100,000 genes (US National Research Council Committee on Mapping and Sequencing the Human Genome, 1988). This claim, however, was proven to be false twenty-five years later by a team of scientists in Spain (Ezkurdia et al., 2013) even though both studies were published after the Human Genome project.

Since science is so trusted, it must take extra precaution to not lead unknowing people to false claims. One pervasive false claim followed by many in the scientific field is that the body and the person are separate entities. In *Reclaiming the Body*, Joel Shuman and Brian Volck assert:

> Contemporary medical Gnosticism seemingly idolizes the body, but primarily as an expression of the mind's (or the will's) quest for perfection or permanence.

[2] Magisterium is the teaching authority of the Roman Catholic Church, which is considered infallible by the faithful. I use this term in referring to science nowadays to reflect how people treat scientific findings.

> The body is altered almost at whim, reinforcing its role as the malleable—and someday, perhaps, fully replaceable—envelope for something far more real and pure. (Shuman & Volck, 2006, p. 54)

Medicine works to restore health to the body, and when the body is viewed as separate from the person, then the true and full person is no longer placed in the attention of medical care. The body is viewed as simply a biological machine, and view of the body has followed from a series of historical events that supported the mind/body split phenomenon.

The Mind/Body Split

Plato

Some classical historians point to Plato to explain the beginning of the mind/body split because he divided the natural world from spiritual ideals with Platonic idealism. Platonic idealism, in summary, is that "the soul is to remain aloof from the pleasures of the body in pursuit of higher knowledge, while communal life demands the subordination of individual wishes and aims to the common good" (Frede, 2017). Making this claim lays a foundation for the concept that the soul is separate from the body. Further, Plato's concept of the Forms holds that they are transcendent "models that are incompletely represented by their imitations under material conditions" (Frede, 2017). The Forms subsist apart from any physical space and do not extend in space or time. Plato's philosophy of the nonmaterial forms and the material expressions of an ideal form help support a dualistic nature of a person in which the soul is regarded as the immaterial and

perfect form of the person, while the body is the material expression of that ideal form. This can further be interpreted in that soul and body are separate with the soul belonging to a spiritual and ideal realm and with the body belonging to a material and imperfect realm. Plato's concept of the soul is a tripartite one, whose three aspects (rational, spirited, and appetitive) are characterized by bodily desires. The appetitive soul desires for bodily pleasures, the spirited soul desires for honor, and the rational soul desires for knowledge. Plato's concept of the soul asserts that "it is the soul that accounts for the life of the relevant ensouled organism" (Lorenz, 2009).

Opposing a mind/body split, Aristotle disagrees with Plato and instead views human souls as incapable of existence and activity apart from the body. Aristotle's theory of the soul is that it is "a system of abilities possessed and manifested by animate bodies of suitable structure" (Lorenz, 2009). It is important to note that Aristotle does not think the ability to think uses a specific organ existing specifically for this use. For him, thinking does not come out of the brain, or in other words, the brain does not produce thought. He does not point to a specific material thing as what produces thought. However, he knows thought does exist, and it is the ability of that rational part of the soul to govern the appetitive part of the soul which is innately human.

Gnosticism

Other classical historians attribute the mind/body split to the Gnostics for separating heavenly and earthly realms. Gnosticism, as briefly mentioned in Chapter 1, is the teaching based on *gnosis,* the Greek word for *knowledge*. According to the Gnostics,

the material cosmos is the result of a primordial error of a supremely divine being, *Sophia* (Wisdom), which is the final emanation of a divine hierarchy, *Pleroma*, with God at the head of this hierarchy. *Sophia* wanted to know God, and this led to the hypostatization of her desire in the form of a semi-divine and essentially ignorant creature, the *Demiurge*. The *Demiurge* then formed the material world, which is considered by the Gnostics to be evil. The Gnostics believed the material world is bad and the spirit world is good, attributing to a form of dualism. The material body is evil while the immaterial soul is good. It is then man's desire to be freed from the evil materiality that is his body (Moore, n.d.). Overcoming the constraints of the body is done by achieving perfect knowledge, and this achievement of perfect knowledge is the path to salvation.

It follows from this understanding of an evil material world in Gnosticism that a good God could not be truly corporeally incarnated. The Gnostics then argued that instead of Christ being both fully human and fully divine in the Incarnation, Christ was an emanation of the true God and only appeared to be human. This claim creates a lot of problems in the Christian tradition since it negates the hypostatic union of Christ in the Incarnation, and nullifies the implications of the Incarnation that were discussed in Chapter 1. It denies the intrinsic value of the body, teaches that the natural world should be destroyed, and determines *gnosis* as the means of salvation.

Gnosticism was condemned by St. Irenaeus in *Against Heresies*. He asserts that "the world was not formed by angels, or by any other being, contrary to the will of the most high God, but was made by the Father through the Word" (*AH* 2.2.1). This counters the Gnostic belief that the material world was created by the primordial error of *Sophia*. Irenaeus also refutes the Gnostic claim that perfect knowledge is the means to salvation

by explaining that "perfect knowledge cannot be attained in the present life [because] many questions must be submissively left in the hands of God" (2.28.1). Salvation is offered to man by the Incarnation of Christ and His Passion, resulting in the redemption of sins. Thirdly, Irenaeus affirms that "Christ assumed actual flesh, conceived and born of the Virgin" (3.22.1). Christ is embodied in the Incarnation. This assertion argues against the Gnostic assertion that Christ was simply an aeon or emanation of God.

Gnosticism informed a number of heresies confronted by the early church: Ebionism, Docetism, Monarchianism, Sabellianism, Manichaeism, Arianism, Apollinarianism, Nestorianism, Monophysitism, and Adoptionism. Ebionism, following from the Gnostic claim that Christ was just an emanation of God, denied the divinity of Jesus and claimed He was only a prophet pervaded by a higher power. Docetism followed the same idea and denied that Jesus had a real body. The lack of a real body supposedly protected Jesus from the evil associated with materiality. Monarchianism again denied the divinity of Jesus, however this particular heresy claimed that Jesus was just a man who was exalted by the Holy Spirit to be Lord. Sabellianism denied the Trinity and claimed that the three persons of the Trinity were just manifestations of one being. Jesus was, then, a manifestation of God the Father and existed neither before nor after the Incarnation. Manichaeism taught that the God of the Old Testament was evil since He was engaged with the material world. It also taught that Jesus was not really a man, and so, he did not really die. Arianism, addressed at the Council of Nicea in 325 AD, claimed that Jesus was subordinate to the Father since Jesus was begotten by God the Father at a point in time, and therefore, created. Apollinarianism claimed that Jesus's flesh came from heaven and so was not actually a human. Nestorianism taught that Jesus was two

distinct persons working in conjunction with one another. Monophysitism taught that the human nature of Jesus was merged into the divine nature so that Jesus only had one divine nature. Lastly, adoptionism taught that Jesus was the only Son of God by adoption (Rushdoony, 2014).

All of these heresies deny the hypostatic union of Christ and the actual manner in which Christ became Incarnate. Despite being condemned in the 2nd century, Gnosticism still prevails in some postmodern ideals. For example, Medical Gnosticism, a termed used by Shuman and Volck in *Reclaiming the Body*, has led to catering to people's desires to alter their bodies as they please, such as in several cases of cosmetic surgery. Some people even hope to someday alter the bodies of other people (namely their children) by medical genetics and CRISPR.

Early Christians

Still other classical historians blame early Christians for the mind/body split by making war between the flesh and the spirit. This reference to certain scriptural passages like Roman 8:6[3], Matthew 26:41[4], and 1 John 2:16[5] which describe the flesh as evil was also mentioned in Chapter 1. Heretical interpretations of these passages would lead to

[3] "For to set the mind on the flesh is death, but to set the mind on the Spirit is life and peace."

[4] "Watch and pray that you may not enter into temptation. The spirit indeed is willing, but the flesh is weak."

[5] "For all that is in the world—the desires of the flesh and the desires of the eyes and pride in possessions— is not from the Father but is from the world."

Gnostic understandings since they seem to be claiming the body, and therefore materiality, are evil and simply distractions from the true spiritual practice. This spiritual practice, for the Gnostics, is the seeking of perfect knowledge as discussed in the previous section. However, what the apostles Paul,
Matthew, and John were referring to as *the flesh* in these books is concupiscence, or the inclination toward sin and evil (CCC 405, 418). This inclination toward sin is what tempts man to disproportionately choose lesser goods over greater goods.

Concupiscence can have several manifestations in various sins whose object is not sinful in itself but whose object becomes sinful when it is pursued in an improper manner. For example, the object of the sin of gluttony is food. Food itself is not sinful. In fact, food is good. The primary good of food is for nutritive health, while the secondary good of food is for pleasure. Pursuing food for its secondary good, pleasure, over and at the cost of its primary good, nutritive health, is when the pursuit of food becomes sinful and gluttonous. It is licit to pursue the secondary good of a thing as long as it does not come at the cost of the primary good.

This proper ordering of the goods is what the apostles in the passages previously mentioned are referring to as the spirit. The inclination toward the improper ordering of the goods is what the apostles in those passages are referring to as the flesh. Man ought to resist temptation and pursue goods in the proper proportions. A proper interpretation of passages such as these show how neither Paul, Matthew, nor John believed that the body was evil (as the Gnostics did). However, misinterpretations of passages like these that read the words “flesh” and “body” as synonyms seems to support the mind/body split by first supporting Gnosticism in determing the body to be evil.

The body as simply a biological mechanism

With the mind/body split, the mind became regarded as the actual person while the body became regarded as simply a biological mechanism. Taken from a biology textbook, the human body is like a machine, and it is organized at different levels: atom, compound, organelle, cell, tissue, organ, organ system, and finally, organism. "Each machine consists of many parts, and each part does a specific job, yet all the parts work together to perform an overall function. The human body is like a machine in all these ways" (Wilkin & Brainard, 2016). When the body is viewed in this way, and physicians treat the body, then that physician becomes a sort of biological technician. This separation of person and body creates problems for both health care professionals and patients. One problem is that the embodied person is no longer the subject of medicine, but rather, the biological machine of the body becomes the subject of medicine. This change in the subject of medicine is a problem that will be discussed further in Chapter 3. A second problem this view of the body creates is that researchers and bioethicists then have jurisdiction to describe personhood without reference to the body.

Joseph Fletcher

Joseph Fletcher is a bioethicist who circulated the theory of situational ethics in the 1960s. He worked to compile a list of qualities that he deemed as requirements to be considered a person. He sought to determine what a human being is, and the criteria he published did not mention materiality and the body at all. His work was the product of a

frame of reference in which the body is added on to the person and not the person himself.

This section will continue with a discussion on personhood and how Fletcher defines personhood in his article "Indicators of Humanhood: A Tentative Profile of Man." This discussion on personhood will demonstrate how the belief that that which makes the person is rationality, and how this understanding can lead to the acceptance that the body as simply a vessel for the person. This description will lead into the next section about the four principles of medical ethics, which are designed around the idea that a person possesses a body—rather than the idea that a person is embodied.

Fletcher's position on personhood

In "Indicators of Humanhood: A Tentative Profile of Man," Fletcher describes man in specific terms for the purpose of biomedical ethics. In his profile, Fletcher includes fifteen positive human criteria and five negative human criteria. The first positive human criterion that Fletcher includes is that a person must have minimal intelligence, to the point that "any individual of the species homo sapiens who falls below the I.Q. 40-mark in a standard Stanford-Binet test…is questionably a person; below the 20-mark, not a person" (Fletcher, 1972). The next criterion is having self-awareness or self-consciousness, which, according to Fletcher, is essential to personality development. Incorrigible unconsciousness leads to quality-of-life judgements. The third criterion is having self-control. The fourth is having a sense of time. This sense of time refers to being aware of the passage of time (clock time or *chronos*) and not necessarily being

aware of the right or most opportune time (timeliness or *kairos*). The fifth criterion is having a sense of futurity, being that humans are typically teleological[6] (but not eschatological[7]). For Fletcher, man is simply aware of the existence of the future, but man does not have an ultimate destiny. The sixth criterion is having a sense of the past. Having a memory makes man a cultural rather than an instinctive creature. The seventh criterion is having the capability to relate to others. Fletcher references Aristotle's characterization of man as *zoon politikon* (a social animal). This social character of man is a reflection of the sixth criterion, affirming that man is a cultural rather than instinctive creature. The eighth criterion is having concern for others. The ninth is being able to communicate. Fletcher says irreparable disconnection from others is de-humanization, and such isolated individuals are subpersonal. The tenth criterion is having control of existence, because it is "of the nature of man that he is not helplessly subject to the blind workings of physical or physiological nature" (Fletcher, 1972). The eleventh criterion is curiosity. The twelfth is changeability. Human beings are developmental in the processes, not events, of birth, life, health, and death. The thirteenth criterion is having a balance of rationality and feeling. The fourteenth criterion is idiosyncrasy by being recognizable and having an identity. The last, and fifteenth, of the positive criteria is having neo-cortical function.

The five negative human criteria are as follows: (1) man is not non- or antiartificial (test tube babies are not only human but are actually more human than those

[6] Relating to or involving the explanation of phenomena in terms of the purpose they serve rather than of the cause by which they arise

[7] Relating to death, judgment, and the final destiny of the soul and of humankind

conceived by sex since they were deliberately and carefully made), (2) man is not essentially parental, (3) man is not essentially sexual, (4) man is not a bundle of rights, and (5) man is not a worshipper.

Response to Fletcher's ideas

This brief explanation of Fletcher's main points in "Indicators of Humanhood" will now be followed by a discussion of his sixth (sense of the past), seventh (capability to relate to others), and tenth (control of existence) positive criteria. Meileander in *Body, Soul, and Bioethics* and Shuman and Volck in *Reclaiming the Body* disagree with Fletcher and explain these four criteria differently. Meileander, Shuman, and Volck maintain that the person is embodied, and so, the lived experience of the body must be taken into account.

In regard to having a sense of the past, Meileander distinguishes between the biographical life and the biological life. The biological life is a conglomerate of cells amassing to a single organism, while the biographical life includes a story with a plot to be lived out. Meileander notes that this story "begins before we are conscious of it, and, for many of us, continues after we have lost consciousness of it" (Meilaender, 1995, p. 59). This explanation differs from Fletcher in that Meilaender allows for personhood to exist without self-consciousness, which is Fletcher's second criterion. When Meilaender describes how life both begins and ends before and after consciousness, Meilaender supports that the person is embodied and not simply a consciousness.

Also, Meileander points out that who a person is, is not trapped in one particular point in time. Persons are not static, and what a person at one point in time thinks is important may not still be regarded by that same person at another point in time. A person may make judgements from an outside perspective on a certain condition or situation. However, that same person's judgement may change once that person is on the inside perspective. For example, a person may believe that his life would not be worth living anymore if he became paralyzed and had to use a wheelchair. However, that same person, upon ending up requiring a wheelchair, may change his mind and decide that his life actually is worth living. Meileander explains that "there is no reason to think that my physicians should forever be bound by what I stipulate (when I am forty-five and in good health) about my future care" (Meilaender, 1995, p. 54). He does this to raise problems with the idea of autonomy, which we will discuss later in this chapter in the section about the four principles of medicine.

Although some people believe a life requiring the use of a wheelchair is not worth living, some people who have lived their lives paralyzed needing a wheelchair deem their life to be not only deserving and worthwhile but also misrepresented without mentioning a wheelchair (Toombs, 2018). Kay Toombs, in *How Then Shall We Die*, illustrates how she sees the world differently due to her vantage point in a wheelchair and how that difference ought not to be forgotten. Toombs's description of this different vantage point literally refers to the different height in which she perceives the world due to the fact that she is sitting throughout the majority of her day while using a wheelchair. She describes how this simple difference changes how she interacts with the world and also how she interprets the world. Food on a shelf at the grocery store may seem significantly higher up

off the ground to her, while it may seem perfectly level and in reach for someone else standing at six feet tall.

In regard to having the capability to relate to others and being able to communicate, Shuman and Volck assert that humans do indeed need social interaction, touch, and communication to survive. However, they oppose Fletcher in that lacking social interaction, touch, and communication does not revoke a person of human status. It is inhumane, not inhuman. Shuman and Volck reference an experiment allegedly done by Emperor Frederick II to determine which language (Latin, Greek, or Hebrew) was natural to humanity by depriving infants of social interaction (other than with nurses who only fed, washed, and clothed the infants) to see which language they spoke once their voices matured. His study was done in vain because none of these children were able to survive (Steel, 2016). Other circumstances similar to this have also been documented, such as in a 1915 research project in orphanages where infant mortality within one year of admission was between 90 and 99 percent. This study showed that the deaths resulted from inadequate sensory stimulation (Jouhan, 1987). The orphans were given the usual water, food, clothing, and shelter one would expect to be essentials; however, the orphans were never held other than for a few short moments due to the large number of babies in the orphanage and the small number of caregivers available to spread their attention around. These high mortality rates due to the lack of physical contact and stimulation reflect how embodiment is important and ought not to be neglected. Even when people believe the body is simply a biological mechanism, the body still reacts negatively to lack of attention and care.

Four Principles of Medical Ethics

Fletcher's tenth criterion of being in control of one's existence will be addressed in this next section on the four principles of medical ethics. Medicine has built its ethics on the idea that since it is the consciousness that makes the person and if one therefore is in control of his own existence by this consciousness, then autonomy is the ultimate guiding principle. Medicine, since it serves a pluralistic society and does not have a shared account of the good, has settled for a short list of four principles of medical ethics, however, these four principles can be sorted into one main principle, autonomy, and three side principles that fit under the first. This set of principles was established, in part, due to a social shift toward the privatization of belief.

A difficulty in the field of medicine is that it does not have a shared account of the good. Especially in a pluralist society, medicine is restricted from defining the good. A pluralist society encourages the privatization of belief in which religion is expected to be separated from public dialogue in moral decision making (Engelhardt, 1996). This lack of a shared account of the good and this shift toward the privatization of belief has led the medical field to create guidelines, or principles, for how the medical practice should orient itself. Beauchamp and Childress in *Principles of Biomedical Ethics* lay out four principles of medical ethics: respect for autonomy, nonmaleficence, beneficence, and justice (Beauchamp & Childress, 2001). Despite being separated into four seemingly separate principles, the principles can all end up pointing back to autonomy as the chief principle.

The principle of autonomy follows from Fletcher's criterion that a person is in control of his existence. It also follows from Gnosticism in that it renders knowledge of

the upmost importance. Yielding to the principle of autonomy assumes that an individual person always knows what is best for himself. “Respect for autonomy is rooted in the liberal moral and political tradition of the importance of individual freedom and choice” (Ashcroft, Dawson, Draper, & McMillan, 2007, p. 4) because of the idea that *I possess a body*. Such autonomy means that people are free from external constraint and are in possession of a voluntary decision making capacity. Medicine’s high regard for autonomy shows in Fletcher’s position that man must have minimal intelligence (first criterion) and control of existence (tenth criterion). Since “the power of medicine…speaks an almost uninterrupted languages of individualism” (Shuman & Volck, 2006, p. 96), it can be seen how a lack of such individualism can lead some people, like Fletcher, to think that a lack of, or even a diminished level of, autonomy poses questions of quality of life. The problem that arises with autonomy is that man can never be completely autonomous in his decisions (Toombs, 2018). When a patient’s autonomy is restricted, justification of a decision will be based on the other moral principles of medical ethics.

The second principle, nonmaleficence, becomes complicated for two reasons. It is a difficult standard to uphold because 1) many treatments include risks of harm and 2) it often ends up being the decision of the patient over whether he considers it to be actual harm to himself or not. This second complication shows how nonmaleficence points back to autonomy as the chief principle. The first complication allows for the harm possible in interventions to be weighed against possible benefits for the patient, leading to the principle of beneficence.

Beneficence “includes all forms of action intended to benefit other persons” (Ashcroft et al., 2007, p. 5). This refers to a moral obligation to actively do things to help

others (assist those in need of treatment or in danger of injury) and to prevent or remove possible harm (pain, suffering, and disability) for others. A problem with beneficence is over whether it is a principle that applies to everyone as a moral duty, or whether it is a principle that applies to only a certain group of people as a duty particular to a certain professional role. Beneficence emphasizes the elimination of suffering since, "generally speaking, [man is] unwilling to tolerate anything unpleasant *happening to* [him]" (Shuman & Volck, 2006, p. 38). In trying to eliminate suffering, medicine "aims if not for the defeat, then for the forestalling of death" (Shuman & Volck, 2006, p. 35) in the desire to free man (or consciousness) from its ailing and uncooperative aged body. Beneficence points back to autonomy since, similarly to nonmaleficence, it is up to the patient to determine what is best for himself and what his definition of "the good" is.

Justice is included in this list of principles of medical ethics as a sort of catch-all for anything the first three missed. This principle of justice is meant to establish fair treatment to all individuals and even possibly go as far as requiring equal allocation of health care resources. This principle, despite serving as a catch-all for areas in which the other principles fall short, still points to autonomy since individuals are supposedly able to choose whatever they want to do as long as it does not encroach on the freedom of other people. There are too many situational factors for the justice principle to be rightfully upheld, and so in practice, this principle is often null.

Summary

Science is a very useful and powerful tool when it comes to making discoveries about the world. This powerful position science has in society makes man dangerously susceptible to the false claims science sometimes makes. One assumption in science that is hardly opposed by most people is that the body is just a biological mechanism. This assumption followed from a series of other conversations supporting the mind/body split. When the mind and body are seen as separate, the mind is considered to be the truly human part and the body is seen as a vessel. In the medical setting, people suffering from various illnesses already feel like their body is betraying them since it is not functioning the way it is supposed to. This mindset perpetuates an even further alienation of the body. Bioethicists such as Fletcher take advantage of this mind/body split, furthering this idea and establishing personhood in the mind. When personhood is established in the mind, autonomy is affirmed to be the chief principle of medical ethics.

CHAPTER THREE

The Patient-Physician Relationship

Introduction

The goal of this chapter is to discuss how an understanding of a person *as embodied* instead of *having a body* affects the patient-physician relationship. The patientphysician relationship involves the patient explaining his set of symptoms to the physician and the physician determining the diagnosis and plan for treatment for the patient. Communicating one's experience requires precision of language on the patient's part and patience and willingness to listen carefully on the physician's part. Diagnosing the illness and determining the best treatment requires knowledge of both the illness as well as knowledge of how this particular patient will fare with the treatment. This sort of relationship between the patient and the physician, although consisting of several intricately woven layers of interaction, is grounded on a basic human level of connection, the level in which the body is lived. The patient explains to the physician his experience of illness with how it affects his body,[8] and thus, how it affects him. During a time of illness, it is made more obvious that there is something about bodily existence that remains outside of that person's control. When the patient visits the physician, the

[8] When talking about the body, I must use possessive pronouns because the English language does not have any other way to go about it. It is important to differentiate between "having a body" and "being embodied," but when discussing the body, I must use the language of "their body," "one's body," and "his body."

patient hopes to receive some kind of help from his physician who is expected to know the best path to healing for this person. This restoration to health would then restore the patient back to his sense of self, which is something I will explain more deeply in the comingsections.

The Body as Lived

As discussed in the first two chapters of this thesis, the body is fundamental to the person. With this fundamental relationship, the body is the means by which a person apprehends and interacts with his surroundings. For example, a child may go to the park and see a slide, and that child's small stature has the child perceive the slide to be really tall. However, if that child grows and returns to the same park and sees the same slide twenty years later, the adult may think the slide is, in fact, not that tall. The slide does not change in height, but the person's perception of the slide changes based on his own height—based on his body's height. This relation of the body, an existential relation of living or existing one's body, shows how "the *body as I live it* represents my particular point of view *on* the world" (Toombs, 2002). This view is reflected in Chapter 2 in the discussion on how Toombs sees the world differently due to her vantage point from a wheelchair.

On a regular day, a person is not consciously aware of this existential relation with the body. However, a shift in consciousness occurs during a time of illness or disease. On a day to day basis, the average person is usually unaware of breathing in and out of his nose. However, almost anyone can think back on a time when he got sick, had a

stuffy nose, and could no longer breathe in and out of his nose. Freely being able to breathe in and out of one's nose is normally taken for granted until a day comes when that ability is taken away.

Bringing this concept of a person's existential relation with his body back into the context of the body being fundamental to the person reveals how illness can encroach on personhood. Whatever happens to the body necessarily happens to the person, and so, a restriction on what the body can do is also a restriction on what the person can do. A person may not be restricted in one manner, such as freely being able to walk around with two legs on his own, but may become restricted after an illness, such as becoming paralyzed and requiring the use of a wheelchair. This restriction can change how a person apprehends and interacts with his surroundings, so that it also "is disruptive since [it] engenders a loss of self-identity" (Toombs, 2002). Toombs, who has multiple sclerosis, explains how when strangers see her body, they make judgements about her as a person: "In noting my body's incapacities, most conclude that as a person-in-a-wheelchair, I am dependent on others and unable to engage in professional activities" (Toombs, 2002).

This understanding of how illness affects identity is important for clinical practice because, in practice, the physician is caring for an embodied person and not just investigating a malfunctioning body. The pathology of the body is secondary to the particular patient's experience of the change in his lived body. Diagnosing an illness is incredibly important; however, determining how to treat that illness ought to be decided with the patient's experience in mind. A physician may not think a certain treatment is that harmful, but the patient may find the treatment too disruptive for his particular life

experience. Taking a drug that has some negative effects on being able to fall asleep may be manageable for one patient but unmanageable for another patient.

The Aim of Medicine

This section will explain the current cultural understanding of illness and medicine and how an understanding of the person as embodied changes that cultural understanding. Medicine is limited since there is not an infinite amount of medical technology, nor an infinite amount of physicians to see patients, nor an infinite amount of time for the existing health care workers to take care of everyone. Despite these real limitations, the way in which medicine is practiced today makes it seem like medicine has all the answers and physicians then can fix any problem. By constantly trying to have all the answers to the patient's problems, the practice of medicine has made the elimination of suffering its goal. This is one of the false goals of medicine that Leon Kass describes in *Regarding the End of Medicine and The Pursuit of Health*, in which he explains the true goal of medicine to be health. If medicine aims at death prevention, then the medical ideal is bodily immortality, and so, medical progress goes "after the diseases that are the leading causes of death, rather than the leading causes of ill health" (Kass, 1975, p. 17). This is one of the reasons why Fibromyalgia[9], for example, is so under researched. It is because nobody ever dies from it nor are people's life expectancies shortened because of it, and so, money is not poured into that research. If bodily immortality is the medical

[9] Fibromyalgia is a disorder characterized by widespread musculoskeletal pain accompanied by fatigue, sleep, memory, and mood issues (Mayo Foundation for Medical Education and Research, 2019).

ideal, people then treat the body as infinitely manipulable, which in turn dehumanizes the person by disregarding the fullness of the person with his body.

Another false goal that Kass describes is “happiness.” This goal of medicine insists on having the physician gratify and satisfy any patient’s desire. Kass includes examples such as an obstetrician “asked to perform amniocentesis, and then abortion, if the former procedure shows the fetus to be of the undesired gender” (Kass, 1975, p. 13). Another example can be a mom of four children now in her forties who is requesting for surgery to make her as thin as she once was back when she was twenty-two. Some patient’s wishes are unreasonable and others are reasonable; but, either way, “they aim at pleasure or convenience or at the satisfaction of some other desire, and not at health” (Kass, 1975, p. 14). Choosing to alter the body based on one’s consciousness shows how the separation of the body and the person leads one to think the body can and should be changed at the will of the consciousness since the actual person simply *has* a body.

Another false goal of medicine is social adjustment or civic virtue in preventing crime, relieving poverty and racial discrimination, and reducing laziness. Kass asserts that these are goals of physicians as humans and not from their profession. This false goal has been incorporated into the field of medicine since “only doctors are able and legally entitled to manipulate the body” and so, psychosurgery can be performed on men frequently committing crimes of violence, drugs can be given out to restless children in school, and genetic screening can be performed to detect genotypes that may predispose people to violent behavior (Kass, 1975, p. 15). In this way, medicine again seeks to manipulate the body.

Neither eliminating of suffering, restoring happiness, nor aiding in social adjustment ought to be the goals of medicine. The goal of medicine should be the furtherance of health, which has several degrees which are relative to persons and their time of life. It is relative in the sense that different people are able to achieve different levels of health. It is not relative in the sense that it should be up to the individual to decide whether he is healthy or not. Kass argues that it should be up to the physician, not the patient, to determine whether or not the patient is healthy. It should be up to the physician and not the patient because "there are people who feel fine but harbor unbeknownst to themselves a fatal illness (e.g., the vigorous athlete whose routine blood count shows early leukemia)" (Kass, 1975, p. 21). People can ignore subtle signs of bigger illnesses since some do not readily show symptoms in their early stages (e.g. type 2 diabetes, high cholesterol leading to cardiovascular disease, skin cancer, etc). Kass argues that health should not simply be the absence of all known diseases, as the WHO's definition of health[10] may imply. This definition of health is broad because, at least as of right now, medicine does not have the language to concisely define what health is in a pluralist society whose members achieve different levels. This problem was discussed in Chapter 2. On top of not having the language to define what health is, medicine is not motivated to have the kind of language to more precisely define what health is. Medicine is not motivated in this way again because of its commitment to autonomy—it is up to the person to decide whether or not he is indeed healthy or not—which is regarded as authority in the person whose consciousness is the authority over the body.

[10] "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 2014).

The understanding of embodiment affects physicians because embodiment reshapes the cultural understanding of how medicine ought to aim for health instead of eliminating suffering, restoring happiness, or aiding in social adjustment. It also reshapes the cultural understanding of illness in that even though in a time of illness the body may seem alienated from the person, the person truly is his body. The physician must be aware of both of these things. In being aware of these things and aiming for health, Daniel P. Sulmasy in *A Healer's Calling*, suggests that in aiming for the health and healing of the patient, "true healing will involve these three simple human elements: compassion, touch, and conversation" (Sulmasy, 1997, p. 17). These human elements are human in that they are communicated through the body, understood through the body, and lived by the body.

Compassion

Compassion literally means "to suffer with." Sulmasy describes the truly compassionate health care professional as someone who engages the suffering of the patient at three levels: 1) objectively recognizes the suffering of the patient, 2) subjectively responds to this suffering with feelings of genuine empathy for the patient, striving to understand the situation of the patient as experienced by the patient, and 3) moved to concrete healing actions—words and deeds (Sulmasy, 1997, p. 103). Sulmasy chooses compassion as one of the most important aspects of true healing because the abilities of medicine are not limitless, and so "when medicine, a finite art, meets its limits, all the clinician can do is to be compassionately present" (Sulmasy, 1997, p. 104). There are some life stages and situations that medicine works with that are incurable: the

birth of a stillborn baby, end-stage cancer, and even old age. In times like these, a physician can still be physically present, which is a very powerful thing. Being physically present communicates openness and availability, which can ease a patient's suffering by sharing their pain.

An argument against prioritizing compassion and sharing in the pain of a patient is that it falls under the care model, which is "difficult to uphold because of time constraints, emotional burden, and jurisdictional issues" (Carolina Apesoa-Varano, Barker, & Hinton, 2011). It is a valid concern that the physician cannot do everything; but, thankfully, the physician does not have to do everything on his own. A team of physicians, nurses, social workers, counselors, etc., are all involved in the patient care team. This security in having a team, however, does not mean that the physician is exempt in doing his part in caring for the whole person.

Touch

Sulmasy does not expand much on the concept of touch in *A Healer's Calling*, other than including that many of Jesus's cures explicitly involved physical touch. He includes the story of the bleeding woman in Luke 8:43-48 who touched the fringe of Jesus's garment and was healed. Going further than this story, it is important to discuss the importance of touch for the embodied creature. "Touch, in league with gravity, is the primary sense that connects us to all physical reality" (Thomas, 1994), and this aligns with the earlier discussion on how the physical nature of a person as an embodied creature is integral for a person to experience his surroundings.

Interestingly, touch is the first sense to develop and become functional in the human during development, appearing at less than six weeks in gestational age (Montagu, 1817). Despite the impact that touch has on people, touch is the least studied sense of human beings, and a large part of why touch has been so little researched is because of how intimate touch can be. The word "intimacy" comes from the Latin word *intimus*, which means "innermost." It refers to people's bodies, innermost thoughts and feelings, and private information (Yeo & Longhurst, 1996). The patient-physician relationship is an intimate one because it involves patients sometimes sharing private information about themselves that they would not normally tell others, explaining their thoughts and feelings about their illness, and allowing the physician to examine their bodies in physical examinations. Appropriate intimacy is essential to good patient-physician relationships, and prudence must be involved in distinguishing between appropriate and inappropriate intimacy.

Touch, unlike the other senses, is one that sends an undeniable message because "it is nearly impossible for a person to touch another and then claim no meaning was intended" (E. Jones & Elaine Yarbrough, 1985). Hertenstein and Keltner conducted a study to investigate whether people can identify emotions by being touched by a stranger on the arm without seeing the touch. The emotions tested were anger, fear, disgust, love, gratitude, and sympathy. The accuracy rates of interpreting these emotions ranged from 48% to 83% accuracy. Hertenstein and Keltner did another study where the participants only viewed the touches and did not experience it themselves, and these participants accurately interpreted emotions of anger, fear, disgust, love, and sympathy (Hertenstein, Keltner, App, Bulleit, & Jaskolka, 2006). These findings show that distinct emotions can

be communicated through touch both when it is felt and seen. Even though interpreting these emotions through touch had accuracy rates about as high as interpreting emotions from facial expressions and vocal communication (Elfenbein & Ambady, 2002; Scherer et al., 2003), it is still possible that a touch is misunderstood; so, it is important for there to be good communication to decrease the opportunity for a touch to be misunderstood. In this regard, context is incredibly important. Holding a patients hand or putting an arm around a patient to help console the patient may be an appropriate touch in certain contexts, but it can also be inappropriate in other contexts. Due to this possible misunderstanding, it is important for physicians to learn and be good communicators who are sensitive to how context may change a verbal or physical message.

In order to avoid misunderstandings, some physicians may choose to avoid touch altogether. However, taking this extreme would not be providing the best care to the patient. One main reason why avoiding touch altogether is detrimental to caring for a patient is because of the importance of a simple physical exam. A physical conveys a lot of messages about the patient to the physician. Skills to truly learn about a patient's health through a physical exam is slowly being forgotten and replaced by many of the new medical technologies. This does not mean that technology does not have its place in clinical diagnoses, but it does mean that the physical exam must not be disregarded. Diagnoses made by technology can be wrong, so technology ought to be used alongside physical exams as opposed to be using used instead of physical exams. For example, a case study by Asif et al. in 2017 demonstrates that indiscriminate use of technology does not ensure high quality patient care.

> [A patient] presented to the emergency department with a one-day history of sudden onset left facial paralysis. A CT scan of the head showed no acute intracranial process. The patient was diagnosed with Bell's palsy, started on oral steroids, and discharged. The next day, he returned with left arm weakness… Physical examination revealed sparing of the forehead muscles on the affected side, which sparked our suspicion that the original diagnosis of Bell's palsy may have been in error. (Asif, Mohiuddin, Hasan, & Pauly, 2017)

Technology cannot be solely relied on for diagnoses, and because of this, poor physical examination skills are a threat to patient safety.

Along with the importance of a physical exam, touch is important because it can provide comfort for patients. A study done on patients' attitudes to comforting touch in family practice reported that most patients (66.3%) believed that touch can be comforting and 57.9% of the participants also believed that touch can be healing (Osmun, Brown, Stewart, & Graham, 2000). It can also be comforting for a patient to know that his physician takes the time to understand what is happening to him. Physicians may not be able to spend as much time as they would like with their patients due to time constraints, however, even just "a sympathetic touch from a doctor leaves people with the impression that the visit lasted twice as long, compared with estimates from people who were untouched" (Carey, 2010). That sympathetic touch can comfort a patient by sending the message that the patient is not suffering alone. All of these reasons why touch is important is reflected in how the body is the person. Consciousness cannot be touched, while the body can be touched.

Conversation

Dr. Eric Cassell spent many years during his practice as an internal medicine physician documenting and analyzing conversations between patients and their physicians. In his book, *Talking with Patients*, Cassell talks about how "the spoken language is [the physician's] most important diagnostic and therapeutic tool, and [he] must be as precise in its use as is a surgeon with a scalpel" (Cassell, 1985, p. 4). Cassell points out the importance of differentiating between the practice of medical science and the practice of clinical medicine. Medical science achieves its understanding of the biology of diseases by separating the disease from the patient. Clinical medicine, on the other hand, is most effective when clinicians have an understanding of both pathophysiology in the abstract and how pathophysiology is modified within a particular patient. People have different bodies and different lifestyles they live their bodies in, and so, a certain diagnosis does not lead to a "one-size fits all" treatment plan for all persons with that diagnosis. The scientific part of medicine searches to diagnose a problem and find a cure or treatment. The human part of medicine, however, looks to find how a particular set of symptoms affects a particular individual. For example, a sprained ankle viewed from a scientific diagnosis point of view is "an injury that occurs when you roll, twist or turn your ankle in an awkward way," stretching or tearing "the tough bands of tissue (ligaments) that help hold your ankle bones together" (Mayo Foundation for Medical Education and Research, 2019). This sprained ankle, for a patient with a desk job who sits regularly throughout the day, may be just a mild inconvenience. He can still work, and during work he can ice and elevate his ankle if necessary. The same sprained ankle, however, for a professional dancer may mean that he cannot work anymore while

he rests his ankle for it to heal. This time off from practicing and performing may set him back. This example explains how the same injury diagnosis manifests itself differently connected to its meaning in the lives of different individuals. Physicians must pay attention to the meaning behind a patient's injury, disease, or illness, and this is best done by understanding the full embodied person that the patient is and his body as lived.

The Humanities and Moral Formation of Pre-health Students

One way to cultivate these human elements of compassion, touch, and conversation to care for persons as embodied is by bringing the humanities and the sciences into an intimate dialogue with one another. The sciences study what can be done, while the humanities study what ought to be done. Importantly, the humanities ought to remain their own academic disciplines "and not get caught in the role of specialists on bedside manners and professional etiquette" (Clouser, 1972). These disciplines must inform one another instead of battling to an unforeseeable end to determine which one is objectively more worthwhile. The humanities can give medicine a perspective outside of science that can be helpful in pointing out its habits in need of change.

Having the humanities in the formation of those working in the healthcare field can lead to a sort of humanization of medicine by treating the full person and not just treating a separated body. In the humanities, people can approach the philosophical questions of the meaning of life, death, and suffering. The humanities can help develop the virtues in a person and aid the proper formation of habits from moral self-reflection,

which is extremely important for physicians since their profession deals with human goods in invasive ways. There is an imbalance of power in the patient-physician relationship as the patient frequently places his trust in the hands of his physician since this is the person that supposedly not only knows the disease, but also knows how to fix it (Tauber, 2000). This power dynamic is one that the physician must take seriously, and so moral formation is of the upmost importance.

K. Danner Clouser, a bioethicist and former professor in the Department of Humanities at Pennsylvania State University College of Medicine, lists out three distinct areas in which the theoretical and academic sides of the humanities have clinical and practical sides for use in interdisciplinary studies in a medical school. He explains: 1) the overtones and implications of some humanities courses are bound to stimulate "humanitarian" concerns, 2) some explicitly clinical courses such as "Death, Dying, and Grief" would help students work through their own fears and anxiety, explore literature on the subject, and develop skills working with the dying and bereaved, and 3) the humanities could serve as a catalyst for humanitarian reform as a sort of "naïve" newcomer (Clouser, 1972, p. 4).

The humanities are bound to stimulate "humanitarian" concern because they examine more of the full and daily life of a person. In a literature class, for example, a person may read *The Bell Jar* by Sylvia Plath and find himself absorbed in the life of a young woman, Esther Greenwood, suffering from depression. Being absorbed in Esther's life through a novel would then help that reader empathize with and have compassion for a person with depression he meets in real life. People often strongly connect with the characters in the novels they read because "when one is reading a story, the plot takes

over the planning processor [of the brain, and the reader] tends to identify with the protagonist, adopt his or her goals, and take on his or her plans" (Oatley, 1999). So interestingly, even though when reading fiction, the goals, plans, and events are all simulated, the emotions the reader feels when reading are not.

Having these emotions and learning about how depression affects the life of a person humanizes the diagnosis of depression, as opposed to the isolated diagnostic definition of depression found in the *Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. In the *DSM-5*, Major Depressive Disorder is coded for if five or more of the following symptoms are present during the same 2 week period that represents changes in functioning, and at least one symptom is either a depressed mood or loss of interest. Symptoms include:

> Depressed mood most of the day, nearly every day, as indicated in the subjective report or in observation made by others; markedly diminished interest in pleasure in all, or almost all, activities most of the day and nearly every day; significant weight loss when not dieting or weight gain, for example, more than 5 percent of body weight in a month or changes in appetite nearly every day; insomnia or hypersomnia nearly every day; psychomotor agitation or retardation nearly every day; fatigue or loss of energy nearly every day; feelings of worthlessness or excessive or inappropriate guilt; diminished ability to think or concentrate, or indecisiveness nearly every day; recurrent thoughts of death. (AAPC, 2013)

Reading about depression in the *DSM-5* lacks the lived experience of the person that a novel would contain, and therefore gives the physician an incomplete description of what

the illness causes in the person. In this way, complementing science classes with humanities classes can help stimulate humanitarian concern.

Clouser also suggests having some explicitly clinical courses to help students process complex situations that they will have to deal with regularly in a profession as a physician. Death, for example, is a reality that most pre-med or pre-clinical medical students do not encounter often. However, once they become physicians they will have to face that reality more often than they had to before. Taking the time to discuss situations such as these in a class before having to face it in real life as it is happening would be beneficial for students to understand more of these realities that are usually not talked about directly. This provides a sort of safe space for students to wrestle with their complicated feelings on topics that take time to begin to understand and that do not have clear black and white answers. Allowing for this time can give students a better idea of how to respond in such situations.

Thirdly, Clouser includes that the humanities could serve as a catalyst for humanitarian reform as a sort of "naïve" newcomer. Clouser means that the humanities are "naïve" in that they are free from political entanglements and are better positioned to notice the flawed assumptions that medicine may be working under. This naiveté brings a different perspective to the conversation, which can help physicians to be more alert to underlying moral problems that they would have previously been unaware of. Understanding the wider social, ethical, and cultural aspects and implications of medicine is enriching for the physician. The informed physician can see science in its "myriad dead-ends, its errors, its wrongful certainties, [and] its ingenious victories" and can "see his patients within a context of family tensions, social structures, religious commitments,

and subject to deep feelings, moods, and fear" (Clouser, 1972, pp. 7–8). The humanities in medicine work to center medical practice on the full person, considering the person's lived experience in its complexity of embodiment, instead of centering medicine on a biological mechanism of the body.

Summary

Health is a means and not an end. It is the means by which a person can live out his true integrity and full excellence. While maintaining the importance of diagnostics and scientific endeavors to discover new ways to cure certain illnesses, it is also worthwhile to understand that healing is more than fixing a biological mechanism. The body is fundamental to the person with an existential relation that is normally not consciously thought about by the person. During a time of illness, the body feels alienated from the person, and this time of alienation is the time in which the patientphysician relationship is often formed.[11] With this often being the beginning of the patient-physician relationship, physicians are often tasked with quickly diagnosing the problem and figuring out how to treat that problem. This is reflected in the false goals and current aim of medicine, which can be viewed as eliminating suffering, restoring happiness, or aiding in social adjustment. Diagnoses and treatments are incredibly important, but the physician must not neglect his duties to not only attempt to cure that patient, but also care for the patient. Sometimes a cure is not available. No matter what

[11] The patient-physician relationship can be formed under health (as opposed to illness) circumstances instead through annual check-ups to the primary care physician. However, this is fewer in number, which hosts another set of problems: fewer primary care physicians, lack of geographical spread of physicians, people not going to the doctor for annual check-ups, etc.

the ailment is, however, the physician can still connect to the patient on a human level. The physician responds with compassion, touch, and conversation—not becoming overwhelmed by needing to encompass all the dimensions of healer but being a healing presence in the patient's life.

CONCLUSION

This thesis has discussed how God created materiality as good and reaffirmed its goodness in the Incarnation after the Fall. Man was created embodied and is not a consciousness inserted into a biological mechanism as a vehicle to interact with the world. The Incarnation reveals the importance of the body in this way; however, this understanding of the importance and existential relationship with the person and the body is often forgotten in our culture. A person can already feel alienated from his body during a time of illness, so a culture that already treats the body as other makes it even more difficult to accept the body as self in the medical setting. Some people in medicine work to try to forestall death to the point in which a person may finally be able to transcend his body by searching for some other vehicle on which to upload his consciousness. Others may request to alter the functional bodies when they feel as though the outward expression of their body does not match their consciousness. Both of these ideas are solutions in the view of people who do not see the person as embodied. Medicine responds to ethical questions that arise from competing views of morality by using the four principles of medical ethics, which do their best at explaining how care should be given in a society that does not have a shared account of the good. Health is good, but it is a means and not an end. Health helps a person be able to live his life to its full integrity and excellence. However, medicine has treated health as the primary good itself, and many physicians fall into the trap of believing that the health of their patients is under their control.

Restoring a person back to health does not necessarily mean restoring a patient back to the way he or she was before coming to the doctor. This can be clearly seen in a patient in a car crash who became paralyzed from the waist down during the accident. That patient may have to reimagine what health looks like now in his altered state of being in which he will no longer be able to walk. Bodies change as they age or suffer from illness, and it is not always feasible to expect medicine and those working as medical professionals to always be able to restore something from the past.

The limits of medicine is something both patient and physician must be aware of. Whether or not the physician is faced with the limits of medicine, he should aim to care for his patient. In the patient-physician relationship, the physician should attempt to cure the patient when possible, but the importance of not only curing but also caring is made even more clear when faced with the limits of medicine. Sometimes a cure is not available, however, the physician can still connect to the patient on a human level—the level in which the body is lived. The physician should respond with compassion, touch, and conversation, which are important components of healing for embodied creatures. These components of healing are important not only for the physician but also for others on the care-giving team. Those aiming for a profession in medicine ought to prepare themselves for not only the scientific part of medicine but also the artistic part of medicine, and this can be done with an understanding of the person as embodied.

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