Heart and Soul
How Cartesian Dualism Informs Medicine

"What does that mean, though, that we have no control over our bodies? It seems obviously untrue. Perhaps what I mean is that we persist in the illusion that our minds and our bodies are separate, until the moment we cannot persist in it."[1]

— Matthew Salesses,
"The Rules of the Asian Body in America"

Tyler Lian
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In "The Rules of the Asian Body in America," Korean American writer Matthew Salesses recounts the medical ordeal endured by his wife after her second pregnancy: the couple moves to Seoul to treat her stage 4 stomach cancer, the symptoms of which—chills, vomiting, weight loss, pain—were at first dismissed as gestational ones. Immediately, it is clear she is dying. Salesses weaves different threads about insurance policy, immigration, and Asian American identity into his poignant narrative; these are all, he writes, "rules of the body"—that is to say, rules imposed on bodies, distinguishing and neglecting other notions of humanity. Dying, he explains, has such rules as well: this "illusion of dualism" pervades medical thought and is deeply entrenched in our notions of life and death.[2] How does a Cartesian dualism of body and mind underlie and inform the practice of medicine? This brief paper will begin by tracing the genealogy of dualism in medicine, followed by an examination of the clinical implications, and will finally conclude with a discussion of alternate paradigms of medicine.

Put briefly, dualism, as popularized by René Descartes in the seventeenth century, separates the human being into two ontologically distinct substances: the mind and the body. This differed radically from the non-dichotomic worldview of Aristotle and Thomas Aquinas that had predominated in the Middle Ages up to that point. Cartesian dualism, as well as its precursors, presented a new metaphysical stance that drove technological advancements during the Scientific Revolution and is ubiquitous today.[3] In dualism, the physical body is a material substance that is "publicly observable…[and] amenable to public scrutiny, measurement, and analysis."[4] In contrast, the mind is an immaterial substance; loosely defined, it is everything that is not the body. More robustly, the mind "consists of consciousness (immediate awareness of some object), it has the character of feeling (pleasure in or aversion to the object of awareness), it

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[1] Matthew Salesses, "The Rules of the Asian Body in America," *Medium*, (April 2018).
[2] *Ibid.*
[3] P. N. Hema "Body and medicine: a phenomenological critique" (PhD diss., Sree Sankaracharya University of Sanskrit, 2010): 54.
[4] Keith Ward, *The Big Questions in Science and Religion* (West Conshohocken, PA: Templeton Press, 2008), 134.

involves thought (the ability to identify objects and consider possible states as well as actual ones), and it involves goals or purposes (envisioned possible states that would give pleasure)."[5] The mind and body interact to together comprise a unified whole, yet their properties are mutually exclusive. It is clear which one is more tractable to the will of science: the body is objective and describable by the laws of Newton, whereas the mind is subjective and temperamental. Though dualism seems intuitive today and thus, some argue, inescapable or inevitable, it is important to remember that, for much of history, dualism was not the primary mode for understanding the human condition.

Historically, medicine and religion had been united by a concept of body and soul as one. Ancient Egyptian, Mesopotamian, and Indus Valley civilizations, as well as early Greek medicine, administered natural and supernatural, spiritual treatments to illness together.[6] In the patristic period, prominent theologian Tertullian asserted that "flesh is the hinge of salvation," consistent with views held by others at the time like Augustine of Hippo, Gregory of Nyssa, and Irenaeus of Lyons.[7] For the following millenium, the management of hospitals and the granting of medical licenses were functions of the Christian Church, and most physicians were monks or priests.[8] Even after these duties were officially transferred to the state during the Renaissance due to a heightened culture of anthropocentrism, the active involvement of the church in medicine did not diminish until Enlightenment in the eighteenth century.

Enlightenment had been preceded by the Scientific Revolution, which marked the beginning of the modern scientific era today. The success of dualism came hand in hand with the success of science, as a methodology and an institution. The ascendancy of the scientific method promoted and normalized dualism as a metaphysical framework. At the same time, dualism "demythologised [the] body and handed over its study to medicine."[9] Notions of the soul were decoupled from the physical body, opening new doors for scientific investigation. Human dissections—condemned as blasphemous or taboo for all of pre-Renaissance history with little exception—became popular in the late fifteenth century with a new emergence of anatomy and were officially sanctioned by the Papacy for university instruction in the mid-sixteenth century.[10]

The material body became the subject of a more modern metaphysics. Of the four causes of Aristotelian thought (formal, material, efficient, final), Francis Bacon, celebrated as the "father of new empiricism," identified only material and efficient causes to be relevant for building knowledge; that is to say, epistemological truth could be found by exhaustive scrutiny

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[5] Ward, *The Big Questions*, 134

[6] Harold G. Koenig, "Religion and Medicine I: Historical Reasons for Separation," *The International Journal of Psychiatry in Medicine* 30, no. 4 (2000): 386.

[7] Conor Cunningham, "Is there Life Before Death?" in *The Role of Death in Life: A Multidisciplinary Examination of the Relationship between Life and Death,* ed. John Behr and Conor Cunningham (Eugene, OR: Wipf and Stock Publishers, 2015): 131.

[8] Koenig, "Religion and Medicine I," 387.

[9] Neeta Mehta, "Mind-body dualism: A Critique from a Health Perspective," *Mens Sana Monographs* 9, no. 1 (2011).

[10] Sanjib Kumar Ghosh, "Human cadaveric dissection: a historical account from ancient Greece to the modern era," *Anatomy & Cell Biology* 48, no. 3 (2015).

of matter and mechanism alone—this is science.[11] Discussions of metaphysical truth—of ontology and teleology—were thought to dilute and distract from the rationality of the scientific method and thus were abandoned. Of course, science had an underlying philosophy, even if scientists denied it: "The rock must be shattered, the atom must be split, the living organism must be killed in order for its truth to be revealed…Put differently, the meaning and purpose of the world are shattered in order to gain mastery over it…"[12]

It is easy to see how anatomy and physiology—respectively the study of matter and the study of mechanism—have come to form the fundamental basis of medical knowledge for the past three or four centuries. The rise of dualism coincided with a new model of modern medicine: under the authoritative eye of the physician, humans were best understood as biological organisms composed of constituent systems or parts, which were subject to the laws of physics and biochemistry. Separation of the mind from the body permits both materialism and reductionism to be invoked. Disease, then, is redefined as biological dysfunction: "It is the world of science that teaches us to explain illness and suffering as the result of physical processes that have gone wrong."[13] The job of the physician is then to identify the dysfunction in the form of a diagnosis and offer a corrective physical or chemical intervention to restore that function. Separated from the mind, the body is not usefully thought of as alive or dead, but rather as functional or not: "The analytic technique [of the clinician] acts in the same manner as the autopsy. Both reveal disease."[14] Health is the absence of dysfunction. In this way, life becomes simply the "series of functions that resist death."[15]

This is not meant to be pejorative per say. But it is important to recognize that this is the philosophical basis on which medicine stands. Attempts to improve or change medicine will be surface-level at best if the underlying assumptions are not grappled with.

Dualism has facilitated a perspective, institutionalized in medicine, on life that is, at its core, impersonal: "modern case histories allude to the subject in a cursory phrase ('a trisomic albino female of 21'), which could as well apply to a rat as a human being."[16] The manner in which the doctor inspects the body is not so different than that of a mechanic inspecting an automobile, looking for defective parts. Suffering must be legitimized by an identifiable cause; without one, the disease is often referred to medical specialists who, assigned to specific physical components of the body, analyze the reduced body in even more detail. Symptoms—what the patient feels—are only valued to the extent that they give clues to the physician about where to look, but ultimately they have little intrinsic worth, especially when compared to the primacy of

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[11] Jeffrey P. Bishop, "On Medical Corpses and Resurrected Bodies," in *The Role of Death in Life*, ed. Behr and Cunningham, 171.

[12] *Ibid.*, 172.

[13] Stanley Hauerwas, *God, Medicine, and Suffering*, (Grand Rapids, MI: Wm. B. Eerdmans Publishing Co., 1990): 36.

[14] Jeffrey P. Bishop, *The anticipatory corpse: medicine, power, and the care of the dying*, (Notre Dame, Indiana: University of Notre Dame Press, 2011): 55.

[15] *Ibid.*, 27.

[16] Oliver Sacks quoted in Hauerwas, *God, Medicine, and Suffering*, 66.

the objective diagnosis. The diagnosis, grounded in scientific truth and empirically verifiable, informs the doctor how life—that is, function—can be preserved.

Of course, this is not how we usually think about life—life is subjective and first-person, with purpose, feeling, thought, and meaning. Then, "is it not odd that [most medical students'] first patient is dead, literally patient beneath the dissecting knife?"[17] The cadaver lacks everything except anatomy—social life, family history, emotions, intention, or any context whatsoever—and yet it is employed as a stand-in for the living. This is acceptable because in dualism the body is nothing more than passive matter animated by a distinct, immaterial mind. In that sense, the body is freely coercible and almost dispensable, or at least replaceable with organ transplants: "Bodies have no purpose or meaning in themselves, except insofar as we direct those bodies according to our desires," which in dualism originate exclusively from the mind.[18]

It is common for patients, even if they too subscribe to dualism, to feel not just objectified but exploited in the medical system. This is perhaps best illustrated by the practice of intensive care, where the mission of medicine is most purely manifested; physiology takes the highest precedence, and an unquestioned regime of constant surveillance and technological intervention ensures the preservation of life. The medical gaze is designed to see diseases and bodies, not persons; even at best, the mind, that is the subject and personhood, is consoled, but still this occurs separate from the dehumanization of the body. A dissonance between mind and body is aggravated: one patient describes "slowly being evicted from his body; it wasn't his anymore. Whatever constituted him—his brain, his soul, call it what you want—was being pushed to the curb."[19] If the mind contains the entirety of the human self, as in dualism as well as common intuition, the body is then only the scientific, material shell the mind inhabits. The body is reduced to a composition of atoms; there is no dignity or integrity inherent to the body, and so there is no harm done by its manipulation. The patient is effectively vivisected by the physician: "to look in order to know, to show in order to teach, is not this a tacit form of violence, all the more abusive for its silence, upon a sick body that demands to be comforted, not displayed?"[20]

Several studies have shown that the mind and the body are intimately connected. In a 1980 experiment, neuroscientist Benjamin Libet asked his subjects to perform a consciously-willed action, such as flexing a finger or pushing a button, while hooked to an EEG. He discovered that electrical impulses in the body for movement preceded a conscious awareness to act, demonstrating that the link between the mind and body was not a one-way street.[21] In the clinic, physical pain can manifest in psychological trauma, and vice versa. Even in common vernacular, "emotional pain has physical effects: when a love ends, we say our heart is broken; we become blind with rage; we languish in despair."[22] Furthermore, others argue that the mind

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[17] Bishop, *The anticipatory corpse*, 14.
[18] *Ibid*., 21.
[19] Ann Neumann, *The Good Death: An Exploration of Dying in America*, (Boston: Beacon Press, 2016): 7.
[20] Michel Foucault quoted in Bishop, *The anticipatory corpse*, 46.
[21] Salesses, "The Rules of the Asian Body in America."
[22] Neumann, *The Good Death*, 56.

and the body are in fact one in the same. In neuroscience, the double-aspect theory of brain and consciousness asserts that "brain and consciousness seem to be two aspects of the same thing…phenomenal appearances of thoughts and feelings are not denied, but those appearances are only falsely taken to be distinct from brain events."[23] Indeed, inconsistency to how patients with "beating hearts but with minimal signs of neurological function" are referred to reflects our own confusions with dualism; sometimes these individuals are called "patients," but at other times "potential donors," as their bodies are alive by dualist, medical standards but dead in all other notions or contexts.[24]

To reject dualism would be to reunify the material and the immaterial and return qualities of the mind, such as purpose and intention, back to the objectified body: "Human bodies, therefore, far from being Cartesian reductionist organ systems, can be better and more realistically envisaged as multiphasic, experiential beings of finite freedom."[25] In the words of Augustine, the body "has a beauty of its own, and in this way its dignity is seen to fair advantage in the eyes of the soul..."[26] The world is engaged via the body; this places it at the center—"the very nexus of intentionality"—of thoughts, emotions, experiences, and goals, which in dualism are exclusive features of the mind.[27] In other words, "the body is that which intends, and thus we do not possess a body so much as we *are* bodies engaged in practical projects."[28]

Thus, disease is a loss of function as well as an ontological threat to lived experience, history, self-concept, and future ambitions. Encounters with medicine can be disconcerting because the body is stripped of these purposes and divorced from our notion of self: "When the body becomes conspicuous and therefore becomes perceived as an object, it distresses the one whose project has, in a manner of speaking, become disembodied, or, put differently, whose project is dying."[29] In a medical setting, patients are expected to comply, yielding their body to the authority of the physician. Even if the physician engages with the person's goals and emotions, those things are not granted to the body. The integrity of the body cannot be seen under the microscope, nor acknowledged by medical practice, alienating the patient from an aspect of themself: "The coldness of medicine is because in not restoring function, or even in restoring it, medicine has not understood that something other than function is being lost or returned."[30]

All of this is not to say that the medicine of the past few centuries has not been successful. The immense progress we have had with a dualist model is undeniable, as a better understanding of the mechanistic workings of the body has helped us develop cures, improve

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[23] Ward, *The Big Questions*, 145.

[24] Bishop, *The anticipatory corpse*, 149.

[25] Jeffrey Gold, "Cartesian dualism and the current crisis in medicine - a plea for a philosophical approach: discussion paper," *Journal of the Royal Society of Medicine* 78 (1985): 664.

[26] Cunningham, "*Is there Life Before Death?*" 150.

[27] Gold, "Cartesian dualism and the current crisis in medicine," 665.

[28] Bishop, *The anticipatory corpse*, 288.

[29] *Ibid*., 291.

[30] *Ibid*., 294.

quality of life, and eradicate devastating epidemics. Still, these scientific and societal benefits have not come without cost. We should "recognize the difference between the cognitive, rationally-detached and objectifying approach to human existence and the participating, existential, subjective approach."[31] Attempts at more holistic care are thwarted by the encompassing framework of dualism. For example, palliative care, despite noble intentions, has often tried to make a science out of social, religious, and psychological life, through structured interviews and intrusive recommendations.[32] Palliative care defaults to perpetuating the metaphysics of medicine because the underlying assumptions about life and the person are not changed. The efforts of doctors to provide humanizing care should not be discounted; however, these interactions are only overlaid onto medicine, rather than inherent to it. On the other hand, a paradigm in which "subjectivity is always corporeally expressed" radically shifts the best approaches to care.[33]

Moving further, "what kind of metaphysical [or theological] stand with respect to [the] mind and body relationship is conducive to addressing the health issues of human beings?"[34] At the end of his book *The Anticipatory Corpse*, philosopher Jeffrey Bishop positions theology as the inspiration for a new mind-body paradigm. Modern hospice care originated as the *hospitum* of monasteries, set up by St. Benedict in patristic Europe. Their mission was to provide hospitality in the traditional sense—food, shelter, and prayer, in addition to medicine—to the suffering; "so in this setting, disease was seen as just a part of the great list of human afflictions for which the Christian community was called to offer care."[35] Today, Bishop highlights that Christian hospices like Our Lady of Perpetual Help in Atlanta continue in this tradition, where the Christian grounding of these homes is particularly significant. In contrast to medicine, their patients are not moving toward death, but rather striving toward the resurrected body of Christ. This fundamentally changes the lens through which the nurse-sisters treat these people, that is as whole and as sacred: "It is ontologically a different kind of care being offered, a kind of care that originates in divine gift, returning to the divine Giver."[36]

There may be some lessons that modern medicine can learn from the Middle Ages, when Aquinas asserted that Christ was "written on our flesh."[37] At that time, religion endowed meaning to the body by placing it in the narrative of salvation and in the context of shared practices held by a community of belief. An established framework of embodied purpose better accommodated the existential suffering of illness. If disease is merely material dysfunction, then "sickness should not exist because we think of it as something in which we can intervene and which we can ultimately eliminate"; in dualism, the absurdity of disease is perhaps the most

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[31] Gold, "Cartesian dualism and the current crisis in medicine," 664.

[32] Fiona Randall and R. S. Downie, *The Philosophy of Palliative Care: Critique and Reconstruction* (Oxford: Oxford University Press, 2006): 203.

[33] D. Leder quoted in Gold, "Cartesian dualism and the current crisis in medicine," 665.

[34] Mehta, "Mind-body dualism: A Critique from a Health Perspective."

[35] Bishop, "On Medical Corpses and Resurrected Bodies," 175.

[36] *Ibid.*, 176.

[37] Cunningham, "*Is there Life Before Death?*" 131.

frustrating and most dehumanizing.[38] Instead, new approaches to treatment made possible by rejecting dualism can "foster health not via mechanical intervention nor through psychotherapy but by simply directly 'realigning' the intentions and processes of the lived-body."[39] The tragedy in illness or death is not any less, but there is potential for humanity to be restored.

The argument is not that medicine should become religious, but that a consideration of the metaphysics of religion as it intersects with ideas of life and health may help modern medicine. As his wife's condition deteriorates, Salesses asks, "What does that mean, though, that we have no control over our bodies?"[40] In medicine, the illusion of control is justified by dualism, that the mind and body can be separated, that the body will patiently await the "rules of the body" we impose onto it. Admittedly, a deeply ingrained dualism makes it difficult to imagine what a integrated body-and-mind medicine would look like, while not discarding centuries of accumulated medical knowledge and advancement. How can the institution of medicine today change its underlying foundation without collapsing onto itself? Dualism is reinforced with every visit to the doctor's, in every medical school classroom, and on every hospital round. Dualism is, simply, what always has been done—except historically that is not true: "it is only comparatively recently that the medical profession has been called upon to justify its two and a half thousand year claim to being a benign but authoritarian authority."[41] When medicine as an institution takes the first step to acknowledge and engage the dualism beneath it, then a greater transformation can occur; the human being can be whole.

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[38] Hauerwas, *God, Medicine, and Suffering*, 62.

[39] Gold, "Cartesian dualism and the current crisis in medicine," 666.

[40] Salesses, "The Rules of the Asian Body in America."

[41] Gold, "Cartesian dualism and the current crisis in medicine," 663.

Bibliography:

Behr, John and Cunningham, Conor. *The Role of Death in Life: A Multidisciplinary Examination of the Relationship between Life and Death.* Eugene, OR: Wipf and Stock Publishers, 2015.

Bishop, Jeffrey P. *The anticipatory corpse: medicine, power, and the care of the dying.* Notre Dame, Indiana: University of Notre Dame Press, 2011.

Ghosh, Sanjib Kumar. "Human cadaveric dissection: a historical account from ancient Greece to the modern era." *Anatomy & Cell Biology* 48, no. 3 (2015): 153-169. https://doi.org/10.5115/acb.2015.48.3.153.

Gold, Jeffrey. "Cartesian dualism and the current crisis in medicine - a plea for a philosophical approach: discussion paper." *Journal of the Royal Society of Medicine* 78 (1985): 663-666. https://doi.org/10.1177/014107688507800813.

Hauerwas, Stanley. *God, Medicine, and Suffering.* Grand Rapids, MI: Wm. B. Eerdmans Publishing Co., 1990.

Hema, P. N. "Body and medicine: a phenomenological critique." PhD diss., Sree Sankaracharya University of Sanskrit, 2010.

Joubert, Callie. "Medicine and Mind-Body Dualism: A Reply to Mehta's Critique." *Mens Sana Monograph* 12 (2014): 104-26. https://doi.org/10.4103/0973-1229.130318.

Koenig, Harold G. "Religion and Medicine I: Historical Reasons for Separation." *The International Journal of Psychiatry in Medicine* 30, no. 4 (2000): 385-398. https://doi.org/10.2190/2RWB-3AE1-M1E5-TVHK.

Mehta, Neeta. "Mind-body dualism: A Critique from a Health Perspective." *Mens Sana Monographs* 9, no. 1 (2011): 202-209. https://doi.org/10.4103/0973-1229.77436.

Neumann, Ann. *The Good Death: An Exploration of Dying in America.* Boston: Beacon Press, 2016.

Randall, Fiona, and R. S. Downie. *The Philosophy of Palliative Care: Critique and Reconstruction.* Oxford: Oxford University Press, 2006. https://doi.org/10.1093/acprof:oso/9780198567363.001.0001.

Salesses, Matthew. “The Rules of the Asian Body in America.” Unruly Bodies. *Medium*, April 3, 2018. https://medium.com/s/unrulybodies/the-body-thats-too-asian-and-too-sick-for-america-3b43cc05091c.

Ward, Keith. *The Big Questions in Science and Religion*. West Conshohocken, PA: Templeton Press, 2008.