



# Understanding modern, technological medicine: enchanted, disenchanted, or other?

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The marvels of modern medicine require no real introduction. Arguably, the greatest gifts of modern medicine stem from hygienic practices and vaccinations against diseases such as smallpox and tuberculosis, which reduce the possibility and effects of historic plagues. Beyond the work of antibiotics, modern medicine now includes artificial implanted organs such as the “bionic eye,” multifocal imaging of brain neurons, the approaching possibilities of clustered regularly interspaced short palindromic repeats (CRISPR), and bioprinting. Modern medicine marries scientific and medical knowledge with remarkably adept technological prowess, and there is no doubt that these modern medical marvels have improved life for all those who are fortunate enough to have access to them.

Nonetheless, these goods of modern medicine are far from monolithic and are perpetually questioned—ethically, legally, scientifically, and professionally—within medicine itself. The theme of this special issue raises a line of questioning that is distinct and yet readily engages these spheres; it is a philosophical questioning of medicine grounded in the sociological terms of Max Weber (1864–1920). Where does modern medicine fall within the spectrum of disenchantment? Drawing from

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Friedrich Schiller's use of the phrase *die Entgötterung der Natur* (the dis-godding, or de-divinization, of nature) in his poem *Die Götter Griechenlands* (The Gods of Greece) [1],<sup>1</sup> Weber employs the concept of *Entzauberung* (de-magnification or disenchantment) broadly to describe the effects of rationalization within society. Rationalization describes an approach of applied reasoning that organizes, categorizes, and makes accessible spheres of life for certain uses. While Weber is not always clear in his use of rationalization [2], what stands out the most is an applied rationality aimed at efficiency and power, typically yielding to bureaucratization. The utility and efficiency of processes, a triumph of applied reason, culminate in Weber's disenchantment, as mysticism, magic, and enchantment are replaced with a rational modern society.

We say more on disenchantment below, but Mike Fitzpatrick helps at the start to illustrate how medicine may be placed within such a paradigm. Fitzpatrick reflects upon the modern tendency to assume that screenings and tests reveal one's "true state of health" [3]. He builds on celebrity chef Nigel Slater's remark that little would be more desirable for public health than the provision of free, comprehensive, annual health checks. Surely, equipped with health assessment measures such as accessible blood glucose, cholesterol, and liver function, as well as total body magnetic resonance images, every citizen would know her own true state of health, thus enabling her to act prudently upon such information. Countering this presumption, Fitzpatrick questions the mere knowledge such rationalizing tests reveal when there is more to life than "prolonging bodily existence" [3]. Instead, Fitzpatrick appeals to Aristotle's flourishing life as a relevant measure of "true" health, considering personal achievements alongside physical well-being. What matters more than merely "feeling good about ourselves" is "living and acting well," and this entails that happiness is greater than a state of mind and certainly more than "mere animal fitness" [3]. Happiness is, rather, inescapably social while maintaining an individual character. Hence Fitzpatrick urges us to move beyond the "solipsistic outlook reflected in the demand for screening tests" [3].

The fetishism of the body in contemporary culture, expressed in cults of body enhancement as well as the narcissism of the complete checkup, is linked to a pervasive fear of disease and an ultimate terror of death. ... Though subjecting the body to a relentless regime of prevention and surveillance is unlikely to make much difference to the duration of our animal existence, it is certain to reduce the scope of our humanity (as well as imposing an unsustainable burden on our health services). [3]

Doubtless, there are numerous responses to Fitzpatrick's critical posture, but in fairness we should note that Fitzpatrick's assessment is not aimed primarily at the technological goods of scientific, modern medicine *qua* goods. These are undeniable. Rather, what are questioned are the contextual and often unintended effects of these technological goods. Thus, Fitzpatrick's implicit disenchantment paradigm brings

<sup>1</sup> Schiller's poem was published in the 1788 issue of *Der Teutsche Merkur*, edited by Christoph Martin Wieland [1].

several questions to the conversation: what else accompanies the goods of medical *technē*? And how definitive of medicine are these other elements that accompany the technological goods of modern medicine? In this way, Fitzpatrick—and the essays that follow—should be read with discernment lest he seem unduly critical of modern medicine. Fitzpatrick moves past the evident practical knowledge gleaned from lab tests and magnetic resonance images to ask what greater meaning exists for humanity—a line of questioning that is entirely Weberian.<sup>2</sup> The philosophical challenge of any line of sociological questioning is to carefully delineate methods of determining meaning; hence evaluating social practices and mores in the mold of Weber is as much about judging, assessing, and naming social tendencies as it is about empirical measures. As such, nothing in this special issue should be read as a rejection of modern medicine's technological goods; instead, the authors ask the reader to consider what accompanies these goods and how these goods affect our humanity.

In short, the state of modern medicine is undeniably more scientifically and technologically successful now than it ever has been, and this success in *technē* is precisely what the theme of this special issue seeks to understand: is the state of successful, modern medicine disenchanted, enchanted, or other? Moreover, the recent centennial mark of Weber's "Science as a Vocation" (1917) is a fitting time to engage the nature of modern medicine within the disenchantment spectrum [5]. Commemorating this historical occasion is timely in view of the ongoing scholarly audience that surrounds Weber's analysis. Whether Weber's sociology is embraced or critiqued, he has remained persistently relevant within social history if for no other reason than that the "discipline developed in close accordance with his thought" [6, p. 115].

Abraham Nussbaum's essay presents a helpful introduction to Weber, disenchantment, and medicine by tracing Weber's vocation of a scientist within the context of the Protestant conception of calling or vocation (*Beruf*) [7]. Nussbaum places Weber's analysis of science as a vocation in conversation with William Osler's writings—especially "Internal Medicine as Vocation" (1897)—which describe medicine as a "noble calling" [5, 8]. This creative juxtaposition illustrates possible advantages and disadvantages of Weber's uniquely modern framework—an analytical or interpretive box that examines scientific vocations as secular versions of the ascetic Protestant calling. On the one hand, Weber's modern science, like Protestantism, greets disenchanted modernity with open arms and remarkably hones our intellect while enhancing our control of life through calculation. Withdrawing from modernity

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<sup>2</sup> Weber's essay "Basic Sociological Terms" carefully traces two different types of meaning: the "actual existing meaning in the given concrete case of a particular actor" and the theoretical "subjective meaning" fitted to an ideal type [4 p. 4]. Neither mode of meaning for Weber is seen to be "objectively 'correct'" [4, p. 4]; rather, the value in this distinction shows how sociology progresses. Sociology seeks to understand empirical sciences of action, whereas "dogmatic disciplines" such as "jurisprudence, logic, ethics, and esthetics" seek to know "true" and "valid" meanings [4, p. 4]. In short, pertinent to evaluating modern medicine and healthcare, Weber is highly attentive to various modes of knowing an action and even to "psychophysical processes" that are meaningful in "mystical" ways that "cannot be adequately communicated in words" [4, p. 5].

through a mystical version of Catholicism requires intellectual sacrifice and implies a view of science as a divine gift, rather than a rational vocation. On the other hand, though, they may be viewed as advantages for rationalism and capitalism, the modern forces of disenchantment inaugurate a crisis of meaning and value that modernity cannot itself solve. The impersonal gods of rationalism do not support harmonious communities or offer any existential relief for individuals. The Weberian viewpoint thus seeks to espouse a clinical bluntness, avoiding romantic idealism or mysticism, and yet those engaged within rationalized vocations of science and medicine perpetually stand in isolation, and hence Nussbaum alludes to Marianne Weber's description of "a new type" of person, an independent, self-reliant individual "in terrible solitude, and bereft of all magical powers of salvation" [9, p. 339].

Against this disenchanting backdrop, Nussbaum [7] draws attention to the notable influence of Osler, who describes medicine as a "noble calling" and speaks to physicians directly about the imperative to understand their vocations as works of mercy that may cultivate the physician's character [10 p. 443]. Far from the calculating forces of rationalism, the internal drive or essence of medicine for Osler is a presumed eternal humanism, and a clinical wisdom emerges from reading essays such as those in his 1914 *Aequanimitas* [10]. Medicine for Osler is not a trade but an art, not a business but a calling, and defining this calling remains ambiguous and presumptive. Where Weber traces out the movements of rational calculations, Osler speaks in thin platitudes. Nussbaum concludes by posing questions that challenge both viewpoints. Are Osler's aphoristic promises of noble medicine more than ghosts of old beliefs that now haunt stressed physicians, many of whom are burnt out and contemplating early retirement? Amidst a disenchanting medical profession, does Osler's idea of a noble calling bolster physicians or bury them in sentimentality? Similarly, while a Weberian awareness of capitalistic motivations within medicine—as Nussbaum puts it, "rationalization pays well" [7]—brings honest realism, does the Weberian box offer more than critique? Are there possibilities for transcendent, mystical or supra-rational meaning beyond the immanent, calculating rationalism for which Weber fails to account? Here Nussbaum points to the virtue of humility as a way beyond Osler's sentimentality and Weber's rational calculations. On the face of it, humility may seem to fall within the critique of Osler that Nussbaum himself promotes, and yet, in a deeper sense, humility understood as a moral and intellectual virtue is quite different. Humility in this way recalls Socrates' refusal to claim certain knowledge; and if virtue seeks right action, humility is indispensable in this pursuit. A humility that allows physicians to serve patients in their weak, lowly, and often despised states suggests a way beyond Oslerian nobility or Weberian rationality.

The next two essays examine the question of re-enchantment as a possible corrective to the violence of bureaucracy, scientific enquiry, and the institutional or personal formations that cultivate both ways of order and knowing. The term *violence* is used here purposefully, since the disenchanting world of the physician and her guild, as discussed by Jacob Blythe and Farr Curlin [11], is one whose reified bureaucracies demand obedience, and those who defend such order call for retributive justice to correct abuses and objections. The question of conscientious objection serves as the case in point for Blythe and Curlin. However, a call to re-enchantment might not

be sufficient to quell the violence. Kimbell Kornu, for example, looks to Galen's anatomical enquiry and experimentation as a means of problematizing such calls to re-enchantment [12]. Accordingly, the essays here require further examination of not only the vocation lectures but also Weber's concomitant thinking about bureaucracy.

The delivery of Weber's lecture "Science as a Vocation" fell between the end of the first World War and the start of the Russian revolutions [13]. It is the first of his vocation lectures at Ludwig-Maximilians-Universität München that aims to address *geistige Arbeit als Beruf* (intellectual scholarship as calling) [5]. His speech to the students in attendance examines the plight of the academic in a modern university context. That is to say, he articulates the professional calling of those in the academy who are caught up in the bureaucracy of the scientific vocation. The external conditions and internal calling of an academic vocation, however, are considered essential complements. The habits inculcated by the external conditions give way to the formation of one's sense of being in relation to one's internal calling. Put differently, the academic structures and strictures habituate the academic into her calling. Yet as John Dreijmanis has pointed out, Weber later laments the excess of external conditions that have constrained and opposed the internal calling of those employed in education [14]. The preparation and production of order overwhelms the actualization of one's internal sense of vocational being.

The bureaucracy of education, of the academic vocation in the external sense, gives evidence of a particular political influence, or power, incumbent in the work of the academic in a modern institution that organizes human activity around structural efficiencies, determinative rationalities, and organizational hierarchies. The purpose of such organizations, as Weber points out in his complementary essay "Bureaucracy," is to preserve order, amplify efficiencies, and forestall favoritism [15]. The priority of process over persons—as well as the priority of universal, closed determination over particular, open engagement—becomes the normative rule that buffers both individuals and institutions from the enchanting powers and perturbations that hazard social discord and institutional upheaval. Such rationalization and bureaucratization foreground a particular horizon in which one sees only problems ready for resolution by the administration of political will and the agencies of technique.

The tautologies of modern will and technique are further illumined in Weber's *Politik als Beruf* (Politics as a Vocation). In this essay, Weber clarifies that his understanding of politics encompasses leadership, of any kind, that is enabled and authorized for action in the disenchanting world [16]. Such leadership action, Weber argues, concerns relations between persons who exercise dominance over others—disciplining the society into order. Politics is therefore interested in the way that those in positions of power might control the population of persons gathered within institutional boundaries, and beyond, while expecting their obedience—"just do your job," as Blythe and Curlin's title suggests [11], is the precise expectation of the ordered vocation.<sup>3</sup>

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<sup>3</sup> This sentiment is echoed in Weber's *Politics*: if the ordered modern society, or institution, is to exist at all, a leader must rely upon those who follow to be(come) as a soulless apparatus, as a machine, that "must obey him blindly" [16, p. 113] (emphasis added).

The machinations of modern politics are concerned principally with power. Power is essential to the modern pursuit of progress—progress achieved, in part, by way of the bureaucratic violence of the political will. In his description of the political, Weber narrates a particular dehumanization. In an exercise of hubris and with the penchant to control the physical and economic exchange of persons in a society, the political will of the leader, and her administration, is aimed at the organization of habituation. That is to say, the aim is to habituate persons—or, adopting Blythe and Curlin's idiom [11], *providers* and *consumers*—into their roles as mere objects in the apparatus of political life. As such, these persons become objective things put to work toward the technical ends of the state, or the health care industry.

The exercise of such political will might often be an intelligible response to limitations and harms experienced within a particular political milieu, as Blythe and Curlin observe [11]. They suggest that the product presumption was adopted to correct unjustified medical paternalism and to bend medicine into serving the desires of patients. The particular political ideations and bureaucratic order of the product presumption has dissolved many of the noted challenges. Yet it has also determined the characterization of physicians and patients as providers and consumers, while encouraging marketplace metaphors that describe medicine as the provision of goods and services. As such, the internal calling of the physician becomes distorted, while the public understanding of medicine becomes increasingly confounding or confused.

Blythe and Curlin's response is to re-narrate the essential features of the practice of medicine [11]. They reclaim the profession from the disenchanting product presumption by introducing external conditions that complement and connect the practice of medicine with the internal calling of the physician. Their argument suggests that the disenchantment, or bureaucratization, of medicine has done violence to both patients and physicians, interfering with the practices of good medicine that establish the internal calling of the physicians.

Like Blythe and Curlin, Kornu similarly wonders whether violence is familiar to the enchanted world [12]. While some advance re-enchantment as the optimal remedy for the hazards and harms of disenchantment, Kornu's examination of the theological aspects of Galen's anatomical theory offers a necessary caution against either nostalgia for enchanted narratives or thin recipes for compromise.

The graphic detail in which Galen narrates his preparatory and empirical work in anatomical dissection and vivisection is shared with the reader. It evidences both the sheer volume of his work as well as its brutal and violent nature. But not unlike the justification of violence over nature essential to modern disenchantments, Galen's pursuits serve not only to resource knowledge for medical *technē* and advancement of life-saving interventions, but also to facilitate discovery of self, truth, and God. As Kornu points out, the desire to take up such violence is secondary to the primary pursuit of medical and metaphysical answers [12].

The aim of Kornu's paper, as noted above, is to complicate the sometimes simplistic call for re-enchantment. Such a call must not assume that the antidote to violence in modern medicine is the mere reversal of disenchantment. That assumption is fodder for critique. Rather, Kornu demonstrates that enchantment does not necessarily preclude violence, for those curious practitioners of the medical sciences

and arts seek not only technical skill and proficiency for practical aims but also knowledge that might give order to one's understanding of all things, including the divine [12]. Such aims seem to goad on a particular posture of violence, whose ends feed back into a justificatory loop: the administration of means, some perhaps violent, begets knowledge, which reinforces the administration of means to acquire further knowledge. Put differently, the acquisition of desired aims (knowledge of self and of the divine) positively feeds back to give warrant to the employed means, which in this case include the violent dissection and vivisection of living creatures). Thus, the Galenic project is itself ostensibly an exercise, perhaps a reiteration, of the Weberian claims that *Wissenschaft*, as a way to know God, ultimately leads to dehumanization. This leaves one to wonder: if not enchantment, then what?

Turning from these analytical challenges to re-enchantment, the next two papers from Joel Shuman [17] and Alan Astrow [18] bring to this special issue something of an excursus via illustrative commentary. Rather than seeking to define or analyze disenchantment and medicine directly, these papers place Weber's disenchantment in creative conversation with the study of anatomy and the work of Rabbi Abraham Heschel, respectively.

Shuman begins by presenting Weber's "Science as a Vocation" [5] as an apotheosis of instrumental reason, a rationality that allows scientific and technological capacities to further the ends of human life [17]. The relationship between technological knowing and humanity is not simplistic, since science does not answer important existential questions directly, but Weber contends that scientific knowledge presents great possibilities for making human life less onerous. This association between scientific knowing and human ends may be difficult to grasp for the modern individual simply given the primacy that our age places on scientific or instrumental modes of knowledge—one thinks here of David Foster Wallace's comments about fish not knowing what water is [19]—and yet this triumph of analytic enquiry is precisely what Shuman calls to the reader's attention. Instrumental reason as analytic enquiry accomplishes great technological goods, and Shuman calls for these technical goods to be harmonized within some greater context that gives rise to fuller human flourishing. In this way, Shuman broadly aligns with Blythe and Curlin's position [11] and Kornu's position [12] by challenging anatomical knowing, attesting to its inadequacy when considered as primary and in isolation. One of the notable strengths of Shuman's essay is the way he coordinates his personal experience within the field of anatomy with insights from a creative and varied list of scholars, including Jeff Bishop, Stanley Hauerwas, Alasdair MacIntyre, Neil Postman, Iris Murdoch, and notably Wendell Berry—an uncommon source in the conversation on sociology and medicine. Following Berry [20], Shuman seeks to reimagine analytical enquiry not in terms of conformity to physiological norms that even probe the anatomy of atoms, but in terms of a wholeness that considers the health of the entire human person. Under the former approach, industrial medicine attends to cures that are "marketable products extractable from bodies" [20 p. 6], whereas under the latter approach, healing is the authentic process of furthering human wholeness. Without a doubt, accepting such an understanding of healing as wholeness hinges on the way that medicine is envisioned, and here Shuman draws from art historian and critic James Elkins on the difference between seeing ideal forms

and empathetically engaging concrete bodies [21]. Medicine that sees anatomically follows the mode of ideal, disincarnate forms, while an imperative to see the person pushes medicine to consider mysterious embodiment—the irreducible wholeness of persons that is not achieved via knowledge arising from images, tests, or anatomical diagrams.

In short, Shuman calls for modes of knowledge that extend beyond analytical spectra [17]. Whereas the modern, disenchanted gaze sees different modes of knowing bodies and persons through the various basic sciences, Shuman gestures toward a more ancient understanding of modes. One might recall Socrates' analogy of the divided line that presents a hierarchy amongst various modes of knowing. There are four modes of knowing: imagination (*eikasia*) or direct observation of visible things, belief (*pistis*) or opinions regarding visible things, intelligible knowledge (*dianoia*) of things via geometry and numbers, and finally noetic knowledge (*noesis*) or the direct perception of truth through a first principle. Shuman's call for knowing beyond analytical enquiry seems well aligned with this Platonic schema, where each mode of knowing has its place, prompting one to ask whether a core stalk of modern disenchantment stems from over-emphasizing a lower form of knowing that requires a better picture of the whole. Without rejecting the knowledge available through anatomical enquiry, can such anatomical opinions or beliefs extend beyond things that are merely visible? Would such a holistic vision be enchanted?

In a complementary way, Astrow's essay does not analyze disenchantment directly either [18], rather offering an historical illustration of Weber's work through a comparative inquiry into Rabbi Abraham Heschel (1907–1972). Heschel's 1964 address to the American Medical Association plays a key role by raising issues of character and professionalism while questioning the cultural place of the physician. The topic for this special session was the "The Patient as a Person" [22], and somewhat ironically Heschel seemed to engage this issue not by discussing patients but rather by detailing the disenchantments of physicians and their practices. In contrast to Heschel's co-presenter, William Menninger, who focused on the social cohesion of physicians in the 1960s [23], Heschel provocatively decried the "collapse of the old and traditional character of the doctor" [22, p. 29]. Heschel may or may not have had Weber in mind as he accused physicians of succumbing to social and financial temptations, hence devaluing the "supreme nobility" of their vocations [22, p. 34], but what is perhaps more interesting to ponder are the biographical influences and personal narratives in Heschel's life that led him to his public condemnation of the physician's role in the 1960s. As a friend and supporter of Martin Luther King, Jr. and a scholar who fled Berlin during the height of the Nazi regime, Heschel lived within a context rife with social upheaval and moral transgressions. Unlike Weber, however, Heschel addressed these cultural phenomena not from the dispassionate perspective of contemporary academic science but rather from the prophetic posture of one thoroughly immersed in the Hasidic way of life. Here Astrow nicely contrasts Weber's view of religion as sentimental attachment with Heschel's spirit of prophecy, providing a platform of a content-rich Jewish tradition on which to analyze and understand modern, disenchanted medicine.

This juxtaposition may sound odd and, when considered solely in Weberian terms, it is. Astrow's depiction of Heschel is intentionally pre-modern in the sense

that science is authentic and fully valued only when it is not divorced from spiritual values. Clearly, this approach stands at odds with Weber's analysis of religion, and such juxtaposition is illustrative of both Weber and Heschel's critiques of modern rationalism. Prophecy and religion for Weber carry a sentimental attachment and are far from objective; what matters more for Weber is the possibility of acknowledging the secular, intellectual honesty of separation between science and values. Hence Weber shows detached acceptance of a disenchanted universe within the assumptions and framework of his own sociology, while Heschel challenges disenchanted moderns (and physicians) to reconsider their apathy and coarse materialism. In short, at the heart of Astrow's essay is a contrast between two approaches to identifying and understanding disenchantment [18]. On Weber's view, religion—or rather Protestantism, in particular—further rationalization and disenchantment, and the authentic locus from which to identify and critique disenchantment is within Weberian secular sociology. Heschel's Hasidism, by contrast, presents a posture not all will share, but it remains an explicitly content-full approach wrought with history and tradition. Here one may think of H. Tristram Engelhardt's core distinction between the explicit moral traditions exemplified in the major religions and the implicit moral tradition of "cosmopolitan" liberals [24]. Weber may not align exactly with the cosmopolitans Engelhardt describes, and yet what Astrow's juxtaposition between Weber and Heschel draws out is the particularly secular nature of Weber's framework when examined in light of Heschel's prophetic Hasidism. This observation does not dismiss Weber but rather points out a recurring theme or question within such a comparative essay: how far is Weber's analysis from impersonal rationalization? Is Weber's critique itself disenchanted or in the service of disenchantment?

Devan Stahl's essay does not dismiss Weber either [25]. Stahl uses personal narrative to exemplify and, in turn, interrogate the effects of disenchantment on medicine. Her experiences guide the reader to the understanding that objective distance and dispassionate mastery do nothing to separate her from the body that *is* her. Yet the disenchanted posture reduces the patient's body, including its illness, so that it can be seen as a mere object to be manipulated, managed, and, at times, mutilated in pursuit of control under the auspices of cure. The embodied demand is seemingly ignored, justified by the advance of modern sciences and technologies. For Stahl, control here requires submission to the pharmacologic regimen that palliates her chronic symptoms and the annual imaging, among other examinations, that monitors the advance of her illness. The disenchanted medical milieu and the bureaucracies of cure demand that patients surrender and subject themselves to the panoptic gaze and objectification of flesh. Meanwhile, the disenchanted institution and its physicians remain assured, for such surrender comes by way of the disenchanted language of consent. Moreover, such demands, such biodisciplinary politics of control, curate the obedient patient—and Stahl admits to her own obedience. Yet, all the while, she continued to wonder: with all of this knowledge about my body-as-object, who am I?

The answer to this question has unfolded for Stahl in conversation with her sister, artist and printmaker Darian Goldin Stahl. In their conversation and collaboration, existential frustrations have been exercised and an examination of meaning has been

tested. Through the collaborative exercise of reconciling the banal images gathered for medical diagnostics and casting them as icons for reflection and meaning-making [26], the sisters Stahl have sought to see and to interpret such images differently. As Stahl admits, the pedagogy of an artist's eye has opened her to a way of seeing the images that transcends the reductions determined by the more familiar clinical gaze and the disenchanting institution and its guild of physician experts [25]. The multiplicity and excessiveness of each image, as Stahl describes, is seen in contrast to the sparse and moderated revelations afforded by the diagnostician. What Stahl's essay illuminates with precision may be competing pedagogies of *technē*—that of modern medicine versus that of fine art. However, the essay does not appear to resolve this tension. By engaging in re-enchanting practices and by viewing and shaping the images differently, through artful solidarity and creativity, Stahl and her sister stand in opposition to the persistently troubled, but seemingly required, disenchanting medical milieu and its dispassionate practitioners who continue to wield epistemic power.

The pedagogy introduced here is one that becomes a material social practice among co-sufferers. Yet it seems to be set alongside, rather than in correction to, the dominant social practices that shape contemporary medicine into a tautological, bureaucratically and technologically competent art and science—one that has ostensibly reified later modern confidence in medicine to cure disease and palliate pain. One is therefore left wondering: does who I am have any bearing upon who my physicians are trained to become? Do I even matter as a subject? If so, then, how might such subjectivity interrupt and transform the rote agency of the physician caught up by the dynamo of modern medical agency and technological rationality?

The essays in this special issue cross a ranging terrain, from philosophical introduction to Weberian disenchantment in medicine to artful interrogation of the effects of medical disenchantment. Yet in closing we may return to Fitzpatrick's questioning of how modern, technological medicine does or does not reveal one's "true state of health" [3], given that medical diagnostics essentially measure the accessible empirical and material aspects of the human being. On the one hand, merely noting the technological nature and limits of modern medicine may rouse a Luddite impulse that seemingly aligns with Weber's disenchantment, leading to a well-worn defensive posture that romanticizes foregone eras. Such a posture is surely fatally limited and merely pays lip service to Weber's analysis via disenchantment. On the other hand, the more nuanced engagement of disenchantment and modern medicine furthered in this special issue allows one (1) to admit the distinction between mere knowledge via rationalizing tests and more robust forms of knowing that consider dimensions of human life beyond bodily existence; (2) to question how modern medicine's rationalizing approach may be appreciated or critiqued as furthering authentic human embodiment and existence; (3) to identify modes of goods—for example, modern medicine as a good *technē*—that may or may not support a good *telos*. Amidst the tension of appreciating and limiting modern medicine's technological gaze, such exploration seems a fitting starting point for engaging disenchantment in medicine. The essays presented here are not intended to be exhaustive in this regard; rather, they enact the deeper meaning of *essay*, which may rightly be associated with Michel de Montaigne's humanistic philosophy. In this way, the essays in

this issue are not as much theoretical or speculative as they are aimed at questioning the foundations of how modern medicine is approached in the first place.

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