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The Theology of the Body: Some Reflections on the Significance For Medical Professionals

by

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My wife, Kathy, went to the emergency room after having some strange symptoms of paralysis in her right arm. She received many technologically sophisticated diagnostic tests, including a CAT scan and an MRI. One thing that struck me at the hospital was the prevalence and centrality of mechanical and electronic equipment in today's medical care.

Medical professionals are used to dealing a lot with very sophisticated machines. The question is, when the medical professional turns to the human body, does he continue to treat what is before him as a machine, very sophisticated to be sure, or does he see the body as something different? Do practitioners of the healing arts treat the body like an inanimate object to be manipulated at will to achieve any end, whether or not that end is related to the structure, the organic processes or intrinsic meaning of the body itself? In the famous phrase attributed to Descartes, is man just a "ghost in a machine," or is the body something other than a mechanical structure extrinsic to who we are as persons?

Dale Martin, in *The Corinthian Body*,¹ looks at the many ways the body has been interpreted in the last 2,500 years of Western thought. He points out the profound impact on the medical profession of the Cartesian philosophical decision to see the body and the soul as two separate substances with only an extrinsic relationship. "We might exaggerate a bit," Martin says, "and say that Descartes *invented* the category of 'nature' as a closed, self-contained system, over against which he could oppose mind, soul, the spiritual, the psychological and the divine."² This allowed Descartes and scientists who follow him to proceed in their investigations without having to worry about the relationship of scientific discoveries to

the supernatural truths revealed in the Catholic faith. It also affected how they interpreted the body. As Martin says, "The body itself has no faculty of self-motion; it is a machine, like a clock, and therefore can be studied like a machine."³

Interpreting the body in mechanical terms has often led medical professionals trained in the Cartesian world view to treat the body and disease mechanistically. As Sr. Mary Timothy Prokes, an expert in the theology of the body, points out, "The ever expanding ability to objectivize, analyze and rearrange material reality has opened the material universe *and the human body* to enormous restructuring."⁴ This is true not only in science, but also in the everyday popular culture as well. When Boston Women's Health Book Collective writes a book called *Our Bodies, Ourselves*,⁵ they primarily mean that a woman's body is her possession to do with what she wants. The body becomes a medium for art no different than acrylic paints and a canvas. We wind up with tattoos, elective plastic surgery, and Michael Jackson.

Martin points out that the ancients never conceived of a sharp distinction between "nature" and "spirit." The Cartesian idea is certainly in contrast to the hylomorphism of Aristotle and Aquinas, which states that the soul is the form of the body, thus making the body the *expression* of the soul. "Aristotle assumes," Martin says, "like practically all Greeks and Roman thinkers, that the soul, as the basis of animate life, is a part of nature."⁶ As Martin points out, in ancient medical literature, "Our division between the 'physical' and the 'psychological' are strikingly absent..."⁷ This is the basis for the ancient science of physiognomics, "[t]he art of interpreting a person's character and inner state on the basis of visible, physiological characteristics."⁸

Nor is this teaching about the body/soul unity⁸ obsolete. In recent years there has been a significant attempt to articulate a theology of the body that emphasizes the distinctive capacity of the *human* body to express the human *person*. Theologians and philosophers are discovering a way of interpreting the body that overcomes the mechanistic Cartesian world view. German theologian Karl Rahner, for instance, wrote an extremely influential essay in which he explains that the body is the real symbol of the human person.⁹

The medical profession shows significant signs of having been influenced by these trains of thought. Health care practitioners have gone far in reversing the attitude toward the body that sees it as a machine. New standard and alternative therapies have renewed the commitment of many to "treat the person, not the disease," as Hippocrates is credited with saying.

Yet, old habits die hard. There is still a significant residual, reflexive "mechanistic" thinking that has been reinforced by the growth of managed

care and the rapid increase in technologically sophisticated diagnostic and therapeutic options. There is still a tendency to focus not on the person, but the disease – not the whole spiritual person but the body and its parts.

At the same time, patients hunger for authentic person-centered healing. One expectant mother of nine explained recently on a blog why she preferred midwives to obstetricians:

My birth experiences (last six) with midwives have been hugely better than the experiences I had with my first three deliveries. As my deliveries are usually quick and without complication, the issue wasn't overzealous medical intervention but it was the discussions both before and during the deliveries that mattered.

With the ob's, I seemed to be an afterthought to what was going on, while with the midwives it was all about ME – a very nice feeling to have especially during labor.¹⁰

Do such experiences reflect a real need for transformation in the medical profession? What if the body is the necessary communication of the spirit and a necessary expression of the self. What if the body is not only that, but also a word from God Himself about Himself and about who we are? What impact would such an affirmation have on health care in the United States and in the world?

Certainly the most important and potentially revolutionary contribution to this question has been the philosophical and theological work of the Polish academic and churchman Karol Wojtyla, known to many and all as Pope John Paul II or John Paul the Great. It is his theology of the body that I will focus on. I will also include complementary insights as well from his pre-papal book, *Love and Responsibility*.^{11*}

Background

The first acts of a pope often indicate what is most important to him. Benedict XVI appears to be focusing on unity and the Eucharist in his early pontificate. Upon being elected pope, Karol Wojtyla, being relatively young, had an ambitious agenda for the Church. From its initial "Be not afraid," the pontificate of John Paul II began with a bang and with a very clear and substantive purpose.

Somewhat obscured by the flurry of his first year – the travels, especially to Poland, Mexico and the United States, the encyclicals and the synod of bishops – was the initiation of a series of Wednesday catechetical talks to pilgrims on Genesis and other biblical texts. The series would last five years, with a significant interruption because of the 1981 assassination

attempt. These 129 talks would eventually be gathered into a collection called *The Theology of the Body*.¹²

The importance of these talks is belied by the somewhat modest mode of presentation. They were not an encyclical or other doctrinally weighty papal pronouncement. Yet, the speed with which he initiated this effort and the extended length of time he devoted to it, and the coherence of the talks in theme and structure reveals the importance of the topic for him.

These talks were not off the cuff or "occasional" reflection on biblical texts. They were the fruit of decades of reflection on sex, marriage and family. Already, in the late 1950s Karol Wojtyla had produced a very sophisticated and daring phenomenological analysis of the meaning of human sexuality in the book *Love and Responsibility* in which he, among other things, scandalously encouraged couples to pursue mutual orgasm as the best expression of the self-surrender that the marital act symbolizes.¹³ This was a celibate priest in 1950s Poland! Later he had been an active participant in the debates over contraception, which lead up to and followed the issuance of *Humane Vitae* in 1968.¹⁴

But it was the Second Vatican Council from 1962 to 1965, in which he participated as a bishop, that fueled his theological reflections on the meaning of the body as revealed in Jesus Christ. There is a text from *Gaudium et Spes*, the Pastoral Constitution on the Church in the Modern World, that is the *leitmotif* of his entire pontificate.

The truth is that only in the mystery of the Incarnate Word does the mystery of man take on light... [Christ], by the revelation of the mystery of the Father and His love, fully reveals man to man himself and makes his supreme calling clear. (GS 22)¹⁵

The key word in this passage is "incarnate," that is, bodily. It is through His body that Christ reveals who we are as human beings. *Gaudium et Spes* 22 especially affirms the participation of the human body in the redemptive act of Christ.

Through this Spirit, who is "the pledge of our inheritance" (Eph. 1:14), the whole man is renewed from within, even to the achievement of "the redemption of the body" (Rom. 8:23).

The Teaching Itself

The theology of the body is based on two fundamental affirmations: that the body is intended by God to be the language of the spirit or person and that the specific God-given meaning of the body is nuptiality.¹⁶ The purpose of this nuptiality can be expressed in general as the capacity to use

the body to love. More specifically, it is the capacity for one human person to enter into loving, self-donative and totally receptive love with another human person through the body. Love is not a matter of telepathy. Nor are we just talking about sexuality. The nuptial meaning of the body applies to all authentically human relationships and interactions.

The core affirmation of the theology of the body is that through the fully human body of Jesus Christ the triune God has, in an analogous sense, wedded creation. All other meanings of the body in both human life and in our supernatural life (The Church as the body of Christ, the Eucharist) flow from and are intrinsically connected to this fundamental reality of the Incarnation.¹⁷

The logic of the theology of the body begins with Trinity itself, the mutual total self donation of the three Persons of the Godhead, as a loving communion of persons. God wills that creation participate in that mutual self-donating love of the Trinity. Since human beings communicate and donate themselves to others through the body, God would need a body in order to allow us to enter into His self-communication. This is accomplished by the free and spontaneous act, the Incarnation.

To say that the relationship between God and humanity is nuptial is not merely metaphorical, but expresses a metaphysical reality. Christ left His father in heaven. He left the home of His mother on earth to give up His body for His Bride, the Church, so that we might become "one flesh" with Him, enter into communion with Him, and so be taken into the life of the Trinity for all eternity (Eph. 5:21-31). The wedding feast of the Lamb in the book of Revelation (Rev. 19:5-10) is a statement of a real nuptial relationship between Christ and his body, the Church. The Eucharist is a foretaste of the wedding feast of the Lamb.

Now for an important corollary to the theology of the body: All of creation and all human history are marked by either the anticipation of, or the accomplishment of, these nuptials between God and man. Specifically, the human body, so that it may be an adequate body for Christ, is especially designed as an instrument of nuptial communion between persons. To use the language of Karl Rahner, the body is the real symbol of the human person and the proper means for our mutual self-communication and self-donation. The body is a means of communication, a language. It is a language of God to us about who we are as human beings.

This is especially true of the bodily relationship between men and women. Among the many ways human beings use their bodies to enter into communion with others in this earthly life, human sexual relations in particular are ordered to symbolically reveal and participate in the divine/human exchange. By God's design, the complementarity of man and woman is the privileged and deepest possible mode of self-donation for human beings. *Male and female differentiation is the only human*

difference fundamental enough to represent the difference between the persons in God and between man and God.

Christian marriage, then, is a real symbol, not just a poetic metaphor, of our relationship with God. Our exercise of our sexual powers in marriage is ordered to that symbolic/sacramental character. The ethical consequence of this affirmation is that *any use of our sexual powers that obscures the symbol renders our sexual activity less than human*. It inhibits our own relationship with God, more or less severely, and frustrates the capacity for marriage to "evangelize the culture," thereby robbing others of the opportunity to hear and respond to the Good News. I will later point out the ethical significance this has for the healing arts.

Male and Female

John Paul II emphasizes repeatedly that the significance of sexual difference runs very deep. It is not just about procreation or marriage, but affects every aspect of our life. Sr. Prokes says: "This means that sexuality is not encapsulated in the reproductive organs nor is it relegated to the period of life between puberty and the diminishment of genital activity."¹⁸ John Paul's theology of the body rests on the spiritual significance of maleness and femaleness. For John Paul II, sex is deeper than other accidental human characteristics, such as skin color, language, etc. His understanding can be distinguished from theologian Elizabeth Johnson, for instance, for whom sex is no more or less significant than any other of a whole array of qualifying characteristics of the human person such as language or ethnicity.¹⁹ John Paul II's vision is quite different. Bodily maleness and femaleness reflect the most fundamental vocation by God of human beings to motherhood or fatherhood.

Yet, John Paul II is not an advocate of functional complementarity, as ethicist Lisa Sowle Cahill seems to fear when she warns that John Paul II limits the vocation of woman to the "role" of motherhood.²⁰ Motherhood for John Paul II is not a role or function, but a fundamental stance toward creation and towards other persons.²¹ It has nothing to do with who does the dishes or changes the diapers. Avery Dulles summarizes the pope's understanding by saying, "Women are more capable than men are of paying attention to other persons."²² I think this way of putting it is infelicitous. It might be more accurate to say that the pope, rather than speaking of "capability," is speaking of something more like "disposition." The vocation of women to maternity in the world is in fact a vocation to leadership in attending to the person of the other. Men are perfectly capable of doing it, but women are called to remind men, who may have a propensity or disposition to control or possess, of their own capacity.

Women are called to animate "maternal" in the world in both men and women.

Interestingly enough, the scientific discoveries of the last 100 years have supported the affirmation of the depth and comprehensiveness of sexual difference in human existence. The discovery of chromosomes, for instance, confirmed that sexual difference affects the whole body at the cellular level. Research on hormones shows what profound influence sexual hormones can have from the time of conception on. More recently, research has focused on differences in brain function. The article "His Brain, Her Brain," in a recent *Scientific American*, highlights "the influence of sex on many areas of cognition and behavior, including memory, emotion, vision, hearing, the processing of faces and the brain's responses to stress hormones."²³ For instance, the difference in the size of the amygdala in the brain allows women to process emotionally arousing information better. Even the preference of boys for cars and girls for dolls may be affected by inborn differences in brain function.

Significance and Application to the Medical Profession

The significance of the theology of the body cannot be underestimated. George Weigel, in his biography of John Paul II, calls the theology of the body a time bomb waiting to go off in the Church.²⁴ For one thing, Weigel points out, the influence of anti-bodily dualism is definitively vanquished from Catholic sexual ethics. It is hoped that such a deep and personalist theological reflection on the meaning of the body will provide a convincing basis for the Church's teaching on the essential unity of the unitive and procreative meanings of marital relations. Second, a deep coordination between the various doctrines of the Church²⁵ is established, affecting everything from Trinitarian theology to reflections on social justice. Theology of the body is a theology of the human body as such, not simply a theology of sex. Although one of its most important applications is in human sexual activity, its significance goes far beyond its affecting not only all of theology, but also the Church's reflection on economics, the family, politics and culture.

It is important to point out, especially for medicine, that besides the obvious application of the theology of the body to human sexuality, John Paul II applies his reflections to all aspects of human interaction. In the pope's vision, all human interactions are nuptial. Everyone uses his body to communicate the self in love to the people he encounters. Nonetheless, because the human sexual difference is the deepest, most significant aspect of our bodily existence, many of the most significant applications are in the area of human sexuality.

Medical Profession

One of the things that has amazed me in doing the research for this paper is just how significant and multifaceted the impact of the theology of the body is on the healing arts. The theology of the body, if taken seriously by the medical profession, would have revolutionary impact on the way bodily healing is achieved in our society. First of all, of course, there are many ethical consequences to the theology of the body. As philosopher Mary Rousseau says, "The theology of the body is, in fact, a necessary source of moral norms for Catholic bioethics."²⁵ Yet, not only does it have ethical implications, but it has implications for all aspects of medical practice, including therapy choice, patient relations, training, the structure of clinics, hospitals and even the structure of insurance.²⁶ The best I can do is offer very preliminary and incomplete suggestions for the direction of the dialogue between this theology and the medical profession might lead. Fortunately, others have already begun to do the detailed work, such as Benedict Ashley, Mary Rousseau, Mary Timothy Prokes, and others on whose work I will rely heavily. I intend to make four preliminary points, focusing on two related applications – how a medical professional views or approaches the human body and how he treats the human body.

Point 1: The first principle for the healing arts that flows from the theology of the body is a specification of the Hippocratic *cum possis, nolle nocere*. *No action on the part of medical practitioners should interfere with the nuptial capacity of the human body for self-communication and self-donation unless necessary, using the principle of totality.*²⁷ When a healing professional attends to the human body he is attending to a word of God. We don't always know what effect interfering with natural processes has on the divinely established ability of the body to express the person and to reveal God to others. Any alteration of the functioning of the body may in fact be a grave matter, because to do so may interfere with the ability of the body to express the personhood of the subject. It may also interfere with the ability of the body to mediate God's communication about Himself and His relationship with man to the individual and to the world.

As a corollary to this principle, there ought to be an active preference for means of therapy that work *with* the natural processes of the human body, rather than against them. Whatever the actual value of alternative medical therapies such as homeopathy and chiropractics, the intent of these therapies to work with natural processes rather than to treat the body like a machine to be manipulated and taken apart and put together in any convenient way to achieve an intended result, is completely consistent with the fundamental affirmations of the theology of the body. We should follow a gradation of treatment that is expressed in the dictum attributed to

Hippocrates: "What medicines do not heal, the lance will; what the lance does not heal, fire will."²⁸ But we should add at the beginning: "Whatever healing the body can't do on its own, medicines will." Medicines that work with the organic functioning of the body are preferable to those that work in spite of the natural processes of the body. For instance, can one begin to treat a condition with diet and exercise? Or, can one give a patient a substance that stimulates a natural process?

One area where this possible inhibition of the inbuilt nuptial meaning of the body can be seen is in the use of the oral contraceptive pill for therapeutic purposes. Although technically morally permissible in some cases so long as the pill is not abortifacient, still, the pill may thwart the divinely established bodily contribution to the human personal sexual response and should be avoided when possible. For instance, both the OCP and abortion profoundly affect the ability of men and women to discover compatible mates.²⁹ The effect of the OCPs can have on women is one of the things that prompted Dr. Thomas W. Hilgers of the Pope Paul VI Institute at Creighton in Omaha to develop NaPro technologies, an approach to reproduction that is intended to be consistent with the principles of the theology of the body.³⁰

Another practice whose value might be significantly challenged by the theology of the body is elective plastic surgery. Does the mechanical alteration of the face inhibit the capacity of the face to express the personhood of that person? Might we not make the face more beautiful rather by attending to the spiritual and psychological health, nutrition, exercise, and rest? Do we really think that Mother Teresa needed a facelift?³¹

Point 2: Medical personnel whose practice is informed by the theology of the body will be open and attentive to the spiritual and social meaning of the person as expressible in the body and the effect that specific treatments have on these personal realities. The fundamental task of healing professionals is to not only heal, but to foster the capacity of the person to exercise the nuptial meaning of his body and to the extent possible enhance the divinely established meaning of bodily realities. "For John Paul II, the communion of persons is the greatest good of human life and ought to be the motive of every choice we make."³² As the Hippocratic dictum says, "It is far more important to know what person the disease has than what disease the person has."³³

To treat the whole person does not simply mean to treat the machine as a whole, but to treat the body as expressive of the person, including their social and spiritual self. *Donum Vitae*, the Church's instruction on respect for human life, says:

For it is only in keeping with his true nature that the human person can achieve self-realization as a "unified totality":[9] and this nature is at the same time corporal and spiritual. By virtue of its substantial union with a spiritual soul, the human body cannot be considered as a mere complex of tissues, organs and functions, nor can it be evaluated in the same way as the body of animals, rather it is a constitutive part of the person who manifests and expresses himself through it. (DV #3, 1987)

Specifically, the medical professional will want to be attentive to the relationship of the person he is treating to the social body and to the supernatural body. The body is an expression of person, is always relational – to the Triune God, to other human beings, to all creation. The implied division of labor in the three traditional professions is artificial, assigning the physician the function of healing the individual body, the lawyer of healing the social body and cleric of healing the spiritual body. The distinction between the three types of body are not as great as we think because they are all interrelated.³⁴

The theology of the body, for instance, takes a different approach toward sexual pleasure than is common among medical researchers. Catholic ethicist Benedict Ashley points out that among many empirical scientists, "Sexual fulfillment is tacitly defined as satisfactory orgasm."³⁵ For Christians, pleasure is an essential component of human sexuality since it is a natural byproduct of morally good actions. As Ashley says, "It is not wrong, therefore, but morally commendable that partners truly committed to each other in love should seek to make the physical expression of this love as pleasurable as possible, even in its most physical aspects."³⁶ Yet, pleasure is not primary. Increased pleasure should not be gained at the expense of the personal and procreative meaning of sex in marriage. In fact, there is anecdotal evidence of couples with Natural Family Planning to reveal that the best way to enhance the pleasure of sexual relationships is to foster an overall loving and tender relationship in the marriage itself.³⁷

Another application of John Paul II's theology of the body to human sexuality has to do with means of family planning. If what the pope says is true, then contraception always profoundly interferes with the expression of the nuptial meaning of the human body in the marital sexual embrace. For medical professionals to cooperate in efforts on the part of a couple to circumvent the total, integral meaning of human sexuality would be to cooperate in a lie. Yet, according to researchers from Flemington, N.J.-based HCD Research and Allentown, PA-based Muhlenberg College Institute of Public Opinion, 87.5% of Catholic Physicians "prescribe birth control to any adult patients that request them and for whom they are medically appropriate."³⁸

Finally, medical treatment should not, unless absolutely necessary, undermine the complementarity of men and women. This requirement is especially complicated by two realities, hermaphroditism and the psychological phenomenon of transsexual identity leading to the desire for a sex change operation. Benedict Ashley emphasizes that the solution to problems of this sort should as much as possible allow the patient to fulfill his or her vocation as masculine or feminine.³⁹ Hence, for instance, he says that in cases where hormones during pregnancy have caused the chromosomal sex of a child to be the opposite of his anatomical sex, that, as long as the anatomical sexual organs are functional, the patient ought to be allowed to remain that sex rather than artificially conform the anatomical to the chromosomal sexual identity. Fr. Paul McHugh, longtime head of the psychiatry department at Johns Hopkins, emphasizes his experience that the mechanical sex change operation does not significantly relieve the psychological stress for transsexuals.⁴⁰

The importance of viewing the body as an expression of the whole person in his relationality will affect issues of training medical professionals. How does one "desensitize" oneself to spontaneous reactions to the bodies of another, especially persons of the opposite sex, so that these reactions do not interfere with one's ability to minister to the body? Does one do so by bracketing the humanity of the patient, and dehumanizing the body, thus viewing it as a machine? Or rather does one overcome the pull of his response to the sexual aspect of the patient by actively looking on that person as a whole made in the image and likeness of God and with a dignity and destiny that one is commissioned to aid in realizing.

To cooperate with the body and to attend to the person rather than to view it as a machine to be manipulated requires the virtue of patience on the part of the healer. As Sr. Prokes says, "The present age, so gifted with technological short cuts, is impatient with waiting for the 'fullness of time.' The innate rhythm of bodily life on both human and nonhuman levels, can be frustrating and the tendency is to either hurry or forestall events, according to individual advantage and/or taste."⁴¹

Point 3: It is important for medical personnel to remember that their interaction with the patient is itself a personal interaction and therefore governed by the laws of nuptiality. A healer must realize that his body is also a mode of self-communication, donation and a means of entering into communion with the persons he treats, therefore all of his actions can and should communicate love to the patient. Any and every interaction between human beings is conditioned by the nuptial meaning of the body. Either that interaction is characterized by the kind of communion that the nuptial body is oriented toward or, if it is not, it belies the divinely established

meaning of the human body and becomes not love but rather use of the other. As Mary Rousseau says:

When we step into and out of our professional roles, we do not suspend our lives as persons or leave behind the laws of love. Our choices in our work, as in all else we do, either enhance or diminish our communion with each other as we choose either to love or to use each other, thus honoring or denying the nuptial meaning of our own bodies as well as of the bodies with whom, and on whom, we work.⁴²

As Catholics, we can recognize that this impact goes all the way to our relationship with and participation in the life of the Triune God.

Although the entire body is an expression of the person, there are two parts of the body that express more fully the interior life, the hands and the face. Edmund Barbotin calls the hand "the organ of our relations to the world." He says, "While many of the body's organs are beyond the control of the will, the hand is wholly at the disposal of my freedom as it endeavors to transform the world."⁴³ It is important then to recognize the healing power of touch, the healing hands of a physician.⁴⁴

We will also recognize the importance of looking into the face and eyes of the patient and of the smile. As Rousseau points out, our inner disposition "shows in our faces, as we can gaze at each other in amazement and read interior thoughts from facial expressions."⁴⁵ Theologian Hans Urs von Balthasar has written a perceptive essay emphasizing the importance of the mother's smile in the life of the infant.⁴⁶

Men have a special difficulty with tender behavior because biologically they have a more difficult time dealing with their emotions. Research shows that men are subject to emotional flooding and therefore tend to sublimate their emotional reactions.⁴⁷ However, the idea that a stoic, hands-off approach is best in a therapeutic setting cannot be defended.⁴⁸

One of the most important capacities of a healer is the ability to approach the patient with tenderness. Karol Wojtyla, in *Love and Responsibilities*, emphasizes especially how men need to develop the capacity for tenderness. Jean Vanier, who worked with handicapped patients, said, "The assistant is thus called to be a sign, a physical sign, of the tenderness and fidelity of the Father for the handicapped person. He is called to reveal to him that he is loved by God."⁴⁹ It is especially important for male medical professionals to realize that their medical work is a fulfillment of their fundamental vocation as men to be tender fathers. And it is also important for the profession as a whole to welcome as completing the presence of the maternal vocation as brought by women, whether they be doctors, nurses, or therapists.

Point 4: Which brings me to my final point. One of the consequences of sexual complementarity is that we ought to welcome the so-called feminization of the medical profession as a return to a fundamentally normal and healthy condition. We are all aware of the growth in involvement of women in all aspects of medicine, including the fact that a majority of medical students now are women, as well as movements like nurse-midwifery and the dominance of women in alternative therapies. Sociological research indicates that male doctors are often puzzle solvers, women are personal healers.⁵⁰ Women tend to talk and listen more in clinical settings.⁵¹ In most traditional societies medical treatment begins with women at home.⁵² While I have already said that men need to grow in these capacities, I also believe that they can best do that in full partnership with women who often are more disposed to these capacities.

Conclusion

This is just a taste, and hopefully a provocative one, of the possibilities in the application of the theology of the body to the healing arts. My intent was not, however, to provoke but to encourage us to open ourselves up to the possibility of approaching patients in a much more personal manner and to help shape the medical profession to be more attentive to the whole person in three ways. The first way is to explore those methods that are more holistic and sensitive to the impact of medical care on the social and spiritual identity of the persons they are treating. Second, we must actively combat those institutional structures and trends in the medical profession that lead to the dehumanization of patients. Third, we must recognize that women have the vocation of leading the human race in the kinds of capacities that best implement the theology of the body, so we should welcome the feminization of the medical profession as a good thing.

I, as a theologian, can only suggest hypothetical and somewhat abstract applications of the theology of the body to the medical profession. What is really necessary is for healers to become familiar with the teaching of the pope and to figure out among themselves and for themselves how to apply them to their practices. But, in doing so, they will do well to include and listen to the patients, who can best tell them whether they experience their practice of the healing arts as a personal, even nuptial, event or as a dehumanizing treatment of an inanimate machine extrinsically connected to the human spirit.

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24. George Weigel, *Witness to Hope: The Biography of Pope John Paul II* (New York: Cliff Street Books, 1999), 342-3.

25. Mary Rousseau, "Deriving Bioethical Norms from the Theology of the Body," *The National Catholic Bioethics Quarterly* (3:1, Spring 2003), 59.

26. Space limitations will prevent me from going into all of these implications.

27. The principle of totality allows a medical procedure to sacrifice the part for the sake of the integrity of the whole. For instance, one may remove a cancerous testicle to save the life or overall functioning of the human person.

28. Also Hippocrates.

29. Howard C. Hughes, *Sensory Exotica: A World Beyond Human Experience* (Cambridge, MA: MIT Press, 1999), p. 302. For more on the effect of OCPs and other hormonal therapies on women, see Barbara Seaman, *The Greatest Experiment Ever Performed on Women* (New York: Hyperion, 2003); Ellen Grant, *Sexual Chemistry: Understanding Our Hormones, the Pill and HRT* (Reed International Books, 1996). Thanks to Vicki Thorn of Project Rachel for these references.

30. Pope Paul VI Institute. See <https://www.popepaulvi.com>

31. The judgment would have to be made on a case by case basis. Consider, for instance, a man who has a pronounced facial tic. If it could be treated by snipping the nerve at that point, resulting in a microparalysis, one would have to judge whether the tic is more of a barrier to authentic personal communication or a "deadened" face.

32. Rousseau, 62.

33. See <http://en.thinkexist.com/quotes/hippocrates>.

34. As an example, in a presentation given at the conference Authentic Women's Health and Natural Family Planning held at Marquette University (June 11, 2005), Dr. Kathleen M. Raviele stated that one of the many reasons she is reluctant to prescribe OCPs for therapeutic purposes is because it is documented that sexually inactive patients often begin sexual activity soon after being put on the pill.

35. Benedict Ashley, A Theological Overview on Recent Research on Sex and Gender, in *Sex and Gender: A Theological and Scientific Inquiry*, Mark F. Schartz, Sc.D., et al., eds. (St. Louis: The Pope John Center, 1983), 23.

36. Ibid., 12-13.

37. The Couple to Couple League summarizes this evidence at <http://ccli.org/nfp/marriage/index.php>. See also Richard J. Fehring, Toward a Model of Fertility Integration, in *Life and Learning IV*, ed. Joseph W. Koterski (Washington, DC: University Faculty for Life, 1995), pp. 216-29 for a discussion of several studies that provide evidence for improved marital intimacy with NFP.

38. Researchers from Flemington, NJ-based HCD Research and Allentown, PA-based Muhlenberg College Institute of Public Opinion. www.kaisernetwork.org See: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=29931. Accessed May 11, 2005.

39. Ashley, 26-29.

40. Paul McHugh, Surgical Sex, *First Things* 147 (November, 2004) 34-38.

41. Prokes, 154.

42. Rousseau, 60.

43. Cited in Prokes, 129.

44. When I was a child my ophthalmologist, Dr. Tullos O. Coston, used to check my eyes regularly for glaucoma (which is a common side effect of the surgery I had for congenital cataracts). He had and used one of those huge machines that has a chin rest and uses a blue lighted probe to touch your numbed eye to check the pressure. But he would first use his fingers to touch my closed eyes to feel for the glaucoma. He is the only ophthalmologist who has ever touched my eyes in this way, thus giving me a sense of personal care that I haven't had since.

45. Rousseau, 61.

46. Hans Urs Von Balthasar, *Glory of the Lord V* (San Francisco: Ignatius Press, 1991), 611-656.

47. Helen Fisher, *The First Sex* (New York: Random House, 1999), 116-120.
48. One has to admit that in our day sensitivity to the issue of sexual abuse, including the liability issue, has made warm personal interaction more difficult.
49. *The Challenge of l'Arche*, introduction and conclusion by Jean Vanier (Minneapolis, MN: Winston Press, 1981), 277. This quotation was cited by Ellen Roderick in an article entitled Two Theologies of the Body: Jean Vanier and John Paul II. This article is no longer accessible on the internet.
50. Fisher, 131.
51. Ibid., 130. Statistics from P. Braus, How Women Will Change Medicine, *American Demographics* (November, 1994), 40-47.
52. Ibid., 113.