

***The Theology of the Body* and Modern Medicine: Informing the Practice of Healing**

by

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In the following pages we will draw upon John Paul II's view of the human person as developed in his *Theology of the Body*, to introduce a perspective of medicine viewed in its essence as a healing of the body-person, with a special emphasis on the human person's dignity. At the center of this healing activity is the relationship between the healer and patient. The specific question we pose and herein attempt to answer is "How does the *Theology of the Body* inform the physician, or more broadly, one who within the health-care world cares for the sick and suffering?"

The *Theology of the Body* is a collection of weekly general audiences given by Pope John Paul II from September 1979 through November 1984. The basis for much of this catechesis is biblical revelation and a focus on the body of the human person as created in God's image and likeness. These general audience reflections are organized based upon their publication previously as separate books (*Original Unity of Man and Woman; Blessed Are the Pure of Heart; The Theology of Marriage and Celibacy; and Reflections on Humanae Vitae*). In 1997 they were published by the Daughters of Saint Paul (Pauline Books and Media) as a collection

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entitled *The Theology of the Body: Human Love in the Divine Plan*.¹ John Paul's *Theology of the Body* has largely been identified with the magisterium's teaching on marriage, family, celibacy for the kingdom, and Catholic sexual ethics. However, insofar as it deals with the bodily dimension of the human person, it speaks directly to those involved with care of the body, such as physicians and others involved with healing and caring for the sick. Our intention is to highlight several of the *Theology of the Body's* major themes, and to discuss their relevance to healers in the medical profession.²

Those who tend to the sick and suffering would do well to reflect on, and incorporate into their mission, the understanding of the human person as developed by our late pontiff. Through reading and reflection on the *Theology of the Body*, one can gain greater insight into how best to care for the sick and dying, and how to better confront the ethical ramifications surrounding current reproductive technologies and end-of-life issues. One can also discover that the *Theology of the Body* speaks to the family practitioner, whether counseling a young woman about pregnancy or an elderly patient grieving the loss of a spouse. A careful reading of the *Theology of the Body* can likewise enlighten educators in the medical sciences.

As one understands and embraces John Paul's reflections on the body, clarity is brought to many ethical concerns. One comes to understand the following issues, and their significance to the healer-patient relationship: 1) the meaning of the "language of the body," 2) how human dignity is integrally related to mankind's creation in the "image and likeness" of God, 3) the significance of the nuptial and self-donative meaning of the body, 4) the meaning of *communio personarum* (communion of persons), and 5) the connections that are present among shame, guilt, illness, suffering, and the redemption of the body.

The Language of the Body

It is important to understand that the body expresses the person, and that this expression can properly be called the language of the body. While the human body speaks a "language," John Paul notes that the body itself is not the "author" of the language; the person is. He says that,

In the texts of the prophets the human body speaks a "language" which it is not the author of. Its author is man as male or female, as husband or wife – man with his everlasting vocation to the communion of persons. However, man cannot, in a certain sense, express this singular language of his personal existence and of his vocation without the body. He has already been constituted in

such a way from the beginning, in such wise that the most profound words of the spirit – words of love, of giving, of fidelity – demand an adequate language of the body. Without that they cannot be fully expressed.³

Since the body is so intrinsically caught up with the person, the author of the language of the body is the person, the embodied human being.

Regarding the medical profession, while it is essential to tend to the body in seeking to heal it, it is just as critical to recognize that it is part of the nature of the human body to speak a language. Through one's body, the person can express love and faithfulness or can express usage of others and unfaithfulness. In expressing love and faithfulness, the body speaks truth; truth involving, in a certain sense, God's plan for man as revealed in Genesis.

In the very beginning, God created man as male and female. From this time forward, man and woman in their bodily existence were called to speak the truth in their bodies and to enter into a communion of persons, constituted by self-giving, love, and fidelity. As we encounter others, it is proper to read the language of their body according to this reality. John Paul speaks of re-reading the language of the body in truth,⁴ and ties this to the understanding of the body as an expression of the person. The body in effect becomes a sign or sacrament, making visible that which is invisible.

When illness or trauma beset the body, the ability of the body to express the person is limited, even though the fullness of the person is still present. Illness and other afflictions of the body seem to turn a person in on himself, in order to preserve his energies for healing. This tendency, while appropriate to an extent, nonetheless can make it more difficult for the sick person to extend beyond himself to others. In attending to the sick person in order to restore wellness, the healer is able to help facilitate the restoration of the patient's expression of his person through the restoration of his body.

However, the attempt to restore the body is not the only important component of the physician's care for the patient. It is also critical to care for the sick person in a manner appropriate to the patient's dignity. In this way, the physician allows his *own* body to speak, lovingly and with care, within the doctor-patient dialogue. It is the language of the body, then, which the healer seeks to restore and preserve in the patient, precisely through speaking his own language of the body. Exhibiting self-giving, love, and fidelity to the sick, the healer heeds the call to enter into a communion for which we were created. It is only in giving that one truly finds oneself, so this self-giving of the health-care professional is actually healing for both the physician and the patient.⁵

Made in the Image and Likeness of God

A second crucial theme in John Paul's analysis is found in the initial series of reflections concerning man created in the image and likeness of God. Here John Paul goes into great exegetical depth to discuss the significance of man's bodily origin, created as male and female. In short, this truth about man's origin is the basis for all that follows in medical ethics concerning human dignity. But how does the *Theology of the Body* inform us to the point that patient-caregiver encounters are in accord with medicine's intentions to heal the sick and tend to those with chronic illness and debility?

Undoubtedly, a physician must be disposed to a careful reading and correct interpretation of the *Theology of the Body* in order to view the patient in the proper light. What the *Theology of the Body* does so nicely is to cogently offer a view of the person as created for love relationships. One comes to understand that the body expresses the person, and that the body has a certain language, which fully possesses the capacity to speak truth. In order to not be swayed by attitudes or technology which can depersonalize the sick, one must repeatedly remind oneself that the patient is created in the image and likeness of God, for love relationships.

Current trends in medicine appear to be focused on the use of highly specialized technologic methods, which as a by-product can effectively obscure the view of patient as person, and focus on the patient as an object possessing some malady to be remedied. This appears in the medical world early on in medical training institutions, and appears to be carried through in much of modern medical culture. One can see examples of this in the way in which medical personnel speak of patients, or how a physician may view a patient as a diagnosis. For example, a surgeon may speak of "doing the gallbladder," rather than speaking of operating on a patient with a diseased gallbladder. Such appellations, whether a diagnosis or a condition of a patient, are not uncommon in the medical world. And, while one may argue that such labels are relatively innocuous, particularly when they are not used within earshot of the patient or his family, they nonetheless detract from a clear and abiding view of the patient as a person. When the caregiver is mindful of human dignity and what it means to be a person, such references to a patient are clearly disrespectful and depersonalizing. It is the seemingly minor ways in which a human being's dignity is not respected that can lead to a gradual erosion of respect for the person. It can prove particularly destructive when a person is in an already vulnerable state, as is the case when one is ill.

An even greater effort to maintain respect for the patient should be undertaken when that person is cognitively impaired. Often, the issue of

“quality of life” seems to accompany discussions about comatose or other cognitively impaired persons. From there, it is but a short step to utilitarian reasoning processes. Such a view of the human person is anything but respectful.

It is disturbing and ironic that the current trend in medicine toward unbridled usage of any and all advancements in technology, apparently to help the patient, seems to lead to a dehumanization of the patient as a person who is created in God’s image and likeness. Today’s medical culture seems characterized by a brief encounter between the patient and physician which is focused on specific ailments or complaints, followed by a battery of highly sophisticated tests, upon which the physician tends to rely more than on the patient’s medical history. The patient’s concerns are often not completely addressed, and the patient ends up feeling frustrated.

In large part, this method of practicing medicine is related to the variety of financial disincentives and pressures put onto physicians by insurance companies and health-care institutions to practice in this way. The physician must end up endeavoring to see the largest number of patients in the shortest amount of time, and must often resort to time-saving laboratory tests rather than taking the time and discussion that he sees that the patient actually needs. In this milieu, it is not surprising that the patient is often viewed, albeit unintentionally, as someone less than a holy creation of God.

St. Paul, in the first letter to the Corinthians, reminds us, “Do you not know that your body is a temple of the Holy Spirit within you, which you have from God? You are not your own; you were bought with a price. So glorify God in your body.” (1 Corinthians 6: 19–20)⁶ The body as a holy creation, a temple of God, reveals yet another dimension of the person. Thus, in addition to the body speaking a language and making visible what is invisible, it is also God’s dwelling place, through which He is manifested to others. Seen in this context, healers must appreciate an even greater significance in their call to preserve, heal, and care for the body. The body created in God’s image and likeness is not to be viewed as some abstract theological doctrine. Nor is it to be understood in a generic way. Each and every human soul is unique and unrepeatable, and essentially images God through the body. So on the one hand, a medical student may sometimes focus on the physical aspect of learning how to restore the body parts to proper function, perhaps by dissecting a cadaver to learn of its various parts and operations. On the other hand, he must also address the spiritual component of the person, which is just as integral to properly attending to a patient.

It is the essence of the physician’s role to restore the body and to bring it back to a state of integrated wholeness. So it is precisely in and through the physicality of the body that the physician, like no other in our

society, acts directly to heal, comfort, and preserve the person. When the healer is mindful of the patient as a person created in the image and likeness of God, respect for the person and their body assuredly follows.

The Body is for Self-Donation

So far we have discussed how the body speaks a language of love and fidelity, and how this language of the body is an essential element of having been created in God's image and likeness. This then takes us to yet another important theme developed in the *Theology of the Body*, namely, the body as gift. It is important for one who tends to the body in a healing manner to recognize that the essence of the body is to be a gift to another. This notion finds its most clear expression in the context of marriage, wherein the nuptial meaning of the body is expressed. The nuptial meaning of the body is the body's capacity for expressing love and total self-gift; in marriage, this can occur through the reciprocity and complementarity of masculinity and femininity within the marital act. However, the human body is apt for self-gift in many ways and in many capacities, whether married or unmarried. John Paul II says,

The gift reveals, so to speak, a particular characteristic of personal existence, or rather, of the essence of the person. When God-Yahweh said, "It is not good that man should be alone;" (Gen 2:18) he affirmed that "alone;" man does not completely realize this essence. He realizes it only by existing "with someone" – and even more deeply and completely – by existing "for someone."⁷

This capacity for self-gift requires the presence of and receptivity by another.

Regarding the relationship between physician and patient, there are at least two distinct aspects of the self-donation characteristic that are relevant. First, the healer must be sensitive to the patient's disposition in allowing himself or herself to be cared for by the physician. In this way, the patient is actually being *a gift* for the healer; he is giving the healer his vulnerability, and an opportunity for service. In addition, the patient seeks to be restored and healed such that his purpose, to be able to continue the vocation of self-gift to which we are all called, can go on being fulfilled.⁸ The second important way in which self-donation is manifested in the healer-patient relationship concerns the opportunity for the healer to be a gift of self to the patient, during each and every encounter. The healer, through his kindness, sensitive bedside manner, healing touch, gentle words, and usage of his knowledge to benefit the patient, makes a true gift of himself in his practice of medicine. Understood in this way, the richness of John Paul II's teaching on the *Theology of the Body* is realized.

John Paul II's teaching on the dignity of the human person and the nuptial meaning of the human body also sheds light on the area of reproductive health. Specifically, various types of reproductive medicine, such as in vitro fertilization, artificial insemination, and surrogate parenting, often seriously violate the teachings of the Church regarding the understanding of the person as created essentially out of love to be gift to another. In these matters, it is particularly incumbent upon the dutiful healer to bear witness to this revealed truth.

Man comes to discover his true self only in giving of himself. In *Theology of the Body*, we read,

On the basis of Genesis 2:23–25, we clearly realize the connection that exists between the revelation and the discovery of the nuptial meaning of the body, and man's original happiness. This nuptial meaning is also beatifying. As such, it manifests in a word the whole reality of that donation which the first pages of Genesis speak to us of. Reading them, we are convinced of the fact that the awareness of the meaning of the body that is derived from them – in particular of its nuptial meaning – is the fundamental element of human existence in the world.

This nuptial meaning of the human body can be understood only in the context of the person. The body has a nuptial meaning because the human person, as the Council says, is a creature that God willed for his own sake. At the same time, he can fully discover his true self only in a sincere giving of himself.⁹

How tremendous the opportunity is for healers to view their service in this light! Many experiences of life afford us opportunities to be a gift to one another. The healer, however, is constantly given opportunities for self-gift, and it seems that there must be an appreciation for this view of the dignity of the human person, created in God's image and willed for his own sake, in order for the manifestation of a true disposition of self-gift by the healer.

The Communion of Persons

The concept of "communion of persons," or *communio personarum*, that John Paul II discusses in the *Theology of the Body*, is significant in the practice of medicine.¹⁰ Whenever a sincere gift of self is given to another with love and respect, and that act is affirmed and reciprocated, a communion of persons is formed.¹¹ Within the healer-patient relationship, one person performs an act of mercy and healing, and the other person allows and accepts that act of kindness. This is truly an honor, because the patient, in essence, is Christ who is the recipient of medical care.¹² One

thus ministers to Christ, and is shown the real vulnerability of another human being (which can be quite difficult and humiliating for the patient to reveal, especially in our culture when confidence, invincibility, and independence are so prized).

For a long time in Christian theological tradition, theologians and philosophers have pondered what it means to be an “image of God.” For the most part, men assumed that what constitutes the “image of God” in human beings is our rationality and intellect, and our ability to reason. John Paul II took this further, however. He said that although that may be true, man most images God in his *relationality*, as opposed to his individuality or individual attributes.

The Catholic teaching is that God is made up of three persons (Father, Son, and Holy Spirit), who give themselves to each other completely and fruitfully in their interactions within the Godhead. The Father gives Himself to the Son in total love and self-giving, and the Son reciprocates in a loving and fully complete way. This powerful and complete self-gift of love between the Father and the Son is so strong and fruitful that it becomes a third, a Person, who is the Holy Spirit. The Holy Spirit loves the Father and Son in reciprocity, giving Himself to them fully and completely.

This tripartite overflowing of love, beauty, and self-gift appeared to John Paul II to have a semblance on earth. He saw in the beauty of the human family, also made up of persons, a reflection of the Trinitarian God. In the family, the man and woman are called to self-gift, to give themselves freely, completely, faithfully, and fruitfully. This self-gift is acted out in many ways, from daily kind tasks done out of love, to the intimate moment of the marital embrace. When the man and woman give themselves in this special act and are gifted with fertility, their love creates a third person, the child.

The reflection of this fruitful love creating a third was what, to John Paul, so imaged the Trinity. The persons of the Trinity are loving and relational and create a communion of persons. The persons of the family are analogously born as relational beings and are called to the fullness of self-gift, which brings other human beings into their sphere of fruitfulness. Even when spouses are not given the gift of procreative fertility, they are still called to self-gift (as all human beings are), and when they give to each other and to others lovingly and fully, they are fruitful unto the world by using their gifts in many varied ways.¹³

In medicine, the healer is called to self-gift, and so is the patient. John Paul II often asked patients repeatedly to offer their sorrows and suffering in self-gift, for others’ intentions, especially for the Church.¹⁴ The Church is full of human beings who have a great spiritual need for souls to

offer their pains for them. In this way, suffering becomes redemptive and transformative. Suffering is never useless and can always be offered to God, like a sacrifice on an altar of love, to atone for and to help other people. John Paul II himself showed us visibly how to suffer and age, as his last couple of decades were filled with physical and spiritual suffering, often in the public eye. He did not flinch from continuing to travel and preach, even though he was afflicted with Parkinson's disease and could not walk for many years.¹⁵

In the interaction between healer and patient, a communion of persons is formed. The patient makes himself vulnerable. The healer senses this and responds with gentleness and sensitivity, so as to convey both that he is grateful to the patient for allowing himself to be vulnerable, and that he is worthy of this trust. The patient has, essentially, given the healer his body. It is the healer's for a few moments, to inspect, touch, and treat. With this trust, the healer is to gather information, apply bandages or medicine, and diagnose. The patient has also given to the healer his psyche, in a sense. He is saying to the healer, "I trust in you. I will listen to what you say, to your diagnosis. Then even after our encounter is over, I will continue my gift of trust to you because our relationship will continue in my carrying out your instructions" (whether it be to take or apply a certain medicine, or to perform a certain behavior or therapy). In this way, the gift of the healer to the patient is also continued, even when they are not in each other's physical presence any more.

The communion of persons is fruitful when doctor and patient can give to one another in this way. It is thus fruitful and helpful for both, even when the healer has perhaps been unable to cure the patient of a malady. The kindness and trust given on both sides remains as a palpable, spiritually healing, and generative action, despite possible continuation of disease or injury.

We are all called to self-gift and to fruitfulness. Our inner relationality inspires us to reach forth to other human beings and to form communions of persons. When a healer can remember this and to embody it in his work, and when patients can respond to a healer with openness and trust (and forgiveness when treatment may not turn out as well as was hoped for), they are able to fulfill this call to be gifts to one another and to form a *communio personarum*.

Shame: "Who Told You That You Were Naked?"

The phenomenon of shame also has implications for healers. It was not until after man's disobedience that the experience of shame became a reality. In *Theology of the Body* and also his previous work, *Love and Responsibility*, John Paul II analyzes the significance of shame, especially

how it affects the man-woman relationship.¹⁶ After the fall, they no longer see and relate to one another with the “peace of the interior gaze,”¹⁷ and with the sense of “interior innocence” (righteousness of intention). In the pre-fall language of the body, each had “received” the other human being and fully “accepted” the other.¹⁸

The words from God in Genesis, “Who told you that you were naked?” (Gen 3:11) suggest a significant change in how man and woman saw their bodies. A new experience, described as shame, is now felt. The contrast seen between the pre-fall “they were naked and were not ashamed” (Gen 2:25) and the post-fall “they knew that they were naked” (Gen 3:7) is not merely a sign that they did not see the nakedness of each other’s body beforehand; the significant change shown by these words suggests that the experience of shame “takes place at a deeper level than the pure and simple use of the sense of sight.”¹⁹ Original sin “disturbed the interior forces of man so that there was almost a different soul-body configuration, with different proportions of the sensual, affective, and spiritual appetites, even though the fundamental nature of man remains.”²⁰ Man is still created in the image and likeness of God, but now there is a distorted sense of the body, which manifests itself as a tendency to view others as objects, without the purity of heart and intention that came so easily before the fall. Because of this new state of the interiority of man, there is a consequent fear of being seen with a “gaze of use” by others, and a need to protect oneself from being looked upon as an object of concupiscence. John Paul II says that “the phenomenon of shame arises when something which of its very nature or in view of its purpose ought to be private passes the bounds of a person’s privacy and somehow becomes public.”²¹ He notes that “human beings show an almost universal tendency to conceal them[selves] from the gaze of others, and particularly of persons of the other sex.”²²

In the fallen world, shame actually can end up being a positive value, as it is necessary to protect oneself from the (fallen) tendency of persons to view others’ sexual values so easily with a disordered gaze. John Paul says that, “The value of the person is closely connected with its inviolability, its status as ‘something more than an object of use.’ Sexual modesty is as it were a defensive reflex, which protects that status and so protects the value of the person ... shame endeavors to conceal the sexual values so as to safeguard the value of the person.”²³

He also makes clear that, with and through the redemption of the body by Jesus Christ, man and woman are given the ability to “re-read the language of the body in truth.”²⁴ Christ appeals to man to “enter his full image,” and “gave him the power to overcome lust and restore the communion between man and woman.”²⁵ Through His death and resurrection, He has given us the capacity to view others with purity of

heart. It is both a gift and a continuing task for men and women to live this fullness of the body.

Within the field of medicine, physicians and other caretakers will sometimes see a certain type of shame in patients that does not seem to be related to the level of the sexual relationship between man and woman, but rather seems to arise from the distorted sense of the human body that became manifest after the fall. This shame seems to be the general form of shame described in *Love and Responsibility*, where “something which in the intention of the agent should have remained hidden has been made public: when this happens it is the publicity itself which is felt to be bad.”²⁶ The sickness and debility within the patient can produce feelings of shamefulness for the afflicted, and they sometimes feel a certain embarrassment. This can occur despite the fact that they may have actively sought out treatment and advice from the healer. Sometimes even feelings of guilt seem to be present within the sick patient, and they may believe that their sickness and suffering is somehow deserved, because of some transgression they have made. Patients are often also ashamed or embarrassed by the bodily limitations imposed by their illness or disability, because they sense that this betrays a certain weakness, and they try to conceal such limitations from others.

However, patients must necessarily expose their afflictions to the physician/healer, to whom they have come for diagnosis or treatment. It is within the nature of the patient-healer relationship that limitations, weaknesses, and afflictions should be revealed, precisely so that the healer can help to restore the patient to a healthy state. The vulnerability of the patient should be respected here, and the healer should endeavor to understand and to keep in mind the distorted sense of the body and heightened sense of shame that we all have due to original sin. Despite the fact that the patients bear a feeling of shame about their affliction, the healer should inculcate in them the understanding that their body has an immense dignity, and that it is all right to display weakness and illness in front of them. They should reassure the patient that their illness has not come about because of past sins by them, and is not a punishment by God. Rather, God travels with them through their journey of illness and is closest to them within the storm of suffering, pain, and limitations brought about by illness.

In the *Theology of the Body* audiences from April 15 through May 6, 1981, John Paul II makes a number of fascinating reflections on the part that shame plays in the morality of how the human body is portrayed within art. There are various parallels to the practice of medicine that can be taken from these reflections. Speaking about shame, he says that its effects are “seen clearly even in situations which justify the necessity of undressing the body, such as in the case of medical examinations or

operations...Man does not wish to become an object for others through his own anonymous nakedness.”²⁷ The healer should be mindful of this (post-fall) natural tendency to be hesitant about revealing one’s body, and should remember that the body has inscribed in it the ethos of the gift. The body, in its masculinity or femininity, has a nuptial meaning, which should not be violated by a lack of sensitivity to this dimension of the person.

Medicine and art are two areas where nakedness is in many ways essential to their practice. Although the physician may be used to seeing the naked body, each patient in front of him feels a real vulnerability in being naked. John Paul says that in order to practice morally legitimate art, “the artist ... must be aware of the full truth of the object [of art; i.e., the person], of the whole scale of values connected with it. He must not only take them into account in *abstracto*, but also live them correctly himself. This corresponds also to [the] principle of purity of heart.”²⁸ This is also true for the healer. He must be aware of the full spectrum of values of the human person-patient in front of him, and should also strive to live morally and with purity of heart himself. John Paul mentions the encyclical *Humanae Vitae* (n. 22) several times within these reflections, where Paul VI says, “We wish to draw the attention...of all who perform duties of responsibility in regard to the common good of human society, to the need of creating an atmosphere favorable to education in chastity.”²⁹ The healer, in his “duties of responsibility,” should work to create such an atmosphere, which “correspond[s] to the dignity of the human body...and to its significance in building the communion of persons,”³⁰ through practicing purity of heart in his profession. This outlook will affect his manner, his speech, and his decisions with regard to his patients. This in turn fosters an atmosphere that respects the dignity of the human person and builds true *communio personarum*, not only within the patient-healer relationship, but also between himself and his colleagues in the medical profession.

The healer should also recall that Christ has redeemed the body, and redeemed suffering. Through His suffering and death on the cross, He has shown us that suffering has value, and can work for the good of the sanctification of ourselves and others. His redemption ameliorates the distorting effects of shame about our bodies and about illness, and helps us to understand that we, as body-persons, are all created in the image of God and should not be ashamed of our afflictions or disabilities. We should seek healing when necessary, and not be afraid to be vulnerable in front of our healers. Healers must also strive to see the image of God in each and every patient they treat. In a real sense, these are further ways of “re-reading the language of the body in truth.”

Living according to the *Theology of the Body* within medicine can also be aided by envisioning Jesus as the Divine Physician. Jesus is the ultimate physician/healer, Who heals us body and soul, and Who can guide

the medical practitioner in the best way to practice medicine. When a healer works to alleviate a patient's physical and psychological suffering, he is practicing his art according to the Divine Healer's ways, which tend to both the bodily and spiritual dimensions of the person. Jesus redeems the practice of medicine as well, when the healer works to see and treat his patients with the dignity that they deserve, acknowledges that they are made in the image and likeness of God, and understands the value of the suffering that they are enduring, while working to bring them to a restoration of bodily wholeness.

The Importance of *Theology of the Body* to the Practice of Medicine

John Paul II, in his *Theology of the Body*, has elucidated and built upon the Church's teaching on the dignity of the human person. He has shown that the meaning of man's being created in the image and likeness of God refers to man's relationality and the ability to live as a communion of persons. He has illuminated the meaning of the language of the body, the fact that the body is nuptial, and that the human body-person is made for self-gift. He has also explored the significance of the phenomenon of shame, and made clear the importance of Christ's redemption in allowing man to live the fullness of His teaching, according to the truth of love.

In all, he has given a great gift to physicians, nurses, therapists, caretakers, and other healers, in the *Theology of the Body*. It is a magnificent catechesis that touches upon so many aspects of the healing profession and the healer-patient relationship. It can aid in counteracting modern medicine's tendency to regard the body as just an instrument of the person and to separate the corporeal and spiritual dimensions of man. The *Theology of the Body* reminds those of us in the healing profession that our patients are body-persons, real images of God who are a combination of body and soul. They present themselves to the healer in the hope of receiving kindness, compassion, and healing. The *Theology of the Body* helps the healer to facilitate this healing, to engender trust, and to truly embody and manifest Christ's love to his patients.

References

1. John Paul II, *The Theology of the Body: Human Love in the Divine Plan* (Boston: Pauline Books and Media, 1997). A newly translated version, based upon new findings from the John Paul II archives, has also recently been published: John Paul II, *Man and Woman He Created Them: A Theology of the Body*, trans. Michael Waldstein (Boston: Pauline Books and Media, 2006).

2. To conserve space and avoid repetition, we use the generic pronouns “he” and “his” in this paper to refer to either the masculine or feminine gender. Also, the words “physician” and “healer” are used interchangeably to refer to many different medical healing roles such as physician, nurse, physician assistant, therapist, caretaker, and so forth.

3. John Paul II, *The Theology of the Body*, 359 (general audience of January 12, 1983).

4. *Ibid.*, 402 (general audience of September 5, 1984).

5. See Vatican II, *Gaudium et Spes* (Pastoral Constitution on the Church in the Modern World; December 7, 1965), n. 24, http://www.vatican.va/archive/hist_councils/ii_vatican_council/:

“Man, who is the only creature on earth which God willed for itself, cannot fully find himself except through a sincere gift of himself.”

6. All Bible quotations are taken from *The Holy Bible*, Revised Standard Version (New York: Oxford University Press, 2004).

7. John Paul II, *The Theology of the Body*, 60 (general audience of January 9, 1980).

8. In a more literal sense, the entire matter of organ donation, often spoken of as a “gift of life,” captures this reality of self-giving in a very concrete way.

9. John Paul II, *The Theology of the Body*, 66 (general audience of January 16, 1980).

10. *Ibid.*, 45–48 (general audience of November 14, 1979).

11. Mary Healy, *Men and Women Are from Eden: A Study Guide to John Paul II's Theology of the Body* (Servant Books, 2005), 26.

12. Mt 25:40: “As you did it to one of the least of these my brethren, you did it to me.”

13. In addition, they remain faithful to the Church’s teachings (and John Paul II’s teachings in *Theology of the Body*), when they do not intentionally sterilize any sexual act. Whether they are blessed with procreative fertility or not, their bodies are *inherently apt for self-gift* and for expressing the nuptial meaning of the body. Remaining open to children in each marital act is the way that spouses speak the language of the body in truth and love.

14. Stanislaw Dziwisz and Czeslaw Drazek, “Suffering in the Life and Teaching of John Paul II,” in *Let Me Go to the Father’s House: John Paul II’s Strength in Weakness* (Boston: Pauline Books and Media, 2006), 8–12.

15. Angelo Comastri, "Sainthood Now!" in *Let Me Go to the Father's House*, 107: "During his illness, which gradually deprived John Paul II of his most brilliant and treasured personal qualities, he did not go into hiding. It must have cost him dearly, but he did not permit a veil to protect him from the indiscreet eyes of others: he lived his illness publicly, turning it into a living homily that touched the hearts of all humanity."
16. John Paul II, *Theology of the Body*, 57–60 (general audience of January 2, 1980), 68–70 (general audiences of January 30, 1980, and February 6, 1980), and John Paul II, *Love and Responsibility* (Polish 1960; New York: Farrar, Straus, and Giroux, 1981), 174–193.
17. John Paul II, *Theology of the Body*, 57 (general audience of January 2, 1980).
18. *Ibid.*, 70 (general audience of February 6, 1980).
19. *Ibid.*, 53 (general audience of December 12, 1979).
20. Mary Shivanandan, *Crossing the Threshold of Love: A New Vision of Marriage* (Washington, DC: Catholic University of America Press, 1999), 123.
21. John Paul II, *Love and Responsibility*, 174.
22. *Ibid.*, 175.
23. *Ibid.*, 179–180.
24. John Paul II, *Theology of the Body*, 402 (general audience of September 5, 1984).
25. Imago Dei (formerly known as Women Affirming Life), *A New Language: A Study Guide on John Paul II's Theology of the Body, 2nd Edition* (Women Affirming Life, 2005), 33.
26. John Paul II, *Love and Responsibility*, 174.
27. John Paul II, *Theology of the Body*, 222 (general audience of April 22, 1981).
28. *Ibid.*, 227 (general audience of May 6, 1981).
29. Paul VI, *Humanae Vitae* ("Of Human Life") (Boston: Daughters of St. Paul, 1968), n. 22
30. John Paul II, *Theology of the Body*, 228 (general audience of May 6, 1981).