

Invoking Healing, or How to Think Therapeutically

Ed Cohen

SEPTEMBER 2019, PAPER NUMBER 65

©2019 Unpublished by Ed Cohen

The Occasional Papers of the School of Social Science are versions of talks given at the School's weekly Seminar. At these seminars, Members present work-in-progress and then take questions. There is often lively conversation and debate, some of which will be included with the papers. We have chosen papers we thought would be of interest to a broad audience. Our aim is to capture some part of the cross-disciplinary conversations that are the mark of the School's programs. While Members are drawn from specific disciplines of the social sciences—anthropology, economics, sociology and political science—as well as history, philosophy, literature and law, the School encourages new approaches that arise from exposure to different forms of interpretation. The papers in this series differ widely in their topics, methods, and disciplines. Yet they concur in a broadly humanistic attempt to understand how, and under what conditions, the concepts that order experience in different cultures and societies are produced, and how they change.

Ed Cohen teaches modern thought in the Department of Women's, Gender, and Sexuality Studies at Rutgers University, where he is also affiliated with the Department of Comparative Literature. His scholarship interrogates how changing conceptualizations of personhood over the last four centuries have both informed and deformed the ways that (soi-disant) "humans" coexist—both with each other and with other living beings across many scales. His most recent book *A Body Worth Defending: Immunity, Biopolitics, and the Apotheosis of the Modern Body* (Duke, 2009) considers how "the body" becomes the place of the modern person legally, politically, economically, philosophically, and biologically, and how this personification underwrites contemporary bioscientific and biomedical understandings of "immunity." His articles appear in *History of the Present*, *Social Text*, *Parallax*, *Boundary 2*, and *Differences*, among others. In 2019-2020 he is a Member at the Institute for Advanced Study, where he is completing two manuscripts, "Shit Happens: On Learning to Heal" and "Healing Tendencies: At the Limits of What Medicine Knows." This Occasional Paper is based on his Social Science Seminar presentation.

Invoking Healing, or How to Think Therapeutically

Each time I've tried to undertake a theoretical work, it has taken off from elements of my own experience: always in relation to the processes I saw unfolding around me. It was because I thought I recognized in the things that I saw, in the institutions with which I was concerned, in the relations I had with others, cracks, dull tremors, dysfunctions, that I undertook a work, several fragments of an autobiography.

—Michel Foucault, “Is It Important to Think?”

What is the relation between thinking and healing? Can thinking support healing? Can healing support thinking? I've been trying to bring together my healing and my thinking for a long time, but it has been a challenge—which is one of the reasons why I'm excited to be a Member this year— I could really use some encouragement. Perhaps it is just my superego, which is certainly part of the problem, but I think it's also because thinking about healing has been what, following Foucault, we might call a subjugated knowledge practice—especially in relation to the hegemony that biomedicine and bioscience have established over the last century in the medical-industrial-pharmaceutical complex. Moreover, academic thinking, at least since Kant, has often privileged critical rather than therapeutic thought. This is not to say critique cannot be therapeutic. Indeed, in antiquity crisis defined the moment in which medicine proved its metal in relation to other, competing healing practices (e.g., magicians, root-cutters, temple-priests, doctor-prophets, purifiers, drug vendors, herbalists, and the like—not to mention the gods). It constituted the moment in which a physician decided to act—or not to act—in order to alter the deleterious progress of an illness. But therapy was not restricted to such decisive moments. Instead, it referred more generally to practices of looking after, tending, caring, attending, serving, cultivating, fostering, etc. In my own thinking about thinking—which includes thinking about the purpose of my own intellectual practice, especially in relation to my own healing and to the therapeutic practice that grew out of it—I have been trying to figure out if the more expansive sense of therapy as a kind of “care-full thought” might usefully supplement critique as a knowledge practice. And that's what I'm hoping to figure out this year as I work on two books that started as one: *Shit Happens: On Learning to Heal* and *Healing Tendencies: At the Limits of What Medicine Knows*. Roughly divided: the first is more a philosophical memoir of living with Crohn's disease for forty-five years; the second is a genealogy that tries to understand why the concept of “healing” has been displaced from center stage in biomedical and bioscientific thinking over the last two centuries.

I began to develop this project twenty years ago. My last book: *A Body Worth Defending: Immunity, Biopolitics and the Apotheosis of the Modern Body*, was the first, albeit

highly-circumscribed, foray. It began because I wanted to write about what it meant to live with a chronic, sometimes acute, and intermittently life-threatening autoimmune illness. However, I soon realized that I couldn't do this until I figured out why immunity—invented 2,500 years ago as a legal strategy to shore up Roman hegemony, and forming a key element of European sovereignty during the second millennium of the Christian era—became a shibboleth for modern medicine at the end of the nineteenth century. That book was a fragment of an autobiography from which I removed the autobiographical because I couldn't figure out how to integrate the personal and the professional at the time, either in the book or in my life; and, realistically, because it was my book for promotion to full professor so it needed to be more academic. But I'm full professor now so I can supposedly write what and how I want, that is if my highly punitive superego will let me—which as I mentioned is really a big problem for me.

Needless to say, given how long I've been ruminating on these topics, I have a huge amount of material and so I've decided in this presentation simply to try to convey the impetus for this work and to adumbrate some of its significance. There will be three parts: the first on how this project emerged from my intellectual and personal background. For the purposes of this presentation in the School of Social Science, it will be called an auto-ethnography. In the second part, to give you a sense of my theoretical approach and the kinds of ideas I'm trying to weave together, I will read from the introduction to *Shit Happens*. In the remaining time I will raise some questions about “healing” and “therapeutic thinking.”

Auto-ethnography

Two things happened at the end of my second year in graduate school—in Modern Thought at Stanford—that radically changed both my intellectual life and my personal life and they happened at the same time. The first thing that happened was that after ten years of living with acute Crohn's disease, which rendered me both incontinent and dependent on high daily doses of prednisone, I had an undetected bowel rupture which precipitated the development of abscesses in my abdomen, especially my liver, and on the outside of my small bowel next to a major blood vessel. As a result I developed incredibly high spiking fevers that recurred at regular intervals which indicated that there was some major infection, but no one quite knew where. When the abscess on my intestine grew large enough, it ruptured, leading to a number of bleeds, until a final one in which the bleeding just didn't stop. At this time, I had what might seem, if I described it to you, a somewhat clichéd out-of-body near-death experience—though if you're the one going through it I can assure you there is nothing clichéd about it—before I was stabilized enough to be rushed to emergency surgery where my small bowel was resected, abscesses drained, and my life was saved. In the wake of this crisis, I spent two months in the hospital on IV antibiotics, while being weaned off prednisone. In this period, I spontaneously began going into trances, no doubt aided by all the drugs I was on and also withdrawing from. Listening to music, I found I could go into the spaces between the notes and find a light-filled realm from which I could gather

illuminated bands and wrap them around the incisions. My father was a physical chemist, my mother a vulgar Marxist, and both raised me to be dogmatically atheist—so to me there was nothing remotely metaphysical about what was happening. It was purely pain management. But then, in an exit interview with my surgeon, he said something that rocked my world: “You were the sickest person I’ve operated on in five years who’s still alive and I have no idea how you got better so quickly.” His observation both cut through my denial about how sick I’d been and also clued me into the fact that there was a lot about healing that medicine didn’t know—or, I might now say, care to know.

In the wake of my hospitalization, I had a massive dissociative depressive episode, no doubt precipitated in part by the physical trauma and all the unconscious material my body was working through, and in part by my too rapid withdrawal from prednisone, which unfortunately no one bothered to warn me about. Through a set of coincidences, I found my way to an incredible teacher and healer, Rachel Remen, who was not only a doctor (she had been head of pediatrics at Stanford where I’d been hospitalized) but she also had Crohn’s. Rachel totally changed my life. First, by calling up my gastroenterologist while I was sitting with her and yelling at him for not warning me about the consequences of prednisone withdrawal, especially since I’d been on such high doses for over a decade—an intervention which completely changed my relation to doctors. But more importantly, when I told her about the out-of-body near-death episode, the trances, and what my surgeon had said to me in the exit interview, and confessed that these experiences totally challenged everything I thought I knew about my life and the world heretofore, including everything I was being taught in graduate school, she looked me straight in the eye and said: “Look, if these things happened to you, then you might need to consider that what you think you know is not all that there is.” To a nerdy graduate student who had spent his entire adolescence and early adulthood escaping from incontinence by trying to be as good a Cartesian subject as possible—my self-image at the time was that my head and body were shackled together at the neck by a thick iron collar—this was a revelation. Knowing would never be the same.

The second thing that happened was that I discovered the work of Michel Foucault. I first read *History of Sexuality* for a seminar presentation in the beginning of my second year in grad school, which as a young gay man living in the San Francisco Bay Area in the early 1980s also rocked my world. When I was admitted to Stanford Hospital in the spring of 1982, and so could no longer attend classes, I convinced my advisor to let me do a directed reading on Foucault in which I read chronologically through all the texts then available in translation. First, I read *Madness and Civilization* and then *Birth of the Clinic*. Reading *Birth of the Clinic* while actually in the clinic again changed my world. I had plenty of time to read, because it took more than a month before my final, fateful bleeding brought the diagnostic process to its surgical end. Before this happened, no one was quite sure why I was so sick, and hence I had been subjected to examinations and visits by representatives from a panoply of different medical sub-specialties, all of whom were keen to figure out what was going on. The most memorable visit was from the infectious disease team who arrived one day to tell me about a new condition that the Centers for Disease Control had just reported on (in

June of 1982) that seemed to occur in sexually active gay men. They asked me if I thought I might have it. Now, considering how sick I'd been for the preceding decade and how many drugs I was on, not to mention that incontinence isn't exactly sexy to most people, it might not surprise you to know that sex had not been a major part of my life up until then. My witty reply got my best medical laugh ever: "Not unless you believe in immaculate infection." (Ironically, my greatest chance of exposure to HIV came not from sex but from all the blood transfusions I received in the hospital—but that was unknown at the time.) What reading Foucault in this context did was to give me a new frame for the ways in which my experience of Crohn's disease had been represented to me by many, many medical professionals since I was thirteen. It helped me to glimpse that "my disease" and "my illness" were not the same, since disease is what doctors diagnose, and illness is what we live through, or not. (Thus, strictly speaking, no disease can ever be "mine.") For example, when I was first diagnosed with Crohn's ten years earlier, the gastroenterology team in a different major university hospital tried to explain it to me by saying it was an "autoimmune disease." I had a big vocabulary but that wasn't one of my words. So to explain it to me, first they said: well, it's like you're allergic to yourself. That didn't help, so then they offered: it's like your body is rejecting part of itself. When I still didn't get it, they said: Well, it's like you're eating yourself alive. That I could take in.

Foucault helped me to glimpse the possibility that the things that my doctors were saying and doing to me, and had been saying and doing to me for over a decade, were not founded on "scientific facts," but on clinical artefacts and that these were established in particular moments in history under particular political, technological, and economic truth regimes. (Despite all the advances in immunology and genomics, there are still no known "causes" for any of the more than sixty to eighty diseases currently considered to have autoimmune etiologies.) Thus, I realized that all my assumptions about what my doctors "knew," what medicine "knew," and even what bioscience "knew," needed revision. And, since I had been literally ingesting this knowledge in the form of the little white prednisone pills that I'd consumed in mass quantities and that had altered my existence in both body and mind, I realized I might need to rethink who I thought "I" was as well. Again, knowing would never be the same.

After my roller-coaster ride through near-death and radical healing, I took time out from my Ph.D. to recover and reassess, which is when the healing really began. During this time, I began to explore the myriad possibilities for "alternative" approaches to healing—and I use the word alternative here with deep irony—that flourish so effusively in the Bay Area. I studied tai chi and yoga, had acupuncture, took herbs, did lots of psychotherapy, meditated, attended many movement workshops, dabbled in various modalities of somatics, including Feldenkrais and Continuum, which became my root practice. My aura was cleansed, my chakras aligned, and my energy balanced. I also worked at the San Francisco Hospice just as the waves of death began to crash over the hills of the city. I completed a counselling program at the San Francisco Psychosynthesis Institute and took an internship at the Pacific Center (a public mental health clinic for sexual minorities in Berkeley) thinking that I might leave academia to pursue a career working with people with chronic

and life-threatening illness. Although I have since developed such a clinical practice which I call “healing counsel” (www.healingcounsel.com) in addition to my academic life, at the time I realized I was not yet ready to practice because I needed a lot more healing myself before I could be of service to others. So, I returned to complete my Ph.D., writing a dissertation that became the basis for my first book, *Talk on the Wilde Side*, which considered why at the end of the nineteenth and the beginning of the twentieth centuries people began to think that all the permutations of male sexuality could be situated somewhere between the poles of heterosexual/homosexual. In the background of my thinking about this project were the changing representations of what we now call LGBTQIA* identities and communities that transpired during the late 1980s and early 1990s (while I was writing this book), which were provoked in part both by the journalistic coverage of the HIV/AIDS crisis and by the political activism that the crisis incited.

The more I thought about the effects of the HIV/AIDS crisis in relation to the shifting terrain of sexual identities in the US, the more I pondered the historical and personal irony that while others around me were dying of the effects of immunodeficiency, I had been living with an autoimmune or autoinflammatory illness for about quarter of a century. Trying to make sense of the dynamic tension between immunodeficiency and autoimmunity provoked me to investigate “immunity,” the term that linked them, in my second book *A Body Worth Defending*. As I began this project, I quickly realized that while immunity now self-evidently names a vital aspect of complex organisms, it was nevertheless a somewhat strange idiom to use to encompass the ways that organisms of different scales co-exist—whether deleteriously, pacifically, or beneficially—in shared environments. For more than 2,500 years, until the last decades of the nineteenth century, immunity had served an exclusively political and legal function. In legal and political terms immunity might be what Donna Haraway calls a “trickster”: it maintains the universality of the law by creating legal exemptions from the law that allow such suspensions of the law to remain within the law. First invented in Roman Law to facilitate the Roman Empire’s strategic expansion, it then acted as a buffer between European political sovereigns and the Catholic Church in the early modern period, enabling each to assert its own proper sphere of influence (which is both why people can still claim legal asylum by entering a church, and why churches still pay no property taxes). For this entire time, immunity had no natural or medical valence whatsoever.

Then at the end of the nineteenth century, Elie Metchnikoff transformed this term, recruiting it for biological thought by linking it to another concept: host defense. While many of us now take for granted the idea that the immune system defends us against pathogenic infection, paradoxically the legal concept carries the opposite significance. If someone has legal immunity, they do not need to “defend” themselves against prosecution, and if they have to defend themselves they’re not immune. Nevertheless, despite (or perhaps because of) the internal contradiction contained in Metchnikoff’s formulation “immunity-as-host-defense,” it quickly entered biomedical discourse, primarily because it finessed another contradiction introduced by the “germ theory of disease”: i.e., if microbes are both pathogenic and ubiquitous, then why are we not always sick? Immunity-as-defense shored

up germ theory by providing an answer, which is one of the reasons Pasteur quickly hired Metchnikoff at his institute, in whose labs Metchnikoff remained ensconced for the rest of his life and where he taught his precepts of immunity to several generations of physicians.

While working on this book, I also began publishing essays on the paradoxical experience of living with a chronic autoimmune illness. In immunology, autoimmunity constitutes one of 5 persistent impasses (along with cancers, host-vs-graft disease, pregnancy, and commensal microbes) for which current immunological models cannot satisfactorily account. Indeed, from the outset of immune thinking the possibility of what we now call autoimmunity was anathema. So dreaded was the very idea, that Paul Ehrlich famously described it as a “*horror autotoxicus*.” Nevertheless, the horrors that autoimmunity evokes do occur. Writing from the perspective of a patient, I have tried in a number of essays to explore why the notion of autoimmunity has been so troubling, not only to bio-scientists but to patients as well. Ever since Frank MacFarland Burnet introduced the axiom that immunity names the physiological capacity to discriminate between “self and not-self” (as the title of his famous textbook framed it), immunology has stumbled over the paradoxes of autoimmunity. Indeed, in developing his clonal selection theory, Burnet relied on what is now considered an autoimmune condition, acquired hemolytic anemia, as the exception that proved the rule. However, in the seventy-five years since then, no robust account of autoimmunity has been able to resolve the basic question that it raises: how can a living organism be both self and not-self to itself? Moreover, while genetic and epigenetic descriptions can now elucidate more of the intricate biochemical and cellular choreographies that underlie autoimmune conditions, and while there are much better drugs that can suppress deleterious immune activities, there remain no answers to why such activity occurs in those to whom it occurs, when it occurs, let alone why it might wax and wane during the course of someone’s life, as it has in mine. In writing about autoimmunity from within, as it were, I have tried to suggest that some of the limitations of current immunological thinking might have their roots in the philosophical and political axioms that bioscience assumes to be true (e.g., self/other, friend/enemy, inside/outside) but which may not encompass all the vital facts. By reflecting on what I call the “bio-logic” that underwrites thinking about autoimmune phenomena, I argue that we might expand the possibilities for living with them, if not healing from them.

The projects I’m now undertaking try both to explore how immunity supplanted healing as medicine’s *raison d’être*—or its “bio-logic”—during the nineteenth and early twentieth centuries, and also to consider what resources might be excluded from our thinking when we fail to recognize healing, not only as a vital concept and tendency, but as a value that might be crucial for our going on living as individuals, as collectives, and even as dynamic participants in the biosphere more generally.

Thinking about Shit. (Introduction to *Shit Happens, On Learning to Heal*)

Only the mind is capable of shitting.

—Gilles Deleuze and Felix Guattari, *Anti-Oedipus*

As you'll soon find out, I like to think about shit. Lots of shit. Lots of different kinds of shit, both metaphorical and material—and in my case, it's sometimes hard to tell the difference. Not that I'm exceptional in this way. Quite the opposite. I think shit happens to all of us and that sometimes it provokes us to think about ourselves in new and more expansive ways. Indeed, this book tries to encourage and support this type of therapeutic thinking—thinking that can help us assuage our suffering and our wounds, and perhaps encourage us to think otherwise in order to support and encourage our tendencies as living beings to heal and to go on living. Sometimes the shit that happens to us fucks us up. Sometimes it kills us. Sometimes it offers an opportunity to heal, to grow, and to develop. Not always of course, since healing benefits from care and concern, as well as resources, both technological and natural, that facilitate this tendency; likewise, it can be impeded by their absence. Indeed, that I'm even here saying this to you, betrays the fact that I have greatly benefited from such resources and support. Without them I'd be dead. In over four decades of living with Crohn's disease, a chronic, intermittently acute, and sometime life-threatening inflammatory bowel condition, I've had a fair amount of shit happen. And since my job as a professor at a research university encourages me to think about a lot of different shit (in the metaphorical sense), I've also used it as an opportunity to think about some shit (in the material sense), especially my own. As result, I've learned a lot of shit, some of which I now teach to others.

One of the courses in which I teach some such shit is called "Thinking Bodies." In this class, we consider what "thinking" means, what it means to think about something we call "the body," what it means to think as a living body, and how thinking differently both *about* bodies and *as* bodies might open up new possibilities for living, as individuals, as collectives, and even as a species. The syllabus is organized around a few simple ideas, or bumper stickers as I like to call them: "we are more than we know"; "no body thinks alone"; "bodies are transformations of matter and energy localized in time and space"; "bodies are always singular and plural"; "bodies are events not things." It asks students to consider who and what the "I" that (supposedly) "has" "a body" "is." It also reflects on how our ways of thinking about ourselves as living beings—whether as bodies, events, or transformations of matter and energy—inform how we live with other living beings, some human, some not. Needless to say, these are fairly heady topics, but they are quite fleshy as well. If truth be told, despite any leanings we might have towards body/mind dualism, as far as the human species is concerned, these possibilities (heady/fleshy) constitute two sides of the same coin—and it's no coincidence that one meaning of species is coin. Furthermore, since as far as we know thinking only takes place among the living, the former is at best an effect of the latter, and probably evolved as a means of enhancing the ability to go on living in the first place. In other words, thinking is always a mode of living. Hence, at least for us humans, thinking turns out to be an extremely vital matter.

Consider one of the examples I use to introduce students to a non-dualistic approach to thinking bodies: toilet training. Toilet training refers to the precarious process through which as infants we rough-in complex neuro-muscular patterns that enable us both

to recognize the otherwise inconspicuous stirrings of the large intestine's smooth muscles and to modulate the anal sphincters that regulate the egress of fecal matter, so that we become able to confine our defecation to culturally-sanctioned spaces and styles. If for some reason a child doesn't master this skill set in a timely manner all sorts of shit can break loose (possibly involving parents, educators, physicians, psychologists, social workers, physical therapists, and trained practical nurses). Of course, this developmental stage only began to be referred to as toilet training after the word "toilet" came to refer to the familiar technology that enables us to flush our feces out of our homes and into some other waste receptacle, be it septic tank, sewage system, or nearby body of water. (The *Oxford English Dictionary* establishes the first use of toilet to refer to this appliance in 1894.¹) Be that as it may, whatever name we give to it, the process of learning to restrict our excretions according to local custom is probably as old as humans have been human. It might even constitute one of those phylogenetic events that made us "human" in the first place—although the norms governing such customs have obviously varied widely across cultures and times.

The French philosophers Gilles Deleuze and Felix Guattari refer to the formative effects of these kinds of socially restrictive—if not repressive—phenomena as "coding the flows," an operation that entails overwriting innate neuro-chemical processes with socially supported meanings and values.² These meaning-values create distinctions among possible actions and behaviors, requiring some, forbidding others, and mapping out a messy middle ground in-between. The judgement that renders shit noxious and noisome is not natural—after all, babies happily play with their poop, which is why they have to be trained not to. As anthropologist Mary Douglas famously argued in her book *Purity and Danger*, we only consider dirty or impure what we regard as improperly placed according to a "systematic ordering and classification of matter."³ Hence, only after the fecal flow is coded as "shit," or whatever the local equivalent might be, does a child learn not to play with it, or paint with it, or offer it to others as a gift. That's why Freud refers to toilet training as "the first occasion on which a child has a glimpse of an environment hostile to his instinctual impulses ... on which he carries out the first 'repression' of the possibilities for pleasure."⁴ When Deleuze and Guattari claim that "only the mind is capable of shitting," then, they mean in part that "shit" only describes the valuation, or devaluation, ascribed to and inscribed upon fecal flows, and not to feces as such. If we consider these insights together, we can see that toilet training entails not only the infant's neuro-muscular conditioning according to cultural and historical norms, but also its incorporation of those meanings and values that render the products of its intestinal movements shitty.

In offering this example at the beginning of my course—and at the beginning of this book—I am trying to suggest that thinking about shit matters. In the first place, it's only because we learn to think of it as "shit" that we learn to control our bowel movements, and thereby keep our shit together. The valuation/devaluation of feces is an essential part of a process that must be achieved in order that we can learn to shit properly. And needless to say, what counts as "proper" depends on how excreta are managed in whatever context the shit happens. Toilet training, or whatever it gets called locally, demonstrates that the dance of ontogeny and phylogeny is always mediated through cultural technologies as well as

muscular-nervous choreographies. So, shitting always already entails thinking, which is not the case for infants who can rely on others to take care of their poop for them. But shitting is not just a matter of anuses, it's a matter of relations between anuses. Or to put it less metonymically, it's one way that we relate to one another. On a global scale the problem of shit is staggering. The statistics are stunning, never mind the stuff itself: the U.N. estimates that in 2015 almost a billion people practiced open defecation. More humans have access to a cell phone than to "improved sanitation"—where even a trench constitutes "improvement"—and only 40% of the people on the planet use "safely managed" sanitation services.⁵ And, of course, "sanitation" or lack thereof cannot be separated from our non-negotiable need as living organisms for potable water, which probably lies near the top of the list of requirements for convivial forms of life—human and otherwise. From the baby to the biosphere, then, the complications of shit today unfold across the many scales of life. In other words, shit definitely invites some therapeutic thinking these days.

But even more pertinent to my purposes in this book than thinking about shit *per se* is the possibility that by thinking about the *thinking* involved in something as mundane and inexorable as shitting, we can begin to get a sense of the vital role that thinking plays in our lives more generally, and therefore get a better sense of how it might be directed more therapeutically. In his book, *La Connaissance de la Vie*, Georges Canguilhem, the inestimable French philosopher and historian of medicine—who was also a physician—argues that thinking as we know it only takes place (so far as far as we know) within life forms that we call human as a means of extending themselves in time and space. Indeed, the double significance of Canguilhem's title, which can be translated as both the "knowledge of life" and as "life's knowledge," underscores that all knowledge about life only arises within the living as such. Or, as Michel Foucault noted in his introduction to Canguilhem's book, *The Normal and the Pathological*, Canguilhem demonstrates that "the biologist must grasp what makes life a specific object of knowledge and thereby what makes it such that there are at the heart of living beings, because they are living beings, some beings susceptible to knowing, and, in the final analysis, to knowing life itself."⁶ In other words, thinking describes a mode of living, a tendency that arises within some living beings as a way of going on living—medicine and biology providing two modes of thinking that take this going on living as their explicit subject.

Reflecting on the therapeutic implications of our thoughtful orientation, the English philosopher Alfred North Whitehead made the profound claim: "The function of Reason is to promote the Art of Life."⁷ Whitehead offered this insight in 1929 to contest the common sense of evolutionary biology, which proposed that reproduction and survival—or at least surviving long enough to reproduce—constitute the *raison d'être* of all life, including human.⁸ Instead, Whitehead held that not only is an "art of life" possible, but that it is necessary throughout all life in order to explain why and how life has continued to complicate its forms of existence throughout time. As life forms create new ways to transform matter and energy, they weave together their vital processes to create new, more complicated, forms of coexistence. (Take for example, Lynn Margulis' accounts for the evolution of eukaryotes (cells with nuclei) as symbiotic fusions of distinct bacterial

lineages.⁹⁾ The increasing entanglements of these increasingly complicated life forms with each other and with the biosphere as a whole—as our current concerns with climate change underscore—foregrounds what Whitehead defines as the underlying imperative that serves as life’s “reason”: “(i) to live; (ii) to live well; (iii) to live better. In fact, the art of life is first to be alive, secondly to be alive in a satisfactory way, and thirdly to acquire an increase in satisfaction.”

Shit Happens tries to contribute to—if not help refine—an art of life by encouraging us to think therapeutically about something that remains largely underappreciated in contemporary Western (a.k.a. neo-liberal, hyper-individualist, algorithmically-governed, consumer-capitalist) modes of living: i.e., healing. Healing used to be considered essential not only to the art of life, but to life itself. In fact, until medicine began aspiring to scientific status, starting in the nineteenth century, healing served as its reigning “reason”—in the double sense of purpose and logic. That is why medicine used to be considered part of the “healing arts” (with an emphasis on the plural) rather than as a science manqué. Unfortunately healing no longer occupies a pride of place in what most of us most value about life. If we think about it at all, it’s often because we have turned to medicine to relieve us of some kind of suffering, and it hasn’t quite done the trick. Although medicine now performs what used to be considered miracles—and I am happy to provide living proof that it does—it doesn’t give much thought to healing these days. If you look up “healing” on Medline, the U.S. National Library of Medicine’s comprehensive database, you will find only four categories: faith healing, fracture healing, mental healing, and wound healing. Not healing as a possibility, as a tendency, as a vital function, or as that upon which all of medicine’s most prized bioscientific interventions depend, if not importune. Healing seems a little too anachronistic or a little too unscientific to appeal to the high-tech, number-crunching ethos that animates what’s now called “evidence-based medicine.” And while doctors or doctors-in-training may espouse vocations to support healing, their education does little to encourage or develop this calling.

Yet healing constitutes one of the essential tendencies attributed to all life forms. Living beings (again as far as we know) must have permeable boundaries; take in nutrients; expel the toxic residues produced by their metabolisms; reproduce themselves over time; and repair themselves. Thus, the tendency towards healing constitutes one of the conditions of possibility for the going on living of all life forms. Until the late nineteenth century, Western medicine had no problem encompassing this possibility. In the tradition constituted under the name “Hippocrates”—whose “oath” new medical students faithfully intone every year—healing was a natural force (called the *vis medicatrix naturae*) that medicine sought at best to support and encourage. Unfortunately, modern medicine doesn’t care much for healing anymore. Instead it mostly invests in diagnosing diseases—since diagnosis (literally “by way of knowledge”) has been medicine’s trademark since its advent in the 5th century B.C.E. If it can, it then tries to treat, or perhaps even “cure” them. (And to see how powerful this perspective remains, check out the new Netflix show *Diagnosis* with NYT columnist and physician Lisa Sanders where she crowd-sources diagnoses that physicians have failed to make.)

Medicine's laudable goal has saved many lives—including mine on several occasions—but it has also precipitated some insane ironies. For example, in the United States today, the costs of treatments are often considered to exceed the value of providing access to medical care. Moreover, the cost of some protocols makes them inaccessible to many who might benefit from them. Indeed, much of the research conducted by the pharmaceutical-medical-industrial complex attempts to develop such high-cost, high-profit treatments, rather than addressing multiple deadly conditions that afflict billions of people worldwide that would not generate as much revenue, but would nevertheless vastly improve more lives. Or, to take another related insanity: it often seems beyond our grasp to consider that healing itself might be a social good—if social goods exist anymore. Indeed, healing does not refer just to what happens to individual organisms, but also to communities, ecologies, and perhaps the biosphere itself. Thus, indigenous movements have mobilized the trope of healing as part of their claims to land stewardship—albeit so far with limited legal or political success.

Be that as it may, my intention here is not to critique how medicine is practiced in America, nor to bemoan the way medicine's fee-for-service orientation spawned our current medical-industrial complex. As I've repeatedly mentioned, my life has depended on modern medicine in an immoderate way, so I'm certainly not trying to bite the hand that kept me alive. Rather I want to reflect on some of the limits that medical thinking incorporates, and that we incorporate along with it when we slavishly rely on it to assuage our ills. Conversely, I want to suggest that valuing healing as a vital tendency might enable us to enlist our own therapeutic capacities, which we all too often neglect to notice or appreciate. Using an idiom deployed by Michel Foucault, in invoking healing then, I'm advocating the insurrection of subjugated knowledge practices.

As is often the case, I only developed my own appreciation for healing under duress. It took nearly dying and then bouncing back to life for me to realize that if I didn't want to keep repeating that traumatic transition I probably needed to pay more attention to how my healing happened. This book traces that lengthy learning curve. Needless to say, it wasn't always a smooth ascent. Indeed, for a long time there was a lot more descending than ascending. However, once it smacked me over the head, my own healing process incited me to think differently about my disease, my body, my life, and the world in which all these live. As a result, it moved me to recognize that thinking can be therapeutic if it functions in support of healing—if it enhances the art of life. Alas, we don't always think therapeutically, or even think of thinking as potentially therapeutic. However, the etymology of the word therapy gives us some clues as to how thoughtful it might be. Therapy (θεραπεία) comes from a Greek verb (θεραπεύω) that has a range of meanings: to attend to, to be of service to, to heed, to devote oneself to, to cultivate, and eventually to treat medically.¹⁰ Subtending all these senses lies the notion of therapy as a way of looking after, tending to, and caring for. Therapy thus entails both attention and intention. It requires care-full thinking; or, to put it slightly differently, it requires that “thinking about” and “caring for” coincide.

Therapeutic thinking asks us to consider how learning to heal might entail changing our minds about how we care for ourselves and for each other, and perhaps even for the

collectives and the planet that we share. Thinking in the service of healing requires recognizing that, given adequate support and encouragement, we tend to heal. It holds that what we think we know about ourselves is at best only part of who we are. It also involves understanding that we are more intelligent than we think. Finally, it entails realizing that when we care about healing, it matters. These four precepts, or bumper stickers: “we tend to heal”; “we are more complicated than we know”; “we are more intelligent than we think”; and “when we care about healing, it matters” constitute the core concerns of this book.

In the chapters of the book, I attempt to explain how I came to appreciate these precepts through my own process of healing from and with Crohn’s disease. Obviously, they did not come to me all at once, and they are definitely not the result of any special aptitude or insight on my part. Instead, once I started to look for ways to dig myself out of the deep shit that I’d fallen into, opportunities that I’d never considered before began to appear. Mostly, they occurred in the form of teachers, some of whom I encountered in books, some in their classes, some in their offices, some on retreats and in workshops, some on their treatment tables. These amazing people inspired me to think again about what I assumed to be true about my experience and in doing so I came to reimagine how it was possible not just to survive, but to thrive with a serious chronic illness. Luckily, I am a good student who loves to learn because they had a lot to teach me. In the book I will try to do justice to the great gifts that my teachers bestowed upon me by sharing them with you. Good teaching entails sharing, and caring, and sometimes daring. And by daring to care, we can sometimes help one another to heal. Over my four and a half decades of living with a chronic, sometimes acute, and occasionally life-threatening disease, I have come to realize that given the opportunity and the support healing tends to happen in the same ways that shit happens. The question is: can we help healing happen when the shit starts to break loose?

Some Questions and Some Attempts at Definition

Q: What is Healing?

A: I don’t know. I don’t mean this as an evasion but as an affirmation. I use healing in the way that Bergson speaks about the “vital principle” when he writes: “The vital principle indeed may not explain much but it is a sort of label we affix to our ignorance so as to remind us of this occasionally.”¹¹ In this case, ignorance doesn’t name the absence or negation of knowledge, but positively alludes to the limits of our knowing that require a different mode of apprehension (for example what Bergson calls “intuition”). Invoking Bergson helps us understand that healing can name a concept, a tendency, a subjugated knowledge practice, and a value; however, we can only say what it “is” if we adhere to a process rather than a substance ontology. Let me very briefly consider each of these possible ways of construing healing in turn:

Healing as CONCEPT: Etymologically concept means to take, seize, or capture with. Concepts provide thought with the means to take hold of and to appropriate experience. They inform the way we construe the problems to which we seek solutions, as Deleuze and Guattari remind us: “A solution has no meaning independently of a problem to be

determined in its conditions and unknowns; but these conditions and unknowns have no meaning independently of solutions determinable as concepts.”¹² Or as Foucault remarks in his introduction to Canguilhem’s *The Normal and the Pathological*: “Forming concepts is one way of living, not of killing life; it is one way of living in complete mobility and not immobilizing life...”.¹³ When healing drops out of medical and bioscientific thinking as a robust concept, its disappearance—and concomitant replacement by immunity—informs the solutions which we both desire and seek. Here we could also consider the ways that our disavowal and depreciation of our own capacities for healing lead us to consider physicians, along with the bio-scientists on whose work they lean, as what Lacan calls “*sujets supposés savoir*”: subjects who are supposed to know; where this supposition points in two directions: doctors are supposed to know (which is why they go through all that training) and we suppose that they know because we desire it to be so.¹⁴

Healing as TENDENCY: Etymologically, tendency derives from a Latin verb, *tendo*, meaning to stretch, make tense, stretch out, spread out, distend, extend—it also forms the root of attention, intention, retention, and pretension. In Bergson’s dynamic ontology, tendency serves to underscore the ways in which living systems are never static states. Each moment of life tends towards another; or, if not it tends towards death. As he says in his critique of reductionism: “In reality, life is no more made of physico-chemical elements than a curve is composed of straight lines.”¹⁵ Indeed, for Bergson life “is” the introduction of degrees of indetermination into play of physico-chemical elements. Hence, he says: “Life is comprised of multiple competing tendencies: vital properties are never entirely realized, though always on the way to become so; they are not so much states as tendencies. And a tendency achieves all that it aims at only if it is not thwarted by another tendency.”¹⁶ Healing both resonates and conflicts with other tendencies with which it coexists (growth, development, decay, and death for example) as all tendencies do:

“The elements of a tendency are not like objects set beside each other in space and mutually exclusive, but rather like psychic states, each of which, although it be itself to begin with, yet partakes of others, and so virtually includes in itself the whole personality to which it belongs. There is no real manifestation of life ... which does not show us in a rudimentary or latent state, the characters of other manifestations.”¹⁷

Bergson’s analogy of tendencies to psychic states, here, helps suggest why therapy or therapeutic thinking might be a resource for healing.

Healing as INSURRECTION OF SUBJUGATED KNOWLEDGE PRACTICES: By subjugated knowledges Foucault means both “historical contents that have been buried or masked in functional coherences or formal systematizations” and “a whole series of knowledges that have been disqualified as non-conceptual knowledges, as insufficiently elaborated knowledges: naive knowledges, hierarchically inferior knowledges, knowledges that are below the required level of erudition or scientificity.”¹⁸ And by insurrection he intends: “the reappearance of what people know at a local level of these disqualified knowledges.”¹⁹ Thus:

“It is a way of playing local, discontinuous, disqualified, or non-legitimized knowledges off against the unitary theoretical instance that claims to be able to filter them, organize them into a hierarchy, organize them in the name of a true body of knowledge, in the name of the rights of a science that is in the hands of the few.... Not so much against the contents, methods, or concepts of a science; this is above all, primarily, an insurrection against the centralizing power-effects that are bound up with the institutionalization and workings of any scientific discourse organized in a society such as ours.”²⁰

As my comments suggest about the way in which immunity supplants healing in the history of medicine and becomes the hallmark of modern medicine, it’s easy to understand why calling for its revaluation might trouble the hegemony of “medical science.”

Healing as VALUE: As that which and in relation to which we decide individually and collectively to act or not act. Just one example: In *Braiding Sweetgrass: Indigenous Wisdom, Scientific Knowledge, and the Teachings of Plants*, Robin Wall Kimmerer invokes healing as an indigenous value ascribed to a multiplicity of possible agents: plants, the earth, the land, perhaps even the animals that we could describe as not-inhuman. She cites a legal motion brought in New York State courts concerning the ways that the appropriation of indigenous land contravenes the U.S. Constitution:

The Onondaga people wish to bring about a healing between themselves and all others who live in this region that has been the homeland of the Onondaga Nation since the dawn of time. [...] The people are one with the land and consider themselves stewards of it. It is the duty of the nation’s leaders to work for a healing of this land, to protect it, and to pass it on to future generations.²¹

Not surprisingly their law suit failed; however, it suggests that healing can represent a mode of counter-conduct that repairs the broken continuity between generations, peoples, environments and the earth itself.

Q: What is Therapeutic Thinking?

A: I started out using the notion of “Live thinking” –which I liked because it’s both a description and an imperative—and I have an article in *differences* with this title that explores Foucault’s interest in psychagogy—pedagogy’s forgotten twin—as a way of thinking of Foucault as a psychagogue. (If pedagogy means the conduct or leading of children, psychagogy means the conduct or leading of psyches/souls.) In Foucault’s work psychagogy falls on the spiritual side of the spiritual/philosophical divide that he locates in and as “the Cartesian moment.” It names a form of transformative parrhesia in which the risk of the truth-game arises from its possible rupture, if the psyches of the interlocutors get stretched too far. I describe my own practice, Healing Counsel, neither as psychotherapy nor pedagogy, but as psychagogy. However, inspired by Bernard Stiegler’s latest book: *Qu’appelle-*

t-on panser: 1. L'Immense régression? I realized that “therapeutic thinking” might serve me better. While I won’t go into the specifics of Stiegler’s complicated book—which tries to fashion a noetic apparatus capable of encompassing and transforming the current environmental, political, technological, and economic conjuncture—I do want to point to the gambit involved in his deconstructive invocation of the French verb *panser* (to heal [*soigner*], to apply dressings appropriate to healing/curing [*guerrison*, so “*panser une blessure*”]) as a homonym for *penser* (to think). Sometimes he writes it *pænsen*—with the a/e elided. In both underscoring and troubling the relation between thinking and healing, Stiegler’s method seeks to include but move beyond “critique,” because he feels that our current complications—literally folding together—require us to innovate new noetic resources.

While Foucault continued to use the frame of critique to the end of his life, as many commentators have noted, it is only by transforming critique into a “critical attitude” or even a “counter-conduct.” This use of critique maintains his affinity with “the care of the self” and the “aesthetics of existence.” Let me end then by reading two of my favorite Foucault quotes that give some of the flavor of what I believe “therapeutic thinking” might involve:

Thought is not what inhabits a certain conduct and gives it its meaning; rather, it is what allows one to step back from this way of acting or reacting, to present it to oneself as an object of thought and to question it as to its meaning, its conditions, and its goals. Thought is freedom in relation to what one does, the motion by which one detaches from it, establishes it as an object, and reflects on it as a problem.²²

I am not a writer, a philosopher, a great figure of intellectual life: I am a teacher. [...] my role—and that is too emphatic a word—is to show people that they are much freer than they feel.... To change something in the minds of people—that is the role of an intellectual.²³

ENDNOTES

- 1 <http://www.oed.com/view/Entry/202921?rsk=2oQ3Cw&result=1&isAdvanced=false#eid>. Accessed February 2, 2019.
- 2 Gilles Deleuze and Felix Guattari. *Anti-Oedipus: Capitalism and Schizophrenia*. Trans. Robert Hurley, Mark Seem and Helen R. Lane. Minneapolis: University of Minnesota Press, 1983. 141. “The social machine is literally a machine, irrespective of any metaphor, inasmuch as it exhibits an immobile motor, and undertakes a variety of interventions: flows are set apart, elements are detached from a chain, and portions of the tasks to be performed are distributed. Coding the flows implies all these operations.”
- 3 Mary Douglas. *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*. London: Routledge, 2002 [1966]. 67.
- 4 Sigmund Freud. *Three Essays on the Theory of Sexuality*. Trans. James Strachey. New York: Basic Books, 2000. 57. Alas, Freud neglects to mention weaning, which may precede or coincide with toilet training.
- 5 “In 2015, 2.3 billion people still lack a basic sanitation service and among them almost 892 million people still practiced open defecation. [...] “Safely managed” sanitation services represent a higher service level that takes into account the final disposal of excreta. In 2015, 2.9 billion people used a “safely managed” sanitation service, i.e. a basic facility where excreta are disposed in situ or treated off-site. A further 2 billion people used a “basic” service, i.e. an improved facility that is not shared with other households. The 600 million who shared improved sanitation facilities with other households count as ‘limited’ service.” <https://data.unicef.org/topic/water-and-sanitation/sanitation/>. Accessed October 17, 2019.
- 6 Michel Foucault. “Introduction.” In Georges Canguilhem. *The Normal and the Pathological*. Trans. Carolyn Fawcett. London: D. Reidel Publishing Company, 1978. xviii.
- 7 Alfred North Whitehead. *The Function of Reason*. Princeton: Princeton University Press, 1929. 2.
- 8 Thus, he ironically suggests that the Darwinian commonplace, “survival of the fittest,” is “like the liturgical refrain of a litany chanted over the fossils of vanished species” (4).
- 9 Lynn Margulis. *Symbiotic Planet: A New Look at Evolution*. New York: Basic Books, 1998.
- 10 <http://logeion.uchicago.edu/θεραπεία>. Accessed February 3, 2019.
- 11 Henri Bergson. *Creative Evolution*. Trans. Arthur Mitchell. New York: Barnes and Noble, 2005. 28.

- 12 Gilles Deleuze and Felix Guattari. *What is Philosophy?* Trans. Hugh Tomlinson and Graham Burchill. New York: Columbia University Press, 1994. 81.
- 13 Foucault. "Introduction," xviii.
- 14 Jacques Lacan. *The Four Fundamental Concepts of Psychoanalysis*. Trans. Alan Sheridan. New York: Routledge, 2018 [1977]. 232. For an excellent Lacanian interpretation of the medical encounter, see Jean Clavreul. *L'Ordre médical*. Paris: Seuil, 1978.
- 15 Bergson. *Creative Evolution*. 21.
- 16 Bergson. *Creative Evolution*. 9
- 17 Bergson. *Creative Evolution*.
- 18 Michel Foucault. *Society Must Be Defended: Lectures at the Collège de France 1975-1976*. Trans. Graham Burchell. New York: Palgrave, 2003. 7.
- 19 Foucault. *Society Must Be Defended*. 8.
- 20 Foucault. *Society Must Be Defended*. 9.
- 21 Robin Wall Kimmerer. *Braiding Sweetgrass: Indigenous Wisdom, Scientific Knowledge, and the Teachings of Plants*. Minneapolis, MN: Milkweed, 2013. 320-321.
- 22 Michel Foucault. "Polemics, Politics, and Problematizations." In *Ethics: Subjectivity and Truth*. New York: The New Press, 1997.
- 23 Michel Foucault. "Truth, Power, Self." In *Technologies of the Self: A Seminar with Michel Foucault*. Ed. Luther H. Martin, Huck Gutman, Patrick H. Hutton. Amherst, MA: The University of Massachusetts Press, 1988. 9-10.