

Putting the Ghost into Language

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Journal of French and Francophone Philosophy - Revue de la philosophie
française et de langue française, Vol XXVI, No 1 (2018) pp 38-63

Vol XXVI, No 1 (2018)
ISSN 1936-6280 (print)
ISSN 2155-1162 (online)
DOI 10.5195/jffp.2018.809
www.jffp.org

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Introduction

In this article I have two related aims. First, I will outline a stream or constellation of contemporary French medical humanism which defines itself in part through a critical relation to René Descartes. Elsewhere I have used the term “humanism” as “an umbrella term designating any and all philosophical positions and discourses that elevate the human as such to an orienting ethical/conceptual/historical principle.”¹ I will abide by this definition herein. By “medical humanism” I therefore mean a derivative orientation in philosophical thought that is centered on human health, healing, and norms of humane medical practice (where “human” and “humane” must be understood according to a scope of inclusion which, as I will explain below, is problematic and which varies in different historical epochs).

Second, I will argue that the specific stream of contemporary French medical humanism thus identified, to the extent that it defines itself by opposition to certain pernicious aspects of the Cartesian heritage, occludes and leaves unthought some of its deeper resonances with the latter that may be plausibly identified. Put simply, the stream of medical humanism that I will discuss is in at least one sense more Cartesian than its exemplars would seem to allow. Arguably this largely un-avowed Cartesianism is a reason why they repeat in their own way certain philosophical prejudices and court paradox when faced with the conceptual problems and clinical realities of both “marginal” human persons and human non-persons on the one hand (fetuses, very young children, the irremediably unconscious, advanced dementia patients, the severely intellectually disabled) and non-human persons on the other (highly plausible cases would include apes, elephants, corvids, cetaceans, pigs, and and other animals considered to be cognitively sophisticated on average human norms.). Having made the connection, I will show how the medical humanism under discussion indeed makes a

considerable advance on its classical Cartesian form – specifically, in its resistance to the mechanistic materialist and iatric implications which appear to follow from the latter. But it falls short in other important ways, and this invites us to consider whether it or any form of humanism – or rather, something like a medical *personism* – would be preferable.

To achieve these objectives, I will first provide some necessary context for the stream of medical humanism under discussion, showing its importance and outlining the problem to which it offers itself as a solution. Next, I will show why Descartes could be considered a foundational medical humanist as I've defined the term. Then, I will reconstruct the contemporary French humanistic criticism of Descartes and outline the drift into mechanistic materialism and medicalization which followed from his work, notwithstanding his stated humanism. Here I will take the work of psychoanalyst Roland Gori and respiratory specialist and psychoanalyst Marie-José Del Volgo as exemplary. Since Gori and Del Volgo identify medicalization as a primary problem stemming from the Cartesian revolution in philosophy, and since they define their work as a recovery of humane therapeutic as opposed to narrowly iatric practice, their work is an appropriate and important reference. But I will also show how the solution adopted by Gori and Del Volgo – one that is indelibly linked to the creative aspect of everyday human language use – is still deeply embedded in the Cartesian picture. Here I will draw a comparison with two other contemporary French thinkers with broadly similar interests and concerns – specifically, Élisabeth Roudinsec (who develops her medical humanism along lines very similar to those of Gori and Del Volgo) and Paul Ricoeur (who is more tangentially related, but whose arguably Cartesian approach is suggestive of further research to flesh out the constellation I am sketching here). This will permit me to give credence to the idea of a broader contemporary medical humanist stream or constellation influenced by Descartes, while retaining Gori and Del Volgo as key interlocutors. I will conclude by commenting upon the problematic nature of the Cartesian heritage, as evidenced by all four thinkers, and suggest the most general outlines of a way forward.

Context: Worries over Medicalization and the Status of Psychoanalysis as Medicine

The stream of contemporary French medical humanism under discussion is advanced a) as a means of conceiving resistance to medicalization and of recovering a truly therapeutic approach to healing; and b) polemically, and apparently in a secondary fashion, to defend the status of psychoanalysis and/or other psychotherapies as legitimate forms of medicine, in a context where universal healthcare is provided through a system of national health insurance. To this extent, the two main worries of the medical humanism under discussion are enormously consequential and widely discussed

problems for philosophy, public health, and public policy in middle and upper-income countries.²

Starting with the second point, contemporary French medical humanism's main figures tend to have some combination of training, clinical experience, and/or historical and philosophical interest in psychoanalysis. This is not accidental since, as I will suggest below, Freud's innovation was to buck a largely reductionist psychiatric approach to mental complaints and illnesses by underscoring the importance of the patient's speech (broadly construed) in the therapeutic context. But in France in particular, where the state oversees and regulates the treatment of mental illnesses, the status of psychoanalysis and other psychotherapies as medicine has been contested and politicized, sparking sharp polemical exchanges. Gori and Del Volgo³ and Roudinesco⁴ in particular have written at length to defend psychoanalysis from its detractors and in doing so have repeatedly used its apparently constitutive humanistic qualities as a selling-point.

Regarding the first and more substantial point, the claim made by Gori, Del Volgo and Roudinesco is that a) for instrumental and financial reasons, problems of everyday life are increasingly reclassified as medical problems ("medicalization"), and b) medical problems are classified as (ultimately) physiological problems ("iatic" as opposed to broadly "therapeutic" issues). This claim can benefit from a clarification of the terms "medicalization," "iatic," and "therapeutic."

"Medicalization"

There are precedents in French philosophy, notably Georges Canguilhem,⁵ for the concept of medicalization which was popularized in the mid-to-late 20th Century by countercultural Anglophone writers like Ivan Illich⁶ and Thomas Szasz.⁷ "Medicalization" denotes an ongoing modern cultural and economic shift in which a) descriptively normal aspects of the human condition are treated as pathologies requiring medical interventions, b) humanity and human health are reduced, at the conceptual level, to a set of technical medical problems and a source of capital accumulation, and c) new iatrogenic or medicine-caused illnesses and injuries appear and multiply.

First, medicalization entails that more or less descriptively normal aspects of the human condition – many of which involve suffering, but some of which arguably do not – should be treated as pathologies. This fuels a perceived need for increasingly sophisticated expert medical intervention. For example, Barbara Ehrenreich and Deirdre English detail the process by which statistically normal phenomena in biologically female persons like pregnancy, childbirth and postpartum recovery were historically recast as diseases by the burgeoning medical establishment in the Global North.⁸ Thus construed, biologically female bodies and their normal reproductive processes came increasingly under expert control and observation. Notably, this

medicalization of normatively female reproductive power was accompanied by a legal and medical campaign against the practice of midwifery, a woman-centric, woman-empowering practice which is now regaining traction after more than a century of persecution.⁹ To take a second example, witness the American Psychiatric Association's controversial inclusion of so-called "Oppositional-Defiant Disorder" or ODD – effectively, protracted childhood acting-out, attributable to no specific aetiology but correlated with risk factors like insecure parental attachment and an unstable home environment – in its Diagnostic and Statistical Manual of Mental Disorders.¹⁰ While it is understandable that insecure attachment and disadvantaging environmental factors may lead to individual suffering and interpersonal issues¹¹ it is less obvious that these should be classed as "psychiatric" rather than familial or societal problems. Hence, the phenomenon is arguably "medicalized." As the two examples suggest, different areas of medicine – obstetrics and psychiatry, respectively – have penetrated, though not without resistance, into the tribulations of the human condition, if not everyday human life.

Second, medicalization implies that humanity and human health are increasingly reduced, at the conceptual level, to a set of technical medical problems and a potential source of capital accumulation. In this connection, and lest the concept of medicalization be dismissed on account of its countercultural pedigree, it is worthwhile to emphasize its philosophical roots. The critique of medicalization as noted is traceable to Canguilhem but can also be brought under the umbrella of a wider critique of instrumental rationality or "technoscience" pioneered by Martin Heidegger on the right,¹² and the Frankfurt School on the left;¹³ in fact, both of these color Gori and Del Volgo's account. According to its most vigorous critics but also its most staunch defenders – think here of the Lyotard-Habermas debate for example¹⁴ – modernity is out of joint. More precisely, since the advent of historical modernity we approximate less and less the philosophically modern, Schillerian ideal of a well-balanced, faculty human subjectivity. In its place, the strictly instrumental or practical-pragmatic dimension of reason holds sway. But since the instrumental is only one aspect of human rationality, life under its hegemony becomes less and less human, and less and less humane. Robustly philosophical questions about the human good and about human flourishing are increasingly reduced to technical problems and market imperatives. Medicalization is one symptom of such a shift, but there are many others.¹⁵ What such symptoms have in common is that they index a shift away from human goods and flourishing to efficiency, technical development and optimal performance. Or at least, they indicate that human goods and flourishing have become means to these ends. In this connection, one of the arguments of Gori and Del Volgo's *La Santé totalitaire* is that good health and fitness are increasingly cast as civic and economic duties for modern individuals. Under such conditions, medicine participates with public health and health promotion in a positively totalitarian endeavor.

Third and finally, medicalization has meant the appearance of iatrogenic or medicine-based injuries and illnesses. These in turn create a perceived need for further medical interventions. The aforementioned medicalization of childbirth is a case in point, since in the process of a given low-risk childbirth, early intervention may lead to an invasive if not injurious cascade of further interventions.¹⁶ But many other examples could also serve here; consider the stigma, trauma and institutionalization which can follow from a medicalized approach to some of what are considered to be mental illnesses.¹⁷ Or finally, consider the current opioid crisis in North America, in which the tendency to over-prescribe and incorrectly prescribe for pain are apparently significant factors.¹⁸

“Iatric” vs. “Therapeutic”

It is important to underscore that the medicalization which concerns writers in the contemporary French medical humanism under discussion is a narrowly *iatric*, that is, medico-physiological approach to human health and healing. (I happen to believe that we are also in the midst of a distinct but similarly troubling “therapeutic medicalization” wherein a pseudo-scientific and quasi-magical concept of “wellness” is vying for hegemony over everyday life from a different angle – but this is a discussion for another time.)

Gori and Del Volgo describe the difference between the narrowly iatric and the genuinely therapeutic as follows: “La pratique iatrique s’applique au corps et relève de la médecine alors que la thérapeutique est beaucoup plus large, elle soigne l’âme comme les médecins soignent les corps et elle est vouée à une pratique du culte de l’être.”¹⁹ The iatric would be, on this understanding, a *case* or a *specialization* of the therapeutic which is narrowly centred on the anatomy, physiology, and descriptively normal functioning of the human body. The therapeutic itself is much broader and involves human illness and wellness in their various other dimensions. Crucial to the therapeutic is what, following Georges Canguilhem, Gori and Del Volgo variously call “la maladie du malade” that is radically distinct from the medical construction of the illness,²⁰ or “la souffrance dans la souffrance”²¹ or “la douleur du malade.”²² What they are evoking is pain and suffering in all its subjective complexity, as opposed to the malfunctioning of the human body. As they describe it, an illness exceeds the patient’s subjectivity – it outstrips it because it intimately undermines the patient *qua* speaking subject, it cannot be grasped or fully communicated – but the subjectivity of the patient in turn exceeds the medical situation as currently conceived and structured.²³ Hence, medicine is not just a matter of physical tinkering, but implies a subjective working-through (in Freud’s sense) in which the patient must struggle to put her suffering into language, in a situation in which she is at a remove from both herself (through the intrusion of the symptom into the psychic economy) and the medical practitioner (through the phenomenological and ethical encounter with the other that this implies).

Healing, for Gori and Del Volgo, ultimately involves wresting one's life away from a medically determined script or fate and reestablishing a relation of incertitude towards one's own future – but paradoxically, this struggle usually occurs intersubjectively, in collaboration with a professional or professionals who are most often strangers and therefore healing demands an unprecedented relation of ethical openness, solicitude, and trust.²⁴ Perhaps one of the greatest and most sophisticated contemporary French accounts of this subjective struggle in the medical situation is Jean-Luc Nancy's short memoir *L'Intrus*,²⁵ to which Gori and Del Volgo devote several pages. As Nancy's testimony suggests, the medical situation is eminently *ethical* – in its transcendental structure, if not always in practice – and Gori and Del Volgo never tire of hammering this point home.

Such an emphasis in Gori and Del Volgo on what exceeds the scope of how the medical situation is usually conceived and structured, coupled with invocations of ritual practices or approaches to being, might appear however on first blush to imply a form of magical healing that is suggestive of new age spiritualism, or idealism, or metaphysical dualism. But Gori and Del Volgo insist that this is not the case; in fact, they maintain that even ancient materialist physicians understood the holistic nature of healing and put the irreducibly subjective dimension that is implied by human suffering into their medical practice.²⁶ According to Gori and Del Volgo, however, the iatric has unfortunately colonized the entire field of healing in our age, and it is against this state of affairs that they repeatedly militate.²⁷

When Gori and Del Volgo and their contemporaries complain of “medicalization”, they therefore largely refer to the colonization of everyday life by an iatric, i.e. medico-physiological model of health and healing. The resistance to medicalization takes a variety of forms, from the overtly magical, to the paranoid, to the skeptical, to the more scientific. For their part, Gori and Del Volgo claim to offer a scientifically informed resistance that insists upon the dignity of humanity and on the specificity of human suffering. Their medical humanism largely accepts modern medical progress but resists the inhumanity and exploitative character of scientific medicine's instrumental logic. In an effort to protest the misinterpretation of their work as reactionary or anti-science, they even go so far as to claim themselves the heritors of Enlightenment philosophy.²⁸

Cartesian Medical Humanism

Having described the medicalization which worries contemporary French thinkers like Gori and Del Volgo, I will now add historical depth to my account of their humanist position. Recall that “medical humanism”, as I have defined it, denotes an orientation in philosophical thought that is centred on human health, healing and the derivative value of humane medical practice. Thus defined, a good case can be made that medical humanism

forms the cornerstone of Descartes's rhetorical defense of his revolutionary scientific enterprise, as presented in the *Discourse on Method*.

The rhetoric of the *Discourse* is markedly humanistic. For example, Descartes invokes "the law that obliges us to procure, as much as is in our power, the common good of all men."²⁹ But he makes the link to medicine explicit and decisive for his project when he claims that:

"...it is possible to arrive at knowledge that would be very useful in life and that, in place of that speculative philosophy taught in the schools, it is possible to find a practical philosophy ... [which would] render ourselves, as it were, masters and possessors of nature. This is desirable not only for the invention of an infinity of devices that would enable one to enjoy trouble-free the fruits of the earth and all the goods found there, but also principally for the maintenance of health, which unquestionably is the first good and the foundation of all the other goods of this life; for even the mind depends so greatly on the disposition of the organs of the body that, if it is possible to find some means to render men generally more wise and more adroit than they have been up until now, I believe that one should look for it in medicine. It is true that the medicine currently practiced contains few things whose usefulness is so noteworthy; but without intending to ridicule it, I am sure there is no one, not even among those who make a profession of it, who would not admit that everything known in medicine is practically nothing in comparison with what remains to be known, and that one could rid oneself of an infinity of maladies, as much of the body as of the mind, and even perhaps also the frailty of old age, if one had a sufficient knowledge of their causes and of all the remedies that nature has provided us. For, [I have] the intention of spending my entire life in the search for so indispensable a science, and [have] found a path that seems to me such that, by following it, one ought infallibly to find this science, unless one is prevented from doing so either by the brevity of life or by a lack of experiments . . ."³⁰

In this vein, Descartes closes the *Discourse* by resolving to spend the rest of his life "on nothing but trying to acquire some knowledge of nature which is such that one could draw from it rules for medicine that are more reliable than those we have at present."³¹

Descartes was writing in a dangerous time and had legitimate fears of persecution on account of his scientific work and writings. It is therefore crucial to read the *Discourse* both in terms of its methodological *and* its

propagandistic dimensions. Descartes is no doubt revolutionizing science and philosophy but he is also pleading the social utility of his research as a bulwark against censorship or worse. There is no obvious reason however to doubt the *Discourse's* importance as a work of medical humanism, even if the latter is serving a rhetorical function – at least if we take “Descartes” as the name of a systemic revolution in science and philosophy in which the *Discourse* plays a key part (other entries in the Cartesian corpus bolster the medical humanism interpretation; in *The Principles of Philosophy*, for example, Descartes claims that medicine is one of the principal branches of philosophy, along with mechanics and morals).³²

Note however that the problem of the scope of inclusion in the moral community, which I will argue is implicit in any humanism, is already expressed in the long passage quoted above. Descartes expresses not just his commitment to improving the health of humans as he finds them but also to improving humans themselves – to make them “generally more wise and more adroit than they have been up until now.” Thus while his humanism is readily apparent, one may question to what extent Descartes opens the door to an exclusionary and normative conception of humanity.

The First Cartesian Moment: Banishing Subjectivity and Intersubjectivity from Medicine

The problem, for later critics like Gori and Del Volgo, is that whatever may be said about the humanism of its rhetorical and public face in the *Discourse* – and indeed, whatever may be said about its author’s intentions – the Cartesian system *de facto* mechanizes the human body, largely and erroneously reduces mental illness and suffering to physiological malfunction, and thereby promotes, implicitly, an iatric as opposed to a genuinely therapeutic, humane and holistic, vision of medicine and healing. In this sense, Cartesianism amounts to a “humanism” that actually tends to promote an inhuman vision of human beings and an injurious model of medicine.

The claim then is that notwithstanding his stated humanism, Descartes played a significant if not foundational philosophical role in the colonization of the therapeutic by the iatric. It is well known that he systematized the longstanding conceptual division between soul and body, or between subject and object, which has proven so problematic if not untenable in matters medical, environmental and political. There is in fact a profound irony permeating his work, since he elevates one aspect of the human spirit, reason, to a special if not dignified status while casting the human body as a physiological machine, desacralized and subject to infinite analytical parsing, control and manipulation. From here, as Gori and Del Volgo argue, it’s a short step to the mechanistic materialism of Julien Offray de La Mettrie and later to Xavier Bichat, who would indeed look no further than the machine and,

perhaps even more tellingly, the cadaver, in order to define “Man”.³³ Defenders of holism in health will therefore readily recognize the danger in Descartes’s gesture: despite his protestations and promissory notes he *de facto* conceives of humanity’s essence (and implicitly its goods) as lying entirely outside of the scope of science, while at the same time explicitly pushing medical science ahead for expressly humanistic reasons. True humanity is thus invisible to the medicine that nominally serves it, at least to the extent that the medical arts can only strive for technoscientific mastery. But humanity thus rendered invisible, the risk is that medicine itself will become inhuman.

It is at this crucial part of their analysis that Gori and Del Volgo appear to cleave to the Foucauldian story about Descartes. According to this story, Descartes essentially reduces human subjectivity to a transcendental condition of truth, understood as correctness or adequacy. As Gori and Del Volgo tell it (following Foucault in his 1981-82 seminar), there is a modern “Cartesian moment” wherein truth is recast as the exactitude of representation and its verification; and since truth thus construed has no need of it, the knowing subject is banished from theoretical and applied knowledge.³⁴ In this way, Descartes (or, if we wish to be more consistently Foucauldian, the historical process which accretes around the proper name) casts the core of humanity as the vanishing point of the rational subject and places the thickness and complexity of the real psychological person into the orbit of mechanistic and thus iatric healing. But this renders all therapeutic, narrative tellings of the “suffering of the sufferer” reducible to a material account, corpuscular or otherwise, where of necessity, the quality of suffering disappears. Under such conditions, “la recherche du vrai prévaut sur le souci du bien.”³⁵ The Cartesian moment, significantly, also seems thereby to imply a perception of either the futility or the redundancy of non-iatric methods like psychoanalysis.

To see more precisely still how all of this happens, consider first the evidence provided by Descartes’s own work in physiology. The *Treatise of Man* is, effectively, a treatise on a machine – even though Descartes, famously, postulated the seemingly inexplicable interaction of *res extensa*, matter, with *res cogitans*, the rational soul, in conceiving of the human. For rhetorical and political reasons, Descartes claims in the opening of the *Treatise* that he will be describing not real humans therein, but rather hypothetical men created by God. The typical body of such men he conceptualizes as “a statue, an earthen machine.”³⁶ Note that in the later text *Description of the Body*, Descartes drops this pretense and describes real human beings in much the same terms.³⁷ But at no point does he seem to suggest that the mechanistic nature of the body implies the inexistence of the rational soul. He is in fact rather explicit about God’s role in “join[ing] a rational soul to this machine.”³⁸ The whittling down of the soul to bare reason, rather than its complete denial, is rather what is at issue. But since this gives almost the entirety of the human being over to

mechanism, this gesture is already revolutionary, and it is a decisive step towards an iatric approach even where large swaths of psychological medicine are concerned.

Specifically, it is remarkable that in both texts, it is always a question of rendering the soul surprisingly passive in the face of nature's mechanical forces, and of reducing as many of its purported powers as possible to mechanistic physiological explanation. As translator Thomas Steele Hall comments, "In certain ways, the heart of Descartes's endeavor, after he had split reality into material and mental components, was to ascribe as much as possible – ideas included – to the former, that is, to *res extensa* rather than *res cogitans*."³⁹ Exemplary here is the text's discussion of memory. As Descartes puts it, "the effect of memory that seems to me the most worthy of consideration ... consists in [the fact] that without there being any soul in this machine it can be naturally disposed to imitate all movements that real men (or many other, similar machines) will make when the soul is present."⁴⁰ It is true that throughout the text there are promissory notes to describe "the force of the soul of which I will speak later on."⁴¹ But as Hall comments, these constitute a rhetorical device "useful especially in emphasizing exactly what *res extensa* (the body) can do independently of *res cogitans* (the soul)."⁴² Descartes defends a version of the soul that more resembles a transcendental subjectivity than it does the human personality, virtually all of which can be ascribed in his picture to the intricacies of physiological functioning.

Descartes's physiological writings, then, already contain suggestions of an iatric drift. But consider, second, the mechanistic materialism which actually did later emerge as one proposed solution to the Cartesian interaction problem. The most extreme manifestation of the mechanistic materialist tendency emerges in Julien Offray de La Mettrie's *Machine Man*, which affirms the Cartesian approach to the body while rejecting the argument for any spiritual substance. In La Mettrie's writings, the vanishingly small rational soul of Cartesianism finally does vanish. What is more, mechanistic materialism lends itself to a purely iatric understanding of healing. La Mettrie puts it thusly:

The natural oscillation, a property of our machine, possessed by every fibre and, so to say, every fibrous element, is like that of a clock in that it cannot always function. It must be renewed as it is depleted, given strength when it languishes, weakened when it is oppressed by too much strength and vigour. *That is what constitutes the only true medicine.*⁴³

He polemicizes further that

...if we compare two doctors, the best and most trustworthy is always, in my opinion, the one who knows the most about the physics or the mechanics of the human

body and who, forgetting the soul and all the worries which this figment of the imagination causes in fools and ignoramuses, concentrates solely on pure naturalism.⁴⁴

La Mettrie also points out that the basis for such a reductive approach is explicit in Descartes's physiology: "To each different temperament there corresponds a different mind, character and habits. Even Galen knew this truth, which Descartes developed, going so far as to say that medicine alone could change minds and habits by changing the body."⁴⁵

It is clear then that La Mettrie's mechanistic materialism, which he derives in part from Descartes, is thoroughly iatric in its implications. But can we make a simple connection from the metaphor of the body as a clock, to the pernicious dehumanization that contemporary medical humanists like Gori and Del Volgo decry? While it is nowhere near decisive in establishing the style of something like an iatric bedside manner, the reader might find suggestive La Mettrie's short and brutal description of "that woman without genital organs" and the manner in which he examined her. Of this "indefinable animal," this "stupid" and "incomplete" woman, La Mettrie relates how "a tube put into the ureter could be touched through the anus, and a lancet pushed well into the place where the large opening always is in women found only fat and flesh with few vessels, which bled very little ... however much one stimulated the seat of her absent clitoris, she experienced no pleasant feeling."⁴⁶ Such passages lend plausibility to Gori and Del Volgo's strong claim that La Mettrie's radicalization of the materialist schema heralds an age of iatrogenic injuries and illnesses – pathologies caused by the application of medicine itself – and in the bargain represents a total departure from ethics and politics.⁴⁷ This departure prepares the ground for the consolidation of the iatric viewpoint – what Gori and Del Volgo argue is the great watershed of Xavier Bichat and the anatomo-clinical method in the 19th century⁴⁸ – and it echoes down into the present, particularly in reductivist accounts of human neuropsychology. Gori and Del Volgo claim for example that Jean-Pierre Changeux's *L'Homme neuronal*⁴⁹ is a "prolongation" of *Machine Man*.⁵⁰

The Second Cartesian Moment: Putting the Ghost into Language

We thus have an interpretation of the "Cartesian moment" as a kind of original sin in modern medical thinking – one which renders conceptually possible the medicalization that worries the contemporary French medical humanists under discussion. I find this compelling but believe that Gori and Del Volgo do not tell the whole story concerning Descartes. My criticism boils down to the claim that their medical humanism, while essentially correct as a critique of medicalization, is more deeply Cartesian than it apparently knows (and, to the extent that it knows it, then so much the worse). This is,

effectively, because it buys in to Descartes's knotting together of humanity, ethics and language. It is precisely this aspect of medical humanism which must be challenged in order to widen the scope of our moral community in at least two important ways.

But first, some necessary background. Descartes's methodological use of doubt in the *Meditations* is sufficiently corrosive, and his reconstruction of scientific knowledge sufficiently tenuous, as to leave serious doubts about sanity, the distinction between waking and dream states, and the basis of our knowledge of other minds. Leaving the first two problems aside, there is indeed evidence in his correspondence that Descartes was intrigued if not particularly troubled by the question of other minds. In a letter to the Marquis of Newcastle concerning nonhuman animals, he opines that "there are none of our external actions that could assure those who examine them that our body is not simply a machine that moves itself, but contains a soul that has thoughts, were it not for words and other signs made in reference to topics that present themselves without relation to any passion."⁵¹ Everyday language use is remarkable in that, as Noam Chomsky puts it, it is "unbounded in scope and stimulus-free."⁵² In this way Descartes draws a strict line between humans and other animate creatures by deducing that, since the latter have no language thus construed, they also have no thoughts. Nonhuman animals fall entirely under the principle of mechanism, their cries being elicited in every case by passions – these being, according to Cartesian physiology, mechanistically explained.

The Cartesian Gerauld de Cordemoy develops this line of thinking further in his *Discours physique de la parole*, making explicit the idea that "there can be no mechanistic explanation for the novelty, coherence and relevance of normal speech."⁵³ As Chomsky puts it over three hundred years later in *Cartesian Linguistics*, "It is only the ability to innovate, and to do so in a way which is appropriate to novel situations and which yields coherent discourse, that provides crucial evidence" for the possession of mind according to Descartes and Cordemoy⁵⁴ – not to mention Alan Turing, whose essentially Cartesian framework for resolving the problem of other minds lives on in the form of the "Turing test." And though post-Cartesian mechanists like La Mettrie stipulate that an extremely high level of complexity could account in principle for the creative aspect of everyday language use, Chomsky notes that this is a mere promissory note and "no serious attempt is made to show how this might be possible."⁵⁵

The problem with Descartes's argument about other minds is that he is making an *epistemological* point – that the only way of knowing if one is speaking to a rationally ensouled being is whether or not its speech performance is creative but context-appropriate – but he gives numerous indications of moving from there to an *ontological* pronouncement, i.e. that a being which does not speak in this way is not ensouled. The ontological claim does not follow; it is perfectly conceivable that a being may have a rational

soul even if we have no way of confirming that this is the case. But as noted, Descartes denies that nonhuman animals or “brutes” have souls on the grounds that they do not speak (on his view, in anything like a human language).⁵⁶ The ethical implications of this lumping together of thought and language as concerns our treatment of nonhuman animals are clear. Though Descartes and Cordemoy both leave room in their visions of the moral community for angels, the Cartesian framework is above all one which elevates humankind to the pinnacle of the natural world through its unique possession of intelligence as evidenced not only by reason but by the creative aspect of everyday language use. All else in nature is mechanism and, apart from any concerns we might have about desecrating God’s creation, there is no intrinsic reason why vivisection, meat eating or arbitrary animal cruelty would be wrong. More troubling for Descartes should be what today some would call human “marginal cases” – i.e. those human individuals who are insufficiently cognitively developed or who have sufficient intellectual impairment to preclude the very high Cartesian/Chomskyan bar of creative, meaningful, and context-appropriate language use. As far as adult humans go, Descartes simply waves the existence of such marginal cases away. In the *Discourse* he claims that “there are no men so dull and so stupid (excluding not even the insane), that they are incapable of arranging various words together and of composing from them a discourse by means of which they might make their thoughts understood”.⁵⁷ Descartes is admirable for otherwise evincing a wide-ranging egalitarianism in his views on human intelligence,⁵⁸ and it is certainly possible that he never encountered any adult humans who lacked linguistic capacity for reasons of intellectual impairment. But if we take his claim at face value (questioning however the problematically normative words “dull,” “stupid,” and “insane”), then it is demonstrably false.⁵⁹ Since the claim can be proven false, then according to Descartes’s own argument there are adult human beings without rational souls – which is to say, without souls at all. If he wished to maintain on the contrary, and in spite of such cases, that *all* humans are ensouled, then he would already have the resources to do so: he could posit the possession of a rational soul as a common human trait and ascribe the inability to speak or to understand language to a malfunctioning or insufficiently developed state of the physical mechanism. But this would be question-begging, since it would go against the grain of his argument about the existence of other minds – a move he is evidently not prepared to make for nonhuman animals.

I will discuss the ethical implications of such special pleading for humans further in the Conclusion. For now, it will suffice to show how the Cartesian language-centric vision of humanity seeps into the philosophy, social criticism and clinical practice of major French medical humanists. Due to their centrality in the discussion over resistance to medicalization, Gori and Del Volgo will of course be paradigmatic in what follows. But to dispel the impression that the difficulties with medical humanism are theirs alone, and to bolster the idea of a “Cartesian” medical humanist constellation in France,

I will also briefly detail how their contemporaries Roudinesco and Ricoeur run into the same problems for similar reasons.

Gori and Del Volgo

One may find several instances in which Gori and Del Volgo baldly equate humanity with language and the capacity to speak. For instance, they invoke “l’ordre de la parole qui constitue l’humain”;⁶⁰ “l’humus de la parole ... ce qui fait l’humain”;⁶¹ and “le champ de la parole et du langage, champ spécifique au sujet humain.”⁶² These claims have direct bearing on their understanding of psychoanalysis as the modern heir to the care of the self, i.e. to authentic therapeutic care.⁶³ In the French context, where as we noted the talking cure of psychoanalysis and its status as healthcare are highly contested and politicized, it is possible for Gori and Del Volgo to make such bold and borderline outrageous claims as to suggest that any attack on psychoanalysis – which is “humaine sans conditions” – is on par with, for example, Sarkozy’s xenophobia concerning the immigration issue.⁶⁴ But the linguistic cashing out of humanity also has implications for the connection between psychoanalysis and other forms of clinical practice. In a general way, Gori and Del Volgo claim that “Le médecin reconnaît que dans l’accomplissement du vivant, le vivant humain se spécifie par la parole, le médecin rejoint le psychanalyste en créant des lieux de soin qui permettent que par la parole adressée à l’Autre on ne souffre pas en vain.”⁶⁵ In the specific context of her work in a respiratory clinic, Del Volgo describes her intake sessions as follows:

C’est immédiatement, à partir du premier mot prononcé par le patient et amené par la simple question suivante: ‘Qu’est-ce qui vous amène?’ qu’il s’ensuit un travail d’élaboration de plainte. En adoptant cette position, nous créons une offre d’écoute que les patients saisissent, la demande se trouvant le plus souvent créée par l’offre. Notons également que la surprise ainsi créée permet un effet de rupture dans l’enchaînement des soins et des examens complémentaires, propice à une ouverture vers ‘l’inconnu’ ... En fait, il s’agit de laisser le patient choisir librement ses propos, en somme l’amener à dire ses pensées, lesquelles s’avèrent inconsciemment déterminées ... Le praticien laisse au patient la liberté de ses associations, il se doit, en effet, s’abstenir de toute intervention prescrite par une quelconque finalité à l’exception de celle consistant à mettre en œuvre la méthode psychanalytique.⁶⁶

What follows in Del Volgo’s text are vivid and suggestive descriptions of this method put into practice with individual patients – an enactment of medical

humanism not just as a trend in philosophical thought, but as a return to therapy at the heart of an iatric civilization.

Roudinesco

Élisabeth Roudinesco presents one of the more sustained and polemical versions of contemporary French medical humanism. She fits the basic criteria for inclusion in the constellation I am constructing. Like Gori and Del Volgo, she situates herself according to a critical departure from Descartes. Like them, she resists the reductionist tendency to treat the human soul as a thing;⁶⁷ she is considerably worried by medicalization, and envisions a noble role for psychoanalysis in genuine, therapeutic healing.⁶⁸ And just as Gori and Del Volgo do, she ultimately couches her political and ethical commitments to medicine in a vision of humanity that privileges language. Granted, Roudinesco's case is complicated somewhat by the fact that she more systematically engages with the salutary effects of the French antihumanist challenge of the latter half of the 20th Century – specifically, as Foucault held, how psychoanalysis, linguistics and ethnology “dissolved the notion of man ... without pretending to reconstitute man as an observable positive datum.”⁶⁹ As such, even while defending humankind in general, she hedges her humanism and pays homage to the idea that humankind's essence lies in difference (i.e. the kind of difference, common to forms of structuralism, that is constitutive of language). This in turn animates her historical study of perversion, which she argues is the uniquely human trait or capacity to thwart or defer human nature⁷⁰ and is a powerful source of resistance to medicalization.⁷¹ But since in the end, this very capacity for perversion presupposes what she views as the uniquely and universally human trait of symbolic language,⁷² Roudinesco's vision of humanity belongs to the second Cartesian moment.

Consider first Roudinesco's homage to Descartes, and how she distances herself from him to define her adherence to psychoanalysis. Here she cleaves closely to the reading of Jacques Lacan:⁷³ Descartes's inaugural gesture, what makes him a precursor to psychoanalysis, but also to more pernicious developments, is to have posited a bifurcated rather than a unitary *cogito*. Specifically, on Lacan and Roudinesco's reading the Cartesian subject contains both a rational, conscious part, and an irrational part. The latter “*est reléguée dans la domaine de la folie,*” and can rear its head whenever the passions hold sway.⁷⁴ Note in passing that a simpler and perhaps more elegant interpretation of Descartes was already offered above: the *cogito* is in fact rational thought *tout court*, and that greater part of the human mental life which lies beyond it – even madness – belongs to the explanatory order of the body. But if we grant Roudinesco's interpretation, Descartes prepares the ground for psychoanalysis in that he at least inaugurates the conceptual possibility of rendering madness intelligible by inserting it into a causal order.⁷⁵ Freud's conceptual revolution in turn, according to Roudinesco, was

to have effaced the Cartesian line between reason and madness, showing “que nous sommes à la fois rationnels et irrationnels et qu’il y a une continuité entre le corps et l’âme.”⁷⁶ From this perspective, psychoanalysis would be the science that explains both reason and madness according to the same causal order, but without presupposing a complete physiological reduction – and the unconscious would be the postulate that would permit this approach.

In the Lacanian “Return to Freud” which structures Roudinesco’s thought, the unconscious is treated as a language.⁷⁷ Note further that Roudinesco is fond of making categorical statements about human beings, to the effect that the linguistic, symbolic unconscious is what makes humans distinct from animals,⁷⁸ and further, that only humans can use language, and that all humans participate in a certain kind of symbolic experience since all humans can dream.⁷⁹ Such statements shed light on Roudinesco’s concept of suffering, and the role of speech in truly therapeutic healing. In a passage that could easily have come from Gori and Del Volgo, she claims in connection with the psychic suffering caused by new reproductive technologies that “...seul un sujet parlant est en mesure de témoigner de la tragédie de son existence. Et sans doute ce privilège de la pensée réflexive, reçu en héritage par la psychanalyse, est-il le seul que l’homme moderne puisse aujourd’hui revendiquer dans un monde désormais débordé par le vertige de sa propre puissance.”⁸⁰ Descartes evidently still animates this picture, even if his conception of the *cogito* has been considerably transformed.

It is in the attribution of the linguistic conception of the unconscious to humanity in general, however, that the philosophical tensions of maintaining a humanist position break out into the open. Notwithstanding the subtlety of her position with respect to Descartes, the unconscious, and language, the fault line for Roudinesco appears to be the inclusion problem that arises for any version of humanism. She admits that, empirically speaking, not all human beings have language – or thought, or the unconscious – in the sense that she evidently considers to be constitutive of the human.⁸¹ Nonetheless, she resolutely resists the implication that humanity admits of degrees, or that there is any possibility of extension of the boundaries of the moral community to include equal moral consideration for nonhuman animals. When challenged to address the possibility that there could be humans who are deprived of language yet nonetheless able to think, Roudinesco hedges and describes the conditions under which capacity for language *or* for thought itself may be lost. One may lose these abilities due to “des maladies, des malformations ou des anomalies cérébrales, neurologiques ou génétiques.”⁸² This is a striking formulation, since it suggests that in at least some cases, one can “lose” capacities that one never even had, i.e. due to congenital causes. Indeed, Roudinesco goes on to claim that human beings without thought or language are nothing like animals, since unlike them, animals never had such capacities.⁸³ But clearly, there are empirical cases of human beings who never had such capacities either. This does not lead us automatically to conclude, as

Roudinesco seems to fear, that there are no salient moral differences between severely intellectually impaired humans and nonhuman animals; it is a question of pointing out important, morally significant areas of overlap,⁸⁴ as opposed to saying either that the intellectually disabled are animals, or that nonhuman animals are humans. But Roudinesco's position here is an interesting echo of Descartes, who as we saw simply waved away the existence of tough empirical cases that would challenge his humanism.

To her credit, Roudinesco recognizes that we owe basic moral duties, such as a duty of humane usage and non-cruelty, to nonhuman animals.⁸⁵ But for Roudinesco these duties suggest specific norms of behavior that appear to be philosophically incoherent: zoophilic behavior is mistreatment, since a nonhuman animal cannot consent to sex with a human;⁸⁶ but eating animals, at least so long as they are not killed painfully or raised in factory farms, is apparently not mistreatment (even though the nonhuman animal cannot consent in this case either).⁸⁷ The incoherence is mitigated somewhat by Roudinesco's problematic appeal to what is "natural" for human beings (zoophilia no; eating meat yes). But paradoxically as we saw, she builds a case for perversion (the deliberate flouting of human nature) as a uniquely human characteristic, and a source of resistance to medicalization – precisely due to the human capacity for symbolic language – before suggesting (with questionable normative force, given her account) that animal rights and radical animal welfare philosophies are themselves perverted, and implying that their proponents are perverts.⁸⁸ Her contention is that animal rights and radical animal welfarism are perniciously perverted in that they actually *diminish* the moral standing of humans who lack reason in particular, as well as of humans in general – precisely, by lowering them to the level, or even beneath the level, of nonhuman animals.⁸⁹

Since Roudinesco is such a subtle reader of the history of philosophy and psychoanalysis, as well as such a keen commentator on cultural and social change in Europe, one is struck by the surprising crudity of her response to animal rights and radical animal welfarism philosophies. About the only things to commend are her condemnation of zoophilic behavior and her criticism of Peter Singer's ambivalence on this count. Otherwise she commits such basic philosophical errors as a naturalistic fallacy based upon a misunderstanding of human biology and evolution (we are "naturally carnivores" – which is false, since we are, provisionally speaking as with all evolutionary traits, omnivores – and for her this false claim somehow contributes to clarifying the morality of meat-eating).⁹⁰ Further, she begs the question by interpreting the opening of the moral community to nonhuman animals as an automatic diminishment of intellectually disabled humans. Moreover, she brazenly ignores the classic distinction between moral agents and moral patients that pervades animal rights/welfare literature.⁹¹ Finally, Roudinesco commits an *ad hominem* fallacy and plays fast and loose with her handling of the word "perversion" when she implies that those who challenge

her humanism are perverts, since any antihumanism or personism is, according to her definition, perverted (thus, on her view, quintessentially human – and yet, apparently, non-normative and therefore open to criticism). One is all the more disappointed on this score considering the great scholarly rigor of which she elsewhere demonstrates herself capable. Perhaps her reaction is best read as an exemplary demonstration of Western culture's powerful resistance to challenges to human hegemony.

Ricoeur

Since Gori, Del Volgo and Roudinesco travel in such similar intellectual and professional circles,⁹² I risk painting a narrow, sectarian picture of Cartesian-influenced contemporary French medical humanism. It is therefore worthwhile to sketch how a more tangentially related French philosopher displays similar Cartesian resonances, if not an identical itinerary, in his medical humanism – and thereby open the way for further research. Unlike Gori, Del Volgo, and Roudinesco, Ricoeur had no practical expertise in psychoanalysis – though he was both sympathetic and deeply familiar with its philosophical aspects and implications, having authored a substantial study on Freud.⁹³ The relation of Ricoeur's picture to medicine was likewise not usually drawn as directly as is the case of the other authors I have cited. But on the basis of his posthumously published thoughts on suffering and dying, Ricoeur may be quite plausibly included in the constellation of French medical humanism I am reconstructing. I will first briefly outline Ricoeur's humanism in general, and then explain the links to medicine and palliative care that he draws, before suggesting how his medical humanism shares in the assumptions of the second Cartesian moment.

Ricoeur considered himself a humanist, and in general pursued a humanism of normal intellectual capacity. He rooted solicitude and indeed, the ethical in general, in a kind of mutuality, a reciprocity that for him signals what he calls "recognition in the strong sense".⁹⁴ For Ricoeur, this mutuality is nothing less than our common humanity. He posits a definition of humanity in terms of its capacities, played against and illuminated by the inner fragility that accompanies each of these as its necessary obverse. What Ricoeur calls "the primary foundation of humanity, in the sense of the human as opposed to the nonhuman", is more specifically a set of capacities which includes "the capacity to say, the capacity to act, the capacity to recount" as well as the capacities of "imputability and promising."⁹⁵ The knotting together of humanity, language and ethics is here vividly on display. Ricoeur, moreover, explicitly references Descartes in drawing together these themes under the name of a "philosophical anthropology": "The human situation between being and nothingness, to speak like Descartes" (i.e. the Descartes of the Fourth Meditation), is one of self-reflexive mediation that occurs as action.⁹⁶ What is decisive here is of course not the name of Descartes, but rather the construal of humanity as tied up with human capacity and activity.

Ricoeur is then able to make the link to medical and palliative care through his discussion of the distinction between pain and properly human suffering (notably, when discussing the case of the psychiatrist – not the psychoanalyst – confronted with suffering).⁹⁷ Human capacity implies the capacity for failure; hence, human capacity connotes human fragility and finitude. Thus suffering, the specifically human way in which we confront our finitude, evokes the set of capacities that every human being (apparently) has. As such, it is distinct from mere pain and at the very limits of suffering, the dying person requires a humane, more than iatric kind of medical “accompaniment” – a witnessing and struggling-with the dying person that is characterized by comprehension and friendship in observing her movement of immanent transcendence.⁹⁸ For Ricoeur, there is obviously a properly ethical dimension to the capacity to accompany that this vision implies.⁹⁹

Thus, like Gori, Del Volgo, and Roudinesco, Ricoeur draws ethical implications from the capacity to speak (and in particular, to tell a narrative of suffering). And like his contemporaries, Ricoeur’s picture must therefore answer the dilemma of inclusion and exclusion that any humanism must face. As a vision of humane medical and palliative care, Ricoeur’s sketch has much to recommend it – assuming we remember that it apparently applies not to human beings in general, but to human persons of normal intellectual capacity.

Conclusion: Troubling Humanism

To summarize the argument thus far, there is a stream of medical humanism in contemporary French thought, the broad outlines of which can be traced back to Descartes. This Cartesian heritage is complicated however, since a) the exemplars of this humanism explicitly define themselves *against* the Cartesian moment, or rather more specifically against the pernicious medicalization which they argue the latter renders possible; but b) the substance of their resistance to medicalization is itself profoundly Cartesian, at least to the extent that like Descartes, they advance a definition of humanity as something that depends upon language (or more specifically, the creative aspect of ordinary human speech). At a minimum, this interpretation of the contemporary French scene should caution against simplistic and brutal summations of Descartes’s contributions to modern thought; to the extent that my own argument paints in similarly broad brush strokes, it also invites us to deepen our understanding of the present by revisiting Descartes as a complex foundational thinker. But while I have already sketched how the anti-medicalization literature analyzes the mechanistic and iatric aspects of the Cartesian heritage, it remains to be seen whether the other major Cartesian bequeathal – the definition of humanity couched in ordinary speech – may be similarly troubled. It is to this question that I turn in what follows.

In the first place, there should be no doubt about the potential of the creative linguistic definition of humanity to resist medicalization. The return to true therapy conceived and to some extent clinically practiced by Gori and Del Volgo and their contemporaries is, after all, a latter-day manifestation of the Freudian resistance to reductionist, Krapelian psychiatry. "L'instant de dire," however it is construed, broadly resists the pressure to save time, and its practice insists upon the individual narrative of suffering, including rather than pruning away that part of suffering which is intractable to technical reason. From the perspective of a resister to the hegemony of the economic genre, I can only applaud this general orientation. But I stop short in my endorsement of terms like "humane", "humanizing" and the like when describing this call for a therapeutic return. It is, in other words, possible and as I will argue necessary to affirm a return to true therapy while rejecting its humanist baggage.

French medical humanism that grounds itself in the second Cartesian moment faces the same basic dilemma as any humanism: specifically, the dilemma of whether to include or exclude so-called "marginal" human cases. While it is no surprise that humanisms tend to exclude nonhuman animals from the moral community, it is perhaps less obvious that they also raise a serious dilemma for the person who wishes to defend and include human beings with severe intellectual disabilities. Humanists typically evoke supposedly specifically human capacities such as reason, language, creativity and the achievements which flow therefrom as sources of inherent value and dignity. But as we have noted, there are empirical cases of human beings who do not possess these capacities, or who possess them in a highly divergent if not severely restricted form. So the humanist faces a dilemma. It could be, on the one hand, that her humanism is to be taken literally, in the sense that human beings really are included in the moral community by virtue of their capacities. In this case she would have to either beg the question by ascribing such capacities to human beings who don't seem to have them, or admit that at least some human beings technically don't seem to qualify as human (this was, precisely, the issue discussed above, in connection to Descartes and his difficulties with the problem of other minds). But suppose, on the other hand, that we don't take the humanist's emphasis on capacities literally. In that case, human beings lacking in capacity or possessing different capacities could be included as honorary members of the moral community if we stipulate that what really matters is one's belonging to the human species. The turn to species membership would solve the problem of ableism generated by couching humanity in capacity, but at the price of grounding moral standing in a philosophically arbitrary and seemingly morally irrelevant criterion.¹⁰⁰ Moreover, the philosophical implications of doing so would seem to include politically problematic and difficult-to-defend positions like a ban on early abortions or even, perhaps, on emergency contraceptive measures. In short, humanism is caught between an inclusiveness and an exclusiveness that are both problematic and it would perhaps be more fruitful to remove the

qualifier “human” from discussion of rights to healthcare and moral consideration.

Thus, in Gori and Del Volgo’s case, the creative linguistic definition of humanity and the insistence that language is the locus of both ethics and of suffering imply three *prima facie* absurd conclusions about certain classes of biologically human individuals, at least if we take them at their word: a) that marginal human persons, for example infants or people with Severe Intellectual Disabilities (SIDs), are not human, since they lack or display a severely limited or nonexistent range of the creative aspect of language use; b) that such individuals do not suffer, properly speaking, since their pain and distress cannot or can only in a limited way be put into narrative language; and c) that such individuals do not stand in an “ethical” relation to the medical practitioner, since ethics is couched in a narrowly linguistic understanding of the encounter with the other. As Eva Feder Kittay has elegantly shown in her book *Love’s Labor*, there is ample reason to reject all three conclusions and to extend the range of the human moral community to cases that have been traditionally classified as below the threshold of inclusion. But for reasons of philosophical parity concerning moral standing, broader inclusion would have to be conceived on the basis of a shared minimum degree of personhood or subjectivity - what Tom Regan called being “the experiencing subject of a life”¹⁰¹ - rather than the arbitrary criterion of shared species membership. This points to the other troubling aspect of contemporary medical humanism. Surely nonhuman animals are also ensnared in the logic of technical reason, and surely nonhuman animals suffer (in a looser sense of the word than they would apparently allow). Moreover, some of those animals are already integral parts of our communities, whether we recognize the full ethical import of this fact or not.¹⁰² But since according to Gori and Del Volgo and their contemporaries, the soul of suffering lies in narrative, and that of ethics in the creative linguistic encounter, nonhuman animals do not appear on their medical humanism’s radar (or like Roudinesco, they appear in order for her to rehearse a litany of fallacious arguments). It isn’t enough to make special allowances in our humanism for “marginal” human cases; stopping there would be philosophically indefensible and arbitrary. Paradoxically, we need a “humanism” - better yet, a “personism” - that would include such human cases *but also* extend beyond our species to other sentient animals. The Cartesian stream of contemporary French medical humanism offers no indications in this direction.

We must grant of course that Gori and Del Volgo, for example, are offering a perfectly plausible approach for *some* if not *most* human therapeutic cases. Moreover, none of what I have said implies that they would be personally unmoved by “marginal” human and nonhuman cases of illness, pain and suffering. A judgment of their character or their motivations is not at issue, but rather an attempt to draw out the philosophical implications of

their arguments and their rhetoric. This is nothing more than an instance of their own historical and critical method, turned back on them. What it reveals is that we have not stepped out from the shadow of a second Cartesian moment, one that locates the humanity of humans in the creative encounter of ordinary speech. Even though French medical humanists have correctly identified medicalization as a major problem of our time, the idea of humanity that is explicit in their criticisms cannot possibly be taken literally, since it implicitly excludes or lowers the moral status of certain classes of humans, and it does not seriously consider nonhuman persons. Therefore, if we wish not to dismiss their work as a rhetorical exercise, then we must radicalize their approach. Just as the point of contemporary French medical humanism is to recover the therapeutic from the dominance of the iatric, we must insist upon the recovery of the therapeutic from the dominance of humanism.

¹ Matthew R. McLennan, "Anthro-paralogy: Antihumanism in Lyotard's Late Works," in *Rereading Jean-François Lyotard: Essays on his Later Works*, eds. Heidi Bickis and Rob Shields (Farnham and Surrey: Ashgate Publishing Company), 58-70.

² To take but one example of its current pertinence, medicalization in its various aspects was the theme of the 29th European Conference on Philosophy of Medicine and Health Care in 2015, where some of the arguments herein were tested.

³ Roland Gori and Marie-José Del Volgo, *Les Exilés de l'intime: médecine et psychiatrie au service du nouvel ordre économique* (Paris: Denoël, 2008).

⁴ Élisabeth Roudinesco, *Pourquoi la psychanalyse?* (Paris: Éditions Fayard, 1999); *Le Patient, le thérapeute et l'état* (Paris: Éditions Fayard, 2004); *Pourquoi tant de haine? Anatomie du livre noir de la psychanalyse* (Paris: Navarin Éditeur, 2005); *Mais pourquoi tant de haine?* (Paris: Éditions du Seuil, 2010).

⁵ Georges Canguilhem, *The Normal and the Pathological*, trans. Carolyn R. Fawcett (New York: Zone Books, 1991).

⁶ Ivan Illich, *Limits to Medicine. Medical Nemesis: The Expropriation of Health* (London and New York: Marion Boyers, 2013).

⁷ Thomas Szasz, *The Medicalization of Everyday Life: Selected Essays* (Syracuse: Syracuse University Press, 2008).

⁸ Barbara Ehrenreich and Dierdre English, *For Her Own Good: Two Centuries of Experts' Advice to Women* (New York: Anchor Books, 2005).

⁹ Barbara Ehrenreich and Dierdre English, *Witches, Midwives, & Nurses: A History of Women Healers* (New York: The Feminist Press at CUNY, 2010).

- ¹⁰ http://images.pearsonclinical.com/images/assets/basc-3/basc3resources/DSM5_DiagnosticCriteria_OppositionalDefiantDisorder.pdf (Accessed August 17, 2017).
- ¹¹ Jonathan Wolff and Avner De-Shalit, *Disadvantage* (Oxford, UK: Oxford University Press, 2007).
- ¹² Martin Heidegger, *The Question Concerning Technology and Other Essays*, trans. William Lovitt (New York: Harper & Row Publishers, 1977).
- ¹³ Max Horkheimer, *Critique of Instrumental Reason*, trans. Matthew J. O'Connell and others (New York: The Seabury Press, 1974).
- ¹⁴ The “debate” in question is one in which Habermas made general arguments which are applicable to Lyotard, but left it to his proxies criticize him directly. Relevant texts for understanding how each thinker conceives of instrumental rationality are Jürgen Habermas, *The Philosophical Discourse of Modernity: Twelve Lectures*, trans. Frederick G. Lawrence (Cambridge, MA: The MIT Press, 1990) and Jean-François Lyotard, *The Inhuman: Reflections on Time*, trans. Geoffrey Bennington and Rachel Bowlby (Stanford: Stanford University Press, 1991).
- ¹⁵ Take for example the reduction and closure of humanities programs in the university, but also their survival by mutation into hyphen-ethics training and “digital humanities”.
- ¹⁶ CL Roberts, S. Tracy and B. Peat, “Rates for obstetric intervention among private and public patients in Australia: population based descriptive study”, *BMJ* 2000; 321(7254). pp.137-141.
- ¹⁷ Nili Kaplan-Myrth and Lori Hanson, eds., *Much Madness, Divinest Sense: Women's Stories of Mental Health and Health Care* (Lawrencetown Beach: Pottersfield Press, 2017).
- ¹⁸ <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-crisis> (Accessed August 17, 2017)
- ¹⁹ Roland Gori and Marie-José Del Volgo, *La santé totalitaire: Essai sur la médicalisation de l'existence* (Paris: Flammarion, 2009), 64.
- ²⁰ Gori and Del Volgo, *La santé totalitaire*, 93.
- ²¹ Gori and Del Volgo, *La santé totalitaire*, 114.
- ²² Marie-José Del Volgo, *La douleur du malade* (Toulouse: Éditions érès, 2012).
- ²³ Gori and Del Volgo, *La santé totalitaire*, 114.
- ²⁴ Gori and Del Volgo, *La santé totalitaire*, 134.
- ²⁵ Jean-Luc Nancy, *L'Intrus* (Paris: Éditions Galilée, 2010).
- ²⁶ Gori and Del Volgo, *La santé totalitaire*, 31.
- ²⁷ Gori and Del Volgo, *La santé totalitaire*, 67.

- ²⁸ Gori and Del Volgo, *La santé totalitaire*, 329.
- ²⁹ René Descartes, *Philosophical Essays and Correspondence*, ed. Roger Ariew (Indianapolis: Hackett, 2000), 74.
- ³⁰ Ibid.
- ³¹ Descartes, *Philosophical Essays and Correspondence*, 82.
- ³² Descartes, *Philosophical Essays and Correspondence*, 228.
- ³³ Descartes, *Philosophical Essays and Correspondence*, 34.
- ³⁴ Descartes, *Philosophical Essays and Correspondence*, 58.
- ³⁵ Del Volgo, *La douleur du malade*, 46.
- ³⁶ René Descartes, *Treatise of Man*, trans. Thomas Steele Hall (Amherst, New York: Prometheus Books, 2003), 2.
- ³⁷ Descartes, *Treatise of Man*, 114-115.
- ³⁸ Descartes, *Treatise of Man*, 2.
- ³⁹ Descartes, *Treatise of Man*, 91.
- ⁴⁰ Descartes, *Treatise of Man*, 96.
- ⁴¹ Descartes, *Treatise of Man*, 91.
- ⁴² Descartes, *Treatise of Man*, 113.
- ⁴³ Julien Offray de La Mettrie, *Machine Man and Other Writings*, ed. and trans. Ann Thomson (Cambridge UK: Cambridge University Press, 1996), 31. Italics mine.
- ⁴⁴ La Mettrie, *Machine Man and Other Writings*, 34.
- ⁴⁵ La Mettrie, *Machine Man and Other Writings*, 5.
- ⁴⁶ La Mettrie, *Machine Man and Other Writings*, 94.
- ⁴⁷ Gori and Del Volgo, *La santé totalitaire*, 234-5.
- ⁴⁸ Gori and Del Volgo, *La santé totalitaire*, 34.
- ⁴⁹ Jean-Pierre Changeux, *L'Homme neuronal* (Paris: Hachette, 1983).
- ⁵⁰ Gori and Del Volgo, *La santé totalitaire*, 75.
- ⁵¹ Descartes, *Philosophical Essays and Correspondence*.
- ⁵² Noam Chomsky, *Cartesian Linguistics: A Chapter in the History of Rationalist Thought* (Cambridge UK: Cambridge University Press, 2009) 60.
- ⁵³ Chomsky, *Cartesian Linguistics*, 61.
- ⁵⁴ Chomsky, *Cartesian Linguistics*, 62.
- ⁵⁵ Chomsky, *Cartesian Linguistics*, 63.
- ⁵⁶ Descartes, *Philosophical Essays and Correspondence*, 72.
- ⁵⁷ Ibid.
- ⁵⁸ Devin Zane Shaw, *Egalitarian Moments: From Descartes to Rancière* (London: Bloomsbury Academic, 2016).

- ⁵⁹ See Eva Feder Kittay's enlightening discussion of her daughter in *Love's Labor: Essays on Women, Equality, and Dependency* (New York and London: Routledge, 1999).
- ⁶⁰ Gori and Del Volgo, *La santé totalitaire*, 56.
- ⁶¹ Gori and Del Volgo, *La santé totalitaire*, 212.
- ⁶² Del Volgo, *La douleur du malade*, 17.
- ⁶³ Gori and Del Volgo *La santé totalitaire*, 69.
- ⁶⁴ Del Volgo, *La douleur du malade*, 12.
- ⁶⁵ Gori and Del Volgo, *La santé totalitaire*, 152.
- ⁶⁶ Del Volgo, *La douleur du malade*, 205.
- ⁶⁷ Cf. Roudinesco 1999.
- ⁶⁸ Cf. Roudinesco 2004.
- ⁶⁹ Élisabeth Roudinesco, *Philosophy in Turbulent Times: Canguilhem, Sartre, Foucault, Althusser, Deleuze, Derrida*, trans. William McCuaig (New York: Columbia University Press, 2010), 95
- ⁷⁰ Élisabeth Roudinesco, *La Part obscure de nous-mêmes: Une histoire des pervers* (Paris: Éditions Albin Michel, 2007)
- ⁷¹ Roudinesco, *La Part obscure de nous-mêmes*, 262.
- ⁷² Roudinesco, *La Part obscure de nous-mêmes*, 217.
- ⁷³ Élisabeth Roudinesco, *Lacan: In spite of Everything*, trans. Gregory Elliott (London and New York: Verso, 2014), 26-7.
- ⁷⁴ Élisabeth Roudinesco, *L'inconscient expliqué à mon petit-fils* (Paris: Éditions du Seuil, 2015), 16
- ⁷⁵ Roudinesco, *Lacan*, 24.
- ⁷⁶ Roudinesco, *L'inconscient expliqué à mon petit-fils*, 74-5.
- ⁷⁷ Roudinesco, *Lacan*, 64-5.
- ⁷⁸ Roudinesco, *L'inconscient expliqué à mon petit-fils*, 93, 100.
- ⁷⁹ Roudinesco, *L'inconscient expliqué à mon petit-fils*, 56, 70.
- ⁸⁰ Élisabeth Roudinesco, *La Famille en désordre* (Paris: Librairie Arthème Fayard, 2002), 205
- ⁸¹ Roudinesco, *L'inconscient expliqué à mon petit-fils*, 94.
- ⁸² Ibid.
- ⁸³ Ibid.
- ⁸⁴ Oscar Horta, "The Scope of the Argument from Species Overlap," *Journal of Applied Philosophy* 31: 142-54.
- ⁸⁵ Roudinesco, *L'inconscient expliqué à mon petit-fils*, 97, 101-2.
- ⁸⁶ Roudinesco, *La Part obscure de nous-mêmes*, 97.

- ⁸⁷ Roudinesco, *La Part obscure de nous-mêmes*, 101.
- ⁸⁸ Roudinesco, *La Part obscure de nous-mêmes*, 221.
- ⁸⁹ Roudinesco, *La Part obscure de nous-mêmes*, 223-5.
- ⁹⁰ Roudinesco, *L'inconscient expliqué à mon petit-fils*, 101.
- ⁹¹ Roudinesco, *La Part obscure de nous-mêmes*, 226.
- ⁹² Gori, for example, is a contributor to Roudinesco 2005 and Roudinesco 2010.
- ⁹³ Paul Ricoeur, *Freud and Philosophy: An Essay on Interpretation*, trans. Dennis Savage (Cambridge, MA: Yale University Press, 2011).
- ⁹⁴ Paul Ricoeur, *Philosophical Anthropology*, eds. Johann Michel and Jérôme Porée, trans. David Pellauer (Cambridge, UK, and Malden, MA: Polity Press, 2016), 292
- ⁹⁵ Ricoeur, *Philosophical Anthropology*, 291.
- ⁹⁶ Ricoeur, *Philosophical Anthropology*, 19.
- ⁹⁷ Ricoeur, *Philosophical Anthropology*, 251.
- ⁹⁸ Paul Ricoeur, *Vivant jusqu'à la mort, suivi de fragments* (Paris: Éditions du Seuil, 2007), 46-8.
- ⁹⁹ Ricoeur, *Vivant jusqu'à la mort*, 47-8.
- ¹⁰⁰ Peter Singer, "All Animals are Equal" in *Ethics and Practice*, ed. Hugh Lafolette (Malden MA: Blackwell Publishing Ltd, 2007), 174-5.
- ¹⁰¹ Tom Regan, "The Case for Animal Rights" in *Ethics and Practice*, ed. Hugh Lafolette (Malden MA: Blackwell Publishing Ltd, 2007), 209.
- ¹⁰² Sue Donaldson and Will Kymlicka, *Zoopolis: A Political Theory of Animal Rights* (Oxford UK: Oxford University Press, 2011).