

## The Catholic Roots and Changing Anthropology of Western Medicine

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The Bible and the liturgy have a good bit to say about sickness and health. For the first couple weeks after I had been asked to give this talk, I took note of the references in the daily liturgy to things medical, and formed a sizeable list.

The liturgy also points us in the direction of understanding our physical limitations. Thus the Hymn of Prayer for the Morning for this past July 10 (2012) sings: “O my soul, bless God the Father... Thy diseases all who heals....”<sup>1</sup>

By the late Roman period, illness had been linked with Christian sanctity in many ways. In pre-Christian times sin and disease were often seen as connected, and so it remained in Christianity. Disease could be seen as test, judgment, or sign to others; and medicine could be viewed as a remedy given by God or a diabolical temptation. A contrast between the medicinal penance of the Christian East and a claimed Western bureaucratized, legalistic penance can be easily overdrawn. After the rise of monasticism, the sick monk was viewed as particularly ambiguous, but one of the common ideas, found in the life of the chronically ill Gregory the Great (590-604) and very common in the close association between sanctity and illness in many of the lives of the saints to the present, was the idea that God shows special favor to those who bear the Pauline “thorns in the flesh.”<sup>2</sup>

Slowly study is filling in the many *lacunae* in our knowledge of the history of western medicine. Thus Brooke Holmes has published a fine study of the body in ancient Greece, and Achim Thomas Hack has given us a history of early medieval medicine, showing, not surprisingly, that the medicine practiced at Carolingian courts was linked to the world of late Roman medicine, but much less to the monasteries than had previously been thought.<sup>3</sup> Bioarchaeology has been

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<sup>1</sup> Translation *Magnificat*, vol. 14, No. 5 (July 2012), p. 130, followed (p. 131) by the Intercession “O God, we fear the mortality we cannot cure: – grant insight and faith to all those who do the work of medical research.” The Gospel reading for this day is Matthew 9:32-38, on Jesus’ driving out of a demoniac and “curing every disease and illness.” A note, p. 138, explains: “Sickness is a harbinger of death. Jesus cured the sick as a counter-sign: in the reign of God, there will be neither illness nor dying. By taking death upon himself on the cross, Jesus cured the one incurable reality that haunts the human race: mortality.” An Intercession for Evening Prayer, p. 139, asks that those with chronic illness be granted patient endurance, and another Intercession asks that those with a terminal illness be granted peace of mind.

<sup>2</sup> Andrew Crislip, *Thorns in the Flesh: Illness and Sanctity in Late Ancient Christianity* (Philadelphia: University of Pennsylvania Press, 2012).

<sup>3</sup> Brooke Holmes, *The Symptom and the Subject: The Emergence of the Physical Body in Ancient Greece* (Princeton University Press, 2010); the entry “Medicine,” in *The Classical Tradition*, ed. Anthony Grafton, Glenn W. Most, and Salvatore Settis (Cambridge, MA: Harvard University Press, 2010); and Achim Thomas Hack, *Alter, Krankheit, Tod und Herrschaft im frühen Mittelalter: Das Beispiel der Karolinger* (Stuttgart: Anton Hiersemann, 2009). The last part of *Love, Sex and Marriage in the Middle Ages: A Sourcebook*, ed. Conor McCarthy (London: Routledge, 2004), contains “Medical Writings,” and see *Medieval Medicine: A Reader*, ed. Faith Wallis (University of Toronto Press, 2010). Bettina Bildhauer, *Medieval Blood* (Cardiff: University of Wales Press, 2009), criticizes the contrast between an alleged medieval Christian reluctance to pursue science, and a modern scientific curiosity.

revealing much about such things as the social structures and religious practices of non-elite people. We now know, for instance, that the once common belief that medieval people could not diagnose leprosy (Hansen's disease) properly is incorrect: 80% to 90% of the skeletons of people buried in European leprosaria cemeteries had leprosy.<sup>4</sup> The journal *Micrologus* has a monographic series with much on medieval and early modern medicine.<sup>5</sup> Publication of the documents produced by high medieval medical faculties proceeds apace.<sup>6</sup> And vernacular medical writings also have drawn scholars' attention.<sup>7</sup> In sum, though there remains much to be learned, what has thus far been established much exceeds even mention here.<sup>8</sup>

Over the centuries most people have had to practice a kind of folk medicine. When I mentioned at dinner with friends that in the continuing search to find something that reduced my back pain I had now been put on an opiate, another historian remarked that one of his Iranian students, who preferred to be called Persian, had referred to opium as "the old people's medicine." That is, in a traditional culture that lacked many of the remedies for old people's illnesses, the poppy was always at hand. In most of the middle ages, healing centered in the monasteries, and one of the medieval scholarly associations is called "Medica: The Society for the Study of Healing in the Middle Ages." At Kalamazoo this year (2013), this Society will join forces with the Society for the Study of Disability in the Middle Ages.

One of the delights of being a medievalist is that one is able to associate with some very unusual people. Thus a woman, Victoria Sweet, who has gained some fame for her book, *God's Hotel: A Doctor, a Hospital, and a Pilgrimage to the Heart of Medicine*, is a member of a professional society to which I belong, the Medieval Association of the Pacific. Dr Sweet is an Associate Professor of Medicine at the University of California, San Francisco. She worked for twenty years at San Francisco's Laguna Honda Hospital, the last almshouse in the United States and a descendant of the medieval Hôtel-Dieu, the God's Hotel that took care of the sick in the middle ages.<sup>9</sup>

Among other things, Dr Sweet has studied perhaps the greatest of the medieval writers about medicine, the twelfth-century nun Hildegard of Bingen, canonized on October 21, 2012, who

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<sup>4</sup> See the review of Chryssi Bourbou, *Health and Disease in Byzantine Crete (7<sup>th</sup>-12<sup>th</sup> centuries, AD)* (Burlington, VT: Ashgate, 2010) by Timothy S. Miller, *Speculum* 87 (2012), p. 530-31.

<sup>5</sup> Chiara Crisciani and Gabriella Zuccolin, *Michele Savonarola: Medicina e Cultura di Corte* (Micrologus' Library, 37; Florence: SISMEL, Edizioni del Galluzzo, 2011), and *Between Text and Patient: The Medical Enterprise in Medieval and Early Modern Europe*, ed. Florence Eliza Glaze and Brian K. Nance (Micrologus' Library 39; Florence: SISMEL, Edizioni del Galluzzo, 2011). The Edizione Nazionale "La Scuola Medica Salernitana," vol. 6 also has appeared: *Terapie e guarigioni*, ed. Agostino Paravicini Bagliani (Florence: SISMEL, Edizioni del Galluzzo, 2010).

<sup>6</sup> Bernard C. Bazàn, *Les questions disputées et les questions quolibétiques dans les facultés de théologie, de droit, et de médecine*, Typologie des Sources du Moyen Âge Occidental 44-45 (Turnhout: Brepols, 1985).

<sup>7</sup> Michael Solomon, *Fictions of Well-Being: Sickly Readers and Vernacular Medical Writing in Late Medieval and Early Modern Spain* (Philadelphia: University of Pennsylvania Press, 2010). The 48<sup>th</sup> International Congress on Medieval Studies, Kalamazoo, May 9-12, 2013, had a session devoted to "Medicine in Medieval Iberia," and sessions on "The Theory and Practice of Medieval Medicine," "Mental Health in Non-medial Terms," and "Fourteenth-Century Health Care."

<sup>8</sup> See for instance Enrique Montero Cartelle, *Tipología de la Literatura Médica Latina: Antigüedad, Edad Media, Renacimiento* (Turnhout: Brepols, 2010).

<sup>9</sup> There is an appreciative review of this book by Jerome Groopman, "In a Medical Sanctuary," *The New York Review of Books*, 59, 14 (September 27, 2012), pp. 24-8.

features in Sweet's book on *God's Hotel*. This book contrasts pre-modern and contemporary medicine.<sup>10</sup> I presume that all physicians have experienced moments of mystery, but what seems infrequent today was common in earlier centuries. Sweet uses a classical vocabulary of *spiritus* and *anima*, the latter with the sense of "life force," that which animates the body. I am told that a current form of Dante's descent into the *Inferno* is the trajectory by which interns begin with an idealistic and humanistic vision of medicine, but by the end of their first year have become "bitter, cynical, depressed, and mercenary."<sup>11</sup> *God's Hotel* is a counterpoint to this story of alienation. In her years at Laguna Honda Hospital, Sweet draws nearer and nearer to her unpromising patients – commonly street people, filthy, delusional, and addled in various ways, not unlike the denizens of one of Mother Teresa's homes. Over time she realizes that the principal difference between the world of modern medicine, in which she has one foot, and the world of Laguna Honda is a different experience of time. The modern hospital is oriented toward efficiency, and has an imperative to push its patients out the door as soon as possible. But Laguna Honda has time and practices "slow medicine." There is "no imperative to diagnose and treat a patient quickly, no administrator trolling through the wards checking 'length of stay,' a merciless metric that pushes patients out the door so that the institution is paid well."

I say Laguna Honda is perhaps the last Hotel of God surviving in America, but elsewhere, in what is usually called the "third world," there are others. When I was a graduate student in Italy in the 1960s, a group of us were in an accident, and took the most seriously hurt to the closest hospital in Florence. This young lady was put in bed with a stranger, and given what was called "the cure," an indefinite period in bed to see what would happen. Even then, this was far from the treatment she would have received in the sleekly efficient hospital in Rome, run by very well trained German nuns, to which John Paul II would go from time to time. Anyway, it seemed to us that this young woman was in shock, and sure enough, after a time of rest, she was released from the hospital without, apparently, much of anything having happened. I as the medievalist in the group thought "just like the middle ages." Sweet's argument is that what the people who come to her hospital need above all is "sanctuary, a safe place."<sup>12</sup> She realizes that even to her hopeless patients she has a gift to give, friendship.

In Hildegard, Sweet found concepts quite foreign to modern medicine, especially the idea of *viriditas*. Hildegard did not think of the body as a machine, or disease as mechanical breakdown. Rather, she saw the body as having a power analogous to that seen in the greening or vigor or "power of plants to put forth leaves," etc.<sup>13</sup> What Laguna Honda could give was the basics, "good nutrition – tasty food, vitamins, liquids – deep sleep, fresh air, and sunlight," and as much time as was needed.<sup>14</sup> Sweet's goal came to be to ask of her patients, "Is anything interfering with *viriditas*? What can I do to remove it?" From having made the again thriving pilgrimage to

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<sup>10</sup> For context see Michael Bliss, *The Making of Modern Medicine: Turning Points in the Treatment of Disease* (University of Chicago Press, 2011), and Keir Waddington, *An Introduction to the Social History of Medicine* (New York: Palgrave Macmillan, 2011). See also Nicanor Pier Giorgio Austriaco, *Biomedicine and Beatitude: An Introduction to Catholic Bioethics* (Washington, DC: The Catholic University of America, 2011).

<sup>11</sup> Groopman, "Medical Sanctuary," p. 26.

<sup>12</sup> Groopman, "Medical Sanctuary," p. 26. Obviously what Sweet is doing is related to the hospice movement, on which see Ruth Ashfield, "The Gift of the Dying Person," *Communio* 39 (2012), pp. 381-97.

<sup>13</sup> Sweet quoted in Groopman, "Medical Sanctuary," p. 28.

<sup>14</sup> Sweet quoted in Groopman, "Medical Sanctuary," p. 28.

Santiago, the subject of a decent movie starring Martin Sheen, *The Way* (2010), she incorporates the idea of hospitality. But foremost is the idea of love, for it “opens up an avenue for understanding the patient as a person rather than as a body with disease.”<sup>15</sup> Although running reservations about the monks engaging in medicine were expressed throughout the history of monasticism, many medieval monasteries had within them a herbarium, and prescribed various herbs for the illnesses they encountered. There still survive herbals from the early Middle Ages, and one summer when I taught at Eichstadt I wandered through the herbarium there. At Eichstadt one can also see early-modern printed herbals on display. And there has been study of “Discussions on the nature of medicine at the University of Paris, ca. 1300.”<sup>16</sup>

Observers such as Wendell Berry and John Lukacs have argued that in the future the growing division will not be between liberals and conservatives, but between those who view themselves as creatures, and those who view themselves as machines.<sup>17</sup> In an essay on “The Return of Purpose,” arguing for the necessity for science of an idea of final causality, I quoted the classic description by E.A. Burt of the turn from the medieval and creaturely to the modern and mechanical.<sup>18</sup>

For the dominant trend in medieval thought, man occupied a more significant and determinative place in the universe than the realm of physical nature, while for the main current of modern thought, nature holds a more independent, more determinative, and more permanent place than man...[in the Middle Ages] on the teleological side: an explanation in terms of the relation of things to human purpose was accounted just as real as and often more important than an explanation in terms of efficient causality.... Analogies drawn from purposive activity were freely used.<sup>19</sup>

Burt goes on to contrast the purpose-filled world of the Middle Ages with the purposeless world which modern science seems to present us.<sup>20</sup>

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<sup>15</sup> Groopman, “Medical Sanctuary,” p. 28.

<sup>16</sup> See Cornelius O’Boyle, *Learning Institutionalized: Teaching in the Medieval University*, ed. John Van Engen (Notre Dame, Ind.: University of Notre Dame, 2000).

<sup>17</sup> See section three of Lukacs’ *The Future of History* (New Haven: Yale University Press, 2011).

<sup>18</sup> The following is quoted from Burt, *The Metaphysical Foundations of Modern Physical Science* (Garden City, N.Y.: Doubleday & Company, Inc., 1954), in my “The Return of Purpose,” *Communio* 33 (2006), pp. 666-81 at 666-67.

<sup>19</sup> Burt’s goal in *Metaphysical Foundations*, originally published in 1924, was a critique of positivism, showing that there is “no escape from metaphysics” (p. 227). For more recent comment on the “grey ontology” that results from the Cartesian and Newtonian elimination of teleology, in which wholes are viewed as no more than aggregates of their parts, see Jean-Luc Marion, “Descartes and Onto-Theology,” in *Post-Secular Philosophy: Between Philosophy and Theology*, ed. Phillip Blond (London: Routledge, 1998), and Michael Hanby, *Augustine and Modernity* (London: Routledge, 2003), pp. 134-177. Peter J. Bowler and Iwan Rhys Morus, *Making Modern Science: A Historical Survey* (Chicago: University of Chicago Press, 2005), pp. 175-176, 180-181, also have useful things to say.

<sup>20</sup> Over a longer sweep of time, things would be more complicated than Burt indicates. For instance, neither ancient Chinese thought nor Aristotelian thought was anthropocentric in the sense of making man either the most important thing in the cosmos or the consciousness through which all understanding flows. These ancient forms of thought simply assumed a *fit* between nature and consciousness, as if the former existed to enable the latter. This of course continued in the Middle Ages. On the Chinese side, where Daoism is the best example, especially the first seven chapters of the *Zhuangzi*, see *The Complete Works of Chuang Tzu* (New York: Columbia University Press, 1968), pp. 83-85, or the section on Daoism in

The difference between thinking of humans as creatures and as machines has been worked out by such writers as David S. Crawford and Michael Hanby. Crawford follows Benedict XVI in noting that “modern thought tends to reduce the physical world, and in particular the human body, to its merely material properties and laws, those that can be measured and . . . which can be exploited by technical means.”<sup>21</sup> Hence, the “ethical message contained in being” becomes unintelligible.<sup>22</sup> There is not space here to describe Crawford’s complicated analysis of what follows from this, but his broad comparison of the pre-modern and modern situations is very much to the point. We live in an age of individualism in which little heed is paid to the impact of our choices on whatever broader community is left, whether social community or the community of the created order.<sup>23</sup>

Crawford is part of a multi-front movement under the patronage of the American *Communio* group seeking to replace the Cartesian/Baconian understanding of man and nature with something more plausible philosophically and with theological depth. This group of thinkers finds many of the common criticisms of modern science, its scientism and reductionism, for instance, good so far as they go, but wishes more.<sup>24</sup> Thus David C. Schindler and Adrian J. Walker are discontent simply to note the difference between non-living and living being, or between nature in general and animate nature. The criticisms of early modern science do not go far enough for them. Yes, anti-reductionism is right to say that “animate nature cannot be reduced downwards to inanimate nature, and inanimate nature cannot be reduced upwards to animate nature.”<sup>25</sup> But a more grievous error is to think that we can give an adequate “explanation of *inanimate* substance without referring thematically to its original wholeness.” If we do this we likely miss “the originality of *animate* substance.”

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Benjamin Schwartz, *The World of Thought in Ancient China* (Cambridge, MA: Harvard University Press, 1985). Of the extensive bibliography on Aristotle, see Joseph Owens, “Teleology and Nature in Aristotle,” *Monist* 52 (1968), pp. 159-173, and John Cooper, “Aristotle on Natural Teleology,” in *Language and Logos*, ed. Malcolm Shofeld and Martha Nussbaum (Cambridge University Press, 1982).

<sup>21</sup> “Benedict XVI and the Structure of the Moral Act: On the Condom Controversy,” *Communio* 38 (2011), pp. 548-82 at 559. See also in the same journal 39 (2012), pp. 269-93, Larry Chapp, “*Gaudium et Spes* and the Intelligibility of Modern Science.” See also *The Body Divided: Human Beings and Human ‘Material’ in Modern Medical History*, ed. Sarah Ferber and Sally Wilde (Burlington, VT: Ashgate Publishing Company, 2011).

<sup>22</sup> Nicholas J. Healy, “Introduction: *Toward a Human Ecology Person, Life, Nature*,” *Communio*, p. 38 (2011), pp. 519-22 at 520, describing Crawford’s analysis.

<sup>23</sup> See Patrick J. Deneen, “Unsustainable Liberalism,” *First Things*, Number 225 (August/September 2012), pp. 25-31.

<sup>24</sup> See for instance the articles by Chapp and Hanby in *Communio* 39 (2012), pp. 269-313. Hanby (“*Aggiornamento* and the Sciences: What Does It Mean?” pp. 294-313 at 307) explains why the modern sciences are inherently reductive.

<sup>25</sup> Adrian J. Walker, “Original Wholeness”: (Living) Nature Between God and *Technê*,” *Communio* 38 (2011), pp. 643-56 at 645 n.9, for this and the next two quoted phrases, with reference to D. C. Schindler, “*Analogia Naturae*: What does Inanimate Matter Contribute to the Meaning of life?” pp. 657-81, in the same issue, of which esp. pp. 657-62 are on “the challenge of mechanism,” and see pp. 666-67, for Schindler’s brilliant solution of the problem of the problem of the “relationship between living things and their material parts.”

Walker rejects “both a general faith in progress and the specifically scientific form of that faith, whose ideal is an (asymptotic) elimination of suffering and death through technology.”<sup>26</sup> Science, born of a desire to better humanity’s lot through control of natural forces, has reduced the mystery of evil. The Baconian-Cartesian world is a machine, and this, as C.S. Lewis noted, at least reduces an earlier sense that evil is demonic refusal of God. The great temptation facing science and technology is the elimination of suffering without taking into account the mystery of evil. It is not at all that suffering should not be reduced, but that we are tempted to accept a false distinction between a supposedly neutral technique and the use of this technique, the goodness or badness of which depends on human intention, thus making humans, rather than humans with the cosmos, the source of value, effectively dethroning God as the Lord of all.

Of the *Communio* thinkers, especially Michael Hanby has pursued the post-Cartesian and post-Newtonian situation in which formal and final activity must be extrinsic to nature, and the mind-body problem eventually erases human nature.<sup>27</sup> Hanby uses David J. Depew’s and Bruce H. Weber’s demonstration of how in the nineteenth century biology became a Newtonian science, that is became as narrow ontologically as had the other sciences.<sup>28</sup> Into an empty nature demons entered in the form of an almost unbridled development of medicine, and there appeared such figures as the “heroic physician,” or the medical researcher who believes that nature places no limits on what may be manipulated.<sup>29</sup>

For centuries the sexes have been spoken of not just as differentiated in biology, but in some spiritual or psychological way, such as expressed by the idea of “the eternal feminine.” Some of what has been said is quite useful, but today it is common to speak politically of “what women want,” as in the manner of abortion or reproductive “rights.” It should be obvious that “women” are not a class who all want the same thing, but nevertheless many speak as if that were so.<sup>30</sup> In fact, studies have shown that to predict a woman’s (or a man’s) politics, it is much more important to know her marital status and level of religious practice than her sex. Again, the concept of “health care” has become very slippery. For instance, the packaging of contraceptives often involves portraying the reproductive system as dysfunctional.<sup>31</sup>

This likely is part of a larger campaign, as in high school textbooks, to present adolescent sexual activity as virtually inevitable. It is said that continence is unrealistic. No longer is sex education a responsibility of the parent, but of the government and public educational system. The state has come to see itself as responsible for controlling female fertility, and

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<sup>26</sup> “‘Rejoice Always.’ How Everyday Joy Responds to the Problem of Evil,” *Communio* 31 (2004), pp. 200-35 at 204 n. 3, on this and the following.

<sup>27</sup> Michael Hanby, “Beyond Mechanism: The Cosmological Significance of David L. Schindler’s *Communio* Ontology,” in *Being Holy in the World: Theology and Culture in the Thought of David L. Schindler*, ed. Nicholas J. Healy and D. C. Schindler (Grand Rapids, MI: Eerdmans, 2011), pp. 162-189 at 174.

<sup>28</sup> Depew and Weber, *Darwinism Evolving: Systems Dynamics and the Genealogy of Natural Selection* (Cambridge, MA: MIT Press, 1997).

<sup>29</sup> Hanby, “Beyond Mechanism,” pp. 179-80.

<sup>30</sup> See Colleen Carroll Campbell, “What Women Want,” *Voices* 27, 2 (2012), pp. 9-12.

<sup>31</sup> Rita Joseph, “Serving an Epidemic of Sexual Excess,” *Voices* 27, 2 (2012), pp. 15-17 at 15.

personal continence as for the most part an unrealistic ideal. Thus a utilitarian view in which at the end sexual license is a health right. It may be difficult to present behavioral therapy as a more proper alternative, but my daughter pediatrician and son psychiatrist say this can be done. It took millennia to develop a “best practice” of sexual intercourse as between a man and a woman, with intercourse restricted to marriage, to the end of preparing the best environment in which children could grow, but no one ever said that life is easy. From an anthropological point of view, much of human history is an experiment with the question of how fertility is best dealt with. Hence such behavioral codes as post-partum abstinence and extended breast-feeding. In our day the natural family planning movement has tried to build on such ancient experimentation, to the goal of being more respectful of what we and our families are. Now some of this has gained the approval of such journals as the *British Medical Journal* (20 Nov., 1993), and I myself am privileged to live in a Diocese which encourages and teaches natural family planning.<sup>32</sup>

In an article in *First Things*, a somewhat naïve and underinformed rabbinical student compared medical education at Georgetown and Yeshiva Universities, not to the clear benefit of either. The ideal at Georgetown was *cura personalis*, “the healing of the entire person, mind, body, and soul.”<sup>33</sup> While making it clear that in some matters this was an ideal honored in the breach, this student thought this ideal guided the school in some important ways, teaching students how to take patients’ spiritual histories and encouraging extended bedside visits, while making sure that they knew that, though the hospital itself cooperated in activities prohibited by Catholicism, the students could be excused from any activity they objected to on religious grounds.

At Yeshiva the school largely complies with the teachings of Rabbi Joseph B. Soloveitchik so far as conformity to Jewish law, diet, and daily observance is concerned. Soloveitchik, deeply suspicious of the irreligion and cult of scientism he had commonly found among physicians, thought only practicing Jews made fit Jewish physicians. A Christian form of this observation would be to say that though, even today, the greatest gift that Christendom has given us, the idea that man is made in the image of God, has not been entirely effaced from our culture, we can not really speak of reconceiving fields such as medicine without returning them to this original observation that humans are made in the image of God. A proper healing is only possible in faithfulness to that observation.<sup>34</sup>

I would not expect that in fact the medicine of the future would significantly slow down its technologization and pursuit of efficiency and profit, but the figure of the Christian physician can still provide a counterpoint, returned somewhat, say, to a nineteenth-century model in which the village doctor plays in the local orchestra and is well-read outside his own field, that is, is less a specialist and more a full human being. Christianity in America is very forgetful of one of its central tasks, to teach humans how to die well.

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<sup>32</sup> See the citation of John Paul II’s January 2004 message on “Natural Regulation of Fertility and the Culture of Life” in Joseph, “Serving an Epidemic of Sexual Excess,” p. 17.

<sup>33</sup> Peter Kahn, “Grand Rounds with Jews and Jesuits,” *First Things* 224 (June/July, 2012), pp. 22-23 at 22.

<sup>34</sup> See Deneen, “Unsustainable Liberalism,” p. 30.

The Christian physician must finally place what he does under this heading of relativizing his own importance and presenting medicine not simply as an heroic effort to keep the demons of suffering and death at bay, but as a relative good ordered to life eternal.

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