

ASPECTS OF THE PROJECT ILLNESS AND HEALING II : THE PROJECT AND MEDICAL STAFF

(This paper is based on the preceding papers, especially illness and healing I, dd.28.8.89, Illness and Healing II, dd.12.2.90, and Cause and Effect in Human Relationships, dd.24.9.90).

1. The project Illness and Healing is based on a general, anthropologically based concept about illness. The project is in a meta position in its relation with all medical care.

1.1 In the project illness is the consequence of dysfunctional human relationships, in the past and in the present. It is the consequence of the fact that the ill woman or man, in her/his totality as a human being, could not cope with these dysfunctional relationships and fell, in which manner ever, ill. The illness in endless many, again complicated intertwined meta- and meta- meta-positions, which ran, in one manner or another “mad”, so provoking the illness. There is no single cause of the illness. In fact the cause never can be found. The illness being the consequence of relationships, the only possibility to cope with the ill person as an ill person is to bring her/him in other relationships, which are healing.

1.2 All medical acting seeks causes of the illness, to which known effects are attributed and tries to eliminate these causes and so the effects. It always tries to find a point in the cybernetical system in which it can intervene, hoping that so the whole system will go back to “normal”, that the ill person will be cured. Although the meeting of person to person in the process never is wholly forgotten, more and more the attention goes to this western, post-Christian method of curing. This is true, both for all physical orientated medical care and for all psychiatry and psychotherapy, as well as for all psychological support for ill people.

2. So all medical care the project are on a different epistemological level. They can't be mixed. Mixing means a category mistake in the sense of Russell and Whitehall, with as a consequence that the situation becomes unclear, to the detriment of the ill person. So it is very important that:

2.1 All medical people know about the project and agree with the “philosophy” of the project, clearly knowing about it and knowing about the difference of the philosophy of the project and the philosophy of medical care and cure.

2.2 That all involved in the project know about the philosophy of medical care and cure and respect it generally, again clearly knowing about the difference.

3. One of the goals of the project is, that it will be integrated in the whole of the medical staff. We certainly will go on with our western, post-Christian medical science. At the same time this science may change deeply, both generally and incidentally, when investigations, caring and curing are all done in the context of the philosophy of the project. Although we still have to learn everything about this, very generally speaking there are at least the following possibilities.

3.1 More care for personal relationships in the meeting of medical staff with ill women and men and more trust in these relationships.

3.2 Less trust on medicamentation, both of ill people and of medical staff, showing itself already in the discussions about placebos.

3.3 A greater ability to assess the ill person in the whole of her, his life and her, his life-situation, history included.

3.4 A diminishing of all “mythological” concepts of illness as independent beings and so a diminishing of making the ill person a function of the illness.

3.5 A bigger trust of people in themselves, especially when they fall ill.

3.6 In the end a change of society as a whole, being less obsessed with medical care and medical services, choosing more for life and for caring for each other than for illness and the endless prolongation of life.

3.7 In fact too, belonging to all of this, a diminishing of the mechanization of life and the manipulation of life in all its endless and flowering scientific (or “scientific”?) possibilities.

4. It is clear, in fact and in the end the project aims at the integration of its philosophy in the life and work of all people, working in medical care and cure. The background of the project, the thinking, the philosophy of it gives the possibility to reintegrate the disintegrating and disintegrated aspects and possibilities of medicine in the only integrative “model” possible, the human being for whose benefit medicine exists. It could (and should?) be the only possibility for the medical profession, this growing army with more and more its own laws and interests, in which human beings more and more are functions, pawns in the game, to survive. To say it another way round: It might be the possibility that both the medical establishment and the ill people are saved out of a more and more inhuman powergame in which everybody is an object.