

The Wellness Gospel And the Future of Faith

By RONALD W. DWORKIN

UNTIL RECENTLY IN human experience, religion and medical science occupied distinct and separate spheres. Religion dealt with problems of the inner life, including spiritual and emotional trouble, while medical science managed the outer life of the body. Lately, however, and by contrast, the relationship between religion and medical science has fluctuated, creating a dizzying problem of identities. Alternative medicine, to take one example, borrows from both religion and medicine, making it a confusing hybrid. At other times, religion and medical science swap roles altogether — as when religion stands guard over stem cells, for instance, or when medical science uses drugs like Prozac and Zoloft to rescue people suffering from everyday sadness.

Another new phenomenon only adds to the confusion: Based on evidence that religious belief is good for one's health, some medical doctors are trying to siphon off spirituality from religion itself, or at least to make religion a junior partner in their enterprises. Thus, in varying ways, have religion and medical science gone from being strangers to competitors and, most recently, even helpmates.

This newest connection between medicine and religion takes two general forms. In the first, doctors emphasize the health benefit that comes from active involvement in organized religion. A well-known study published in the *Journal of Chronic Diseases* describes an association between weekly church attendance and lower rates of coronary artery disease, emphysema,

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and cirrhosis. Further research has linked religious commitment to lower blood pressure, reduced levels of pain among cancer patients, improved post-operative functioning in heart transplant patients, and even reduced mortality in general.

Mindful of such evidence, some doctors active in this branch of the pro-religion movement have come to embrace religion in full, as it is historically understood. Other doctors, however, have sought to amputate that same phenomenon. They believe that spirituality is the active, beneficial ingredient in religion — that the rest is fluff. In the forms of biofeedback, transcendental meditation, and mind-body medicine, these doctors foster spirituality outside of religion's institutional and moral framework. They admit that

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physical health can never be totally divorced from moral behavior (for example, monogamy decreases the chance of AIDS as well as a host of other infections), but they do believe that spirituality is a natural phenomenon in itself, the rigors of orthodoxy quite aside. Even atheists, they insist, can fight disease through greater spiritual awareness.

An emerging “science of the spirit” supports this claim. Meditation, for example, has been shown to cause a “relaxation response” that leads to reduced muscle tension and a change in the body's neuroendocrine system. Brain scanning reveals a characteristic change among those who meditate, especially in the area of the temporal lobe. The new science of the spirit ignores the impact of religious commitment on health, concentrating instead on the physical manifestations of spiritual awareness. Still, it shares with the epidemiology of church attendance a common purpose: harnessing religion for health purposes.

Medicine's effort to separate spirituality from the main body of religion, or to forge an alliance with religion in general, finds support across the ideological spectrum. Atheists hope that research into the physical underpinnings of religious belief will prove that God is just a phantom of the mind. Yet equally supportive of exploring that same connection is the John Templeton Foundation — a conservative, pro-religion organization that actively funds research into the medical benefits of spirituality. By publicizing these medical benefits, the Templeton Foundation believes it is helping to promote religion.

Organized religion, for its part, is ambivalent about the new alliance. On the one hand, too much emphasis on the health benefits of belief risks transforming religion into just another treatment modality. On the other hand, religion wants to preserve a role for itself in a secular, science-obsessed age. Thus, religious authorities are even starting to use science to corroborate what was once taken on faith alone. On hearing reports that the temporal lobe might be the site where people “experience” God, for example, the

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bishop of Oxford declared that God had purposely put an antenna in our brain to connect us to the divine.

Organized religion's support for a closer union between religion and science is particularly evident in the caring professions. Some religious counseling programs are changing their faith-based curricula over to a more secular, behavioral-science approach. The pastoral counseling program at Loyola College in Baltimore is one such program. Its chairman says that the program's faith structure now pays considerable attention to "clinical expertise" and rests on a base of "solid knowledge." In turn, graduates of this Catholic college program adopt an "inter-faith mentality," which means that Catholicism goes from being an all-encompassing worldview to an interesting option worth considering. Thus, at times, does the alliance with medicine turn each individual religion into one theory among the collected works of human thought.

A personal anecdote helps illustrate the point that it is religion, not medicine, whose authority tends to be undermined by this alliance. A while back, I found myself talking about mental health issues with two elderly ministers and a pastoral care worker. I had just finished my medical training and was the youngest and least experienced professional in the conversation, yet the order of rank among us did not correspond to the official categories of age or wisdom. On the contrary, the ministers and the pastoral care worker deferred to me because I had the greater scientific training. One minister even ostentatiously dropped references to the latest scientific research in an effort to achieve parity with me!

Thus, from the point of view of believers, the growing alliance between religion and medical science is a potentially ominous trend. In the short run, one can argue, religion benefits from having a sound, utilitarian basis; and it is doubtless true that more people will make religion a part of their lives if they think religion will help them live longer. But these are short-term, perhaps even Pyrrhic, gains. In the long run, both religion and society suffer from medicalized spirituality, or from any other too-close alliance between religion and science.

After all, one of the purposes of religion is to guide people when science runs out of answers. Religion has tremendous explanatory powers based on ideas that can neither be proven nor justified by science but which are essential to giving people a more complete notion of their being. In my medical career, I have listened to dying patients ask, "When I am not, what will there be?" Even healthy patients often express morbid thoughts provoked by life's difficulties. These people long to be petted and comforted, yet medical science offers them little consolation. Science simply lays out the truth of their condition; then, when rational argumentation fails, it has no recourse but to suggest a trial of mood-modifying drugs. Religion operates in an entirely different mode. It prods people to imagine a relationship with the entire universe. That relationship, which science calls a dream, turns the world into an understandable affair, which calms the mind.

When religion has a strong connection to science, it is less able to meet the scope of people's imaginations. This is because science arouses in people a penchant for facts and a desire for the useful, which is the antithesis of a dream. In order to communicate with science, let alone ally itself with science, religion must downplay its "irrational" side, including those beliefs about the universe that science cannot confirm. Even if medical science were to make religion an equal partner in its enterprises and to respect religion's "irrational" side, religion would still find it hard not to yield to science's influence. Believers would cling devotedly to biblical legends, but find it difficult to conceal from themselves the practical reasons for doing so. Vast ideas entertaining the special nature of man would form the abstract and theoretical portion of religion, and start to seem less worthy of careful attention. Once anchored in the stark and commonplace realities of life, religion would inevitably exchange its unique role in explaining the mysteries of life for a minor role in healthy living.

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Supporters of religion might be satisfied with the trade-off. They might be happy knowing that people are going to church, and people going to church might be happy knowing that they will live longer by doing so. But people — including my patients — will continue to wonder about their momentary, vacillating existences, and their imaginations will continue to crave answers. When religion, by allying itself with medical science, has so strayed from its basic purpose that it can no longer give them answers, people will find themselves in an ongoing state of perplexity. Religion's explanatory powers, trimmed by science, will have less and less influence on their lives. This is why the growing alliance between religion and medical science has serious repercussions for religion as an institution, for spiritual life itself, and of course for the broad and public bioethics debate.

Better religion through health?

AS A PHYSICIAN, I have observed that when people find religion by way of their obsession with sickness, they tend to follow the utilitarian line of thought that led them to religion in the first place. Long after they recover, health remains the principal object of their religious convictions. They meditate and pray to control their blood pressure. They remain monogamous to avoid catching a venereal disease. They do yoga after their heart attacks. They read books on spirituality to improve their general health, medical science having convinced them that inner peace

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can be deduced from an informed mind. They follow the programs of religious people's lives so that they might live as long as the authors who write them. Medical science continues to set the conditions of their existence long after the close brush with death that led them to religion in the first place.

This is not surprising, as the fear of death is more elemental than any yearning for truth. When people discover religion through the fear of death, their instinct to survive is animated, and the bulk of their mental energy is concentrated on those aspects of religion that are preventative or therapeutic. Against such narrow-mindedness, it is difficult for another understanding of religion to take hold. People grow prejudiced against any philosophy of spiritual rejuvenation that lacks a tangible benefit. They take what they perceive to be religion's only valuable asset — its supposed connection to longevity — and push the rest aside.

For the most part, doctors who support the new alliance between religion and medicine are content with this outcome. Their goal is to treat disease and to prolong life, not to rescue souls. But the religious and conservative supporters of the alliance (i.e., those who think that "religion as therapy" might evolve into true belief) will inevitably be disappointed. My own experience with patients who discover religion in response to sickness suggests that they can be subdivided into four categories.

The first group includes people who are attracted to religion because they like the process. They like meditating in the same way that they like going to doctors. Just doing so makes them feel healthier.

The second group includes people who have little interest in religion, yet observe highly educated doctors recommending it. From this observation, they conclude that religion is a thing of great value and indispensable to health.

The third group includes people who are astonished by the achievements of science. They assume that anything connected to science is worth believing in, even if they themselves do not properly understand it. The fact that only a small number of doctors can comprehend the new science of the spirit, for example, is almost taken to be a proof of its truth.

The fourth group includes people who have tried unsuccessfully to regain their health through religion but, rather than give up, view their failure as accidental or ascribe it to bad luck. With a peculiar mixture of devotion and boredom, they continue to go through the motions of religion, waiting impatiently to get the goods they have been promised.

What immediately strikes the observer is that none of these motives is religious in spirit. These people have adopted their faith artificially, mistakenly, and even senselessly. There is nothing to suggest that they will eventually bind religion to their hearts and then naturally live in such a way as to fulfill religion's demands. It is only because they fear death that they profess religious belief, mouth religion's precepts, and repeat words that, to them, are devoid of meaning.

I have come across patients who embrace religion after a close brush with

death because they want to save their souls or because they fear burning in hell. Their religious faith also has a utilitarian basis. But unlike patients who use religion to heal their bodies, these people have allowed religion's "irrational" concepts to enter their imaginative circuitry. They believe in souls and in hell. Because the latticework of an "irrational" dream already exists inside their minds, these patients sometimes move toward religion in a more serious way. They start out with an oversimplified definition of things unseen that is later corrected. This is a radically different process from that of medicalized spirituality, where the aim of faith starts and remains at the level of the body.

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This is hardly to deny that secular concerns can indeed lead one to religious belief. Tocqueville, for example, observed entrepreneurs in nineteenth-century America fix their minds on distant objectives, then slowly and steadily work toward those objectives to gratify them. Such people grew accustomed to hoping from afar, and their mental habit led them to religious ideas and finally to a state of faith. Attending church for the sake of physical health, however, not only lacks a parallel with religious thinking; it actually conflicts with it. Those who pray to lower their blood pressure think not in a certain way, but about a certain thing — their health. Their minds do not run along the same psychological groove as the minds of those who are ready to contemplate the infinite.

No fool would turn down a chance to live longer if the only thing he had to do was go through the motions of religion. Yet this truth may one day reduce religious worship to the same trivial level as eating right or exercising daily. If Americans pursue religion to protect their health, religion in this country will gradually evolve toward the European form. Religion will become useful, and a way of maintaining the comforts of life, but less sincerely felt. It will influence our leisure activities and our manners, but it will have no greater influence on our pious sentiments than fine art or thoughtful films. Religion allied with medical science inevitably leads to religion being considered solely from the human point of view.

In my experience, people who embrace religion for health reasons often remain quite like themselves; religion does not change them. Yet, over time, while they do not change, their attitude toward religion may. It may even grow hostile. In European political history, to cite one possible analogy, religion paid a high price for allying itself with temporal powers and for trying to make itself useful. Though such alliances dramatically enriched and empowered the church in the short run, that same institution then lost favor whenever its political allies weakened. Over time, as governments came and

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went, and the fortunes of Catholicism and later Protestantism went up and down, religion came to be viewed with the same skepticism as the state. Lukewarm faith among the people gave way to skepticism, at times even disgust.

If religion allies itself with medical science in this country, there may be an analogous outcome. Consider, after all, that medical science advances through an endless process of self-questioning and self-correction. When people see this process applied to religion, and their understanding of how religion “works” keeps changing, they will grow doubtful. Moreover, medical science is not always successful. Over time, as religion fails to restore their health, people will grow indifferent.

Medical science also sanctions inequality, since physicians and other licensed authorities reserve for themselves the right to interpret scientific literature. When religion enters this rigid scheme, and untrained minds are pushed aside, people will grow resentful.

Medical science receives tremendous support from the government, though there is always jockeying among interest groups for the best budgetary position. When religion is attached to medical science, and becomes just another interest group, people might begin to resent religion for setting itself up as a competitor for government benefits.

Thus do religious institutions risk much in an alliance with medical science, while the return on that risk is very low.

When spirituality goes medical

IN THE INTERESTS of fairness, particularly toward the medical profession, we must bear in mind that the uncoupling of spirituality from religion is as much a popular phenomenon as a scientific one. Many people in the larger culture now describe themselves as “spiritual” but not religious. Using a religious idiom, they talk about inner peace while deriding organized religion for being intolerant and judgmental. “Spiritual” practice has become such a freestanding concept that it even forms a distinct category in demographic surveys, lying right under Protestant, Catholic, and Jewish on the list of respectable choices.

At the hospital where I practice, this coarse, uninspired approach to spirituality is often observable. In one case, an internist directed both a social worker and the hospital minister to investigate the inner life of a female patient who suffered from unexplained high blood pressure. The doctor cried, “I have an elevated blood pressure without a cause. I need a cause.” The special drama of this patient’s life — her inability to connect with others and find the meaning of who she was — was, to this internist and to the management team in general, merely a source of illness. Eventually, the patient was put on both an anti-hypertensive and a psychotropic drug.

I know a physician who teaches meditation. Though he uses meditation

only for healing wounds, he compares the trance-like states he induces in patients to Buddhism's "sixth sense" and Christianity's "universal element." In religion, states of awareness form part of the larger quest for truth, and I asked the doctor whether wound-healing wasn't a rather pedestrian goal for spirituality. Angrily, he replied that wound-healing was essential, and that if people were trapped on a desert island with open wounds, their very survival would be at stake. What could have more meaning in life, he asked, than the struggle for survival? By twisted logic, he somehow transformed wound-healing into a holy mission.

In medicalized spirituality, the whole medley of conditions and feelings that define religious life loses its splendid pitch. The delicate sentiments, the exalted thoughts, and the urge to poetry are all eclipsed by the shadow of a more pressing need — survival. The spiritual life descends from the realm of the moral to the realm of the animal, where the goal of life is just to exist.

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Medicine is not the only scientific discipline trying to bring the inner, spiritual life of human beings down to the level of the animal. Physical anthropologists, for example, study pair bonding in the animal kingdom to gain insight into the problems of marriage. Psychologists study chimpanzees in order to better "understand" human family structure. Love, we are told, fulfills a basic utilitarian purpose, and science studies the courting rituals of chicken and fish to grasp its meaning. Loneliness is supposedly mediated through neurotransmitters in primates, compelling primates to affiliate. Science believes that

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When religion and medical science form an alliance, spiritual life follows this same long chain of degradation. Exposed to science's hyper-rational gaze, the noblest thoughts of mankind are carefully inspected for their practical value. Science tolerates with nervous condescension religion's beautiful and subtle expressions of the divine, then quickly moves on to those aspects of religion that are more utilitarian.

Scientific spiritualists will protest. They will argue that their science does not challenge religion or the existence of God, nor is it antithetical to lofty expressions of the human spirit. On the contrary, it simply studies the religious experience as a general phenomenon. For this reason, they will say, a science of the spirit poses no threat to the awe and wonder people feel while pondering the eternal dimension.

However, because of faith's delicate nature, a science of the spirit does indeed pose a threat. For centuries, organized religion layered one "irrational" belief over another to create a unified system of thought. Angels and

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demons, heaven and hell, stretched the limits of the human imagination, but the whole enterprise seemed perfectly reasonable because everyone agreed beforehand that the existence of God constituted established fact. Belief in God was the cornerstone of religion because it was the one “irrational” idea that most appealed to the reasoning part of people’s minds. It upheld all that was laid on top of it.

When science intervenes and people are taught to look upon the “perception of God” (as opposed to the existence of God) as established fact, religion weakens considerably. The concept of God, because it fails the empirical test, suddenly becomes like all the other crude delusions. Since science looks upon God’s existence as mere conjecture, it compensates religion for the loss by encouraging people to rally around the notion that our awareness of God is an authentic “hyperlucid unitary experience” operating from special neural networks inside the brain. By conceding this ground, the scientists actually think they are doing religion a favor. But when the perception of God replaces belief in God as established fact, religion’s pyramid of belief comes crashing down. Reasonable minds will refuse to propagate the central idea — the belief in God — which is the cornerstone on which all other irrational beliefs in the religious system rest. Once that idea disappears, religion collapses.

Scientific spiritualism declares human beings to be the only animals that have the neural capacity to perceive God. In this way, its supporters argue, the new science makes a distinction between human beings and animals, unlike those disciplines that lump man and animal together. But because all science sees the struggle for existence as the basic law of life, scientific spiritualism cannot help but focus on the practical benefits that follow from our tendency to believe in God. Some researchers, for example, argue that the neural machinery compelling us to believe in God has important genetic survival value. They say that religion encourages conformist behavior and tribal loyalty, which promote social stability and therefore make religion a “positive evolutionary development.” Thus, in the end, scientific spiritualism does not really raise man above the animals; it merely puts man adjacent to the animals. Our special ability to imagine the divine becomes like the wolf’s keen eyesight or the lion’s strength — merely a comparative advantage of human beings in the animal kingdom.

All banality, no evil

MEDICALIZED SPIRITUALITY not only undermines religion; it also distorts it. Researchers into the spiritual life have different ways of describing spirituality, but many of them see spiritual awareness as a form of altered perception. Whether spiritual awareness is rooted in a sudden flux of neurotransmitters or is somehow akin to the aura people experience during temporal-lobe epilepsy, researchers view it as a

kind of enlightening trance. One scientist goes so far as to lump spiritual people with other bizarre cases of misperception, including amputees who suffer from phantom-limb pain or brain-damaged patients who believe that their limbs belong to someone else.

Medical science turns spirituality into a peculiar sensual phenomenon, which it is not. True religious spirituality is built on a thoughtful understanding of the world — it is neither supernatural nor abnormally intense. Rather, it elucidates certain routine aspects of life, such as one's obligation to others or one's purpose in life, and is experienced day to day as a kind of vague consciousness. Scientists have wrongly confused spirituality with a funny feeling. They see it as similar to the sensation one has while half-asleep, looking at the world through a dreamy haze, and most susceptible to suggestion.

When medical science changes the definition of spirituality from a philosophy that integrates all the issues of life to a mere sensation, laypersons can be deluded into thinking they lead spiritual lives when they really do not. People who experience a special mental phenomenon within themselves satisfy one criterion for spirituality, but they err when they equate a feeling of excitement, intensity, or anticipation with spirituality. Spirituality is not the heady sensation one enjoys while hoping or searching for something; it is the moment of repose that follows from knowing something. If a man believes in the recirculation of souls and that his future life depends on his actions in the present, and then conducts himself every day according to that belief, then that man is spiritual. If a person believes himself to be one of God's chosen people and that in order to receive God's protection he must please God, which he tries to do every day, then that man is spiritual. Spirituality is rational and sensible, like a general truth so ingrained in the mind that it makes behavior almost unthinking and reflexive. Spirituality begins with an understanding of one's position in the universe and ends when it insinuates itself into all thought and conduct.

If science's definition of spirituality continues to make inroads, not only will people come to look upon their particular sensation as a substitute for real spirituality, but they will begin to seek out new ways to experience that sensation. By turning spirituality into a feeling, scientific spiritualism indirectly legitimizes efforts to achieve "spirituality" through medication. Because scientific spiritualism looks upon the "rational mind" as almost an impediment to spiritual awareness, the medication will most likely be hypnotic or stupefying. From a slightly different angle, those suffering from neurological deficits — for example, a genetic defect expressed in the temporal lobe, or a deficiency in neurotransmitters — and who lack the capacity to feel a certain way might wrongly conclude that religion is beyond their grasp. To compensate these people, medical science might even encourage the use of medication to help them mimic the vital sensation.

These scenarios may seem farfetched, but there are aspects of scientific spiritualism that are indeed farfetched. I attended a lecture on spirituality at

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which a physician presented the following “evidence”: A single human mind, if it concentrates deeply enough, can perturb the outcome of a coin-flipping trial, causing heads to occur more often than tails. This is nothing more than telepathy, which is a variation on magic.

Scientific spiritualism tends to have a very strong connection with the supernatural. Book topics in the field, for example, include the promise of alchemy and the possibility of life on other planets. When spirituality is separated from religion, made into a mysterious feeling, and then put under the control of science, the potential for “irrational” belief is just as great as it is in traditional religion. The major difference is that medicalized spirituality has access to scientific modalities, including prescription drugs, to sustain itself, while religion has little more than incense.

This tendency toward a belief in the supernatural is increasingly part of the general culture. Angels, for example, are considered with the utmost solemnity in television’s “Touched by an Angel” and in a movie starring John Travolta. As science and religion fight for control of the spiritual realm, the supernatural, the irrational, and the absurd begin to form the basic characteristics of spiritual life.

Those who believe most fervently in angels, for example, see life as something badly arranged and filled with wicked people, and to calm their minds, they imagine heavenly creatures swooping down to help them. They ignore those religious principles that are simple, intelligible, and compatible with existing knowledge; such principles are logical, but provide no measure of hypnosis. Because these people worship religion’s external form (that part of religion that is inconsistent with reason), they find themselves faced with a contradiction, like winged humans, that cannot be easily resolved, so they distrust their reason and assume that everything in the world is possible. Supported by all the techniques of persuasion available to Hollywood and even some clergy, the images of angels prey on people’s weak spots, then dilate to include other science-fiction legends until, finally, they form the basis of religious understanding.

Rational people reject such behavior as a disease and look for shelter in the arms of science. But some of them have the same weak spots as those who believe in angels and therefore look for similar fantasies to fill up the emptiness of their lives. They bypass the simple, fundamental truths in religion because such truths are neither amenable to empirical proof nor immediately rewarding. They find supernatural delusions far more satisfying and conducive to personal happiness, though they insist that such delusions be somehow anchored in science. In this way, science gives irrational ideas the necessary crest of approval, thereby enabling rational people to accept as

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faith the hypnotism exercised over them by scientists, and to slavishly submit to ideas like telepathy, magic, and extraterrestrials.

People who believe in angels through fantasy are so superstitious that they think, "Why not?" People who believe in angels through science are convinced that they are standing at the summit of human knowledge. In both cases, the result is a tremendous distortion of the spiritual life.

The medicalization of spirituality has one other negative consequence: People come to look upon spirituality as something divorced from the lives of others. In traditional religion, spirituality is an experience that connects people to others; it is more than just a personal experience. Medical science, on the contrary, looks at spirituality as a phenomenon of the isolated indi-

vidual. This prejudice stems from medicine's instinctive urge to dissect a problem and reduce it to its basic elements.

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This prejudice is already evident in medicine's approach to the problem of unhappiness and low self-esteem. A prison psychiatrist told me about the case of a criminal who was in jail for robbery and second-degree murder, and who complained of low self-esteem. The psychiatrist recounted his response to me: "So I said to the patient, 'You have low self-esteem? Of course you should have low self-esteem. You're a robber and a murderer.' " The psychiatrist said that too many of his patients were looking at self-esteem as something disconnected from life, and to be given out in the form of a pill. He blamed his own profession for popularizing the idea by encouraging people to believe in a science of happiness.

When spirituality is medicalized, people start to see the spiritual life as something that can exist independent of outside circumstances, just as the prisoner saw self-esteem existing independent of his criminal record. Such an attitude is potentially corrupting because it liberates people from the common obligations of humanity. Under a regime of medicalized spirituality, people will think it reasonable to demand the pleasures of spiritual awareness as a basic human right, even when they have no interest in making a positive contribution to the world, and even when they refuse to participate in the lives of others.

Religion helps people achieve the spiritual life in conjunction with others because religion begins with an idea of how people should live together in a community. Medical science lacks any such conception of community. At root, it looks upon human beings as isolated, disconnected phenomena, with each human being haunted by a phantom called spiritual awareness, which is nothing more than a trick played by forces of matter when they are stimulated or energized in a particular way. In the medicalization of spirituality,

the goal is to help people experience the soothing “feeling” of spiritual awareness by manipulating tissues, images, and ions. Other people become just useful devices in the process, like props in a room. This idea has serious antisocial consequences.

Is animal self-preservation enough?

THE ALLIANCE BETWEEN religion and medical science leads to a serious imbalance in the bioethics debate. Religion should exist as an independent base from which to comment on, and criticize, scientific activity. But when religion forms an alliance with science, it abandons that position, leaving secular bioethics as the only other counterweight. This is dangerous, for while there appear to be three independent modes of thought in the bioethics debate — science, secular bioethics, and religious bioethics — there are really only two: science and religious bioethics. When science and religion are too closely allied, there is only one — science.

One reason that secular bioethics and science collapse into a single mode of thought is that secular bioethics mimics the tendency in science to look at human existence as a form of animal existence.

Secular bioethicists care about people. In some ways, they form a branch of the caring professions. But caring has within it a high degree of indifference. Animals are handled with care; they are handled with love only if the handler pretends they are substitute children or best friends. Caring is a feeling expressed by a human being toward an animal; love is a feeling reserved for a relationship between one human being and another. This is why religion (especially Christianity) embraces love as the one attribute that has the potential to lift mankind out of the rough, brutal ways of the animal kingdom. Religion knows that caring is not enough.

Secular bioethicists and other caring professionals distance themselves from religion in order to adopt a more rational approach to human problems. By doing so, they settle for caring as the proper spirit in which one human being should deal with another. This paves the way for secular bioethicists to treat people like animals.

There is already a natural, unthinking tendency among doctors and scientists to treat other people like animals. When managing comatose patients who lack any chance of regaining consciousness, doctors sometimes mutter under their breaths that they feel like veterinarians. When an emergency Caesarian section is necessary, an obstetrician may yell at the anesthesiologist, “Put her down!” — which means the obstetrician wants the patient asleep immediately so that the doctor can start the operation. Doctors and scientists think this way because their minds are focused on anatomy and physiology, which animals share with humans. Because the professional life of a doctor is devoted to the study of the animal side of human beings, doctors care for their patients but do not really love them — which is why the

potential for treating people like animals is always present in medical science.

Doctors and scientists depend on bioethicists and other moral guides to interrupt their narrow patterns of thinking, to lift their minds onto a different plane, and to keep their actions in check. When the bioethicists start thinking like the doctors and the scientists, any deterrent against such coarse behavior is lost. The bioethicists, the caring professionals, the doctors, and the scientists all start looking at human beings as animals to be cared for. A rather notorious example of this thinking can be found in the work of Peter Singer, a secular bioethicist at Princeton who argues that some animal lives have greater value than human lives.

Such coarse attitudes are to be expected among scientists and doctors, but it is dangerous when the bioethicists harbor them, for bioethicists are supposed to think on a different plane. Once bioethicists adopt the spirit of caring, and then blend human beings with animals, the only thing left preventing scientists from doing something truly malevolent is each one's individual conscience. And that is an insufficient safeguard, especially when difficult ethical decisions in health care are made by "committee" or through impersonal directive or "orders from above." When secular bioethicists, doctors, scientists, and other caring professionals are so conjoined that the responsibility for the results of their behavior can never fall on any one of them individually, their abusive attitudes will break through the dam of conscience, and there will be no limit to the brutality they can inflict on others.

This is why an alliance between religion and medical science is so dangerous. Medical science emphasizes animal self-preservation, not the higher nature of human beings. Doctors and scientists already lack a guiding hand in secular bioethics; in some ways, the secular bioethicists are even more brutal than the doctors. If religion is allied with medical science, there will be even less of a wholesome influence to work its will on doctors and scientists.

Triumph of the psychotropic?

A SICK PATIENT ONCE told me, "Life is very good but very difficult to understand." He was on his tenth operation for the debridement of sores that he had developed from diabetes. He did not know the ultimate purpose of these operations, since, even when his sores resolved, his diabetes would cause more in the future. And so I do not think he lived life so much as he simply habituated himself to life. He got used to the misery, even though the misery remained incomprehensible to him. Privately, he confessed to me that he wanted to die. Eventually, he did die of his disease.

An alliance between religion and medical science perpetuates the myth that life is good but unintelligible. The fact that the alliance does so may seem surprising, since medicine is based on biology, which is the study of

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life. But medicine explores life by studying very small things, like cells and nerves, and not big things, like the universe. Then, when medicine runs up against a wall, doctors say that life simply does not want to be understood and that people should make the best of it.

When religion is attached to medicine, people start to see life through the eyes of science: as a random phenomenon that defies explanation. People who think this way desperately wait for science to build a bigger microscope so that it can further its investigations and discover the meaning of life. Until then, life unfolds senselessly. Life is like a bad habit: an activity that gives occasional pleasure, occasional pain, with no great purpose, yet without which things would be unendurable.

Religion untouched by medical science makes life intelligible, and this is its greatest strength. Through its tremendous powers of explanation, religion captures the human imagination, makes life sensible, and turns life into more than just a habit.

The scientific understanding of life is beginning to take hold in ominous ways. It is already exerting a bad effect on patients who suffer from chronic illness. Some of these patients want to die because they see inactive life, or life without the possibility of hope or self-improvement, to be useless. On the surface, these people seem to cherish life; they want to die because they can no longer experience life or relish it. But lurking beneath their stated reasons is a much darker image.

Life is life and death is nothingness, but for people to overcome the natural horror of death, and to embrace death because life ceases to be pleasant or rewarding, means that something in their thinking has profoundly changed. Why has the great barrier of fear dropped, making it so easy for them to want to depart? The answer: because they have come to look upon death as nothingness and life as nothingness too. In a peculiar way, science's perspective on life has infected their minds. It has caused them to look upon life as little more than dead matter that has been energized, or a series of evolving DNA sequences. When chronically ill patients see ascending life as little more than nerves stimulated for pleasure, and declining life as little more than nerves stimulated for pain, the transition from life to death is much less scary.

The new alliance between religion and medical science yields a tremendous irony. In the Middle Ages, the clergy spoke of nothing but the afterlife, preferring to ignore the happiness that a person might enjoy in this world. Yet even if the emphasis on the next life made sick people eager to see what was on the other side, morality prevented them from taking their own lives, and spirituality allowed them to see great value in mere existence. In the new alliance between religion and medical science, just the opposite occurs.

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Religion (and medicalized spirituality) refers only to life on earth, and loses all concept of lasting happiness. The next life is all but ignored in scientific spiritualism. But despite religion's new obsession with existing life, people seem more receptive than ever to ending life prematurely. When religion moves closer to science, the morality that condemns euthanasia and physician-assisted suicide evaporates, and the spirituality that once allowed even terminally ill patients to dream of something magical in their existence declines.

For several decades now, beginning with Philip Rieff's *The Triumph of the Therapeutic* (Harper & Row, 1966) and including, most recently, James Davison Hunter's *The Death of Character* (Basic Books, 1999), the transformation of psychotherapy into a substitute religion has dominated the debate over religion and medical science. Yet this chapter in the debate is coming to an end, in part because psychotherapy is losing favor among the very people who invented it. Among psychiatrists, psychopharmacology, including, most specifically, the use of mood-modifying drugs, is replacing psychotherapy as the primary mode of treatment for mental illness. To the extent that psychotherapy remains religion's rival, it has little influence on either the emerging alliance between medical science and religion or medicalized spirituality. Psychotherapy and religion hold opposing views of human nature. Like the Marxists of yesteryear who believed solely in materialism, and therefore could find nothing of value in religion, psychotherapists are committed to science, reason, and secularism, and they look upon religion with suspicion. In the emerging alliance between medical science and religion, the effort is to work together and find common ground. Doctors believe there is something positive in religion; they value what the therapists and the Marxists once dismissed.

The doctors are right to do so, though for all the wrong reasons. Religion and medical science can complement one another even while existing in parallel worlds. The successes of medical science, for example, are temporal blessings that allow our bodies to thrive. They allow people the freedom, the health, and the energy to work out their eternal destinies. This is how two separate and autonomous spheres of life — the religious and the scientific — can complement, and not just antagonize, one another. Yet complementing one another is not the same as allying with one another, or supporting a utilitarian basis for religion, or turning spirituality into an objective phenomenon. In the end, these latter arrangements simply lead to the subordination of religion to science, which people must resolutely oppose.

Religion bounds existence; science cannot. When people look for answers to fundamental questions beyond their own immediate experience and beyond what reason can provide, they feel a mysterious power over them. They naturally gravitate toward religion because it, unlike science, is a creature of the imagination, and therefore the only force that can clearly delineate the nature of that mysterious power. This is sufficient reason to keep religion intact — and away from science.

More Choices For Disabled Kids

Lessons from abroad

By LEWIS M. ANDREWS

IF THE OPPONENTS of school choice could have their way, the national debate over the use of public money to subsidize private schooling would turn on the subject of special education. With research demonstrating the overall success of school voucher programs in Milwaukee and Cleveland, and with the constitutional issue of public funding of religiously affiliated schools headed for resolution in a seemingly God-tolerant Supreme Court, defenders of the educational status quo have been reduced to fanning fears that government support of greater parental choice would transform public schools into dumping grounds for difficult-to-educate students.

Sandra Feldman, president of the American Federation of Teachers, repeatedly warns that, with private education more accessible to the poor and middle class, good students will “flee” to independent and parochial schools, leaving behind those kids who are physically and emotionally handicapped, are hyperactive, or have been involved with the juvenile justice system. “[P]rivate schools . . . don’t have to take [the learning-disabled],” agrees Tammy Johnson of the liberal activist group Wisconsin Citizen Action, so public schools would be left “to deal with those children.” Even if private schools were required to take a certain percentage of disabled students, adds *Rethinking Schools*, an online publication of teachers opposed to school choice, they “tend not to provide needed services for children with

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