Religious Embodiment Between Medicine and Modernity

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In August 1308, the abbess Chiara of Montefalco died in her convent. As she was considered to be both a renowned ascetic and a visionary, her fellow nuns decided to embalm her so as to preserve her body on account of her holiness. On the Italian peninsula at this time, embalmment by evisceration was coming into practice, and, to perform this, Chiara's body was to be opened. Consequently, one of her sisters cut her open and took out her viscera and heart to be buried separately. The following day, her fellow nuns continued their explorations of her innards, eventually finding a cross in her exposed heart. A further exploration of her heart showed even further symbols of the crucifixion, and in her gallbladder three small stones, referring to the trinity, were discovered. The miraculous workings of the heart were considered to be further proof of Chiara's holiness.

The reason we know anything about this death and consequent dissection is because of the testimony given by her fellow sister Francesca of Montefalco. In her account, Francesca gives two reasons for opening Chiara's body: (1) the desire to preserve her body by embalming it and (2) the hope of finding something "wonderful" in her heart. Embalmment was seen as a short-term measure, stabilizing the corpse for a couple of days when it could be laid on display. The hope was, of course, that Chiara's body would prove to be a miracle-working relic, and this hope catered, to put it in modern terms, not only to religious but also to civic interests, since this could enhance the reputation of the city in question, attracting pilgrims. Furthermore, the cutting open of Chiara's body took place in accordance with contemporary medical practice; Sister Francesca was the daughter of a physician. There seem, therefore, to be at least three contexts involved in the dissection of Chiara of Montefalco: religious, civic, and medical. As Katharine Park amply has demonstrated, in the account from which I took this example, this period in the Middle Ages was no stranger to human

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dissection.[1] Through "Holy Anatomy," evidence for a person's sanctity could hopefully be uncovered. These dissections were, if not common, then at least uncontroversial. Far from being some kind of religious taboo, dissection was practised for a number of purposes, some of them religious. That the church at that time was hostile towards dissection is a misconception, widespread despite the work of many medievalists.[2] Bodies, especially women's bodies, were cut open for several reasons: authenticating sanctity; establishing evidence in a criminal case; Caesarean section; and, increasingly, to gain anatomical knowledge. These practices were often associated, conceptually as well as practically. Dissection of the body was, at that time, not primarily seen as a medical procedure. Except for the (rare) public dissection of bodies for medical research exclusively, which was performed on executed foreign criminals and was considered an act of dishonouring the corpse, opening up the body was most commonly a practice for the cultural and social elite. Medical expertise was, however, called upon to establish evidence, not only in juridical processes, but also, and perhaps here foremost, in processes of canonization. From the case of Chiara of Montefalco and onwards, medical examinations, including autopsy, came to be a part of the systematic inquiry into the authenticity of someone's sanctity.

Religious Embodiment

The topic of this article is religious embodiment or, perhaps more precisely, how religious embodiment has been and is conceived in relation to other perspectives on embodiment, especially the changing role of medicine in modernity. My own theoretical perspective will be phenomenological and hermeneutical, in a broad sense, and will focus upon questions regarding the cultural representation of embodiment rather than, as is also traditional within the phenomenological movement, the subjective experience of embodiment, or, as is common to natural sciences, the biological or physical body. As it happens, I am convinced, as will be clear from the following,

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1. This example is from Katharine Park, *Secrets of Women: Gender, Generation, and the Origins of Human Dissection* (New York: Zone Books, 2010), 39–47.

2. Except for the work of Hart, see also Michel Foucault, *The Birth of the Clinic: An Archeology of Medical Perception*, trans. A. M. Sheridan (London/New York: Routledge, 2010), 153 ff.

that the cultural representation of embodiment plays an essential role in any understanding of the body, including a biological understanding.[3] From this follows, among other things, that the body has a history: it is not an unproblematical given, neither in the form of its representation nor as embodiment as such. This also means, presumably, that the experience of being embodied also varies with time. However, one could object that any talk of cultural representations, subjective experiences, and biological evidence is an abstract way of speaking about phenomena that perhaps are not so distinct from each other; that this introduces precisely those distinctions that this article seeks to overcome. Nevertheless, I think it might be prudent, for reasons of exposition if nothing else, to go along with such categories for a while just to show in a preliminary way that there are many ways to talk about embodiment.

The reason that I began with Katharine Park's account of the dissection of Chiara of Montefalco here is somewhat different from Park's original intent: I think it shows quite clearly how both the dissection of bodies as well as the bodies themselves acquire meaning in a particular context. Even such a practice as the cutting open of bodies, for our part most probably associated with medical autopsies, does not have an established meaning but can take on different meanings depending upon the relevant context of interpretation. The interest that her fellow sisters took in her opened body had little to do with what we would call an autopsy, and even if a medical authority was called upon to establish the facts that would lead to her sanctification, such an authority was never independent of the framing religious interest in Chiara's embodiment. As I hinted at in the beginning, it might be that concepts such as "religious," "civic," or "medical," even though they certainly would have some kind of referent in the beginning of the fourteenth century, are slightly misleading if we take them to refer to some kind of easily-distinguishable spheres of meaning. The differentiation between the "religious," "civic," and "scientific" spheres of meaning takes on its contemporary meaning only through modernity. From the account of the dissection of Chiara of Montefalco, it is quite clear that there was no way of distinguishing the religious and the civic spheres, as if they were

3. For a more extensive discussion of these matters, see my *Himmelska kroppar: Inkarnation, blick, kroppslighet*. Logos/Pathos 6 (Göteborg: Glänta, 2006), esp. ch. 1 and 8; English translation forthcoming on Eerdmans as *Heavenly Bodies*.

independent of each other. In addition, medicine was understood in a religious context, and Park explicitly warns against the anachronistic supposition that just because the understanding of embodiment in our time is dominated by medical paradigms, the same was true in pre-modern times.[4] And, of course, this does not only refer to the practice of dissection but to embodiment as such. It is not the case that the history of embodiment is the history of anatomy and physiology at the core, to which all other "cultural meanings" are added: "the inhabitants of northern Italian cities from the mid-thirteenth to the mid-sixteenth century, understood their bodies primarily in terms of family and kinship, on the one hand, and religion, on the other," says Park.[5] Medicine comes third.

Through relating religious embodiment to the interest that medicine has had and still has for human embodiment, I think that we can get a notion of how religious embodiment has changed through history. Of course, I will only give the barest of outlines of this history, but if I am successful in giving at least a preliminary account of this history and what this means today, I will have fulfilled my purposes. Thus, in the next section I will return to an historical account of the changing role of religion and medicine for embodiment, ending in a more principled discussion of how to understand embodiment from a philosophical perspective informed by this history. In the next section, I will consider how embodiment is conceived in medicine and religion today. My main question will be how embodiment has been "medicalized" in modernity and where that leaves religious embodiment. Finally, I will present some thoughts on how embodiment can be conceived of differently with the help of a phenomenological perspective, and how the role of religious embodiment can be reconceived thereby.

Embodiment at the Dawn of Modernity

The human body, in pre- or (very) early modern times was viewed as a nexus between the created and the divine spheres. As God was incarnate in Christ, meaning that God became palpable human flesh, the body took on a

4. Park, *Secrets*, 21 ff.

5. Park, *Secrets*, 23.

particular prominence as a conduit for divine grace. Caroline Walker Bynum is one of the foremost medievalists who have emphasized how very somatic the religious culture at this era was; the human body, and even the female body became a symbol for humanity as such.[6] Since woman, in the Middle Ages, was associated in an especial way with embodiment, by analogy she performed the more perfect *imitatio Christi* through her very physicality. In this way, woman could be the representative also of the male embodiment. The gendered aspects aside, embodiment was seen as the human form of relationality, not only extending to the relations between human bodies but also to those between the immanent and the transcendent. Even the sense of vision was often understood as a reciprocal and mimetic relation rather than as a relation of domination and subordination, as later became the case.[7] As such, human bodies were not only susceptible of physical trauma, but also of spiritual possession by the Holy Spirit as well as by the devil, both of whom could be presumed to leave bodily marks, a reason as good as any to examine the depths of human embodiment in extraordinary persons. The reason which Park gives for the surprising fact that "holy anatomy" was performed almost exclusively on women—the first known autopsy of a man (Ignatius of Loyola in 1556) took place two hundred and fifty years after the autopsy of Chiara of Montefalco—is both the association of women with corporeality and the (literal) inwardness of their devotion.[8]

In the last two decades of the fifteenth century, according to Park, a new enthusiasm for dissection in the direct service of medical knowledge began to establish itself.[9] Partly inspired by Galen's endorsement of dissection as essential to health care, physicians began to appreciate the practice as a way of gaining essential information about diseases and causes of death. This enthusiasm trickled down to their well-off clients, who required autopsies as a part of their family health care. From now on, private dissection became more popular. One reason for this new interest was, of course, the possibility of establishing the cause of death so as possibly to prevent the occurrence

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6. Caroline Walker Bynum, *Holy Feast and Holy Fast: The Religious Significance of Food to Medieval Women* (Berkeley: University of California Press, 1987), 263.
7. Park, *Secrets*, 73. Cf. Martin Jay, *Downcast Eyes: The Denigration of Vision in Twentieth-Century French Thought* (Berkeley/Los Angeles/London: University of California Press, 1993).
8. Park, *Secrets*, 35.
9. Park, *Secrets*, 123–131.

of similar diseases in the future. Another reason, however, had to do with quite a different interest, namely to establish kinship and lineage. This had to do with a particular belief about generation, not uncommon at the time in the northern parts of Italy, according to which "if children received their souls—their human life principles—from the paternal seed, their mothers shaped them in their flesh."[10] In other words, there was a strong link between the mother's body and the body of the child. Consequently, it became important, at least for the interests of male dynasty, to find possible evidence of constitutional disease. Even here, then, medical examination in the form of dissection was driven by particular interests founded in conceptions of human embodiment that went beyond medicine. Nevertheless, it was a part of a process of an increasing significance of medical learning as such, in cases of establishing lineage as well as canonicity. Medical authors began publicizing anatomical works, with Andreas Vesalius's *On the Fabric of the Human Body* from 1543 as a landmark. The formal dissections held by medical faculties began to attract more interest, both audience-wise and as a sign of the achievements of the city. Consequently, they became more frequent. Medicine also laid claim to a greater authority to read corporeal signs in a truthful way, as these signs were just too complex or ambiguous for anyone to interpret without the correct experience, erudition, and judgement. With the growth of medical dissections follows a claim to greater expertise on human embodiment. The body became a stage for the performance of signs and symptoms that only could be made to produce evidence through interpretation by a particular competent authority. The physician is the expert and the body the object of his expertise.

This growing prominence of medical anatomy did not mean, however, that anatomy was now somehow independent of theological or religious concerns. Vesalius's book is a case in point, relying for its visual presentation of the human body on available iconographic traditions such as Saint Anthony and the miser's heart and the extraction of Julius Caesar from his mother's womb.[11] Anatomical illustrations could also be part of devotional images, so as to suggest that the border between the two was not entirely rigid. At the same time, Vesalius's work was, as Park points out, a step in the direction of the "desacralization" of anatomy; even when using

10. Park, *Secrets*, 144.
11. Park, *Secrets*, 221.

iconographic traditions, more obviously religious elements had been left out. His book was informed by his strategy to obtain imperial patronage from the head of the Holy Roman Empire, but also to integrate *physica* (which corresponds with what we call internal medicine) and surgery through the medium of anatomy. Vesalius celebrated this new conception of medicine as a return to Greek medicine. In fact, he staged his own "revival" as a "Caesarean" birth, in a similar way to that of the emperor being seen as a new and from his immediate successors independent beginning of an imperial lineage: "Vesalius has snatched anatomy from the jaws of death, just as Charles resuscitated the Roman Empire, just as the midwife saved the infant Caesar, and just as Apollo rescued Asclepius from Coronis' womb."[12] The bodies depicted in his exposition were often women, signalling a gendered figuration of the relationship between subject (physician) and object (woman). The physician was someone who investigated the "secrets of women," revealing them to the interested onlooker. The distance between subject and object has now increased, both in terms of epistemology and affection, compared to earlier centuries, and the element of reciprocity has been all but lost.

What can we learn from Park's book *Secrets of Women* that treats, in some detail, the praxis of dissection between the fourteenth and the sixteenth century in northern Italy? As she herself points out, this story "is part of a larger story in which anatomical knowledge gained by exploring the dissected body became a way to think about the self."[13] As the body is never given as such but only through some particular configuration of interpretative power, there is a need, if one wishes to speak about embodied religion, to specify which body one is talking about. Park's analysis helps us with two things. First, it informs us that the insight, that to speak of embodied religion or the religious body, is always an abstraction in a certain sense; namely, that what is seen as the domain of the religious is always a part of a larger configuration of other domains, such as the political, the cultural, the scientific (including medicine), *et cetera*. As we understand from Park's account, there is a vast difference between a domain of the religious in pre-modern times, where it in a sense to a large extent overlapped (or perhaps better, never was distinct from) the scientific domain. But, second, Park's

12. Park, *Secrets*, 247.
13. Park, *Secrets*, 261.

analysis also helps us to understand at least part of the story that has led to the configuration of these domains today, where I presume that it is not very controversial to suggest that medicine often defines what is taken to be the fundamental understanding of embodiment, namely (a version of) the physical or biological body. Even if there certainly are more nuances to be developed both regarding the understanding of the pre-modern body as well as the modern body, embodiment today, here in our Western societies, operates from the perspective of a Cartesian dualism between mind and body, or subject and object. This perspective has, of course, been naturalized for us up to the point where we find it hard to understand how anyone can understand embodiment in another way; as Park points out, it is indeed difficult "to think of this understanding of the body as having had a beginning," saturated as our culture is with such conceptualizations and visualizations of our embodiment.[14] But none of these conceptualizations or visualizations of the body that are part of our daily life is neutral or innocent. The body is never distinct as such from the cultural, political, and social intersections that both produce it and uphold it, making it appear as given.

A Philosophy of Embodiment

Now let us turn briefly to the philosophical position on embodiment that I invoke here. It is inspired by, among others, Judith Butler, although she, of course, puts more emphasis on the gendered form of our understanding of embodiment.[15] Butler has, not surprisingly, been criticized for her perspective in *Gender Trouble* as advocating a remarkably weightless understanding of embodiment, as if the materiality of the body were dissolved in linguistic constructions.[16] Thus, her philosophical perspective would appear to contribute to the typically modern alienation

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14. Park, *Secrets*, 262.
15. Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (New York/London: Routledge, 1999).
16. Carol Bigwood, "Renaturalizing the Body (with the Help of Merleau-Ponty)," *Body and Flesh: A Philosophical Reader*, ed. Donn Welton (Malden, Mass./Oxford: Blackwell, 1998), 99–114.

from nature. This is a criticism that belongs to a more general class of critiques of social constructivism that disapproves of its claims insofar as they seem to champion the presumably nonsensical idea that the body is a social construct, therefore denying its materiality. However, I belong to those scholars who think that this is a misinterpretation of Butler's position: far from the counterintuitive claim that there is nothing before discourse, denying the materiality of the body, a more constructive understanding of Butler's argument would be that the "pre-discursive" materiality of the body is never possible to conceptualize or visualize in any other way than through discourse.[17] What it is that is "matter" or "body" is thus not an absolute basis for philosophical or political arguments, but is itself a contested notion that constitutes part of the argument. This does not mean, then, that the body is simply a matter of linguistic convention, but that everything that is, is always already symbolically mediated, so that there is no object independent of the discourse. This, it seems to me, is a position beyond at least crude versions of both essentialism and social constructivism, suggesting instead that we need more nuanced (and historical) accounts of the intertwining of the linguistic and the material that do not construct these as binary opposites.

Among those advocating such a perspective belongs the Polish medical doctor and biologist Ludwik Fleck, whose reflections on the social conditions of a scientific fact are highly pertinent to the question of a cultural understanding of embodiment. Fleck wrote a small book, *Genesis and Development of a Scientific Fact*, published in Switzerland in 1935, where he argued against the prevailing scientific opinion that facts are independent of cultural and social conditioning.[18] In it, he polemicizes against those who refuse to see how even present-day science is dependent upon a particular thought collective and style and by way of this refusal think that there is a complete discontinuity between present-day knowledge and past prejudice. To say that what we today believe is true "*is* ipso facto *true*", is making the same mistake as an Eighteenth-century French philologist who declared

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17. See her *Bodies that Matter: On the Discursive Limits of "Sex"*. 2nd ed. (New York/London: Routledge, 1993).

18. Ludwik Fleck, *Genesis and Development of a Scientific Fact*, ed. Thaddeus J. Trenn and Robert K. Merton, trans. Fred Bradley and Thaddeus J. Trenn (Chicago/London: The University of Chicago Press, 1981). Annemarie Mol has in her *The Body Multiple: Ontology in Medical Practice* (Durham/London: Duke University Press, 2002) spelt out some of the implications for a philosophy of embodiment.

that "*pain, sitos, bread, Brot, panis* were arbitrary, different descriptions of the same thing." The difference between the French language and all other languages is "that what is called bread in French really was bread."[19] There is, in other words, no way of stepping out of one's own intellectual context, and the privileging of one's own context as the sole standard for truth-claims is just a case of *petitio principii* (begging the question), as this claim can only be validated by principles internal to the context. Against the supposedly customary view of a fact—and we might want to add of embodiment—as "something definite, permanent, and independent of any subjective interpretation by the scientist," Fleck suggests that facts (and also bodies) are theory-dependent, and that such theories are in turn dependent upon cultural and social circumstances.[20] In a simile, we could compare the linguistic dependence of the study of human embodiment with the dependence on optic lenses or radio telescopes for the study of heavenly bodies that are not visible to the naked eye. All human knowledge is, in some way, contextually mediated, including, as the example suggests, a reliance on various practices and technologies.

Along with the French philosopher Maurice Merleau-Ponty, this suggests an understanding of the function of language as primarily a way of orienting human beings in their life-world, not to create a correspondence between words and things.[21] Language constitutes the world in which human beings understand their existence, and thus Merleau-Ponty can suggest that speech and gesture transfigure the human body, at the same time that it is the human body that talks and gestures.[22] Physical reality is not left intact by language, and thus, in a sense, one could say that a human body is a linguistic body (even the cadaver, of course, exists in a discursive field, as the example of Chiara of Montefalco shows). Language creates all sorts of possibilities for bodily existence, even though language always exists through and between bodies. This, in turn, implies that the world is not primarily the object of human subjectivity, but something we live in and through; our subjectivity is not something that we can place outside of the body, but instead it is through our bodies that we are subjects

19. Fleck, *Genesis*, 50.
20. Fleck, *Genesis*, xxvii.
21. Maurice Merleau-Ponty, *Phenomenology of Perception* (London: Routledge, 1992), 193.
22. Merleau-Ponty, *Phenomenology*, 197.

that also can reach out for something else. The body is always already a part of the world, and neither the body nor the world could be explored independently of how the subject of the exploration bodily experiences the world. This mode of embodiment is a presupposition of the possibility of experiencing the body as an object of our gaze and therefore a more fundamental dimension of our embodiment. That we still tend to think of the body as an object is in part dependent upon the fact that we become aware of our own body through our interaction with other bodies in the world—but also, I might add, because our contemporary culture teaches us to understand the body as an object. Merleau-Ponty insists, along with the phenomenological tradition, that the subjective experience of being embodied and the biological body belong together, or are even two abstract aspects of some more primordial embodiment. What I wish critically to suggest to such a phenomenological perspective on embodiment is the emphatic need to supplement it with the importance of the cultural representation of embodiment for the understanding of both. In my example about the dissection of Chiara of Montefalco above, it becomes clear, I hope, how our experience of being embodied is dependent upon the cultural framework within which our bodies are thematized and become meaningful. The cultural representation of embodiment is not static: it is historically given; therefore, any talk of religious embodiment or embodied religion stands in need of a critical historical account. This brings me back from this more abstract elaboration of how I understand embodiment to the question of how the medical body and the religious body are conceived of today.

The Medicalization of Human Embodiment

When I left my historical account above, I had just explained how medicine through Vesalius (as an example) came to attain a more prominent place in the early modern hegemonical conceptions of embodiment. Today, it is quite clear, as Park also has pointed out, that an anatomical understanding of embodiment has become part of our understanding of our own embodiment. This process has been studied in some detail by the American MD and philosopher Jeffrey P. Bishop as well as the French philosopher Michel Foucault. Let me now turn to their account.

In his book, *The Anticipatory Corpse*, Bishop tells us the story of the gradual medicalization of the understanding of human embodiment with the help of the Aristotelian four causes. Two of them are maybe not of as prominent interest for our purposes: the material cause that tells us what a thing consists of or the formal cause that tells us how this matter is arranged. More important for Bishop's argument, however, are the two remaining causes: the efficient cause that is the primary source of an entity's movement and the final cause that is its aim or purpose. An important historical change took place in early modernity that could be interpreted by the changing role of the four causes: modern science including modern medicine repudiated or at least minimized formal and final causation at the same time as it elevated material and efficient causation. Bishop explains:

> Medicine's metaphysical stance…is a metaphysics of material and efficient causation, concerned with the empirical realm of matter, effects, and the rational working out of the causes for the purposes of finding ways to control the material of bodies.[23]

This is part of the technological drift of modern science; the body loses its own integrity and turns into a material object, as there are no intrinsic aims or purposes that could be assigned to it. To quote Bishop again:

> Bodies have no purpose or meaning in themselves, except insofar as we direct those bodies according to our desires…The world—the body—stands before us as a manipulable object, and all thinking about the world or the body becomes instrumental doing.[24]

Of course, there is still the "I" which has desires, wishes, aims, and purposes, but this subjectivity is now both divorced from our embodiment and situated outside the realm of medicine, and, consequently, beyond instrumental reasoning. Bishop notes that modern medicine or modern

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23. Jeffrey P. Bishop, *The Anticipatory Corpse: Medicine, Power, and the Care of the Dying* (Notre Dame: University of Notre Dame Press, 2011), 20.
24. Bishop, *Corpse*, 21.

science in general sometimes denies having a metaphysics at all, but in the sense that a metaphysics is a particular view of the fundamental nature of being and the world, there is a metaphysics at work, at least implicitly, in its way of dividing the world between the meaningful and the manipulable or subject and object.

In fact, Bishop suggests that contemporary medicine is centred on the dead body. It begins with medical training, where the first person that the students meet in their training (for the purpose of training, that is) is the dead person, and the first dead body they meet is the cadaver, or in other words, a body that is presumed to be devoid of any social relationships to family, place, or history.[25] This is the body through which the students learn to care for the living. It is a phenomenon that Bishop suggests is significant for modern medicine and is summarized in the spatialization of time: "It is in the dead body that the flux of time can be captured in the space of the body, and medicine and medical technology are built upon this truth."[26] The spatialization of time is a notion that Bishop retrieves from Michel Foucault's classic *The Birth of the Clinic*, where Foucault suggests that modern medicine, like most modern science, prioritizes space over time.[27] To put it quite bluntly, the advantage of the dead body is that it lies still. Death stops the flow of time and could thus be perceived as a stable ground for a systematic knowledge also about the living body. Life, on the other hand, is in constant flux, giving it the disadvantage of not being as easily measured. The body that medicine presupposes is the measurable body and thus it gives priority to the dead body. As Bishop and others have noted, even in death the body is not static in that it inevitably suffers decay.[28] Death, then, becomes a kind of ideal-type between the flux of life and the flux of decay. As Foucault writes: "It is when death became the concrete a priori of medical experience that death could detach itself from counter-nature and become *embodied* in the *living bodies* of individuals."[29] Only through the elimination of himself does the modern human being succeed in establishing himself as the object of medical science. Indeed, modern

25. Bishop, *Corpse*, 14.
26. Bishop, *Corpse*, 15.
27. Foucault, *Birth*, 3–21.
28. Bishop, *Corpse*, 59.
29. Foucault, *Birth*, 243.

medicine is motivated by the wish to lessen suffering and to help, but, like a comic hero, it often contributes to the opposite. Summarizing his own claim, Bishop writes, "Medicine has pulled the dead body out of community, stripped it of communal significance, and found the ground of its knowledge in the dead, decontextualized, and ahistorical body".[30] The body that is the centre of interest for modern medicine is not the living body that Merleau-Ponty suggested is primary for our understanding of human embodiment, but the body as an object: the objectified body.

Central to modern medicine as performed in the clinic, by the patient's bedside, is a particular form of gaze that corresponds to the spatialization of the body.[31] This is a gaze that subjects the body to an interrogating scrutiny through putting it in the ordered space of the clinic. This gaze becomes possible, then, through a particular political configuration of space, and is by no means naturally given as such. To be able to look upon things, including the human body, in a particular way, presupposes that we relate to the object looked upon in a certain way, and so a particular mode of the gaze corresponds to a particular mode of embodiment. This mode of embodiment is, as is the particular gaze, dependent upon a particular political configuration. The individual body is, in other words, never independent of the social body. As Bishop formulates it, "[t]he space of the clinic is the neutral space that allows one to see the truth of the disease. It is the view from nowhere."[32] For Foucault this particular configuration of power finds its expression in a "speaking eye that would be the servant of things and the master of truth."[33] With the merging of the clinic and anatomy as two ways of perceiving medicine that first stood against each other, the gaze was no longer just a passive recording gaze but became an active penetrating gaze. Not content with just registering what it saw, the gaze now was engaged in a conquest that depended for its success on generalizable knowledge. The clinician had to look deeper than the symptoms of the patient, which were now understood as subjective, to the real cause of the disease, the signs of the body, or from within the body, that were interpretable only to the trained

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30. Bishop, *Corpse*, 27.

31. On the gaze and its relationship to embodiment, see, once again, my *Himmelska kroppar*, esp. ch. 4–7.

32. Bishop, *Corpse*, 48.

33. Foucault, *Birth*, 141.

eye of the clinician. The autopsy became the ultimate boundary where any interpretation would receive its final confirmation or disconfirmation; as Foucault puts it: "The living night is dissipated in the brightness of death."[34]

To the body perceived in this way corresponds, as I have already mentioned, a particular configuration of space, but this configuration has also been changing in the history of modern medicine. Foucault talks about a particular moment at the beginning of the eighteenth century when this space was conceived according to a "medicine of spaces," in which an "absolutely open space… [was] reduced solely to the plane of visible manifestations."[35] This means, in contrast to other historical configurations of spaces, that there is nothing in this space except for the body of the patient and the gaze of the medical eye. In this way, the patient as well as the physician are individualized, and the relationship between them is construed as a dichotomy between the perceiver and the perceived. But this particular configuration gave way to another configuration at the end of the eighteenth century where the medical gaze was conceived as a generalizable gaze, giving information not only about the individual patient but also about society as a whole, a society in whose service the physician ultimately stands. As time passed, a "medicine of epidemics" was constituted, where the emphasis on supervision as well as on information was deepened. The knowledge that medicine claims became more centralized in structure, when the medical space coincided with or penetrated the social space. Foucault writes:

> The locus in which knowledge is formed is no longer the pathological garden where God distributed the species, but a generalized medical consciousness, diffused in space and time, open and mobile, linked to each individual existence, as well as to the collective life of the nation, ever alert to the endless domain in which illness betrays, in its various aspects, its great, solid form.[36]

In this space, and from the point of view of death, disease can be inscribed as a land or "a mappable territory," giving the physician the power

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34. Foucault, *Birth*, 180; Cf. 152–180.
35. Foucault, *Birth*, 21. Cf. 44 ff.
36. Foucault, *Birth*, 36.

to master, if not (at least not to begin with) all its ravages, then at least its development in the living.[37]

In the years around the French Revolution, the medical profession in France was increasingly understood as similar to clergy, but whereas clergy had as their responsibility the supervision of the soul of individuals, to the physicians fell the supervision of the body. It is interesting to note, both the distinction between body and soul as the specific departments of medicine and religion respectively, but also the suggestion that the organization of physicians should be centralized, falling under the pastoral care of the state. "Pastoral care" is, to be sure, not a concept that Foucault uses in *Birth of the Clinic*, but, nevertheless, this concept is apt for describing what he talks about here; namely, the increasing power of the state to care for its citizens through the systematization and classification of medical knowledge "for their own good."[38] Moreover, in a way perhaps more profound than the pastoral power of confession, the medical gaze produces knowledge of things invisible even to the patients themselves in its ability to probe the internal depths of the body. In this way, the task of the physician becomes not only of monitoring and policing the bodily health of the citizens, but assumes a political dimension in that bad government could also be bad for your health. Medicine was thus linked to the welfare of the state. Such an ambitious endeavour also meant that an ideal of the healthy and the normal came to be prominent in healthcare. If health was more important in the eighteenth century, normality became more important in nineteenth-century medicine.[39] In this, the regulatory aims of modern medicine become even more prominent. The primary space for this new configuration of power became the clinic, as the symbol of the intersection of "scientific coherence," "social utility," and "political purity of the new medical organization."[40] The clinic deals not with cases but only with examples, and is consequently

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37. Foucault, *Birth*, 183.
38. See, for instance, Michel Foucault, "Sexuality and Power" in *Religion and Culture by Michel Foucault*, ed. Jeremy R. Carrette, Manchester Studies in Religion, Culture and Gender (Manchester: Manchester University Press, 1999), 121–125.
39. Foucault, *Birth*, 40; Cf. Georges Canguilhem, *The Normal and the Pathological*, with an introduction by Michel Foucault (New York: Zone Books, 1991).
40. Foucault, *Birth*, 85.

different from the hospital. The patient here becomes, as Foucault writes, the accident, not the subject of her or his disease.[41]

There is a paradox hidden here, however. When the dead body becomes the paradigmatic body, simultaneously the body is turned into "a perpetual motion machine," which, at least theoretically, can live forever as long as any malfunctioning part is exchanged for a functioning part.[42] Thus, the mechanization of the body under modernity could be interpreted as a kind of hidden quest for immortality; immortality now understood in a strictly inner-worldly sense. Much of modern medicine consequently becomes a certain kind of technological project, the aim of which is to preserve life, life understood according to the metaphysics of efficient cause as locomotion, as expressed in the ICU. Here, Bishop claims, "The patient vanishes in every sense except as an object of technological monitoring and mechanical intervention."[43] All other aspects of life than purely physiological ones are considered irrelevant. This finds expression, among other things, in an attitude of life at all costs, life as a matter of bare life without any qualifications.[44] The other side of this apparatus is the autonomous self, conceived as sovereign will. If the body is dependent upon the workings of the machine to keep it alive, the mind is understood as something independent of all social and technological machinations, a position from where it can exercise mastery. The manipulable body and the autonomous self are, in reality, two sides of the same coin, and the only thing that the will can be sovereign over is its own death. As Bishop puts it, the "patient becomes that oxymoron of liberalism: a sovereign subject, the sovereign who subjects his own body and psyche to his own sovereignty."[45] In other words, the question becomes only *how* we die, not *why* we die, and therefore also only *how* we live, not *why* we live. There is, consequently, not a *why* of the body but only a *how*. Embodiment is conceived of in the terms of efficient causation.

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41. Foucault, *Birth*, 71.
42. Bishop, *Corpse*, 97.
43. Bishop, *Corpse*, 113.
44. For Bishop's discussion of "bare life," see *Corpse*, 197–222. But see also Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life*, trans. Daniel Heller-Roazen (Stanford: Stanford University Press, 1998).
45. Bishop, *Corpse*, 121.

It needs to be pointed out that Bishop is not arguing against modern medicine; he is well aware of the groundbreaking achievements that have followed in its wake. He is also careful to point out that one of the most important motives for becoming a doctor is that one has been moved by the suffering of the other. At the same time, his often quite generalizing talk of modern medicine runs the risk both of reifying modern medicine and of presenting modern technology and the patient's life-world as a dichotomy, thus presenting too stark a contrast between cure and care in the contemporary world. His main target, however, is the eradication of all understanding of the body as also something else than just a manipulable object. This presupposition is counterproductive as it obscures how we also experience ourselves as embodied beings with shared histories. Medicine is, of course, not alone the (efficient) cause of this tendency, as this is rather a common view of the trajectory of a particular modern kind of dualism. Iris Murdoch has formulated it particularly well, I think:

> We have suffered a general loss of concepts, the loss of a moral and political vocabulary. We no longer use a spread-out substantial picture of the manifold virtues of man and society. We no longer see man against a background of values, of realities, which transcend him. We picture man as a brave naked will surrounded by an easily comprehended empirical world.[46]

Even if she does not explicitly talk about human embodiment, the image of a human being as a Giacometti-like "brave naked will" evokes the loss of embodiment, which actually goes hand in hand with a loss of concepts and vocabulary regarding the purposes and aims of human existence. The loss of a more comprehensive understanding of embodiment also entails the loss of a richer vocabulary that goes beyond the instrumental reason. The body has become the object of our manipulation and has put an increased pressure on our subjective construal of our embodiment in the wake of a more generally accepted metaphysics of embodiment beyond efficient causation; the more dietary and medical knowledge we get, Anthony Giddens reminds

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46. Iris Murdoch, "Against Dryness: A Polemical Sketch," *Revisions: Changing Perspectives in Moral Philosophy*, eds. Stanley Hauerwas and Alasdair MacIntyre (Notre Dame/London: University of Notre Dame Press, 1983), 46.

us, the more we have to choose our embodiment. As he puts it, "Today, in the Western countries at least, we are all on a diet, not in the sense that everyone tries to get slim, but in the sense that we have to choose how and what to eat."[47] And as if dietary (self-)regulations were not enough, there is also exercise and general appearance to think about, since none of these any longer are given.

What space or place is left for religious embodiment in such a hegemonical understanding of embodiment? The history of the concept of religion is, I would presume, quite well known, so I will not spend too much time elaborating on it here.[48] Suffice it to say that religion has increasingly undergone a process of subjectivization, correlative to the objectivization of the body. Among other things, in the Protestant repudiation of the Roman Catholic liturgy, its customs and practices—its "legalism"—the essence of religion came to be located to "the inner human being" where all legitimacy in the eyes of God depends on an inner faith, not external achievements as such. Religion was privatized; its domain came to encompass feeling rather than thought or practice. Charles Taylor has, in his *A Secular Age*, described this process with the help of the term "ex-carnation" (as a contrast to "in-carnation," "becoming flesh"), which means that both the religious communities as well as society as a whole lose sight of the (inevitable) social embodiment of religion, as well as a forgetfulness of how even one's personal faith is expressed through one's body.[49] In some ways, medicine came to replace religion in that the understanding of health came to be understood in both a less holistic way, with the absence of disease as its main meaning rather than the more comprehensive well-being of the human being, and also in a more immanent manner, as having no final aim over and above the individual and social body. Unlike the time of someone like Chiara of Montefalco, where *cura corporis*, the cure of the body, was taken care of by the doctor, and *cura animae*, the cure of the soul, was taken care of by the priest, and where both functions at times were gathered together

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47. Anthony Giddens, *Beyond Left and Right: The Future of Radical Politics* (Oxford: Polity Press, 1994), 224.
48. For an extended account, see my article "The Return of Religious Embodiment: On Post-Secular Politics," *The Body Unbound: Philosophical Perspectives on Politics, Embodiment and Religion*, eds. Marius Timmann Mjaaland, Ola Sigurdson, and Sigridur Thorgeirsdottir (Cambridge: Cambridge Scholars Press, 2010), 19–36.
49. Charles Taylor, *A Secular Age* (Cambridge, Mass./London: Belknap Press, 2007), 554.

in the monastic houses, today these two functions are not only separated institutionally but are also taken to be independent of each other.[50] This means that the contemporary configuration of discursive power where both religion and medicine are parts actually turns the religious body into a sublime body; a sublime body that is impossible to represent, both in a spatial and a discursive sense. If one of the defining traits of any talk of the body is that it "takes place," in such a configuration of discursive power it is an open question whether religious embodiment actually "takes place" today. Or if it does, maybe this is a challenge to the very modern configuration of power that wants to make a neat distinction between "inner" and "outer" or "private" and "public" but also between "care" and "cure."

Re-imagining Religious Embodiment

The challenge to such a configuration of discursive power is hardly a literal revival of an Aristotelian metaphysics of the four causes, and, on my reading of Bishop, this is not his aim. Rather, he argues that final causation could be understood through a contemporary phenomenology of embodiment as we find it in Martin Heidegger and Maurice Merleau-Ponty, and this is to me a viable way forward. Working against the modern dichotomy between subject and object, both philosophers tried to regard embodiment more from the perspective of the life-world. Rather than trying to overcome dualisms, they try to show that they are not there from the beginning. There is of course a vast tradition of interpretation with regard to both Heidegger and Merleau-Ponty and how well they actually succeed in overcoming the subject-object dichotomy, but let me here just claim that one important strand in their philosophies is to regard the human body not as a manipulable object for our desires but rather as the way we exist in the world and through which we relate to other bodies. The body is not a tool, but we *are* our bodies. It is through our embodiment that we are a node in a network of relations and stories and it is so that we become what we are. Of course our body lets us do things, for instance drink a cup of coffee,

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50. See Bishop, *Corpse*, 256, but, above all, Klaus Bergdolt, *Wellbeing: A Cultural History of Healthy Living*, trans. Jane Dewhurst (Cambridge, Polity, 2008).

and in this sense it is tool-like. As the act of drinking coffee is not just an extrinsic occurrence that happens to take place to and through my body, but is (hopefully) a pleasurable experience to me as a person, an experience that also could be a shared experience as a participation in a—however fleeting—human community, it would be misleading to characterize the arm that moves the cup to my lips as a mere tool. It is indeed I who am drinking the coffee.

More examples that encompass a broader horizon of human experience could obviously be produced here, but I hope this simple and perhaps pedestrian example will suffice to convince, for now, that our bodies are always already part of a context where our human existence is defined by our aspirations and desires, who or what we love, and what we are hoping for. Thus, we are always already engaged in practical projects that intrinsically contain some form of *teloi* or final causes. For Bishop, these causes can be of different natures, not necessarily belonging to some grand metaphysics, as in Aristotle or Christian theology, but are an effect of an understanding of embodiment that refuses to reduce the human body to a manipulable object. Projects can be of such a grand scale, but can also concern matters of daily living, but common to both long-term projects and more mundane projects is that both take an embodied form. To quote Bishop on this: "Formal and final causes are embodied, even as that embodiment is shaped by meaning and significance outside the body and directed to purposes outside of the body."[51] Our individual bodies are not only meaningful in and by themselves, but as members of a social body that defines meaning beyond the borders of the individual body. It is important to realize that such a meaningfulness is not something that is added *post hoc* but is a function of being embodied in itself. It begins with small, everyday projects that evolve into some form of community, whether big or small, with its own history and its own *telos*, but it can also be part of living religion.

This means that the body is never neutral. Not even the medical body that Bishop equates with the corpse is neutral. Through modern medicine, the human body is reduced to a more or less well-functioning machine. The aim of medicine, then, is to, as far as possible, maintain this machine. But to turn the human body into a manipulable object, it needs to withdraw it from its communal context, making it acontextual and ahistorical. The corpse

51. Bishop, *Corpse*, 289.

becomes the paradigmatic body because death stops, ideally at least, the flow of time, helpfully turning the body into a stable ground for systematic knowledge. But to a living body according to the phenomenological perspective, death is not only about the termination of the functioning of the body-machine, but more about the cessation of capacities, projects, plans, hopes, desires and so on. This gives an entirely different perspective on life, health, disease and illness, and, I might add, on religion. Indeed, to the ill person, the body can become an object, as it suddenly or gradually turns from being an invisible background horizon for all intentional projects to a highly visible cause for concern in its own right. This can be experienced as an alienation from one's own body. But this is a different objectification than the one that is performed by the doctor in a medical examination, for whom our projects and purposes that we are keen to restore are more or less irrelevant. The doctor considers the function of the body, something that is distinct from the purpose and goods of the embodied life.

One may wish to object, against Bishop but perhaps also Foucault, that there is no single medical body but several, phenomenologically speaking. What kind of embodiment gets actualized depends upon what kind of medicine we are talking about: radiology, cardiology, or surgery. Any medical discipline regards the body from its particular perspective, and the particular mode of embodiment that becomes visible depends upon which gaze is looking at the body in question. This is true up to a point, according to Bishop, but nevertheless, all sub-specialties seem to be quite conversant with each other within the field of Western biomedicine.[52] This suggests that there is, in fact, a shared perspective regardless of discipline. Even if there are tensions in today's medicine between, say, physiology and evidence-based medicine in that the former is the science of the function of living systems and thus more akin to a view of embodiment as a mechanical organism, and the latter more dependent upon meta-analyses of statistical nature, thus more of a social or public-health perspective, both come together in their willingness to take the body as an object of investigation, interrogation, and disciplining in the form of the medical school. I do not find this part of Bishop's argument entirely convincing; as the Dutch philosopher Annemarie Mol has suggested, in a nuanced ethnographic account of how atherosclerosis is dealt with in a certain hospital, the body in medical

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52. Bishop, *Corpse*, 63.

practice may actually be "more than one, and less than many" (borrowing this phrase from the British anthropologist Marilyn Strathern).[53] What looks like a shared perspective is rather a number of more or less successful acts of negotiation on the day-to-day level of actual medical practices. Perhaps the coherence or non-coherence of a notion such as Western biomedicine is dependent upon which level of abstraction we are dealing with, but Bishop's account runs the risk of disregarding the heterogeneity of contemporary medicine to the disadvantage of his overall aim, namely, to offer alternatives to the understanding of the body as a manipulable object.

If this were so, it would be possible to further develop some of Bishop's own suggestions, which I find underdeveloped but which have a phenomenologically interesting potential. One of these is his mention of the reason for the choice of career of many medical students, namely, to alleviate suffering. Such a reason, a reason that we might hope also motivates many practising doctors, presupposes a mutuality in the relation between doctor and patient which on a phenomenal level is much richer than a mere subject-object dichotomy is able to capture. Another aspect, not much thematized by Bishop, is the character of medicine as an art or a craft in the antique sense of a *techne*. Significant for a craft is that it is not only a means to reach a certain goal but has a value in itself.[54] The doctor as a craftsman is, from this perspective, interested in performing her or his practical knowledge *well*, not only *efficiently*, which presupposes an engaged perspective that is different from the modern dichotomy between subject and object.

The care for others as well as the practice of a craft points towards an understanding of embodiment that reaches beyond the manipulable object of instrumental rationality. Significant both for care as well as craft is that the body is not just a tool or an object but something that we in a more profound way *are*. We exist and relate bodily to other bodies in the world. The body can be described as a node in a network of relations and stories that we share with each other and through which we become those we are. This means that we share a life-world with each other where our existence is defined by our longings and desires. The life-world can be

53. Mol, *Body*, 82, quoting Marilyn Strathern, *Partial Connections* (Savage, MD: Rowman and Littlefield, 1991), 35.
54. See Richard Sennett, *The Craftsman* (London/New York: Penguin, 2008), 247, which explicitly speaks about doctors as craftsmen.

understood as a set of practical projects that all imply some kind of *telos*. Even if we cannot share or even wish to share the life-world of Chiara of Montefalco, where embodiment was understood within a religious, or more specifically a Christian, context, such contexts, be they of a more low key or of a more comprehensive nature, are still around in our daily projects with all their successes or misgivings. Different ways of imagining embodiment are always already here, if one only knows where to look. It is perhaps one of the contributions of a philosophy of religion, a phenomenology, or a theology today to be able to critically explore the hegemonical mode of embodiment in the service of suggesting a fuller, less reductive, account. Heterotopias are already in existence alongside hegemonical places in society from where it is possible to challenge their account of embodiment.

What I have tried to suggest in this article, more by showing than by arguing perhaps, is that such a fuller account needs to be historically informed. The body has a history, not least in its cultural representations, and being aware of this history is, I would suggest, essential for the understanding of religious embodiment even today, to avoid being caught up in the spatialization of time as well as of the body. Essential to any discussion of religious embodiment or embodied religion is both some kind of historical genealogy of religion as well as of the body, and a philosophical or theological account that tries to lay bare how we always already exist bodily in ways that cannot reduce our embodiment to a manipulable object. For such an endeavour, the comparison between modern and pre-modern representations of embodiment could be helpful, not because earlier traditions would provide us with standards, but with critical perspectives on our own modes of understanding. The task of re-imagining religious embodiment in conversation with different modes of embodiment, suggested by politics, science, or art, is an interpretative undertaking not served well by forgetting that the body exists historically.