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IS A PEDAGOGY OF HEALING POSSIBLE?

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As an event within the relation between patient and doctor, healing is, at first sight, what the patient expects from the doctor, but is not always what he obtains. There is thus a disjunction between the patient's hope, founded upon a presumption about the power that the doctor supposedly possesses by virtue of his knowledge, and the doctor's consciousness of the limits of his own efficacy. This is undoubtedly the principal reason why, of all the objects treated by medical thought, healing is the one that doctors have considered least often. But this reluctance is also due to the fact that the doctor perceives in healing an element of subjectivity, a reference to the beneficiary's evaluation of the process, while, from his objective point of view, healing is the goal of a treatment that can only be validated by a statistical survey of its results. Without making an ungenerous allusion to those laughable doctors who make their patients responsible for their own therapeutic failures, one can agree that the absence of cure will rarely induce a doctor to doubt the commitment of his patient to applying his prescriptions. Inversely, whoever wants to speak pertinently about an individual cure should be able to demonstrate whether or not healing, defined as the satisfaction of the patient's expectations, is really the direct result of a prescribed therapy, scrupulously applied. For, such a demonstration has never been more difficult to produce than it is today, given the use of the placebo method[1], observations about psychosomatic factors, the interest in the intersubjectivity of the doctor-patient relation, and the presumption by certain doctors that the power of their own presence has the power of a medication. We now know that, when it comes to remedies, the way of giving them is sometimes more important than what one gives.[2]

In brief, for the patient, a cure is something that the doctor owes him, while, still today, for most doctors, what he owes the patient is the best studied, tested, and widely used treatment currently available. Whence the difference between a doctor and a healer. A doctor who does not succeed in healing anyone can still be called a doctor, licensed by a diploma sanctioning a conventional set of knowledges to treat patients whose illnesses are explained, in the medical textbooks, in terms of their symptomatology, their etiology, their pathogenesis, and their therapy.

A healer can only be one in fact, because he is not judged on the basis of what he knows, but for his successes. The doctor and the healer thus have an inverse relation to healing. The doctor is publicly licensed to claim to cure, while it is the cure itself, experienced and avowed by the patient, even when it remains clandestine, that bears witness to the healer's "gift" in a man whose own presumed power, very often, has been revealed to him by the experience of others. To verify this point, there is no need to go observe the "savages." In France itself, forms of wild medicine have always prospered on the doorstep of the Medical School.

It is therefore not surprising that the doctors who first addressed healing as a problem and subject of interest are, for the most part, psychoanalysts or men for whom psychoanalysis exists as a occasion for questioning their own practice and its presuppositions, men such as Georg Groddeck who, in 1923, in his *The Book of the It*, is not afraid to reduce medicine to charlatanism,[3] or such as René Allendy in France.[4] If, according to the traditional medical optic, a cure was considered the effect of the treatment of causes, and functioned to sanction the validity of a diagnosis and the prescription that follows from it, and thus to manifest the worth of the doctor himself, according to the psychoanalytic optic, a cure becomes the sign of the patient's rediscovered capacity to surmount his own difficulties.[5] A cure was no longer ordered from the outside; it became a form of regained initiative, because the illness was no longer treated as an accident, but rather a failure of conduct, if not a conduct of failure.[6]

It is well known that, etymologically speaking, to heal is to protect, to defend, to arm in a quasi-military fashion, against an aggression or sedition. The image of the organism thus emerges as the image of a city threatened by an external or internal enemy. To heal is to guard, to harbor [*Guérir c'est garder, garer*]. This was the image well before certain concepts of contemporary physiology, like those of aggression, stress, or defense, entered into the domain of medicine and its ideologies. The tendency to reduce healing to an offensive-defensive riposte is so profound and originary that it has penetrated the very concept of illness, considered as a reaction of opposition to an effraction or a disorder. This is the reason why, in certain cases, the therapeutic intention was able provisionally to respect the very ill that the ill person expected would be targeted without delay. The justification for the apparent complicity between therapy and illness gave rise to certain writings, the best known of which is entitled *Treatise on Illnesses That It Is Dangerous to Cure*,[7] a turn of phrase that J.M. Charcot used for his own purposes, in 1857, in the conclusion of his thesis, *On Expectation in Medicine*. This thesis, which claims that the illness is a doctor in spite of itself, along with an extenuated Hippocratic tradition, latent beneath many mechanical or chemical disguises, from the 17th to the middle of the 19th century, contributed to the representation of the animal organism as an "economy." The animal economy is the set of rules that preside over the relation between the parts of a whole, in the image of the association between the members of a community, governed for its own good by the authority of a domestic or political leader. Organic integrity was a metaphor of social integration before becoming the

material for the inverse metaphor.[8] Whence the general tendency to conceive of a cure as the end to a disturbance and the return to a previously existing order, which is evidenced by all the terms with the prefix re- that serve to describe the healing process: restore, restitute, re-establish, reconstitute, recuperate, recover, etc. In this sense, a cure implies the reversibility of the phenomena whose succession constituted the illness; it is a variant of the principle of conservation or invariance that form the basis for classical mechanics and cosmology.[9] It is possible to see that, thus understood, a cure can easily be contested, except in certain patently benign cases, such as coryza or oxyurosis, because the restitution or restoration of the previously existing organic state can frequently turn out to be illusory if it depends on confirmation by functional tests instead of simply referring to the satisfaction of a man who had stopped saying that he feels ill.

Beginning with the last quarter of the 19th century, physiology began to replace the conception of the organism as a compensatory mechanism or a closed economy with a conception of an organism whose autoregulatory functions are intimately coupled with the functions of adaptation to a milieu. If, at first sight, homeostasis might seem comparable to the spontaneous work of conservation celebrated by classical medicine, it is nonetheless not the same thing, because, in the latter case, an opening onto the outside is considered to be constitutive of properly biological phenomena. Of course, prephysiological medicine did not disregard the organism's surroundings, the climate, and the seasons. Whence the theory of constitutions. But these surroundings had only to do with popular illnesses, epidemics, which acted like military campaigns. They took the weather into account, in the words of Syndenham, for whom illnesses followed "the particular weathers of the year, much like certain birds and plants." Knowledge about circumstances was not researched in order to discover the constitution of the disease, but in order to know the essence of the disease in question and what type of therapy should be used to stop it. It would thus be a mistake to seek in the old theory of epidemic constitutions an anticipation of the theory of milieus advanced by August Comte[10] and developed by the positivist doctors of the Société de Biologie, which was contemporary with the constitution of physiology as a science.[11]

The opening of the organism onto a milieu, even if it could never have been conceived as a simple relation of passive subjection, gradually came to be understood as something subordinate to the maintenance of constancy, expressing itself in relations where the expenditure and gain in energy are controlled by regulatory cycles. But the apparent equilibrium or stationary state of such an open system is in no way exclusive of its submission to the second principle of thermodynamics, to the general law of irreversibility and of non-return to a previously existing state. All the vicissitudes of an organism, therefore, whether it is healthy or sick, or considered cured, would thus be marked by the stigmata of degradation. Despite the persistence of the confused image of Apollo the Thaumatuge within the symbolic of therapy, no doctor cannot not know that a cure is never a return. Indeed, when Freud, in the most discussed part of his work, reactualized the concept of return, it was a return to death, to the inorganic state that preceded life.[12]

If thermodynamics is, with respect to its original object, the science of the steam engine, it is also, with respect to the type of society associated with the scientific institutions out of which it emerged, a science that is characteristic of the earliest industrial societies, primarily societies of urban populations, in which the demographic concentration and the workers' conditions of labor contributed greatly to the development of infectious diseases, and in which the hospital imposed itself as the place of generalized treatment of anonymous individuals. The discoveries made by Koch, Pasteur and their students of the phenomena of microbial or viral contagion and immunity, the invention of antiseptic techniques, serotherapy, and vaccination, put massively effective means at the disposal of public hygiene, which, until then, had been helpless. Paradoxically, it was the success of the first curative methods founded on microbiology that allowed the personal ideal of curing disease to progressively give way to the social ideal of disease prevention. At the limit, it was not absurd to hope that a population docile enough to preventative measures would achieve a state of collective health in which no individual would find himself in the situation of having to be treated and cured of any given disease. In fact, at the present time, within Western societies, there are almost no further cases of smallpox to cure, because the systematic application of anti-smallpox vaccinations has achieved the result of rendering itself obsolete. The image of the skilled and attentive doctor from whom singular patients expect a cure has little by little been effaced by the image of an agent who executes the orders of the state apparatus, assigned to watch over each citizen's right to health, as an extension of the duties that the collectivity declares that it must assume for the good of all.

The progress of public hygiene and the development of preventative medicine were supported by the spectacular success of chemotherapy founded, during the early years of the 20th century, upon the research of Paul Ehrlich on the artificial imitation of natural processes of immunity. This is perhaps the most revolutionary invention in the history of therapeutics. Antibiotics did not only provide a means of healing, they transformed the concept of cure, transforming the hope for life. The statistical calculation of therapeutic performances introduced an objective measure of reality into the subjective anticipation of being cured. But this measurement of the cure in terms of a statistically calculated duration of survival inscribes itself within an overall picture that also includes the appearance of new diseases (cardiopathies) and the more and more frequent occurrence of old diseases (cancers), affections whose rapid course is underscored by the elevation of the average lifespan. Therefore, the fulfillment of the two ambitions of traditional medicine, to cure illnesses and to prolong human life, had the indirect effect of saddling today's doctors confronted by disease with new forms of anxiety about the possibility or impossibility of a cure. Cancer took up where tuberculosis left off. If lengthening the individual human lifespan only confirms the fragility of the organism and the irreversibility of its decline, if the only effect of the history of medicine is to open human history to new diseases, then what is healing? A myth?

Although doctors are ordinarily critical of the popular notion of healing, it is not forbidden to attempt to legitimate it. Our language knows the word to heal, an active verb, and to heal, an intransitive verb, like to flower or to succeed. In popular terms, to heal is to regain a compromised or lost good, that is, health. Despite the social and political implications of this concept, due to the recent fact that health is often perceived as a duty with respect to socio-medical powers, health remains the organic state about which the individual considers himself a competent judge. Even if doctors have good reason to think that it is illusory to define health as life within the silence of the organs (René Leriche), recalling that this silence can mask a lesion that has already reached an irremediable state, it is still worth conserving the criteria of feeling well, that is, feeling well in the situations that one must confront.[13] Health is the a priori latent condition, lived in a propulsive sense, of all chosen or imposed activity. This a priori can be decomposed, a posteriori, by the science of the physiologist into a plurality of constants from which diseases represent a more radical departure than a norm determined by an average variation. However, by substituting the objective analysis of these conditions of possibility for the whole of a living subject's lived relation to his power to "face up to," one ends up substituting a constituted language for a mode of expression that has been refused the dignity of being considered a language. The doctor is not far from thinking that his science is a well-constructed language, while the patient expresses himself in jargon. But since the doctor began as a human being, at an age when he was unsure whether he would become God, a table, or a basin, he retains a few memories of the original block from which he was sculpted; and, in principle, he retains a few elements of the jargon that has been devalorized by his learned language. It can happen, therefore, that he consents to understand that the demands of his clients are no more than an attempt to lend a certain quality to the desire to live, or to rediscover something equivalent, without worrying whether the objective tests of a cure are positive or concordant. Inversely, a doctor will not understand a patient, at the end of a prescribed cure that has been executed and has eliminated an infection or a dysfunction, who refuses to call himself cured and does not behave as someone who feels better. In sum, from the standpoint of medical practice, fortified by its scientificity and technology, many patients remain satisfied with much less than they are owed, and certain other patients refuse to recognize what was done for them is all that they were due. It comes down, therefore, to the fact that health and healing pertain to another genre of discourse than the one whose vocabulary and syntax are transmitted in medical books and clinical lectures.

When, in 1865, Villemin presented what he thought was the solid proof that tuberculosis is contagious, much more was required for his contemporaries to see things his way, because many of them, such as Bricheteau, invoking the Draconian ordinances that had been in place since the 19th century in Spain and the Kingdom of the Two Sicilies, thought contagion was an idea that could only have been born in the Southern imagination.[14] Even as they struggled against it,

doctors had managed to integrate a popular reaction of fear and rejection into their conception of disease. Between human tuberculosis and bovine or avian tuberculosis, whose identity or difference remains a subject of debate, medicine established the active presence of a determinant that should, for lack of a better term, be called "psychological."[15] Tuberculosis was a cause of terror much as leprosy had been in the Middle Ages. To name the disease aggravated the symptoms.[16] For, this disease entailed social exclusion as much as organic consumption. For a long period, one became ill from being cured of such a disease, to the extent that the patient perceived all around himself the suspicion that he remained a carrier. Even confirmed by laboratory tests, a cure remained incomplete when the patient was reintegrated into existence, more because he continued to suffer from the anxiety caused by segregation than because of the reduction of his vital capacities. This form of cure, which could be called pathological, now rare in cases of tuberculosis, has become frequent in cases of cancer, because of a similar reaction of anxiety caused by the patient's idea of the idea that other people will have of this unpardonable disease. However, in addition to patients who simply do not assume their own cure, behaving like cured people who have resolved to confront, perhaps differently than before, the question of existence, there are patients who have found that their disease is good for them [*il y a des malades qui trouvent dans leur maladie un bien à leur mesure*] and refuse to be healed. In such cases, the patient's passive resistance to medical intervention functions as a kind of compensation for his diminished state, dominated by illness. In the therapeutic relation, the patient thus makes sure that he keeps the initiative.[17]

Unoriginal as it may be, this summary of the pathological configurations that make it impossible to envisage the cure in the traditional way as an end and a new beginning, forbids us to conceive the relation between doctor and patient as the relation between a technician and a deranged mechanism. Nonetheless, the education that doctors receive in the medical schools prepares them very poorly to admit that curing is not determined exclusively by interventions of a physical or physiological order. There is no illusion of professional subjectivity worse for the doctor than their confidence in the strictly objective foundation of their advice and their therapeutic gestures, their contempt, or the self-justifying forgetfulness of the active relation, be it positive or negative, which cannot not arise between the doctor and the patient. In the positivist age, this relation was considered to be an archaic residue of magic or fetishism. The reactualization of this relation is thus to the credit of psychoanalysis, and there have been too many studies of it to return to them here.[18] But it remains urgent to question whether the attention granted by a singular doctor to a singular patient can still make any claims upon our attention in a medical space increasingly occupied, in the so-called developed nations, by sanitary equipment and regulations, and the programmed multiplication of "curing machines."[19]

"Things had reached the point that my brain could no longer bear the worries and torment that were inflicted upon it. It said: 'I give up; but if anyone here cares about my preservation, let him relieve me of a tiny bit of my burden and we will make some more time.' At this moment, when the brain apparently has little left to lose, the lung presents itself. These debates between the brain and the lung, which took place unbeknownst to me, must have been frightful to witness." Or again: "I have the same relation to tuberculosis today as a child who is hanging onto his mother's skirt... I am continually seeking to explain the disease, since, after all, I did not come looking for it. I sometimes have the feeling that my brain and my lungs signed a pact with one another without my knowledge."[20] All patients, all tuberculars in particular, are not Kafkas. But who does not recognize in Kafka's words the truth of these distressing situations, of psychosocial origin, which are likely to generate the type of organic exhaustion favorable to the explosion of infectious disease? Indeed, these situations become even more recognizable in cases of illnesses that affect the neuroendocrinal system, from chronic fatigue to the gastrointestinal ulcer, and, more generally, the so-called adaptation disorders.

Because these distressing situations are often manifestations of blockage on the level of structures of society and communications, shouldn't the study of remedies for them be the concern of sociological disciplines? What would the society look like that has a health organization at its disposal that exploits the most sophisticated information about the distribution and correlation between factors that cause disease, in order one day to relieve the doctor of the often desperate task of helping individuals deal with the distress of their anxious struggle for an aleatory cure?

And why, finally, should we make any attempt to hide from people that it is normal to get sick from the moment one is alive, that it is normal to get better, with or without the cooperation of medicine, and that disease and healing are inscribed within the limits and powers of biological regulations? But biological normalities have no other guarantee than their factuality, unless they are given a metaphysical foundation, in which it is not forbidden to see no more than the consecration of this factuality itself. Life must become a given in order for it to become believable as a necessary possibility.

The organisms of living beings are capable of alterations in their structure or disturbances in their functions that, if they do not destroy the being, can compromise the execution of tasks that their specific heredity has imposed on them. But the specific task of the human being has revealed itself to be the invention and renewal of tasks whose exercise requires both apprenticeship and initiative within an environment modified by the results of this very exercise. The diseases of the human being are not only limitations of his physical power; they are dramas within his history. Human life is an existence, a being-there for a non-preordained becoming haunted by its own end. The human being is thus exposed to disease, not by some condemnation or destiny,

but by his simple presence in the world. In this sense, health is not an economic exigency supported by legislation; it is the spontaneous unity of the conditions for the exercise of life. This exercise, upon which all other exercises are founded, founds for them and like them implies the risk of failure, a risk from which no state of socially normalized life can protect the individual. Health insurance, invented and institutionalized by industrial societies, finds its justification in the project of procuring for man, now certain of being compensated for his eventual economic deficits, a confidence and audacity that allows him to accept tasks that always entail, to some degree, a risk to life. It has today become a matter of working to cure human beings of the fear of eventually having to be cured, without guarantee of success, of diseases whose risk is inherent in the enjoyment of health.[21]

On this point, it is rather surprising that Kurt Goldstein's theses, developed in *Aufbau des Organismus*, have received so little response outside of philosophical circles influenced by the work of Maurice Merleau-Ponty.[22] Perhaps it is because Goldstein himself presented his theses as an epistemology of biology rather than as a philosophy of therapeutics. Nonetheless, in the final pages of his work, the activity of the doctor is compared to that of the pedagogue.[23] Goldstein has formulated concepts of ordered behavior and catastrophic behavior based on observations relating to the conduct of men suffering from cerebral lesions. A healthy organism engages with the environing world in a way that enables him to realize all of his capacities. A pathological state is the reduction of the initial latitude of intervention within the environment. The anxious endeavor to avoid situations generative of catastrophic behavior, the tendency simply to conserve a reside of power is the expression of a life in the process of losing its "responsiveness." If one understands a cure to be the set of processes by which the organism tends to surmount the limitation of its capacities that comes with disease, then it must be admitted that to heal is to pay the price of the effort necessary to retard the process of degradation. "The patient frequently has the choice whether he wants to accept—according to the change caused by the disease—a limitation of the milieu and the resulting limitation of freedom, or less limitation and more suffering instead. If the patient bears more suffering, he will gain in possibilities of performing since therapeutic measures may be apt to reduce suffering but at the same time diminish the performances."[24] Under such conditions, what attitude should the doctor assume? Should he become an advisor or a guide? Goldstein thus articulates questions for which Balint's work received perhaps less deserved notoriety. The doctor who decides to guide the patient along the difficult path of a cure "will be able to do so, only if he is completely under the conviction that the physician-patient relationship is not a situation depending alone on the knowledge of the law of causality but that it is a coming to terms of two persons, in which the one wants to help the other gain a pattern that corresponds, as much as possible, to his nature. This emphasis on the personal relationship between physician and patient marks off, impressively, the contrast between the modern medical point of view and the mere natural-science mentality of the physicians at the turn of the century."[25]

Instead of being shocked, which is easy to do, one should try to understand. The indifference or hostility that the large majority of doctors show for the questions raised by certain contestatory movements within their profession, about their abandonment of their healing vocation in favor of regulated undertakings of tracking, treatment, and control, could be explained in the following manner. Nothing is more widespread today than proclamations in the name of anti-x. It was antipsychiatry that started the trend; and antimedicalization soon followed. Well before Ivan Illich's exhortation that individuals must take over the regulation of their own health, manage their own healing, and their own death, popularized versions of psychoanalysis and psychosomatics promoted the idea that it would be desirable to convert the patient into his own doctor. People thought that they were inventing something new, but they were merely reprising the millennial theme of healing oneself.[26] Since times are hard and prospects are grim, an increasing number of practitioners of non-scientific therapies—for whom science is the enemy—flatter themselves for having achieved what they reproach doctors for neglecting or lacking. Whence the appeal to disappointed patients: come tell us that you want to heal, and with your help we will do the rest. The arguments used are often so hollow, and so vainly peremptory that one could almost lament the progressive demise of the type of doctor who, as Goldstein complains, is stuck in habits of thought informed by physical science. It is possible to see why the conceptual triviality proper to the propagandists of self-cure prevent many doctors, already quite ill at ease in their role as often impotent therapists, from giving their support to an ideology that, despite its good intentions, has little interest in self-critique.

Antimedicine, like antipsychiatry, exploits the initial advantage gained from arguments of principle. Supposing the problem resolved, let us do like Brutus Caesar. Perhaps Brutus suffers from lingering pains in the region of the stomach that, for long periods, recur violently every day.[27] The medical counter-information has taught him about the symptoms of an ulcer, and about the effects of emotions upon hormonal secretions. He has heard about the epidemic of ulcers among the population of the city of London during the bombings of the last world war. Will Brutus first consult a psychotherapist about his marital difficulties with Portia, or will he run to the nearest radiologist? While he is deciding between the two, will he adopt a strict diet and take bismuth salt to calm his pains? As one can see, Brutus has become, unbeknownst to himself, a mirror that reflects the faces of many different doctors. Those who wish to be liberated of technocratic solutions find themselves caught in the net of a medicine that remains in search of its own best weave. Brutus thus tries to free himself by going to a healer.

Because doctors, who have enough trouble keeping their training up to date, tend to neglect to inquire patiently about the affective distress of their clients, less on principle perhaps than for lack of time, must one conclude that they are inferior to the first therapist to come along who ascribes everything to psychosomatics? Would the latter be better qualified to treat a case of obesity, if it was first brought on by eating habits related to affective compensation, but is now

determined by a thyroid or surrenal disorder? When it comes to therapeutic reductionism, is psychologism any better than physiologism?

Let us consider resolved the problem of the time necessary for long therapeutic interviews, the problem of the inevitable multiplication and the remuneration of doctors educated to listen to the loaded complaints of their clients. Must the education of future doctors in hospitals and universities now include teaching in "convivial" participation and thus tests and exams in aptitude for human contact? Or must one resolve the difficulty differently, by forming health care teams in which several highly motivated doctors and paramedical personnel seek to recreate the individual's relation to the body, to work, and to the collectivity? Are such solutions, which willingly align themselves with the Left, exempt from all ideological collusion with the Right? Human contact cannot be taught nor learned in the same way as the physiology of the neurovegetative system. To turn away from the medical profession all those people who are not gifted in "convivial" participation would amount to instituting new criteria of inegalitarian selection. Within a team of health workers, there are always people who are only responsible for being engineers, while others are content to be supervisors. Finally, is it certain that the systematic campaign to demedicalize health will not obtain results that are the opposite of what it intended? In promoting the best individual usage and the best collective conditions of health, in the image of a more equitable distribution of wealth, can one be sure that one is not instigating a pathological obsession with health? After all, it is a kind of disease to consider oneself permanently deprived, by the current state of medicine, of the health that one deserves.

It is one thing to obtain the health that one believes one deserves; it is another to deserve the health that one procures. In this last sense, the part that the doctor can play in healing would consist, once a treatment required by the organic state has been prescribed, in teaching the patient about his undelegatable responsibility in the conquest of a new state of equilibrium with the demands of the environment. The doctor's objective, like that of the educator, is to render his own function obsolete.

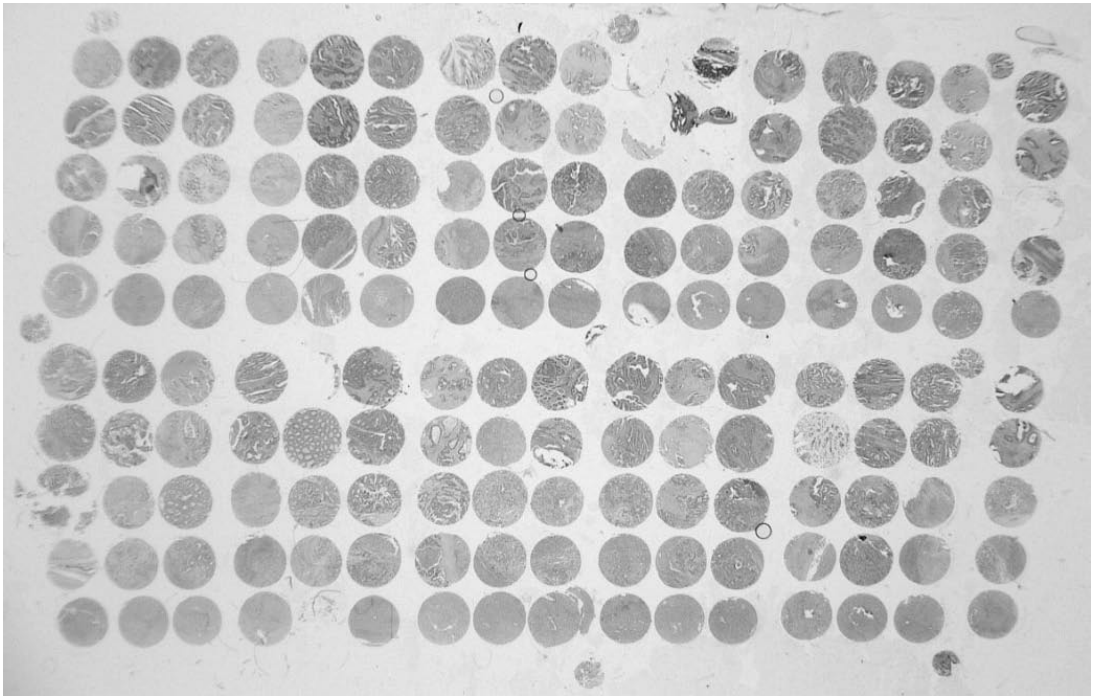
It does not seem indispensable to celebrate the virtues of an untamed medicine, making claims about the necessary critique of certain practices of the civilized medical profession. But the time has come for a Critique of Practical Medical Reason that would explicitly recognize, within the ordeal of healing, the necessity of collaboration between experimental knowledge and the propulsive non-knowledge of an a priori opposition to the law of degradation. For, health represents the always fragile success of this opposition. This is why, if a pedagogy of healing were possible, it would consist in the equivalent of what Freud called "reality testing." Such a pedagogy should exert itself to obtain the subject's recognition of the fact that no present or future technique or

institution will guarantee the integrity of his powers in relation to men and to things. The life of the individual is, from its origin, the reduction of the powers of life. Because health is not a constant of satisfaction, but the a priori power to master perilous situations, this power uses itself up in mastering successive perils. The health that comes after being cured is not the same health as before. The lucid consciousness of the fact that healing is not a return will help the patient in his search for the state of the least renunciation possible, even as it liberates him from his fixation upon his previous state.

One of the last writings of F. Scott Fitzgerald, *The Crack-Up*, begins with these words: "Of course all life is a process of breaking down..." The author adds a few lines: "The mark of a first rate intelligence is that it is capable of holding two contradictory ideas at the same time without losing the ability to function. One should, for example, be able to understand that things are hopeless and remain committed to changing them."[28]

To learn to heal is to learn to become familiar with the contradiction between today's hope and the failure that comes at the end. Without saying no to today's hope. Is this intelligence or simplicity?

Translated by Steven Miller



The essay translated here originally appeared as "Une pédagogie de la guérison est-elle possible?" in *Écrits sur la médecine* (Paris: Seuil, 2002), 69-100.

1. See François Dagognet, *La raison et les remèdes* (Paris: P.U.F., 1964), in particular, Chapter 1; Pierre Kissel and Daniel Barrucand, *Placebos et effet placebo en médecine* (Paris: Masson. 1964); Daniel Schwartz, Robert Flamant, and Joseph Lellouch, *L'Essai thérapeutique chez l'homme* (Paris: Flammarion, 1970).

2. Throughout this essay, I have chosen to translate *guérir* and *guérison* in various ways. In French, *guérir* covers the meanings of both to heal and to cure; so that, depending on the context, I have alternated between these options. When is concerns the transitive act or an ongoing process, I have translated *guérir* as to heal and *guérison* as healing. But when it names a completed process or the aim to complete the process, I have opted respectively for to cure or cure. Accordingly, where Canguilhem simply speaks of *le malade* and *la maladie*, I have regularly alternated, again depending on the context, between patient, sick person, illness, and disease. [Trans.]

3. "I tested and used all sorts of medical treatments in one way or another and I discovered that all roads lead to Rome, those of science no less than those of charlatanism…" Georg Groddeck, *Le livre du ça*, trans. Lily Jumel (Paris: Gallimard, 1973), 302. In his Preface to this work, Lawrence Durrell writes that "Groddeck was more of a healer and a sage than a doctor."

4. René Allendy, *Essai sur le guérison* (Paris: Denoël et Steele, 1934); and, already, *Orientation actuelle des idées médicales* (Paris: Au Sans Pareil, 1927). One could also cite, because of his collaboration with Allendy, René Laforgue, *Clinical Aspects of Psycho-analysis*, trans. Joan Hall (London: Hogarth, 1938), particularly Lecture 7: "Curing and the Completion of Treatment," which does not exclusively concern the psychoanalytic cure.

5. "It is not the doctor but the patient who reaches the end of the illness. The patient cures himself using his own power, just as he walks, eats, thinks, breathes, and sleeps under his own power." Groddeck, 304.

6. See Yvon Belaval, *Les Conduites d'échec* (Paris: Gallimard, 1953).

7. Dominique Raymond, *Traité des maladies qu'il est dangereux de guérir* (Avignon: E.B. Mirande, 1757). New expanded edition, with notes by M. Giraudy (Paris: Brunot-Labbe, 1808).

8. See Charles Lichtenthaler, "De l'origine sociale de certains concepts scientifiques et philosophiques grecs," in *La Médecine hippocratique* (Neuchâtel: La Baconnière, 1957); B. Balan, "Premières recherches sur l'origine et la formation du concept d'économie animale," in *Revue d'histoire des sciences* XXVIII (1975): 289-326.

9. G.W. Leibniz, theoretician of the conservation of force, inscribes into his system the Hippocratic theorem of the conservation of organic "forces," a point of agreement between rival doctors—Halle and Stahl, animists, and Hoffmann, a mechanist: "I am not astonished men are sometimes sick, but I am astonished they are sick so little and not always. This also ought to make us the more esteem the divine contrivance of the mechanisms of animals, whose Author has made machines so fragile and so subject to corruption and yet so capable of maintaining themselves: for it is Nature which cures us rather than medicine." *Theodicy*, trans. E.M. Huggard (London: Routledge & Kegan Paul, 1951), 130-131.

10. See Auguste Comte, *The Positive Philosophy of Auguste Comte*, trans. Harriet Martineau (New York: D. Appleton and Co., 1853), 356-376.

11. See Émile Gley, "La Société de biologie de 1849 à 1900 et l'évolution des sciences biologiques," in E*ssais d'histoire et de philosophie de la biologie* (Paris: Masson, 1900), 187; and also, the article on "mesology" in the *Littré and Robin Dictonnaire des sciences médicales*.

12. See Jean Laplanche, "Why the Death Drive?" in *Life and Death in Psychoanalysis*, trans. Jeffrey Mehlman (Baltimore: Johns Hopkins University Press, 1976), 103-124. The author shows to what extent and in what way Freud relied, not without confusion, upon the works of Hermann von Helmholtz on energetics.

13. For a discussion of the different concepts and evaluations of the cure, see Jacques Sarano, "Que sais-je?" in *La Guérison* (Paris: P.U.F., 1955).

14. On the history of tuberculosis, see Marius Piéry and Julien Roshem, *Histoire de la tuberculose* (Paris: Doin, 1931); Charles Coury, *La tuberculose au cours des âges* (Suresnes: Lepetit, 1972).

15. Jean-Bertrand Pontalis recognizes the ambiguity of the term psychology, which designates at once a discipline and its object, as if the representation of self were constitutive of the representing subject. *Entre le rêve et la douleur* (Paris: Gallimard, 1977), 135.

16. "Potain would never say that my lungs were affected; he employs the formulae usual in such a case, the bronchial tubes, bronchitis, &c....It is better to know exactly...So I am consumptive. And only since two or three years. In short, it is not sufficiently advanced to kill me, only it is very tiresome." Marie Bashkirtseff, *Journal of Marie Bashkirtseff*, trans. Mathilde Blind (London: Virago, 1890), 574-575. Note that it was in 1882 that Koch identified the tubercular bacilla.

17. I am not speaking here of cases when the patient's indulgence of his illness aims to delay his eventual return to professional activity after taking a hiatus.

18. See Jean-Paul Valabrega, *La Relation thérapeutique, malade et médecin* (Paris: Flammarion, 1962).

19. See Michel Foucault, Blandine Barrett Kriegel, Anne Thalamy, Francois Beguin and Bruno Fortier, *Les Machines à guérir (aux origines de l'hôpital moderne)* (Paris: Institut de l'environnement, 1976).

20. These two citations are taken from Klaus Wagenbach, *Kafka par lui-même* (Paris: Seuil, 1968), 137-38.

21. See the reflections of Professor P. Cornillot, "Quatre vérités sur la santé," in *Autrement* 9: *Francs-tireurs de la medicine* (1977). The author shows that the notion of absolute health contradicts the proper dynamic of all biological systems, and that, consequently, relative health is an unstable state of dynamic equilibrium. "Relative health remains an apparent state, which implies no guarantee in relation to the silent evolution of ulterior pathological processes that escape the vigilance of the natural mechanisms of struggle against aggression, infection, or deperonalization, in the biological or psychological meaning of the term" (234). Edouard Brissaud writes: "The most flourishing health does not presage the longest life. One could watch one's hygiene, avoid imprudences and vices that accelerate aging, but illness will occur in spite of everything. Didn't one of our teachers—a hypochondriac, it is true—define health as 'a precarious state that remains transitory and presages nothing good'?" *Histoire des expressions populaires relatives à l'anatomie, à la physiologie, et à la médecine* (Paris: Masson, 1892), 93-94. From this, one could conclude that Doctor Knock was older than Jules Romains.

22. First published in 1934, this work was translated into French under the title *La Structure de l'organisme* (Paris: Gallimard, 1951). It is regrettable that, to this day, it has not been reprinted since then. [For an English translation, see Kurt Goldstein, *The Organism* (Cambridge, Mass.: Zone Books, 1995). Subsequent references are to this edition.]

23. Ibid., 380.

24. Ibid., 341.

25. Ibid.

26. See Evelyne Aziza-Shuster, *Le Médecin de soi-même* (Paris: P.U.F., 1972).

27. A great oncologist from Toulouse, justly famous for his generous devotion and his indefatigable concern for the personal problems of his patients, taught that, when it comes to stomach ulcers, the diagnosis can be made on the telephone.

27. F. Scott Fitzgerald, *The Crack-Up*, ed. Edmund Wilson (New York: New Directions, 1994).