Annals of the International Annunciation-St. Justin-Conference 2025

Holistic Healing in the Theology of St. Dumitru Stăniloae: Anthropological Foundations and Bioethical Implications

Claudia Maria PODAȘCĂ[1]

Abstract:

This study explores the theological foundations and bioethical implications of holistic healing in the thought of Saint Dumitru Stăniloae. Rooted in his theology of deification (theosis) and his anthropology of the human person as an indivisible unity of body, soul, and spirit, St. Dumitru articulates a vision of medicine that transcends reductionist and technocratic paradigms. For him, authentic healing is not limited to physical restoration but aims at the reintegration of the human being in communion with God, others, and creation. The article reconstructs St. Dumitru's critique of materialist medicine, his understanding of the psychosomatic and spiritual unity of the person, and his conception of illness and health as relational realities. Drawing on this anthropological foundation, it derives normative criteria for evaluating contemporary bioethical questions—such as beginning- and end-of-life decisions, reproductive technologies, research ethics, and medical enhancement—through the lens of the theomorphic person's vocation to deification. The dialogue between St. Dumitru's theology and modern bioethics reveals convergences with holistic and relational models of care, while

[1] **Claudia Maria Podașcă** is a PhD student at the *"St. Andrei Șaguna" Faculty of Orthodox Theology*, *"Lucian Blaga" University of Sibiu*, under the supervision of Prof. Dr. Sebastian Moldovan, and a medical doctor specialized in neurology in Germany. E-mail: claudiapodasca92@gmail.com

also offering a transformative critique of perspectives that obscure the spiritual dimension of healing. In this way, St. Dumitru's integrative vision enriches Orthodox bioethics and contributes a distinctive theological framework to current interdisciplinary debates on medicine, personhood, and the meaning of health.

Key words:

Saint Dumitru Stăniloae; Orthodox theology; holistic healing; theological anthropology; deification; bioethics; medical ethics; personhood; care ethics; reductionism; body–soul unity; integrative medicine; theomorphic person

1. Introduction

Saint Dumitru Stăniloae articulates a vision of holistic healing that is inseparable from his Orthodox theological anthropology and his doctrine of deification (theosis). In his view, the human being is an indivisible unity of body, soul, and spirit, created in the image of God and called to an eternal vocation of communion and transformation in Christ.[2] This anthropological foundation leads him to reject any medical paradigm that treats the body in isolation from the psychic and spiritual dimensions of the person. Authentic healing, for Stăniloae, requires a synergy between medical therapy, spiritual life, and ecclesial community, oriented toward the restoration of the divine image in the whole person.[3]

Although Stăniloae's dogmatic theology and anthropology have been widely studied, their specific relevance for contemporary bioethics and medical ethics has received comparatively little attention. While Orthodox bioethics often draws on patristic sources and modern Greek or Russian theologians, his rich account of the human person and healing remains underexplored as a resource for evaluating concrete medical practices. This article

[2] Stăniloae 1996, vol. 1, 266–271.
[3] *Ibid.*, 260–274.

argues that Stăniloae's concept of holistic healing provides a critical framework for assessing contemporary medical paradigms and bioethical questions, especially where reductionist or technocratic approaches risk obscuring the spiritual vocation of the human person.

On this basis, the study first reconstructs Stăniloae's critique of reductionism and his call for a holistic medicine (section 2), then outlines his understanding of the human person as a psychosomatic and spiritual unity oriented toward deification (section 3). It examines his account of illness, suffering, and therapeutic relationships (sections 4–7), and finally derives explicit bioethical implications for beginning-of-life issues, reproductive technologies, end-of-life decisions, and medical research in light of holistic healing (section 8).

Audience and method

This article speaks from an Orthodox Christian theological perspective, but it seeks to enter into dialogue with mainstream bioethics. Drawing on Stăniloae's anthropology, it proposes a set of evaluative criteria that can be compared with care ethics and biopsychosocial-spiritual models. Whenever possible, key ideas such as deification, the theomorphic character of the person, and holistic healing are translated into language that is also intelligible in secular clinical contexts (e.g. integrative care, respect for vulnerable patients, relational autonomy).

2. Critique of Reductionism and the Need for Holistic Medicine

Already in his inter-war journalism, Stăniloae criticizes the materialistic orientation of much contemporary medicine which reduced spiritual and mental life to chemical or hormonal processes. In the article "Medicină și credință," he rejects the claim that endocrine secretions could be regarded as the "origin" or "producer" of thought, insisting that such a view is both philosophically untenable and empirically insufficient.[4] The spiritual life, he argues, presupposes a normal bodily substrate, but it cannot be reduced to that substrate without obscuring the very mystery medicine seeks to understand.

[4] Stăniloae 2012a, 326–331.

From this argument, so this article suggests on the basis of Stăniloae's anthropology, it follows that the crisis of modern medicine is ultimately an anthropological crisis. When medicine sees the patient merely as a bundle of organs and functions, illness appears only as a localized dysfunction, and the therapeutic horizon is narrowed to technical repair. [5] Such an approach ignores the spiritual causes and consequences of disease and leads to a fragmented practice that cannot offer holistic healing. Given such a framework, a Stăniloae-inspired bioethics would redefine the task of medicine: not simply to eradicate symptoms, but to cooperate in restoring the person's integral vocation. Echoing patristic and contemporary Orthodox authors, Stăniloae affirms that a purely materialist science "cannot explain the complexity of the human person and the experience of consciousness," [6] and that medicine must "recover from its atheism and allow itself to be permeated anew by faith"[7].

This recovery does not mean subordinating medicine to religion, but recognizing that the human person cannot be understood as a closed biological system. As Nicolae Moșoiu notes, Stăniloae's anthropology overcomes both materialist monism and spiritualist dualism by proposing a holistic view of the person as a body–soul unity oriented toward deification.[8] Thus, for Stăniloae, any medical practice that brackets the spiritual dimension of the person is not merely incomplete but ethically deficient, because it obscures the full scope of the good that medicine ought to seek. In this respect, Stăniloae anticipates and deepens contemporary efforts to move beyond reductionism, such as the biopsychosocial or even biopsychosocial-spiritual models associated with authors like Daniel Sulmasy. While these frameworks broaden the clinical horizon to include psychological and spiritual factors, Stăniloae grounds such holism in a robust theological anthropology and the person's calling to deification, thereby providing stronger normative criteria for evaluating medical practices and bioethical decisions.

[5] Stăniloae, 2012b, 446–448.
[6] Unless otherwise noted, all translations from Romanian sources in this paper are my own.
[7] *Ibid*., 447–448.
[8] Moșoiu, 2000, 174.

3. The Human Person as Psychosomatic and Spiritual Unity

In line with the patristic tradition, Stăniloae describes the human being, as composed of spirit (nous), soul (psyche), and body (soma), in an organic and inseparable unity.[9] Against Cartesian dualism and against views that spiritualize the soul at the expense of the body, he insists that the whole human being—spirit, soul, and body—is created in the image of God.[10] This implies a strong affirmation of corporeality: the body is not a prison of the soul, but its temple and instrument, destined to be transfigured and spiritualized through grace.[11]

Here Stăniloae stands in explicit continuity with St Maximus the Confessor. In the *Ambigua*, Maximus teaches that the body was created for deification, to advance together with the soul toward God; it is not a punishment for a pre-existent fall of the soul. The Son of God assumes human flesh and, through the body, "divinizes the whole world"[12]. On this basis, Stăniloae argues that medicine must not treat the body as a merely neutral or disposable substrate, but as a participant in the person's eternal destiny. Any therapeutic act touches not only a biological structure, but a body that is called to become "matter transfigured and spiritualized," the unique medium through which the human spirit manifests its creative powers.[13]

Orthodox anthropology further distinguishes between the ontological "image" of God, given in creation, and the dynamic "likeness," realized through a life of freedom and virtue.[14] Stăniloae emphasizes that the image is the image of the Logos—Christ—and confers an indestructible dignity that persists even in sin.[15] Holistic healing must therefore be understood not only as returning someone to psychological or social normality, but as re-orienting the entire psychosomatic person toward likeness with Christ. Each virtuous act, as Maximus notes, imprints the "formative power"[16] of reason into the body, gradually shaping a psychosomatic

[9] Stăniloae 1996, 266–271.
[10] *Ibid*., 257–277.
[11] *Ibid*., 266–270.
[12] Maximus the Confessor 1983, 34–35.
[13] Stăniloae, "Imna iubirii dumnezeiești", 2005), 1; originally published 1940; Stăniloae 2003, 55–56.
[14] Gregory of Nyssam 1982, 21–23; John of Damascus 2001, 70.
[15] Stăniloae 1995, 19–23.
[16] Maximus the Confessor 1990, 119–120.

organism capable of communion with God. In this sense, virtue has both an interior and an exterior dimension: it forms the will and affections, while at the same time inscribing itself into bodily habits, gestures, and capacities.

Healing is thus also a slow, embodied pedagogy of deification. From a bioethical perspective, this means that decisions affecting the body can never be morally neutral, since they always touch the very locus in which the person is called to communion with God. The triadic structure of nous, psyche, and soma provides a framework for understanding clinical choices as opportunities either to cooperate with or to resist this formative process: medical interventions shape not only biological functioning, but also the psychic and spiritual conditions in which the person can grow in virtue and advance toward theosis.

4. Illness, the Fall, and the Theomorphic Whole

Within this perspective, illness cannot be reduced to a purely natural phenomenon. Patristic exegesis of the "garments of skin" (Gen 3:21) offers Stăniloae and later interpreters a key to understanding the anthropological distortions introduced by the Fall: biological mortality, instinctual irrationality, crude materiality, and the "corporalization" of psychic functions.[17] The powers of the soul that were originally ordered toward God through the nous become enslaved to passions and bodily impulses; human psychology is marked by inner conflict and suffering. Yet Stăniloae insists that the soul, even in this disordered state, remains the seat of the divine image and the principle of life for the body. Drawing again on Maximus, he recalls that the mind is "equally present everywhere" in the body, active where no disease has penetrated and powerless where corruption has hardened the organism.[18] From this follows a crucial therapeutic consequence: deification and the full manifestation of the divine image are possible only when the soul can freely operate through the body, exercising its virtues in and through the psychosomatic unity. The physician is therefore responsible not only for repairing organs but for creating bodily and psychic conditions in which the soul can function according to its

[17] Gregory of Nyssa 1982, 301–304; Nellas 2009, 79–85
[18] Maximus the Confessor 1983, 147–149.

true nature.[19]

Stăniloae thus speaks of the human being as a "theomorphic whole," whose physical health is inseparable from their spiritual condition. Illness exposes not only biological fragility but also a disrupted relationship with God and with creation; conversely, healing points toward the restoration of that relationship. For this reason, he understands health not simply as the absence of disease, but as a state of communion with God, in which body, psyche, and spirit are integrated in love.[20] Holistic healing must therefore be at once therapeutic (therapeia) and salvific (soteria). From a bioethical standpoint, this multifactorial understanding of illness—somatic, psychological, and spiritual—implies that adequate care requires complementary therapeutic levels and justifies genuinely interdisciplinary teams that integrate medical, psychological, and spiritual expertise.

At the same time, Stăniloae does not oppose spiritual "causes" of illness to scientific explanations, nor does he use them to moralize suffering; rather, he presents them as an additional dimension that deepens, rather than replaces, biological and psychosocial accounts. Interpreted in this way, his approach resists any form of "spiritual bypassing" or blaming of patients and instead places the emphasis on a healing relationship in which clinicians and pastoral caregivers together accompany the patient toward greater integration and communion, without denying the legitimacy and necessity of empirical medical treatment. In secular clinical terms, this corresponds to multifactorial models of etiology that respect both biological and psychosocial dimensions but adds a spiritual layer that justifies genuinely interdisciplinary teams, including spiritual care.

5. Love, Personhood, and the Therapeutic Relationship

A distinctive feature of Stăniloae's vision is the centrality of love as both ontological principle

[19] Stăniloae 2012b, 446–448.

[20] Stăniloae, 1996, 260–261.

and therapeutic energy. Rooting personhood in Trinitarian theology, he depicts the human person as a dialogical being, called to reciprocal communion with God and with others.[21] Here "love" does not primarily denote a fluctuating emotion, but an agapic, Trinitarian self-gift that seeks the other's true good before God. The person is an apophatic mystery that cannot be exhausted by any psychological or biological description; it is known fully only in the light of such love.[22]

In this light, the therapeutic relationship becomes an arena of transformation. Drawing on his Trinitarian doctrine of love, Stăniloae argues that genuine love has the power to reshape both the lover and the beloved according to their true essence and vocation.[23] Love is intentional, outward-moving, and creative; it seeks reciprocity but remains open to refusal or failure. When applied to the clinical context, this means that a merely technical "action upon the patient" is insufficient. Instead, the doctor–patient encounter should reflect Trinitarian love: a cooperative, dialogical process in which empathy, trust, and solidarity allow the patient to participate actively in decisions and in their own healing.[24]

Consequently, Stăniloae criticizes paternalistic models of medicine that treat patients as objects and reduce the physician's role to the application of procedures.[25] His anthropology suggests that the interaction between physician and patient should be a collaboration grounded in mutual recognition of personal dignity and in shared responsibility. Even though medicine and theology have distinct competencies, the patient's active participation—freely responding to grace and to treatment—remains indispensable for true healing. In this sense, Stăniloae's account resonates with contemporary notions of relational autonomy and patient-centered care, yet it goes beyond them by orienting the relationship toward the ultimate telos of theosis rather than merely toward subjective well-being.

For clinical ethics, this implies that autonomy must be understood not merely as non-interference, but as participation in a relationship of truth-telling, trust, and shared discernment. Theologically grounded, agapic love calls for institutional structures that make

[21] Stăniloae, 1996, 214–215, 265–270.
[22] *Ibid*., 214–215.
[23] Stăniloae 2012a, 326–331.
[24] Stăniloae 1996, 260–261.
[25] Stăniloae 2012b, 446–448.

such relationships possible—time for genuine encounters, continuity of care, and interdisciplinary collaboration—rather than reducing clinicians to functionaries within an impersonal system. In this way, Stăniloae's Trinitarian vision both affirms and critiques secular models of care ethics: it affirms their emphasis on relationships and vulnerability, while insisting that the deepest horizon of the therapeutic relationship is communion with God, in which both patient and clinician are called to be transformed.

In secular terms, Stăniloae's emphasis on agapic love converges with care ethics and relational autonomy, while insisting that respect, trust, and shared decision-making are not only procedural duties but expressions of a deeper understanding of the person.

6. Synergy of Physician and Priest in Holistic Healing

From this anthropological and relational basis, Stăniloae develops his well-known model of collaboration between physician and priest. Both ministries, he says, rest on the awareness of a "human mission toward fellow humans,"[26] and both Christianity and medicine are founded on compassion for the suffering person. The priest is therefore an "essential collaborator"[27] of the physician in the healing of the sick, not as a competitor, but as a co-worker on a different level.

The physician, using the "means of nature provided by the Creator," addresses the bodily and psychological dimensions of illness; the priest, with the "supernatural gifts of grace,"[28] treats the wounds of the soul. Through the sacraments, prayer, and pastoral accompaniment, the priest mobilizes the deepest energies of the patient's soul, awakening faith, hope, and love, which in turn can have concrete therapeutic effects. Stăniloae frequently refers to the Eucharist as the "medicine of immortality,"[29] which permeates both body and soul and anchors all medical efforts in the eschatological horizon.

Holistic healing thus requires an interdisciplinary team in which physician and priest

[26] *Ibid.,* 446–448.
[27] *Ibid*., 446–448.
[28] Stăniloae 2012a, 1.
[29] Stăniloae 2003, 55–56.

cooperate freely and without confusion of roles. From the standpoint of boundary ethics, this means that the priest does not replace or override medical decision-making, and the physician does not usurp spiritual authority; both must respect the patient's conscience and freedom, as well as each other's distinct competencies. Any attempt to co-opt medicine or religion for ideological control—whether in overtly totalitarian systems or through more subtle forms of politicization and economization—constitutes a betrayal of holistic healing, because it instrumentalizes the vulnerable person for ends other than their integral good.[30]

In this synergy, the physician is called to recognize the spiritual dimension of patients and to respect their vocation to deification, while the priest is called to respect the autonomy and expertise of medical professionals, referring the faithful to appropriate treatment and supporting them in integrating illness into a path of spiritual growth.[31] The Church thus acts as a "spiritual hospital,"[32] whose therapeutic tradition of prayer, asceticism, and sacramental life complements, rather than replaces, the work of medicine. In religiously plural and secular healthcare systems, the underlying model can be adapted through institutional chaplaincy and spiritual care services that respect the patient's own tradition or worldview, thereby preserving the basic intuition of Stăniloae's synergy—cooperation of medical and spiritual care—without imposing a particular confession or collapsing medical and religious authority.

7. Holistic Healing as a Trajectory Toward Deification

For Stăniloae, holistic healing cannot be separated from the ultimate goal of human existence: deification. Human beings remain eternally human and distinct persons; they are called to be "deified even in their body,"[33] advancing toward this state through free cooperation with grace in their earthly life. Deification represents the complete restoration of the image and the full realization of likeness, a participation in the uncreated energies of God without confusion of

[30] Stăniloae 2012b, 446–448.
[31] Russian Orthodox Church 2000, chap. 12.
[32] Hierotheos (Vlachos) 1994, 35–36, 5.
[33] Stăniloae 2003, 7.

essences.[34]

In this context, healing unfolds along a spiritual–therapeutic path that includes purification, illumination, and deification. Medical treatment of neurobiological imbalances and psychotherapeutic work on trauma and cognition here correspond to a necessary purification at the psychic and bodily level; it involves ascetic practice, sacramental life, and the "descent of the nous into the heart"[35] as integral in the subsequent illumination of the person. The final horizon is not simply adaptation or symptom reduction, but the transfiguration of the whole hypostatic person—body, psyche, and soul—in Christ.[36]

From a bioethical standpoint, it is important to distinguish here between the proximate ends of medicine and the ultimate goal of the human person. Medicine has its own proper goals—healing, relief of suffering, restoration or stabilization of function—which can be pursued in a responsible way even when neither clinicians nor patients explicitly share Stăniloae's theological convictions. Yet in his view, these proximate goods find their fullest meaning when they are integrated into the person's eschatological vocation, so that bodily and psychological healing become steps on a broader path of growth in freedom, virtue, and communion with God.

This eschatological horizon also shapes Stăniloae's bioethical judgments. Because human dignity is rooted in the person's vocation as a "microcosm" and "micro-theos,"[37] any medical intervention must be evaluated according to whether it respects the divine image and serves the person's path toward deification. Techniques that instrumentalize the embryo, reify the dying, or reduce the patient to manipulable biological material—such as selective embryo destruction or euthanasia—contradict this vision, because they deny the unity of therapy and sanctification. By contrast, palliative care that integrates physical, psychological, and spiritual support represents for Stăniloae a paradigmatic expression of holistic healing, accompanying the person in their "existential depth"[38] until the threshold of eternal life.

At the same time, Stăniloae's account need not exclude patients who do not share an

[34] Stăniloae 1996, 272–274.
[35] Hierotheos (Vlachos) 2017, 67–69; Hierotheos (Vlachos) 2021, 112–126, 202–203.
[36] Maximus the Confessor 1983, 69; Stăniloae 2003, 7–11.
[37] Stăniloae 1996, 232–237, 415.
[38] *Ibid*., 415.

explicit faith commitment. The values that flow from his theology—holistic attention to body and psyche, respect for inalienable dignity, the importance of trustworthy relationships, and the search for meaning in suffering—can also be articulated in secular or interreligious language and thus remain dialogically accessible in pluralistic healthcare contexts. For believers, however, these same values acquire a deeper horizon in the light of theosis, where the ultimate measure of any medical practice is its capacity to serve, rather than hinder, the person's journey toward transfiguring communion with God.

From a secular perspective, many of the values that emerge from this eschatological horizon—holism, respect for inherent dignity, resistance to purely utilitarian metrics at the end of life—can be articulated without invoking explicitly theological language.

8. Holistic Healing and Contemporary Bioethical Decisions

From Stăniloae's theology of holistic healing one can derive far-reaching implications for contemporary bioethics, because his work provides not only abstract principles, but a concrete criterion: medical interventions are ethical insofar as they respect the human being as a theomorphic whole and support his vocation to deification.[39] On this basis, this section derives explicit bioethical norms for decisions at the beginning and end of life, in reproductive medicine, in research, and in the use of emerging technologies. Holistic treatment, in this sense, is not simply a matter of including "spiritual care" in clinical protocols; it reorients fundamental bioethical questions by asking whether each decision restores, or obscures, the divine image in the whole person.

Stăniloae does not address contemporary practices such as IVF, pre-implantation genetic diagnosis, assisted suicide, or transhumanist projects in a systematic way; however, his framework can be extended to these questions as follows.

[39] Stăniloae, 1996. 232–237, 415.

8.1 Beginning of Life and Embryonic Integrity

Interpreting his anthropology, one may conclude that Stăniloae affirms the value of human life from conception, since the image of God is given to the whole human being, not only to a mature rational consciousness.[40] If body, soul, and spirit are created in a single divine act and ordered toward deification, then the embryo cannot be treated as "pre-personal biological material,"[41] but must be treated as a person in the making—a "micro-theos" whose destiny is eternal communion with God. From the perspective of holistic healing, interventions at the beginning of life must therefore be assessed not only in terms of genetic normality or parental autonomy, but also in terms of their impact on the integrity of this emerging person; for example, in decisions about selective embryo reduction or the disposition of surplus embryos in IVF.

On this reading, abortion appears as a grave injustice, because it destroys a unique life willed by God and interrupts the embryo's trajectory toward deification. The logic of holistic treatment here challenges any utilitarian calculus that would weigh the value of the unborn against projected benefits for others. Likewise, assisted reproductive technologies that create "surplus" embryos, select among them, or discard them as defective, stand in tension with this holistic anthropology. A medicine inspired by Stăniloae's vision will seek to address infertility in ways that honor both the suffering of the couple and the full personal dignity of every conceived life—for instance, by exploring approaches that avoid embryo destruction and by privileging compassionate accompaniment over purely technical control.

8.2 Reproductive Technologies and the Temptation of Manipulation

Read through this lens, holistic healing also sharpens the ethical evaluation of reproductive technologies by exposing the risk of instrumentalization. When the child is tacitly construed as the product of a successful technique rather than as a gift, the parental and medical attitudes

[40] *Ibid*., 415.
[41] *Ibid.*, 232–237.

subtly shift from welcoming a person to manufacturing a desired outcome. Stăniloae's insistence that the human being must never be reduced to an object of technical manipulation can thus function as a critical lens for practices such as pre-implantation genetic diagnosis, embryo selection, or the freezing and later disposal of embryos. A typical scenario would be the decision whether to transfer or discard an embryo with a high-risk genetic finding: within this framework, such a choice raises not only questions of risk management, but the deeper issue of whether the embryo is being treated as a bearer of the divine image or as a defective product.

Within this interpreted framework, the question is not simply whether a procedure is safe or effective, but whether it fosters or undermines the personalist, sacramental character of procreation. Holistic treatment would, for example, encourage counselling that helps couples interpret infertility in the light of divine love, opening paths of spiritual growth, adoption, or other forms of generativity, rather than reinforcing the idea that every frustration must be solved by technological intervention.[42] In this way, Stăniloae's perspective can inform contemporary debates about reproductive justice, genetic "enhancement," and the commercialization of gametes and surrogacy.

8.3 End-of-Life Care, Euthanasia, and Palliative Medicine

Given his understanding of health as communion with God and illness as a complex disturbance of the person's relationship to God, self, and creation, it follows that end-of-life decisions cannot be reduced to calculations about functional capacity or quality-of-life scores. Human dignity, on this reading, does not depend on autonomy, productivity, or cognitive performance, but on the person's immutable vocation as a theomorphic being.[43] From this standpoint, practices that intentionally end life—such as active euthanasia or assisted suicide—appear incompatible with holistic healing, since they sever the very process in which suffering can be integrated into a path of spiritual maturation. A concrete example would be a competent patient with advanced cancer who requests physician-assisted suicide: in a Stăniloae-inspired

[42] *Ibid*., 260–261.
[43] *Ibid*., 415.

approach, the appropriate ethical response is not to provide a lethal prescription, but to intensify palliative, psychological, and spiritual care so that the patient can live this final phase in dignity and relational reconciliation.

Accordingly, Stăniloae's holistic model lends strong support to palliative care that attends simultaneously to physical pain, psychological distress, relational reconciliation, and spiritual preparation for death. The synergy of physician and priest becomes particularly crucial here: while medical teams manage symptoms and support decision-making, the priest helps patients interpret suffering in the light of the Cross and Resurrection, offers sacramental forgiveness, and situates dying within the hope of deification.[44] In practical bioethics, this suggests resisting both therapeutic obstinacy (futile prolongation of biological life) and the temptation to "solve" existential anguish through lethal acts. Holistic treatment seeks instead a humane middle path in which withdrawing or withholding disproportionate measures can be ethically legitimate, while deliberately intending death remains excluded.

In secular clinical practice, this aligns with palliative-care approaches that prioritize symptom control, communication, and support for patients and families over both aggressive overtreatment and hastened death.

8.4 Research Ethics, Consent, and the Person as Mystery

Stăniloae's apophatic understanding of the person as a mystery that cannot be fully known also affects biomedical research. If each human subject is more than the sum of measurable variables, then research ethics cannot be satisfied with formal compliance alone; it must cultivate a culture of respect that recognizes the depth of personal existence. Stăniloae explicitly warns against the atheism of medicine understood as the tendency to absolutize technique and to treat the human being as raw material for experimentation.[45]

From this perspective, informed consent appears not merely as a legal safeguard but as an expression of personal freedom and relational trust. Transparency about risks and aims,

[44] Stăniloae 2012b, 446–448; Stăniloae 2003, 55–56.
[45] Stăniloae 2012b, 446–448.

genuine voluntariness, and the avoidance of economic or political coercion are indispensable, especially when dealing with vulnerable populations. Holistic healing further requires that research protocols consider long-term psychosomatic and spiritual effects, not only immediate physiological outcomes. For example, in a clinical trial involving embryos or persons with advanced dementia, such a framework would ask not only whether risk–benefit ratios are acceptable, but whether the very design and language of the study honour the subject as a theomorphic whole rather than as a convenient sample. Studies in reproductive medicine or genetics must take into account how their methods and messaging shape societal views of disability, normality, and the value of dependent lives, lest they subtly promote a eugenic mentality incompatible with the equal dignity of all persons.

8.5 Technological Medicine, Transhumanism, and the Limits of Control

Stăniloae's critique of materialistic medicine can also be read as anticipating contemporary debates about technological medicine and transhumanism. He repeatedly cautions that medicine can postpone death but cannot conquer sin, can prolong life but cannot bestow meaning. When therapeutic goals are absorbed into broader projects of control—enhancing capacities without measure, editing genomes to eradicate perceived imperfections, or merging human beings with machines—the underlying anthropology shifts toward seeing the human as an indefinitely modifiable object.

Against this background, holistic healing functions as a counter-narrative: in a Stăniloae-inspired view, the goal of medicine is not indefinite optimization, but the restoration of the person's capacity for communion and love. His notion of the human as microcosm and micro-theos implies that technological interventions must respect the symbolic and sacramental role of the body, avoiding alterations that disrupt the integrity of personal identity or instrumentalize vulnerable groups.[46] In bioethical deliberation about neuro-enhancement, life-extension technologies, or radical prosthetics, this approach would therefore ask whether

[46] Stăniloae 1996, 232–237.

these innovations help the person grow in love, freedom from passions, and openness to God—or whether they encourage illusory self-sufficiency and new forms of inequality. A decision, for example, to implant a highly experimental neuro-device purely for performance enhancement rather than for therapy would raise questions about whether medicine is being transformed into a tool of domination rather than of healing.

8.6 A Holistic Bioethical Method

Taken together, these insights suggest a Stăniloae-inspired method for Orthodox bioethics. One begins from a theological anthropology of the person as an indivisible unity of body, psyche, and spirit, created in the image of God and called to deification. Secondly, in each concrete case one asks how a proposed intervention affects the person's capacity for communion—with God, with others, and with creation—and how it treats the most vulnerable, especially where functionality is diminished. Third, ethical discernment arises from a synergy of medical, psychological, and spiritual expertise, in which physicians, bioethicists, pastors, and patients themselves share responsibility and conscience.[47]

In this way, a Stăniloae-based idea of holistic healing does not simply add an extra "spiritual layer" to existing secular bioethics; it reconfigures the logic of bioethical reflection around the question of what truly serves the theomorphic person in all stages and conditions of life.

9. Conclusions

This article has argued that Dumitru Stăniloae's theology of holistic healing offers a coherent anthropological framework that can fruitfully inform contemporary bioethical reflection, particularly within Orthodox Christianity. By grounding medicine in the vision of the human being as an indivisible psychosomatic and spiritual unity created in the image of God, it has shown how notions such as the theomorphic whole, deification, and synergy can yield concrete

[47] Stăniloae 2012b, 446–448.

criteria for evaluating beginning-of-life interventions, reproductive technologies, end-of-life decisions, research practices, and technological medicine.

Within the emerging field of Orthodox bioethics, this contribution helps to broaden the canon beyond more frequently cited Greek and Russian authors and to articulate a distinctively Romanian voice in dialogue with global debates. It suggests that Stăniloae's work can serve as a bridge between patristic theological anthropology and contemporary concerns about reductionism, relational autonomy, palliative care, and the ethical limits of enhancement technologies. At the same time, several questions remain open. Further work is needed on how a Stăniloae-inspired bioethics can be operationalized in pluralistic healthcare systems, how conflicts between state law and Orthodox moral teaching should be navigated in practice, and how his framework relates in detail to principlism, care ethics, and biopsychosocial-spiritual models. Future research could combine theological analysis with empirical studies on chaplaincy, palliative care, and spiritual care outcomes, and undertake comparative work with other Christian and non-Christian traditions. In this way, Stăniloae's holistic vision may become not only an object of doctrinal study, but a living resource for interdisciplinary reflection on the ends and limits of medicine today.

Bibliography

Eklund, J. (2023). The theological anthropology of Dumitru Stăniloae: A contribution to the contemporary conversation. *International Journal of Orthodox Theology*, 14(1), 111–144.

Engelhardt, H. T., Jr. (2019). *After God: Morality and Bioethics in a Secular Age*. Yonkers, NY: St Vladimir's Seminary Press.

Engelhardt, H. T., Jr. (2019). *After God: Morality and Bioethics in a Secular Age* (esp. p. 285). Yonkers, NY: St Vladimir's Seminary Press.

Gregory of Nyssa. (1967). *Ascetical Works* (trans. V. W. Callahan, "Fathers of the Church,". lWashington D.C. Catholic University of America Press.

Gregory of Nyssa. (2008). On the Soul and the Resurrection; The Life of Macrina. In A. M. Silvas (Ed. & Trans.), Macrina the Younger, Philosopher of God (Medieval Women:

Texts and Contexts, 22, pp. 149–246). Turnhout: Brepols.

Gregory of Nyssa. (2023). On the Human Image of God (ed. and trans. John Behr). Oxford Early Christian Texts. Oxford: Oxford University Press.

Larchet, J.-C. (1997). *Thérapeutique des maladies spirituelles*. Paris: Cerf.

Maximus the Confessor. (1983). *Ambigua*. In PSB 80 (*Părinți și Scriitori Bisericești*), trans., intro., and notes by Dumitru Stăniloae. Bucharest: Editura Institutului Biblic și de Misiune al Bisericii Ortodoxe Române.

Maximus the Confessor. (1990). *Christological and spiritual writings and letters* (*Scrieri și epistole hristologice și duhovnicești*), part II, in PSB 81, trans., intro., and notes by Dumitru Stăniloae. Bucharest: Editura Institutului Biblic și de Misiune al Bisericii Ortodoxe Române.

Moșoiu, N. (2000). *The Mystery of God's Presence in Human Life: The Creative Vision of Father Professor Dumitru Stăniloae* (*Taina prezenței lui Dumnezeu în viața umană: viziunea creatoare a Părintelui Profesor Dumitru Stăniloae*). Pitești–Brașov: Editura Paralela 45.

P Nellas, P. 2009. *Deification in Christ: The Nature of the Human Person* (Crestwood, NY: St Vladimir's Seminary Press.

Nesteruk, A. V. (2015). *The Sense of the Universe: Philosophical Explication of Theological Commitment in Modern Cosmology*. Minneapolis, MN: Fortress Press.

Puchalski, C. (2004). Spirituality in health: The role of spirituality in critical care. *Critical Care Clinics*, 20(3), 487–504.

Russian Orthodox Church. (2000). *The Basis of the Social Concept of the Russian Orthodox Church* (Chapter XII: Problems of bioethics).

Stăniloae, D. (1995). *Orthodox Dogmatic Theology*, Vol. 1 (*Teologia Dogmatică Ortodoxă*, vol. 1). Bucharest: Editura Institutului Biblic și de Misiune al Bisericii Ortodoxe Române.

Stăniloae, D. (2003). *Orthodox Dogmatic Theology*, Vol. 3 (*Teologia Dogmatică Ortodoxă*, vol. 3). Bucharest: Editura Institutului Biblic și de Misiune al Bisericii Ortodoxe Române.

Stăniloae, D. 2005."Imna iubirii dumnezeiești", 2005), 1; originally published 1940.

Stăniloae, D. (2012a). Medicine and faith (*Medicină și credință*). In *Cultură și duhovnicie* (pp. 326–331). Bucharest: Editura Basilica. (Originally published in *Telegraful Român*, 86(41), 9 October 1938, pp. 1–2).

Stăniloae, D. (2012b). Priest and physician (*Preotul și medicul*). In *Cultură și duhovnicie* (pp. 446–448). Bucharest: Editura Basilica. (Originally published in *Telegraful Român*, 91(37), 12 September 1943, p. 1).

Stăniloae, D. (2012c). *Cultură și duhovnicie*. Bucharest: Editura Basilica.

Sulmasy, D. P. (2002). A biopsychosocial–spiritual model for the care of patients at the end of life. *Gerontologist*, 42(Spec. Issue 3), 24–33.

Vlachos, H. (Hierotheos). (1994). *Orthodox Psychotherapy: The Science of the Fathers* (trans. E. Williams). Levadia: Birth of the Theotokos Monastery.