

DOCTORS and HEALERS



TOBIE NATHAN
ISABELLE STENGERS

Doctors and Healers

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Tobie Nathan
and Isabelle Stengers

Translated by Stephen Muecke

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First published in French as *Médecins et sorciers* © Éditions La Découverte, Paris, France, 2012

This English edition © Polity Press, 2018

Polity Press
65 Bridge Street
Cambridge CB2 1UR, UK

Polity Press
101 Station Landing
Suite 300
Medford, MA 02155, USA

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ISBN-13: 978-1-5095-2185-2

ISBN-13: 978-1-5095-2186-9 (pb)

A catalogue record for this book is available from the British Library.

Library of Congress Cataloging-in-Publication Data

Names: Nathan, Tobie, author. | Stengers, Isabelle, author.

Title: Doctors and healers / Tobie Nathan, Isabelle Stengers.

Other titles: Medecins et sorciers. English

Description: Medford, MA : Polity Press, [2018] | Originally published in

French as: Medecins et sorciers. | Includes bibliographical references and index.

Identifiers: LCCN 2017057449 (print) | LCCN 2018005531 (ebook) | ISBN 9781509521890 (Epub) | ISBN 9781509521852 (hardback) | ISBN 9781509521869 (paperback)

Subjects: LCSH: Medicine--Philosophy. | Quacks and quackery.

Classification: LCC R723 (ebook) | LCC R723 .N33713 2018 (print) | DDC 610.1--dc23

LC record available at <https://lcn.loc.gov/2017057449>

Typeset in 11 on 14 pt Sabon by
Servis Filmsetting Ltd, Stockport, Cheshire
Printed and bound in the UK by Clays Ltd, St Ives PLC

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Editor's Note

This is a translation from French of the revised 2012 edition which saw the addition of the final two chapters, 'Users: Lobbies or Political Creativity?' and 'Doctors, Healers, Therapists, the Sick, Patients, Subjects, Users ...'. These new chapters are based on a presentation to a symposium, 'User Responses to Psychotherapy', organized by the Centre Georges Devereux, Paris, 12–13 October 2006.

1

*Towards a Scientific
Psychopathology*

Tobie Nathan

I THE BENEFITS OF FOLK THERAPY

Today we continue our investigations with Zézé about the origin of the masks, but this time he appears not to understand.

‘The spirits of the bush must have existed at the very beginning of the world?’ I ask him.

Zézé looks at me as if puzzled by my stupidity.

‘No, no, of course not,’ he says, shrugging his shoulders. ‘We, the Zogui, did all that.’

He explains the meaning of this word, with which I had not been familiar. ‘Zogu’ literally means ‘man’, but in this particular sense ‘the great fetisher, the master of the spirits of the forest, the complete man’.

‘In the beginning of the world,’ he adds, ‘there was only water, the serpent and two medicines: Belimassai and Zazi.’ These two words in fact mean the same thing: lightning stone. But the first is used only by men and the second by women.

Pierre-Dominique Gaisseau, *The Sacred Forest: The Fetishist and Magic Rites of the Toma*, trans. Alan Ross, London: Weidenfeld and Nicolson, 1954, p. 99
(translation modified)

Scientific therapy and folk therapy

Psychotherapy that is called ‘scientific’ (obviously, I’m not talking about its truth value, only its method,

whether Freudian, anti-Freudian or neo-Freudian, fanatical Kleinian or crypto-Lacanian, whatever . . .) – this type of psychotherapy, I was saying, always contains a single premise that is clear and explicit: humans are alone! We are alone in the universe, therefore alone in the face of Science, and consequently also alone in the face of the state. It is by way of this unique formula that I am able to summarize the articles of faith of the ‘science’-based psychotherapies that I know. Since the second half of the nineteenth century, all the theoretical systems that have seen the light of day flow from this idea.

And I do mean all the theoretical systems, because once you take a close look, even from a logical point of view, there is only one class of psychotherapies since they all derive from the same basic premise:

1. Madness is a kind of ‘illness’.
2. Like all illnesses, it resides in the ‘subject’: in its psyche (psychoanalysis and its countless offshoots); in its biology (psychopharmacology); in the layers of its unique history (‘existentialism’); and in its educational repercussions (‘bioenergetics’, ‘gestalt therapy’, ‘transactional analysis’).

Now, let’s imagine an astute critic – let’s say a literary type, a humanist – no doubt interested in psychotherapy, but also in cultural differences, religions and their histories, in philosophy. Let’s put this person into dialogue with me. I am sure he or she will immediately say: ‘I have no idea what you are talking about. Are we not all alone, just as we are, alone in relation to ourselves, to our destiny, to our death . . . so what kind of solitude are you talking about? Explain yourself!’

Solitude

A woman faints! Think first about the solution that societies like ours offer, societies with one universe. We have to think that this woman is suffering a disorder that is part of the knowable world; let's call it hysteria for the sake of simplicity. By starting to think like this, we think of her imbued with sexual drives that she (she alone?¹) doesn't recognize. So, experts are called in – I'm not so naive that I think them particularly erudite, I simply define their function, mastering rational knowledge. So a scientist will unmask her unconscious strategies, lead her to become conscious of them and help her work out a more mature strategy for existence. Let us think for a moment. The gaze we bring to bear on this woman simplifies her character ('regressed', as they say). One can feel sorry for her ('she is in pain'); lecture her ('she is infantile'); help her out of Christian feeling (Christian . . . Christian? Do we need to be reminded that there are sick people who are a bit suspect, *pas très catholique*, as we say?); guide her, morally, out of 'humanity', out of duty in any case (God only knows what is set loose in sick people by these kinds of interests). Whatever the case, she remains alone – alone in the face of the 'scientist', therefore in the face of medicine, and of the state.

In order to handle one and the same fact, namely a woman fainting, societies with multiple universes never fail to propose a solution that consists of the postulate that she has been taken over by a spirit. On the basis of this fact, and quite logically, it becomes indispensable to call for the help of a 'connoisseur of spirits' – *master of the secret*,² *master of the knowledge*

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	One universe societies	Multiple universe societies
Cause	'Sickness' – hysteria	'Spirit attack'
Aetiology	→ Unconscious sexual drives	→ Intentionality of the supernatural being
Social Actor	Master of rational knowledge	Master of hidden knowledge
Treatment philosophy	<ul style="list-style-type: none"> • Unmask unconscious strategies; • Work towards awareness, towards a maturing of under-developed capacities 	<ul style="list-style-type: none"> • Identify the invisible being • Recognize his intentionality • Negotiate with him • Set up permanent 'shopfronts' to trade with his world
Representation of women	<ul style="list-style-type: none"> • Obsessed by sex • Infantile • Regressive 	<ul style="list-style-type: none"> • Unconscious informant of an invisible world that is good to know • 'Witch' • Chosen one • Interpreter
Therapist's attitude toward women	→ 'Humanitarian', cares for women <ul style="list-style-type: none"> • Feels sorry for her, lectures her, supports her, helps her... 	→ Doesn't care about the woman, but the spirit <ul style="list-style-type: none"> • He looks away, goes off to 'interrogate' the hidden...
Results of the treatment	→ Loss of reference group <ul style="list-style-type: none"> • Falling back on medicine and the clergy • Isolation 	<ul style="list-style-type: none"> • affiliation to a new groups • assignation to social sites

Figure 1.1 A woman faints

to be gained through initiation. If he officiates according to his art, this woman will necessarily become the unknowing informant of an invisible world, one that is worth knowing about. She is an ambiguous character,

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potentially having multiple personalities. We can scoff at her (strange kind of person, wouldn't you say?), fear her (she's also a kind of 'witch'), envy her (she has been chosen), and interrogate her (she is the interpreter of the hidden, a woman who straddles two worlds). As soon as disorder erupts, it is useful for the whole group; it helps them complicate the world and learn about what remains invisible to it.

The deliberate isolation of patients runs through the whole of psychological and psychopathological thought; it's even one of its implicit presuppositions. Consider another example for a moment: a child who does not speak, rocks continually and makes strange and incomprehensible noises. As you know, these children like playing with water and sand, don't sleep at night and have a curious preference for the company of mature men – perhaps even grandfathers – rather than that of their mothers and women in general. What would our scientist say? He or she will always come to the conclusion that the poor child is lacking, that he or she has stumbled on his way up through the stages that each child has to climb before raising themselves to the human level. He has stopped at 'symbiosis', they will think, or at 'primal orality', or more generally at pre-genitality . . . But the master of secret knowledge will always come to the conclusion that the child has a 'singular nature'. This child is silent with other humans, but the 'master of the secret' will claim that this child has silent interlocutors and a specific essence. Douala, one of my patients who came from the Cameroons, was said to be a 'hippopotamus child'.³ Consequently, he was deposited on an island in the middle of the river so that his fellow creatures could come to pick him up as one of

their own. Perhaps the hippopotamuses didn't want to deprive my patient's parents of such a pretty baby. The Douala family no doubt reasoned that the hippos took their own and gave back the human child . . . The fact remains that, once the child had been recovered from the river, he slowly overcame his mutism . . .

'You are being selective about the facts you use,' my well-informed critic will retort. 'No doubt you are led astray because of your biased view of African cultures. What's all this about multiple universe societies? Can't we imagine there must be something there which our science can patiently explore? Can't this thing, that we name a "hysterical" illness just for the sake of temporary convenience, be considered a possible avatar for all human development? Isn't it the same thing that certain scientifically underdeveloped peoples still interpret metaphorically as an attack by imaginary beings? We have successfully drawn up nosographic tables, given them shape and checked their consistency – so aren't we much better off? Isn't it better to think of the child you are speaking of as "autistic" and humbly accept the limits of our therapeutic powers? As far as I'm concerned, I think there is a kind of moral grandeur in recognizing the limits of our omnipotence.'

'You are so damn naive! Have you thought for a moment of the fact that a statement of that type – I agree, the most common in our profession – implies that you think there are irrational peoples in the world, with "pre-logical minds",⁴ awash in a maelstrom of emotions, incapable of conceptualization, following only their natural impulses? Every day, I deal with people from such cultures; I meet them regularly and I can assure you that reason is distributed in the same

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	One universe societies	Multiple universe societies
Cause:	Sickness	Specific nature of the child
Aetiology:	<i>relating to lack:</i> <ul style="list-style-type: none"> • Biological • Interactive (lack of mother-child interaction) • Libidinal fixation 	<i>relating to surplus:</i> <ul style="list-style-type: none"> • Ancestor child • Witch-child • ‘Hippopotamus child’
Social Actor:	Master of rational knowledge	Master of hidden knowledge
Intervention Philosophy	<ul style="list-style-type: none"> • Attempt to ‘repair the lack’ • Philosophy of affective re-education • Isolation of the sick child among so-called similar cases 	<ul style="list-style-type: none"> • Identify the nature of the child • Study the kind of language current in the special universe that his singularity reveals • Establish permanent ‘shop fronts’ to trade with this world

Figure 1.2 A child not speaking

way over there as it is here. I even feel a little stupid reminding you of this as it is so obvious! Honestly! We have no choice but to think that aetiologies – whether of “primitive” or scientific origin – are, as I’ve said, *all* rational. They can only be distinguished by the fact that each triggers a different action on the world. This is why I think that the so-called “scientific discoveries” of Professors Charcot and Freud, condemning witches, sibyls and pythonesses to the misery of hysteria, are

nothing but the official stamp on the death certificate marking the demise of multiple Universes – a statement of failure, in some ways . . .

Diagnostics or divination

In any case (has it not been said often enough?), from the very beginning of any therapeutic activity, the “master of the secret” invades the world. He doesn’t interrogate the “sick” person, just the objects related to the hidden universe. He asks the sand, shells, a palm-nut rosary⁵ and the Koran. Sometimes it’s enough for him to “see”, thanks to a “gift”.

‘Come on!’, my critic will no doubt interrupt me immediately. ‘You don’t actually believe in tarot cards and other such clairvoyant stuff?’

‘Not so fast. Why do you already want to cast aspersions? Wait! Let me elaborate on my idea . . . If one submits to the kind of investigation that you seem contemptuous of, then disorder is necessarily seen in a particular way. *It then becomes a sign* of an obligation to be interested in the richness of the world and the multiplicity of beings that inhabit it. In these worlds, disorder always ends up being a tangle in the lines of communication, a crossroad, just at the point where the universes are superimposed . . . Ah, my friend, you have to eliminate the words “belief” or “believe” from your vocabulary. Take my word for it, no one, anywhere, believes in anything! A divinatory apparatus is always *a creative act*. It institutes the interface among universes; it makes them palpable and then thinkable. So, will you carry on as you were, telling yourself that these systems are made out of naive thinking, founded

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on the “childish” credulity of ignorant peoples? For my part, I’d rather think of them as unleashing an extraordinarily complex machinery designed to create links, a consummate art for multiplying universes. Because such inquiries, basically directed towards what is hidden, displace any interest centred on the ill person (as always, prone to stigmatization). They displace him or her:

1. towards the “invisible”;
2. from the individual to the collective;
3. from the inevitable to the reparable.

But for that to happen we still need the existence of a hidden world, a secret world, known only to the *masters of the secret*.

On the other hand, the scientist, as you know, investigates symptoms, naturally via the intermediary of the patients themselves, because no illness can escape the one real world, that described by academic psychopathology. I have recently discovered that scientific research is never trying to discover worlds, just to extend its own. In our universe, if it occasionally happens that we think that some disorder is not known, we still deem it to be potentially knowable. Perhaps the scientist will discover it one day and give it his name – “Charcot’s Disease”, “the Bleuler Syndrome”.

It is for this reason that all cultural worlds with multiple universes have recourse to divination while all those with one universe use diagnostics.’

‘That’s an interesting suggestion; it gives me food for thought. Can you tell me more?’