What Medicine Doesn't Know

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One winter's evening I had a memorable conversation with an aromatherapist. We were on a train, and she opened a wooden box to show me a row of glass vials containing colourful substances. Our ideologies could not have been more opposed. Aromatherapy made no sense to me. Being a young neurologist in training, I was an apostle of scientific medicine, and this woman got my goat. Foucault describes my feelings well. 'Alternative' therapies were 'monsters on the prowl', 'a whole teratology of knowledge' that it was my duty to destroy. In Georges Canguilhem's ironic words (as cited by Michel Foucault), I was anxious to remain within the true ('dans le vrai').

On Learning to Heal is two things at once, on the one hand a critique of the sort of medicine I was defending in that wintry train, and on the other a personal narrative of healing. I have read many first-hand descriptions of what doctors do to people, and at least as many exposés of medicine's limitations, but I have never seen the two perspectives so compellingly combined as in *On Learning to Heal*. Something about this book that particularly attracts me – if that's the right word – is the kind of illness the author describes. Cohen writes from experience of Crohn's disease, a chronic, incurable gastrointestinal condition. Many published illness narratives have been about cancer, or pain, or mental distress. For the general reader, descriptions of such conditions can be sublime, in the sense that they take readers towards horror and death in beautiful ways without exposing them to the sordid realities of disease. There is nothing at all sublime about Crohn's. What could be less uplifting than chronic diarrhoea? Without the temptation to romanticise suffering we come closer to illness as it is experienced in the real world.

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When Cohen is first diagnosed, in his teens, he accepts his doctors' version of what is 'within the true' and what is not. Who wouldn't? If your bowels became uncontrollable, you'd want to be told 'what is known' about your mysterious disease; you would ask what The Science had to say. When I first set foot in a medical school I, too, was a teenager, with the same unquestioning reliance on science as the young Cohen. Medical students are confident that real illness is a scientific reality. What they mean, however, is that they are only prepared to speak of the real in scientific terms. They surely know that feelings of illness have a reality of their own, whatever label a doctor might apply to them. The same is true of healing. When you report that you are feeling better, you are reporting something that you know about yourself and that a doctor is in no position to deny, even there are still some signs of disease. Healing slips through the fingers of orthodox medical knowledge, just as the experience of illness does.

Some way must be found to link what a patient knows inwardly with what doctors call knowledge. Cohen says that imagination is the key, because it is ´the matrix within which illnesses arise'. A person's experience must be imagined in order to be understandable either to others or to herself. We use metaphors, which are products of the imagination, to communicate our sense of illness to one another. Thus I might say 'I've come down with something' . I am imagining disease, but disease itself is a metaphor, being something that brings you down. The language of healing sends you up. We might say 'I've shaken it off'. Medicine will not allow such imaginings 'within the known'.

Cohen says that the medicine's problem is its narrow concept of knowledge. To make this argument he mainly draws on the reflexive philosophical tradition in which the personal experience is more valued than in the scientific philosophy in which I was educated. The self, and the imagination, were artefacts that got in the way of scientific objectivity. Bergson, Canguilhem, Latour, Lacan and Derrida are more respectful of experience and of imagination. So is Kant. For him, says Cohen, imagination is the bridge between perceptions and concepts. The experience of being healed, says Cohen, has to be imagined if the concept of healing is to make sense. Kant describes his 'schematism of the imagination' as

'an art, hidden in the depths of the human soul'. I can feel his meaning even if I can't give it decent philosophical clothes.

Medicine, according to Cohen, 'only became medicine in its modern sense by driving a wedge between our imaginations and its knowledge'. The reasons for this are historical. Cohen gives an entertaining account of the two commissions appointed by Louis XVI to investigate the therapeutic claims of the celebrated Austrian physician Franz Anton Mesmer, who treated diseases with various forms of magnetism. Mesmer's colourful public demonstrations would have greatly appealed to the woman on my train, just as they would have appalled my younger self. Cohen suggests that the controversy surrounding Mesmer's therapeutic claims was 'a watershed in the history of scientific medicine' because the royal commissions that investigated 'mesmerism' legislated, almost literally, for the way a scientific doctor should distinguish the real from the imaginary. Up to that time the concept of *imaginatio* had been medically respectable, enabling hypochondriasis to be thought of as a real disease. Modern doctors were expected to put such absurd notions behind them.

History, in *On Learning to Heal,* tends towards a binary 'before an after' version in which 'modern medicine' appears to be a monolithic fact that sprang into being two centuries ago. Many of us distrust modern medicine, which tempts us to hanker after 'traditional' medicine. Cohen is too sophisticated a writer to fall for such a simplistic story, but the history of medical knowing and not-knowing he gives us would be more convincing if it was more nuanced. Take imagination for example. The idea that there might be any reality in so-called imaginary illness did not get banished from medical thinking as abruptly or as completely as Cohen suggests. Nineteenth century doctors' writings on hysteria can seem baffling until one realises that a premodern, peculiarly concrete notion of imagination is at work in them. Hysteria could be thought of as both imaginary and physical. In nineteenth century London and Paris it produced dramatic bodily effects such as skin 'stigmata', and it could even be fatal. Later in the century the concept of suggestion was heralded as a more scientific concept than imagination, but it wasn't: hypnosis and other modes of suggestion depended on the imagination for their power. Imagination went on refusing to disappear from medical thinking for a few more decades. There were contemporaries of Freud for whom hysterical symptoms were in some way concrete realities, not unconscious

performances. Sandor Ferenzci wrote of 'materialisation'. He wanted to knit psychoanalytic concepts and physical realities together. So did his contemporary Georg Groddeck, quoted in *On Learning to Heal*; according to him, the sick person … 'heals himself [sic] by his own power, exactly as he walks by his own power, or eats, thinks, breathes and sleeps'. By the 1950s imaginary disease had been ushered into psychosomatic medicine. Thirty years after that, when I was training in neurology, the link between imagination and bodily symptoms was no longer of interest. For us, imaginary illnesses were not real; the word fake sometimes slipped out when the patient was out of earshot. Our crude dualism made it necessary to insist that treatments for non-existent ailments were equally unreal. We remained silent on the subject of placebo effects, even though we knew they were demonstrably real. We were almost as muddled about imagination, in practice, as our Victorian predecessors. Unconscious ambivalence would be a good explanation for my impatience with aromatherapy. Doctors tend to find the very word healing slightly embarrassing because of its associations with spiritual healers, aromatherapists and other such prowling monsters. When I told my son I was thinking of writing about healing, his only comment was a quizzical 'Oh dad!'.

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Cohen, in line with Foucault, relies mainly on philosophy and history as ways of understanding medicine's imaginary. Sociology, which does not feature much in *On Learning to Heal,* suggests further possibilities. The sociologist Nick Jewson sees medicine as a cosmology. Cosmologies, according to Jewson, 'prescribe the visible and the invisible, the imaginable and the unimaginable'. Curing a disease was imaginable in the cosmology in which I was educated, but the only healing we could visualise was a scar forming over a physical wound. Other concepts of healing were unimaginable either to our teachers or to the writers of textbooks.

In a medical cosmology, ways of knowing and ways of being are systemically related to the acquisition of money, prestige and moral credibility. If the sociologists are right, would today's doctors be expected to think, talk, act and know in the same way as those of eighteenth century Paris? Cohen sees continuity between the two eras. His case hangs

partly on the dominance of technology[1] . Cohen argues convincingly that a second enduring characteristic of modern medicine is its focus on the body's internal functioning rather than on the patient's external environment. Cohen traces this radical departure from Hippocratic medicine to the nineteenth century physiology initiated by Claude Bernard, again in Paris. Today's doctors devote themselves to re-establishing homeostatic equilibrium in Bernard's *milieu intérieur.* They pay no attention to the weather, the ambient humidity, or the stars. We should be grateful for their focus on what matters, but when it comes to healing the person's environment matters profoundly. Healing, or health, or recovery, or well-being – whatever you want to call it - never depends solely, or even primarily, on what happens to your insides.

The book's argument is persuasive, but it would be more so if it took more account of medicine's diversity. An important starting point is to recognise that the medicine described in *On Learning to Heal* is essentially hospital medicine. The watershed that Cohen traces to the late eighteenth century coincides with the time when medical power was becoming concentrated in hospitals, first in Paris and then elsewhere. Today's hospitals still loom large in the experience of ill-health, but there are other cosmologies. British general practice has a different economic basis from hospital medicine, with its own approach to medical work. In the GP cosmology there also seems to be a more relaxed attitude to what counts as knowledge. Gavin Francis, a GP, writes that 'doctors… make their decisions based on an ever-shifting formula of test data, impressions, experience, and guesswork'. What he says would be a commonplace among his colleagues, including community nurses and therapists, but it would not go down well in the university hospitals where I worked, because all of us was on constant guard against prowling monsters.

Hospital medicine is itself too diverse to be understood simply as 'modern medicine'. British readers need to be aware that *On Learning to Heal* is about American medicine. From a sociological point of view, the economy within which NHS hospital doctors work is significantly different from that of their American counterparts. Nor is hospital medicine as

[1] See Pickstone J V *Ways of Knowing: A New History of Science, Technology and Medicine* Manchester University Press, 2000

static as it appears to be in this book. It has changed substantially in the US, as elsewhere, since the early days of technological medicine. The cosmology into which I stepped as a medical student is not precisely the one I emerged from nearly fifty years later. This book regards ideas as active agents in the world, but if they are then they must surely have penetrated medicine's bastions. I myself could feel the practical effects of ideas about rights and responsibilities, from libertarianism; about patriarchy, from feminism; and about truth, from philosophy.

Today's doctors are likely to know, at some level, that truth isn't what it used to be. Whether or not they have read Foucault, or Kuhn, or Feyerabend, or Hacking, they are less confident of medical dogma than were their predecessors. They fear new prowling monsters now, and are less worried about some of the older ones. This is because, as Foucault says, things that seem monstrous to medicine 'alter with the history of knowledge'. The quacks that American and European doctors have been so assiduously batting down during the whole of medicine's modern history keep on reappearing, and some of them even end up working in hospitals. This is because it is not only the quantity of knowledge that has changed, but also what counts as knowledge. My railway companion's aromatic oils are not universally despised by orthodox doctors, and nor should they be; palliative medicine doctors and medical rehabilitation specialists such as myself recommend such things to patients without any epistemological qualms. Placebo treatments would have horrified Lavoisier, but today we see them being cheerfully dished out by clinical scientists. One of the therapists Cohen encounters in his quest for healing is a very well trained, if heterodox, medical specialist, which makes me wonder how isolated the cosmology of orthodox American medicine really is from California's bewildering therapeutic labyrinth.

The frontiers of 'le vrai' are changing shape, and they are also less opaque. When I was a student there was a wall separating the patient from medical knowledge. Now it is a chain-link fence through which at least some things can be seen. The internet is one obvious reason for this, but another is that social, political and legal pressures have compelled doctors to disclose more information. When we sought patients' consent for medical procedures in the 1970s we used much the same blithe euphemisms as had our eighteenth century predecessors ('just a little scratch'), but before long we were urging our victims to

read the small print, which spelled out risks in alarming detail. It is not a coincidence that this was also the era during which British hospital doctors lost some of their professional power. As a young doctor I had seen myself as an autonomous practitioner helping a patient as best I could, while drawing my pay check from the Welfare State's bottomless pit. By the end of my working life I had been forced to see myself, however grudgingly, as an employee, accountable to a manager, to an institution and to the public at large. This self-image would have been unthinkable – unimaginable – at the outset. Meanwhile, the doctors' monopoly of expertise was being eroded, with prescribing privileges and diagnostic skills passing from doctors to nurses, pharmacists and others.

These changes have dimmed the medical cosmology's sun, which the moral authority that doctors have claimed since ancient times. Doctors' waning power has made a certain kind of medical arrogance less feasible; it has fostered a degree of humility, affecting the way doctors work and talk, I suspect, and encouraging new relationships between doctors, their patients and expert knowledge. The same cultural and political trends have enabled at least some brave patients to question the aura of beneficence that made almost everyone abjectly grateful for whatever I did when I was a young doctor. An ethos originating in eighteenth century charity hospitals and perpetuated by Poor Law infirmaries has nearly gone. What will follow? An expertise and knowledge market, perhaps? If so, medicine's cosmology will one day one day look rather like the one through which sick people made their way before 'modern medicine' kicked in.

One aspect of medicine that is likely to change at a slower pace, and in less predictable ways, is its objectives. The modern patient's basic expectations are not so very different from those of other ill people at other times and in other cultures. In this book, medicine's narrowness of vision is ascribed to its ideas, and to a lesser extent to its institutional history, but could it not also be partly due to the nature of their work? A doctor scrutinises a body in a particular way, for particular purposes, and those purposes surely constrain the imagination. The same is true for a tennis player, or a police officer, or a plumber. It is strange how quickly sociologists and philosophers turn to thinking about medicine's intellectual history, and how uninterested they mostly are in medicine as a set of physical tasks, as a craft, as a praxis.

A doctor's diagnostic and therapeutic mentality is attuned to a restricted set of signs and is trained to disregard others. In my first week as a clinical student a young, a dashing cardiologist waved his stethoscope at us and made the shocking announcement that in the next few months we were to be calibrated. A calibrated instrument is one that has been adjusted to true zero (no epistemological quibbles here, please). When using a stethoscope, we will not hear the muffled gasp of a leaking mitral valve until we have learned to ignore the rumble of our own fingers, the creak of clothing, and the distant murmur of people talking on the ward. Such things are not signals, they are noise; they are our zero. Lavoisier was not wrong when he insisted that imaginary phenomena are to be disregarded – treated as nothing – in the chemistry laboratory, because the chemist's task is to investigate solids and liquids, not dreams[2]. Doctors have imaginations, but their practical roles do indeed 'prescribe the visible and the invisible, the imaginable and the unimaginable'. The problem addressed in this book is that many doctors misconstrue their task. Such doctors have been programmed, almost, to direct their efforts solely towards the body, and to regard the experience of illness and of healing as mere noise. They know what they have been calibrated to know.

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So much for ways of knowing. What of healing? Cohen never precisely specifies what he means by healing. There is no catalogue of facts or theories about the difference between his sick and his healing self. Cohen does however describe the notion - inconceivable to him when he was first diagnosed - 'that I might heal with Crohn's – if not *from* it - and that I might live a different relation to it *and to myself* than the one my doctors described' [author's italics). Healing, for Cohen, is a lived relationship, an experience that cannot be specified in the language of physiology. It occurs to me that healing, as a relational effect, is strikingly well represented by Mesmer's magnet. Cohen says it doesn't travel from the outside in: 'Whatever can be done to us depends on the potential to heal that lives within us'. This might encompass biological changes that enable the *milieu intérieur* to reach an equilibrium state but goes beyond any biological formulation.

[2] Chemists do have imaginations, though: it is said that the shape of the benzene ring came to Kerkulé, the great organic chemist, in a dream.

How does healing occur? Cohen does not want to be identified as a vitalist, but he does speak of an elusive quality affirmed by Bergson even though alien to scientific medicine. Hildebrand in the twelfth century calls it 'viriditas'; Victorian doctors, mimicking Galen, sometimes call it '*vis medicatrix naturae'*, by which they mean the body's innate tendency to grow, to stay alive and to heal. In the nineteenth century *vis medicatrix* was the therapeutic modality offering most hope to doctors and patients alike; now that we have a vast range of effective therapies it is never mentioned.

Having banished *vis medicatrix* as an archaic irrelevance, medicine has almost no language for the accommodations that the body and the mind (and with them, the family) make to chronic illness. Instead we have another cliché, the notion that medicine's astonishing technical advances will some day eliminate all disease, and with it all illness. I would call this the Miracle Myth. We probably owe the myth's modern version to antibiotics which arrived so spectacularly within the memories of many people's parents or grandparents. One problem with the Miracle Myth is that few of us suffer from the sorts of diseases that can be cured miraculously. Pneumococcal pneumonia succumbs to antibiotics, acute appendicitis to surgery, and certain cancers to chemotherapy, but most diseases in the US, as in the UK, are treatable rather than curable, and since their causes are typically multiple, a magic bullet cannot often be expected. Crohn's is in this complex category, and so are diabetes, osteoarthritis, ischaemic heart disease, asthma. The Miracle Myth has nothing to say about healing, leaving us with the vague assumption that technology will not only cure but also heal us. Healing and curing are, however, two different things. On the one hand you can heal without being cured, if to heal is to become 'whole', which is what the etymology of health and healing promises. And on the other hand, you can be cured without being healed: some people endure a backwash of suffering after their physical wounds have been attended to, or after successful chemotherapy. The fundamental distinction is between the kinds of things that scientific medicine can know and those that it cannot. A cure is within the known because it typically depends on a manipulation that can be specified scientifically. But medical technology has almost no control over healing, which comes about through the responses of bodies and persons to illness, disease, or both.

The only healing that scientific medicine recognises is biological repair, which is characteristic of all organisms and of most organs. Even the nastiest-looking osteoarthritic joint is continually trying, as it were, to adjust to its deformities. We used to be told that the central nervous system was an exception, but injured neurons are now known to reorganise themselves, and given certain exacting conditions they regrow. Cohen pays no attention to these physical processes, which enables him to echo Groddeck in his confidence that 'when we heal, we do the healing'. This is a mistake. The patient does not do the healing any more than he does the growing – or the dying; he is a participant in these processes, just as an arthritic knee is. The ambiguity, or mystery, of healing is more obvious in English than in some languages, because our verb 'heal' is intransitive. A doctor cannot heal your wounds – they either heal or they don't. This is just as true of injured skin as it is of an injured soul. On a ward round, when it came to removing the dressings from a pressure sore, we peered at the wound with bated breath, knowing that repair was happening at its own pace, not ours. And for that matter, when a troubled family meets me after we have done some psychotherapeutic work together, we are all of us witnesses to any healing that occurs, not its engineers. Cohen would be at least as hostile to a dualistic view of healing as I am myself.

Dualism is the easy way out. Illness and disease are at the root pf the difficulty. We have no clear way of distinguishing elements of illness that are less obviously physical from those that we can we know as disease. Some modern languages cannot make the distinction between illness and disease, and many English speakers are content to use the words interchangeably, and yet their meanings are profoundly different in some circumstances (ash trees can be diseased, but not ill). Since the concept of healing, like that of illness, extends across skin, injured brains and injured minds, it is very tempting to look along this spectrum for a point at which the word 'heal' becomes metaphorical. Scientific medicine would make the cut where the physical and the mental are supposed to separate. The nearest I can get to avoiding such blatant dualism is to say that illness is something *more* than disease, rather than being an alternative reality, and that healing is something *more* than biological repair. I know of no book that expresses this point of view with such a philosophical finesse and personal authenticity.