

Reviewed work: **Medicine, Religion and the Body**. Edited by *Elizabeth Burns Coleman and Kevin White*. Brill, 2010. 297 pp.

The book «Medicine, Religion and the Body» edited by Elizabeth Burns Coleman and Kevin White was published by Brill publishing house in 2010. Most of the articles were prepared on the basis of «Negotiating the Sacred: Medicine, Religion and the Body» conference proceedings. The conference took place at Australian National University, Canberra in 2006. In the introductory article editors write: “Contemporary political philosophy presents the ideal of a state that is neutral in respect to religion, and the differing value systems accepted by its citizens. In medicine and the health care system, however, we find that the state cannot be neutral. It must have a view (or an implied view) on different conceptions of life and death, for instance, to manage the legislation of organ donation, euthanasia, abortion, and stem-cell research. In all of these issues, religious perspectives on moral issues are seen in contrast to science. ‘Science deals with facts, not values, and medicine is a science’.”¹ And also: “The way in which we frame our moral and political discussion, therefore, is limited both to a particular conception of the body, and a particular approach to religion. The approach to the body is that of the individual, limited organism, and our approach to religious values is an example of the privatization of religious belief to a preference. The objective of this book is to broaden these horizons”².

Let’s turn to some chapters of the volume to see how this objective is fulfilled. First of all, it should be mentioned that the book contains many vivid analytical excursions. In the article “The Religionated Body: Fatwas and Body Parts” Roxanne D. Marcotte tries to analyze the concept of body in Islam from the point of its relevance as an object of power relations. To do this, she analyses the regulations concerning such practices as organ and blood donation, organ transplantation, etc. in contemporary Islam. In his paper Peter Frielander gives attention to the Buddhist understanding of the body, the world and their relationship. Frielander’s analysis of developmental Buddhist meditation practices shows that “there is no body as separate from the world, the body and the world are interdependent phenomena”³ in Buddhism. From this point of view he reveals the meanings of such concepts as “illness” and “health” in Buddhist and Brahamical medical traditions. A chapter written by Jay Johnson is devoted to the “bio-metaphysics” of alternative therapies. His text develops the idea of a “subtle body” — as the author describes it — “an embodied interface between the metaphysical and the physical”. In his work Johnson analyses practices of spiritual healing and acupuncture treatment. The concept of “subtle body” makes it possible for him to speak about “embodiment that is not necessarily tied to corporeality”⁴. Bryan Turner analyses possible consequences of medical progress in his article. If stem-

¹ Coleman E.B., White K. The Meanings of Health and Illness: Medicine, Religion and the Body // *Medicine, religion and the body* / Ed. by Coleman E.B., White K. Leiden, Boston: Brill, 2010. — P. 2.

² *Ibidem*. — P. 2.

³ Frielander P.G. The Body and the World in Buddhism // *Medicine, religion and the body* / Ed. by Coleman E.B., White K. Leiden, Boston: Brill, 2010. — P. 59.

⁴ Johnson J. Subtle anatomy: the Bio-metaphysics of Alternative Therapies // *Medicine, religion and the body* / Ed. by Coleman E.B., White K. Leiden, Boston: Brill, 2010. — P. 78.

cell (and some others) researchers succeed, than the possibility of living forever could become a reality. Then, based on Nietzsche's philosophy, Turner asks, what consequences will this fact have for morality and theology — disciplines that were developed in another medical and social situation? In his analysis, Turner approaches the problem of boredom, and asks what new ethics could be developed in "response to these dystopian changes"¹.

Therese Taylor analyses the last period of Anne of Austria's life in her article. That period was filled with a struggle with breast cancer, incurable at that time. Taylor shows the great significance that was attributed to the disease by different actors of that historical period. The author analyzes the meaning of queen's death (and of the disease) for the French society in XVII century. An article by Philomena Horsely was written on the basis of an ethnographic work, conducted in hospital mortuaries. The author focuses on feelings and thoughts of actors engaged in autopsy practices, such as relatives of the deceased and hospital professionals. The author speaks about "vivid emotional topography" of the (dead) bodies and "secular sacred" status of medical cadavers. She also analyzes practices of limited autopsy and negotiations between families and medical personnel over these procedures. Jeremy Shearmur discusses a problem of body commodification in his chapter. His analysis is performed on the basis of kidney and blood plasma trade and prostitution — "undertaking stigmatized activities for money". In his article he describes different problems that arise in situations of "incomplete commodification" in either regulated or black markets of such goods. Some of these are health problems, problems of cultural unacceptability, issues related to public policy, etc. An article by C.E. Forth "Painful Paradoxes: Consumption, Sacrifice and Man-Building in the Age of Nationalism" analyzes nationalist discourse and the role of corporeal reality in it. The author analyzes tensions between ideas of "nation" that required pain and suffering as its basis, such as body-building among men, versus "civilization," seen as a process of softening, or the "feminization" of the male body. The author concludes by suggesting that "modern civilization that gave rise to them (nations — I.Z.) is itself double-edged, capable of bolstering masculine dominance while destroying its corporeal foundations in the same moment"²

The chapters in this the book offer many vivid empirical descriptions. They analyze many interesting anthropological and historical facts. Yet, sometimes the papers presented in the volume are difficult to analyze from the perspective given by editors. Let us take as an example a text from the first part of the volume, prepared by Brian F. McCoy. His chapter "Contested Sites: Aboriginal Health and Healers Engaging Western Medicine" shows that in spite of quite pragmatic biological and medical usage, aboriginals do not neglect traditional healers — Maparns. As the author says (following Freund³) — "the foremost reason why people use indigenous healing is that it *makes sense* to them". He says

¹ Turner Br.S. Piety, Prolongevity and Perpetuity: The Consequences of Living Forever // *Medicine, religion and the body* / Ed. by Coleman E.B., White K. Leiden, Boston: Brill, 2010. — P. 102.

² Forth C.E. Painful Paradoxes: Consumption, Sacrifice and Man-Building // *Medicine, religion and the body* / Ed. by Coleman E.B., White K. Leiden, Boston: Brill, 2010. — P. 246.

³ McCoy Br.F. Contested sites: Aboriginal Health and Healers Engaging Western Medicine // *Medicine, religion and the body* / Ed. by Coleman E.B., White K. Leiden, Boston: Brill, 2010. — P. 22.

that “they also remain committed to beliefs that continue to link their physical and social worlds, all within a dynamic and active cosmic and spiritual world”¹. Despite the fact that the article gives interesting descriptions of Aboriginal medical practices, the following question constantly arises: Does the use of the medicine of local healers produce results? Are there any experiments in which healing is taken as a dependent variable, and the type of medicine used (traditional / biomedicine) — as an independent variable? Unfortunately, the article does not raise this kind of questions.

Beyond that let’s turn to the initial initiative of the editors — the question of medicine for the state. Does this article answer to this question at least partially? I think no. It gives some vivid illustrations of the thesis about not dying of local aboriginal medicine. But, first of all, this thesis was made by other authors earlier. Second — what should the state do with this thesis in managing its medicine? It’s very difficult to say. At least, neither the author nor the editors say anything. Little or nothing is said about this question in the rest of the book as well.

It could also be mentioned that sometimes papers from the book reviewed do not contain one logically developed line of the argument. Let’s turn in this regard to the second part of the volume, “Negotiating Medicine, Healing and Religious Belief.” Take for example the article of Roy J. O’Neil — “Moments of Grace and Blessing: Rites and Rituals in the Process of Healing”. The Author does finish his paper with recommendations for “Hospitals and other health care facilities”². Let’s look more closely at the research presented in the paper. It gives grounds for such recommendations, but, it is not clear how the argument set out in the text supports the conclusion and/ or is a means to the goal indicated in the paper. For example, the author writes:

“The process of healing is other than just a physical recovery from illness. Healing is the holistic integration of the entire experience of illness, regardless of the medical outcome. As a result of this research, the positive benefits of acknowledging religious beliefs and practices as an integral part of a holistic health care protocol in a hospital or health care facility are revealed. The proactive inclusion of the spiritual needs of patients in the everyday team management of cases ultimately improves the quality of care being offered to patients and their families. It is time for the medical professions in our country to recognize this fact”³.

From this passage it could be supposed that the rituals were not a special focus of research, as one might think after reading the title of the article. In addition, what is written in the chapter about ritual, firstly, is not a unified theory of ritual, suitable for empirical research (verification / falsification), and secondly, nowhere in the article it is used for empirical research. The data used in the article has almost nothing to do with the «theory» of the ritual *described in the text*, or for justification of the final conclusion. We could mention that author’s conclusion is generally indifferent towards all the details connected with the notion of the ritual, even described by the author himself.

¹ Ibidem. — P. 26.

² O’Neil R. Moments of Grace and Blessing: Rites and Rituals in the Process of Healing // Medicine, religion and the body / Ed. by Coleman E.B., White K. Leiden, Boston: Brill, 2010. — P. 165-166.

³ Ibidem. — P. 166-167.

If we digress from the title of the paper and theme of ritual, and get back to the substantiation of article's conclusion, it must be said that it was made on the basis of interviews with patients and their families. Strictly speaking, this is not enough, if we assume, following the author of the paper, that "the predominant biomedical mindset within the health professionals often sees health care, with its intense emphasis on scientific diagnosis and its immense dependence on technological means, as an opposition to the spiritual dimension of humanity"¹. If an author's potential opponent really thinks that way then for justification of the conclusion about the "improvement of the quality of care", he would have asked either for experimental data on how spirituality / participation in the ritual affects diagnosis, or at least for evidence from the medical personnel about importance of knowledge about their patients' spiritual life for them. However, neither the first, nor the second is given in the article.

We should also mention that sometimes papers from the volume lack theoretical clarity — it doesn't worsen the research that has been made, but makes readers task very complicated. Let's for example, turn to the third part of the book — "Virtue, Health and the State". It is opened by the article of William James Hoverd "Deadly Sin: Gluttony, Obesity and Health Policy". The author says that.

"The purpose of this chapter is to argue that the linking of the language of Christian sin to obesity demonstrates that social understandings of fatness are more complicated than the medical terms in which obesity usually finds expression. This chapter sets out to explore how and why patristic theological ideas, intrinsic to the ascetic practice of ancient Christian monks, are being used in health rhetoric surrounding the twenty first century obesity epidemic"².

However, from the passages cited in the paper it does not follow that obesity usually finds expression in medical terms. Quite the contrary — a specialized medical journal and special policy report, the «House of Commons Health Committee Report on Obesity», have a significant influence from some other discourses. Noting the coincidence of terms from the medical literature and policy report with Christian concepts describing vices, the author refers to a number of the key texts in this respect — «The Conferences» and «The Institutes» of John Cassian the Roman. Further, the author tries to explain «how these terms have been inherited in an intersection between religion, medicine and social structure»³. To do this, he uses the logic of «the Protestant ethic ...». He gives a number of vivid examples that could support the thesis about the influence of Protestantism on medical discourse. However, we can assume that the allusion to the «Protestant ethic ...» did not help W.J. Hoverd to fulfill his objectives. Explanatory potential of Weber's argument is not used by the author.

The author (W.J. Hoverd) only gives examples of what Weber would call "elective affinities" between Protestant movements (their language) and modern health discourse. The logic that Weber would call "causal explanation" and an example of what "Protestant ethic ..." is, — is absent in Hoverd's study. Strictly speaking, Hoverd's explanation in fact demonstrates that some Christian (Prot-

¹ Ibidem. — P. 148.

² Hoverd W.J. Deadly Sin: Gluttony, Obesity and Health Policy // *Medicine, religion and the body* / Ed. by Coleman E.B., White K. Leiden, Boston: Brill, 2010. — P. 205.

³ Ibidem. — P. 213.

estant) movements sometimes correlate medical/dietetic/health problematics with those of religious identity, sin, and so on. But the author does not give an explanation of how Protestantism (and exactly Protestantism) causes specific health discourse. It could be said that all these elective affinities, presented in the paper, are examples of coincidence. Or Protestant (Christian) movements simply master new trends and ideas, whose sources were non-religious. Hovord does not answer the question why *only* from Protestantism could such ideas come. Quite different was the logic of Weberian study. He sequentially showed that the idea of “Beruf” came from religion, and not from other sources. Then, he speaks more precisely. From Protestantism, he shows that this idea in its full version couldn’t come from some of the Protestant denominations, such as Lutheranism. Instead, it could more likely come from other denominations, such as Calvinism. As the answer to the question “why not from another source” is absent in Hovord’s text, the value of his interesting descriptions decreases.

Nevertheless, as a conclusion, we could say that this collection of articles, presented in Brill’s volume is of high interest for cultural scientists. The papers demonstrate a high level of erudition, trying to broaden contemporary understanding of the human body and medicine. Sometimes these papers lack a clear logic of argumentation, it must be said. But some small annoyances do not irretrievably spoil the overall picture. Speaking about the whole book, it could be mentioned, that the volume could benefit from a final editorial chapter. This could correlate all the findings from individual research to the questions stated at the beginning. To wit, what is the benefit of having results of such studies? What should a state do — if it must have a view on these or that medical problems?

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