The Medicalization of Adventism

by Malcolm Bull

At an individual level each of us is conscious of being part of an ongoing biological process; it is easy to define ourselves by our place in that process. At a social level things are not so easy. Institutions develop in a far less predictable fashion: there is little way of knowing if a social formation will collapse within months, or persist for hundreds of years. Societies do not have an allotted "three score and ten"; they are potentially both more brittle and more durable than the human beings who create them.

What has happened to the Adventist church since its foundation is usually explained according to one of three views. The first, which might be termed the traditional Adventist view, sees only unparalleled achievement. It perceives geographical, numerical, and institutional expansion as indicative of success, and presumes that the Adventism of today is identical to that of a century ago. It presents the church as an undifferentiated but ever-expanding organism moving inexorably toward its final goal.

The second view tends to be that of the disaffected, whether of conservative or liberal persuasion. It pictures the church as having moved from a state of health to a state of sickness. This change may be attributed to the influence of liberal intellectuals, Southern fundamentalists, ethnic minorities, complacent administrators, or to a wide variety of other causes. But whatever the slant, the paradigm is the same. The church was once full of vitality, but now it is blighted.

The third perspective is often that of the academic community, both within and without the Adventist church. Change is considered to be both predictable, and, very often, desirable. The church is perceived to be going through inevitable developmental crises as part of a process of maturation, or, as a sociologist would say—denominationalization.

These three perspectives have more in common than is at first apparent, for they all rely upon a biological model of social development. They are concerned with—respectively—growth, disease, and maturation. Furthermore, they all suggest that Adventism has some historical identity that time can modify but never transform. Just as a biological organism develops within species-specific limitations, it is implicitly assumed that there is some essential Adventism that may expand, become diseased, or reach maturity. This is an unwarranted assumption.

In what follows I want to express certain reservations about the application of an organic paradigm to religious history, and to highlight aspects of social change for which it does not adequately account.

Social movements are not genetically defined; they can mutate and take on unprecedented and unrecognizable forms. The faith of a dozen Galilean fishermen became the official religion of the Roman empire. The ideas of a few German emigrés in London have become, within a century, the

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state ideology of almost the whole of Asia. These transformations were in no way predictable, and it would be absurd to account for the subsequent development of Catholic Christianity or of Marxism in terms of some organic modification of the original social structures.

It would be correspondingly foolish to predict the future of Adventism by extrapolating the short history of the American church. For all we know, Adventism may be best remembered as the creed of a new elite in black Africa, in which case developments in America may be as irrelevant to an understanding of Adventism as is the history of the Coptic church to a world-historical appreciation of Christianity.

All three views of Adventist history are overconfident in their implicit certainty about the identity of the church. I shall not discuss the first two perspectives—which focus on growth and sickness—for they are sustained either by the presence, or else by the loss, of faith in the church as a vehicle of salvation. It is the third perspective on which I wish to concentrate; for although it shares the limitations of the other two, it also purports to be an historically and sociologically informed thesis about the development of a religious organization. It claims to recognize the patterns of change to which Adventism will conform, and the social identity of the Adventist movement itself. It asserts that society is in the process of secularization, and that Adventism is a participant in that process as it follows the well-worn path from sect to denomination.

The Secularization of Adventism?

Secularization is a term used by sociologists to interpret a wide variety of changing social patterns. The process is generally viewed as more or less co-extensive with that of modernization. The secularization thesis sometimes draws its support by contrasting contemporary primitive societies to those of the West. At other times secularization is buttressed by contrasting medieval Catholicism to modern capitalism. In a medieval city the largest building was a cathedral; in a modern city it is probably an office building. Education was once the almost exclusive preserve of religious orders; today religious professionals form only a tiny minority of the academic community. Wars once fought in the name of Christ are now fought to preserve democracy or some other secular ideal. The potential examples are endless.

Secularization does not necessarily entail the complete disappearance of religious activity, just the exclusion of theological ideas and religious personnel from areas of life that are of central social importance. It involves the removal of religion from the public to the private sphere. In a secular society, education, economic activity, war, medical treatment, and so forth, are all devoid of religious content. Religious activity is relegated to moments of individual leisure, where it competes with other hobbies—like gardening or chess—which may be of all-absorbing significance to the individual, but have no impact on society at large.

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Protestantism, with its emphasis on individual religious experience, can thus be seen as promoting the privatization of religion and the secularization of society. However, within the Protestant tradition a succession of new groups have emerged that seem to contradict trends toward secularization. These groups, generally termed sects, tend to attach spiritual importance to activities otherwise considered to be matters of religious indifference, and thus act as potential agents of resacralization. However, their ability to effect this is limited; either by the insularity of their vision, which may prevent recruitment, or by the

accommodations necessary to socialize new recruits and the children of existing members. In the latter case, the sect itself becomes secularized, ending up like the Protestant denominations against which it originally defined itself.

The process of denominationalization (the secularization of a sect) involves the establishment of fixed places of worship, the organization of a professional ministry, and the provision of educational and social services for the membership. Once established, such institutions have to adopt non-religious criteria for success in order to survive in a secular environment: church buildings need to be maintained; schools need to meet government standards; welfare services need to be financially viable. These objectives soon become ends in themselves: having a beautiful church, a well-run school, and an efficient hospital become goals that detract from the exclusively religious preoccupations of the sect. The sect thus becomes a denomination as a result of expansion and role-differentiation. It eventually adopts practices and goals once considered taboo, but now perceived as compatible with, and perhaps necessary for, the multifaceted work of the organization.

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Many commentators have observed this process to be at work within Adventism. The perspective of an outsider is rather different from that of the insider: what an Adventist perceives as innovation or progress, an outsider will see only as increasing conformity to social norms. But the evidence is interpreted in an essentially compatible way: the church is perceived to be moving away from a narrowly sectarian identity toward a more inclusive mission that downplays Adventist peculiarity in order to maximize operational efficiency. The different groups within Adventism can then be fitted into this framework: liberal intellectuals appear to be in the vanguard of change; the supporters of self-supporting centers are cast as reactionaries who have set their faces against the modern world; and church leaders appear as pragmatists trying to steer a steady course between the two extremes.

The scenario above is probably familiar, for it is the model implicit in most formal and informal discussion about Adventism. It is, however, an analysis that rests upon several questionable assumptions. The secularization hypothesis, so beloved of sociologists and incidentally, revivalist preachers, seems increasingly difficult to sustain in the light of contemporary evidence. The resurgence of fundamentalist Islam as a political and social force has come as a profound shock, not least to the numerous commentators who regarded Islam as a moribund religious tradition. In America, the intrusion of the new religious right into the political sphere has contradicted every expectation of increasing secularization in advanced capitalist society. Similar trends are discernible in many areas of the world—Japan, India, and Europe. Not only are people not becoming less religious; they also feel increasingly able to use religious criteria in social action. It is too early to assess the long-term impact of these trends. But one thing is clear: secularization is neither an inevitable consequence of economic growth, nor are its effects irreversible.

This conclusion has implications for the denominationalization thesis. There have always been good counter-examples to it—in the form of established sects like the Jehovah's Witnesses—that have shown little sign of accommodation to the world. But if the whole secularization argument is to be doubted, there is all the less reason to suppose that it works in microcosm. Indeed, the entire denominationalization paradigm looks suspiciously like a patronizing piece of self-justification on the part of liberal Protestantism. It assumes that every sect is an embryonic denomination, and that it is only a matter of time before a sect has to adapt to the harsh realities of the

religious marketplace, and become socially acceptable. The paradigm carries with it strong normative implications—a sect is, by definition, an immature denomination, waiting to grow up. Yet the past 20 years reveal that it is sects that flourish while denominations decline. There is every indication that denominationalization is organizationally dysfunctional: it is liable to result in schism, financial embarrassment, and membership loss. Denominations, it can be argued, are religious movements that missed the opportunity to remain sectarian.

As far as Adventism is concerned, the applicability of the denominationalization argument rests largely upon the assumption that Adventism either is, or ought to be, a denomination alongside other American mainstream groups. In part, the adoption of this paradigm has produced a self-fulfilling prophecy. Church leaders have developed a sense of inferiority about being a sect, and have striven to be accepted as a denomination. The *Questions of Doctrine* episode is but one example. Countless others could be cited from the pages of Adventist periodicals, in which every glimmer of public acceptability is heralded as a positive achievement.

But it is not only that Adventists have actively sought to become a denomination; they have also interpreted developments in the church as evidence that the change is taking place. Having classified Adventism as a sect in transition to a new status, almost all evidence is interpreted in such a way as to conform to that hypothesis, and contradictory evidence is ignored. Yet the very concept of denominationalization has little relevance outside the free-market religious economy of the United States. Adventism operates worldwide in diverse environments, some of which permit institutional development, while others do not. Adventism has more of the hallmarks of a world religion than of an American denomination. Even within the United States, Adventism recruits disproportionately among Hispanic immigrants—the poorest sector of the population. Recruiting among the dispossessed is a distinctly sectarian characteristic, yet Adventism—after almost 150 years of history, and, supposedly, denominationalization—has retained, and perhaps even enhanced its appeal to the socially marginal. In short, Adventism may be changing, but there is little reason to imagine that it is emerging from the nursery of history to assume its predestined role as an acceptable denomination in the American tradition.

One of the problems with the secularization thesis is that it is defined almost entirely in negative terms. Secularity is not really amenable to definition, save as the complement of the sacred. The secularization hypothesis, if it works at all, is liable to provide a more accurate description of the social world we are leaving behind, rather than the one we are entering. A secular society has no defining attributes, save the absence of religion. However, it is highly unlikely that the modern world has no set of identifying characteristics beyond its loss of faith. It is more probable that we feel the loss of old certainties before we acknowledge the presence of new ones. Yet it is, I think, possible to detect the emergence of a new consensus regarding public values and social action, which is just as, if not more, pervasive than the old religious order.

It is, therefore, worth looking for an alternative interpretation of Adventist history that can accommodate more of the available evidence, is not reliant on the controversial secularization thesis, and is not encumbered with an implicitly organic paradigm of social change.

The Medicalization of Adventism

The most marked changes in both public and private behavior, not only in the United States, but all over the world, have been due, not to the decline of religion, but to the increasing reliance of individuals, corporations, and governments upon the wisdom of medical and paramedical professionals. This development, which sociologists term "medicali-

zation," is in some ways difficult to recognize because it is so universal.

People have to be examined and assessed by the medical profession at every stage in the life-cycle. Doctors, nurses, and perhaps psychologists and social workers, are liable to be consulted at birth and during adolescence; their assessment is needed before entering college, before starting employment, and before taking out insurance; their advice is heeded regarding conception, gestation, and parturition; the most intimate secrets are confided to them, and their opinions are treated with a respect verging on reverence.

There is, therefore, a case for saying that society is not undergoing secularization, but medicalization. To some extent this produces the same effect—the removal of religion from its dominant ideological position.

It is not just the life of the individual that is dominated by medical considerations. The design of houses, offices, and towns conforms to the standards decreed by public health officials. The manufacture of food is monitored by medical experts, and accompanied by information on its nutritional content. The design of cars is restricted by public legislation regarding health, and the Surgeon-General's opinions on smoking are allowed to define the use of public space. The penalties for deviating from medically approved standards of behavior are severe. Immigrants with infectious diseases are deported; children whose health is endangered are taken from their parents and placed in foster care; those who fail medical examinations are likely to experience some difficulty in obtaining jobs and buying property; those whom a psychiatrist judges exceptionally deviant may be detained against their will in a hospital; anyone who offends public health morality by selling contaminated food or operating unsanitary premises is liable to be fined.

Not only does medical orthodoxy enjoy the backing of the state; its values are also transferred into informal social interaction. Respect for the old has declined as health has become one of the chief criteria of personal worth. Obesity, smoking, and most recently, sexual promiscuity, have become increasingly socially unacceptable as the medical profession has pronounced on their dangers. The American diet has been revolutionized on the advice of nutritional experts, and the leisure industry has had to adapt to the novel idea of recreational exercise.

All of these changes may very well be desirable. But that does not mean they are natural. We are only inclined to take medical advice because we accept the culturally conditioned presuppositions on which it is based: notably, that the object of life is the avoidance of death; that the possession of health is more desirable than other property, and that the prolongation of good health is a token of moral and social worth. These are in no sense beliefs intrinsic to human identity. In many societies premature death has long been considered more noble than longevity; in a less individualistic culture, the health of one person may easily be sacrificed for the financial benefit of a family, and in many religions it is illness rather than health that carries with it an aura of sanctity. We acknowledge the supremacy of medical wisdom, not because it is self-evidently true, but because it acts as an effective means of achieving a set of socially specified and culturally specific objectives that we, through habit, accept almost without question.

There is, therefore, a case for saying that society is not undergoing secularization, but medicalization. To some extent this produces the same effect—the removal of religion from its dominant ideological position. But instead of there being a vacuum, medicine now fulfills the functions previously performed by religion. Exorcism is turned into catharsis, the confessional box into the psychiatrist's couch, the index of prohibited books into a list of prohibited substances; sin is reclassified as disease. The relative status of medical and health professionals has been reversed, along with the size of their incomes. Both are a reflection of the extent of their influence; it is easy to go through life without ever contacting a clergyman;

it is almost impossible to avoid being examined by a doctor—and even if you succeed, a doctor will be called to certify your death.

The medicalization thesis does not necessarily entail that religion is everywhere in retreat. Rather, medical practices, and the health-related philosophies that legitimate them, have superseded religious values and activities as the predominant guiding force in many areas of social life. The medicalization thesis is, at the every least, a viable alternative to the secularization paradigm. In the rest of this paper I want to look at its implications for an understanding of Seventh-day Adventism.[1]

Let us return to the origins of the Adventist concern with health. The Adventist health message was in no way original in content. Numerous other health reformers had advocated similar measures for years. The health-reform crusade—to which Adventists were late and often half-hearted converts—was an ascetic lay protest against the orthodox medicine of the day. The preexisting reform package—involving abstinence from sex, tobacco, alcohol, and rich food, along with the use of natural remedies for healing—was embodied in the thought of Ellen White essentially unchanged. However, health reform was perceived, not so much as an end in itself, but as a means through which to conquer physical appetites that might be satisfied in a sinful way. Health thus had a merely instrumental value in the quest for salvation; and it was to be pursued against the grain of conventional medical wisdom. In these two important respects, early Adventist health philosophy differs fundamentally from that of the late 20th century.

How and when did the change take place? There can only be one answer to this question: through the work, example, and influence of John Harvey Kellogg. Although it was decades before scientific research endorsed Adventist practices regarding smoking and diet, the rapprochement between Adventism and medical orthodoxy had already been prepared by Kellogg. The growth of Battle Creek Sanitarium, the foundation of a medical school, and Kellogg's own contacts with the scientific establishment, had brought Adventist medicine at least partially into line with the revitalized medical orthodoxy of the early 20th century.

Equally significant was Kellogg's attempt to effect a change in Adventist theology, which eventually contributed to his break with the church. Such pantheistic leanings as Kellogg had were simply the spillover of his enthusiasm for health. He wanted the spiritual importance of physical health to be given full recognition. He sought, for example, to find a place for it in Adventist eschatology. In a letter to Mrs. White in 1898, he questioned the church's traditional understanding of the seal of God and the mark of the beast. He argued that these had less to do with the observance of different days of the week than with obedience to the laws of health. He wrote: "It seems to me our people have been wrong in regarding Sunday observance as the sole mark of the beast. . . . it is simply the change of character and body which comes from the surrender of the will to Satan."[2] It was a revealing suggestion, for it involved the substitution of a medically defined category—health—for a religious and legal category—correct Sabbath observance. It was, in fact, precisely the type of encroachment on the sphere of religion that is characteristic of the process of medicalization.

The increasing prominence of medicine within Adventism has come close to realizing the medicalization of Adventism for which Kellogg had hoped.

Kellogg was, of course, excluded from the church, and in the early part of the century, Adventist theology moved in the direction of fundamentalism. But Adventist hospitals continued to proliferate, and the new medical school at Loma Linda was expanded. Though the effects of this were not immediately apparent, the increasing prominence of medicine within Adventism has come close to realizing the medicalization of

Adventism for which Kellogg had hoped.

At an institutional level, Adventist medicine has remained the area of the church's work over which the denominational leaders have had least effective control. From the 1920s to the present, Adventist hospitals have had a relatively nonsectarian character. This has often been a source of concern to the church's administrators, but they have not been able to stop the trend. The reason for this is straightforward. Adventist medicine, in order to survive at all, has been forced to follow the lead set by medical orthodoxy, either through the need for accreditation, or else under the force of economic pressure created by heavy competition.

It is worth reflecting on this for a moment. It is taken for granted that there should be a state-enforced monopoly over medical care, and that unregistered practitioners should be clearly differentiated. This monopoly is not a source of concern to Adventists. In contrast, the prospect of a state-enforced religious monopoly is Adventism's recurring eschatological nightmare, and the General Conference has a special department devoted to the preservation of the free market in religion.

Adventist teachers took graduate education, obtained doctorates, redefined their roles in professional terms, sought intellectual freedom, were denied it, and so became a vocal dissenting minority in the life of the church. Often forgotten is the crucial role of medicine in this process.

Adventism has thus been in an interesting and ambiguous position. While the religious activities of the church in North America take place in an unregulated open market, its medical mission—the proverbial right arm of the message—functions as a licensed and constituent part of the state monopoly. The discrepancy in the operating environments of the two major forms of the Adventist work has been of the most significance. The medical work, because of its reliance on the state, has had limited room to maneuver. The rest of the denomination, as an independent religious organization, had the freedom to be adaptable. But, short of amputating its own right arm, the body of the church—particularly in North America—has had no option but to follow the lead of the medical work.

A clear example of this is the process through which denominational education became accredited in the 1930s. Full accreditation for the church's medical school meant that it could only accept graduates from recognized institutions; as a result, all the Adventist colleges sought accreditation. Attempts to halt the trend in the mid-1930s were to no avail. If the medical school was to be a viable institution, colleges had to be accredited, and Adventist educational philosophy relegated to a secondary role. Given the choice of adapting general educational policies or of giving up effective medical education, the church chose the former. Almost every choice involving the church's medical program has been similarly weighted in its favor. The monopolistic nature of American medicine constrains the church's freedom of action in the same way as would the existence of a state church. Yet Adventists actively campaign to maintain this state of affairs. Through its simultaneous aversion to religious monopoly, and acceptance of medical monopoly, Adventism ensures wrenching conflicts within the church.

The domino effects of accreditation are familiar. Adventist teachers took graduate education, obtained doctorates, redefined their roles in professional terms, sought intellectual freedom, were denied it, and so became a vocal dissenting minority in the life of the church. Often forgotten is the crucial role of medicine in this process. The Adventist intellectual community is an unintended, and to some extent unwanted, by-product of medicalization.

Despite this, Adventist medicine still keeps an avuncular eye on the welfare of intellectuals. Both Loma Linda and the hospital network function as a last refuge within the Adventist system for dissidents who would not be tolerated elsewhere. Adventist medical personnel contribute liberally to the funding of *Spectrum*, the journal of

Adventist intellectuals.[3] In turn, Adventist academics are relatively uncritical of the medical establishment. There are calls for democracy at the General Conference, very few for democracy in hospitals. And it is against tobacco manufacturers, rather than pharmaceutical companies, that Adventists direct their zeal for social action.

A good example of the symbiosis between medicine and academe is the Center for Christian Bioethics at Loma Linda University. Advances in medical science raise numerous dilemmas, particularly in the Christian tradition in which the creation of life has generally been considered the prerogative of God alone. Yet Adventist bioethicists, both at the ethics center and outside, have been slow to question either the decisions, or the presuppositions, of the medical profession. At the time of the Baby Fae operation, for example, Jack Provonsha, then director of the ethics center, defended the controversial decision to transplant the heart of a baboon into the body of a human infant. In another case, he advised Glendale Adventist Hospital on its decision not to comply with a man's wish to be taken off life-support system.

I do not wish to imply that these stands were anything other than carefully reasoned ethical judgments. But it is noticeable that Adventist bioethicists generally support the rights of medical personnel over and against competing claims. Gerald Winslow's book, *Triage and Justice*, concludes that in the event of a disaster, resources should be allocated on the basis of medical need, except that medical personnel should be treated first in order to maximize their effectiveness in treating others. In the Rawlsian framework within which Winslow operates, this conclusion seems well-warranted. Once again, however, one cannot help observing that medical criteria and personnel are given priority.[4]

Not only have Adventist scholars defended particular medical decisions; they have also helped to develop a comprehensive philosophy that both legitimates the pursuit of health, and creates a platform for the encroachment of medicine on the sphere of religion. Generally referred to as "wholism," this philosophy was considered by Adventist religion teachers surveyed in 1985 to be the church's most important contribution to theology.[5] The concern is not the exclusive property of Adventism, but Adventists have probably identified themselves with it more enthusiastically than any other religious group.

Two non-Adventist evangelicals state the wholistic position as follows: "Man is a whole. What affects him physically affects him psychologically and spiritually as well. A physical disease can lead to psychological and/or spiritual problems–and vice versa."[6] Jack Provonsha draws out the implications of this belief: "A Christian ethic becomes an ethic of health. . . . That does not mean that it is a sin to be sick; but it could mean that it would be a sin to be sicker than you need to be."[7] Provonsha's claim that "what happens to a man's body is important to his entire personality and character, and thus may have eternal implications,"[8] is reminiscent of Kellogg's belief that the final eschatological conflict hinges on the change of character and body. Through wholism, the body has been restored to a central place in Adventist theology. In the words of Graham Maxwell, another Loma Linda academic, "the meaning and purpose of healing and preaching the gospel are essentially the same... in essence they are not just linked but really one."[9]

The theory is used to suggest that Adventist beliefs should move beyond the conventional and legalistic toward universal concerns. In this way psychological tools are used to demonstrate the supposed inadequacy of conservative positions.

The net result of this equation is that it gives experts in medicine and allied disciplines some leverage over the content of theology. A good example of this is the recent Adventist interest in Kohlberg's theories of moral development. According to Kohlberg, moral development involves an ascent of seven stages, from blind self-interest, through rigidly defined codes of conventional morality, to a recognition of universal ethical principles. When applied in an Adventist

context, in, for example, John Testerman's unpublished but widely circulated paper, "Kohlberg's Stages of Moral Development: Implications for Theology," the theory is used to suggest that, in order to be developmentally mature, Adventist beliefs should move beyond the conventional and legalistic states three and four, toward the universal concerns of stages five and six. In this way psychological tools are used to demonstrate the supposed inadequacy of conservative positions.[10] In a similar vein, a thesis recently completed at Andrews University concluded that theological conservatives were sexually repressed.[11] Such arguments only qualify as significant if one accepts the wholistic presuppositions on which they are based. Otherwise, there is no reason to imagine that being developmentally arrested or sexually repressed is in any way a spiritual handicap. Indeed, almost the entire Christian mystical tradition is founded on the opposite premise.

I shall briefly review the argument. The monopolistic nature of American medicine has meant that both Adventist hospitals, and, subsequently, colleges, have had to adapt to state requirements. This adaptation has involved numerous compromises of philosophy and practice. In consequence, the medical work is implicitly in conflict with the specifically religious aspects of the Adventist tradition. The development of wholistic philosophy has served both to relegitimate Adventist medicine in religious terms, and to cajole recalcitrant reactionaries into its acceptance. There is thus, I would argue, an institutional and ideological complex within Adventism which, sheltering under the wing of monopolistic medical orthodoxy, is effecting a fundamental shift in the nature of the Adventist message.

Two objections may present themselves: (1) Does not the self-supporting movement represent an opposing trend away from orthodox medicine, and (2) Have not the economic limitations now constraining medical practice reduced the influence of the health professions? I shall take these questions in turn.

No one is keener on wholism than the supporters of the self-supporting movement. Their approach to medicine may be different from that of medical orthodoxy, but it functions as a complement, not as a challenge. Self-supporting medical personnel are usually fully qualified, and self-supporting sanitariums specialize in precisely those areas of treatment—lifestyle readjustment, convalescence, and no-hope cancer cases—with which the outpatient-orientated orthodox hospital is ill-equipped to deal. Kellogg is not just the role model for Adventist liberals; he is the patron saint of archconservatives as well.

The traditional Adventist approach to health represented by self-supporting centers has reemerged in a period when the state monopoly is more open to diversification than at any previous time. The corporatization of medicine, which took place in the 1970s, has wrested control of health from the grasp of a single profession. Individual physicians now operate under greater constraints than ever before. But the control of medicine by government bodies, corporations, and insurance companies, represents an extension, not a contraction, of the private and public significance of health, which is now too important to be left in the control of an interest group.

The medical profession has simply been the agency of medicalization; the process will not come to an end simply because major decisions are now made by administrators rather than doctors. Health-care eats up an ever-increasing proportion of the national budget, even as the salaries of medical professionals decline. In Adventist hospitals it may become essential to provide economically necessary, as well as medically required, treatment on the Sabbath. But the net effects are the same: medicine increases its hold on life, and encroaches still further on the domain of religion.

Even within Adventism, the medical profession may no longer be needed to sustain the focus on health. Wholism is the favorite philosophy of theologians as well as physicians, and the belief that Adventism is a superior lifestyle package, offering this-worldly benefits in terms of longevity, peace of mind, and harmonious social interaction, is very widely canvassed in the contemporary American church.

To conclude: I do not wish to predict the future of the church. It is difficult to accept the volatility of social forces. It is tempting to imagine that culture is nature, that society is a living organism, and that history is a process of growth and decay. In consequence, we often impute human characteristics to impersonal institutions and events. An organization is said to be "conceived" by its founders, "born" at a certain time, to be "healthy," or else perhaps "sick," "aged," or "dying." Some of these metaphors may usefully be employed to convey a particular idea; but our ability to analyze change is severely limited by adherence to an organic model of development.

Indeed, I suggest that Adventism should not be pictured as a growing, ailing, or maturing body at all, but as an inorganic structure, locked into a world system in which the dominance of religion is being usurped by that of medicine. Change is not liable to be a predictable modification of what we already know, but an unnerving and unprecedented shift from one social order to another. The church is not in the rearguard of secularization, but in the vanguard of medicalization.

NOTES AND REFERENCES

1. For a more technical discussion of the sociological issues involved see Malcolm Bull, "Secularization and Medicalization," copies of which can be obtained from the author, Wolfson College, Oxford, England OX2 6UD. The role of the medical profession in Adventism is also discussed in Malcolm Bull and Keith Lockhart, *The Quiet Americans: A Study of the Seventh-day Adventists*, (San Francisco: Harper & Row, in press) chapter 17. For a general history of American medicine see Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982).

2. J. Harvey Kellogg to Ellen G. White, June 28, 1898, as quoted in Richard Schwarz, "The Kellogg Schism: the Hidden Issues," *Spectrum*, 4:4 (1972) p. 24.

3. Of the 120 members of the Spectrum Advisory Council (counting husband and wife as one when listed together), 42 are graduates of Loma Linda Medical School, and about 18 are graduates of other medical schools. (The latter figure is approximate; not all in this group have been identified.)

4. Gerald Winslow, *Triage and Justice* (Berkeley: University of California Press, 1983).

5. Malcolm Bull and Keith Lockhart, "The Intellectual World of Adventist Theologians," *Spectrum*, 19:1, 1987, pp. 32-37.

6. Frank B. Minirth and Paul D. Meier, *Counseling and the Nature of Man* (Grand Rapids: Baker Book House, 1982), p. 13.

7. Jack W. Provonsha, *God Is With Us* (Washington D.C.: Review and Herald Publishing Association), 1974.

8. Jack W. Provonsha, "The Health of the Whole Person," cassette tape, Loma Linda University, 1985.

9. *Ethics Center Update*, 2 (1), January 1986, p. 4.

10. John Testerman, "Kohlberg's Theories of Moral Development: Implications for Theology." Unpublished paper distributed by "Friends of Britain" in 1987.

11. S. L. Purcell, "An Empirical Study of the Relationship Between Religious Orthodoxy (Defined as Religious Rigidity and Religious Closed-Mindedness) and Marital Sexual Functioning." Ph. D. diss., Andrews University, 1984.