

Medicine and Metaphor in Late Antiquity

How Some Recent Shifts are Changing the Field

ABSTRACT This essay seeks to provide a framework for the four articles that follow. While the employment of medical metaphors by the writers of Late Antiquity has long been recognized, for medical historians the domains to which the metaphors are applied have remained largely in the background. Attention has tended to focus on the metaphors themselves and on the degree to which they reflect actual historical medical thought and practice. More recently attention has focused on the cultural, conceptual, and moral purpose of medical metaphors and how their employment might in itself be therapeutic. This article addresses three recent shifts in the way the role of medical metaphor is viewed, including its cognitive implications for the hearer. **KEYWORDS** Metaphor, Medical Anthropology, Conceptual Metaphors, Moral Foundations, Ancient Medicine, Ancient Philosophy

INTRODUCTION

In the title to the 2016 exhibition *The Soul is an Octopus*, curated at the Berliner Medizinhistorisches Museum der Charité, the centrality of metaphor to ancient ways of conceiving of the body and life is evident.¹ Metaphor is explicitly employed to make sense of invisible and abstract medical ideas, with specific reference to the mapping onto the body of the soul. The exhibition, which was based on texts considered foundational in the history of medicine from the classical to early Roman imperial period, constituted an “intervention” into the museum’s main display, a collection of pathological specimens donated by Rudolph Virchow in 1899 that had been arranged with the intention of creating “a spatialised ‘map’ of the human body showing all diseases known at the time.”²

1. Catalogue: Uta Kornmeier, ed., *The Soul is an Octopus: Ancient Ideas of Life and the Body* (Berliner Medizinhistorisches Museum der Charité, Excellence Cluster Topoi; Berlin: Edition Topoi, 2016).

2. Philip van der Eijk, Thomas Schnalke and Uta Kornmeier, “Mapping Body and Soul: The Making of an Exhibition,” in Kornmeier, *The Soul is an Octopus*, 11.

“Interventions” of this kind, as the curators of the 2016 exhibit point out, “are especially interested in the differences, the ‘otherness’ of the permanent presentation’s main narrative, and the absent perspectives or dimensions.”³ In this particular case, what they aimed to insert into the visual narrative was something dynamic and invisible that gives vitality to human life – the soul. To convey the abstract philosophical ideas that informed medical theories of the soul in the ancient to early-imperial texts, they invited an artist to visually translate the medical metaphors these texts employed. In this way they could bring into visual dialogue with the pathological specimens and their view of the body a much older way of conceiving of the body, soul, and life that nonetheless remains “fundamental to the ways we think and speak about health and disease, sanity and insanity today.”⁴

The Berlin exhibition was focused on how the soul is described metaphorically by philosophers and medical theorists from Hippocrates, Plato, and Aristotle to Galen. In the writers and thinkers of Late Antiquity medical metaphor likewise comes to the fore, this time in relation to a world that is now substantially Christianized. In this period metaphors derived from dietetics and surgery are increasingly applied to society, politics and religion. Until recently, many scholars encountering medical metaphors in non-medical texts have viewed this kind of appropriation as simple analogy.⁵ That is, while something is described as like something else, the likeness is purely descriptive. From this perspective the original domain from which the metaphor is derived (medicine) is distinct from the new domain where it is employed (Christianity and its discourse). This new domain uses the former to make sense of, and convey, certain ideas, but, in this view, anything essentially medical in the ideas conveyed does not transfer. When a medical metaphor is viewed in this way, the “amputation” of bishops from the body of the Church through exile, for instance, is not literal

3. Van der Eijk, Schnalke and Kornmeier, “Mapping Body and Soul,” 11.

4. Van der Eijk, Schnalke and Kornmeier, “Mapping Body and Soul,” 11–12. The artist’s translations are scattered throughout the catalogue.

5. The view of medical metaphor as analogy persists into the first decade of the 21st century. See, e.g., Gary B. Ferngren, *Medicine and Health Care in Early Christianity* (Baltimore: The Johns Hopkins University Press, 2009), 29–31; G. E. R. Lloyd, *In the Grip of Disease: Studies in the Greek Imagination* (Oxford: Oxford University Press, 2003), 7–8 (the soul is conceived of as ill on “analogy” with the body). Analogy implies resemblance or likeness and appears in traditional definitions of metaphor, e.g., “a figure of speech in which a word or phrase literally denoting one kind of object or idea is used in place of another to suggest a likeness or analogy between them . . . broadly: figurative language.” <https://www.merriam-webster.com/dictionary/metaphor> (accessed 3 December 2017).

amputation – it is only notional (a colorful way of describing an act or process). It has no actual therapeutic intention or effect.

This view of medical metaphors as ornamental goes hand in hand with medical-historical approaches of this same period which have sought to extract records of actual medical theory or practice from the writings of various Church fathers.⁶ Seeking contemporary historical medical data, scholars mine in Christian texts like homilies medical analogies that are drawn between priests and physicians or between the body of the Church and the human body. The domain to which the medical metaphor is applied, however, they consider of little interest.⁷ In the medical historical view medicine is used simply to talk about something else, and so the two things are ontologically distinct. The medical data embedded in the text is all that is important. What is said to be analogous is irrelevant. In this respect, the drive to extract historical medical data from what are perceived as non-medical texts served to reinforce the view of metaphor as a simple literary device. This previously dominant view that medical metaphor is ornamental or figurative, in which an analogy is drawn between two things that remain discrete, is increasingly being challenged in recent scholarship,⁸ not least in the articles in this special issue of *Studies in Late Antiquity*.

The purpose of this article is to introduce a number of ways of engaging with medical metaphors in late ancient discourse. What the 2016 Berlin exhibition

6. For examples of this approach see Adolf von Harnack, “Medizinisches aus der ältesten Kirchengeschichte,” *Texte und Untersuchungen* 4 (1892): 37–152; Arthur S. Pease, “Medical Allusions in the Works of St. Jerome,” *Harvard Studies in Classical Philology* 25 (1914): 73–86; G. Rialdi, *La medicina nella dottrina di Tertulliano* (Scientia Veterum 126; Pisa: Casa Editrice Giardini, 1968); Ulrike Bachmann, “Medizinisches in den Schriften des griechischen Kirchenvaters Johannes Chrysostomos,” PhD diss. (Institut für Geschichte der Medizin, Universität Düsseldorf, 1984).

7. Developments in late antique scholarship have problematized the idea of mining the rhetorical *topoi* employed in homilies for contemporary historical data on a number of levels. The approach informed my own work: Pauline Allen and Wendy Mayer, “Computer and Homily: Accessing the Everyday Life of Early Christians,” *Vigiliae Christianae* 47 (1993): 260–80.

8. For examples see Michael Dörnemann, “Einer ist Arzt, Christus: Medizinales Verständnis von Erlösung in der Theologie der griechischen Kirchenväter des zweiten bis vierten Jahrhunderts,” *Zeitschrift für Antikes Christentum* 17 (2013): 102–124; Gregor Emmenegger, *Wie die Jungfrau zum Kind kam: Zum Einfluss antiker medizinischer und naturphilosophischer Theorien auf die Entwicklung des christlichen Dogmas* (Paradosis: Beiträge zur Geschichte der altchristlichen Literatur und Theologie 56; Fribourg: Academic Press Fribourg, 2014); Wendy Mayer, “Medicine in Transition: Christian Adaptation in the Later Fourth-Century East,” in *Shifting Genres in Late Antiquity*, ed. Geoffrey Greatrex and Hugh Elton (Farnham: Ashgate, 2015), 11–26; Kristi Upson-Saia, “Wounded by Divine Love,” in *Melania: Early Christianity through the Life of One Family*, ed. Catherine M. Chin and Caroline T. Schroeder (Christianity in Late Antiquity 2; Oakland: University of California Press, 2017), 86–105.

illustrates is that medical theorists and practitioners themselves required metaphors to conceptualize and convey ideas about processes of the body that were dynamic, invisible to observation and dissection, or abstract. Digestion, the activities of different kinds of *pneuma*, mental illness, and the composition, location, and interaction of the body with the soul all fit within this category.⁹ This is one use of medical metaphor: to make sense of medicine itself. As has long been recognized, however, in the ancient to late-ancient world medical metaphors abound in non-medical texts as well. Here they are employed in explicitly non-medical domains. How we make sense of such metaphors—medical metaphors employed by non-medical practitioners or theorists in non-medical contexts—is more open to question. This is the subject of the following articles and discussion. They show how, in the world of Late Antiquity, what appears on the surface to be simple analogy can be both deployed and understood in ways that are more complex. Domains like politics, religion and medicine that appear discrete can, on deeper investigation, be discovered to overlap and interconnect. This opens up questions about how the authors who used medical concepts and metaphors perceived their own role as practitioners and about how we categorize, and consequently read the purpose of, the texts in which such metaphors are employed. In particular, the articles in this special issue are concerned with the persistence in Late Antiquity of permeability and slippage between the literal and the metaphorical.

In order to demonstrate the complexity of the relationship between the literal and the metaphorical, I introduce and discuss three shifts that have been taking place in how we view medicine in Late Antiquity. These, I argue, open up a variety of ways of thinking about medical metaphors in Late Antiquity and how they are used in the religious discourse of Late Antiquity in particular. These shifts are treated in brief since the emphasis in this issue is on the individual case studies presented in the four articles that follow. Yet they serve to highlight the importance, when exploring the use of medical metaphor in Late Antiquity, of engaging with the continuities between Antiquity and Late Antiquity with respect to the thought-world and worlds of knowledge in which such metaphors functioned. The three shifts I adduce are informed by cultural studies, anthropology, cognitive linguistics, and moral psychology, and have generated an increased recognition of the permeability between medicine and philosophy, and thus between medicine-philosophy and religion. It should be

9. See the illustrations by Chris Geiger in Kornmeier, *The Soul is an Octopus*, esp., 31, 69, 84.

noted that the approaches that inform these shifts are frequently intertwined. They are also suggestive. More could be said about medical metaphors from, for instance, the perspectives of the material turn in Late Antiquity, the rise of asceticism, and gender studies.

CULTURE AND ANTHROPOLOGY

As I indicated in the introduction, although medical metaphors are prevalent in Christian texts, scholars have been slow to acknowledge the slippage between the literal and metaphorical precisely because these metaphors are deployed in a non-medical domain. The view of such metaphors primarily as analogy or colorful ornamentation has been persistent. This view is changing, however, in response to changes in how we understand Greek and Roman medicine. One such change that has been taking place over the past two decades is an understanding of illness and the treatment of illness as natural rather than foreign to religion and religious concepts.¹⁰ This change of perspective G. E. R. Lloyd largely attributes to the rise of medical anthropology, with its emphasis on how concepts and practices of health and illness are influenced and shaped by cultural norms and social institutions.¹¹ While this is an important factor, Amanda Porterfield also credits “advances in brain science and erosion of the Cartesian dichotomy between mind and body” with “a major shift in scientific and medical attitudes towards religion” in “the last two decades of the twentieth century.”¹² She situates the origins of this now recovered view in ancient Greek

10. Philip van der Eijk discusses this paradigm shift in some detail in the introduction to his collected and revised essays, *Medicine and Philosophy in Classical Antiquity: Doctors and Philosophers on Nature, Soul, Health and Disease* (Cambridge: Cambridge University Press, 2005), 4–7.

11. Lloyd, *In the Grip of Disease*, 1–13. The Society for Medical Anthropology in the U.S. defines this discipline as “a subfield of anthropology that draws upon social, cultural, biological, and linguistic anthropology to better understand those factors which influence health and well-being (broadly defined), the experience and distribution of illness, the prevention and treatment of sickness, healing processes, the social relations of therapy management, and the cultural importance and utilization of pluralistic medical systems. . . It is as attentive to popular health culture as bioscientific epidemiology, and the social construction of knowledge and politics of science as scientific discovery and hypothesis testing. Medical anthropologists examine how the health of individuals, larger social formations, and the environment are affected by interrelationships between humans and other species; cultural norms and social institutions; micro and macro politics; and forces of globalization as each of these affects local worlds.” <http://www.medanthro.net/about/about-medical-anthropology/> (accessed 3 December 2017).

12. Amanda Porterfield, *Healing in the History of Christianity* (Oxford: Oxford University Press, 2005), 11–12.

medicine where approaches to healing “often coexisted, and intermingled, with religion.”¹³

The appropriation of medical language by writers in Christian Late Antiquity is thus not novel, but should be viewed as culturally normative, a natural progression from much older ways of viewing society and illness in Classical Greek and Roman or Near Eastern culture. Lloyd intimated this more than 15 years ago, pointing out that the concept of disease in ancient to late ancient Greek thought extended beyond human beings to include groups of humans: the *polis* or a social entity.¹⁴ The idea that a *polis* is sick when not in harmony or riven by *stasis* or otherwise out of balance is predicated in turn on a conceptualization of the *polis* or social entity as a human body.¹⁵ This latter concept plays a powerful role in Christian discourse in Late Antiquity in multiple ways. It informs not just the labelling and treatment of social groups viewed as deviant, but also views about the health of the social body. The resultant metaphors can be quite explicit in their application of contemporaneous medical knowledge. As an example, in a forthcoming article Jessica Wright argues persuasively that, in combination with Galen’s encephalocentric model of the body, application of the body politic metaphor to the Christian body, the Church, produced a highly productive concept for John Chrysostom—namely, that the bishop is the brain that regulates the health of Christ’s body.¹⁶ In referring to the bishop as the Church’s brain, there is significant slippage here between the literal and the metaphorical. Similarly, as Éric Fournier has recently shown, it was no coincidence that the use of amputation language to refer to the exile of bishops deemed heretical increased in the fourth and fifth centuries CE. Concern with preserving the health of the Christian body required that necrotic parts be

13. Porterfield, *Healing*, 13.

14. Lloyd, *In the Grip of Disease*, 7.

15. The metaphor goes back at least to Plato and was absorbed from the Stoics into Christian discourse in the later first century CE via the writings of the apostle Paul. See Dale B. Martin, *The Corinthian Body* (New Haven: Yale University Press, 1995), 38–68. As Martin, Margaret M. Mitchell (*Paul and the Rhetoric of Reconciliation: An Exegetical Investigation of the Language and Composition of 1 Corinthians* [Louisville, Ky: Westminster/John Knox Press, 1992], 157–64), and Ismo O. Dunderberg (*Beyond Gnosticism: Myth, Lifestyle, and Society in the School of Valentinus* [New York: Columbia University Press, 2008], 148–58) all point out, the rhetoric of concord/*homonoia* in which this metaphoric concept plays a key role was promulgated by elite members of Greco-Roman society with the aim of reinforcing the political status quo, that is, preserving the existing social hierarchy and class boundaries that privileged their status.

16. Jessica Wright, “Brain, Nerves, and Ecclesial Membership in John Chrysostom,” in *Revisiting John Chrysostom: New Approaches, New Perspectives*, ed. Chris L. de Wet and Wendy Mayer (forthcoming).

excised. The exile of bishops, in this view, was literally therapeutic.¹⁷ The concept that the body politic or a social group can be sick or diseased, and thus require *literal* healing, is one that has a very long, influential, and problematic history.¹⁸

Medical anthropology encourages us to ask how this commonplace social-medical concept—society as a body subject to health and disease— informs Christian ideas in Late Antiquity in other ways. Antigone Samellas, for instance, demonstrates how, informed by the concept of the social group as a body, a neglected Hippocratic aphorism concerning pain contributed to ascetic notions of a community of co-sufferers.¹⁹ Here the body's capacity to suffer both physical and psychic pain is transferred onto the social body. The aphorism to which she draws attention states that, when two pains occur concurrently but in different locations, the more violent pain masks the other.²⁰ As her argument progresses, she demonstrates in detail and at length that this culturally-informed commonplace fostered within Christian circles not just endurance of pain, but also sensitivity towards the marginalized as co-sufferers. For Gregory of Nazianzus and John Chrysostom in particular, as she shows, the promotion of ascetic practice and of care for the marginalized are co-related and have origins in medicine. Their concepts of health, pain, and the social body were all intuitive and part of their cultural heritage.

17. Éric Fournier, "Amputation Metaphors and the Rhetoric of Exile: Purity and Pollution in Late Ancient Christianity," in *Clerical Exile in Late Antiquity*, ed. Julia Hillner, Jakob Enberg, and Jörg Ulrich (Frankfurt am Main: Peter Lang, 2016), 231–49.

18. The metaphoric concept of the Body Politic has a long history in European society and is still frequently employed today. Its trajectory is traced by Andreas Musolff, "What Role do Metaphors Play in Racial Prejudice? The Function of Antisemitic Imagery in Hitler's *Mein Kampf*," *Patterns of Prejudice* 41.1 (2007): 25–26. Interestingly, it is precisely this commonplace conceptual link between Body Politic and sickness that underwrote the inference that the German nation had become infected and led to the highly problematic conclusion that genocide was an appropriate therapy for racial blood-poisoning (Musolff, "What Role do Metaphors Play," 25–31). This same set of metaphors can likewise play a significant role in hostility towards immigrants or foreigners. See Maiej Paprocki, "Infecting the Body Politic? Modern and Post-Modern (Ab)use of IMMIGRANTS ARE INVADING PATHOGENS Metaphor in American Socio-Political Discourse," in *Cognitive Linguistics in the Making*, ed. Kinga Rudnicka-Szozda and Aleksander Szwedek, Warsaw Studies in English Language and Literature 17 (Frankfurt am Main: Peter Lang, 2014), 211–30.

19. Antigone Samellas, "Public Aspects of Pain in Late Antiquity: The testimony of Chrysostom and the Cappadocians in their Greco-Roman Context," *Zeitschrift für Antikes Christentum* 19.2 (2015): 260–96.

20. Samellas, "Public Aspects of Pain," 262–263, citing Hippocrates, *Aph.* 4.484.15–16. She points out that the aphorism was known to Galen and informed his argument in *On Avoiding Distress*.

The cultural constructions of health and illness that informed Late Antiquity extended beyond the physical body and its functions into the realm of the abstract. As Lloyd points out, equally natural in Greek thought from the very beginning was the concept that, if disease is construed (albeit not consistently) as evil, then “a powerful way of conceptualizing evil (however understood) is as a disease.”²¹ This moral, more abstract conceptualization of illness found a natural home in eastern Christian thought, where sin (deviation from virtue) rapidly became conceived of as a sickness.²² From these examples and through the lens of medical anthropology, with its requirement that we view the understanding of health-illness and the treatment of illness as culturally and socially informed, we can see that medicine—and therefore medical metaphor—is not distinct from, but rather natural to, religion.

The understanding of health-illness and the treatment of illness were expressed in their own way in the ancient Judean culture and religion from which Christianity emerged. Recognition of this is enhancing our appreciation of the richness of the cultural context from which the medical metaphors of Late Antiquity draw. For example, the recent work of Yitzhaq Feder on pollution beliefs in ancient Near-Eastern and Jewish thought demonstrates the intimate relationship between culturally conditioned ways of viewing contamination and culturally specific, ritualized actions and responses.²³ His interest emerges from a desire to understand the conceptual underpinnings and origins of Hebrew ritual law, particularly in regard to purity regulations. While contamination avoidance or disease avoidance is part of the evolution of human behavior, the pollution beliefs linked to that response are, as he points out, culturally variable.²⁴ Feder argues

21. Lloyd, *In the Grip of Disease*, 8.

22. Upson-Saia, “Wounded by Divine Love,” 91–96 (sin and heresy as suppurating wounds); Emmenegger, *Wie die Jungfrau*, 42 (sin as a spiritual sickness). For sin as mental illness, a concept that was equally valent, see Clare E. Salem, “Sanity, Insanity, and Man’s Being as Understood by St. John Chrysostom,” PhD diss., University of Durham, 2010; <http://etheses.dur.ac.uk/3269>. The intimate relationship between mental health and sin is also set out in Wendy Mayer, “Madness in the Works of John Chrysostom: A Snapshot from Late Antiquity,” in *The Concept of Madness from Homer to Byzantium: Manifestations and Aspects of Mental Illness and Disorder*, ed. Hélène Perdicoyianni-Paléologou (Supplementi di Lexis N.S. Nr. V; Amsterdam: Adolf M. Hakkert Editore, 2016), 349–73. The concept of amputating heretics (an infected or gangrenous limb) follows naturally from the concept of the Church as body and sin/heresy as a suppurating wound.

23. Yitzhaq Feder, “Contamination Appraisals, Pollution Beliefs, and the Role of Cultural Inheritance in Shaping Disease Avoidance Behavior,” *Cognitive Science* 40 (2016): 1561–85.

24. For some of the key literature on disgust and contamination avoidance see Paul Rozin, Jonathan Haidt, and Clark R. McCauley, “Disgust,” in *Handbook of Emotions*, ed. M. Lewis, J. M. Haviland-Jones, & L. F. Barrett (3rd ed.; New York: Guilford Press, 2008), 757–76; Paul Rozin and Jonathan

for a feedback loop between individual (intuitive) contamination appraisals and (reflective) collective pollution beliefs or theories that can result in the pollution beliefs or theories themselves becoming automatic and non-reflective within a particular culture or society. It is those pollution theories that

will define whether contact with a contaminant (e.g., excrement, corpses) is inherently dangerous, or whether this threat is restricted to a particular (e.g., religious) context, and they will also suggest the means by which this contamination can be removed (purification).²⁵

Pollution beliefs and beliefs about purity, both of which can result in purification behaviors, are two sides of the same coin.

In both Greco-Roman culture and the ancient Near-Eastern societies with which Jewish culture is aligned, bodily emissions and blood are significant triggers. Their legal, moral, and behavioral implications in Roman *society* Sarah Bond draws out in her study of taboo trades.²⁶ The implications for ritual behavior in Greek and Roman *religion* are brought out by the studies of Robert Parker and Jack Lennon.²⁷ Their valency and impact in Near-Eastern and Judean culture is in the process of being unpacked by Feder.²⁸ His explorations of the role of culture in cognition help to explain how the same trigger that could produce disgust and avoidance in most *social* contexts could in a highly specific social (*religious*) context take on a purifying, rather than polluting, role and elicit the opposite emotional response. That is, whereas in Greek and Roman culture

Haidt, "The Domains of Disgust and their Origins: Contrasting Biological and Cultural Evolutionary Accounts," *Trends in Cognitive Sciences* 17.8 (2013): 367–68; Hanah A. Chapman and Adam K. Anderson, "Things Rank and Gross in Nature: A Review and Synthesis of Moral Disgust," *Psychological Bulletin* 139.2 (2013): 300–327; and the articles in *The Moral Psychology of Disgust*, ed. Nina Strohminger and Victor Kumar (London: Rowman & Littlefield, 2018), especially the article by Joshua Rottman, Jasmine M. DeJesus, and Emily Gerdin ("The Social Origins of Disgust").

25. Feder, "Contamination Appraisals," 1577.

26. Sarah E Bond, *Trade and Taboo: Disreputable Professions in the Roman Mediterranean* (Ann Arbor: University of Michigan Press, 2016).

27. Robert Parker, *Miasma: Pollution and Purification in Early Greek Religion* (Oxford: Clarendon Press, 1983; 2nd ed. Oxford University Press, 1996); Jack Lennon, *Pollution and Religion in Ancient Rome* (Cambridge: Cambridge University Press, 2014). Cf. Andreas Bendlin, "Purity and Pollution," in *A Companion to Greek Religion*, ed. Daniel Ogden (Oxford: Blackwell, 2007), 178–89.

28. Yitzhaq Feder, "Contagion and Cognition: Bodily Experience and the Conceptualization of Pollution (*tum'ab*) in the Hebrew Bible," *Journal of Near Eastern Studies* 72.2 (2013): 151–67; "The Semantics of Purity in the Ancient Near East: Lexical Meaning as a Projection of Embodied Experience," *Journal of Ancient Near Eastern Religions* 14 (2014): 87–113; "Disgust, Disease and Defilement: The Experiential Basis for Akkadian and Hittite Terms for Pollution," *Journal of the American Oriental Society* 136.1 (2016): 99–116.

blood was usually highly polluting and needed to be ritually cleansed, it could conversely, when brought together with normative medical concepts, become a purifying agent. The distinction between social and ritual context that Feder makes is important in this regard. In this respect, it was both intuitive and natural for late antique preachers to claim that, within the baptismal liturgy when Christ's blood is transformed into the eucharistic wine, it nourishes and gives (eternal) life to the embodied soul.²⁹ This is because in baptism Christ gave birth to us, and so, like any woman who has given birth, he nourishes us with his own blood (the blood that flowed from his side).³⁰ As soon as the blood the initiate is given to drink is conceived of as the blood of a mother that nourishes, it evokes not blood that pollutes, but breast milk. As John Penniman points out, in the medical theories that prevailed in Late Antiquity, breast milk constituted the mother's own blood transformed through bodily processes. In the context of Christ's and a mother's breast milk, blood is a positive substance that nourishes and is literally life-giving for the infant.³¹ On one level the metaphor of the eucharistic wine as breast milk is a conceptual transference that could be considered non-literal, but at another, we can now see that within the cultures from which Christianity emerged there is also a highly developed, intuitive set of pollution theories that encouraged the believer to accept the nourishing and life-giving properties of that transformed blood as real and literal. Those pollution theories,

29. E.g., John Chrysostom, *Catechesis* 3.19 (Sources Chrétiennes 50bis: 162). In the case of Clement of Alexandria, Dawn LaValle, "Divine Breastfeeding: Milk, Blood and *Pneuma* in Clement of Alexandria's *Paedagogus*," *Journal of Late Antiquity* 8.2 (2015): 322–336, argues that Clement used an alternative theory to explain the role of the Holy Spirit in baptism, namely that the conversion from blood to milk occurred not by heating, but by *pneuma*.

30. Jn Chrys., *Cat.* 3.19.3–5 (SC 50bis: 162): Καθάπερ γάρ γυνή τὸ τεχθὲν οἰκείῳ τρέφει αἵματι καὶ γάλακτι, οὕτω καὶ ὁ Χριστὸς οὓς ἐγέννησεν αὐτὸς οἰκείῳ τρέφει διηλεκτῶς αἵματι (Just as a woman nourishes the newborn with her own blood and milk, so too does Christ continually nourish with his own blood those to whom he has given birth).

31. John David Penniman, *Raised on Christian Milk: Food and the Formation of the Soul in Early Christianity* (New Haven, CT: Yale University Press, 2017), 32: "The power of the mother's milk . . . is found in its unique ability to stabilize the infant, causing it to grow properly and enabling the likeness of the parent to be fashioned within the child. Breast milk carries a powerful and transformative essence through the nutritive soul of the mother into that of her child. . . . the infant, quite literally for Aristotle, ingests the stuff from which the mother's own soul is made." This carried a powerful message when blended in Christian texts with scriptural passages that claimed that we are born as Christ's heirs in baptism and created in his (God's) image. See the discussion in Wendy Mayer, "Training the Soul, Embracing the Body: John Chrysostom and Embodied Mystagogy," in *Early Christian Mystagogy and the Body*, ed. Nienke Vos and Paul van Geest (Late Antique History and Religion; Leuven: Peeters, forthcoming).

with their legal, moral, and ritual entailments, were as much a part of and shaped medical concepts and theories as ideas that a modern biomedical understanding of medicine would view as strictly medical.

A further layer of complexity is added when we contemplate the *reception* of Judean pollution theories and medical concepts, with their origins in Near-Eastern cultures, in Greco-Roman culture and vice versa. As a discipline, medical anthropology prompts us to take into account the likelihood that, however it was understood in the original cultural setting, a concept drawn from one tradition takes on other nuances when it is introduced into, or viewed through, the conceptual lens of another.³² Likewise, within a single society, even without external influences the progression of cultural and social change is likely to cause the understanding of a concept or the set of ideas associated with it to alter over time. Late Antiquity is a period in which, as a series of factors brought about substantial migration and social change, concepts of these kinds were constantly being blended and adapted. For the scholar engaged in teasing out what was conceptually automatic and natural and how this informed the choice of a medical metaphor, how a metaphor was employed, and how literally or figuratively it was expected to be understood is a delicate and complex process. What the studies discussed in this section highlight, nonetheless, is that undertaking that process is essential. What they bring to the fore is a recognition that the understanding of health-illness and its associated behaviors are culturally and socially informed. They demonstrate how these concepts and behaviors cross the boundaries between medicine and religion, blurring the distinction between literal and metaphoric. They also show that these same concepts and behaviors naturally have a strong moral dimension. These studies have something important to say not just about the choice of medical metaphors, but about their employment, too. Medical metaphors, they suggest, can play a role not just in reflecting, but also in constructing, social norms. These studies highlight three areas in which this can occur: in the organizing of community, the shaping of practices and rituals, and the orienting of individuals' morality. How medical metaphors can effect this is to some extent unpacked in the next section.

32. John Penniman raises this issue in part in "'The Health-Giving Cup': Cyprian's *Ep.* 63 and the Medicinal Power of Eucharistic Wine," *Journal of Early Christian Studies* 23.2 (2015): 198, with respect to what happens when Greco-Roman medicine is applied by different Christian writers to scriptural exegesis.

CONCEPTUAL METAPHOR AND MORAL COGNITION

The recognition of the pervasiveness of medical concepts across how a society thinks and of the link between medical metaphors, moral judgments, and cognition points towards a second shift that informs how we read medical metaphors. This shift concerns not the approach to medicine but the approach to metaphors themselves. At the same time, recognition that there is a moral dimension to medical metaphors invites us to explore this angle further, again through the lens of cognition. In this section I discuss in brief the relevance of Conceptual Metaphor Theory (CMT) for approaching medical metaphors. I then move to a discussion of the potential insights to be gained through applying Moral Foundations Theory (MFT). If medical anthropology has highlighted the role that culture, politics, and other social factors play in how health and illness are conceived and how health care is provided, cognitive linguistics challenges us to consider how the medical ideas and concepts that are pervasive in a society are used to think with.

In regard to the cognitive linguistic approach—metaphors as conceptual (something used to think with)—the work of George Lakoff and Mark Johnson is considered to constitute a watershed.³³ Before that point metaphor was viewed for the most part as a literary device, the purpose of which was ornamental.³⁴ Lakoff and Johnson made the case that, on the contrary,

metaphor is pervasive in everyday life, not just in language but in thought and action. Our ordinary conceptual system, in terms of which we both think and act, is fundamentally metaphorical in nature.³⁵

Since then an entire field (cognitive linguistics) has grown up around this proposition, with a discipline area (Conceptual Metaphor Theory) devoted entirely to the study of metaphoric concepts and their employment within, and across, a diverse range of human languages, including sign language.³⁶ In this respect,

33. George Lakoff and Mark Johnson, *Metaphors We Live By* (Chicago: The University of Chicago Press, 1980; 2nd ed. 2003).

34. Zoltán Kövecses, "Preface to the First Edition: The Study of Metaphor," in Kövecses, *Metaphor: A Practical Introduction* (2nd ed.; New York: Oxford University Press, 2010), ix–xiii, identifies the five most commonly accepted features of the traditional definition as: 1. metaphor is a property of words (a linguistic phenomenon); 2. it is used for an artistic and rhetorical purpose; 3. it is based on a resemblance between the two entities that are compared and identified; 4. it is a conscious and deliberate choice of words and requires talent to be able to do it and do it well; and 5. it is a figure of speech we can do without.

35. Lakoff and Johnson, *Metaphors We Live By* (2nd ed.), 3.

36. Regarding the study of sign language see Raymond W. Gibbs, "Evaluating Conceptual Metaphor Theory," *Discourse Processes* 48 (2011): 529–62, at 533. For evaluations of CMT as a theory see, in

cognitive linguistics encourages a distinctively different reading of the role of linguistic concepts from that of linguistic anthropology, the approach of medical anthropologists.³⁷ Linguistic anthropology is primarily interested in speakers as social actors and seeks to understand language as cultural practice. There are intersections between the cognitive and anthropological branches of linguistics, but linguistic anthropology does not focus on metaphor per se, and approaches its use from a different perspective.

In this section I am concerned with how metaphors are used by societies and individuals to make sense of the world around them—and therefore how medical concepts relate to experiences common across cultures—and less with how medical language is socially and culturally encoded. The basic argument of CMT is that our brain/mind is embodied, and thus we habitually make sense of abstract concepts by relating them to everyday embodied experiences, since the latter are what we are most familiar with.³⁸ In conceptual metaphors we understand “one conceptual domain in terms of another conceptual domain.” In CMT the abstract concept onto which a more concrete idea is mapped is the target domain. The source domain is the aspect of everyday experience used to make sense of it. The resultant conceptual metaphor is distinct from, while also the foundation of, “metaphorical linguistic expressions.”³⁹ What is of significance in this regard for the study of medical metaphor is that one of the most common source domains used to make sense of a more abstract domain is the Human Body.⁴⁰ A subspecies of that

addition to Kövecses, *Metaphor*, and Gibbs, “Evaluating Conceptual Metaphor Theory,” Attila Cserép, “Conceptual Metaphor Theory: In Defence or on the Fence?,” *Argumentum* 10 (2014): 261–88. The field has moved on considerably from the original work of Lakoff and Johnson. A significant development has been the introduction of the theory of conceptual blending: Gilles Fauconnier and Mark Turner, *The Way We Think: Conceptual Blending and the Mind’s Hidden Complexities* (New York: Basic Books, 2002). For a critique of Conceptual Blending Theory see Vladimir Glebkin, “Is Conceptual Blending the Key to the Mystery of Human Evolution and Cognition?,” *Cognitive Linguistics* 26.1 (2015): 95–111.

37. On the main focus of linguistic anthropology as the study of language in and as culture see Alessandro Duranti, “Linguistic Anthropology: History, Ideas, and Issues,” in *Linguistic Anthropology: A Reader*, ed. Alessandro Duranti (2nd ed.; Malden: Wiley-Blackwell, 2009), 1–59, esp. 31. There is some variability in how scholars define the field, depending on their emphasis, but the common theme is the (socially and/or culturally) contextualised study of language. Cf. Harriet Joseph Ottenheimer, *The Anthropology of Language: An Introduction to Linguistic Anthropology* (2nd ed.; Belmont, Ca: Wadsworth, Cengage Learning; 2009).

38. See Kövecses, *Metaphor*, 3–15.

39. Kövecses, *Metaphor*, 4.

40. On target and source domains in general see Kövecses, *Metaphor*, 17–30. On the human body as a primary source domain see Kövecses, *Metaphor*, 18. On the use of the human body to make sense of an

source domain is Health and Illness.⁴¹ Among the common target domains, on the other hand, are Morality, Society/Nation, and Religion.⁴² From the perspective of cognitive linguistics, we can see that at least two of the extended concepts of disease discussed in the previous section—that evil is a sickness, and that a *polis* or political entity could suffer illness (e.g. in the form of civil war)⁴³—are in fact simple conceptual metaphors. In the first (evil is a sickness), the target domain is Morality; in the second (that a *polis* can suffer illness), the target domain is Society/Nation. In both, the source domain is Health and Illness, a natural and common part of human embodied experience.

The key point of approaching metaphor through the lens of cognition is that this embodied way of viewing the world (relating everything to everyday life and experience) is habitual and so automatic that we are largely unaware of it. It occurs at the preconscious level. In the case of conceptual metaphors, therefore, language, is an indicator of an underlying way of thought.⁴⁴ This way of viewing metaphor deepens Jessica Wright’s exploration in this special issue of Theodoret’s use of the metaphor of the brain as a treasury of marrow. Theodoret can exploit three different “figurative paradigms” precisely because each is a variation of the same metaphoric concept. All three—the city as body (Platonic), the cosmos as body (Stoic), the Church as body (Pauline Christian)—map onto the same source domain (the human body). This is intuitive and natural. Everyone understands that the brain is part of the human body. As Wright delves further into how these metaphors are developed in Theodoret’s thought—the skull is a citadel, the body circulates resources, the bishop is the brain of the church that distributes resources to the civic body—she in essence demonstrates that Theodoret engages in conceptual blending.⁴⁵ Blending, in which words,

abstract complex system (a social organization, economy, political entity, society) see Kövecses, *Metaphor*, 157–58.

41. Kövecses, *Metaphor*, 19.

42. Kövecses, *Metaphor*, 23–28. The metaphor of the Body Politic (A Political Entity is a Body) belongs to this group. See n. 15 above.

43. Lloyd, *In the Grip of Disease*, 7–8.

44. Lakoff and Johnson, *Metaphors We Live By*, 3: “. . . our conceptual system is not something we are normally aware of. In most of the little things we do every day, we simply think and act more or less automatically along certain lines. Just what these lines are is by no means obvious. One way to find out is by looking at language. Since communication is based on the same conceptual system that we use in thinking and acting, language is an important source of evidence for what that system is like.”

45. On conceptual blending see Fauconnier and Turner, *The Way We Think*.

images and concepts are combined in a series of mental spaces to produce new meaning, is common when conceptual metaphors are employed. As Andreas Musolff has shown, this process can prove highly successful at circumventing reason and effecting intuitive conclusions in the brain of the listener.⁴⁶ That is, in addition to illustrating the theological and church-political point that he wishes to make, the metaphoric images that Theoderet employs from the medical domain serve quite literally to lead his listeners intuitively to his desired conclusion.

From here we turn to consider a suggestive link between medical metaphors as conceptual—how they can both reflect and encourage ways of thinking—and how medical metaphors can both reflect and influence moral decision-making. With regard to conceptual metaphors, morality, as we have already observed, is a commonly occurring target domain.⁴⁷ We also observed that, when thinking about morality, Health-Illness is a common source domain. In the previous section I discussed how medical anthropology encourages us to view the understanding of illness-health and care for the sick as socially and culturally informed. Here I explain in brief how experimental moral psychology, a growing discipline within the broader field of social psychology, helps us to unpack this further. As we will see, moral intuition plays an important role in the application of medical metaphors—particularly wounds, infection, gangrene, sickness and disease—to outgroups (e.g. heretics, Jews, barbarians, Christians, and later Muslims) in ingroup writings in Late Antiquity.⁴⁸

Moral intuitions are the subject of Moral Foundations Theory (MFT), a relatively new theory within moral psychology that is concerned with explaining how social groups cohere.⁴⁹ MFT is concerned with basic universal moral values

46. Musolff, “What Role do Metaphors Play,” 25–31.

47. Kövecses, *Metaphor*, 23–25. For a list of common and largely universal moral conceptual metaphors see George Lakoff, *The Political Mind: A Cognitive Scientist’s Guide to Your Brain and Its Politics* (New York: Penguin Books, 2009), 96–98. Among these, two are of particular relevance to metaphoric linguistic expressions derived from the domain of medicine: “Morality is Purity”/“Immorality is Rottenness”; “Morality is Health”/“Immorality is a Disease.”

48. See, in addition to Fournier, “Amputation Metaphors,” Upson-Saia, “Wounded by Divine Love”; Gilvan Ventura da Silva and Carolline da Silva Soares, “Protegendo a ‘corpo’ da igreja: a representaçã dos *lapsi* e judaizantes como enfermos por Cipriano e João Crisóstomo,” *Revista Jesuhistórica: Revista de estudos sobre o Jesus histórico e sua recepção* 10 (2013): 44–61; and Wendy Mayer, “Preaching Hatred? John Chrysostom, Neuroscience, and the Jews,” in *Revisioning John Chrysostom*, ed. de Wet and Mayer, forthcoming.

49. On Moral Foundations Theory (MFT) see the seminal article by Jesse Graham, Jonathan Haidt, Sena Koleva, Matt Motyl, Ravi Iyer, Sean P. Wojcik, and Peter H. Ditto, “Moral Foundations Theory: The Pragmatic Validity of Moral Pluralism,” *Advances in Experimental Social*

that facilitate group cooperation and that are common to all cultures and societies, not with the specific religious or social values that groups aspire to live by.⁵⁰ The theory is built on a combination of exhaustive analysis of the anthropological literature in conjunction with experimental research. It argues that morality is a, if not the, primary socially-organizing force.⁵¹ A small number of basic values informs how individual human beings facilitate mutually beneficial cooperation and overcome selfishness. Moral intuitions derive from adaptive challenges that groups commonly face.⁵² The five moral intuitions or foundations that satisfy the criteria so far are: care/harm; fairness/cheating; loyalty/betrayal; authority/subversion; and sanctity/degradation.⁵³ The most significant for our purposes is sanctity/degradation.⁵⁴ The key adaptive challenge that gives rise to this moral foundation is “keeping oneself and one’s kin free from parasites and pathogens, which spread quickly when people live in close proximity to each other.”⁵⁵ Suspicion of contamination or contagion is thus a key trigger for a plethora of related metaphoric concepts in the brain and associated behaviors.⁵⁶ Since cleanliness, purity, and hygiene are the responses required to keep the social group safe, healthy, alive, and intact, the conceptualization of something as contagious or polluting can elicit these same responses at both the

Psychology 47 (2013): 55–130; and for a more popular account, Jonathan Haidt, *The Righteous Mind: Why Good People are Divided by Politics and Religion* (New York: Vintage Books, 2012).

50. Deliberative moral decisions inform religious and societal codes; social-functional moral judgments can and frequently do contradict the latter. The first is the subject of study by moral psychologists; the second, the domain of moral philosophers. For some discussion of the relationship between the two approaches see Joshua D. Greene, “Beyond Point-and-Shoot Morality: Why Cognitive (Neuro)science Matters for Ethics,” *Ethics* 124.4 (2014): 696–706.

51. For the background to the social-functional approach to morality, see Jonathan Haidt and Jesse Graham. “Planet of the Durkheimians. Where Community, Authority, and Sacredness are Foundations of Morality,” in *Social and Psychological Bases of Ideology and System Justification*, ed. John T. Jost, Aaron C. Kay, and Hulda Thorisdottir (New York: Oxford University Press, 2009), 371–401.

52. Haidt, *The Righteous Mind*, 146, defines the adaptive challenges as: “caring for vulnerable children”; “forming partnerships with non-kin to reap the benefits of reciprocity”; “forming coalitions to compete with other coalitions”; “negotiating status hierarchies”; and “keeping oneself and one’s kin free from parasites and pathogens, which spread quickly when people live in close proximity.”

53. See Haidt, *The Righteous Mind*, 146, fig. 6.2. These are considered to be universal across cultures, although the degree of emphasis on each is culturally determined, as are the moral conceptual systems that derive from them.

54. Also referred to in some scholarship as “purity/sanctity” or “purity/degradation.” See, e.g., Ryan McKay and Harvey Whitehouse, “Religion and Morality,” *Psychological Bulletin* 141.2 (2015): 447–73, at 454–55.

55. Haidt, *The Righteous Mind*, 146.

56. Suspicion of contamination or contagion prompt “contamination appraisals” as discussed in the preceding section.

literal and conceptual level. This is why in Late Antiquity heretics were both metaphorically and literally amputated (cut off through exile) from the Church, the body of Christ.⁵⁷ It is through the intuition triggered by suspicion of contamination or contagion that metaphysical or invisible contagiousness (e.g. of misfortune) readily becomes accepted as an ontological reality.⁵⁸

The same basic values that facilitate intra-group cooperation can facilitate inter-group conflict.⁵⁹ This is due to the degree of emphasis that a group places on each of the moral foundations. As Jonathan Haidt argues, the five moral foundations are responsible for “two common ways that cultures suppress and regulate selfishness, two visions of what society is and how it ought to work [. . .] the *contractual* approach and the *beehive* approach.”⁶⁰ In the contractual approach the individual is the fundamental unit of value; in the hive approach, it is the group and its territory. This model further led Haidt to describe care/harm and fairness/cheating as individualizing foundations, in that they generate virtues and practices that protect individuals from each other and allow them to live in harmony as autonomous agents who can focus on their own goals. Whereas loyalty/betrayal, authority/subversion and sanctity/degradation can be described as binding foundations, because the virtues, practices, and institutions they generate function to bind people together into hierarchically organized *interdependent* social groups that try to regulate the daily lives and personal habits of their members.⁶¹ In the world of Late Antiquity, with its prevalent Christian discourse of heterodoxy/orthodoxy and anti-Jewish and anti-pagan polemic, MFT can help us to understand how the application to bishops of the metaphor of a brain that resources or regulates the health of the Christian body

57. As described in Fournier, “Amputation Metaphors.”

58. On this process and how embodied experience and MFT provide the most helpful explanatory model for this phenomenon see Feder, “Contagion and Cognition,” esp. 156–59.

59. On how “moral common sense” facilitates intra-group cooperation and inter-group hostility see Joshua D. Greene, *Moral Tribes: Emotion, Reason, and the Gap Between Us and Them* (New York: Penguin Books, 2013).

60. Jonathan Haidt, “Moral Psychology and the Misunderstanding of Religion,” *The Edge*, 9.21.07, <http://edge.org/conversation/moral-psychology-and-the-misunderstanding-of-religion> (accessed 5 May 2018), revised and published under the same title in *The Believing Primate: Scientific, Philosophical, and Theological Reflections on the Origin of Religion*, ed. Jeffrey Schloss and Michael J. Murray (New York: Oxford University Press, 2009), 278–91.

61. Haidt, “Moral Psychology.” He opens “Planet of the Durkheimians” (371–72) with a metaphor (Planet Durkheim) that exemplifies a hivist society. When a contractualist movement develops, the hivists and contractualists, with their different emphases, come into conflict. It should be stressed that neither approach to social cohesion is good or bad in itself. Both have pro- and anti-social entailments.

could activate the authority/subversion intuition and foster a particular (hivist) mindset.⁶² Delving into the realm of intuitive moral decision-making and the way this can both be reflected in, and influenced by, language distances us further from the older view of medical metaphors as figurative or as linguistic ornament.

Conceptual metaphors and intuitive moral judgments are related in that they both operate at the preconscious level in the brain and are automatic, seemingly natural, and intuitive.⁶³ When brought together, the insights of CMT and MFT into how language works in the brain strongly suggest that metaphors are not neutral, simply a way of illustrating something, but active agents in the mind of both speaker and listener. This has particular implications for how we approach medical metaphors. From cognitive linguistics we understand that medical metaphors tap into common experiential ways of viewing the world. The entailment of this is that we are required to treat source and target domains in medical metaphors as interconnected. From moral psychology we understand that medical metaphors can tap into primitive intuitions (e.g. authority and loyalty, or purity) that have both cognitive and behavioral consequences. That is, metaphoric language can both reflect thought and influence it, expressing in literal action.

These findings have several implications for how we approach and read the deployment of medical metaphors in Late Antiquity. Firstly, it opens up the possibility that language of health and disease can, both intentionally and unintentionally, tap into preconscious moral intuitions that trigger intuitive moral judgments. These in turn have cognitive and behavioral entailments. What those entailments are will, as we explained in the preceding section, be influenced by the cultural context. Secondly, there is a strong and natural link, via morality and illness-health discourse, between health, morality, and religion. As a consequence, concepts of pollution (e.g. blood-guilt, the spread of death through the odor of corpses) and purification go hand in hand with the notion of illness as punishment by God or the gods, sin as a

62. See Jessica Wright, "Brain and Soul in Late Antiquity," PhD diss. (Princeton University, 2016); "Brain, Nerves and Ecclesial Membership" (n. 16); and "The Brain is a Treasury of Marrow" (in this issue).

63. On the priority in moral judgments of automatic, intuitive decision-making over rational, deliberative decision-making see Jonathan Haidt, "The Emotional Dog and its Rational Tail: A Social Intuitionist Approach to Moral Judgment," *Psychological Review* 108.4 (2001): 814–34. In Haidt, *The Righteous Mind*, 32–60, this is described as "the intuitive dog and its rational tail."

sickness, and similar concepts.⁶⁴ For the society in which these transferred moral concepts are prevalent, these ideas are as real and as much a part of everyday common sense as the actual experiences of illness and health on which they are conceptually and intuitively predicated.

MEDICINE AND PHILOSOPHY

This leads us into a third shift, through which we are increasingly recovering a view emic to the Greek and Roman worlds from which Late Antiquity emerged, and which encourages us to view language itself as part of medical therapy. The key here lies in the ancient view of medicine and philosophy as sibling worlds of knowledge, the one focused on the health of the body, the other on the health of the soul.⁶⁵ Of particular importance for the reading of medical metaphors is the implications of the twinning of philosophy and medicine for how the two became interconnected and entwined in therapeutic practice.⁶⁶ The work of Michel Foucault,⁶⁷ Pierre Hadot,⁶⁸ Martha Nussbaum⁶⁹ and

64. This point is made by Feder, "Contagion and Cognition," 164–66, with reference to Near-Eastern and Hebrew texts. On medicine itself as a "metaphor" for salvation in Christian writings in Late Antiquity, see Emmenegger, *Wie die Jungfrau*, 42–46.

65. Emmenegger, *Wie die Jungfrau*, 42; Marke Ahonen, *Mental Disorders in Ancient Philosophy*, Studies in the History of Philosophy of Mind 13 (Heidelberg: Springer, 2014), 4; van der Eijk, *Medicine and Philosophy*, 8. See Tertullian, *De anima* 2.6 (CCL 2:784.53–54): "Sed et medicinam inspexi, sororem, ut aiunt, philosophiae . . ."

66. While in theory these areas are discrete, precisely who healed what was contested. See Hynek Bartoš, *Philosophy and Dietetics in the Hippocratic On Regimen: A Delicate Balance of Health*, Studies in Ancient Medicine 44 (Leiden: Brill, 2015), 165–84, concerning the claims of Democritus, Lysias, and Gorgias, among others, in this regard. See also the discussion in van der Eijk, *Medicine and Philosophy*, 10–14; and Heidi Marx-Wolf, "Medicine," in *Late Ancient Knowing: Explorations in Intellectual History*, ed. Catherine Chin and Moulie Vidas (Berkeley: University of California Press, 2015), 81.

67. In particular Michel Foucault, *Le souci de soi* (Paris: Gallimard, 1984), Eng. trans. *The Care of the Self, Volume 3 of The History of Sexuality*, trans. Robert Hurley (New York: Pantheon Books, 1986). Less directly relevant to this section, but also influential in recent studies on late ancient medicine, have been his books *Naissance de la clinique: une archéologie du regard médical* (Paris: Presses universitaires de France, 1963), Eng. trans. *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. Alan Sheridan Smith (New York: Pantheon Books, 1973); and *Folie et déraison: histoire de la folie à l'âge classique* (Paris: Librairie Plon, 1961), Eng. trans. *History of Madness*, trans. Jonathan Murphy and Jean Khalifa (London: Routledge, 2006).

68. Pierre Hadot, *Exercices spirituels et philosophie antique* (2nd ed.; Paris: Etudes Augustiniennes, 1987), augmented and translated into English as *Philosophy as a Way of Life. Spiritual Exercises from Socrates to Foucault*, ed. Arnold I. Davidson, trans. Michael Chase (Malden: Blackwell Publishing, 1995).

69. Martha C. Nussbaum, *The Therapy of Desire. Theory and Practice in Hellenistic Ethics* (Martin Classical Lectures, N. S. 2; Princeton: Princeton University Press, 1994; reissued with new introduction, 2009).

others has brought into prominence the practice of philosophical therapy, germane to the domain of moral philosophy and, as we are increasingly coming to appreciate, intimately entwined with the third of the three ancient medical therapeutic modes, regimen.⁷⁰ In a view that twins medicine and philosophy fasting, vigils, and sleeping on the ground are more than just bodily practices; they are critical to the production of mental and psychic health. At the same time, mental and psychic health is firmly rooted in the body. Because there is a sympathetic relationship between the body and soul, diet and exercise are good for the soul, just as the right ordering of the soul is good for the body.⁷¹ This is especially the case as we move into Late Antiquity and observe the rise and promotion of moderate urban asceticism, with its further entanglements of medical and philosophical therapies.⁷² We see these principles highlighted by Jared Secord and John Penniman in their articles in this special issue.

Philosophical therapy is in turn intimately entwined with the practice of rhetoric and the formation of the ideal person (usually the male citizen) through the shaping of their soul (psychagogy). Gorgias conceives of this in primarily medical terms—the power of persuasion is a drug (*pharmakon*) that can both heal and harm.⁷³ As the preceding section suggests, this conception of rhetoric that directs and forms the soul as a medical-therapeutic tool should not be assessed as a simple medical analogy. Recently Gorgias' conception has inspired an analysis of contemporary rhetoric that argues that, in light of recent neuroscientific research, emotional political rhetoric can both be addictive and cause literal brain trauma in the listener.⁷⁴ That is, because the brain is

70. On the centrality of regimen as a therapy see Bartoš, *Philosophy and Dietetics*, 12–46. A significant number of Galen's writings cover the more obvious aspects of regimen – diet and exercise – but also philosophical therapy or psychological therapy. For the latter, see the collection of texts translated in *Galen: Psychological Writings*, ed. Peter N. Singer (Cambridge: Cambridge University Press, 2013): *Avoiding Distress; Character Traits; The Diagnosis and Treatment of the Affections and Errors Peculiar to Each Person's Soul; The Capacities of the Soul Depend on the Mixtures of the Body*.

71. On this point in relation to John Chrysostom's treatise *Ad eos qui scandalizatur* see Wendy Mayer, "The Persistence in Late Antiquity of Medico-Philosophical Psychic Therapy," *Journal of Late Antiquity* 8.2 (2015): 337–51. Asterius of Amasea, preaching c. 400 CE, makes this point at length in his homily on the beginning of the Lenten fast: *Homily 14. (Asterius of Amasea. Homilies I–XIV)*, ed. Cornelis Datema [Leiden: Brill], 1970, 203–219).

72. On this point see Mayer, "Medicine in Transition." Emmenegger, *Wie die Jungfrau*, 60–62, discusses in brief the development of *askesis* as a Christian form of dietetics. Illustrative of this entanglement is Samellas, "Public Aspects of Pain."

73. Gorgias, *Encomium of Helen* 14 (DK 82 B 11.14). See Bartoš, *Philosophy and Dietetics*, 180–81.

74. Brett Ingram, "Critical Rhetoric in the Age of Neuroscience," PhD dissertation, University of Massachusetts–Amherst, 2013. http://scholarworks.umass.edu/open_access_dissertations/690/.

embodied and linguistic concepts are instantiated at the neuronal level, certain kinds of rhetoric can have a discernable bio-medical effect. The claim that rhetoric can have a literal physiological effect echoes the claims of Hellenistic and Roman moral philosophers and, following them, Christian preachers in Late Antiquity.⁷⁵

In light of all of these interconnected culturally normative sets of ideas (philosophy and medicine as sibling therapies, ascetic practice as regimen for both body and soul, rhetoric as therapy) the slippage between the literal and metaphorical in late antique medical metaphors becomes particularly evident. The intimate and thoroughly medically-grounded link between digestion, body, mind, and soul, helps us, for instance, to make sense of why John Chrysostom uses a different eye-disease metaphor than Clement of Alexandria when explaining mystagogy to his initiates. In her article in this special issue, Emily Cain demonstrates how Clement draws on a particular school of medical knowledge and ophthalmic surgery to explain how through baptism the darkness that obscures the eye of the soul is removed so that it can henceforth see divine truth. In *Catechesis* 4, John Chrysostom draws on a different school of thought and different eye complaint to explain how in baptism God's grace removes the humor (gum) that darkens the eye of the mind, so that the initiate henceforth can clearly see the difference between wickedness and virtue.⁷⁶ The eye disease he references is peculiarly suited to his psychagogic emphasis on self-control and moral formation. Similar to Asterius of Amasea's "mist that satiety usually pours down over the eyes," which fasting removes, leaving the eyes clear and undarkened,⁷⁷ the gummy excretion (λίμη) that John Chrysostom adduces as darkening the mind's eye prior to baptism has, according to the Hippocratic writings and Galen, its origins in overeating and inadequate digestion.⁷⁸ It is no accident, then,

75. On logotherapy per se see Christopher Gill, "Philosophical Therapy as Preventive Psychological Medicine," in *Mental Disorders in the Classical World*, ed. W.V. Harris (Leiden: Brill, 2013), 339–62. There is a natural intersection between philosophical therapy as medicine and recent research into the history of the emotions in the ancient to late ancient world. See, e.g., Blake Leyerle, "The Etiology of Sorrow and its Therapeutic Benefits in the Preaching of John Chrysostom," *Journal of Late Antiquity* 8.2 (2015): 368–85. In this regard, the characteristic emotions that MFT associates with the five moral foundations are also suggestive: compassion, anger, guilt, gratitude, group pride, rage at traitors, respect, fear, and disgust (see Haidt, *The Righteous Mind*, 146, fig. 6.2).

76. *Cat.* 4.14 (SC 50bis, 190). John Chrysostom restates the link between noetic sight, virtue and the need for the mind's eye to be cleansed of gum at *Cat.* 4.20 (SC 50bis, 193).

77. Asterius, *Hom.* 14.2.4 (ed. Datema, 206, line 23).

78. See Galen, *In Hippocratis librum de articulis et Galeni in eum commentarii iv* (XVIIIa.579.1–6 Kühn) and *In Hippocratis prognosticum commentaria iii* (ed. Heeg, CMG 5.9.2 = XVIIIb.48.1–4

that, when talking about how the initiate through baptism becomes a new creation, in the immediately preceding section of *Catechesis* 4 he asks: “How is it not new and paradoxical when the person who up until yesterday devoted their time to excess and gluttony suddenly embraces self-discipline (ἐγκράτεια) and a simple lifestyle (λιτότητα διαίτης)?”⁷⁹ The line that John Chrysostom draws is clear. For an audience steeped in the same traditions, the connection between bodily practice and clarity of sight, both physical and spiritual, would have been self-evident. Clement, as Cain explains, is concerned with a quite different objective—not with the treatment of sin as a sickness, but with the self-perception of the initiate as a participant in a select social group with superior knowledge.

When we link the point just made with the study in this special issue of Gregory of Nyssa’s catechetical oration by John Penniman and Jared Secord’s adduction of the medical ideas that inform Christian athletic metaphors, we arrive at one further insight concerning the use of medical metaphors in Late Antiquity: in this period religion, medicine, and philosophy are so intertwined that Christian theology itself can be highly medicalized. This point is argued persuasively by Gregor Emmenegger.⁸⁰ As he shows via three case studies, some theological concepts in particular—in this case ones that cluster around women, conception and birth—draw naturally on medical and natural-philosophical traditions. In his first case study, the masculinization of Mary Magdalene in gnostic texts, the Galenist one-sex or inverted-sex model of gender is necessary for understanding why in certain texts Mary develops from a woman who must become masculine (*Gospel of Thomas*) to a purified manly gnostic (*Gospel of Mary*) to the personification of Wisdom and Jesus’ consort in the *Gospel of Philip*.⁸¹ In a second case study Emmenegger turns to incarnational theology and the conception of a divine child via the Holy Spirit. Here he finds ancient, especially Aristotelian, teachings on the embryo and how it acquires a soul particularly influential.⁸² In his final case study, Mary as mother of God and the virginal birth, Emmenegger explains why the statement “born of the virgin Mary” in the Apostle’s Creed is neither metaphoric nor, to a Christian of the

Kühn). He attributes the gum to an excess of moisture in the eye produced by partial digestion. Cf. Hippocrates, *De prisca medicina* 19.1–8 (ed. Heiberg, CMG 1.1.49–50).

79. *Cat.* 4.13 (SC 50bis, 190). The terminology John Chrysostom uses here (ἐγκράτεια, control of the πάθη, σωφροσύνη, διαίτα) evokes the medicalized explanation in Asterius, *Hom.* 1.4.2.

80. Emmenegger, *Wie die Jungfrau*.

81. Emmenegger, *Wie die Jungfrau*, chapter 4.

82. Emmenegger, *Wie die Jungfrau*, chapter 5.

first few centuries, counter-intuitive. The roots of this doctrine are once again shown to lie in ancient gynaecology and natural philosophy.⁸³

The implications of studies of this kind are significant for how we approach medical metaphors in explicitly theological writings. In explaining how the theology developed, Emmenegger's exploration traverses gnostic and "heretical" as well as "accepted" writings. A key element in his argument is the role played by apologetics in defending against problematic theological positions that arose as a result of the adoption and adaptation of pervasive medical and natural-philosophical theories. Individual Christian writers, he shows, adopted and adapted different medical theories differently to suit their own emergent theologies. In this respect, when for instance we encounter different medical metaphors concerning the same liturgical ritual in separate Christian texts, as in the case of Clement of Alexandria and John Chrysostom, we should see this as a prompt for delving deeper into the different theologies—and different medical theories inherent in those theologies—that inform the choice of metaphor. The same applies when individual Christian writers discuss theological ideas that engage the human body, such as asceticism, the nature and function of the soul, or anthropology. The medical metaphors they employ, we should consider, function as a window into their personal theological thought world and provide important clues as to how those thought worlds intersect with, and differ from, each other across a spectrum of Christianities in Late Antiquity. Paying careful attention to the choice of medical metaphors across texts and authors matters and can offer insights on a number of levels.

One final implication of viewing medical metaphors from within the context of the intimate relationship in Late Antiquity between medicine, philosophy, and religion is that we need to consider the genre of the texts in which medical references and metaphors appear. Where protreptic and the formation of the listener is involved—this is particularly the case with sermons and homilies, but letters and treatises can also fall into this category—the fact that these texts may well have been conceived of by both author and listener as therapeutic tools challenges us to consider precisely how the audience would have responded to the medical language. Acceptance of this has a further entailment. It requires us to expand how we categorize medical literature produced in

83. Emmenegger, *Wie die Jungfrau*, chapter 6. His findings are further nuanced by Julia Kelto Lillis, "Virgin Territory: Configuring Female Virginity in Early Christianity," PhD dissertation, Duke University, 2017. She demonstrates the variation in conceptualizations of virginity in this period by exploring the influence of medical thought on a considerably larger number of writings.

Late Antiquity. It calls us to consider that all texts that contain medical language and medical metaphors have something to say about the conceptualization of medicine in Late Antiquity and its practice, regardless of whether their author is a physician, philosopher, or priest. How we view medical metaphors and how we identify a text or practitioner as medical changes when we acknowledge how blurred the boundaries were between medicine, philosophy, and religion.

MOVING FORWARD

The investigation and analysis of medical metaphors in the writings of Late Antiquity and their contribution to the history of medicine are still more or less in their infancy. The shifts and approaches outlined here, together with those exemplified in the other articles in this issue, are, most likely, just the beginning of multiple ways of approaching medical and metaphoric language that will increasingly complexify our understanding of the usage of medical metaphors and their impact. Even so, the three ways of viewing and analyzing medical metaphors outlined here are highly suggestive. Firstly, they call on scholars approaching the history of medicine to take into careful account the ways in which medicine as a mode of knowing and its associated practices are shaped by society and culture. Secondly, they call on us to take into account the conceptual world that gives meaning to medicalized language. Thirdly, they challenge us to consider how language itself both passively reflects, and actively influences, cognition (language as mirror and agent). In this respect they call on us to explore what medical metaphors say, not just about how the author of a text or their community viewed the world, but also about how the listeners as individuals and as community received it. As we progress along these paths, we move further and further away from what was once the prevailing view—that medical metaphors in these texts play no larger nor more complex role than that of illustration or ornament. ■