

The Ellul Forum

For the Critique of Technological Civilization

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Editorial

Jeff Shaw

Welcome to the spring 2017 issue of the *Ellul Forum*. Long-time readers will instantly recognize the return of the classic *Forum* look, and for this I would like to thank Lisa Richmond for initiating the reformatting of our journal and for bringing this issue together and providing the translation for the French articles herein. As guest editor, she has provided our readers with an opportunity to engage with Ellul's thought on medicine. Lisa's administrative assistant at Wheaton College, Eli Nupanga, contributed the actual layout. Special thanks are also due to Raymond Downing for suggesting an issue focused on Ellul's essay on medicine, and to Raymond, Frédéric Rognon, and Richard Stivers for their contributions.

I would like to invite our readers to contribute to the *Forum* or to step forward and volunteer ideas for special issues like this one, focusing on a particular topic. We were privileged to hear a number of emerging scholars speak at the conference last July in Berkeley, and many of these presentations would fit nicely into future issues. Perhaps some of our veteran Ellul scholars would also like to follow Lisa's lead and either present ideas for the next few issues or be willing to run through the editing and formatting process as she has done. Either way, the *Forum* will benefit tremendously, as will we all, from our collaborative input.

Please enjoy the spring issue of the *Ellul Forum*, and keep in mind as well that the Vancouver conference is only a little over a year away. We hope to see you there!

Biblical Positions on Medicine

Jacques Ellul

IT may seem strange to go to the bible for enlightenment in a field as technical and modern as medicine. The bible can apparently give us only an archaic conception of medicine, primitive and of mere historical interest. But if, in truth, medicine means the care of man, the preservation of health, it is obvious that we need to know something about man in order to care for him. How can we know something about man? This is the whole question. We can inquire by a rational inventory of experiments and observations. We can also receive what God gives us in a revelation on this subject. The two methods can go together. They can also be contradictory. But we can easily posit, on the basis of faith, that because God created man and inspired the bible, what he tells us in the bible about man is most true. For God knows more about man than man does himself. And when God reveals man's reality to us, it is indeed this reality and not some other that is ultimate, that holds sway over all the rest. Thus the bible enlightens medicine about these ultimate realities that shape man's life, and as a result it can inspire a particular development in medicine.

THE IDEA OF MAN

What does the bible tell us about man? Many things that we will pass over, because they would be without immediate relevance or are well known:

1. Man is a creature. He is not an autonomous being who possesses life by himself or who holds anything on his own. He is wholly dependent on the creator.

2. Man is created in the image of God. But may we say that man is this image today? No—but it is always expressly testified to us that we have known what this true image of God was: it is Jesus Christ (Phil. 2:6). It is thus Jesus Christ who, being the true image of God, represents man to us such as God desired and created him to be. He is the one who—although God—is more truly man than any one of us. And as a result, in order for us to find out what man is and ought to be, truly, we need to look to Jesus. It is he who provides the key to this ultimate reality of man.

3. Man is not delivered over to destiny. He does not live in a world that is the plaything of blind forces or calculated fate. He does not live by a fate that dominates man's devel-

opment. There is no blind good luck or bad luck. The life of man is completely known, guided, and used by God. God is the one who combines in it the good and the bad, happiness and unhappiness—taking into account Satan's activity, which God uses, and the presence of sin.

4. For man is radically sinful, in his essence and not only in his actions. He is oriented toward evil. He pursues evil, and ultimately death, because, despite his conscious horror of death, his profound tendencies compel him to seek death as well as sin.

5. We will spend more time on the idea that man is presented to us in the bible as a unity. Contrary to current thinking, the bible does not separate out two elements in man, the soul and the body.

Man is considered a unity in which we can identify three elements that are distinct but not separate: the body, the soul (the ensemble of mental and psychological qualities), and the spirit, which is the particular place of encounter between God and man. This spirit opposes the soul-body complex in the sense that the soul-body is purely natural and wholly perishable. The spirit, by contrast, is the gift of God, supernatural. From a biblical point of view, therefore, the soul has no particular value. There is no such thing as the immortality of the soul. In themselves, none of the elements that compose man are immortal; he receives this capacity only through grace, as a result of judgment. The bible therefore is not spiritualistic: even the spirit does not exist apart from God, the personal God who is the God of Jesus Christ.

As for the two parts, soul-body and spirit, they are as we have said closely linked, completely intertwined, to such an extent that no man can differentiate them and separate what is natural in man from what is supernatural. God alone can separate them (Heb. 4:12). So no one has any right to disregard one of the elements in order to say that only the others are interesting. No one has the right either, even for convenience, to isolate one of the elements that make up man. When man is considered, he must be taken in his totality—because he must be taken such as God desired him and with the appearance that God gave him. This shows already that the doctor cannot limit himself to caring only for the body, without engaging precisely in this kind of isolation.

And, besides, on another point relative to man, the bible has to do with medicine: the body, which up to this point has been the object of essentially medical preoccupations, is not foreign to the bible's preoccupations. First and essentially, it is in the body that our attitude toward God is manifested (Rom. 12:1). The body is thus an element that gives materiality to our "inner life," and as such it must take part in this inner life. It can be neither disregarded nor separated from the spiritual life, particularly since it is the temple of the Holy Spirit (1 Cor. 6:19). It is thus not negligible: not because it has an independent value of beauty, power, or joy, but because it was created by God to be his temple. Receiving this eminent dignity from God, it cannot be held in contempt by man. And finally, it is this body (taking part in the flesh) that is promised to resurrection. No more or less than the rest of man, it is placed under judgment and promised to resurrection. The bible therefore does not consider one part of man as noble, high, divine in itself, immortal, and another part as vile, corrupt, and destined for death. All is corrupted by sin, and all is promised to salvation.

Thus the body, this primary concern of medicine, also has much to do with faith. The body is not a domain external to faith. It is the very presupposition of ethics—and since nothing that happens to the body is indifferent to faith, since all action upon the body has its reaction upon the spiritual life (because of their fundamental unity), for this reason the bible has something to tell us about medicine.

SPIRITUAL AND CORPOREAL

It is generally assumed today that the corporeal influences the spiritual. And in fact the bible assumes this, as we will see. But much more often, the bible presents the opposite idea: the influence of the spiritual on the corporeal. Most often, the relation between the two is presented to us in such a way that the corporeal appears only as a sign of what the spiritual is, and as a result it experiences only the repercussions of what happens on the spiritual level. The real drama, the real action, takes place on a stage to which we don't have access, where we do not feel comfortable. And what we see and observe naturally is only the end point of the drama, the leftover part of the action, that shows through on the level that we can perceive and that takes shape for us there.

But again, it must be understood that when we speak of the spiritual, we do not mean a mystical outpouring, or the "unknown region," or the capital of the human spirit, or the realm of the feelings or the irrational. It is precisely the relation between man and the God of Jesus Christ, that is, the action of this God upon man and the attitude that this man take up in response to this action.

The fear of the Lord is health for the muscles and refreshment to the body (Prov. 3:7–8). That is, between the creature and the Creator there can be a right order of relation, and this is what can promote health best. What weakens the body is the will to live for oneself, as an independent creature. It is the act of breaking the bond with the creator. When this right bond

is established, this attitude of fear (which concerns the life of every man) is expressed as a moral life, stability of heart, a certain purity, and here we have one of the essential elements for the establishment of health (Prov. 4:20–24). But then we arrive at this simplification: it is the good (with a meaning as yet undetermined) that preserves man from illness—and the reverse: evil brings illness upon the sinner. This is not false, to the extent that sin gives birth to death, and this idea in simplified form inspires in part the disturbing questions of Job, who does not understand that the just may be afflicted with illness. But the thing becomes too simplistic when it tends to precisely equate the good with health and when it forms a necessary link between ideas of the good, evil, sickness, and health.

For the moment, what is important to hold is that what dominates man's life is not the relationship of man and his body with the things and the world around him. That is only a repercussion, only a secondary phenomenon. The primary phenomenon, what determines man's life, is the relation of his spirit with the Spirit of God—with Wisdom—and this relation is also what influences (among other things) health and sickness.

IDEAS OF LIFE AND OF DEATH

Some words in the bible have a double meaning, but not two meanings: corporeal life, corporeal death, spiritual life, spiritual death. There are not some "instances" involving the one sense and others involving the other sense. Throughout, even when one meaning seems very clear, "life" signifies both corporeal and spiritual life. "Death" signifies corporeal and spiritual death. The modes are various, but the two phenomena are always tied together. We cannot separate the two aspects from each other. Bodily life and death are not thinkable from the biblical point of view except in relation to spiritual life and death.

In what way are they presented together? Bodily life and death are, first, signs of what is happening on the spiritual level. They are, in addition, proximate examples of it (we would have no fear of spiritual death if by approximation we did not know what physical death was). They are pledges of the promise of spiritual life and death, a beginning of its fulfillment, to the extent that man is an inseparable unity. Finally, they are its consequences, and we are back again to the idea of the primacy of the spiritual.

Thus, after the fall, God lets man live, physically. This is a promise of eternal life—this fallen state is already the sign of the covenant, and that God does not abandon this man in this state that he is not made for.

—God condemns man to death. The sign of this death is the physical death that we can experience.

—If man lives physically, it is because God gives him a certain spiritual life. It is because all of the bonds are not broken between this man and his Creator. He continually receives this new gift of life, and he receives it from God. It is this relation therefore that produces physical life.

—If man dies physically, it is because he is one condemned to death, a sinner whose sin leads to the break with God. And because of this, he cannot survive on his own. Here again it is because he dies spiritually that he dies physically.

Now, in all this, “spiritual life” means union with God, through the grace received in faith, by means of the sacrifice of Jesus Christ. “Spiritual death” means separation from God.

Once again, this is not a spiritualism: the spirit does not exist if it is not the spirit of God, and union with God does not exist if it is not established by a free act of God that reaches across all transcendences, and by means of the sacrifice of Jesus Christ that brings peace between man and God. And if we say that life as a whole depends on the spiritual life, this does not mean that it is more important. It is simply based on the following fact: God, as his name indicates in Hebrew, is the Living One, the One who has life in himself and who has it exclusively [Ex. 3:4]. Nothing lives apart from God. God is first the One who exists eternally. Thus, life comes necessarily from union with God. Everything that is separated from God dies: it cannot be otherwise, for apart from God is nothingness. It is therefore this spiritual life, this union with God, that alone can give life.

This life has a meaning: to give glory to God (Is. 38:18). Death also has a meaning: to show forth the justice of God.¹

All this does not mean that faith or a correct theology are an insurance policy for good health. We will see that sickness can have very diverse meanings, and that faith is not a cure. But it teaches us to consider that there can be no life, with the health that this implies, without spiritual life, that health is not a combination of treatments but a way of living in obedience to the laws that God desired for our life. My medicine would be thus above all a hygienics, but not a naturalistic one: a hygienics in which the first act is repentance for sin—and conversion.

THE IDEA OF ILLNESS

Thus we come to the essential problem of medicine, the one that is so often doctors’ only preoccupation: the state of crisis that is called illness. Now, what we have to say here about illness cannot be a collection of isolated thoughts but only an outcome of what we have said to this point.

Illness essentially appears in the bible as an action of Satan, who is left free within certain limits fixed by God. This is what the prologue of Job teaches. God therefore relinquishes his creatures into Satan’s hands so that Satan may exercise his power, but he can do so only up to a certain point. Satan would like to go further, to the point where he would be certain of attaining victory, but God has made the promise: “You will not be tempted beyond your strength” [1 Cor. 10:13]. As a result, the limit to Satan’s action is the human strength that God knows for each one of us. This is especially how it is for sickness and suffering, which cannot go beyond our strength.

But if God lets Satan act, this is not a game, nor is it to leave to the evil one a legitimate exercise. It is because ill-

ness possesses a profound meaning. It is either to the glory of God—or else it is a sickness unto death.

In the first case, it is not unto death (John 11:4), and it can have many purposes that all lead in the end to God’s glorification. In this case, its purpose may be to test and strengthen faith (Job) and thus to cause man to become decisively aware of the fact that help is in the Lord alone. Or sickness may be there only to be overcome, to bring about a miracle and lead to conversion. In this case, sickness is the means that God uses to manifest to man his sin and his deliverance (John 9:3). Or it may be the sign that spiritual sickness is healed, having no other reason than this deliverance, good news brought to man (Matt. 9:1). Or sickness may announce the coming of the Kingdom of God in a negative way, this kingdom in which sickness will be no more. The announcement of its coming is that sickness is put in the same category as the death that has been vanquished (Matt. 11:15). Finally, sickness may be a way of affirming God’s sovereignty over death and the world; thus it ought to lead to the glorification of the Lord (John 11:14). It thus enters into God’s plan, as always happens. It is a means of causing God’s action and mercy to burst forth in the world. And the doctor obviously should be careful to not deflect sickness from its meaning, to not keep the sick person from becoming aware of this purpose that sickness has.

But the texts offer us another hypothesis: Sickness unto death. On this subject, we must note that the idea of the suffering or sickness that purifies is completely absent from the bible. Pain in the bible is not a means of removing sin or of purifying our life. This is not the case even for Christ: it is not Christ’s suffering that brought about redemption, but his death. Christ’s suffering is the inevitable result of sin. “The wages of sin is death” [Rom. 6:23]—this death enters by way of sickness. In this sense, sickness is unto death. It is not a punishment, in the sense in which sin and penalty could be held in a fair balance.² It is a sanction, in the sense of an unavoidable and just consequence. As a result, sickness unto death appears to us first as one of the tangible signs of our state of sin; it is our normal condition to be sick, as it is our normal condition to be sinners. This is why the healings that Jesus Christ performed are both corporeal and spiritual. It is why the one who receives health receives at the same time pardon for sin. The healing of sickness without the forgiveness of sins is only an adjournment, a patching up, a little boost: it is not health. This deliverance from sickness has no value in itself. It can be a temporary betterment, but sickness unto death is still present and must reappear in one form or another. This remission of disease has meaning only as a sign of forgiveness—and thus it has worth only to the extent that the heart is willing to receive forgiveness at the same time (James 5:15).

As a consequence of sin, sickness is presented to us from two principal angles. It can be a sanction, or a means that God uses to turn us from sin.

—A sanction. It thus becomes an outward sign of sin, the physical mark of our impurity. This is the meaning of all the Mosaic legislation concerning leprosy (Lev. 13). Leprosy

here is the type of all sickness. The one who is affected by it is characterized as impure. The remedy is a purification. But this leprosy, a sign of sin, involves as a consequence the leper's separation from others. He is, in brief, consecrated to God, confined within his disease, and his exclusion from the camp clearly marks man's powerlessness to heal this disease. Only the fulfilling of God's will is what heals it.

—A constraint that God uses to incline man's will and draw him from the path of sin. An example is the diseases that Moses released upon Egypt (Ex. 7), which were concerned with breaking the rebellious will of Pharaoh. But in fact, even a miraculous sign, even an extreme suffering, cannot break the sinful will. In such a case, sickness is then the warning of the punishment that will overtake the sinner. It is a time for reflection, in which the punishment has begun but is still uncertain, and during which a man can "turn from his evil way" [Ez. 3:18, Zach. 1:4]. The same goes for the diseases that were sent upon the Church of Corinth because they were treating the Lord's Supper unworthily (1 Cor. 11:30). It is a case of striking the spirit of man so that he may be converted. But in reality, this conversion is what is first needed. Only afterward can the providential meaning of the disease be perceived.

Conversion is needed first . . . and this is why these two kinds of sickness are both unto death: because in both cases we begin from there, with the final condemnation that is borne upon man and his sin. It is a means of warning man about this condemnation, but a warning that will be grasped only in faith. In this case, sickness ceases to be unto death and becomes unto the glory of God. If not, it finishes out its work.

But this link between sickness and sin must not be understood in a simplistic sense. It does not mean that he who is the greatest sinner is the one who is most sick—or that sickness is the sign of a greater sin, or even of a specific, particular sin. Not at all. All are equally sinners before God—all equally deserve condemnation, death—and, as a result, sickness. All men are sick, Jesus tells us (Matt. 9:12), when he says that it is the sick who need doctors. He says this to those who *think* they are well but who actually are not. But some know that they are sick and accept healing—others consider themselves healthy and do not seek a cure.

As a result, acute sickness, what we generally call disease, is only the illustration of what ought to be our normal and permanent condition (as sinners), by virtue of condemnation (Luke 13:1ff). Thus it is by God's grace that it is kept from us, and when it comes it should be considered as being directed not only to the one who suffers it but to everyone: as a call addressed to all, so that they may turn from their sin (Ex. 15:26).

But then, this leads to a different understanding of health; it turns what we believe upside down. We learn that the normal state is sickness, and that the exceptional, abnormal state, not inherent to our nature, is health. Left to ourselves, we will go immediately to death by the way of sickness. It is God's hand that restores us continually to a state of relative health,

which we do not deserve. Healing is thus nothing other, in every situation, than God's merciful intervention in the course of nature. And this is why we do not know what health is.

We know how difficult it is to distinguish, medically, between health and sickness. There are only imprecise boundaries between the two, and it is extremely difficult to say where health or sickness begins. This affirmation is clearly confirmed by what the bible teaches us: what we know by the name of health is only the absence of illness. Our health is always only a preparation for death. We do not actually know what true health is, that of Adam's before the fall. Thus, there is no man who is truly well, for even in forgiveness we live with a body of sin, a body of death promised to corruption. Whereas health, in the absolute sense, is promised only to the incorruptible body.

REMEDIES

We are accustomed to a medicine that focuses directly on the pain that is manifested and wants to heal this pain in its physical aspect. Such a medicine is necessarily symptomatic: that is, it observes certain physical deficiencies and focuses on them. But we have seen that these physical deficiencies are in reality only the signs of other, more profound injuries, spiritual injuries. Thus medicine focuses only on symptoms when it attempts to treat the exclusively physical aspect of the sickness. It does not go to the root, and this is what explains the judgments that the bible brings to bear against medicine.

On the one hand, we observe the powerlessness of medicine: man is not capable by himself of healing sickness (Jer. 46:11, Hos. 5:13, etc.). He can at the very most reduce its effects, but his skill can never go far. Sometimes medicine is even presented to us as completely contrary, opposed to God's will, a sign of man's revolt against God (2 Ch. 16:12, Jer. 17:5). This happens when medicine becomes an idol, a power that we petition independently of God. In this case, medicine dresses itself up in what is not its own. It draws forth the praise and gratitude that are due only to God—it raises hope and stimulates faith. It truly takes the place of God and is for this very reason condemned. Before this idol, we hope that it will act on its own, that is, we hope that life and death belong to it, are in our hands. But this lying god has not kept its promises. The biblical affirmation that medicine is powerless without God's help is striking. We observe that man succeeds somewhat in removing suffering, but not in overcoming or reversing sickness. For if a sickness recedes, how many other forms reappear or arise for the first time? If acute illness is arrested, how much more does health in general, racial resistance, weaken? If microbial diseases seem to be conquered, how much more do nervous diseases arise, and so forth? We have placed our confidence so much in medicine, and we receive a denial: there is confidence only in God.

Does this mean that medicine should be exclusively spiritualistic? Without refuting the exaggerations of Christian Science, it is enough to note that Christian medicine cannot be spiritualistic, because man is not a pure spirit. The primary

problem to pose is a spiritual problem, in general, and particular to the specific illness. But this does not exclude the material cure and physical healing. Man is a unity, let us remember.

The healing that has a spiritual effect, the forgiveness of sin, must bring among other results man's adherence to the order of nature as God desired it. In the same way that this leads the Christian to accept obedience to the laws of the State, he must know how to obey the laws of nature for his body and agree to reform his life in a way that avoids what is bad for him. God created for man a setting, some needs, and the means of fully satisfying these needs. Hygienics is thus nothing other than accepting the life that God desired man to lead, from the physical point of view as well. Thus the healing of sin attains the cause of the illness, which is always a disobedience to this natural order that God established. Of course, the symptoms of the disease, its material consequences, are not ended thereby, but the disease is attained in its reality because Satan no longer has a hold from this angle. Thus the Christian idea of sickness indeed entails a material healing and activity as well.

But our materialistic concept, most commonly, has accustomed us to thinking of treatment in materialistic and immediately utilitarian terms. Most often, treatment has only one goal: to end suffering, and this is reinforced by the conception that each individual person's importance comes from his deeds and actions. All of the extreme phenomena of each of us appear incredibly important, because we are individualistic to the extreme. We have lost the sense of life's relativity and of the individual person's integration within real communities and generations. All of this falsifies the idea of treatment. The true cure is the one that attains the roots of the illness and that acts over a more or less extended period of time, that may even act only in our descendants. The bible does not in fact do away with treatment; it teaches us first that treatment is given to the doctor by God, that it is indeed a dedicated means of caring for the body (the supreme virtue of the plant is its curative power [Ez. 47:12, Rev. 22:2]), and that treatment changes through time (James 5:15). Here we must simply admit that the bible gives humanity a role.

The bible also teaches us that certain men have a gift of healing. We will leave unresolved the question of whether the gift of healing has to do with miraculous healings or with the doctor's having a true medical gift.

And this idea of treatment is linked to the following two affirmations: that Jesus Christ is the only cure for the reality of our illnesses, that he bore our illnesses (Matt. 8:17), and that resurrection is the only real healing from this point forward (Hos. 6:1).

This therefore entails a certain attitude with regard to treatments. If they are in submission to the order of God, we need to know if the treatments that we use are consistent with the order of nature that God desired—if, for example, they do not tend to treat man as [mere] material, if they do not interfere with his nature, if they are not an attempt to encroach upon God's domain. So, when the doctor considers

the treatment to apply, he must ask himself a twofold question: that of the treatment's technical value and also that of its validity before God.

Translator's Notes

1. The French noun *justice* may be translated into English as *justice* or as *righteousness*.
2. The image here is of a weigh scale, with sin in one pan and penalty in the other, equally balanced in weight.

Positions bibliques sur la médecine

Jacques Ellul

L peut sembler étrange que l'on aille rechercher la bible pour nous éclairer dans un domaine aussi technique que la médecine, aussi moderne. La bible ne peut nous donner, apparemment, qu'une conception archaïque sur la médecine, primitive et sans autre intérêt qu'historique. Mais si, à la vérité, la médecine est le soin de l'homme, la préservation de la santé, il faut de toute évidence savoir quelque chose sur l'homme pour le soigner. Comment saurons-nous quelque chose sur l'homme ? Toute la question est là. Nous pouvons découvrir par un inventaire rationnel d'expériences et d'observations. Nous pouvons aussi recevoir ce que Dieu nous donne dans une révélation à ce sujet. Les deux méthodes peuvent concorder. Elles peuvent aussi être contradictoires. Mais nous pouvons facilement poser, à partir de la foi, que Dieu ayant créé l'homme et ayant inspiré la bible, ce qu'Il nous dit dans la bible sur l'homme est le plus vrai. Car Dieu en sait plus sur l'homme que l'homme lui-même. Et lorsque Dieu nous révèle la réalité de l'homme, c'est bien cette réalité-là, et non une autre, qui est dernière, qui commande toutes les autres. Donc la bible éclaire la médecine sur ces réalités dernières de ce qui forme la vie de l'homme, et peut en conséquence inspirer un développement particulier à la médecine.

LA NOTION DE L'HOMME

Que nous dit la bible sur l'homme ? Beaucoup de choses que nous laisserons de côté parce qu'elles seraient sans intérêt immédiat, ou qu'elles sont bien connues:

1. L'homme est une créature: il n'est pas un être autonome qui possède la vie par lui-même ou qui a quoi que ce soit par lui-même : il est dépendant dans sa totalité du créateur.

2. L'homme est créé à l'image de Dieu. Mais peut-on dire que l'homme soit actuellement cette image ? Non—mais il nous est toujours témoigné expressément que nous avons connu qui était cette véritable image de Dieu : c'est Jésus-Christ (Phil. 2,6). C'est donc Jésus-Christ qui, étant la véritable image de Dieu, nous représente l'homme tel que Dieu l'a voulu et créé. C'est lui qui—quoique Dieu—est plus vraiment homme que quiconque d'entre nous. Et par conséquent pour nous renseigner sur ce qu'est, et ce que doit être l'homme,

véritablement, il nous faut regarder à Jésus. C'est Lui qui donne la clef de cette réalité dernière de l'homme.

3. L'homme n'est pas livré au Destin : il ne vit pas dans un monde jouet de forces aveugles, d'une mathématique du sort ; il ne vit pas de Fatalité qui domine l'évolution de l'homme, il n'y a pas de chance ou de malchance aveugle, de Fortune. La vie de l'homme est tout entière connue, conduite et utilisée par Dieu. C'est Dieu qui y mêle le bien et le mal, le bonheur et le malheur, compte tenu de l'action de Satan dont Dieu se sert et de la présence du péché.

4. Car l'homme est radicalement pécheur : dans son essence et non seulement dans ses actes. Il est tourné vers le mal. Il recherche le mal, et en définitive la mort, car malgré son horreur consciente de la mort, ses tendances profondes le poussent à rechercher la mort, comme le péché.

5. Nous nous arrêterons plus longuement sur l'idée que l'homme nous est représenté dans la bible comme une unité : contrairement à la pensée courante, la bible ne sépare pas en l'homme deux éléments : l'âme et le corps.

L'homme est considéré comme une unité dans laquelle on peut déceler trois éléments distincts mais non séparés: le corps, l'âme (ensemble des qualités mentales et psychologiques) et l'esprit qui est, plus particulièrement, le lieu de rencontre entre Dieu et l'homme. Cet esprit s'oppose au complexe âme-corps, en ce que celui-ci est purement naturel et entièrement périssable. L'esprit au contraire est le don de Dieu, surnaturel. L'âme est donc, du point de vue biblique, sans valeur particulière. L'immortalité de l'âme n'existe pas. En soi, aucun des éléments constitutifs de l'homme n'est immortel. Il ne reçoit cette vertu que par grâce, en conséquence du jugement. La bible n'est donc pas spiritualiste : l'esprit lui-même n'existe pas en dehors de Dieu, et du Dieu personnel qui est celui de Jésus-Christ.

Quant aux deux parties, âme-corps et esprit, elles sont, avons-nous dit, étroitement unies, totalement pénétrées l'une dans l'autre, à un tel point qu'aucun homme ne peut faire de distinction, et séparer ce qui est naturel et ce qui est surnaturel en l'homme. Dieu seul peut les séparer (Héb. 4,12). Ainsi, l'on n'a absolument pas le droit de négliger l'un des éléments pour dire que les autres seuls sont intéressants. L'on n'a pas le droit non plus, même pour la commodité, de faire abstraction

de l'un des éléments constitutifs de l'homme. Lorsque l'on envisage celui-ci, il faut le prendre dans sa totalité—parce qu'il faut le prendre tel que Dieu l'a voulu et avec l'aspect que Dieu lui a donné. Ceci montre déjà que le médecin ne peut pas se borner à soigner seulement le corps, sans quoi il fait précisément cette abstraction. Et, d'autre part, sur un autre point relatif à l'homme, la bible concerne la médecine : c'est que le corps, jusqu'ici objet des préoccupations médicales essentielles, n'est pas étranger aux préoccupations de la bible. Tout d'abord, et essentiellement, c'est dans le corps que se manifeste notre attitude à l'égard de Dieu (Rom. 13,1). Le corps est donc un élément de matérialisation de notre « vie intérieure » et, à ce titre, il doit participer à cette vie intérieure. Il ne peut être ni négligé, ni séparé de la vie spirituelle. Cela d'autant plus qu'il est le temple du Saint Esprit (1. Cor. 6,19). Il n'est donc pas négligeable : point parce qu'il aurait une valeur autonome de beauté, de force ou de joie, mais parce qu'il a été créé par Dieu pour être son temple. Recevant de Dieu cette dignité éminente, il ne peut être méprisé par l'homme. Et c'est enfin ce corps (participant à la chair) qui est promis à la résurrection. Ni plus, ni moins que tout le reste de l'homme, il est soumis au jugement et promis à la résurrection. Il n'y a donc pas, pour la bible, une partie de l'homme noble, élevée, divine en soi, immortelle et une autre vile, corrompue et promise à la mort : tout est corrompu par le péché, et tout est promis au salut.

Donc, le corps ce domaine éminent de la médecine intéresse aussi—et combien—la foi. Il n'est pas un domaine extérieur. Il est la présupposition même de l'éthique—et parce que rien de ce qui arrive au corps n'est indifférent à la foi—parce que toute action sur le corps a sa réaction sur la vie spirituelle (en raison de leur unité fondamentale), pour cela la Bible a quelque chose à nous dire sur la médecine.

SPIRITUEL ET CORPOREL

L'on admet de façon très générale actuellement que le corporel influence le spirituel. Et, de fait la bible l'admet comme nous le verrons. Mais beaucoup plus souvent, elle pose l'idée inverse : l'influence du spirituel sur le corporel. Le plus souvent le rapport entre les deux nous est présenté de façon que le corporel n'apparaît que comme un signe de ce qu'est le spirituel, et dès lors il ne supporte que le contre coup de ce qui arrive sur le plan spirituel. Le vrai drame, la vraie action ont lieu sur un théâtre où nous n'avons pas nos entrées, où nous ne sommes pas à notre aise. Et ce que nous voyons, constatons naturellement, n'est que la pointe terminale du drame, la partie résiduelle de l'action qui affleure à nos sens et prend forme pour nous, là.

Mais encore faut-il s'entendre lorsque l'on parle de spirituel : c'est, non pas une effusion mystique, non pas le « domaine inconnu », non pas l'apport de l'esprit humain, non pas l'ordre des sentiments et de l'irrationnel : c'est de façon très précise le rapport entre l'homme et le Dieu de Jésus-Christ, à savoir : l'action de ce Dieu sur l'homme et l'attitude que cet homme prend en face de cette action.

La crainte de l'Eternel est la santé pour les muscles et la joie du corps (Prov. 3,7.8) : c'est-à-dire que le fait qu'il y ait entre la créature et le Créateur un ordre de rapport normal est ce qui peut le mieux favoriser la santé. Ce qui affaiblit le corps, c'est la volonté de vivre pour soi, en créature autonome, c'est le fait de rompre le lien avec le créateur. Et ce lien normal établi, cette attitude de crainte (il s'agit de la vie de tout homme) se traduit par une vie morale, l'équilibre du coeur, une certaine pureté et c'est là un des éléments essentiels de l'établissement de la santé (Prov. 4,20.24). Mais l'on en arrive alors à cette simplification : c'est le bien (avec un sens encore indéterminé) qui préserve l'homme de la maladie—et à l'inverse : le mal attire sur le pécheur la maladie. Ce n'est pas faux, dans la mesure où le péché engendre la mort, et cette idée simplifiée inspire en partie les questions inquiètes de Job qui ne comprend pas que le juste soit accablé de maladies. Mais où la chose est trop simple, c'est qu'elle tend à devenir une balance exacte du bien et de la santé ; c'est aussi de faire un lien nécessaire entre les notions bien, mal, maladie, santé.

Pour le moment, ce qu'il importe de retenir, c'est que ce qui domine la vie de l'homme, ce n'est pas le rapport de l'homme et de son corps avec les choses et le monde environnant, cela n'est qu'une conséquence, qu'un phénomène second ; ce qui est le phénomène premier, ce qui détermine la vie de l'homme, c'est le rapport de son esprit avec l'Esprit de Dieu—avec la Sagesse—et c'est ce rapport qui conditionne aussi (entre autres choses) la santé et la maladie.

NOTION DE VIE ET DE MORT

Des mots ont un double sens dans la bible, mais non pas deux sens—Vie corporelle—mort corporelle—Vie spirituelle—mort spirituelle. Il n'y a pas des « cas » où il s'agit d'un sens et d'autres où il s'agit de l'autre sens. Partout, même lorsque la chose semble très claire en sens contraire, partout *vie* signifie à la fois corporelle et spirituelle. *Mort* : mort corporelle et spirituelle. Les modalités sont diverses, mais les deux phénomènes sont toujours liés l'un à l'autre. On ne peut séparer l'un de l'autre les deux aspects. La vie et la mort corporelle ne sont pensables au point de vue biblique que par rapport à la vie et la mort spirituelle.

Dans quel ordre se présentent-ils mutuellement ? La vie et la mort corporelle sont d'abord des signes de ce qui se passe dans l'ordre spirituel. En outre, elles en sont des exemples approximatifs (nous n'aurions aucune crainte de la mort spirituelle si par approximation nous ne savions ce qu'est la mort physique), elles en sont des gages de promesse ; un commencement de réalisation dans la mesure où l'homme est une unité inséparable. Enfin, elles en sont des conséquences : et c'est encore l'idée de primat du spirituel qui revient ici.

Ainsi : après la chute, Dieu laisse l'homme vivre, physiquement : c'est là une promesse de la vie éternelle—cet état déchu est déjà le signe de l'alliance et que Dieu n'abandonne pas cet homme dans cet état pour lequel il n'est pas fait.

—Dieu condamne l'homme à mort : le signe de cette mort, c'est la mort physique que nous pouvons connaître.

—Si l'homme vit physiquement, c'est parce que Dieu lui laisse une certaine vie spirituelle : c'est parce que tous les liens ne sont pas rompus entre cet homme et son Créateur. Il reçoit sans cesse ce nouveau don de la vie, et il le reçoit de Dieu : c'est donc ce rapport qui provoque la vie physique.

—Si l'homme meurt physiquement, c'est qu'il est un condamné à mort ; un pécheur dont le péché entraîne la rupture avec Dieu. Et de ce fait, il ne peut rien subsister de lui. Ici encore, c'est parce qu'il meurt spirituellement, qu'il meurt physiquement.

Or, en tout cela, *vie spirituelle* cela veut dire : union avec Dieu, par la grâce reçue dans la foi, au moyen du sacrifice de Jésus-Christ. *Mort spirituelle* : c'est la séparation d'avec Dieu.

Une fois encore, il ne s'agit pas d'un spiritualisme : l'esprit n'existe pas s'il n'est l'esprit de Dieu et l'union avec Dieu n'existe pas si elle n'est établie par un acte gratuit de Dieu qui enjambe toutes les transcendances, et au moyen du sacrifice de Jésus-Christ qui ramène la paix entre l'homme et Dieu. Et si nous disons que la vie tout entière dépend de la vie spirituelle, cela ne veut pas dire qu'elle est plus importante : c'est simplement fondé sur le fait suivant : Dieu, comme son nom l'indique en hébreu, est le Vivant, Celui qui a la vie en soi et qui l'a exclusivement. Rien n'est vivant hors Dieu. Dieu est d'abord Celui qui existe éternellement. Donc, la vie provient nécessairement de l'union avec Dieu : Tout ce qui se sépare de lui, meurt : il ne peut en être autrement, car hors de Dieu est le néant. C'est donc cette vie spirituelle, cette union avec Dieu qui seule peut donner la vie.

Cette vie a un sens : rendre gloire à Dieu (Esaïe 38,18). La mort aussi a un sens : manifester la justice de Dieu.

Tout cela ne veut pas dire que la foi ou une théologie correcte sont une assurance pour une bonne santé. Nous verrons que la maladie peut avoir des sens très divers et que la foi n'est pas un remède. Mais cela nous apprend à considérer qu'il ne peut pas y avoir de vie, avec la santé que cela comporte, sans vie spirituelle, que la santé n'est pas une combinaison de remèdes, mais une manière de vivre selon l'obéissance aux lois que Dieu a voulues pour notre vie. Ma médecine serait donc surtout une hygiène, mais non pas naturaliste : une hygiène dont le premier acte est la repentance du péché—et la conversion.

NOTION DE LA MALADIE

Nous arrivons ainsi au problème essentiel de la médecine, celui qui est trop souvent la seule préoccupation des médecins : l'état de crise appelé maladie. Or, ce que nous avons à dire ici de la maladie ne peut être un ensemble de réflexions isolées, mais seulement une conséquence de ce que nous venons de dire jusqu'ici.

La maladie apparaît essentiellement dans la bible comme une action de Satan, qui est laissé libre dans certaines limites fixées par Dieu ; c'est ce qu'enseigne le prologue de Job. Dieu abandonne donc ses créatures aux mains de Satan pour que celui-ci exerce sa puissance, mais il ne

peut le faire que jusqu'à un certain point. Satan voudrait aller plus loin, jusqu'au point où il serait certain de remporter la victoire, mais Dieu a fait la promesse: « Vous ne serez pas tentés au-delà de vos forces ». Par conséquent, la limite de l'action de Satan, ce sont les forces humaines que Dieu connaît pour chacun de nous. Il en est ainsi en particulier pour la maladie et la souffrance qui ne peuvent excéder nos forces.

Mais si Dieu laisse faire Satan, ce n'est pas par jeu, ce n'est pas non plus pour laisser au malin un exercice légitime, c'est parce que la maladie possède un sens profond : ou bien la maladie est à la gloire de Dieu—ou bien la maladie est à la mort.

Dans le premier cas, elle n'est pas à la mort (Jean 11,4) et elle peut avoir des raisons d'être nombreuses qui toutes se ramènent en définitive à la glorification de Dieu. Dans ce cas, elle peut avoir pour but d'éprouver et d'affermir la foi (Job) et de contraindre ainsi l'homme à prendre conscience de façon décisive du fait que le secours est en l'Éternel seul, ou bien la maladie peut n'être là que pour être vaincue : pour provoquer le miracle, et afin d'entraîner la conversion : la maladie est alors le moyen dont Dieu se sert pour manifester à l'homme son péché et sa délivrance (Jean 9,3). Elle sera alors le signe de la maladie spirituelle qui est guérie ; elle n'a pas d'autre raison que cette délivrance, bonne nouvelle apportée à l'homme (Matth. 9,1). La maladie alors annonce la venue du Royaume de Dieu de façon négative : ce royaume où il n'y aura plus de maladie. Et l'annonce de sa venue, c'est la maladie classée comme la mort vaincue (Matth. 11,5). Enfin, toujours dans cet ordre d'idées, la maladie est un mode d'affirmation de la souveraineté de Dieu sur la mort et sur le monde : elle doit ainsi entraîner la glorification du Seigneur (Jean 11,4). Elle entre alors dans le plan de Dieu, comme il lui arrive toujours. Elle est un moyen pour faire éclater l'action et la miséricorde de Dieu dans le monde. Et le médecin doit évidemment être attentif à ne pas détourner la maladie de son sens, à ne pas empêcher le malade de prendre conscience de cette finalité de la maladie.

Mais les textes nous apportent une autre hypothèse: La maladie à la mort. A ce sujet, nous devons noter que la bible ignore complètement la notion de la souffrance ou de la maladie purificatrices. La douleur dans la bible n'est pas un moyen d'effacer les péchés, ou un moyen de purifier notre vie. Il n'en est pas ainsi même pour le Christ. Ce n'est pas la souffrance du Christ qui a eu une conséquence de rachat, mais sa mort. La souffrance du Christ est la conséquence fatale du péché. « Le salaire du péché c'est la mort » —cette mort intervient par le chemin de la maladie. En ce sens, la maladie est à la mort. Elle n'est pas une punition, au sens où une balance équitable serait tenue du péché et de la pénalité. Elle est une sanction, au sens de conséquence inéluctable et juste. Par conséquent la maladie à la mort nous apparaît d'abord comme l'un des signes tangibles de notre état de péché ; c'est notre condition normale d'être malade, comme c'est notre condition normale d'être pécheurs. C'est pourquoi les guérisons faites par Jésus-Christ sont à la fois corporelles et spirituelles. Que celui qui reçoit la santé reçoit en même temps le pardon des péchés.

La guérison de la maladie sans le pardon des péchés n'est qu'un ajournement, un replâtrage, un coup de fouet : il n'est pas la santé. Cette délivrance de la maladie n'a pas de valeur par elle-même : ce peut être un mieux temporaire : la maladie à la mort est néanmoins présente et doit reparaître sous une forme ou une autre. Cette rémission de la maladie n'a de sens que comme signe du pardon—et elle ne prend alors sa valeur que dans la mesure où le coeur est disposé à recevoir le pardon en même temps (Jac. 5,15).

Comme conséquence du péché, la maladie se présente à nous sous deux aspects principaux : elle peut être une sanction—ou un moyen que Dieu emploie pour détourner du péché.

—Une sanction : elle devient alors un signe extérieur du péché—elle est la marque physique de notre impureté : c'est le sens de toute la législation mosaïque sur la lèpre (Lev. 13). La lèpre ici est le type de toute maladie—et ce qui caractérise celui qui en est atteint, c'est qu'il est impur—et le remède c'est une purification : mais cette lèpre, signe du péché, entraîne pour conséquence une séparation du lépreux et des autres : il est en somme consacré à Dieu, enfermé dans sa maladie et son exclusion du camp marque bien l'impuissance de l'homme à guérir cette maladie ; c'est seulement l'accomplissement de la volonté de Dieu qui la guérit.

—Une contrainte dont Dieu se sert pour plier la volonté de l'homme et l'amener à s'écarter du péché : ainsi les maladies déclenchées par Moïse sur l'Égypte (Ex. 7) : il s'agit de briser la volonté rebelle de Pharaon. Mais en fait un signe même miraculeux, une souffrance même extrême ne peuvent pas briser la volonté pécheresse : la maladie est alors l'avertissement du châtement que va encourir le pécheur, le temps de réflexion où le châtement est commencé mais encore en suspens, et pendant lequel l'homme peut « se détourner de sa mauvaise voie ». Il en est de même pour les maladies envoyées dans l'Église de Corinthe parce qu'on usait indignement de la Cène (1 Cor. 11,30) : il s'agit par là de frapper l'esprit de l'homme pour qu'il se convertisse. Mais en réalité, il faut d'abord cette conversion. Et c'est seulement après que l'on aperçoit le sens providentiel de la maladie.

Il faut d'abord la conversion . . . et c'est pourquoi ces deux types de maladies sont également à la mort : c'est que dans les deux cas, on commence par là, la condamnation dernière portée sur l'homme et son péché. C'est un moyen d'avertir l'homme de cette condamnation, mais avertissement qui ne sera saisi que dans la foi : dans ce cas, la maladie cesse d'être à la mort et devient à la gloire de Dieu ; sinon, elle accomplit son oeuvre.

Mais ce lien entre maladie et péché ne doit pas être compris dans un sens simpliste. Cela ne veut pas dire que c'est le plus pécheur qui est le plus malade—ou que la maladie est signe d'un plus grand péché, ou bien d'un péché déterminé, particulier. Point du tout : tous sont également pécheurs devant Dieu—tous méritent également la condamnation, la mort—et en conséquence la maladie. Tous les hommes sont malades, nous affirme Jésus (Matth. 9,12) lorsqu'Il dit que ce sont les

malades qui ont besoin de médecins : et Il dit cela, à ceux qui se croient bien portants, mais ne le sont pas réellement. Mais les uns se savent malades et acceptent une guérison—les autres se considèrent comme sains et ne recherchent pas de remède.

Par conséquent, la maladie aiguë, ce que nous appelons en général maladie n'est que l'exemple de ce qui devrait être notre condition normale, permanente (en tant que pécheurs) en vertu de la condamnation (Luc 13,1 sq.) c'est par la grâce de Dieu qu'elle est écartée ainsi de nous et lorsqu'elle arrive, elle doit être considérée comme adressée, non pas seulement à celui qui la supporte, mais à tous : comme un appel adressé à tous pour qu'ils se détournent de leur péché (Ex. 15,26).

Mais alors cela conduit à avoir une conception différente de la santé : c'est un renversement de ce que nous croyons : nous apprenons que l'état normal, c'est la maladie, que l'état exceptionnel, anormal, non inhérent à notre nature, c'est la santé. Laissés à nous-mêmes, nous irons de suite à la mort par la voie de la maladie. C'est la main de Dieu qui nous restitue sans cesse dans un état de santé relative, qui ne nous est pas dû. La guérison n'est donc pas autre chose, en toute circonstance, que l'intervention miséricordieuse de Dieu dans le cours de la nature. Et c'est pourquoi nous ne savons pas ce qu'est la santé.

L'on sait combien il est difficile de faire le départ, médical, entre la santé et la maladie. Il n'y a que des frontières imprécises entre les deux et il est extrêmement difficile de dire où commence la santé et où la maladie. Cette affirmation est nettement confirmée par ce que nous apprend la bible : ce que nous connaissons sous le nom de santé, c'est seulement l'absence de maladie. Notre santé n'est toujours qu'une préparation à la mort : nous ignorons en fait ce qu'est la véritable santé, celle d'Adam avant la chute. Ainsi, il n'y a pas d'homme réellement bien portant car même dans le pardon, nous vivons avec un corps de péché, corps de mort promis à la corruption ; alors que la santé, au sens absolu, n'est promise qu'au corps incorruptible.

LES REMÈDES

Nous avons l'habitude d'une médecine qui s'attache directement au mal qui se manifeste et veut guérir ce mal dans son aspect physique. Une telle médecine est nécessairement symptomatique : c'est-à-dire qu'elle constate certaines déficiences physiques et qu'elle s'y attache. Mais nous avons vu que ces déficiences physiques ne sont en réalité que des signes de lésions autrement profondes, de lésions spirituelles. Dès lors, la médecine ne s'attache qu'aux symptômes lorsqu'elle cherche à soigner l'aspect exclusivement physique de la maladie. Elle ne va pas à la racine, et c'est ce qui explique les jugements portés sur la médecine par la bible.

D'une part, nous constatons l'impuissance de la médecine : l'homme n'est pas capable par lui-même de guérir la maladie (Jér. 46,11, Osée 5,13, etc.). Il peut tout au plus en atténuer les conséquences mais il ne va jamais loin avec son art. Parfois même la médecine nous est présentée comme

tout à fait perverse, opposée à la volonté de Dieu, signe de la révolte de l'homme contre Dieu (2 Ch. 16,12, Jér.17,5). Il en est ainsi lorsque la médecine devient une idole, lorsqu'elle devient une puissance à qui l'on s'adresse indépendamment de Dieu : à ce moment la médecine se pare de ce qui n'est pas à elle ; elle attire la louange et la reconnaissance qui ne sont dues qu'à Dieu—elle suscite l'espérance et provoque la foi: elle prend réellement la place de Dieu et se trouve par là même condamnée. Nous espérons en face de cette idole qu'elle agira par elle-même, c'est-à-dire en fait que la vie et la mort lui appartiennent : sont entre nos mains. Or, ce dieu mensonger n'a pas tenu ses promesses : l'affirmation biblique que la médecine est impuissante sans le secours de Dieu éclate à nos yeux. Nous constatons que l'homme réussit en partie à supprimer la douleur mais non à vaincre ou à faire reculer la maladie. Car si une maladie cède, combien d'autres formes réapparaissent ou surgissent pour la première fois ? Si la maladie aiguë est enrayée, combien la santé générale, la résistance raciale s'affaiblissent ? Si les maladies microbiennes paraissent vaincues, combien se développent les maladies nerveuses, etc. Nous avons mis notre confiance sur un point dans la médecine, et nous recevons un démenti : il n'y a de confiance qu'en Dieu.

Cela veut-il dire que la médecine doit être exclusivement spiritualiste ? Sans même réfuter les exagérations de la Christian Science, il suffit de noter que la médecine chrétienne ne peut pas être spiritualiste puisque l'homme n'est pas un pur esprit. Le premier problème à poser est un problème spirituel: général—et particulier au malade déterminé. Mais cela n'exclut pas le remède matériel et la guérison physique. L'homme est une unité, rappelons-le.

La guérison spirituelle en effet, le pardon du péché, doit emporter entre autres conséquences une adhésion de l'homme à l'ordre de la nature tel qu'il a été voulu par Dieu—de même que cela conduit à accepter l'obéissance aux lois de l'Etat, de même le chrétien doit savoir obéir aux lois de la nature pour son corps et accepter de réformer sa vie de façon à éviter ce qui est mauvais pour lui. Dieu a créé un milieu pour l'homme, des besoins et le moyen de les satisfaire pleinement. L'hygiène n'est donc pas autre chose que l'acceptation d'une vie telle que Dieu a voulu que l'homme la mène, au point de vue physique également. Ainsi la guérison du péché atteint aussi la cause de la maladie qui est toujours une désobéissance à cet ordre naturel établi par Dieu. Bien entendu, il reste que les symptômes de la maladie, ses conséquences matérielles, ne sont pas supprimés pour cela : mais la maladie est alors atteinte dans sa réalité parce que Satan n'a plus de prise par ce côté. Donc la notion chrétienne de la maladie comporte bien une guérison et une action matérielles aussi.

Mais notre concept matérialiste, le plus habituel, nous a habitués à une conception matérialiste et immédiatement utilitaire du remède : le plus souvent le remède n'a qu'un but : supprimer la souffrance, et ceci est renforcé par la conception que chaque individu a de l'importance de ses faits et gestes : tous les phénomènes extrêmes de chacun de nous apparaissent

invraisemblablement importants, parce que nous sommes individualistes à l'extrême, que nous avons perdu le sens de la relativité de la vie et de l'insertion de l'individu dans des communautés et générations réelles. Tout cela fausse l'idée de remède. Le vrai remède est celui qui atteint la maladie dans ses racines, et qui agit à plus ou moins longue échéance, qui même peut n'agir que dans nos descendants. La bible ne supprime pas le remède en effet, elle nous enseigne d'abord que le remède est donné au médecin par Dieu, et qu'il est bien un moyen consacré au soin du corps (la vertu suprême de la plante est la vertu curative (Ez. 47,22,¹ Apoc. 22,2), que le remède évolue selon les époques (Jac. 5,15), ici nous devons simplement admettre que la Bible est tributaire de l'humanité.

La bible nous enseigne en outre que certains hommes ont un don de guérison : nous laissons pendant la question de savoir si le don de guérison concerne les guérisons miraculeuses, ou s'il s'agit du médecin ayant un véritable don médical.

Et cette idée de remède est liée aux deux affirmations suivantes : que Jésus-Christ est le seul remède de la réalité de nos maladies, qu'Il s'est chargé de nos maladies (Matth. 8,17)—que la résurrection est la seule guérison réelle dès maintenant (Osée 6,1).

Donc ceci entraîne une certaine attitude à l'égard des remèdes : s'ils sont subordonnés à l'ordre de Dieu, il faut savoir si les remèdes que l'on emploie sont cohérents à l'ordre de la nature voulu par Dieu ; si par exemple, ils ne tendent pas à matérialiser l'homme, s'ils ne sont pas une perturbation de sa nature, s'ils ne sont pas une tentative pour empiéter dans le domaine de Dieu. Ainsi le médecin au sujet du remède à employer doit se poser une double question : celle de sa valeur technique et aussi celle de sa validité devant Dieu.

Notes éditoriales

1. Erreur dans le texte ; le citation serait plutôt Ez. 47,12.

Commentary

Raymond Downing

A convenient and accurate way to understand medicine today is as technique, technique as Ellul defined it in 1963: “*Technique is the totality of methods rationally arrived at and having absolute efficiency . . . in every field of human activity.*”¹ Ivan Illich was the first of Ellul’s followers to spell out this understanding of medicine as technique and in so doing found medicine dangerous: “The medical establishment has become a major threat to health,”² his *Medical Nemesis*, published in 1976, begins. Eight years later, Arney and Bergen showed how we responded to this threat: instead of pushing back on medicine, we reinforced medical technique as a system, embracing all of its offerings as a “tyranny of harmony.”³

Ellul would likely have agreed with all of these analyses of medicine as technique, though he produced no complete analysis of medicine comparable to his studies of law, politics, economics, propaganda, and revolution—to say nothing of his three major books on technology itself. Instead, we have brief references to medicine in several of his books, and a few articles. The first was “Biblical Positions on Medicine,” (published here for the first time in English translation), which he published even before the blueprint for all of his subsequent writings in *Presence in the Modern World*.⁴

On careful reading, this article seems more of “biblical positions on illness” than on medicine. There is no positioning of medicine within a technological society, no exposure of its politics and propaganda, and no warnings of the dangers of medicine. Though all that came thirty years later with Illich, Ellul had a different goal in 1947. He wanted to establish the relationship that creatures have with their Creator. Illich returned to this same biblical foundation in his later writings.

This foundation is pivotal for understanding medicine itself. The human, Ellul writes, “is not an autonomous being” but rather “wholly dependent on the creator.”⁵ And again: “Between the creature and the Creator there can be a right order of relation, and this is what can promote health best.”⁶ Later, he expands a bit: “Left to ourselves, we will go immediately to death by the way of sickness. It is God’s hand that restores us continually to a state of relative health, which we do not deserve. Healing is thus nothing other, in every situation, than God’s merciful intervention in the course of nature.”⁷

It was this latter concept that Illich developed in his post-*Nemesis* writings. Referring to the medieval view that all of nature was alive, Illich says that between the fourth and fourteenth centuries, people believed that the “birthing power of nature was rooted in the world’s being contingent on the incessant creative will of God.”⁸ (In the words of the old Spiritual, “He’s got the whole world in His hands.”) However, when people began no longer to believe in the incessant sustaining will of God, they developed tools to sustain the life and health they had previously believed was God’s realm.⁹ Ellul calls this use of tools idolatry: “Sometimes medicine is even presented to us as completely contrary, opposed to God’s will, a sign of man’s revolt against God (2 Chr. 16:12, Jer. 17:5). This happens when medicine becomes an idol, a power that we petition independently of God. In this case, medicine . . . draws forth the praise and gratitude that are due only to God—it raises hope and stimulates faith. It truly takes the place of God and is for this very reason condemned.”¹⁰

As this attributing supernatural powers to medicine was true in Jeremiah’s time, it has been repeated throughout history. The title of a 1987 book on medicine and surgery in the nineteenth century was *The Age of Miracles*.¹¹ In 2003, announcing his \$15 billion for AIDS care in Africa and the Caribbean, President George Bush called this an “age of miraculous medicines”¹²; half of that money would pay for those “miraculous” drugs. These miracles “raise hope and stimulate faith”; they often end up “taking the place of God.” The more effective and efficient medicine becomes, the more likely we are to treat it as god.

Nevertheless, the bulk of Ellul’s article is not about medicine itself: the section titled “Remedies” is less than one quarter of the article. The largest sections are extended meditations on “Ideas of Life and Death” and “The Idea of Illness.” There is much to reflect on here; hopefully other commentators will. I will comment briefly only on a single aspect of this argument.

Using the story of Job, and Jesus’ phrase “This sickness is not unto death” (John 11:4), Ellul considers five meanings that sickness could have if it is “not unto death” and two meanings for when it is “unto death.” He is very clear that illness does have meaning. Thirty years later, in a long essay titled

“Illness as Metaphor,” Susan Sontag determined to strip illness of meaning. She proclaimed that “illness is *not* a metaphor,” using the phrase “just a disease” throughout.¹³ A decade later she wrote a second essay, “AIDS and Its Metaphors,” proclaiming again that her purpose was “not to proclaim meaning . . . but to deprive something of meaning.”¹⁴ Ellul assumed meaning because he believed in the incessant creative will of God. Sontag did not.

Near the end of the article, Ellul addresses one of the many questions that might arise about how to make practical use of his analysis. He mentions, almost in passing, the “exaggerations of Christian Science.” Here he is referring to the contention in Christian Science that “disease is symptomatic not of physical disorder but of underlying spiritual inadequacy. . . . [T]reatment . . . consists ‘entirely of heartfelt yet disciplined prayer.’”¹⁵ Ellul’s view is that “Christian medicine cannot be spiritualistic, because man is not a pure spirit. The primary problem to pose is a spiritual problem, in general, and particular to the specific illness. But this does not exclude the material cure and physical healing.”¹⁶

Ellul, then, affirms attention to both the physical and the spiritual, but it can be difficult to get the balance right. We may be tempted to view a patient’s spiritual condition mechanistically: as the patient incrementally repairs the creature-Creator relationship, we hope for a corresponding improvement in the physical symptoms. But our physical and spiritual lives are not linked like gears, with movement in one causing immediate movement in the other.

Or, we can delink the gears and try to treat each part separately. We rely on the motto “We treat, Jesus heals,” but we actually imply that our treatment will catalyze Jesus’ healing. And while doctors may tell some stories that illustrate this, there are plenty of stories that show the opposite, the first of which is Job’s. We, like Job and his friends, have trouble getting it right.

Ellul, far from resolving this dilemma, simply affirms it: “Thus the healing of sin attains the cause of the illness, which is always a disobedience to this natural order that God established. Of course, the symptoms of the disease, its material consequences, are not ended thereby. . . . Thus the Christian notion of sickness indeed entails a material healing and activity as well.”¹⁷

As with most of Ellul’s writings, there is no agenda here, no program to follow, no principles that translate easily to the construction of a “Christian healthcare system.” He does not dramatically eschew the secular technologies of medicine but tells us only that “treatment is given to the doctor by God, that it is indeed a dedicated means of caring for the body.”¹⁸ His task is not to eliminate medical technology but to help us see it in perspective.

Many scholars, Illich among them, view the period beginning with the close of World War II as marking a major development in medicine.¹⁹ Ellul, at the dawn of this new period of medical progress, reminded us of the foundations not just of medicine but of illness itself. He must have foreseen that

as medicine became more effective, we would increasingly use it without addressing “the primary problem . . . a spiritual problem.” Seventy years later, our international idolatry of medicine has proven him correct.

About the Author

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Notes

1. Jacques Ellul, “Note to the Reader,” in *The Technological Society* (New York: Vintage, 1963): xxv. Emphasis in the original.
2. Ivan Illich, *Medical Nemesis* (New York: Pantheon, 1976): 3.
3. William Ray Arney and Bernard J. Bergen, *Medicine and the Management of Living* (Chicago: University of Chicago Press, 1984): 161.
4. Jacques Ellul, *Presence in the Modern World* (Eugene, OR: Cascade, 2016).
5. Ellul, “Biblical Positions on Medicine.”
6. *Ibid.*
7. *Ibid.*
8. Ivan Illich, “Brave New Biocracy,” *New Perspectives Quarterly* 11.1 (Winter 1994): 4.
9. Ivan Illich and David Cayley, *The Rivers North of the Future* (Toronto: Anansi, 2005): 64–79.
10. Ellul, “Biblical Positions on Medicine.”
11. Guy Williams, *The Age of Miracles: Medicine and Surgery in the Nineteenth Century* (Chicago: Academy Chicago Publishers, 1987).
12. George W. Bush, “State of the Union Address,” 2003.
13. Susan Sontag, *Illness as Metaphor and AIDS and Its Metaphors* (New York, Picador, 2001): 3.
14. Sontag, 102.
15. Peggy DesAutels, Margaret Battin, and Larry May, *Praying for a Cure: When Medical and Religious Practices Conflict* (Lanham, MD: Rowman and Littlefield, 1999).
16. Ellul, “Biblical Positions on Medicine.”
17. *Ibid.*
18. *Ibid.*
19. Ivan Illich, *Tools for Conviviality* (New York: Harper and Row, 1973), 1–9; Arnold Relman, “The Future of Medical Practice,” <http://content.healthaffairs.org/cgi/reprint/2/2/5.pdf>; and Adele Clarke *et al.*, “Biomedicalization: Technoscientific Transformations of Health, Illness, and U.S. Biomedicine,” *American Sociological Review* 68 (April 2003): 161–194.

“Biblical Positions on Medicine” in Theological Perspective

Frédéric Rognon

In his article titled “Biblical Positions on Medicine,” Jacques Ellul nowhere cites Søren Kierkegaard (or any other author, except of course the biblical authors). And yet Kierkegaard is present “incognito” (a term dear to Kierkegaard) from the beginning to the end of Ellul’s text, and particularly at the point where Ellul brings his argument to a decisive close. The primary implicit references to the Danish philosopher and theologian concern the distinction between “the sickness that is not unto death” and “the sickness unto death.” These make tacit reference to Kierkegaard’s book *The Sickness unto Death*. A summary of this book will therefore be helpful for clarifying Ellul’s approach.

JACQUES ELLUL AND SØREN KIERKEGAARD

It is beneficial to keep in mind the very definite relationship between Kierkegaard and Ellul. As we know, this relationship passes by way of Karl Barth, but when Barth moves apart from Kierkegaard, Jacques Ellul moves apart from Barth and stays close to Kierkegaard. In other words, Ellul is Barthian only when Karl Barth is Kierkegaardian. If Ellul allows himself some criticism toward Barth on the theological level (as he does with Marx on the sociological level), it is also true that Ellul is never critical toward Kierkegaard. He describes it in this way:

Normally, in my reading, the critical mechanism of thought arises right away, and I am prompted to respond, “Yes, but . . .” The authors who have had the greatest influence on me have made me think reactively. I have never followed a system. With regard to Barth himself, I always held a critical distance. There is nothing like this in my relation to Kierkegaard. With him, I just listen. I do not try to imitate, or to the apply methods or concepts. I am brought back to myself in a mirror that illuminates thoughts, contradictions, exigencies, presence toward life, and presence toward death. Brought back to myself, but not at all the same as I was before reading such or such a text. Questioned. With my back to the wall, by a singular relationship that denies me any escape. I listen. I do not contest

Kierkegaard’s thought, but I feel obligated to respond, to respond to another than to Kierkegaard himself.¹ This long citation demonstrates Ellul’s intellectual and spiritual debt to Kierkegaard, which exceeded any other. This point only confirms the interest that a detour through the work of Kierkegaard can offer us.

THE SICKNESS UNTO DEATH: AVOIDING MISUNDERSTANDINGS

To read *The Sickness unto Death* requires some care, however, due to a certain number of persistent misunderstandings that have affected the book’s reception in France from the time of its first appearance.² The first misunderstanding, and the most damaging, is that the book was first translated under the title *Traité du désespoir* [Treatise on Despair]. This faulty title (faulty because the original Danish title, *Sygdommen til Døden*, literally means “the sickness unto death”) contributed in no small way to the diffusion of a particularly gloomy image of the thinker of Copenhagen. When Jacques Ellul wrote “Biblical Positions on Medicine” in 1947, only this first French translation was available to him; it was not until 1971, when volume XVI of Kierkegaard’s *Complete Works* was published in French translation in a scholarly edition,³ that the correct title began to take precedence (even if the *Traité du désespoir* continues to be cited today).

These publication details must be mentioned in order to underline Ellul’s rigor, for he reads *The Sickness unto Death* carefully and describes it judiciously without being concerned with Kierkegaard’s negative reputation. For if the book indeed has to do with despair, it is described only in order to better proclaim, by contrast, the Christian hope. The title says it well, for it refers to Jesus’ words in the Gospel of John: “This sickness is not unto death, but for the glory of God, that the Son of God might be glorified thereby.”⁴ Those who know the bible as well as Ellul did will immediately make the connection. In everyday French, one would instead use the phrase “maladie mortelle” [terminal illness]. The unusual expression “sickness unto death” is surprising to those for whom the bible is unfamiliar, that is, the great majority of French persons in 1947 and today. Thus it opens the door to all the misunderstanding. In reality, *The Sickness unto Death*

(with its subtitle *A Christian Psychological Exposition for Upbuilding and Awakening*) is a treatise and a meditation upon Christian hope.

THE SICKNESS UNTO DEATH: FROM DESPAIR TO HOPE

The Sickness unto Death appears under a pseudonym, Anti-Climacus. *The Concluding Unscientific Postscript to Philosophical Fragments* (1846)⁵ is signed by Johannes Climacus; he expresses the rationalist conceit, with Hegelian undertones, of rising from earth to heaven by a ladder (“climax” in Greek means “ladder”) and of accounting for the entirety of the real as a totalizing system. Anti-Climacus, who signs *The Sickness unto Death* (1849),⁶ but also *Training in Christianity* (1850),⁷ is Climacus’ opposite; he is the witness to Christian truth, which is revealed to men by a downward movement, contrary to the upward movement of human presumption. Anti-Climacus is the one who welcomes the God of Jesus Christ, who is himself made known through his Word.

From the outset, he states, “The sickness unto death is despair.”⁸ And he pursues the chain of identification in these terms: “Despair is sin.”⁹ But there are two kinds of despair and thus two kinds of sin: despair-weakness and despair-defiance. Despair-weakness consists in not wanting to be oneself, in fleeing from oneself into all the diversions that the world offers. Despair-defiance consists in wanting to be oneself, but all alone, without otherness, and especially without the divine otherness. Thus, paradoxically, “When we are before God or have the idea of God, and we are found to be in the state of despair, sin consists in not wanting to be oneself, or in wanting to be.”¹⁰ We understand from this that sin must not be understood on a moral level: “The opposite of sin is not virtue [. . .], it is faith.”¹¹

But if the opposite of sin is faith, and if despair consists in not wanting to be oneself, or in wanting to be, how can we conceive of despair’s opposite, that is, hope? According to Kierkegaard, hope consists “in the self, being itself and wanting to be, becoming transparent and grounding itself in God.”¹² In other words, here is the “state in which all despair is banished: the self that relates itself to itself and wants to be itself becomes transparent and grounds itself in the power that placed him there.”¹³ Thus Christian hope, the antidote for every kind of despair, amounts to making a leap of faith, falling into God who welcomes us with open arms, renouncing oneself, in order to find oneself again in the end, but by way of a detour through the divine otherness.

The primary quality that differentiates hope from despair is otherness: whether one flees from oneself or wants to be oneself, one denies the otherness of God. By contrast, if I enter into a living and trusting relationship with the God who lives and gives life, then I become truly myself and am healed of despair. For then my sickness is not “unto death”; it has as its end the glorification of God.

BIBLICAL POSITIONS ON MEDICINE: TOWARD A SPIRITUAL APPROACH TO ILLNESS

Such then is the philosophical and theological direction that Søren Kierkegaard advocates in 1849 and that is found in the background, implicitly, a century later in the text of his spiritual heir, Jacques Ellul, titled “Biblical Positions on Medicine.” How might we discern the effect that this work by the Copenhagen thinker had on this work by the Bordeaux professor, on the subject of illness?

Just as, with Kierkegaard, sin must not be understood in a moral but rather a spiritual sense, so also despair must not be reduced to a psychological mode but grasped in its spiritual dimension. Thus, from the Kierkegaardian perspective, a desperate man (spiritually speaking) may very well not know it (psychologically speaking): the flight from himself, or the frenzied affirmation of himself, hides from his own eyes his real condition as a desperate man, that is, as one who is independent of God. The sickness unto death is that which separates from God.

Jacques Ellul applies the same reasoning to illness itself. In the usual sense of the word, sickness may be “unto death” or not “unto death,” depending on whether the sick person does or does not turn toward God. This signifies that a terminal illness, that is, an illness that leads to physiological death, may very well not be “unto death” if the patient gives himself over to God during his illness. Conversely, an illness that can be cured, and from which in the end the patient is healed on the physiological level, can very well be a sickness “unto death” if this patient turns away from God during the healing process.

In his work *The Sickness unto Death*, Søren Kierkegaard rarely speaks of sickness in the physiological sense and concentrates on the question of the spiritual sickness that is despair. Yet he concentrates the two pages of the “Preamble,”¹⁴ right after the “Foreword,” on the distinction between physiological sickness and spiritual sickness. It is in this way that he recalls the words of Jesus, in which Lazarus’ sickness “is not unto death,” even though Lazarus does die a short while afterward and Jesus then openly informs his disciples, “Lazarus has died.”¹⁵ This death may very well be the result of a sickness that is “not unto death.” The sickness and death of Lazarus, as we know, will be the occasion for the glorification of God, by means of the sign of his resurrection that Jesus performs. This is why his sickness was not “unto death,” although it was fatal.

It is this decisive point that enables Jacques Ellul to pose the question of meaning: whether a sickness is or is not fatal, the essential point is that it may not be “unto death.” That is, it may be lived with God, and this may be the living and trusting bond with the God who lives and gives life, who gives it a meaning.

This fundamental distinction, inspired by Kierkegaard, between the sickness “unto death” and fatal illness, sheds light on Jacques Ellul’s reflections on the problem of treatment: the therapies of the materialistic type, which treat

man as material and reduce him to his physiological dimension, to a collection of atoms, may heal a curable illness, or may push back the final defeat of an incurable illness, but in both cases they may not keep it from being “unto death.” Such an orientation may lead to a therapeutic determination to succeed, or to medical exploits, but in all cases to stay alive without the spiritual orientation strips this life of all true meaning, reducing it to a physico-chemical process.

This is why Jacques Ellul ends his text by questioning the validity of this or that treatment “before God.” The only real healing, he affirms, is the resurrection, and he is careful to clarify, in order to remove every ambiguity or to avoid all misinterpretation, that this resurrection does not concern only the end of time, the judgment and salvation, but it takes place “starting now,” *hic et nunc*. We may be raised from the dead during our life if we place this life firmly within God’s care. Then hope overcomes despair, and no sickness that we undergo, not even terminal illness, is “unto death.”

CONCLUSION

In a bible study on 1 Corinthians 15, dated 1988 and recently published,¹⁶ Jacques Ellul offers a highly suggestive idea. Just as in Jewish tradition the day begins at sunset and ends with sunrise, so also death precedes life: “We begin by a life that is an actual death, and we end our life with the resurrection.”¹⁷ Thus we pass from death to life when, through a new birth, we enter straightaway, during our earthly pilgrimage, into eternal life. As a result, all of the illnesses that can assail us, affect us, diminish us, and make us suffer terribly, may be seen to bestow a meaning. They may no longer be, in the strict sense, sicknesses “unto death”; they may even become, like all things in our life, signs of God’s glory.¹⁸ Such is the rich Kierkegaardian heritage passed down to Jacques Ellul; such is the existential and spiritual spring that irrigates his thought.

About the Author

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Notes

1. Jacques Ellul, “Préface.” In Nelly Viallaneix, *Écoute, Kierkegaard. Essai sur la communication de la parole*. 2 vols. Paris: Éditions du Cerf (col. Cogitatio Fidei), 1979, v. 1, ii–iii.
2. See Hélène Politis, *Kierkegaard en France au XXe siècle : Archéologie d’une réception*. Paris: Éditions Kimé, 2005; Florian Forestier, Jacques Message and Anna Svenbrok, *Kierkegaard en France. Incidences et résonances*. Paris: Éditions Bibliothèque nationale de France, 2016.

3. See Søren Kierkegaard, *Œuvres Complètes*. Paris: Éditions de l’Orante, 1966–1986, vv. I–XX.
4. John 11:4.
5. See Kierkegaard, “Post Scriptum définitif et non scientifique aux Miettes philosophiques,” *Œuvres Complètes*, 1977, vv. X–XI.
6. See Kierkegaard, “La maladie à la mort,” *Œuvres Complètes*, 1971, v. XVI.
7. See Kierkegaard “L’école du christianisme,” *Œuvres Complètes*, 1982, v. XVII.
8. Kierkegaard, “La maladie à la mort,” *op. cit.*, 169.
9. *Ibid.*, 231.
10. *Ibid.*, 233.
11. *Ibid.*, 238.
12. *Ibid.*
13. *Ibid.*, 285.
14. *Ibid.*, 167–168.
15. John 11:14.
16. See Jacques Ellul, *Mort et espérance de la résurrection. Conférences inédites de Jacques Ellul*. Lyon: Éditions Olivétan, 2016.
17. *Ibid.*, 124.
18. See 1 Cor. 10:31: “Whether therefore you eat, or drink, or whatever you do, do all for the glory of God.”

“Positions bibliques sur la médecine” : Mise en perspective théologique

Frédéric Rognon

Dans son article intitulé : *Positions bibliques sur la médecine*, Jacques Ellul ne cite à aucun moment Søren Kierkegaard (ni aucun autre auteur d'ailleurs, mis à part les auteurs bibliques bien entendu). Et cependant, Kierkegaard est présent, *incognito* (terme cher à Kierkegaard), du début à la fin du texte d'Ellul, et notamment au moment où se noue de manière décisive le fil de son argumentation. Les principales références implicites au philosophe et théologien danois concernent la distinction entre « la maladie qui n'est pas à la mort » et « la maladie à la mort » ; elles renvoient donc, tacitement, à l'ouvrage de Kierkegaard intitulé : *La maladie à la mort* (*The Sickness unto Death*). Un parcours à travers ce livre serait ainsi susceptible d'éclairer l'approche de Jacques Ellul.

JACQUES ELLUL ET SØREN KIERKEGAARD

Il convient en effet d'avoir présente à l'esprit la filiation très nette entre Kierkegaard et Ellul. Celle-ci passe, on le sait, par Karl Barth, mais lorsque ce dernier s'éloigne de Kierkegaard, Jacques Ellul s'éloigne de Barth pour rester arrimé à Kierkegaard ; en d'autres termes, Ellul n'est barthien que lorsque Karl Barth est kierkegaardien. S'il s'autorise des critiques envers Barth sur le plan théologique (comme envers Marx sur le plan sociologique), en revanche, Jacques Ellul n'est jamais critique envers Kierkegaard. Il l'exprime d'ailleurs en ces termes :

Habituellement, dans mes lectures, le mécanisme critique de la pensée joue aussitôt, et je suis appelé à répondre : “Oui, mais . . .” Les auteurs qui ont eu le plus d'influence sur moi m'ont fait penser par réaction. Je n'ai jamais adhéré à un système. À l'égard de Barth lui-même, j'ai toujours pris une distance critique. Ma réaction à Kierkegaard n'a rien de comparable. Ici, je suis seulement à l'écoute. Je ne cherche pas à imiter, ni à appliquer méthodes ou concepts. Je suis renvoyé à moi-même par un miroir qui rend éclatantes pensées, contradictions, exigences, présence à la vie et présence de la mort. Renvoyé à moi-même, mais plus du tout semblable à ce que j'étais avant d'avoir lu tel ou tel texte. Interpelé. Mis au pied du mur, par un rapport singulier qui m'interdit toute échappatoire. J'écoute. Je ne discute pas la pensée de Kierkegaard, mais

je me sens obligé de répondre, de répondre à un autre qu'à Kierkegaard lui-même¹.

Cette longue citation atteste que Kierkegaard s'avère être le créancier intellectuel et spirituel par excellence de Jacques Ellul. Ce point ne fait que confirmer l'intérêt que présente pour nous un détour par l'œuvre kierkegaardienne.

LA MALADIE À LA MORT : DISSIPATION DE MALENTENDUS

La lecture de *La maladie à la mort* requiert néanmoins quelques précautions, en raison d'un certain nombre de malentendus tenaces dont l'ouvrage a pu pâtir tout au long de sa réception en France². Le principal de ces quiproquos, et le plus dommageable, est la première traduction du livre, sous le titre : *Traité du désespoir*. Et cet intitulé fautif (puisque le titre originel danois : *Sygdommen til Døden*, signifie littéralement : *La maladie à la mort*) n'a pas contribué pour une petite part à la diffusion d'une image particulièrement sombre du penseur de Copenhague. Or, en 1947, lorsque Jacques Ellul écrit « Positions bibliques sur la médecine », il ne dispose en français que de cette première traduction ; ce n'est qu'en 1971, lors de la publication du volume XVI des *Œuvres Complètes* de Kierkegaard en français, dans une édition académique³, que le titre correct commencera à s'imposer (même si l'on continue aujourd'hui encore à citer le *Traité du désespoir*).

Ces données éditoriales devaient être mentionnées, pour souligner la rigueur de Jacques Ellul, qui, sans s'arrêter à la réputation délétère de Kierkegaard, lit attentivement *La maladie à la mort* et en rend compte avec justesse. Car s'il est bien question de désespoir dans cette œuvre, celui-ci n'est décrit que pour mieux proclamer, par contraste, l'espérance chrétienne. Le titre le dit bien, puisqu'il renvoie aux paroles de Jésus dans l'évangile de Jean : « Cette maladie n'est point à la mort ; mais elle est pour la gloire de Dieu, afin que le Fils de Dieu soit glorifié par elle⁴ ». Un fin connaisseur de la Bible comme Jacques Ellul fait aussitôt le rapprochement. En français courant, on parlerait plutôt de « maladie mortelle » ; l'expression inhabituelle « maladie à la mort » surprend ceux qui n'ont pas de culture biblique, c'est-à-dire la grande majorité des Français, en 1947 comme aujourd'hui, et ouvre

donc la porte à tous les malentendus. En réalité, *La maladie à la mort* (dont le sous-titre est : *Un exposé psychologique chrétien pour l'édification et le réveil*) est un traité et une méditation sur l'espérance chrétienne.

LA MALADIE À LA MORT : DU DÉSESPOIR À L'ESPÉRANCE

La maladie à la mort paraît sous un pseudonyme : Anti-Climacus. Le *Post Scriptum définitif et non scientifique aux Miettes philosophiques* (1846)⁵ était signé de Johannes Climacus : il exprimait la prétention rationaliste, aux échos hégéliens, de s'élever de la terre au ciel par une échelle (« climax » en grec signifie : « échelle ») et de rendre compte de l'ensemble du réel sous forme de système totalisant. Anti-Climacus, qui signe *La maladie à la mort* (1849)⁶, mais aussi *L'école du christianisme* (1850)⁷, est le contraire de Climacus : le témoin de la vérité chrétienne, qui se révèle aux hommes par un mouvement descendant, inverse au mouvement ascendant de la présomption humaine. Anti-Climacus est celui qui accueille le Dieu de Jésus-Christ, qui se fait connaître lui-même par sa Parole.

L'auteur le dit d'emblée : « la maladie à la mort est le désespoir »⁸. Et il poursuit la chaîne d'identification en ces termes : « le désespoir est le péché »⁹. Mais il y a deux formes de désespoir, et donc de péché : le désespoir-faiblesse et le désespoir-défi. Le désespoir-faiblesse consiste à ne pas vouloir être soi, à se fuir soi-même dans tous les divertissements que le monde propose. Le désespoir-défi consiste à vouloir être soi, mais tout seul, sans altérité, et notamment sans l'altérité divine. Ainsi, paradoxalement, « le péché consiste, étant devant Dieu ou ayant l'idée de Dieu, et se trouvant dans l'état de désespoir, à ne pas vouloir être soi, ou à vouloir l'être »¹⁰. On comprend bien ici que le péché ne doit pas être compris sur un plan moral : « le contraire du péché n'est nullement la vertu (. . .), c'est la foi »¹¹.

Mais si le contraire du péché est la foi, et si le désespoir consiste à ne pas vouloir être soi, ou à vouloir l'être, comment concevoir le contraire du désespoir, c'est-à-dire l'espérance ? Celle-ci consiste, selon Kierkegaard, « en ce que le moi, étant lui-même et voulant l'être, devient transparent et se fonde en Dieu »¹². En d'autres termes, voici « l'état d'où tout désespoir est banni : le moi qui se rapporte à lui-même et veut être lui-même devient transparent et se fonde en la puissance qui l'a posé »¹³. Ainsi l'espérance chrétienne, antidote à l'égard de toute forme de désespoir, revient à faire le saut de la foi, à plonger en Dieu qui nous accueille les bras ouverts, à renoncer ainsi à soi-même, pour finalement se retrouver soi-même, mais grâce au détour par l'altérité divine.

Le principal critère discriminant entre le désespoir et l'espérance, c'est l'altérité : que l'on se fuir soi-même ou que l'on veuille être soi-même, on nie l'altérité de Dieu ; tandis que si je rentre en relation vivante et confiante avec le Dieu vivant et vivifiant, alors je deviens réellement moi-même et je suis guéri du désespoir. Car alors ma maladie n'est pas « à la mort », elle a pour finalité la glorification de Dieu.

POSITIONS BIBLIQUES SUR LA MÉDECINE : VERS UNE APPROCHE SPIRITUELLE DE LA MALADIE

Telle est donc l'impulsion philosophique et théologique que promeut Søren Kierkegaard en 1849, et qui se trouve à l'arrière-plan, sur un mode implicite, un siècle plus tard, du texte de son héritier spirituel, Jacques Ellul, intitulé : *Positions bibliques sur la médecine*. Comment déceler l'incidence de l'œuvre du penseur de Copenhague sur celle du professeur de Bordeaux, au sujet de la maladie ?

De même que, chez Kierkegaard, le péché ne doit pas être compris dans un sens moral, mais spirituel, de même le désespoir ne doit pas être réduit à un mode psychologique, mais appréhendé dans sa dimension spirituelle. Ainsi, dans la perspective kierkegaardienne, un homme désespéré (sur un plan spirituel) peut très bien ne pas le savoir (sur un plan psychologique) : la fuite à l'égard de lui-même, ou l'affirmation forcenée de lui-même, lui cachent à ses propres yeux sa réelle condition d'homme désespéré, c'est-à-dire indépendant à l'égard de Dieu. La maladie à la mort est celle qui éloigne de Dieu.

Jacques Ellul applique le même raisonnement à la maladie proprement dite. La maladie, au sens courant du terme, peut être « à la mort » ou ne pas être « à la mort » : selon que le malade se tourne ou non vers Dieu. Cela signifie qu'une maladie mortelle, c'est-à-dire une maladie qui conduit vers une mort physiologique, peut très bien ne pas être « à la mort » si le patient s'en remet à Dieu au cours de sa maladie. Inversement, une maladie curable, et dont le patient finit par guérir sur un plan physiologique, peut très bien être une maladie « à la mort » si ce patient se détourne de Dieu tout au long du processus thérapeutique.

Søren Kierkegaard, dans son ouvrage *La maladie à la mort*, parle peu de maladie au sens physiologique, et se concentre sur la question de la maladie spirituelle qu'est le désespoir. Il consacre néanmoins les deux pages du « Préambule »¹⁴, juste après l'« Avant-propos », à l'articulation entre maladie physiologique et maladie spirituelle : c'est ainsi qu'il rappelle la parole de Jésus, selon laquelle la maladie de Lazare « n'est pas à la mort », alors que, pourtant, Lazare meurt peu de temps après ; et Jésus annonce alors ouvertement à ses disciples : « Lazare est mort »¹⁵. Ainsi la mort peut très bien être la conséquence d'une maladie qui « n'est pas à la mort ». La maladie et la mort de Lazare, on le sait, seront l'occasion de la glorification de Dieu, par le biais du signe de sa résurrection opérée par Jésus. C'est pourquoi sa maladie n'était pas « à la mort », alors même qu'elle était mortelle.

C'est ce point décisif qui permet à Jacques Ellul de poser la question du sens : qu'une maladie soit mortelle ou non, l'essentiel est qu'elle ne soit pas « à la mort », c'est-à-dire qu'elle soit vécue avec Dieu, et que ce soit ce lien vivant et confiant avec le Dieu vivant et vivifiant qui lui donne un sens.

Cette distinction fondamentale, d'inspiration kierkegaardienne, entre la maladie « à la mort » et la maladie mortelle, éclaire les réflexions de Jacques Ellul sur la problématique des remèdes : les thérapeutiques de type matérialiste,

qui matérialisent l'homme, et le réduisent à sa dimension physiologique, à un ensemble d'atomes, peuvent guérir une maladie curable, ou faire reculer l'échéance finale d'une maladie incurable, mais dans les deux cas elles ne peuvent l'empêcher d'être « à la mort ». Cette orientation peut conduire à l'acharnement thérapeutique, ou à des exploits médicaux, mais dans tous les cas le maintien en vie sans orientation spirituelle dépouille cette vie de tout sens véritable, en la réduisant à un processus physico-chimique.

C'est pourquoi Jacques Ellul termine son texte en interrogeant la validité de tel ou tel remède « devant Dieu ». La seule guérison réelle, affirme-t-il, est la résurrection ; et il prend soin de préciser, afin de lever toute ambiguïté ou d'éviter tout contresens, que cette résurrection ne concerne pas seulement la fin des temps, le jugement et le salut, mais qu'elle a lieu « dès maintenant », *hic et nunc*. Nous pouvons ressusciter au cours de notre vie si nous plaçons résolument celle-ci sous le regard de Dieu. Alors l'espérance prend le pas sur le désespoir, et aucune des maladies que nous endurons, y compris les maladies mortelles, n'est « à la mort ».

CONCLUSION

Dans une étude biblique à propos de 1 Corinthiens 15, en date de 1988 et récemment publiée¹⁶, Jacques Ellul expose une idée fort suggestive : de même que, dans la tradition juive, le jour commence au coucher du soleil et s'achève avec la montée du soleil et le plein jour, de même la mort précède la vie : « Nous commençons par une vie qui est une véritable mort, et nous achevons notre vie sur la résurrection »¹⁷. Nous passons donc de la mort à la vie lorsque, par la nouvelle naissance, nous entrons d'emblée, au cours de notre pèlerinage terrestre, dans la vie éternelle. Dès lors, toutes les maladies qui peuvent nous assaillir, nous affecter, nous diminuer, nous faire terriblement souffrir, peuvent se voir conférer un sens. Elles ne peuvent plus être, à strictement parler, des maladies « à la mort » ; elles peuvent même devenir, comme toute chose dans notre vie, des signes à la gloire de Dieu¹⁸. Tel est le riche héritage kierkegaardien transmis à Jacques Ellul, telle est la source existentielle et spirituelle qui irrigue sa pensée.

À propos de l'auteur

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6. Voir : Søren Kierkegaard, « La maladie à la mort », *Œuvres Complètes*, Paris, Éditions de l'Orante, tome XVI, 1971.
7. Voir : Søren Kierkegaard, « L'école du christianisme », *Œuvres Complètes*, Paris, Éditions de l'Orante, tome XVII, 1982.
8. Søren Kierkegaard, « La maladie à la mort », *op. cit.*, p. 169.
9. *Ibid.*, p. 231.
10. *Ibid.*, p. 233.
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12. *Ibid.*
13. *Ibid.*, p. 285.
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15. Jean 11, 14.
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17. *Ibid.*, p. 124.
18. Voir : 1 Corinthiens 10, 31 : « Ainsi, soit que vous mangiez, soit que vous buviez, soit que vous fassiez quelque autre chose, faites tout pour la gloire de Dieu ».

Commentary

Richard Stivers

Jacques Ellul's article on illness, health, and medicine is remarkable. It repudiates the common view about the primary causes of illness and health and calls into question the glory of modern medicine. I will comment on the concept of spirit and how it relates to the body and soul (mental and emotional life) complex, and on the attempt of modern medicine to bring spirit under its aegis.

For a long time we have been aware of how our emotional state affects our body, and vice versa. We speak about psychosomatic illnesses or about how readily one can somatize emotional distress. Then too we are aware of the toll that stress takes on bodily health. We are comfortable with the idea of a body-mind or body-soul complex, disputes about which part is dominant notwithstanding. Neglected is spirit or self as Soren Kierkegaard defines it. Ellul has clearly drawn upon Kierkegaard's *The Concept of Anxiety and The Sickness unto Death* in this regard.¹

Ellul maintains that body, soul, and spirit form a unity whose inner workings only God knows and controls (without diminishing Christian freedom). What scripture does reveal to us, however, is that spirit is the primary factor. As Ellul indicates, life and death have a double meaning, because spiritual death and bodily death, on the one hand, and spiritual life and physical life, on the other hand, are intimately related. Our relationship with God (whether or not we are aware of it) is the basis of our existence. God created us and sustains our existence and maintains a relationship with us that is spirit or self. Strictly speaking, spirit or eternal self involves a consciousness of God's relationship to us, but for those who are unconscious of the relationship, spirit or self remains dormant. Nevertheless, God sustains the relationship, no matter what we understand and do.

For Kierkegaard, the sickness unto death is despair, a sickness of the spirit, an anxiety without hope. In *The Concept of Anxiety*, he maintains that we consciously or unconsciously regard our relationship to God ambiguously: We are caught, we can neither control the relationship nor dismiss it. This ambiguity breeds anxiety.

Sin is despair and despair is sin, so writes Kierkegaard: Sin is a state or condition rather than occasional, discrete

offenses. Despair and sin stand in dialectical relationship rather than being separate entities. Despair is part of sin, and every sinner is in despair. No one is without some despair.

Unconscious despair entails ignorance and distraction. Ignorance because one has not heard the Good News of the Gospel, and distraction because culture, which is based on idolatry, distracts us from the truth of Jesus Christ. No distraction, however, can mitigate the pangs of despair over our relation to God. As Kierkegaard observes, despair is "deep in the heart of happiness."²

Despair increases as the consciousness of spirit or self increases. There are two major forms of despair in which a consciousness of having a spirit or self is present. The first he refers to as a despair of weakness—not wanting to become the self that God expects. The other is a defiant despair—wanting to become the self that one desires. In addition, there is a despair over one's sins and a despair over ever being forgiven one's sins. For those who have heard the Good News, one either despairingly chooses a state of sin or accepts the gift of faith—a self grounded transparently in God. Hence faith is the opposite of despair.

Despair and sin have a profound influence on the health of the body and soul because, as previously indicated, body, soul, and spirit form a unity. The omission of spirit in medical treatment is catastrophic. Repentance and conversion are essential for the health of the spirit and for one's overall health. To suggest this to a physician today would surely bring disbelief or ridicule.

Toward the end of the article, Ellul mentions that scripture reveals the potential of medicine to become an idol and thus to "encroach upon God's domain." As medicine has become part of the technological system, it actively promotes a cure for everything, including aging. It is utopian and thus religious in its belief in science and its veneration of technology.

The capitulation of religion to medicine is indicated by the following example. One of my teachers in graduate school (a rabbi) was studying the relationship between Protestant ministers, Catholic priests, and Jewish rabbis, on the one hand, and Protestant, Catholic, and Jewish psychiatrists, psychologists, and social workers, on the other hand. The question was whether the helping professionals with

religious beliefs were willing to refer clients with spiritual issues to the appropriate religious leader. At the same time, were the religious leaders willing to refer members of their congregation with “secular” problems (emotional and social) to a helping professional? (Notice how spiritual was separated from emotional and social in the research.) Not surprisingly, he discovered that the helping professionals *never* referred patients or clients with spiritual problems to a religious leader, because of the assumption that a spiritual problem was only an emotional problem. By contrast, religious leaders were more than eager to refer members of their congregation to helping professionals. Equally revealing was the number of religious leaders who aspired to obtain a degree in one of the helping professions, to make them better able to offer advice to their members in need. Can we not say that for both groups, spiritual problems had been reduced to emotional problems and that religion was reduced to a subjective choice one made? If religion becomes in Kierkegaard’s words a “quack doctor,” how can it compete with the technologically driven helping professions?³

A number of critics have pointed out the deleterious impact of modern medicine on the overall health of the patient. Ivan Illich (*Medical Nemesis*), William Arney and Bernard Bergen (*Medicine and the Management of Living*), Ray Downing (*Biohealth*), Nortin Hadler (*The Last Well Person*), Ronald Dworkin (*Artificial Happiness*), and Richard Stivers (*Shades of Loneliness*), among others, have made criticisms that range from overtreatment, creating chronic patients, systemic iatrogenesis, biological reductionism, and the neglect of social factors, to the totalitarian direction of medicine to control every aspect of life.⁴

Medicine has become part of the “happiness industry,” not just the health industry. Health and happiness are two of the chief mythological values of technological utopianism. The storyline is that science and technology will lead us to a state of perfect health and complete happiness in this world. The myth contradicts everything scripture teaches us about the world, sin, illness, and death. Medicine is now in the vanguard of an aggressive attack upon God, wisdom, and spirit.

In *Artificial Happiness*, anesthesiologist Ronald Dworkin argues that our culture is preoccupied with artificial happiness. He identifies four ways of obtaining artificial happiness: psychotropic drugs, alternative medicine, intensive exercise, and spirituality. Real happiness, he claims, is earned by assuming responsibility for our actions, by effort, and by concern for others. Artificial happiness is happiness on the cheap—a superficial, transitory mood. Artificial happiness covers over and compensates for widespread loneliness and unhappiness.

Most telling is the tendency of medicine to appropriate spirituality. First, spirituality had to be separated from religion and then become an end in itself. Second, spirituality had to be reduced to a biochemical phenomenon. Since medicine had asserted that feelings were biochemical at

bottom, spiritual feelings were part of medicine’s domain. Dworkin states that “the medical profession now controls all three dimensions of life—the body, the mind, and the spirit.”⁵

Scripture teaches us that our relationship to God is the most important factor in our overall health. Modern medicine teaches us that nothing is more important than the health and happiness of our bodies. Modern medicine aspires to rival God in the control of illness and health, but ends up an empty idol.

About the Author

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Notes

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Sin as Addiction in Our “Brave New World”

Richard Stivers

We know from scripture that humans sin, are born in sin, and are in bondage to sin. Biblical ideas of sin have a hard time being recognized today, however. Liberal Christianity has de-emphasized sin or reduced it to injustice and inequality. Conservative Christianity has tended to equate sin with personal immorality. In either instance, the truth about sin has been diminished. As Søren Kierkegaard reminded us, sin is not merely a matter of discrete sins but of an orientation, a way of life. Furthermore, scripture makes sin a spiritual matter, not just a moral issue. Idolatry is the worst sin.

To overcome sin we must contest various evil powers as well as our own desires. In *If You are the Son of God*, Jacques Ellul argues that one of the meanings of sin is that of an external power that influences or even controls us.¹ The evil powers that scripture reveals to us do not have an independent existence; they exist only in and through their relations to us. But they are real! There is no principle of evil nor an evil god. In a sense, the evil powers are our unintended creation. Money and political power, for example, are evil powers. Money and politics are not evil in themselves but in the spiritual value we attribute to them.

Scripture indicates that sin is both individual and corporate. The very concept of the “world” suggests as much. Cultures are anchored by a sense of the sacred, that is, by that which is experienced as absolute power, reality, and meaning. Examples of the sacred include nature, the tribe, money, and the nation state. The socially constructed sacred (tacitly, not consciously) provides both meaning and the basis for control in society. All social institutions obtain cultural authority as a result. *Exousia* refers to a spiritual power that the social group employs beyond that which it receives from its cultural mandate. The social group thus becomes more than the sum of its parts, spiritually and not just psychologically. But *exousia* refers to a material power as well.

All members of the group are motivated by covetousness and the will to power, which are the source of sin. The social group provides an absolute identity for the individual and excites the individual’s desire through its internal competition for wealth and power. Hence the group is held together in part by the negative unity of sin. Social institutions do not fully

control the will to power, for, as Max Weber noted, the exercise of power invariably exceeds the limits that cultural authority imposes on it. This excessive power (*exousia*) is both material and spiritual, power and value, human and alien. Sin is, in turn, both internal and external, individual and collective.

Scripture is replete with figures of speech, especially metaphors. God, for instance, is king, fortress, shepherd, and so forth. A metaphor is not to be taken literally, of course; it entails a comparison. What is less well known is compared to what is better known: God is compared to a fortress. No one metaphor is sufficient, for each metaphor reveals different aspects of the phenomenon. To say that “love is a rose” suggests that love blooms and fades, is fragrant, and is capable of inflicting pain. “Love is a journey” implies that love is not static and that the movement may be more important than the final destination. Unlike the logical concept, metaphor never permits us to pretend to grasp the phenomenon as it is in itself. The numerous metaphors about God are a warning not to claim to define and know God as He is. We apprehend God by comparison.

Often neglected in discussions of metaphor is the status of the better-known term. For metaphor to be vital, the better-known term must be common. The metaphorical comparison necessitates reflection on both terms. Consequently, we learn more about what we ordinarily take for granted, the better-known term. This will become apparent as we examine the following metaphors of sin.

The most prevalent metaphor for sin in scripture is sin is bondage or slavery. John, Paul, and Peter refer to sin this way. Jesus says, “Everyone who commits sin is a slave to sin” (John 8:34). Paul states, “For freedom Christ has set us free; stand fast therefore and do not submit again to a yoke of slavery” (Gal. 5:1). Peter proclaims, “They promise them freedom, but they themselves are slaves of corruption; for whatever overcomes a man, to that he is enslaved” (2 Pet. 2:19). Slavery was widespread in the Roman world, and it was well understood that it takes away secular freedom. In attempting to understand sin, which destroys Christian freedom, the early Christians employed the metaphor that “sin is slavery.” In doing so, they make us reflect on the *institution* of slavery.

In *The Ethics of Freedom*, Jacques Ellul suggests that “sin is alienation” is the metaphor that best resonates with our experiences today.² Ellul was not a Marxist, but he nonetheless employed Marx’s concept of alienation. Under industrialized capitalism, the worker was alienated from his work, that is, he lost ownership and control over the process of work and the product. His work became merely a means of profit for the capitalist, who had made him a “wage slave.” Because work was central to Marx’s view of the human being, self-alienation followed alienation from work. To be alienated means to be possessed by another. Ellul’s book was published in 1975, and parts of it were written in the 1960s. He understood that technology had become a more important factor than capitalism in the organization of society. Consequently, he applied the concept of alienation in a new way to demonstrate that in replacing human experience with objectified expertise, technology was itself alienating.

I think that today, however, another metaphor is more appropriate: “Sin is addiction.” Before examining addiction as a metaphor for sin, I should point out that all three metaphors, enslavement, alienation, and addiction, suggest being possessed by a person or force. Karl Barth once said that rather than say, “I have faith,” I should say, “Faith has me.” The three metaphors for sin suggest that I should say, “Sin has me,” rather than, “I sin.” In addition, all three metaphors reveal something about the larger society. To be enslaved makes manifest the institution of slavery; to be alienated reveals the institution of industrialized capitalism; to be addicted uncovers the technological system.

I will not attempt to define addiction in scientific terms. Is it physical, psychological, or both? Are there degrees of addiction? Instead, I will employ the term in its colloquial sense: something we can’t seem to stop doing even though it’s not necessary for our survival. Or a compulsion from which we can’t or don’t want to escape. Most people associate addiction with drugs and alcohol. Increasing numbers of people talk about addiction to social media, but the list of addictions keeps growing.

Julian Taber, who is a therapist to gambling addicts, developed the Consumer Lifestyle Index/Appetite Inventory.³ It attempts to be a comprehensive list of addictions. The range of addictions is enormous: gambling for money, lying, laxatives, shopping, petty theft, sugar-based foods, tobacco products, exercise, talking for talking’s sake, religious activity, work for the sake of being busy, trying to get attention for its own sake, self-help groups, and so forth. The obvious conclusion is that anything can become addictive. In “The Acceleration of Addictiveness,” Paul Graham argues that technological progress brings more addictiveness.⁴ Technological progress creates ever more products and services to which we may become addicted. Addiction to technology is the necessary result of technological progress. My point is not that addiction is omnipresent but that more of us are perceiving it this way. Talk of addiction brings in more conversationalists every day.

I will discuss addictions to machine gambling, video games, and social media in order to examine the metaphor that sin is addiction. We spend more money on casino gambling than on music, movies, and sports events together. Most of the gambling occurs with slot machines and video poker. One hundred and fifty-five million Americans play video games and spend more than twice as much on them as they do on movie tickets. Soon virtually everyone will have a smartphone or similar device to use Facebook, Twitter, Instagram, and other social media. Not all players and users are addicts, but much has already been written about the heavy use of these technologies as if it were an addiction.

Enslavement, alienation, and addiction all have sociological contexts. In the former, the context is an institution, in the latter, an entire social environment—technology. Following Jacques Ellul, by “technology” I mean both machines and non-material technologies such as bureaucracy, advertising, and propaganda. Beginning in the eighteenth century, material and nonmaterial technologies advanced together. Nature and human society were increasingly brought under technology’s purview. With the advent of the computer, it became possible to coordinate major technologies to form a system at the level of information. Technology has thus become a system. Human society now opens to two environments nature and technology.

Modern technology shattered the unity of culture. Technology supplants experience and meaning; it is solely about the most efficient (powerful) means of acting. Society is organized at the level of technology but disorganized at cultural and psychological levels. Culture is randomly created and fragmented in its meaning and purpose as a creation. The result is a plethora of moralities and art and entertainment styles. The lack of cultural unity makes psychological fragmentation inevitable: we are reduced to being role players who create multiple images for ourselves and others.

Technological growth has been accelerating for over 150 years, although not evenly across the various sectors. Moreover, there appears to be no purpose or end to it. Implicit in the growth of technology is the mandate “If it can be done, it must be done.” The traditional tension between what is and what ought to be has been superseded by that between what is and what is possible. Consequently we have only limited moral control over the employment of technology. We have become as fatalistic about technology as so-called “primitive” people were about nature. Hence we have an irrational faith in technology.

Technology has an impact on the individual’s psyche just as great as its influence on culture. Technology directly and indirectly provokes a need for ecstasy. The very point of addiction is to create a continuous ecstatic state. Ecstasy is an altered state of consciousness, an escape from the rational self. Ecstasy is a kind of high that can be achieved by rapid, repetitive movement, continuous loud music, drugs, and alcohol, for example.

Cultural anthropologists have a category of religion they call “ecstatic religion.” It includes rites organized to produce

an ecstatic state in the participants. Such rites may involve orgies, drunkenness, and violence. Victor Turner maintains that the rites designed for ecstasy bring about a communion of equals, a *communitas*, whereby status differences and power relationships are temporarily set aside.⁵ A feeling results of one in all and all in one. Some have extended the meaning of ecstatic communion to include communion with machines. Today we have technology to help us achieve ecstasy.

Technological progress has increased the pace of life: we do more in less time. Speed has become an end in itself. Time urgency entails a compulsion to do as many things as rapidly as possible, including a preoccupation with time, rushed speech and eating, driving too fast and angrily, waiting impatiently, and feeling irritable and bored when inactive. Concurrently, we suffer from time scarcity. Family life and leisure mimic the speed of the workplace. With mother and father both working and the children in a plethora of organized activities, parents have to become efficiency experts. Tourism and vacations typically involve stuffing as many activities as possible into the shortest period of time.

Speed itself can produce a mild ecstatic experience. Milan Kundera observes that “speed is the form of ecstasy the technical revolution has bestowed on man.”⁶ We internalize technological stimuli. Wolfgang Schivelbush refers to this as the “stimulus shield.”⁷ We adjust to and normalize the ways that technology alters our sense of time, place, speed, sight, and sound. Each time a faster mode of transportation was introduced, people had to adjust to it, and eventually the previous mode seemed hopelessly slow. Humans internalized the speed of the train, for example, and later, when given a choice, they rejected the horse and buggy. Today we internalize the speed of faster computers and are impatient when forced to use slower ones. We come to resemble the faster technology that stimulates us: we act by reflex, not reflection.

Technology creates a need for ecstasy as an escape mechanism. Anthropologist Roger Caillois observed that the more extensive and intensive the social controls in a society, the more exaggerated the ecstatic response.⁸ We cannot tolerate living in a social world that is too ordered. Never before have humans lived with so many rules—technical, bureaucratic, and legal. The proliferation of administrative laws, bureaucratic norms, and technical rules that accompany each new technology makes it impossible for anyone to be aware of them, let alone remember them. We feel the pressure to escape them in irrational ways: drugs, alcohol, sex, sports, gambling, and so forth. A Columbia University psychiatrist found that the harder college students (especially males) studied during the week, the more they felt the need to escape the rational order of obtaining good grades by giving themselves over to instinctual desire and temporarily losing their conscious selves.⁹

Technology indirectly produces loneliness from which an escape is necessary. Christian psychiatrist J. H. van den Berg demonstrated that the loss of a common morality beginning in the eighteenth century in the West resulted in human relation-

ships becoming vague and dangerous.¹⁰ A common morality in society meant that one could trust people even if one did not especially like them. The decline in trust makes everyone a potential enemy. Loneliness ensues. Van den Berg argues that loneliness is the nucleus of psychiatry, and that all psychiatric disorders are intertwined because all patients share the same existence. For many of us, loneliness does not result in a full-blown psychiatric disorder, but the number of Americans in therapy, self-help groups, and on drugs for depression is legion.

Loneliness manifests itself in many ways, some of which conceal the loneliness. One of them is the need to talk incessantly, sometimes to anyone who will listen, about trivial matters. I can't be lonely if I am talking to people! With the advent of email and social media, we can be in communication with others anytime we feel the need. The result is the ecstasy of communication. The speed by which information is transmitted from person to person produces a mild ecstatic state.

If technology creates a need for ecstatic release, it also produces the means to achieve ecstasy. Machine gambling is a prime example. In *Addiction by Design*, Natasha Schüll interviews gambling addicts and discovers that what they most crave, even more than winning, is the “zone,” in which “time, space, and social identity are suspended in the mechanical rhythm of a repeating process.”¹¹ In other words, a state of ecstasy. Gamblers enter the zone when their actions and the functioning of the machine become indistinguishable. Schüll borrows the term “perfect contingency” to describe the sense that addicted gamblers have of a perfect alignment between their actions and the machine's response. They prefer “sameness, repetition, rhythm, and routine.”¹² Slot machines and video poker are the most popular gambling formats. As gamblers develop a tolerance for the technology (stimulus shield), the games become faster and more complex. For instance, in video poker, Triple Play Draw Poker allows players to play three games at once and make three times as many bets. Triple Play has given way to Five Play, Ten Play, Fifty Play, and even Hundred Play Poker.

Video game addicts too desire to merge with the machine, to achieve communion with it. In *God in the Machine: Video Games as Spiritual Pursuit*, Liel Leibovitz, himself a video game player, describes how reflex replaces cognitive awareness the greater one's skill and mastery becomes. His experience is mainly with the World of Zelda. Repetition is the foundation of play, from the “ballet of thumbs” to returning to the same play section without stop and with little if any variation. The spiritual pursuit that Leibovitz claims is the deeper rationale for playing video games is ecstasy. If ecstatic religion is a legitimate category of religion, then video games are a subcategory. In defense of his interpretation, Leibovitz argues that video games teach one the joy of learning to love the game and designer above all, of giving up “all other ways of being in the world” and of “understanding one's place in the world.”¹³ He calls this a kind of Augustinian condition. I am not arguing that his interpretation is correct but only that he points out how seriously we should take the pursuit of ecstasy through our technologies.

The social media are not ostensibly about communion with a machine but with other people. We must remember, however, that every technology that permits us to communicate with others mediates the relationship. Social media “addicts” appear to spend less time servicing their addiction than do gambling and video game addicts. Nonetheless, a large number of social media users admit that they cannot give up their devices, if only for a day. In the smartphone industry, it is commonly thought that people check their phones at least 150 times a day. Some are even bedeviled by phantom ringing or vibrating phones. One third of Americans claim they would rather give up sex than their cell phones. But is this really about communion with others and creating a community?

In *Alone Together*, Sherry Turkle discovers that the community of one’s friends, say, on Facebook, is both fragile and enslaving. On social media, people are role players, presenting a self to others that will be most accepted and admired. The relationships established in social media networks are purely aesthetical and superficial. Only face-to-face moral relationships are deep and truly passionate, Kierkegaard has noted. Indeed, the more time one spends on Facebook, the more lonely one feels. Turkle observes that many young people prefer texting someone to talking to her. The reason is that a call involves more commitment than a text. A call could prove unpleasant and demanding.¹⁴

The social media intensify the urge to conform to the group. Turkle discovered that some young people believe that everything they do in public will end up on Facebook or its equivalent. This leads to “anticipatory conformity.” She also claims that the social media are producing “group feelings,” or ecstatic communion.¹⁵ Elias Canetti terms a group that becomes a unified whole the “open crowd,” the truest expression of the crowd phenomenon.¹⁶ Within the open crowd there is a sense of absolute equality, because all divisions among people are momentarily obliterated. The ecstasy that ensues from the use of the social media is not communion that establishes a community, but communion that creates an open crowd, always poised to become a mob. There is no freedom and love in the crowd. Because they wear the mask of love, the social media are the most pernicious of the addicting technologies.

Because we internalize technological stimuli (stimulus shield), we develop a tolerance for them and demand that they be even more intense. This is a classic problem in the acceleration of addiction. The technology industry is accommodating; it designs these technologies to be ever more addictive.

Those who design information and communication technologies and technological products design them to be addictive. In *Hooked*, Nir Eyal discusses in detail how to make products habit-forming.¹⁷ The author has a background in the video game industry and advertising and has taught courses on applied consumer psychology at the Stanford Graduate School of Business. His book is a manual on how to make technologies and products attractive and addictive. He makes no pretense that it is not about manipulating the consumer.

In his model of how to “hook” the consumer, the “trigger” is what sets the behavior in motion. “External triggers” contain information with directions about what to do next. Advertising and word of mouth can motivate the consumer to require a new app for her smartphone, for example. Eyal maintains that the key to creating addiction is the “internal trigger.” Associating a product with desire or fear appears to be the supreme internal trigger. The strongest emotional triggers are visual images. Eyal mentions that the internal trigger for Facebook is the fear of missing out, and, for Instagram, the fear of losing a special moment. The design of variable rewards is essential. Research has indicated that the anticipation of a reward, rather than the reward itself, motivates users. One receives a reward on occasion but not constantly. Those cherished images of family and friends are received only intermittently.

In *Addiction by Design*, Natasha Schüll explores in great detail how the machine-gambling industry probes the psyche of the addict as an aid in designing gambling machines. Addicted gamblers want to play multiple hands or games as rapidly as possible without interruption. Variable rewards are built into the software of the machine to increase with the frequency of the smaller separate bets that gamblers prefer to make. Gamblers can thus enter “the zone” more quickly and stay there longer. Video game designers use a similar psychology to make their games more addictive.

We have entered a new phase of technological progress, in which there is a conscious effort to make us addicted to technology. This is nothing less than an intentional technological totalitarianism. Early on, we were only dimly aware of the totalitarian nature of the technological system. The technological system has now reached a stage in which experts openly discuss the desirability of the total psychological control of humans. Aldous Huxley’s *Brave New World* almost perfectly anticipates today’s technological totalitarianism. In his 1932 novel, Huxley talks about “conscription by consumption.”¹⁸ We are free, but only as consumers. In his dystopia, freedom is redefined as happiness. In this society, moral relationships are prohibited—no families or close friends—but only transitory, aesthetical ones. Perhaps his most brilliant insight was that pleasure was the chief agent of control. Sex, “soma” (an all-purpose drug for any psychological discomfort), and “the feelies” (cinema with full sensory stimuli) were the main obligatory pleasures. Huxley saw that group therapy would reinforce the controls technicians had established. Are we not in a brave new world with all our pharmaceuticals, self-help groups, social media, advertising, public relations, propaganda, experts on every aspect of life, culture reduced to its lowest level—entertainment—and widespread family dissolution?

What does addiction tell us about individual and corporate sin? Addiction takes possession to its zenith. Slavery and alienation both entail possession but not to the same extent. The metaphor of addiction demonstrates as well that pleasure is the key to sin’s control over us. We love our sin. Addiction reveals the accelerating nature of sin: it is dynamic. We quickly sink deeper into sin. Finally, addiction reveals the totalitarian

nature of sin. Sin wants all of us, all the time. These ideas are explicit or implicit in scripture but not in the form of a single metaphor if only because addiction as we know it did not exist then.

Earlier I suggested that a metaphor makes us reflect on the better-known term, not just the lesser-known term. “Sin as slavery” tells us how the institution of slavery takes away our freedom or enslaves us. “Sin as alienation” informs us how industrialized capitalism strips away our freedom or alienates us. “Sin as addiction” instructs us about how the technological system eliminates our freedom or makes us addicts. Each metaphor invites us to reflect on the specific ways that the world, as the place of sin, controls us.

My point is not that gambling, playing video games, and using social media are evil in themselves but rather that *exousia* are at work in our social institutions with the intent of turning us into idolators. In our world, idolatry is best understood as addiction to technology.

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Notes

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4. Paul Graham, “The Acceleration of Addictiveness.” www.paulgraham.com/addiction.html. Accessed 12 November 2013.
5. Victor Turner, *The Ritual Process* (Ithaca, NY: Cornell University Press, 1977).
6. Milan Kundera, *Slowness* (New York: Harper Collins, 1996), 2.
7. Wolfgang Schivelbusch, *The Railway Journey* (Berkeley: University of California Press, 1986).
8. Roger Caillois, *Man and the Sacred*. Trans. Meyer Barash (New York: Free Press, 1959). See also Jacques Ellul, *The Technological Society*. Trans. John Wilkinson (New York: Knopf, 1964), chapter 5.
9. Herbert Hendin, *The Age of Sensation* (New York: Norton, 1975).
10. J. H. van den Berg, *The Changing Nature of Man*. Trans. H. F. Croes (New York: Norton, 1961).
11. Schüll, *Addiction by Design*, 1–27.
12. Schüll, *Addiction by Design*, chapter 6.
13. Liel Leibovitz, *God in the Machine* (Conshohocken: Templeton, 2013), 125.
14. Sherry Turkle, *Alone Together* (New York: Basic Books, 2011), chapter 10.
15. Turkle, *Alone Together*, 262, 177.
16. Elias Canetti, *Crowds and Power*. Trans. Victor Gollancz (New York: Seabird, 1978), 16–17.
17. Nir Eyal, *Hooked* (New York: Penguin, 2014).
18. Aldous Huxley, *Brave New World* (New York: Harper and Row, 1932), 33.

Review of André Vitalis, *The Uncertain Digital Revolution* (Hoboken, NJ: Wiley, 2016), 118pp.

Jeff Shaw

André Vitalis is an emeritus professor at the University of Bordeaux, and his newest book, *The Uncertain Digital Revolution*, is one of many examinations of the impact that various technologies have had on the human condition and on contemporary society. Vitalis has also taught at the University of Nantes and the University of Rennes. He has been a consultant to the National Commission for Informatics and Civil Liberties, and to the Council of Europe, thus bringing the experience that he has gained in the classroom to the public forum. He brings an interdisciplinary approach to his work, and *The Uncertain Digital Revolution* presents the reader not only with his own thinking but also with ideas and suggestions from a number of philosophers who will certainly be familiar to readers of the *Ellul Forum*, such as Ivan Illich and Jürgen Habermas.

The Uncertain Digital Revolution is not a book about Ellul *per se*, but the book itself is an example of a style of inquiry that one finds in Ellul's work. Chapters such as "Security over Liberty" and "Digitalization and Revolution" give the reader an opportunity to engage with ideas from a scholar who has approached these important topics with the Ellulian dialectic at the forefront. Jacques Ellul himself is mentioned in the book, but this is André Vitalis's own evaluation of the digital phenomenon. Vitalis notes, "Ellul, known for his technical analyses, has always paid great attention to IT by progressively making successive evaluations as the phenomenon has advanced" (100). Vitalis takes this successive evaluation and continues with it, leading the study of this critical component of *technique* and advancing it in the same spirit as one would have found from Ellul or McLuhan.

A short book, *The Uncertain Digital Revolution* is highly recommended to Ellul scholars and those with an interest in his work, as well as to general readers. One will come away with an appreciation for the pros and cons of the rapid strides that digital technologies have had and continue to have in areas such as privacy and security. André Vitalis has written extensively on this topic, and I highly recommend his work to those seeking to think critically about the human condition in the twenty-first century.

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Jeff Shaw is Adjunct Professor in the humanities department at Salve Regina University in Newport, Rhode Island. He is the author of *Illusions of Freedom: Thomas Merton and Jacques Ellul on Technology and the Human Condition*, published by Wipf & Stock.