

Commentary

Richard Stivers

Jacques Ellul's article on illness, health, and medicine is remarkable. It repudiates the common view about the primary causes of illness and health and calls into question the glory of modern medicine. I will comment on the concept of spirit and how it relates to the body and soul (mental and emotional life) complex, and on the attempt of modern medicine to bring spirit under its aegis.

For a long time we have been aware of how our emotional state affects our body, and vice versa. We speak about psychosomatic illnesses or about how readily one can somatize emotional distress. Then too we are aware of the toll that stress takes on bodily health. We are comfortable with the idea of a body-mind or body-soul complex, disputes about which part is dominant notwithstanding. Neglected is spirit or self as Soren Kierkegaard defines it. Ellul has clearly drawn upon Kierkegaard's *The Concept of Anxiety and The Sickness unto Death* in this regard.¹

Ellul maintains that body, soul, and spirit form a unity whose inner workings only God knows and controls (without diminishing Christian freedom). What scripture does reveal to us, however, is that spirit is the primary factor. As Ellul indicates, life and death have a double meaning, because spiritual death and bodily death, on the one hand, and spiritual life and physical life, on the other hand, are intimately related. Our relationship with God (whether or not we are aware of it) is the basis of our existence. God created us and sustains our existence and maintains a relationship with us that is spirit or self. Strictly speaking, spirit or eternal self involves a consciousness of God's relationship to us, but for those who are unconscious of the relationship, spirit or self remains dormant. Nevertheless, God sustains the relationship, no matter what we understand and do.

For Kierkegaard, the sickness unto death is despair, a sickness of the spirit, an anxiety without hope. In *The Concept of Anxiety*, he maintains that we consciously or unconsciously regard our relationship to God ambiguously: We are caught, we can neither control the relationship nor dismiss it. This ambiguity breeds anxiety.

Sin is despair and despair is sin, so writes Kierkegaard: Sin is a state or condition rather than occasional, discrete

offenses. Despair and sin stand in dialectical relationship rather than being separate entities. Despair is part of sin, and every sinner is in despair. No one is without some despair.

Unconscious despair entails ignorance and distraction. Ignorance because one has not heard the Good News of the Gospel, and distraction because culture, which is based on idolatry, distracts us from the truth of Jesus Christ. No distraction, however, can mitigate the pangs of despair over our relation to God. As Kierkegaard observes, despair is "deep in the heart of happiness."²

Despair increases as the consciousness of spirit or self increases. There are two major forms of despair in which a consciousness of having a spirit or self is present. The first he refers to as a despair of weakness—not wanting to become the self that God expects. The other is a defiant despair—wanting to become the self that one desires. In addition, there is a despair over one's sins and a despair over ever being forgiven one's sins. For those who have heard the Good News, one either despairingly chooses a state of sin or accepts the gift of faith—a self grounded transparently in God. Hence faith is the opposite of despair.

Despair and sin have a profound influence on the health of the body and soul because, as previously indicated, body, soul, and spirit form a unity. The omission of spirit in medical treatment is catastrophic. Repentance and conversion are essential for the health of the spirit and for one's overall health. To suggest this to a physician today would surely bring disbelief or ridicule.

Toward the end of the article, Ellul mentions that scripture reveals the potential of medicine to become an idol and thus to "encroach upon God's domain." As medicine has become part of the technological system, it actively promotes a cure for everything, including aging. It is utopian and thus religious in its belief in science and its veneration of technology.

The capitulation of religion to medicine is indicated by the following example. One of my teachers in graduate school (a rabbi) was studying the relationship between Protestant ministers, Catholic priests, and Jewish rabbis, on the one hand, and Protestant, Catholic, and Jewish psychiatrists, psychologists, and social workers, on the other hand. The question was whether the helping professionals with

religious beliefs were willing to refer clients with spiritual issues to the appropriate religious leader. At the same time, were the religious leaders willing to refer members of their congregation with “secular” problems (emotional and social) to a helping professional? (Notice how spiritual was separated from emotional and social in the research.) Not surprisingly, he discovered that the helping professionals *never* referred patients or clients with spiritual problems to a religious leader, because of the assumption that a spiritual problem was only an emotional problem. By contrast, religious leaders were more than eager to refer members of their congregation to helping professionals. Equally revealing was the number of religious leaders who aspired to obtain a degree in one of the helping professions, to make them better able to offer advice to their members in need. Can we not say that for both groups, spiritual problems had been reduced to emotional problems and that religion was reduced to a subjective choice one made? If religion becomes in Kierkegaard’s words a “quack doctor,” how can it compete with the technologically driven helping professions?³

A number of critics have pointed out the deleterious impact of modern medicine on the overall health of the patient. Ivan Illich (*Medical Nemesis*), William Arney and Bernard Bergen (*Medicine and the Management of Living*), Ray Downing (*Biohealth*), Nortin Hadler (*The Last Well Person*), Ronald Dworkin (*Artificial Happiness*), and Richard Stivers (*Shades of Loneliness*), among others, have made criticisms that range from overtreatment, creating chronic patients, systemic iatrogenesis, biological reductionism, and the neglect of social factors, to the totalitarian direction of medicine to control every aspect of life.⁴

Medicine has become part of the “happiness industry,” not just the health industry. Health and happiness are two of the chief mythological values of technological utopianism. The storyline is that science and technology will lead us to a state of perfect health and complete happiness in this world. The myth contradicts everything scripture teaches us about the world, sin, illness, and death. Medicine is now in the vanguard of an aggressive attack upon God, wisdom, and spirit.

In *Artificial Happiness*, anesthesiologist Ronald Dworkin argues that our culture is preoccupied with artificial happiness. He identifies four ways of obtaining artificial happiness: psychotropic drugs, alternative medicine, intensive exercise, and spirituality. Real happiness, he claims, is earned by assuming responsibility for our actions, by effort, and by concern for others. Artificial happiness is happiness on the cheap—a superficial, transitory mood. Artificial happiness covers over and compensates for widespread loneliness and unhappiness.

Most telling is the tendency of medicine to appropriate spirituality. First, spirituality had to be separated from religion and then become an end in itself. Second, spirituality had to be reduced to a biochemical phenomenon. Since medicine had asserted that feelings were biochemical at

bottom, spiritual feelings were part of medicine’s domain. Dworkin states that “the medical profession now controls all three dimensions of life—the body, the mind, and the spirit.”⁵

Scripture teaches us that our relationship to God is the most important factor in our overall health. Modern medicine teaches us that nothing is more important than the health and happiness of our bodies. Modern medicine aspires to rival God in the control of illness and health, but ends up an empty idol.

About the Author

Richard Stivers is Distinguished Professor of Sociology Emeritus, Illinois State University.

Notes

1. Soren Kierkegaard, *The Concept of Anxiety*. Trans. Reidar Thomte (Princeton: Princeton University Press, 1980), *The Sickness unto Death*. Trans. Alastair Hannay (New York: Penguin, 1989).
2. Kierkegaard, *The Sickness unto Death*, 55.
3. Soren Kierkegaard, *For Self-Examination, Judge for Yourself!* Trans. Howard Hong and Edna Hong (Princeton: Princeton University Press, 1990), 80.
4. Ivan Illich, *Medical Nemesis* (New York: Pantheon, 1976), William Arney and Bernard Bergen, *Medicine and the Management of Living* (Chicago: University of Chicago Press, 1984), Raymond Downing, *Biohealth* (Eugene, OR: Wipf & Stock, 2011), Nortin Handler, *The Last Well Person* (Montreal: McGill-Queen’s University Press, 2004), Ronald Dworkin, *Artificial Happiness* (New York: Carroll and Graff, 2006), Richard Stivers, *Shades of Loneliness* (Lanham, MD: Rowman and Littlefield, 2004).
5. Dworkin, *Artificial Happiness*, 215.