

# **Holistic Healing in Byzantium Epistemologies and Methodologies**

John T. Chirban

## Abstract

The tradition of healing in Orthodox Christianity emphasizes the human being as a psychosomatic unity. In Western society, however, the practice of healing is often separated into disciplines that independently address the body, the mind, and the soul. Orthodox Christian physicians, psychologists, and religious leaders trained in Western institutions may therefore find a conflict between modern healing methods and their religious beliefs. Should we attend to part of the person over the whole person? Does it matter if we approach the healing task in parts rather than as a whole? Recently, those working in the modern healing arts have begun to incorporate holistic, integrative approaches in their disciplines of medicine, psychology, and religion. This investigation:

- explains the holistic epistemology of Orthodox Christian theology toward healing
- distinguishes various interdisciplinary methodologies that illustrate how psychosomatic healing was practiced in the Byzantine period
- identifies healing methods of Orthodox Christian professionals in medicine, psychology, and religion who use integrative, holistic approaches for healing

## **Plan and Methods**

The task set forth in this investigation is to clarify epistemological and methodological approaches by various Orthodox Christian healers. The following questions will be explored:

1. What is the Orthodox Christian understanding of healing regarding its psychosomatic dimensions?
2. What are predominant epistemological and methodological models for healing regarding Orthodox Christian practices of medicine, psychology, and religion as seen in historical Byzantium and in modern times? Are these models consistent with the integrative epistemology of Orthodoxy?
3. How can an integrative dialogue occur for those in the modern healing disciplines that embrace the various fields that maintain differing epistemologies and methodologies?

To answer these questions, scholars in Byzantine studies and practitioners in the healing arts will gather to share their findings and clinical experience. Additionally, a national survey will be conducted of Orthodox Christian practitioners in medicine, psychology, and religion to ascertain the understanding and practice of healing by contemporary

practitioners. This three-year study will address, respectively, historical, theological, and practical considerations.

### Biography

*John T. Chirban, Ph.D., Th.D., is a clinical instructor at The Cambridge Health Alliance at Harvard Medical School, where he teaches courses in spirituality and psychiatry, and the integrative treatment of sexuality and sexual dysfunction. He is also a 40th Anniversary Senior Fellow at the Center for the Study of World Religions at Harvard University. Dr. Chirban serves as professor of psychology and Chairman of the Department of Human Development at Hellenic College and Holy Cross School of Theology. He is also Director for The Institute of Medicine, Psychology, and Religion, in Cambridge, Massachusetts. A licensed psychologist in Massachusetts and California, Dr. Chirban serves as Co-Director with his wife at Cambridge Counseling Associates, LLP, a full-service practice in psychology.*

*Dr. Chirban divides his time between teaching, research, and private practice in psychotherapy. A special area of interest for Dr. Chirban is the integration of medicine, psychology, and religion. The integration of these three fields provides the groundwork for his frequent lectures and professional writings. His current research examines the philosophy and religion of B. F. Skinner, drawing from hundred of hours of collaborative interviews spanning 25 years. He is also examining epistemologies and methodologies for psychosomatic healing in Byzantium as related to modern holistic healthcare.*

*His soon to be published book by McGraw/Hill entitled “True Coming of Age” shows how our True Self and our connections with our Self, Others, and God open the door for fulfillment. Through case studies and his work with notable Americans, such as Tom Hanks, Diane Sawyer, Ron Howard, and Maya Angelou, Tom Brokaw, and Sandra Day O'Connor, among several others, Dr. Chirban explains how we are, or are not, connected to the True Self, and shows us how we can reconnect and deepen our Critical Connections.*

*Other recent books include: “Sickness or Sin? Spiritual Discernment and Differential Diagnosis”; “Raised in Glory”; “Interviewing in Depth: The Interactive-Relational Approach”; and “Personhood”.*

*He and his wife Sharon, a clinical psychologist, live in Carlisle, Massachusetts with their three children Alexis Georgia, Anthony Thomas, and Ariana Maria.*

## Slide 1

### **Bridegroom Hymn**

Behold the bridegroom cometh in the midst of the night,  
and blessed is the servant whom He shall find watching;  
and again unworthy is he whom he shall find heedless.  
Beware, therefore, O my soul, lest thou be borne down  
with sleep, lest thou be given up to death, and lest  
thou be shut out from the Kingdom. Wherefore rouse  
thyself and say: Holy, Holy art Thou, our God, through  
the Heavenly Hosts save us.

### *Sunday Vespers of Holy Week*

This hymn inaugurating Easter Holy Week directs the faithful communicant for readiness and vigilance (based on the parable of the Virgin in the Gospel) and serves as a harbinger of the revelation of the transformational healing of Jesus Christ. Understanding Christ's healing is central to understanding healing in Byzantium.

## **INTEGRATION OF FAITH AND HEALING**

The model for integrating faith and healing has its earliest roots in the miracle accounts of Jesus—  
—which were part of an established tradition of Jewish faith healing.

### Jesus Christ's Charge to Heal

Early in his ministry, Jesus returned to "Nazareth, where he had been brought up," entered the synagogue . . . and "stood up to read." (4:16) Handed the Isaiah scroll, he revealed his charge in life:

## Slide 2

*The Spirit of the Lord is upon me,  
Because the Lord has anointed me to preach good news to the poor.  
He has sent me to proclaim release to the captives  
And recovering of sight to the blind.  
To set at liberty those who are oppressed*

*To proclaim the acceptable year of the Lord.* Luke (4:18-19)

As Jesus began his ministry, he entered the temple, reading but moreover manifesting the words of the prophet Isaiah who announced that “the Spirit of the Lord” was upon him, anointing him to preach “good news” (literally translated from the Greek word *evangelion*) to the poor. This passage establishes the objective of Christ’s Mission and his healing. Jesus’ work invites us to ask the questions:

- What is healing?
- How are we to be healed?
- And how can we heal?

### **CHRIST’S PSYCHOSOMATIC APPROACH TO HEALING**

#### Jesus’ Healings

Nothing is more certain about Jesus than that he was viewed by his contemporaries as a healer. No fact about Jesus of Nazareth is so widely and repeatedly attested in the New Testament gospels as the fact that he was healer of people who suffered from physical, mental, and spiritual distress. From the synoptic tradition we hear that: “They brought to him all who were ill or possessed of by devils; and the whole town was there, gathered at the door. He healed many who suffered from various diseases and drove out many devils...All through Galilee he went, preaching in the synagogues and casting out the devils...He cured so many that sick people of all kinds came crowding in upon him to touch him.

Jesus can be seen as a physician. Indeed, three times he is reported to have used the term physician self-referentially. Mark reports that when he was criticized for dining with tax collectors and sinners he responded, “It is not the healthy who need a physician but the sick.”

#### **Jesus healed “All manner of illness.”**

Jesus is said to have healed paralysis (Mk 2:1-12, Jn. 5:1-9), a withered hand (Mk. 3:1-6), curvature of the spine (Lk 13:10-17), dropsy (Lk. 14:1-6), excessive menstrual bleeding (Mk 5:24-34), fever (Mk 1:29-32), deafness (Mk 7:31-37), aphoria [dumbness] (Mk 9:32-34), blindness (Mk 8:22-26, 10:46-52, Mt 9:27-31, Jn 9:1-12), psoriasis, “leprosy” (Mk 1:40-45, Jn 17:11-19), epilepsy, insanity, “demons.” Healing followed different interventions, most of them related to the faith of seeking cures, intervening in the afflictions of body, mind and soul.

### **Slide 3**

The Body – Cure of man with dropsy (Lk 14:2-6), fluid buildup (ascites), healed without explanation of method or faith of man.

### **Slide 4**

The Mind – Healing of what today most view as epilepsy (Mk 9:14-29) (referred to in the scriptures as a man possessed by a “demonic spirit”). This man foamed at the mouth and ground his teeth, “being rigid.” Jesus says that he can be healed by the authority of God and also by prayer.

### **Slide 5**

The Spirit – Healing of those possessed by demons. (Mt 4:21, 8:14-17). Within the mentally or spiritually disturbed, the cause of Christ’s ministry seeks to connect health with the good news.

### **Slide 6**

Byzantium was a culture based on faith and the sciences of its day: Medicine was described by the ancient Greeks as the *philanthropotate ton epistemon*—the most philanthropic of the sciences—and religion (*threskeia*) was perceived as the instinctive quest of the human being for the divine. Religion and medicine were accepted as gifts of divine origin.

The so-called Byzantines, enjoyed an intimate alliance between the sciences and religion. St. Basil the Great, Eusebios of Caesaria, and St. Photios not only studied medicine but made important contributions to the field of health and health services (Constantelos, D. 1991). Many monks trained in both theology and medicine and also established hospitals to respond to both spiritual and physical needs. Hospitals were built next to churches, and all hospitals had chapels and services for prayers (Miller, T., 1985). Though anti-medical sentiment could be found among conservative monks, the majority of Orthodox Christians in Byzantium considered medicine as proof of God’s philanthropy and the goodness of creation.

E. “Galen”

His treaties entitled “That the best Doctor is also a Philosopher” gives to us a rather surprising ethical reason for the doctor to study philosophy. The profit motive, says Galen, is incompatible with a serious devotion to the art. The doctor must learn to despise money. Galen frequently

accuses his colleagues of avarice and it is to defend the profession against this charge that he plays down the motive of financial gain in becoming a doctor.

Galen, who it is reported, kept at least 20 scribes on staff to write down his every dictum. Although he was not a Christian, Galen's writings reflect a belief in only one god, and he declared that the body was an instrument of the soul. This made him most acceptable to the Fathers of the church and to Arab and Hebrew scholars.

The fundamental principle of life, in Galenic physiology, was *pneuma* (air breath), which took three forms and had three types of action: animal spirit (*pneuma physicon*) in the brain, center of sensory perceptions and movement; vital spirit (*pneuma zoticon*) centering on the heart regulated flow of blood and body temperature; natural spirit (*pneuma physicon*) residing in the liver, center of nutrition and metabolism. Galen studied the anatomy of the respiratory system, and of the heart, arteries and veins. But he did not discover the circulation of the blood throughout the body, and believed that blood passed from one side of the heart to the other through invisible pores in the dividing wall. Galen was convinced that the venous and arterial systems were each sealed and separate from each other.

Galen's genius was evident in experiments conducted on animals for physiological purposes. The work "On the use of the parts of the human body" comprised seventeen books concerned with this topic. To study the function of the kidneys in producing urine, he tied the urethras and observed the swelling of the kidneys.

### **Healing in the Byzantine Empire**

#### **BYZANTINE MEDICINE AND THE HOSPITAL**

Timothy Miller discusses the impressive cooperation demonstrated by physicians and clergy in the hospitals of Byzantium where they offered an integrative vision of faith and healthcare. Surgical wards, eye wards, women's wards, men's wards, and birth wards typically drew upon the collaborative services of what we would today call integrative interventions. This team of health professional coordinated prayer, diet, and medical intervention. The best physicians in the city served for one month each as part of their philanthropy in these centers of interdisciplinary healing in faith and science. (Miller, T., 1985) ("The Birth of the Hospital in the Byzantine Empire" by Timothy S. Miller)

Byzantine institutions have begun to focus on curing the sick as early as the 4<sup>th</sup> century. “Those Byzantine Hospitals, tied closely to the medieval Greek medical profession and focused solely on curing the patients, do not fit the image that twentieth-century historians of medicine and medievalists have presented of premodern hospitals—an image of poorly equipped almshouses more concerned with comforting the sick in their distress than providing medical cures.” (ST. BASIL’S HOSPITAL)

Luckily there is someone who can help us to fill out the picture, a good guide to the everyday realities of Byzantine medical practice. he is Alexander of Tralles, born in the first half of the sixth century and member of a distinguished family from Asia Minor...

Completely orthodox in theory, Alexander’s main mentors among the older writers are Hippocrates and Galen. But when it comes on prescribing remedies, he is no blind follower of the ancients; he knows where to draw the line of respect and is not afraid to assert his independence, even if it means disagreeing with Galen...

He can be fairly critical of doctors in his own day and faults them for not being careful enough in the use of drugs: many physicians, he tells us, are only interested in combating the symptoms and often cause more harm than good. he himself, whenever possible prefers to prescribe dieting or baths or exercise. He reminds the teacher that a drug does not have to be complex or expensive in order to be effective...

For the patient who does not like barley-gruel—and many people, he adds, can’t stand the mention of the word—he is willing to substitute oatmeal juice...(CHOLESTERAL)

He provides an alternate list of remedies to be applied externally. In Alexander’s book, cases of brain fever deserve special consideration and every effort is made to create a calm and soothing environment for them...

...since a crowd tends to be disturbing and has a bad effect on the quality of the air in the room. In fact Alexander’s concern for the treatment and welfare of his patients is so great hat he is willing to accept and even to support the use of charms, amulets, and folk remedies...

**Slide 7 Botany**

Manuscripts define the medicinal values of plants and herbs as illustrated in the following illuminations.

**Slide 8 Medications**

Medications were catalogued and organized following the traditions established by Hippocrates and Galen but advanced through experimentation.

**Slide 9 Manufacturing of Medication**

The processes by which medications were efficiently produced have been carefully documented in Byzantine manuscripts.

**Slide 10 Medical Vial Cap**

Here we find the cap of a medication.

**Slide 11 Phlebotomy**

While anticipated practices such as blood-letting in the reports of the ancients.

**Slide 12**

I have been repeatedly impressed by devices such as this traction mechanism to assist in the repair of a broken leg.

**Slide 13 Heliotherapy**

There seem to be a range of options drawn into the armament of the healers—from every available source. Here some gain what I call heliotherapy, not as sun tanning but as an antidote to a skin problem.

**Slide 14 Treatment of an Insect Bite**

Detailed guides for managing insect bites, which the chronicler draws out here record the systematic efforts in health care.

**Slide 15 Lutrotherapy**

What I call Lutrotherapy or bathing is not only concerned with the healing quality of water but incorporates cucumber, which I thought only expensive spas contrived.



## ***Women of Byzantium***

### **Slide 16**

“For most women, the greatest physiological event was childbirth. Byzantine women usually delivered at home, attended by a midwife, as shown in an eleventh century miniature from a Vatican Octateuch depicting Rebecca giving birth to Esau and Jacob. A child’s head emerges from between Rebecca’s parted legs, while the newborn Esau lies on the floor before her. Like Rebecca, women are often depicted giving birth in a position suitable for bearing down. The periods of pregnancy and delivery were to be vulnerable times for both mother and child, and measures were taken to protect them. During this time, women appealed to the Virgin Mary and saints such as Marina for help or wore specific amulets that were meant to keep away evil spirits.

### **Slide 17**

“Prayer for Pregnancy”

“The recto of this partially preserved papyrus bears a twenty-two-line Coptic inscription that is a generic petition to God that his wife become pregnant. The text reads:

*Almighty Master, O Lord God: for Thou from the beginning hast made man after Thine image and after Thy likeness: Thou has honored my striving for childbirth: Thou didst say to our mother Sarah, “As a result of your crying, another year and a son will be born to you,” in this way yet again, behold, I too call upon Thee. Who sittest upon the Cherubi, that Thou hear my prayer today, I, N., son of N., that Thou grace her with seed of man: And, O Lord, the one Who dost hear everyone that calls upon Him, Adonai Elohim Sabaoth, God of Gods and Lord of Lords, if [?] a man is bound with a phylactery, or is someone gives a cup and calls...it is from Thee that she may be forgiven [?] by redeeming love...I adjure Thee by Thy great Name and the sufferings which Thou didst receive upon the Cross to fulfill the words of...that are put into this cup in my hand.”*

### **Slide 18**

PHOTO: “Protective Tablet”

“Marks on the gold sheer indicate that it was rolled up and then folded. Most likely it was worn as an amulet, perhaps in a tubular gold case around her neck. Spells were believed to work best when the amulet was worn close to the body.”

### Slide 19

PHOTO: “Amulet portraying the Woman with the issue of Blood” Egypt (?) Byzantine 10<sup>th</sup>-12<sup>th</sup> century hematite and idled silver.

“This pendant consists of an oval hematite intaglio mounted in a silver frame. On the obverse a woman prostrates herself before the cross-numbered Christ, who holds a book in his left hand and extends his right hand over her head in blessing. On the reverse an ornate woman is flanked by stylized trees; her head is covered and her body is wrapped in a heavy robe. On each side of the amulet an inscription, now corrupt, identifies the scene as depicting the healing of the haemorrhissa, or the Woman with the Issue of Blood. The inscription of the obverse comes from the gospels in which the story is told, mark (5:25-35) and Luke (8:43-48). According to the story a woman who has had an uncontrollable flow of blood for twelve years surreptitiously approaches Christ in a crowd to touch his robe. When Christ asks who has touched him, the woman falls to her knees before him. And he declares that her faith has healed her. This climactic scene is depicted on the obverse of the pendant. The inscription on the reverse notes that the miracle took place because of the woman’s strong belief in Christ.”

### Slide 20 Childbirth and St. Sissimoss

Even if the baby and the mother survived a birth, infant mortality was a serious problem in Byzantium, as everywhere throughout the Middle Ages, possibly reaching a rate of fifty percent. The demon Gylou was blamed for killing babies because, it was assumed, she could not have any children of her own and was therefore envious. The idea that she could inflict harm is connected to the concept of the Evil Eye, also known as the Evil Eye of Envy (psthonos).

“Hysteria” comes from the Greek word for womb, *hysteria*

Prescriptions for a “wandering womb” usually included amulets. Several surviving amulets depict the womb as an octopus-like creature with a female face and multiple arms. On the reverse of an elaborate hysteria amulet made of enamel is the inscription: “[O] womb, dark [and] black, life a serpent you writhe, like a dragon you hiss.” Most extant amulets are made of less expensive materials, such as bronze. On the reverse of many of them is the Holy Rider motif—a saint on horseback spearing a demon who threatened pregnancy—emphasizing the connection between the womb and the risks of childbirth.

Such amulets were probably meant to help control heavy menstrual flow or other bleeding.

Gylou was thought to appear to pregnant women and cause miscarriages or kill newborns. A passage from middle Byzantine text *De Deaemonibus* gives a graphic description of one as told by a man whose wife was in labor: *Once then, when she was in childbirth, she had a very bad*

*[attack] and became quite hysterical, ripped off her dress, she screamed out, speaking fluently in some foreign language? turned to her wits, I asked is she knew what had happened; she said she has seen a apparition of a demon, shadowy with windswept hair, attacking [her]...*

“The physical evidence for the belief in Gylou is a series of amulets designed to keep her in check. From the early Byzantine period bronze/lead amulets designed to keep her in check. From the early Byzantine period, an image depicts a half-woman, half-serpent figure with disheveled hair speared by rider saint, the so called Holy Rider (Bawit rider) a Parthian soldier whose iconography is similar to that of Saint George, the rider saint who became more popular in the West. An extensive textual tradition treats Sisinnios’ victory over Gylou.

### **Slide 21**

PHOTO: “Amulet with Holy Rider and Evil Eye” H.6.1 cm. w.3.0 cm—(One God who overcomes evil) AND “Amulet with Holy Rider” Byzantine: 6<sup>th</sup>-7<sup>th</sup> century. Lead, H.4.0cm, w.2.7 cm—(he that dwells in the help of the highest) (St. George) “These pedants belong to a large corpus of amulets portraying the Holy Rider, a mounted warrior who signifies the triumph of good over evil. Objects bearing his emblem commonly had a medical application.

“Parents may have put the Holy Rider/Evil Eye Amulet on a newborn or hung it near the baby’s cradle.”

### **Slide 22**

PHOTO: “Amulet with Holy Rider and Virgin Enthroned”

“This pendant sets in opposition two powerful female archetypes, one evil and defeated, the other holy and exalted. On one side the demon Gylou or Abyzou, thought to destroy human children because of her inability to have children of her own is slain by the Holy Rider; on the other side is the Virgin Mary...The amulet imparts both specific protection from evil through the depicted defeat of the demon of child envy, and general protection against misfortune by means of the all-powerful image of the Virgin Mary.”

### **Slide 23**

PHOTO: “Ring with Virgin and (Medallion)”

“The glass medallion and the two gold rings depict the Virgin in her intercessory role with Christ. On each object the Virgin lifts her hand(s) in a gesture of blessing. as the Mother of God, Mary

acquired the power to intercede on behalf of humanity. It is the potency of this mother-son relationship that ensures her success; the loving child would not refuse a request from his mother.”

#### **Slide 24**

PHOTO: “Necklace with Cross and Phylacteries” Eastern Mediterranean, Byzantine, 5<sup>th</sup>-6<sup>th</sup> century, Gold, Glass.

“A cross and two hexagonal phylacteries, or amulet cases, are suspended from a besided gold chain. The clasp of the chain consisted of two openwork roundels, one of which is now missing. The cross is formed by four conical solid-gold arms; at its center is a purple glass cabochon. The phylacteries, located on either side of the cross, each contain a rolled metal sheet, as X-rays have revealed. Unfortunately, we do not know the contents of these tablets. In the early Christian period either curses against demons or prayers to God were written on such tablets and worm for protection from spirits, diseases, or the Evil Eye.”

#### **Slide 25**

PHOTO: “Icon of Saint Marina”

Marina is a virginal monastic saint of great beauty, piety and purity of spirit. Her modesty and asceticism are reflected in her dress; the long tunic, mantle, and “maphorion” (veil). She stands frontally with hands raised before her chest, the left open in a gesture of prayer and the right holding a small cross signifying her devotion, sanctity and perhaps martyrdom. Icons promoted their protective and intercessory powers.”

### **B. EPISTEMOLOGICAL AND METHODOLOGY**

#### **Slide 26 Faith Healing: The Miracles of Zoodochos Prge**

“Two Accounts of Miracles at the Pege Shrine in Constantinople” by Alice-Mary Talbot

“Although little known today, the monastery of the Theotokos tes Peges (the Virgin of the Spring or Source) was one of the most important shrines of Constantinople. It functioned throughout virtually the entire period of the Byzantine Empire, from probably as early as the 5<sup>th</sup> century to the 15<sup>th</sup> century, it was a destination of imperial processions and the site of ceremonies, and its precincts contained a spring with miraculous healing waters... It was apparently in order to celebrate this revival of miracles at the Pege monastery that in the early 14<sup>th</sup> century, sometime

between 1308 and 1320, an ecclesiastical writer named Nikephoros Kallistos Xanthopoulos produced a reworked and greatly expanded version of the “Anonymous Miracula,” a text that I shall call the “Logos.”...

The interest of the “Logos” lies in several aspects. First of all, Xanthopoulos has added fifteen miracles which occurred at Pege in his own time. These new tales (WORD CHOICE) provide valuable information on the history of the shrine in the Palaiologan period and prosopographical data on the individuals who were healed. Secondly, Xanthopoulos has totally rewritten the 47 miracle tales of the Anonymous “Miracula”; as a reworked version or “metaphrasis” of an earlier hagiographic text, the “Logos” provides a good example of the kinds of changes an erudite Palaiologan writer might make in a miracle account produced almost four centuries previously. Thirdly, the “Logos” should be of interest to historians of medicine, since Xanthopoulos gives detailed case histories of many of the pilgrims who visited the shrine, discusses the causes of their diseases and most remarkably, occasionally attempts to explain why the holy water was efficacious in curing a given ailment.”

Besides these rhetorical additions of entire sections to the narrative, Xanthopoulos embroidered upon each of the anonymous miracle accounts, usually by expanding substantially the description of the disease which afflicted the individual who was healed by the spring water. Space permits only two examples. The first is the narrative of the cure of the emperor Justinian who suffered from a urinary problem. The anonymous hagiographer had simply termed his ailment “dysouria”, i.e., difficulty in urination, and commented that he was in unbearable pain; but once he drank water from Pege, his urinary tract began to work normally again. (WHY?) Xanthopoulos greatly elaborates upon the story, adding details of his own devising. For he tells us that Justinian suffered retention of his urine because of the formation of a bladderstone and that his urinary difficulties were in turn caused by his abstemious diet. (WHY?) Then when Justinian is healed by drinking the spring water, Xanthopoulos explains that the stone was either expelled by the forceful passage of the water that he drank or else it was crushed and dissolved by the water. This is typical of Xanthopoulos’ approach; he wants to explain the aetiology or causation of disease, not just the physiological process, but also how a person’s dietary habits or lifestyle led to the development of a given ailment. Secondly, often he does not seem content merely to accept a healing cure as a miraculous occurrence, but speculates on how the water acted to alleviate symptoms and effect a cure.

A vivid example of Xanthopoulos' absorbing interest in the causes of disease is found in his account of yet another victim of urinary problems, in this case the son of Stylianos Zaoutzes, the father-in-law of Leo VI. The anonymous hagiographer had provided only a brief outline of the case in one short paragraph; Stylianos' son suffered from a stone in his urinary tract for which physicians urged surgery as the only remedy, but he was cured by drinking water from Pege which dissolved the stone and enabled him to pass it in his urine.

Xanthopoulos' version, in contrast, goes on for a page and a half of printed text. He assumes that the son of Zaoutzes was a suckling infant when he developed the stone, although there is no such indication in the anonymous text. Building upon this assumption, he develops an elaborate explication of why a baby would suffer from a kidney stone, remarking to his readers that most people do not understand the genesis of such an ailment, but he has heard the following explanation from a medical specialist: "the problem originates in the nipple of the mother's breast. For often if the "breast" milk gets old, either because the child refuses to nurse, or the wetnurse is busy with something else, the breast swells with milk, and tries to pour forth fountains of milk, but because of the delay the milk curdles as it solidifies. Then when the infant suckles, it swallows the "milk" that has curdled; it goes first into his stomach, but since the "latter organ" is ineffective and unused to digesting such "food", it sends it on undigested to the subsequent "organs", and finally, when it becomes lodged in the vicinity of the bladder, that pernicious "curdled milk" becomes like sediment...gradually it becomes hardened by the head "of the body" and blocks the duct as it grows, and thus causes acute pain." Xanthopoulos adds, however, that the stone might be caused by other factors, such as the ingestion of unwholesome foods. He concludes his account by noting that the holy water turned the stone to mud so that it could be excreted through the urethra. I have been able to trace portions of Xanthopoulos' excursus on the development of stones in infants to earlier Byzantine medical writers, such as Paul of Aegina, but not the entire sequence of events formulated by Xanthopoulos. Whatever his sources, Xanthopoulos' narration demonstrates clearly that he was fascinated by medicine and had discussions with medical specialists about specific cases."

### **Slide 27 Some Epistemological Sources**

### **Slide 28**

"The understandings of affectivity according to the cited Patristic sources relate to intrinsic qualities of the person (on the basis of Orthodox Anthropology) and the degree to which that intrinsic motivation is functioning in one's life.

For the West, the “mystical” experience is generally viewed as separate from the dogmatic and cataphatic experiences (see figure 1). Apophaticism in the Western model, as religious experience, comes out of a conceptualization rather than experience. It is an attempt to reconcile the “unknowability” of God and to more or less balance the positive statements about God. As a theory, it may determine the theological direction for religious experience. The intellectual understanding of apophaticism serves as a corrective via *minetia*, to an imminent degree.

For the Patristic thinkers, theology and mysticism work hand in hand. In fact, the mystical, spiritual reality or experience is a requirement of all theology. Spiritual experience therefore, is not understood as separate from or special from theology, it is a requirement of theology (see figure 2).

According to this approach, the role of cataphatic theology is to articulate that which can be conceptualized regarding God. The model is necessarily experiential. Therefore, cataphatic theology emerges from apophaticism, which is also essential for its existence. Apophaticism in the East is not merely a “clarification” of what God is not but it is a result of one’s experiential purification. It is through ascetics or spiritual exercise and purification that one clears his mind to concepts to enter into that which is holy. Therefore, apophaticism in the East and West have two different meanings. Also, the role of mysticism in the East and West is treated differently. One notes that in the West mysticism is often seen as a loss of consciousness or ecstasies.; in the East, it is the experiential requirement for “doing theology.”

## **Slide 29 Knowledge and the Soul: Sts. Basil and Isaav the Syrian**

### **Models for Dialogue**

Since we are concerned with bridging communication between medicine, psychology, and religion, I thought it would be helpful to try to identify ways in which we think about these fields—that is, how we conceptualize the discussion—to clarify the structure of our thought. So, I will describe stages here, not as in a formal theory of structural developmental thought, but as approaches that I have witnessed and experienced in my interdisciplinary studies.

To illustrate the stages of these models, I will provide examples of scientists, psychologists, and theologians who reflect the characterizations of the models. This presentation does not intend to identify all the possible models but seeks to suggest some different ways that people think about science and religion. Effective communication between disciplines will be facilitated according to the degree to which people engage in the dialogue—understanding their own thinking while remaining open to the approaches of others.

Although medicine, psychology, and religion are represented in the following discussions as distinct units, I want to acknowledge, again, that these fields separately include a variety of perspectives, often conflicting with one another. In the diagrams of stages the solid circle represents the issue or phenomenon under discussions; e.g., a person who is coping with death.

The vertical line is the direction of analysis; the “E” (Επισημη) indicates a scientific evaluation; the “Θ” (Θρησκεια) indicates a religious evaluation; the “A” (Αληθεια) represents Truth. In order to emphasize the major interest or to identify stages of thinking, I will distinguish rather than detail the discussion of medicine, psychology and religion. Examples from both disciplines of medicine and psychology will characterize the scientific perspective.

### Terms

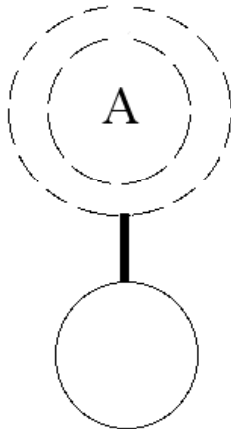
In this discussion, science (Επισημη) contains all approaches that apply the modern scientific method. Religion refers to the specific system of faith of the individual (Θρησκεια). “Religion” (Θρησκεια) rather than “theology” (Θεολογια) is translated here from the Greek. I reserve the term theology as “the experience of God,” and, in so doing, understand that it may occur outside of religion. “Theology” is discussed in the last model. Truth (Αληθεια), here, refers to the Ultimate Truth.

As we review the following nine models of dialogue, you might ask yourself which paradigm best characterizes your approach to the interdisciplinary discussion. Also, consider whether you have observed the other perspectives. Most importantly, ask yourself whether the style you employ in your thinking is in your interest and how adequately it serves your desired goals.

As we review these models, I will reflect on how I have witnessed these approaches in my life, and I will provide examples of theorists whose works demonstrate the basic thrusts of these perspectives. THIS PASSGE REPEATS IN THE 2<sup>ND</sup> PARAGRAPH OF THE LAST SECTION

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#### Monolithic Model



The monolithic model may reflect either a scientific or religious understanding. One of the distinctive features of this perspective is that it is basically egocentric. The individual is either uninformed or totally indifferent to views other than his own. Those who adhere to this model believe all of life can be interpreted according to either a scientific or theological vision. Material not immediately clear is left unattended through this particular approach.

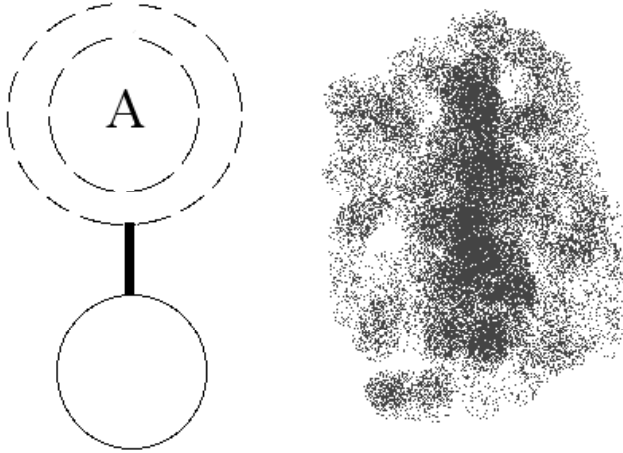
This view is like that of a young child who sees only through his own eyes. This perspective may be detected in scientists and theologians who fail to take seriously the role of the “other” disciplines in life. Such individuals fail to acknowledge the existence of other perspectives and



desire to explain all of life from their own vantage point. This results in a myopic and imperialistic approach.

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#### Beclouded Model



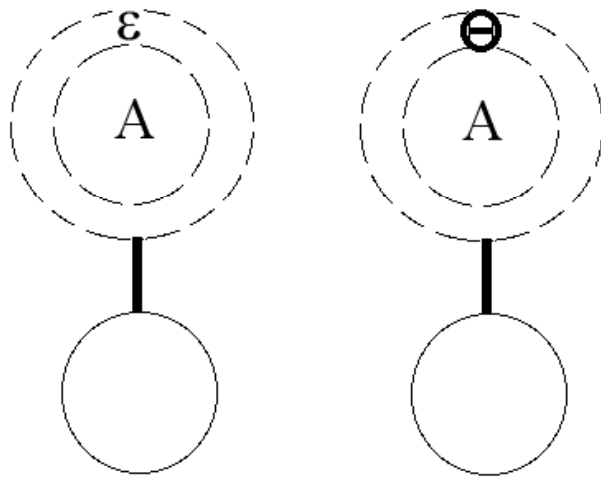
This model differs from the earlier conceptual framework in that it acknowledges that there are other perspectives. However, the individual, in this case, does not clearly understand what is “out there.” This type of thinking is represented by those who know that there are perspectives about life different than their own but who cannot grasp the concept of the differences—neither what they are nor what they say, much less the way in which the “other” perspective interacts with the particular individual’s perception of a phenomenon.

This model may be demonstrated by the physician in the hospital who is caring for the dying patient. Although he may acknowledge the chaplain as a member of “the team,” he does not perceive the chaplain in terms which involve him or her—nor does the physician make any attempt to clarify the uncertainty. The chaplain, in such circumstances, may seem like an extra appendage.

Whether the physician, psychologist or clergyperson demonstrates this perspective, the point is that the other discipline seems to be a “clouded mystery.” For all practical purposes, it is undifferentiated and outside of this person’s immediate environment, needs, and/or functions.

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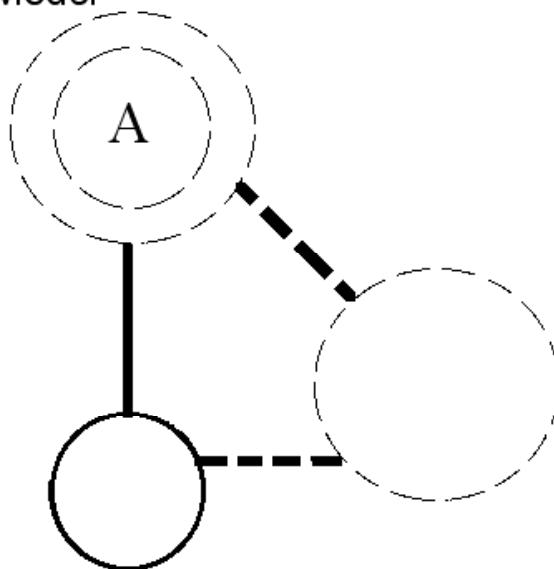
Polarized Model



The polarized model acknowledges and presents science and religion as concerned with opposing or distinct types of phenomena. The polarization is between their approaches—much like the distinctions that I identified in the earlier discussion of similarities and difference: Scientific vs. Theological; Anthropocentric vs. Theocentric; Secular vs. Sacred, etc. Here psychology, for example may acknowledge religion as identifying a certain reality but may treat it as a learned set of behaviors; and religion may acknowledge psychology as a useful discipline but may relegate its role to treating the “fallen nature of humanity.”

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Reductionist Model



The reductionist model diminishes the importance of the “other” position through prejudicial evaluations and a lack of serious attentiveness to the other’s perspective. Functionally, this position maintains that the Truth is available only to its own constituency. Both science and religion have been guilty of this approach which is, in large part, the source of the tension between them. Two cases in point:

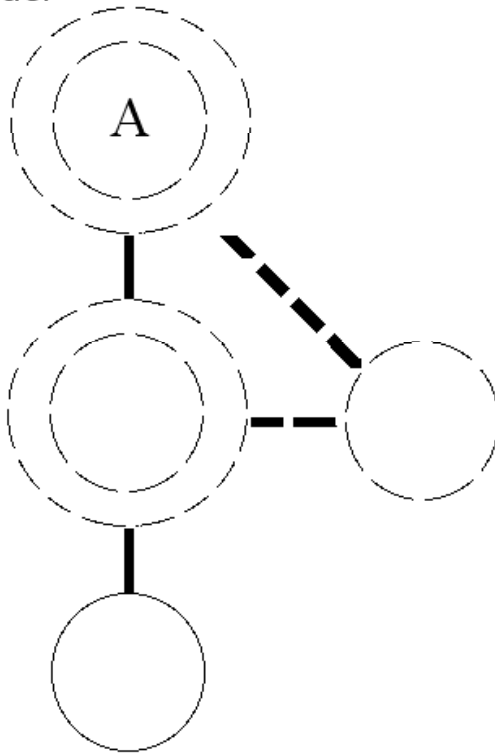
Although it would not be accurate to characterize Sigmund Freud and B.F. Skinner as adhering to this model in all ways, nevertheless, they have done much to fuel psychological reductionist perspectives. For Freud, religious practice and belief is prompted essentially by neurotic and psychotic motivation. He speaks specifically of religion in terms of obsessive and compulsive traits, illusion and delusion; wish fulfillment and unresolved Oedipal striving; the return of repressed guilt and “infantile patterns of helplessness”—in addition to projection and displacement. Most of us would agree that “religious activity,” in particular instances, may these traits, but we would not present these perspectives exclusively as representing the motives or functions of religion. In both instances, here, the psychoanalytic and behavioristic perspectives clearly reduce the intrinsic aspects of religion. **THIS PARAGRAPH TALKS ENTIRELY ABOUT FREUD BUT DOES NOT ADDRESS SKINNER.**

It should be noted that this same model may be witnessed inversely by the religious reductionistic perspective. Theologians who represent this approach may express defensive positions and/or sweeping generalities about medicine and psychology. In this model, they envision the Truth as accessible to religion alone and relegate the scientific disciplines as faithless, secular and unnecessary. In addition to ignoring the fact that inspired, positive roles of religion have been affirmed by persons such as Jung, James, and Einstein. The individuals exemplifying this model express a narrow, possessive attitude, which suggests they have the final hold on the Truth. They see little importance in work outside of their own sphere, and they are closed to the truths available to other perspectives.

Whether the reductionist model is maintained by science or religion, this approach purports to be all pervasive and comprehensive. Needless to say, it precludes an interactive, investigative or collegial dialogue.

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Corrective Model



The corrective model attends to the value of the “other” perspective but has primary commitment to its own purposes. From the diagram, we may describe the discipline that is in line vertically (with a double dotted circle) as the primary discipline (whether medicine, psychology or religion) and the dotted circle to the right as the secondary discipline.

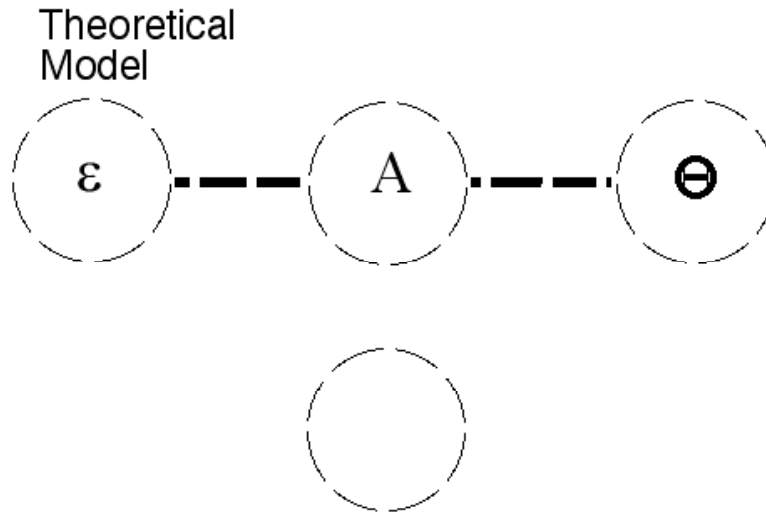
When religion is in the vertical position, the primary analysis is theological. Additional insights from the scientific community are heard—but, in the end, a religious evaluation carries authoritative weight. In this case the bent or bias of this perspective inevitably concludes that religion provides the more penetrating analysis of the two approaches.

One may witness this model in pastoral psychological literature. Although exceptions exist, writers in pastoral psychology, , often do not describe their underlying desire, in the final analysis, to bring the religious perspective to the limelight. This approach is also documented by mental health professionals who do not understand religion. Although they may discuss faith, their primary allegiance is to a psychological evaluation.

One observes that in this model the particular discipline—not the dialogue—becomes primary. Usually, the secondary discipline is analyzed in the interest of the primary discipline. In doing so, the secondary discipline is presented as having less importance.

Although somewhat dialogical, the model clearly reflects a one-upmanship: there appear to be vested interests by the “promoters” of this mode and a need for their “primary discipline” to reign.

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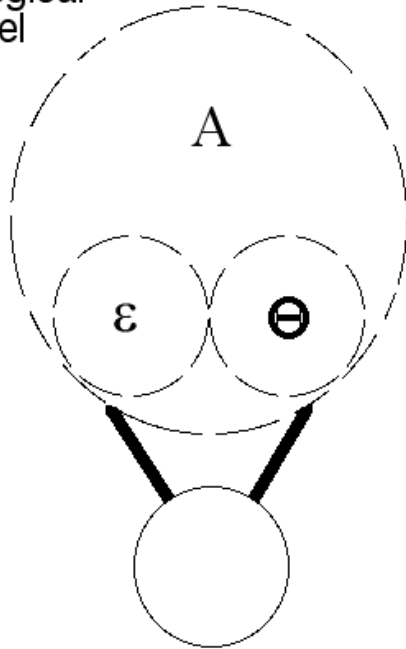
The theoretical model is offered as “a goal” by those who speak of the value of interdisciplinary work between science and religion. This model is less useful as an approach to the dialogue as it tends to lack discussions of concrete phenomena. It is theoretical but not empirical. It represents more an abstract enterprise than a substantive dialogue through affirming the principles of a genuine dialogue between science and religion.

Elhard’s work is illustrative of this approach, where features of what he calls “pervasiveness, relationship, tension, charge, identification and diffusion” are presented as structures in common between psychology and religion. The varying theoretical language, however, fails to be related to actual situations or concrete phenomena.

The theoretical model works to consider seriously the aspects of a dialogue for science and religion. It is concerned with the methodological details and specific problems of each discipline. The discussion, however, is carried on through theoretical abstraction and obviates the need to consider both real situations and meaningful dialogues.

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Dialogical  
Model

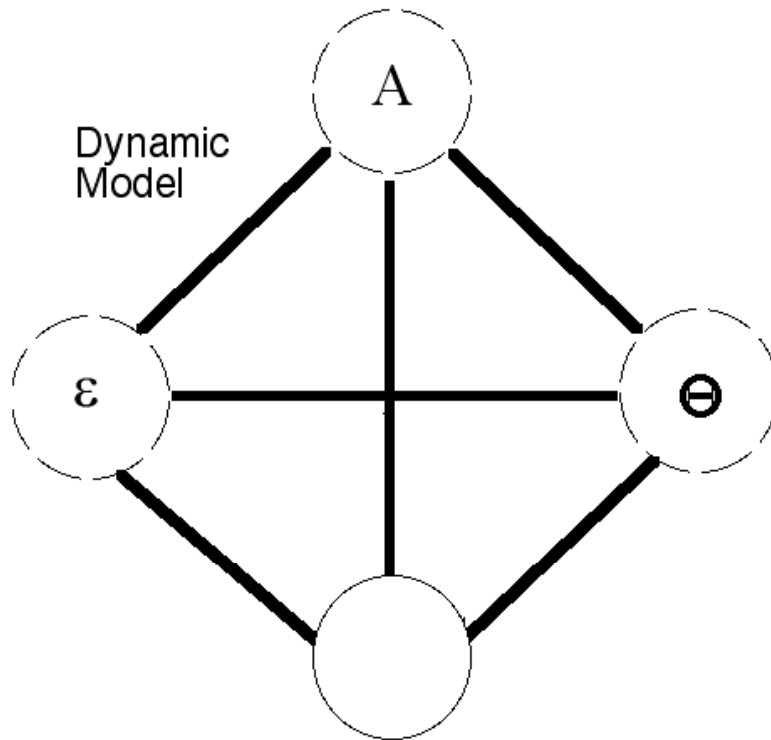


The dialogical model attempts to open a fair communication between science and religion. It affirms the inherent value in both science and religion and seeks to facilitate communication between these perspectives as they attend to human situations.

Like the polarized model, however, there often remains the perception that science focuses upon pathology while religion upon moral health. However, another more critical problem is that this model as presented by scientists or theologians, tends too overlook or neglect the particular, implicit, methodological problems or unique contributions offered by science and religion. In the effort to encourage the dialogue, needed directions are not made. The boundaries of the disciplines are taken lightly or they are not discussed.

Efforts like those of Ernest Becker, *On Denial of Death*, or John Kornarakes, *On the Orthodox Tradition and Modern Psychology*, are cases in point. Although enlightening, these works do not give adequate attention to the methodology nor commitments on which they are based.

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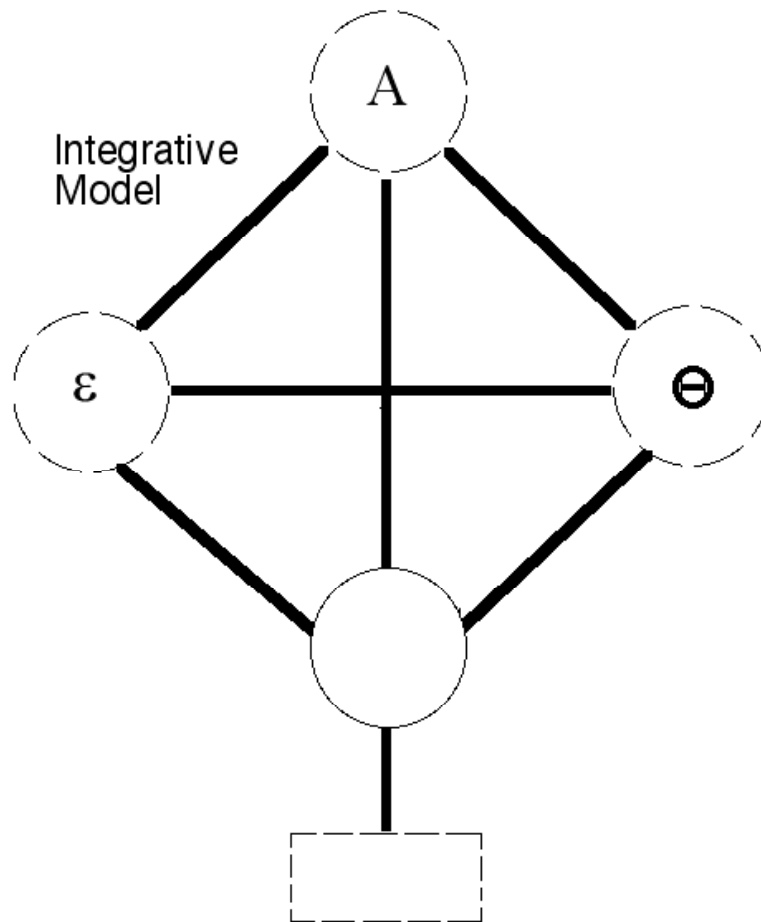


The dynamic model is concerned with the boundaries, methods and tasks of science and religion, and it attends to their content and implications as they relate to the phenomenon, e.g., the death of a child.

This model identifies the Truth as accessible to various disciplines as well as to the individual, i.e., in this case, the child. This approach to thinking maintains that no discipline has control upon the Truth. It emphasizes the strengths of the disciplines and engages individuals in a genuine dialogue with the full range of the resources. Differences are noted, not hidden. The resonant qualities of the disciplines are presented and affirmed. The dynamic model encourages a critical, serious relationship between medicine, psychology and religion.

An example of this constructive effort is noted in the work of James Fowler. Fowler's paradigm of faith development uses extensively the methods of various contributions from developmental psychology—including biological growth (Piaget) and moral development (Kohlberg) with additional sensitivity and careful attention to one's growth in dimensions of faith.

The dynamic model demonstrates that the solution to problems need not be understood from one approach alone but that all fields, ideally, may draw upon each other's resources. Compared to the other models we have examined, the dynamic model appears to be the most balanced and objective approach to the dialogue—yet it demonstrates “desk chair” qualities, being puristic, clinical, intellectual and idealistic. It does not seem adequately to incorporate the individual in the dialogue itself.



The integrative model embraces all of the aspects of the dynamic model with one very special addition: it resonates out of the beliefs and experiences of the individual who employs it.

This model not only offers maximum insight toward understanding a particular phenomenon, but it incorporates the individual, who takes ownership of his or her beliefs, biases and assumptions. It requires that one be clear in one's encounter of Truth, stating his or her convictions, at least to the best of one's ability—with all the strengths and weaknesses that those convictions entail. This model requires that one is grounded in a sense of self, having a foundation of self-awareness, in communicating in the interdisciplinary dialogue.

I find that the integrative model most adequately incorporates the notion of theology as the “experience of God” to be distinguished from the discipline of theological discourse or religion, i.e., institutional activity which may or may not be part of the “experiencing of God.” The integrative model reflects the freedom and openness of Truth that permeates in the various activities of the various disciplines—but emphasizes that Truth is not limited. The integrative model emphasizes the commitments of the various disciplines, phenomena and the individuals who are in dialogue while simultaneously acknowledging that Truth is everywhere if one permits oneself to be open to it. This model is valuable in that it clarifies the fact that there are not only different kinds of knowing—e.g., physiological, psychological or theological—but finally, that there is one Truth. The integrative model frees us from the temptation to think that we can



contain or control the Truth while inviting us to the on-going continual acquisition of growth and development.

In summary, this presentation has focused upon how people think in the dialogue of medicine, psychology and religion. Certainly, other models may be considered. One notes, in the models, which have been discussed, that there is a progression toward bridging gaps between the surgeon's table, the analyst's couch and the church's pew. As we progress from the monolithic model to the integrative model, suspicion and hostility are replaced in affirmation and mutual support. It is suggested that the integrative model nurtures growth in good health of body, mind and soul, while expanding one's life. In the final analysis, our times demand that professionals be open and use the widest possible range of means available— working together to assist humankind to be not fragmented, but whole.