

# THE HEALTHY AND THE HOLY

D.C. SCHINDLER

“In a word, the reductive notion of health causes disorder, which means that the very energies devoted to the pursuit of this health may turn out to be a profound cause of disease.”



The contemporary mind has difficulty conceiving the question of “health” as being anything other than a scientific or medical question: an organism, we believe, is made up of smaller parts—“organs”—which function together to produce the various activities we associate with life. This functioning, in turn, is itself the result of the coordination of the even smaller parts that make up the organ, each of which operates in accordance with its mechanical or chemical properties in obedience to the laws of nature. If there is some defect in those properties, or some foreign intrusion into the operation, which causes the functioning to break down or go astray, we say that the organism is unhealthy. We thus call on the doctor as the appropriate one to address the problem precisely because he is a technician of sorts: the doctor has studied in depth the complex composition of the organs and the even more complex cooperation of their functioning in the working of the various living systems, and he has been trained in the methods of chemically or mechanically manipulating the

parts to restore them to their proper functions. The doctor, in turn, depends on the research scientist and the specialist, whose work consists not directly in the aim of healing particular organisms, but more proximately in the careful analysis of the elements in order to better figure out “how things work.” The governing assumption, here, is that we come to a more complete understanding of the whole the more precisely we grasp the parts that make it up and their various interactive systems. If we can shed some light in turn on the parts of even *those* parts, we have gone one step further in our understanding of the organism. And so on.

Now, there is no doubt that this way of viewing things has some validity and importance. If there is any progress at all that has been made in human civilization, it is in the precision of our understanding of what is sometimes called the “inner workings of nature,” and the medical discoveries and capabilities that have resulted from it. As people never tire of saying, even if some tire of hearing it, whatever its faults are alleged to be, “modern science *works*.” The problem is that this claim is typically uttered with the intention of closing a conversation, when in fact it ought to be just what opens up further reflection. If what we mean by the verb “to work” here is “to accomplish,” that is, “to bring about an end,” then of course we cannot adequately judge whether something “works” unless we are clear about precisely what end the working is attempting to accomplish. In the case of modern medicine, the straightforward answer to this question is “human health,” but this answer opens up in turn a further question regarding the nature of human health. In this respect, we are naturally brought to consider the essential questions that define philosophy, namely, the “why” and the “what is x” questions, which are inevitably bound up with one another. What exactly *is* human health?—a question inseparably connected to a second, What in the end is health *for*? What, indeed, is *life*?

It may seem that, however interesting they may be, these are not very urgent questions. We might, for example, admit that Plato is right in theory that there is an essential philosophical question that persistently dogs any human activity, so that, to take our present example, a doctor can’t properly decide whether any particular patient is healthy unless he in fact *knows what health is*, which implies that his medical activity depends constantly on having achieved true philosophical insight. In other words, med-

ical activity only “works” if what it does *is true*. Plato raises the question of the proper object of the medical art as an illustration of the problems with the purely technical view of language in sophistic rhetoric. He has Socrates ask Phaedrus,

“Suppose someone came to your friend Eryximachus or his father Acumenus [both doctors] and said: ‘I know treatments to raise or lower (whichever I prefer) the temperature of people’s bodies; if I decide to, I can make them vomit or make their bowels move, and all sorts of things. On the basis of this knowledge, I claim to be a physician; and I claim to be able to make other physicians as well by imparting it to them.’ What do you think they would say when they heard that?” Phaedrus: “What could they say? They would ask him if he also knew to whom he should apply such treatments, when, and to what extent.” Socrates: “What if he replied, ‘I have no idea. My claim is that whoever learns from me will manage to do what you ask on his own?’” Phaedrus: “I think they’d say the man’s mad. . . .” (*Phaedrus*, 268a–b)

The problematic view he is criticizing is a purely technological conception of medicine, which reduces it to a praxis considered apart from a real end. As a result, the question of the end becomes essentially a matter of private judgment that is separable from the logic of the praxis itself. But without a true knowledge of the end, quite fundamental and decisive factors concerning the activity would be lacking. Interestingly, Plato does not simply respond by pointing to the need to know what a healthy body is. Instead, he insists that even that question cannot be properly grasped outside of its own proper context:

Socrates: “Well, isn’t the method of medicine in a way the same as the method of rhetoric? . . . In both cases we need to determine the nature of something—of the body in medicine, of the soul in rhetoric. Otherwise, all we’ll have will be an empirical and artless practice. We won’t be able to supply, on the basis of an art, a body with the medicines and diet that will make it healthy and strong, or a soul with the reasons and customary rules for conduct that will impart to it the convictions and virtues we want.” Phaedrus: “That is most likely, Socrates.” Socrates: “Do you think, then, that *it is possible to reach a serious understanding of the nature of the soul without understanding the nature of the world as a whole?*” Phaedrus: “Well, if we’re to listen to Hippocrates,

Asclepius' descendant, *we won't even understand the body if we don't follow that method.*" Socrates: "He speaks well, my friend."<sup>1</sup> (*Phaedrus*, 270b–c, emphasis added)

In short, we cannot understand what a healthy body is unless we understand the nature of the world as a whole, and so the very praxis of the doctor depends on this comprehensive understanding.

Again, we may concede that in some theoretical sense this is true, but we may nevertheless insist that it is ultimately *only* theoretically significant. Practically speaking, time spent studying the nature of the world as a whole is time *not* spent analyzing the details in particular, and so while deepened philosophical insight would perhaps make for good conversation, it wouldn't achieve much in the way of actually healing sick people. The philosophical question, "What is health?" rarely bears on the practical matter in any way that would need to detain us in our pursuit of it.<sup>2</sup> The doctor does not need to *determine* who is sick, because the patient comes *to him*, and once the symptoms are presented he can attempt to discern their cause and respond with the appropriate treatment without having to enter into philosophical speculation. We are sufficiently content with our assumptions about the nature of health at least to get through this or that pressing procedure, and we can speculate about the philosophical dimensions of the question once everything is back in order—that is, once we are healthy again. Or, lest the philosopher insist on raising the question yet again, let us say simply: once we *feel* healthy. . . .

Perhaps it should disturb us, however, that, though our progress in medical capabilities has eliminated the threat of many

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1. Socrates literally says, "He speaks *beautifully* [*kalōs*]." In other words, precisely because he is properly articulating a profound and true insight, he is using language in a technically correct way: for Plato, rhetoric cannot be separated from truth any more than health can.

2. This is of course exactly how Socrates' contemporaries responded, according to Plato's portrayal. The best example is no doubt Euthyphro, who runs into Socrates on the way to prosecute his own father in court. It becomes quickly clear, through Socrates' questions, that he does not know what he is doing, but in spite of the extraordinary seriousness of the matter at hand his response is not to pause and reflect; instead, he complains that Socrates is wasting his time, and he carries on. We have here a kind of parable of our contemporary technological society.

diseases that used to be a death sentence and enabled previously inconceivable treatments, it has coincided with what is quite obviously a general growth in a lack of well-being. As Wendell Berry has observed, “it is clear to anyone who looks carefully at any crowd that we are wasting our bodies. . . . Our bodies are fat, weak, joyless, sickly, ugly, the virtual prey of the manufacturers of medicine and cosmetics.”<sup>3</sup> In addition to looking carefully at crowds, one need only read the newspapers that announce dangerous health trends almost daily.<sup>4</sup> This coincidence is tied, we will suggest, to a reductive notion of health. The philosophical question is in fact much more relevant even to practical matters than it might initially seem. On the one hand, we find that the question is implicated in weighty controversies such as the recent debate concerning the harvesting of stem cells and the question of exactly what represents an adequate criterion for determining when a human being is dead. There is clearly a lot at stake, practically speaking, in these controversies. But the practical significance of the philosophical question is not limited to these extreme cases: in fact, a proper understanding of the nature of health is essential for determining the extent and therefore also the limits of the doctor’s responsibilities, the political questions concerning the amount of resources that ought to be devoted to health care, the degree and kind of governmental regulation of the “health care industry,” and so forth. Moreover, at a more personal level, what we take health to be invariably becomes an ideal that guides all sorts of practical decisions we make, from the foods we choose to eat; to the way we prepare, serve, and consume them; to where and how we live; to the kinds of activities we choose to fill our days. And these in turn have implications for the way a culture produces food, the way businesses are run, the way cities are planned, the way homes are constructed, the way children are educated. In a certain respect, we might say that the way we understand health bears not just on some practical procedure or another, but rather on the ethos of a culture and indeed on the whole order of society.

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3. Wendell Berry, “The Body and the Earth,” in *Recollected Essays 1965–1980* (San Francisco: North Point Press, 1981), 283.

4. Today, for example, it was announced that deaths from the abuse of prescription painkillers has reached epidemic levels: 15,000 a year in America.

If it is in fact the case that the conception of health we have implicates in some sense the whole order of society, then our disinclination to reflect on the adequacy of that conception from a philosophical perspective, that is, our insistence on retaining a basically narrow and empirical conception of health because this conception is the most “effective,” i.e., the one that most obviously “works,” comes to have a kind of ironic significance that stands out in a particular way when we consider the etymological roots of the word “health.” The modern English word stems from the Old English word “haelp,” meaning “wholeness, being whole, sound, or well,” which is related to the other Old English words, “hal,” meaning “hale,” or “whole,” and “halig,” meaning “holy or sacred.” English is thus like many other modern languages in connecting health not only with wholeness, but ultimately also with sanity and sanctity. There is what we might call a cultural intuition here that health means an integrity that depends on a proper interconnectedness.

To the extent that this intuition is true, it follows that the technological reduction of the notion is a specifically *unhealthy* notion of health insofar as it considers a single aspect of health precisely without regard to the whole. And this is the case in several respects at once: first, it separates the medical or scientific from the social whole; second, it separates the practical aspect of the physical life of an organism from the deeper, more “holistic” question of the meaning of health; and, third, it conceives even that physical life most fundamentally as an aggregate of ever-more-basic parts, which means it understands the whole ultimately *as a function of* the interrelation of the parts rather than understanding the parts in the first place in light of the whole. In other words, it gives the parts primacy over the whole, rather than the reverse. But if health *just is* wholeness, then this understanding of health is itself a kind of disease. The very notion of health in the modern world represents a fragmentation or breakdown of wholeness. And in this case the irony becomes a tragic one: this unhealthy understanding of health, insofar as it informs our actions and so also our ordering of society, in a certain sense *performs* what it represents. The understanding itself *fragments*. In a word, the reductive notion of health causes disorder, which means that the very energies devoted to the pursuit of this health may turn out to be a profound cause of disease. This point needs to be explored further.

## I. TOWARD A HEALTHY SENSE OF HEALTH

Two authors have made the argument in fairly recent times, and from significantly different perspectives, that our reductive notion of health is itself unhealthy. In what follows, we will present their arguments in basic terms and then conclude with a brief assessment from a Catholic perspective.

*A. Health and the social order*

Richard Lewontin, a “leading geneticist” and professor of biology at Harvard University, has developed a criticism of the contemporary preoccupation with his own area of specialty, genetics, arguing that the reason we as a culture have come to think of genes (or analogous discrete physical entities such as germs, viruses, chemicals, and so forth) as the ultimate causes of all physical traits and therefore disease is due not to the “objective findings” of science, but above all to our general worldview. For Lewontin, the worldview behind this approach to science is liberal capitalism. As he has argued in his book, *Biology as Ideology*,<sup>5</sup> the increased precision in our understanding of the mechanics of these micro-particles, far from deepening our understanding of the nature of the body and health, has in fact tended to mask the real issues, and therefore modern science and medicine bear a logic that exacerbates the very problems they are meant to resolve. In a word, the approach of modern medicine to disease tends to reinforce a notion of reality as an aggregate of essentially individual parts. This approach itself is, for Lewontin, ultimately reflective of a capitalist economic theory wherein the “health” of the whole is produced through competition between self-interested individuals, a competition that ought to be as unregulated as possible. Lewontin contends, however, that this particular political and economic theory does not give rise to social order, but instead to a fundamental disorder that is ultimately unhealthy for human beings. If his suggestion is true that social conditions do indeed have a profound effect on health, then it follows that a doctor whose aim is health ought to have an interest in the

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5. Richard Lewontin, *Biology as Ideology* (New York: Harper Collins, 1992).

quality of social conditions. To the extent that he simply isolates medical issues from economics and politics, he not only deprives himself of understanding but in fact unwittingly contributes to the commodification of medicine, since he has turned it essentially into a matter of the manipulation of physical bits and so a matter of pharmaceuticals, machines, and techniques.

To illustrate this, Lewontin points to the history of respiratory diseases in America, singling out tuberculosis as an example. It is generally affirmed that these diseases are caused by germs; tuberculosis itself occurs as a result of the bacterium *tubercle bacillus*. We generally take for granted that we have managed more or less to overcome these diseases because we have identified the germs and contrived medical remedies that eliminate them or neutralize their effects. But the actual history of the matter suggests that medical remedies had little to do with stemming the fatalities from this disease. As Lewontin explains, tuberculosis and other similar diseases accounted for a remarkable percentage of the deaths that occurred in adults in the nineteenth and early twentieth centuries. Over the course of the nineteenth century, however, the number of deaths from these diseases began to decline significantly, even though the “germ theory” of disease was not in fact discovered by Robert Koch until 1876, that is, until relatively late in the process. But rather than suddenly increase the rate of decline of infectious disease, Lewontin says, there was in fact “no observable effect” in the rate: “The death rate from these infectious diseases simply continued to decline as if Koch had never lived” (44). By the time a chemical treatment for tuberculosis had been introduced in the early twentieth century, “more than ninety percent of the decrease in the death rate from the disease had already occurred” (ibid.). So what was it that in fact brought about the decline in the death rate? According to Lewontin, it was “a consequence of the general improvement in nutrition and is related to an increase in the real wage” (ibid.), which he attributes to the emergence of labor unions and the regulation of capitalism by the state.

Now, one can certainly raise a question whether Lewontin is right to make the state’s regulation of economic activity the final key to proper social order. One may ask, more generally, whether the economic materialism that Lewontin himself



champions is ultimately any less reductive than the scientific materialism he criticizes. But be that as it may, it remains the case that his basic point is a strong one: focusing exclusively on what immediately produces an effect can blind us to the “root of problems of health” (46). To get to this root, Lewontin says we need to learn to distinguish “agents” from “causes” (45). According to his distinction, things such as germs ought to be identified, not as the *causes* of disease, but as the *agents* of the true causes, which mediate the cause to the effect. If we refer to germs as causes, he explains, we are naturally led to think that to control infectious diseases we need only eliminate germs, when in fact if poor social conditions are the true source of the problem, disease will continue even if we remove a particular germ, since its place will simply be taken by another agent. We could argue the matter thus: to say that germs are the cause of disease is analogous to saying that explosive devices are the cause of violence in the Middle East. In one respect, of course, this is undeniably true; it is no doubt the case that there is an explosive device of some sort present in 99 percent of the instances of violence there. We could, moreover, do controlled experiments to show conclusively that when such a device explodes, the result is violence. To conventional thinking, this would represent a scientific finding, which presents us with the objective and evidence-based account of the cause of the deaths in this region. But clearly, to attribute the violence to the devices misses the point; even if explosive devices could be more or less forcibly eradicated, and even if the number of deaths were thus to decline rapidly (at least initially), it would be foolish to say that the problem has been resolved. There is an obvious analogy between this and the sorts of claims that appear regularly in popular scientific literature: alcoholism is caused by a gene, or we are “hardwired” to pursue community, or love is the product of a hormone, or thoughts are coordinated flashes of neurons, and so forth. Lewontin’s distinction is similar, in fact, to the one Plato makes in the *Phaedo* in his criticism of what we would call materialism, namely, between what he calls the true cause (*to aition tō onti*) and that without which a cause cannot be a cause (*Phaedo*, 99b). It would be foolish, Socrates explains, to say that a particular configuration of bones and sinews—i.e., material conditions—is the “cause” of his sitting in jail, rather

than his decision that it is the right thing to do, though of course it would be impossible for him to be sitting in jail without his bones and sinews being configured in that particular way. An *understanding* of his sitting there nevertheless requires us to go beyond the material elements that make it possible.

One of the questions we will have to ask in this context is “How far beyond?” According to Lewontin, we need to go beyond the material elements of bodies and their immediate environment, ultimately to the social order, that is, to the level of politics and economics. We will not address health problems at their root unless we concern ourselves first and foremost with workers’ real wages. This is an illuminating point, and it has to be true that, if we look at health from a broader perspective, it is inextricably bound up with the justice of wages (“justice” here not in the sense of fairness but in the sense of what is due, given a proper and adequate interpretation of human nature) and all that this issue implies. But if we recognize that health is a matter of wholeness, it becomes clear that we ultimately cannot properly judge health, and so effectively cultivate it, until we view it from the perspective of what is in fact the most comprehensive order. One’s political judgments are ultimately a reflection of one’s anthropological, metaphysical, and theological commitments.<sup>6</sup> We cannot finally determine the meaning of health, and therefore properly promote it, outside of these basic orders. For Plato, a serious pursuit of the question of causality ultimately leads us to consider the nature of the good in its most complete and comprehensive sense, which includes its full range of implications. We will return to this point at the end.

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6. To be sure, there is a certain reciprocity here in the sense that one’s political commitments *also* in some sense determine one’s metaphysical judgments, and so forth, just as one’s political judgments are in some sense also a reflection of one’s conception of nature and the natural world. These are never simply “unilateral” relationships. Nevertheless, the reciprocity is always asymmetrical. Metaphysics, for example, has an absolute priority over politics even within this reciprocity. To say that one’s metaphysical thinking is *wholly* a function of one’s politics is in fact the result of a (typically implicit) metaphysical judgment about the nature of reality, and therefore of man in his relationships. The point we ultimately wish to make here is twofold: first, that all of these orders implicate each other, and so are in some sense determined “simultaneously,” but that anthropology, metaphysics, and theology are the most basic; and, second, that a healthy sense of health recognizes this interdependence in the proper way.

*B. The roots of health*

Before we turn to the metaphysical and theological questions, we may enrich our notion of health by turning to an extraordinary essay by Wendell Berry, "The Body and the Earth." In this essay, Berry reflects on the meaning of health specifically in its etymological sense as "wholeness," and so, like Lewontin, points to the impoverishment of our contemporary understanding. His description of the dangers of this impoverishment is poignant, and the depth of his description is due to the richness of his understanding of health. Because he makes the point we have been trying to argue clearly and beautifully, it is worth quoting at length:

If the body is healthy, then it is whole. But how can it be whole and yet be dependent, as it obviously is, upon other bodies and upon the earth, upon all the rest of Creation in fact? It becomes clear that the health or wholeness of the body is a vast subject, and that to preserve it calls for a vast enterprise. Blake said that "Man has no Body distinct from his Soul . . ." and thus acknowledged the convergence of health and holiness. In that, all the convergences and dependences of Creation are surely implied. Our bodies are also not distinct from the bodies of other people, on which they depend in a complexity of ways from biological to spiritual. They are not distinct from bodies of plants and animals, with which we are involved in the cycles of feeding and in the intricate companionships of ecological systems and of the spirit. They are not distinct from the earth, the sun and moon, and the other heavenly bodies.

It is therefore absurd to approach the subject of health piecemeal with a departmentalized band of specialists. A medical doctor uninterested in nutrition, in agriculture, in the wholesomeness of mind and spirit is as absurd as a farmer who is uninterested in health. Our fragmentation of this subject cannot be our cure, because it is our disease. The body cannot be whole alone. Persons cannot be whole alone. It is wrong to think that bodily health is compatible with spiritual confusion or cultural disorder, or with polluted air and water or impoverished soil. Intellectually, we know that these patterns of interdependence exist; we understand them better now perhaps than we ever have before; yet modern social and cultural patterns contradict them and make it difficult or impossible to honor them in practice. (276–77)

The “modern social and cultural patterns” that Berry refers to here might generally be thought of as a “divide and conquer” strategy; the logic is essentially what we presented at the outset: we tend to separate things, both for the sake of what we believe is a better understanding of them and also for the sake of more effective “treatment,” more efficient “use.” But if we separate things that in truth originally belong together, then separation becomes a kind of division and even opposition, and this opposition cannot avoid entailing the undermining of both things separated, regardless of the apparent victor in the conflict. Berry reflects in this essay on a series of such divisions, with the aim of showing that, quite contrary to our common assumptions, these divisions are *themselves* interconnected—in other words, our isolation and separation in one area will inevitably tend toward an opposition in all the others. These are not just a “series” of divisions, therefore, but in fact a number of facets of one and the same division. At the center of these facets lies the body, which is a sort of point of convergence. Thus, the basic pattern is what Berry calls the “isolation of the body”: we take the body to be a merely physical “thing,” essentially a complex machine, that performs certain functions. This mechanistic and technological conception of the body is a denial of its organic interconnection with nature; just as the body becomes a mere “object,” so too does the earth, which presents itself to this mentality as mere resource, or threat, or aesthetic ornament, but not as a world *in* which man lives in ordered communion with other natural beings. The abuse of topsoil in modern methods of mass farming and technological production is a reflection of the abuse of the body in the culture of consumerism. This abuse is not only perfectly compatible with a hyper-glorification of the body and obsession with it (along with a certain romantic idealizing of “Nature”), but is in a profound sense reinforced by it insofar as they are simply flip sides of the same coin, namely, that of the removal of the body from its proper contextualized place in a whole, a place that simultaneously gives the body meaning and limits. This isolation divides the body against the earth; but it also and at the same time divides the body against itself and against other bodies. It introduces an ethos of competition.

The isolation of the body in turn implies the isolation of the soul. Berry points above all to the resultant impoverishment of our experience of religion:

For many of the churchly, the life of the spirit is reduced to a dull preoccupation with getting to Heaven. At best, the world is no more than an embarrassment and a trial to the spirit, which is otherwise radically separated from it. The true lover of God must not be burdened with any care or respect for His works. While the body goes about its business destroying the earth, the soul is supposed to lie back and wait for Sunday, keeping itself free of earthly contaminants. (283–84)

Here we have a paradigm of the separation that becomes a competition: the soul understands itself as spiritual precisely to the extent that it disregards the claims of (bodily) nature. But the irony is that the life of the spirit in fact thereby becomes itself materialized: instead of the “*life*” of the spirit, which includes in this transcendence a healing, elevation, and glorification of bodily nature, we have simply a heavenly reward, which is interpreted as a kind of reductively material state *after* this one. We could also point to the tendency to reduce religion to morality, which eventually justifies itself in terms of political peace and therefore the (material) well-being of society.

The isolation of the soul from the body has more than merely religious implications, however. Berry suggests, though he does not elaborate the point, that the separated spirit becomes superficial once it is uprooted from its incarnate reality. On the one hand, it tends to content itself with the “little shocks of greed, scandal, and violence” in place of its need for “the exalted drama of grief and joy” (283). On the other hand, the spirit seems to seek fulfillment today primarily by “buying things” (283). But perhaps the greatest evidence of the habits of the Cartesian “ghost in the machine” has appeared in the time after Berry originally wrote his essay (1977), namely, in the rise of social media. What social media presents is the possibility of “relationality without relation,” an ersatz intimacy without the costs of closeness. We can “stay in contact” without needing to be present to one another, and the absence of this need creates and reinforces habits of absence. As Marshall McLuhan famously said, the “message is the medium.” It is *precisely* what is offered as the advantage of social media, namely, the absolute facility of communication, that engenders the habitual practice of communication without substance, which because of its omnipresence

becomes the norm. Plato had said in the *Phaedrus* that what was at the time the new technology of writing had no capacity to teach anyone anything, but at best could serve to remind someone of what he already knew. To rely on it for anything more is to turn it into an “instrument of forgetting,” a substitute for knowledge. We might say, along the same lines, that social media can never in fact “connect us with each other,” but can at best “remind us” of a connection that is already there, a connection that is real and was established by non-technological means. Otherwise, it will inevitably become, not a “means of communication,” but an “instrument of isolation.”

Finally, for Berry, the isolation of the body entails a division between the sexes, a division that is itself enabled by a more general division between what we could call (though Berry himself doesn't use these terms in the essay) the private and the public. In pre-industrial cultures, tending to the household and the raising of children—the responsibilities of “nurturing”—belonged to both men and women, though their particular roles in these tasks were different. The home was not a place detached from “the outside world,” a place for the subjective satisfactions of emotional and sexual fulfillment and the consumption of “entertainment,” in contrast to what one might call the objective seriousness of business and politics. Instead, the home was the center of the economy (a centrality preserved in the etymology of the word). Once the spheres of the “public” and the “private” are divided from each other, however, the traditional distribution of responsibilities become a separation of realms of activity without any essential relation. It mirrors the division between soul and body. As in this division, both spheres become abstract and impoverished as a consequence, and this impoverishment is intensified in both realms through the technological replacement of authentic human involvement in work.<sup>7</sup> As Robert Nisbet has likewise observed, marriage, once it is deprived of its economic significance (in the broad and rich sense of the term), becomes nothing more than a promise of emotional fulfillment, which

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7. Matthew Crawford presents an illuminating reflection on this in *Shop Class as Soulcraft: An Inquiry into the Value of Work* (New York: Penguin Books, 2009).

in its impoverished state it is unlikely ever to fulfill.<sup>8</sup> When the household is cut off from an organic relationship to the community, it loses its light and its air:

The protective capsule becomes a prison. It becomes a household of the living dead, each body a piece of incriminating evidence. Or a greenhouse excluding the neighbors and the weather for the sake of some alien and unnatural growth. The marriage shrinks to a dull vigil of duty and legality. Husband and wife become competitors necessarily, for their only freedom is to exploit each other or escape. (299)

We have become accustomed to thinking of the various issues we have briefly raised here as altogether separate from each other, and matters for the experts in each field: a doctor for the body; a psychologist or priest for the soul; ecologists for the earth; counselors for marriage; and economists, politicians, and sociologists for questions of social order. But, as we saw at the outset, for Plato it is impossible to properly understand a part without understanding the whole. The heart of Berry's argument is that the meaning of each of these aspects of life come to light in their truth *only* when we see how they are all connected. The connection *itself* is health. To say it again, our failure to see this connection, and therefore our isolating these areas of concern from one another, is conversely diseased, and indeed the disease is contagious; it spreads the disorder even as it reinforces the habits that render this disorder invisible. This lack of understanding profoundly affects in quite practical and concrete ways the things we do to try to remedy them. We cannot in fact separate our praxis from our theory. As Berry explains, our contemporary culture

is based on a series of radical disconnections between body and soul, husband and wife, marriage and community, community and the earth. At each of these points of disconnection the collaboration of corporation, government, and expert sets up a profit-making enterprise that results in the further dismemberment and impoverishment of the Creation. (323)

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8. See Robert Nisbet, *The Quest for Community* (Oxford: Oxford University Press, 1953), 31, 58–67.

Precisely because these disconnections are radical, and so joined *at their roots*, we cannot genuinely heal any one of them in particular without attending to all of them in the proper order. Recalling Lewontin's recognition of the way a general worldview expresses itself in scientific thinking and the need therefore to identify the "root causes" of disease from a perspective that looks beyond merely physical elements, we would have to say with Plato that the medical doctor would have to understand the "whole world" in order to do justice to his particular practice.

The two words in Berry's essay that come forth to characterize the way health can be restored are not words we would likely first think of in this context: Berry explains the importance here of "fidelity" and "work." He raises the question regarding fidelity in what we have identified as a specifically philosophical sense, and it is interesting to see that it therefore immediately "spills out" for him into a broader context than its most immediately obvious one: "What is [fidelity], and what does it mean—in marriage, and also, since marriage is a fundamental relationship and metaphor, in other relationships?" (300). Fidelity, he answers, is not, in its essence, a negative duty, a (Kantian) self-restraint that would represent a tyrannical control of the body by the isolated soul, directing the body to one man or one woman as separated out from all others. Instead, interpreted in a "healthy" sense, fidelity to a particular man or woman is *also* the proper way of loving all men and women:

The forsaking of all others is a keeping of faith, not just with the chosen one, but with the ones forsaken. The marriage vow unites not just a woman and a man with each other; it unites each of them with the community in a vow of sexual responsibility toward all others. The whole community is married, realizes its essential unity, in each of its marriages. (302)

As Berry goes on to explain, fidelity thus represents a paradox, which has general significance with respect to the question of health: the part becomes whole—that is, healthy—precisely by accepting itself in its partiality. By thus accepting itself, it actually participates in the greater whole, the whole becomes in some sense immanent within it, so that it is more than itself, truly open in its closure. This acceptance of partiality is coincident



with responsibility and discipline, a sense that the part has some accountability to the whole and so has to remain aware of its implications and effects. The sorts of radical disconnections upon which the patterns of modern culture are based thus characterize our age in general as “a manifold experiment in faithlessness” (301). Moreover, in light of this particular interpretation of faith, work takes on an uncommon significance. Work has come to be experienced as a mere instrumental activity that is justified only by what it achieves—“productivity” for the employer and “money” for the employee—and for that reason always ought to be replaced by technology wherever possible. But this instrumentalizing of work is precisely an expression of the “series of radical disconnections” that Berry has been discussing. Properly understood, work involves the responsibility and discipline that we spoke of with respect to fidelity: “Good work is not just the maintenance of connections—as one is now said to work ‘for a living’ or ‘to support a family’—but the *enactment* of connections. It *is* living, and a way of living; it is not support for a family in the sense of an exterior brace or prop, but is one of the forms and acts of love” (324). In sum, to restore health, we need to rediscover “the direct connections between living and eating, eating and working, working and loving” (323–24).

## II. THE CATHOLICITY OF HEALTH

Once we see the deep connections among these aspects of existence that may be said to present their life-giving soul, our reflection becomes inexhaustibly fruitful: there would be a great deal to say about each of the particular points made here, and following them to their conclusions would require a long study indeed. But our principal aim in the present context is simply to indicate in a general way the problems inherent in a reductive notion of the nature of health. We will conclude by suggesting briefly how the momentum of Lewontin’s and Berry’s critique of the modern technologized conception of health necessarily carries reflection beyond the social order, beyond the essential connections between “the body and the earth,” and into the properly metaphysical and theological sphere.

At the beginning of the essay, we raised a question that may have seemed strange initially, but ought to have become more intelligible by the end of our presentation of Berry. As part of the question concerning the *nature* of health we suggested it was indispensable to ask “What is health *for*?” The question strikes us at first as a tangential one because we tend to think that health concerns simply the internal state of an organism, the relationship, we might say, that an organism has with itself. What the organism “does with its health,” so to speak, is a secondary matter, which we ought to leave to the organism and the contingencies of its particular situation. But if we think that the nature of health is simply separable from the question of what “health is for,” it indicates that we are operating with a technological, and therefore a strictly *unhealthy*, sense of health, for we have isolated it from its end. Berry’s connection of the question of health with fidelity, work, discipline, and responsibility helps bring to light why we can’t detach health from its end. Fidelity and work, properly understood, make manifest and alive the connection between a part and the greater reality in which that part participates. We cannot separate the question of the health of the part from the health of the whole once we recognize that health concerns precisely that, namely, wholeness. To understand health, and thus to be able to cultivate it, to work toward its preservation and flourishing, requires that we recognize its essential “catholicity” (*kata-holon*, concerning the whole).

According to Aquinas, a thing, metaphysically speaking, can be a whole only in relation to its proper good, and that means in relation to an end that in some basic sense transcends it.<sup>9</sup> The formal cause constitutes a substance through its composition with what is other than the form, namely, the matter. But the final cause is related to the substance as such, that is, as including both form and matter in their composition. And the good has the *ratio finis*, the logic of finality. To put this in more concrete terms, all of the parts of a thing are gathered up in its pursuit of its proper good, a good which necessarily lies beyond the intrinsic constitutive principles but at the same time includes them precisely as their completion. As we mentioned above, Plato pointed to the

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9. See Aquinas, *De veritate*, 21.1.4: “finem consequitur res secundum totum esse suum, et in hoc consistebat ratio boni.”

good as the proper horizon for the determination of causality; we now see that this is especially true with respect to the question of health. Each thing is whole, and therefore healthy, in relation to a whole greater than itself. It has its proper self-relation, in other words, as organically situated within, dependent on, and responsible to a context that exceeds it. Thus, an organ is healthy in relation to the body as a whole, in its interdependence with all other organs in light of that whole. The body, in turn, is healthy in its interdependence with other bodies in relation to the ecology of the earth, and with the soul in relation to the person as a whole. The person is healthy in relation to the concentric circles of the concrete community in which he belongs: most basically in the family, in marriage, and finally in what Aristotle and Aquinas defined as the most “complete” community, the nation or state. But in fact, contrary to what Hegel thought for example,<sup>10</sup> this complete community *cannot* be understood as simply an end in itself without becoming quite unhealthy. The history of Hegelian philosophy-cum-politics is sufficient evidence of this. A state can, instead, be genuinely healthy and whole only in relation to a *higher* end: it is therefore necessary for the state to understand itself as serving the larger community of the Church. But of course we cannot end here! A Church that would become an end in itself would be a profound perversion; it would not be what anyone would recognize as healthy, let alone holy. The Church, instead, is a genuine and generous whole only in relation to Christ. And Christ himself continually points to the Father. What is ultimate, then, is not a mere self-referential end in itself, but a living God, the perfect coincidence of self-transcending personhood and the absolute simplicity of divine being in the mystery of the Trinity. God is the absolute transcendent and effective paradigm of wholeness and health because *he is love*. If we seek the most basic root cause of disease, as Lewon-

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10. For Hegel, the only end that the state could have is its own preservation; anything else, he thought, would compromise its final rationality. But absolute self-referentiality—as Chesterton famously observed in *Orthodoxy* (see chapter two, “The Maniac”)—for all of its logical consistency is quite recognizably a form of insanity. For an argument that Hegel’s notion of the rationality of the state undermines itself to the extent that it subordinates the Church to itself (thus subordinating “absolute spirit” to “objective spirit”), see D.C. Schindler, *The Perfection of Freedom: Schiller, Schelling, and Hegel Between the Ancients and the Moderns* (Eugene, OR: Wipf and Stock, 2012), 357–72.

tin recommends, it is not to be found, finally, in an economic theory or even a holistic awareness of the ecological implications of patterns of living. The ultimate cause of disorder, we have to say, is heresy and sin: an insufficiently trinitarian conception of God, which means a failure to receive and embody God's self-revelation precisely as love.

To practice medicine properly as a cultivation of health *in truth*, it is therefore not only necessary to understand the body in relation to "the whole world," as Plato said, but the whole world must itself be understood in relation to its ultimate cause. We recall that the word "health" is etymologically connected not only with *wholeness* but at the same time with *holiness*. If we think through the logic of wholeness, we come to see that this connection is not an accidental one. As it turns out, the connection between health, wholeness, and holiness, which is reflected in many languages, came to cultural expression in the fact that the Greek goddess of health, Hygieia, was assimilated into Roman civilization as "Salus," the goddess of public welfare, i.e., good social order, and that this goddess in turn became associated with "Sancus," the root of the word for sanctity. The shrines to Salus and Sancus stood on two adjacent hilltops of the Quirinal, one of the Seven Hills of Rome. The connection between health and holiness is thus presented geographically, erected on the earth in the Eternal City. The question of the physical health of individual bodies cannot be isolated from the larger question of social order, and finally from the relation of everything to the God who, as love, is the life-giving source of both health and holiness. □

**D.C. SCHINDLER** is associate professor of metaphysics and anthropology at the Pontifical John Paul II Institute for Studies on Marriage and Family at The Catholic University of America.