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Report of the Lancet Commission on the Value of Death: bringing death back into life

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Executive summary

The story of dying in the 21st century is a story of paradox. While many people are overtreated in hospitals with families and communities relegated to the margins, still more remain undertreated, dying of preventable conditions and without access to basic pain relief. The unbalanced and contradictory picture of death and dying is the basis for this Commission.

How people die has changed radically over recent generations. Death comes later in life for many and dying is often prolonged. Death and dying have moved from a family and community setting to primarily the domain of health systems. Futile or potentially inappropriate treatment can continue into the last hours of life. The roles of families and communities have receded as death and dying have become unfamiliar and skills, traditions, and knowledge are lost. Death and dying have become unbalanced in high-income countries, and increasingly in low-and-middle-income countries; there is an excessive focus on clinical interventions at the end of life, to the detriment of broader inputs and contributions.

The COVID-19 pandemic has meant that death is prominent in daily media reports and health systems have been overwhelmed. People have died the ultimate medicalised deaths, often alone but for masked staff in hospitals and intensive care units, unable to communicate with family except electronically. This situation has further fuelled the fear of death, reinforcing the idea of health-care services as the custodian of death.

Climate change, the COVID-19 pandemic, environmental destruction, and attitudes to death in high-income countries have similar roots—our delusion that we are in control of, and not part of, nature. Large sums are being invested to dramatically extend life, even achieve immortality, for a small minority in a world that struggles to support its current population. Health care and individuals appear to struggle to accept the inevitability of death.

Philosophers and theologians from around the globe have recognised the value that death holds for human life. Death and life are bound together: without death there would be no life. Death allows new ideas and new ways. Death also reminds us of our fragility and sameness: we all die. Caring for the dying is a gift, as some philosophers and many carers, both lay and professional, have recognised. Much of the value of death is no longer recognised in the modern world, but

rediscovering this value can help care at the end of life and enhance living.

Treatment in the last months of life is costly and a cause of families falling into poverty in countries without universal health coverage. In high-income countries between 8% and 11.2% of annual health expenditure for the entire population is spent on the less than 1% who die in that year. Some of this high expenditure is justified, but there is evidence that patients and health professionals hope for better outcomes than are likely, meaning treatment that is intended to be curative often continues for too long.

Conversations about death and dying can be difficult. Doctors, patients, or family members may find it easier to avoid them altogether and continue treatment, leading to inappropriate treatment at the end of life. Palliative care can provide better outcomes for patients and carers at the end of life, leading to improved quality of life, often at a lower cost, but attempts to influence mainstream health-care services have had limited success and palliative care broadly remains a service-based response to this social concern.

Rebalancing death and dying will depend on changes across death systems—the many inter-related social, cultural, economic, religious, and political factors that determine how death, dying, and bereavement are understood, experienced, and managed. A reductionist, linear approach that fails to recognise the complexity of the death system will not achieve the rebalancing needed. Just as they have during the COVID-19 pandemic, the disadvantaged and powerless suffer most from the imbalance in care when dying and grieving. Income, education, gender, race, ethnicity, sexual orientation, and other factors influence how much people suffer in death systems and the capacity they possess to change them.

Radically reimagining a better system for death and dying, the Lancet Commission on the Value of Death has set out the five principles of a realistic utopia: a new vision of how death and dying could be. The five principles are: the social determinants of death, dying, and grieving are tackled; dying is understood to be a relational and spiritual process rather than simply a physiological event; networks of care lead support for people dying, caring, and grieving; conversations and stories about everyday death, dying, and grief become common; and death is recognised as having value.

Systems are constantly changing, and many programmes are underway that encourage the rebalancing

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Key messages

- Dying in the 21st century is a story of paradox. Although many people are overtreated in hospitals, still more remain undertreated, dying of preventable conditions and without access to basic pain relief.
- Death, dying, and grieving today have become unbalanced. Health care is now the context in which many encounter death and as families and communities have been pushed to the margins, their familiarity and confidence in supporting death, dying, and grieving has diminished. Relationships and networks are being replaced by professionals and protocols.
- Climate change, the COVID-19 pandemic, and our wish to defeat death all have their origins in the delusion that we are in control of, not part of, nature.
- Rebalancing death and dying will depend on changes across death systems—the many inter-related social, cultural, economic, religious, and political factors that determine how death, dying, and bereavement are understood, experienced, and managed.
- The disadvantaged and powerless suffer most from the imbalance in care for those dying and grieving.
- The *Lancet* Commission on the Value of Death sets out five principles of a realistic utopia, a new vision of how death and dying could be. The five principles are: the social determinants of death, dying, and grieving are tackled; dying is understood to be a relational and spiritual process rather than simply a physiological event; networks of care lead support for people dying, caring, and grieving; conversations and stories about everyday death, dying, and grief become common; and death is recognised as having value.
- The challenge of transforming how people die and grieve today has been recognised and responded to by many around the world. Communities are reclaiming death, dying and grief as social concerns, restrictive policies on opioid availability are being transformed and health-care professionals are working in partnership with people and families, but more is needed.
- To achieve our ambition to rebalance death, dying and grieving, radical changes across all death systems are needed. It is a responsibility for us all, including global bodies and governments, to take up this challenge. The Commission will continue its work in this area.

of our relationship with death, dying, and grieving. Communities from varied geographies are challenging norms and rules about caring for dying people, and models of citizen and community action, such as compassionate communities, are emerging. Policy and legislation changes are recognising the impact of bereavement and supporting the availability of medication to manage pain when dying. Hospitals are changing their culture to openly acknowledge death and dying; health-care systems are beginning to work in

partnership with patients, families, and the public on these issues and to integrate holistic care of the dying throughout health services.

These innovations do not yet amount to a whole system change, but something very close to the Commission's realistic utopia has been achieved in Kerala, India, over the past three decades. Death and dying have been reclaimed as a social concern and responsibility through a broad social movement comprised of tens of thousands of volunteers complemented by changes to political, legal, and health systems.

To achieve the ambition of radical change across death systems we present a series of recommendations, outlining the next steps that we urge policy makers, health and social care systems, civil society, and communities to take. Death and dying must be recognised as not only normal, but valuable. Care of the dying and grieving must be rebalanced, and we call on people throughout society to respond to this challenge.

Introduction

"How pathetic it was to try to relegate death to the periphery of life when death was at the centre of everything."

Elif Shafak, Turkish novelist

The proposition of the *Lancet* Commission on the Value of Death is that our relationship with death and dying has become unbalanced and we advocate rebalancing. At the core of this rebalancing must be relationships and partnerships between people who are dying, families, communities, health and social care systems, and wider civic society.

In high-income countries, death and dying have become unbalanced as they moved from the context of family, community, relationships, and culture to sit within the health-care system. Health care has a role in the care of the dying, but interventions at end of life are often excessive,^{1,2} exclude contributions from families and friends,³ increase suffering,^{4,5} and consume resources that could otherwise be used to meet other needs.⁶ This lack of balance in high-income countries is spreading to low-and-middle-income countries, a form of modern colonialism, and the imbalance may be worse in low-and-middle-income countries, as this report will show.

The relationship with death and dying in low-and-middle-income countries is unbalanced as the rich receive excessive care, while the poor, the majority, receive little or no attention or relief of suffering and have no access to opioids, as the *Lancet* Commission on Global Access to Palliative Care and Pain Relief showed.⁷ Excessive treatment for the rich and inadequate or absent care for the poor is a paradox and a failing of global health and solidarity.

Readers may wonder about the title of the Commission: the *Lancet* Commission on the Value of Death. The title has its origins in the *Lancet* planning a Commission on

the value of life. It's an age-old idea that a good life and a good death go together. Our title has proved to be a rich source of thinking, helping us recognise the value of death in a world that tends to deny death any value. The simplest proposition of the value of death is that "without death every birth would be a tragedy", and in a very crowded world we are the edge of such a tragedy. In the report we explore **the many values of death.**

The Commission began its work before the COVID-19 pandemic arrived, bringing death to television screens every night. Dying on a ventilator, looked after by masked and gowned staff, and only able to communicate with family through screens, is the ultimate medicalised death. Yet even in high-income countries, many have died at home with minimal support, and in low-and-middle-income countries hundreds of thousands have died with no care from health professionals. The capacity of health services was exceeded in many countries during the course of 2020 and 2021. The Commissioners wondered whether death and dying rising so high on the agenda would change attitudes to death and dying, perhaps bringing greater acceptance of death and a recognition of its imbalanced nature. As 2021 draws to a close, we see no evidence of such a change. Indeed, we see signs of the opposite: governments have prioritised attempts to reduce only the number of deaths and not the amount of suffering; **huge emphasis has been placed on ventilators and intensive care and little on palliative care. Bereavement has been overlooked; anxiety about death and dying seems to have increased;**^{8,9} death and dying has come to belong still more to health care, with families and communities excluded; and we hear from Commissioners stories of doctors increasing their efforts to fend off death from causes other than COVID-19. The great success with vaccines has perhaps further fuelled the fantasy that science can defeat death. Scholarly research on changes in attitudes to death and dying is limited at this early stage, but the historian Yuval Noah Harari has asked whether the pandemic will change attitudes to death and dying and what humanity's takeaway will be: "In all likelihood, it will be that we need to invest even more efforts in protecting human lives. We need to have more hospitals, more doctors, more nurses. We need to stockpile more respiratory machines, more protective gear, more testing kits."¹⁰

At the start of the COVID-19 pandemic we thought that perhaps a report on the value of death would not be welcome after millions of deaths, but we now think the opposite—that the pandemic makes our report more relevant, and our recommendations will make us better able to respond to the next pandemic.

Although the pandemic seems not to have encouraged greater acceptance of death, it has been accompanied by a rapid rise in concern about the ecological crisis, including climate change. COP26 (Conference of the Parties), the annual UN meeting on climate change, held in Glasgow in November, 2021, achieved far greater

media coverage and stronger commitments to reduce carbon emissions than any previous meeting, although the commitments are not enough to prevent serious harm to health. This increase in concern has various roots, but the pandemic has reminded us that we are part of nature, not in control of nature. **The pandemic and the ecological crisis are both caused by our failure to recognise our connection with nature and our destruction of the natural environment.** The Commission believes that the drive to fend off death and pursue a dramatic extension in length of life also arises from a failure to recognise that we are part of nature; and as financial cost and carbon consumption are closely related to expensive care, **treatment at the end of life will be an important contribution to the carbon footprint of health care. Were it a country, health care would be the world's fifth largest emitter of greenhouse gases.** Unfortunately, the carbon footprint of most health systems is rising when it needs to fall to net-zero by the middle of the century.¹² **Panel 1 discusses further the connection between climate change, the ecological crisis, and death and dying.**

health care system
ecological crisis

Structure of the report

Section 1 of the report defines the territory and methods of the Commission, including the limitations and what it has not been possible to cover in this report. Section 2 presents a brief survey of the facts and figures of death and dying in the 21st century.

The Commission recognises that rebalancing death and dying will depend on changes across death systems: the many inter-related social, cultural, economic, religious, and political factors that determine how death, dying, and bereavement are understood, experienced and managed.²⁰ Section 3 describes the concept of a death system.

Sections 4 to 10 describe death systems now, covering philosophical and religious underpinnings; historical origins; the influence of power and inequities; the role of families and communities; consumerism and choice; the dominance of health care; and the importance of economics.

Following this examination of historic and contemporary death systems, in section 11 the Commission uses scenario planning to imagine five different but plausible futures for death and dying.

Section 12 outlines the features of a **realistic utopia**,²¹ a concept developed by the American philosopher John Rawls (1921–2002), which shares principles of how the Commissioners would like to see death and dying change in a way that is achievable. It is a radically different future envisioned by the Commission in which life, wellbeing, death, and grieving are in balance.

Recognising that creating the "realistic utopia" will depend on many changes within death systems, section 13 discusses why systems are hard to change and how they might be changed. The section also gives examples of changes in systems that are underway.

Panel 1: Death and the climate crisis

The Covid-19 pandemic has revealed our global interdependence and the fragility of our support systems and economy. The Canadian archaeologist and author, [redacted] described how every empire that has ever existed has collapsed, usually for ecological reasons.¹³ Now, he points out, [redacted]. The COVID-19 pandemic will pass, like the epidemics before it, but damage to the climate and the planet will be irreparable. The Intergovernmental Panel on Climate Change (IPCC) advises that we have only a dozen years to avoid that damage,¹⁴ but carbon emissions are increasing by about 7% annually, not decreasing by 7%, as the IPCC says is necessary.

Before the pandemic we were on track for a temperature increase of 8.5 degrees Celsius over preindustrial levels, which, as Nature pointed out, would lead us to conditions like that of the Permian extinction event, when some 95% of all life forms were made extinct.¹⁵ The IPCC says that global temperature increases must be kept below 1.5°C. Already we are close to an increase of 1.3°C, and the effects are being felt now.

Carbon emissions are a function of the number of humans, currently 7.9 billion, and the carbon they each consume. The average Briton consumes 5.6 metric tons of carbon each year (16.1 tons for Americans), whereas the average Bangladeshi consumes 0.6 metric tons. If the world is to reach net-zero carbon emissions by 2050 then people in rich countries will have to consume much less carbon and shift resources to lower income countries. The UK Health Alliance on Climate Change says that this shift would mean, for example, Britons consuming 0.5 metric tons each year¹⁶—a dramatic change, but one that would lead to an improvement in health as people drive less, exercise more, and eat diets low in animal products and high in fruit and vegetables.

[redacted] Carbon emissions from health systems are currently increasing,¹⁷ although some organisations are attempting to reverse this trend. NHS England has published a detailed plan of how it plans to reach net-zero by 2045.¹⁸

The carbon footprint of health systems can be reduced by activities like switching to renewable energy, reducing travel, and redesigning buildings, but it will also mean changing clinical practice. Increasingly the carbon consumption of clinical activity will matter more than the financial cost, and methods exist to capture this consumption.¹⁹ This Commission has summarised [redacted]. We now need to assemble evidence on the carbon cost: while the dead consume no carbon, the disposal of bodies does.

[redacted] Alkaline hydrolysis, in which the body is dissolved, has about a seventh of the carbon footprint of cremation, and the resulting fluid can be used as fertiliser. A Dutch study of the disposal of bodies found that the lowest amount of money that it would theoretically [redacted].

If we are to survive the climate crisis then almost everything will have to change, including health care, end-of-life care, and how we dispose of the dead. In the widely acclaimed novel *Overstory*, a eulogy to trees and nature, a leading environmentalist asks the audience at a conference what they can best do to counter climate change and environmental destruction: her answer is, to die.

Section 14 gives a detailed and critical account of the end-of-life system in Kerala, South India, as it represents the system closest to the realistic utopia the Commission has described.

Section 15 lists the Commission's recommendations for change, and the final section, section 16, proposes the next steps the Commission will take to try and achieve this change.

Section 1: Defining our territory and methods

Death can occur through conflict, accident, natural disaster, pandemic, violence, suicide, neglect, or disease, but this Commission focuses particularly on the time from when a person develops a life-limiting illness or injury through their death and into the bereavement affecting the lives of those left behind. We do not address specific diseases, conditions, or age groups, but rather draw on a wide-ranging series of examples to show the depth and breadth of the challenge. These examples are not intended to be systematic or exhaustive but rather illustrative. We draw on a range of different materials from case study and reflection to national datasets and empirical work and have used scoping rather than systematic literature searches.

The Commission has drawn its membership from around the world, but much of the evidence reported on comes from high-income countries. What we describe, both the problems and the possibilities, has relevance for all settings.

The Commissioners (see end of this report) include health and social care professionals, social scientists, health scientists, economists, a philosopher, a political scientist, patients, a carer, religious leaders, activists, community workers, and a novelist.

We acknowledge the diversity of experience in death, dying, and grief and how race, gender, sexuality, poverty, disability, age, and many other potential forms of marginalisation shape experiences and outcomes at these times. The intersectional nature of these aspects of people's lives and identities means marginalisation is rarely due to a single factor. We have attempted to be reflexive as people, Commissioners, and authors, to understand how our own worldviews, cultural backgrounds, identities, professional disciplines, and experiences determine our perspectives and actions. In recognition of the inclusive and reflexive spirit of this report, we endeavour to use terms in their broadest and most inclusive sense throughout. Words such as person, patient, family, carer, illness, community, relationship, and many others should be understood in this context.

We have reflected that we should have done more to include the voice of patients and carers, although all Commissioners brought their own personal experiences of death and bereavement. We are conscious that there are many voices we have not heard, but we see this report as the start of a conversation and hope to hear from further voices after publication.

We have chosen the term "health-care professionals" to denote all those working in health-care settings, including doctors, nurses, and allied health professionals, but we acknowledge that there exists an appreciable

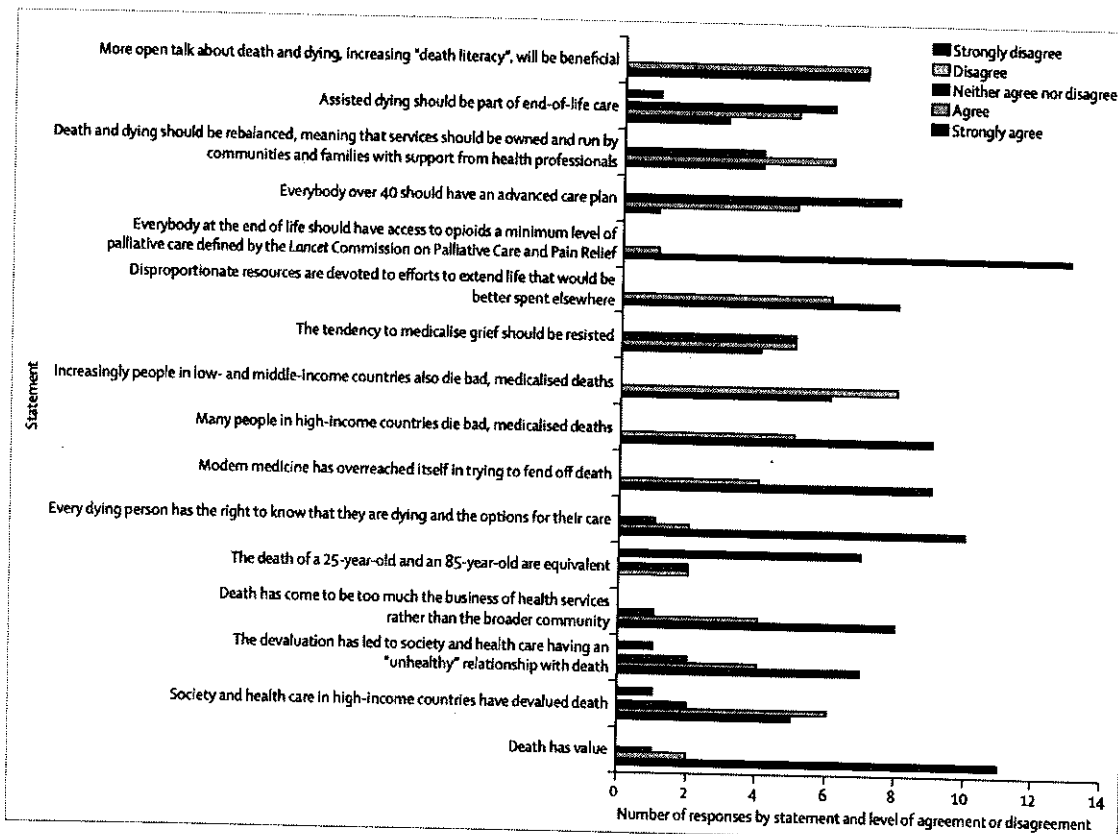


Figure 1: Level of agreement and disagreement among commissioners on statements about death and dying
Not all commissioners responded to the survey; 14 commissioners participated.

variation in approach and practice within these groups. We also appreciate the role social care professionals play at the end of life, and the interdependent relation between health and social care in many countries around the world. Over the course of the past 3 years, the Commissioners met together physically three times, held frequent virtual meetings, and communicated regularly by email. We commissioned working papers from other authors and have drawn on many sources of knowledge and understanding. The report has contributors with differing views. We have not sought agreement or conformity in our argument but have attempted to capture the tensions that exist among Commissioners. Figure 1 shows agreements and disagreements on a range of issues, including assisted dying, which we expected to divide Commissioners; there was more agreement than our intense discussions had led us to think.

The Commission has created an open website with more than 70 background papers relating to death and dying. Much of what is included in our report is rewritten and condensed versions of those entries. The report has been through five major restructurings, two of them after the first round of editorial and peer review. Death and dying are distinct, multi-layered, and culturally charged

concepts. Death can be seen as simply the end of life, as the opposite of health, although the Commission believes that it is healthy to die, as a symbol, classically a skeleton or a grim reaper as a failure (and many would argue that doctors or health-care professionals can see death as a failure, inspiring them to do all they can to defeat death), as a punishment for moral failure, as an escape from the suffering of life, as a gateway to Heaven, Valhalla, Nirvana, or the many other religious and cultural depictions of eternal bliss or to a version of Hell, or as an essential part of a cycle of ending and beginning.

The Commission has generally been narrower in its use of the words death and dying. We see dying as a process. We have not set a timeframe, understanding that people may be dying for years, months, days, hours, minutes, or seconds. We understand death as an event but with recent changes in technology, failing organs that previously heralded death can be replaced, meaning that death is an evolving and complex concept. Only within the past decade did an international consensus attempt to define how death is determined.²²

Defining death

In 2014, WHO convened the second meeting of a task force on the determination of death,²¹ acknowledging

For the Commission's website see <https://commissiononthevalueofdeath.wordpress.com>

Panel 2: Lay determination of death in Malawi

Luckson Dulle, member of the Commission, writes:

In rural Malawi death is confirmed by the elders. There is no exact checklist, but experience from having witnessed so many deaths has taught them that dying people lose weight fast; their strength falls; they speak little or incomprehensibly; and their breath is often shallow and laboured. The elders know that often dying people do not want to look you in the face, or when they do, their face is blank, empty, because the spirit has already departed. When they think death has occurred, the elders feel for the pulse in the neck, but the most tell-tale sign is cold armpits. The process of confirmation of death can take 2 hours or longer. During this time, the elders must ensure that the body lies straight and that the mouth and the eyes are closed. Children are not allowed in the room. Once death is confirmed, a message must be dispatched to the village head. Until the village head is told and they or their representative confirms the death, no one is allowed to cry out loud. The village head's confirmation signals the start of vigil and mourning process.

that the line between life and death was being increasingly blurred by medical technology. It concluded that although there are multiple ways to die, including neurological and cardiovascular pathways, they all lead to the same irreversible state of being dead. As a result, the algorithms of circulatory and neurological death were merged, with a single endpoint. **The definition of death relies on certain clinical signs such as absence of a response pulse, breathing, and pupillary reflexes.**

The WHO guidance relates to death in medical institutions or under professional care and is based on clinical signs interpreted by professionals. A large proportion of deaths around the world take place outside clinical oversight, and the signs and symptoms are interpreted by lay people with experience of death and dying. The recognition of death is often linked with the traditions, rituals, and funeral practices of the particular culture.²⁴ Panel 2 describes how in places in rural Malawi **the village elders and then the village head's representative confirm death.** The head's signal that a death has occurred starts the vigil and mourning process.

Section 2: The facts and figures of death and dying in the 21st century

At first sight, mortality trends over the past 30 years suggest a success story. Global life expectancy has risen steadily throughout the world, increasing from 67.2 years in 2000 to 73.5 years in 2019,²⁵ with important gains made in low-and-middle-income countries. This success has been driven by falls in deaths from communicable disease, maternal and neonatal conditions, and malnutrition.²⁶ But healthy life expectancy (years lived in self-reported good health) has not kept pace with overall

life expectancy: **years lived without good health have increased between 2000 and 2019, from 8.6 years to 10 years.²⁷**

In many high-income countries in the past decade, life expectancy gains have stalled, or in some cases reversed. In the UK, life expectancy increases slowed from 2011 to 2020 and fell for women in the most deprived 10% of neighbourhoods.²⁷ In the USA, life expectancy fell from 1990 to 2000 for women with fewer than 12 years of formal education.²⁸ Life expectancy in the USA has also fallen in younger age groups (10–65 years), probably reflecting the opioid epidemic.²⁹ As 2021 closes, the COVID-19 pandemic is far from over, particularly in low-and-middle-income countries. The pandemic's effects on life expectancy are not complete and have not yet been measured in most countries—but reductions are likely to be more than a year in most countries. Data are available for the USA, where life expectancy fell by 1.87 years (to 76.87 years) between 2018 and 2020. The reductions have been very unequal, with life expectancy falling by 3.88 years among Hispanic people, 3.25 years among non-Hispanic Black people, and 1.36 years among non-Hispanic White people.³⁰ In England, life expectancy has fallen from 80 years for males and 83.7 years for females in 2019 to 78.7 years for males and 82.7 years for females in 2020, a similar level to a decade ago.³¹ As in the USA, the reductions have been greatest among those who are deprived.³²

As deaths from infection and maternal and perinatal causes fall in many low-and-middle-income countries, the proportion of deaths from non-communicable disease rises. In Bangladesh, non-communicable disease accounted for 10% of deaths in 1986, but more than three-quarters by 2006, a very rapid transition.³³ This change presents new challenges for already stretched health services. Cure for non-communicable disease is not possible, and instead interventions must focus on prevention, harm reduction, and self-management, acknowledging the complex social determinants of these chronic conditions.

Table 1 shows the mortality rates, life expectancy, causes of death, serious health-related suffering, and degree of inequality for seven selected countries represented by the Commissioners. The countries range from high-income to low-income. It illustrates the differences that persist among countries despite global trends. Life expectancy in Malawi is two decades less than that in the UK. Deaths from infection, maternal and perinatal causes, and malnutrition account for 4% of deaths in China but 26% in India and 60% in Malawi. Hundreds of thousands of deaths annually are associated with serious health-related suffering (as defined by the Lancet Commission on Global Access to Palliative Care and Pain Relief³⁴).

Table 2 shows how deaths in most high-income and middle-income countries occur more often in hospitals or other institutions, such as nursing or care homes.

Panel 3: Dying now and years ago in India

M R Rajagopal, member of the Commission, writes:

When I recently saw a doctor-colleague facing the impending death of his son-in-law from cancer, the transformation that happened in our society over two generations became obvious to me.

The most striking memory is the expression of the dying man's 15-year-old son, who was walking in the background choosing books and cramming them into bags. He was not part of the conversation; when he came close the conversation flagged. He was being given an unspoken message: "This is grown-up talk; kids are not part of it". He responded by pretending not to. He was being sent away to live with an uncle so that his father's illness and death would not disturb his studies.

From two generations back I remember the sudden death of my uncle when I was a child. He was in his late twenties. Nobody knew what ailed him. He just collapsed and died.

My uncle lived in a small village. When I woke in the morning the extended family from far and near had assembled. No one was excluded. We children were part of everything that happened. Every family member had more than one opportunity to touch the dead man. People cried, the grieving women who were close relatives wailed loudly.

For the next 16 days many relatives stayed on all through the day. Their number dwindled as days passed. The more distant relatives left after cremation but returned for the

funeral. The village physician, who practised Ayurveda, would visit but had little to offer. But the fact that he called helped enormously. The village physician, who practised Ayurveda, would visit but had little to offer. But the fact that he called helped enormously.

As I was growing up, I saw many more deaths. The elders in the society oversaw dying, empowered by having seen many deaths—how the limbs got cold, how the rattling in the throat became obvious, and how the pattern of breathing changed. Without anyone teaching anything in a classroom, younger generations took in lessons.

But by no means was death invariably benevolent and beautiful. When the physical suffering in people with diseases like cancer was extreme, no philosophising, compassion, or companionship helped enough.

The village physician, who practised Ayurveda, would visit but had little to offer. But the fact that he called helped enormously.

Those deaths of years ago contrast starkly with the death of my colleague's son-in-law. A normal dying process was stretched out over weeks by interventions including an endotracheal tube and artificial ventilation of his lungs (but no pain relief). At the height of his suffering, he tried to pull out the tubes and cables, but his arms and legs were bound to the bed. His wife and father-in-law could visit him for only 5 minutes a couple of times a day, and each time had to watch the man dying a thousand deaths, his dignity and personhood violated in the worst possible way. Eventually, when the doctors suggested a tracheotomy and total parenteral nutrition, the family said no. The man died without seeing his son one last time, and the son was denied one last hug.

Limited data are available for low-income countries. The shift from home to institutions is relatively recent, often occurring over the past generation.

Panel 3 contrasts two deaths in India: one a sudden death in India two generations ago with the whole family, including the children, gathering around the dead man

in the family home and taking part in rituals; whereas the modern death is slow and distressing and occurs in intensive care, with even the man's son unable to visit.

Table 2 also provides details of health spending in the last year of life. Health-care expenditure is known to be high and to increase during the last year of a person's life in many countries. These data describe health spending in six high-income countries in the last 6 months of life and demonstrate that costs in the last 30 days before death were disproportionately high compared with those in the 6 months before death.

Figure 2 shows use of health services in the last year of life in England, with a steady increase across the year in hospital admissions and visits to the accident and emergency department, with a particularly dramatic increase in the last month of life.⁴ It is also in the last month that there are admissions to intensive care. It is questionable whether these increases in the last month of life provide benefit for patients and their families, or whether they may in fact be increasing suffering. Costs also increase across the year, with again a dramatic increase in the last month. Most of the costs arise from hospital care. The authors of the study also note that "healthcare utilisation and costs decrease with age at death, and are higher in men, patients dying from cancer, and patients with high comorbidities."⁴

Further studies, which the report summarises in the section on the economics of death systems, support the trend of substantially increased health spending in the last weeks of life. Some studies judge the treatments to be futile—for example, artificial nutrition for dying patients, chemotherapy in the last 30 days of life, or antimicrobial therapy at the end of life.⁴ Overtreatment at the end of life is part of the broader and pervasive challenge of overuse of medical services, defined as the provision of services likely to produce more harm than good.⁴

Experiences of dying today

"I came into it [caring for someone dying at home] not knowing you could care for somebody at home but she was dying and not dying fast enough for the hospital system and they kept sending her home and taking her back in and then sending her home again because they needed the bed. And it was very distressing and without any knowledge I decided that we could do better and brought her home...I managed to care for Mum until she died at home which was a great experience for everybody, her family and me."

Carer in Australia⁴⁵

Death and dying have changed profoundly over the past 70 years in high-income and middle-income countries, and increasingly in low-income countries. The shifting role of family, community, professionals, institutions, the state, and religion has meant that health care is now the main context in which many people encounter death. People may be unaware that alternatives are possible, as

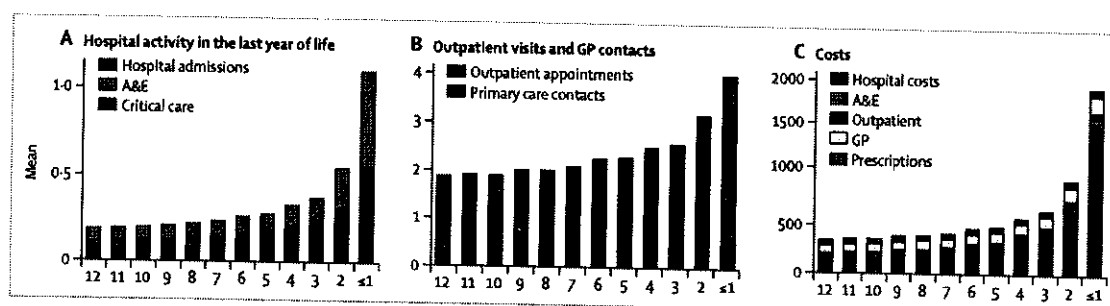


Figure 2: Health-care use and costs in the last 12 months of life

(A) Use of inpatient care. (B) Primary and hospital outpatient care. (C) Total costs by cost type. A&E=accident and emergency department. GP=general practitioner. Reproduced from Luta and colleagues by permission of BMJ Publishing Group.⁴¹

the quote above illustrates. Within this acute health-care setting, death and dying are seen as clinical problems and reduced to a series of separate biomedical markers and tests. Recognition of dying is often made late, if at all, and interventions can continue into the last days of life with minimal attention to suffering.⁴²

As health care has moved to occupy the centre stage, families and communities have been pushed back. Death is not so much denied but invisible. Dying people are whisked away to hospitals or hospices, and whereas two generations ago most children would have seen a dead body, people may now be in their 40s or 50s without ever seeing a dead person. The language, knowledge, and confidence to support and manage dying are being lost, further fuelling a dependence on health-care services. The social and cultural setting of death, essential for providing meaning, connection, and lifelong support for those grieving, risks disappearing. Health-care professionals cannot substitute for the sense of coherence, the rituals and traditions, nor long-term mutual support that families and communities bring to people who are dying or grieving. "The experiment of making mortality a medical experience is just decades old. It is young. And the evidence is it is failing", writes the surgeon Atul Gawande in his book *Being Mortal*.⁴³

The impact of a stripped-back, atomised death and bereavement has been seen during the COVID-19 pandemic. People have died alone and families have been unable to say goodbye and prevented from coming together in grief. The effects of this situation will resonate for years to come.

Table 3, which is adapted from the work of the sociologist Lyn Lofland, presents a summary of the shifting trends in death and dying over the past 70 years.⁴⁴ Defining death has become progressively more complex,⁴⁵ and the technology accompanying death more sophisticated. Deaths from chronic disease have come to predominate with the consequence that dying takes weeks, months, or years. As the familiarity with death and dying has diminished, countries have witnessed a growth in movements aiming to increase awareness or control over the dying process. We have, argues Lofland, entered an age of "thanatological chic".

	Before 1950	1950	2019
Level of medical technology	Low	Increasing	High and increasing
Detection of terminal disease	Poor	Improving	High
Definition of death	Simple	Still simple	Complex
Deaths from acute disease (mostly rapid)	High	Still high	Low
Deaths from injuries (mostly rapid)	High	Still high	Lower
Deaths from chronic disease (mostly slow)	Low	Increasing	The majority
Length of dying	Short	Still mostly short	Long
Passivity in response to a person dying	Common	Decreasing	Gone in western medicine
Involvement of doctors in dying	Low	Increasing	High
Number of doctors in UK per 100 000 people	Fewer than 26	26	280
Familiarity with death among the population	High	Still high	Low
Activities to manage death (death awareness campaigns, advance care planning, assisted dying, etc)	Low	Low	High
Community involvement in death and dying	High	Falling	Low
Meaning in death and dying	Mostly supplied through faith and faith organisations	Faith and faith organisations still have an important role	Inadequately supplied by multiple organisations, including the health system

A striking inconsistency with the progressive medicalisation of death and dying is that it has not led to a parallel increase in relief of symptoms such as pain with low-cost, evidence-based methods, nor has it led to universal access to palliative care services at the end of life. Although some countries have established palliative care services, WHO estimates that globally only 14% of people in need can access such care.⁴⁶ The Lancet Commission on Pain Relief and Palliative Care exposed the stark global inequities in access to opioids.⁴⁷ Increases in clinical interventions, technology, and institutional care have not reduced—and may have increased—global suffering.

Panel 4: Components of the death system (adapted from Kastenbaum)²⁰

People

Doctors, nurses, police, funeral workers, florists, coroners, life insurance brokers, lawyers, soldiers, religious leaders; ultimately all people will be affected by death and all will die

Places

Mortuaries, hospitals, memorials, cemeteries, battlefields

Times

Annual remembrance days such as the Day of the Dead in Mexico, All Souls Day in Christianity, Anzac Day in Australia and New Zealand, two-minute silences following disasters, private reflections on anniversaries of deaths

Objects

Coffins, urns, funeral pyres, mourning clothes, obituaries, books relating to death and dying, electric chairs, gallows, guns

Symbols and images

Deities responsible for death or war, rituals such as the last prayers in many religions, wearing of black armbands, language and euphemisms for dying, images of skull and crossbones, skeletons

Panel 5: Functions of the death system (adapted from Kastenbaum)²⁰

Warning and predicting death

Public health and travel warnings, health and safety regulations, extreme weather warnings, climate change predictions

Preventing death

Services such as the police and firefighters, scientists researching vaccines and cures for diseases, screening programmes for disease

Caring for dying people

Practices that support those dying, including practices of family carers, primary healthcare, hospices and palliative care units, death doulas, religious leaders, hospitals, morphine availability, advance care planning

Disposing of dead people

The tasks all societies must perform in disposing safely of corpses and the rituals and funereal customs that accompany these tasks

Social consolidation after death

Processes that allow families or communities to adjust to the loss; social networks and support, compassionate leave from work, bereavement groups or counselling

Making sense of death

Religious, spiritual, or philosophical reflections on the meaning of death or an afterlife, memorialising

Killing

Norms that dictate when and how killing is socially sanctioned, such as in war, in capital punishment, in assisted dying, or the killing of animals

The story of dying in the 21st century is a story of paradox. While many people are overtreated in hospitals, with families and communities relegated to the margins, still more remain undertreated, dying of preventable conditions and without access to basic pain relief. The unbalanced and contradictory picture of death and dying today is the basis for this Commission.

Section 3: Death systems

Hospitals may be the site of dying for many people in the 21st century, but the fault for the unbalanced nature of death and dying does not rest solely with health-care services. Death and dying are intrinsic parts of life. Societies have long sought to understand and provide meaning to these universal events. The cultural anthropologist and psychoanalyst Ernest Becker (1924–74) argued in his Pulitzer-prize-winning book *The Denial of Death* that fear of death is the dominant driver of culture, religion, art, and human behaviour.²¹ The wider sociocultural, political, and economic context determines how, where, and why people die and grieve.

Robert Kastenbaum first described the concept of a death system as “interpersonal, socio-physical and symbolic networks through which an individual’s relationship to mortality is mediated by society.”²² Death systems are the means by which death and dying are understood, regulated, and managed. These systems implicitly or explicitly determine where people die, how people dying and their families should behave, how bodies are disposed of, how people mourn, and what death means

for that culture or community. Systems are shaped by social, cultural, religious, economic, and political contexts and evolve over time. One culture’s death system can seem strange and even abhorrent to people from other systems.²⁰

Panel 4 describes some of the components of death systems—for example, people, places, and symbols—and panel 5 describes the functions of the system, including, for example, caring for the dying and making sense of death.

Kastenbaum was writing from an Anglocentric perspective, but all cultures create death systems. Researchers explored death and dying among the indigenous Sámi people in Northern Scandinavia and concluded that despite differences in core concepts—for example, depending on seasonal changes and relationships rather than calendar time—Kastenbaum’s model provides a useful tool for understanding this death system.²¹ Similarly, a group studying the preparations made for death by rural Chinese elders found that the tasks, rituals, imagery, meaning, and roles resonated broadly with the structure developed by Kastenbaum.²²

death system
invisibility of death

Understanding complex or so-called wicked problems through a systems lens is an approach increasingly required for understanding and intervening in issues such as obesity, homelessness, or gender inequality.⁵⁵ Margaret Chan, the director general of WHO from 2006 to 2017, talked of the need for responses to these complex problems from the “whole-of-government and whole-of-society.”⁵⁶ People have come to these approaches after realising that more reductionist approaches achieve little.

The death system is one of many complex adaptive systems that exist and intersect throughout societies and include, for example, primary care services, education systems, financial systems, families, and communities. Complex adaptive systems have defining features: most importantly, they do not follow linear causation, nor allow simple solutions to problems.⁵⁷ They exist in a complex web of interacting personal, social, political, religious, and economic drivers. Attempts to reduce a complex adaptive system to the sum of its linear parts to explain how it works, and how to intervene, will be unsuccessful, as their behaviour is emergent and unpredictable. It is the relationship between parts that offers the most insight into how a

complex system functions. They are not closed but have blurred boundaries and interact with their environment and other systems. Systems adapt, change, and evolve over time just as death systems have done. Small interventions or changes at one point can have considerable unintended consequences at another: as the famous metaphor suggests, a butterfly beating its wings in New Mexico can cause a hurricane in China. Complex adaptive systems are often fine-tuned to achieve a specific purpose and have feedback loops that ensure they continue to achieve that purpose. Positive feedback loops can also occur, causing sudden shifts in behaviours or outcomes.

Death systems are unique to societies and cultures, but the trends described in tables 1 and 2 suggest that patterns are emerging across systems. The increased number of deaths in hospital means that ever fewer people have witnessed or managed a death at home. This lack of experience and confidence causes a positive feedback loop that reinforces a dependence on institutional care of the dying. Medical culture, fear of litigation, and financial incentives contribute to overtreatment at the end of life, further fuelling

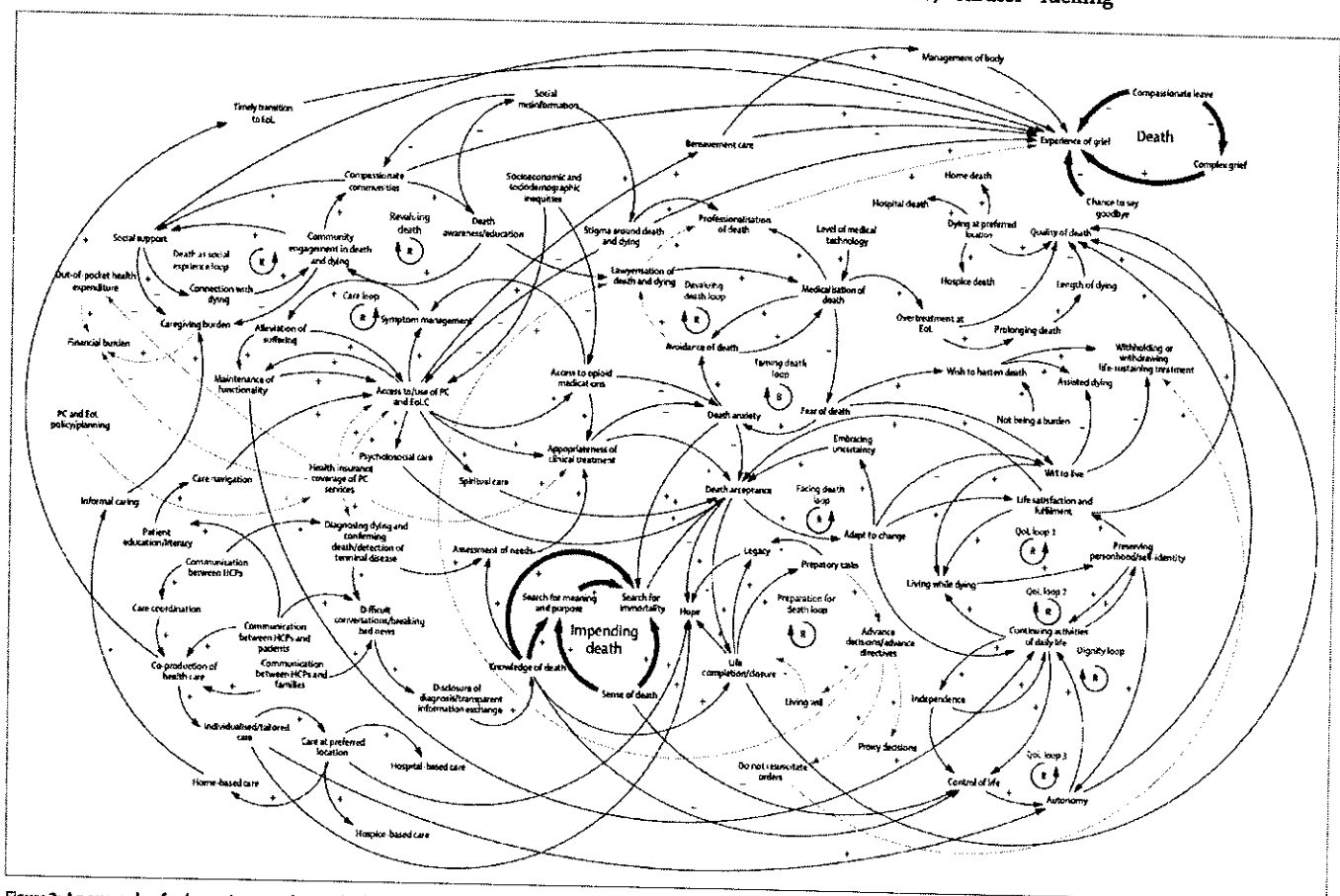


Figure 3: An example of a dynamic map of an end-of-life system

EoL=end of life. HCPs=health-care providers. PC=primary care. QoL=quality of life. R=reinforcing loop. B=balancing loop.

institutional deaths and the sense that professionals must manage death. Social customs influence the conversations in clinics and in intensive care units, often maintaining the tradition of not discussing death openly. More undiscussed deaths in institutions behind closed doors further reduce social familiarity with and understanding of death and dying.

Figure 3 represents one illustration of an aspect of a death system, the end-of-life care system, capturing the complexity, the non-linearity, and the existence of positive and negative feedback loops. The end-of-life system is mapped in a causal loop diagram to show its non-linear and dynamic nature with reinforcing and balancing feedback loops. Arrows track interactions among variables, with polarity noted by plus and minus symbols. The illustrative map centres around two key events—impending death (based on knowledge of death) and death itself—and is primarily focused on the patient's experience of the death trajectory, with the experiences of family and informal caregivers also being incorporated. The map goes beyond physiology to function and health capabilities, which include wellbeing and the capacity to achieve.^{38,39} A map of a whole death system would include much more—for example, systems for preventing death and funereal customs.

Section 4: Philosophical and religious underpinnings of death systems

Many philosophies and religions view life and death as part of a cycle where death is not seen as an ending but as a gateway to the next phase of life. The concept of Samsara—the continuous cycle of birth, life, death, and rebirth—is shared by several world religions, including Hinduism, Jainism, Sikhism, and Buddhism. The cycle of death and rebirth is dependent on karma, whereby actions in one life exert an influence on your future lives.

A belief in the continuity between the worlds of the living and the dead and of the continued existence of and interaction with those who have died underpins many belief systems. With indigenous African philosophies, the belief in the enduring presence of those who have died and of their continued interaction with the living is a defining feature, underpinning all spiritual life.⁴⁰ Ancestors are not transformed into deities but rather remain as versions of the people they were when living.⁴¹ The interconnected nature of the living and the dead, with those who have died remaining present and active in the lives of the living, is a key feature of many African death systems.⁴²

In New Zealand Māori traditions, a dying person must pass through the veil or *ārai* that separates the physical and metaphysical worlds.⁴³ This transition is the focus of the care provided by the family or *whānau* at the end of life and allows the person to take up their place in the ancestral world.

???

Western philosophy, by contrast, has held death to be a final endpoint. In the *Phaedo*, Plato (429–347 BCE) describes the very activity of philosophising as a practice, or apprenticeship, for death.⁴⁴ This same notion is taken up by Michel de Montaigne (1533–1592) in his essay *That to Study Philosophy is to Learn to Die*.⁴⁵ The contemplative life of the philosopher is a way to approach death in a state of tranquillity. The philosopher seeks to show that death should not be feared. Epicurus (341–270 BCE) argues that “death, the most frightening of bad things, is nothing to us; since, when we exist, death is not yet present, and when death is present, then we do not exist.”⁴⁶ Montaigne argues that to overcome the fear of death we must become death's neighbour and, in this way, “domesticate” death.⁴⁵

The three Abrahamic faiths, Judaism, Islam, and Christianity, all share a belief in an afterlife and in resurrection. Judaism teaches that at the moment of death, the body and the soul separate and that while the body may disintegrate, the soul, the self, is eternal. Christianity preaches an afterlife in which after the Day of Judgement the good will reside eternally in heaven, while the sinful will be sent to hell. Belief in an afterlife is one of the six articles of faith in Islam, which believes in separation of the soul and the body after death. All three religions hold that life is a divine gift from God.

Confucianism does not talk about death directly but argues that seeking to prolong life can come at the expense of *ren* (benevolence, or supreme virtue); it may be necessary to accept death in order to have *ren* accomplished. Buddhism explicitly understands suffering as natural in four areas – in sickness, ageing, and death, but also in living itself. In Daoism, the context for discussing death is natural law, the way of following nature: death helps us to experience the whole process of life, to take a holistic view on life. Death is interior to life, a necessary part of life according to natural law.

This idea of the balanced natural law allows death to be valued as a homeostatic mechanism necessary to life. Death is essential to life because without it there would be no life. Without death every birth would be a tragedy. It allows the old to give way to the young, evolution, and renewal. Similarly, death allows for new ideas and progress. As the German physicist Max Planck (1858–1947) observed, science advances not because scientists change their minds but because new generations come along.⁴⁷ This principle is often paraphrased as “Science advances, one funeral at a time.”

This kind of argument is “consequentialist”: death has value because of consequences it enables or permits. Such arguments predominate, perhaps because it appears irrational to claim that death is valuable in and of itself, but some philosophers have argued just that.

Martin Heidegger (1889–1976) refocused philosophical attention on death from understanding the nature of death to our relation with death.⁴⁸ He argued that our own death is not something that we can experience

interconnexion
of the living and the dead

duty or gift

directly, whereas we can experience the imminence of our death. We can have a relation with our death which is yet to come. Death stands before us as the one event that it is impossible to avoid. Heidegger argues that it is an event for which no one can take responsibility on our behalf, *no one else can die my death for me and through understanding this, facing up to this, and owning one's death, we may authentically become who we are.*⁶⁶ This points to a way in which death may give value to life.⁶⁶

The French philosopher Emmanuel Levinas has said, "for us who witness the death of another person...there is in the death of the other his or her disappearance, and the extreme loneliness of that disappearance. I think that 'the Human' consists precisely in opening oneself to the death of the other. In being preoccupied with his or her death."⁶⁷ With this, Levinas shifts the focus again from our relation with our own death to our relation with the deaths of others. Panel 6 explores in more depth the concept of the value of death as a gift.

This might sound fanciful, but the palliative care physician and writer Kathryn Mannix has said that *"being at a deathbed isn't a duty, but a gift."*⁶⁸ Irish writer Kevin Toolis described attending his father's wake as a gift because it taught him how to die.⁶⁹ There are also many accounts in both academic studies and general writing of people finding dying to be a positive rather than negative experience.⁷⁰ Gandhi (1869–1948) talked of the joy he found in nursing his brother-in-law as he died: "all other pleasures and possessions pale into nothingness before service which is rendered in a spirit of joy."⁷¹

For many communities, illness, death, and grief are times at which connections are at their strongest. The Zulu phrase *umuntu ngumuntu ngabantu* ("A person is a person through other persons") is a core idea underpinning and defining Ubuntu philosophy, which is sometimes referred to as the African conception of humanism.⁷² Personhood exists within a community and is premised on connectedness, famously described by the cleric and theologian Desmond Tutu (1931–2021) in his quote: "My humanity is caught up, is inextricably bound up, in yours. We belong in a bundle of life."⁷³ Kenyan philosopher John Mbiti (1931–2019) has explained Ubuntu (meaning "humanity") as "I am because we are, and since we are, therefore I am,"⁷⁴ which contrasts with the saying by French philosopher René Descartes (1596–1650) "I think, therefore I am." An important application is that "whatever happens to the individual happens to the whole community, and whatever happens to the community happens to the individual as well."⁷⁵ When an individual dies, their death is inextricably linked to and experienced by the community.

Religious, philosophical, and spiritual perspectives on death and dying are fundamental to understanding different death systems, informing many of the implicit assumptions, values, and behaviours that define them.

Panel 6: The gift of death

In a recent interview the palliative care specialist and author Kathryn Mannix talked about the bereaved families who were not able to be present when their loved ones were dying of COVID-19: "These people don't know what the real story was and they realise that this not knowing is terrible, that being at a deathbed isn't a duty, but a gift."⁷⁶

The distinction between duty and gift takes us to the heart of thinking about the value of death. Duty is often understood as an obligation. In many cultures, caring for an ageing or dying parent is deemed to be a filial duty. In his essay *De Brevitate Vitae* [On the Shortness of Life], the classical Roman writer Seneca (died 65 CE) reflects on our sense that death comes too early in life, that we always "die before our season."⁷⁷ Death comes too soon because we fritter away so much of our lives on worthless activities. We wouldn't, he argues, give away our property, so why give away our lives? This transactional thinking reduces the value of death to what Karl Marx (1818–83) called "exchange value".

Mannix's notion of the gift challenges this thinking and chimes with the work of the French anthropologist Marcel Mauss (1872–1950), who studied Native American culture and explored how the gift of being with dying people can build human relations based on reciprocity and exceed the regulated contract of exchange: there is a generosity in the gift that goes beyond any possibility of return.⁷⁸

This thinking is developed by the French Jewish thinker Emmanuel Levinas (1906–95) who recognises that value derives from the uniqueness of a person's death and that one person's death is not simply equivalent to and therefore cannot be exchanged with another.⁷⁹ There is no way by which the dying person can avoid their death. There is nothing, in that sense, that I can do. In being-for the other in their dying there is no return to be gained on my investment. There can only be loss. In this way, I am with the dying person in the same way that I am with a friend. *"I am with the dying person in the same way that I am with a friend."*⁸⁰

The value of this being-with in death does *"I am with the dying person in the same way that I am with a friend."* But what is the nature of this relation?

Levinas talks of *"I am with the dying person in the same way that I am with a friend."* It is gratuitous because it is a giving that not only does not expect any return but that goes beyond the possibility of receiving anything in return. What can we give to the person who is dying? First and foremost, it is a gift of time—to give my time over to the person who is dying. To give time to the other in death is the condition of possibility of the being-with which is itself the condition of possibility of communing with the dying person, and thus in turn of community more generally. In the generosity of the gift of time to the person who is dying, a new sense of value is created, and with it a new possibility for giving value to death and to dying.

Section 5: Historical origins of death systems

Archaeological exploration of graves and burial sites can provide insights into historical practices around death, dying, and bereavement and the death systems they were part of. Many sites are now major tourist attractions, such as the pyramids in Egypt or the Terracotta Army in China, and they offer important insights into human responses to mortality and loss. Archaeological materials relating to historical care of the dead have been used to facilitate discussions about contemporary death and dying and understand and reflect on biases, expectations, and norms.⁸⁰

The historian Philippe Ariès (1914–1984) examined death from a Western perspective and identified four phases.⁸¹ Before the 12th century he describes a period of

"Tamed death," where death was familiar, and people knew how to die. The dying and their families accepted death calmly; they knew when death was coming and what to do; dying was a public event attended by children. Later came "One's own death," where death became more personalised. The imminence of judgement, introduced by Christianity, meant the dying had heaven to hope for or hell to fear; they had a stake in their death. The 18th century saw a shift towards "Thy death," where death began to be dramatised, revered, and feared and was seen as discrete from the normal flow of life. Ariès describes the final phase as "Forbidden death," which coincides with the arrival of scientific progress and the modern hospital: death is "unwanted and fought against...on the hospital bed, while one is unconscious, alone, and...[trying] to eschew death until the last minutes."⁸¹

The social critic **Van Illich (1926–2002)** argued that death has become steadily medicalised since the Middle Ages.⁸² In the 15th and 16th centuries, doctors in Palermo, Fez, and Paris argued intensely about whether medicine could prolong life, with many insisting that attempts to interfere with the natural order were blasphemous. The English philosopher Francis Bacon (1561–1626) was the first to describe prolonging life as one of the functions of medicine, but it was another 150 years before this role became a possibility. At first only the rich could expect that doctors would delay death. However, argued Illich, by the 20th century this expectation had come to be seen as a civic right. "Thanks to the medicalisation of death, healthcare has become a monolithic world religion," writes Illich. "Natural death is now the point at which the human organism refuses any further input of treatment." He also argued that what he called "mechanical death" had been exported. "The white man's image of death has spread with medical civilisation and has been a major force in colonialisation." The growing movement to decolonise global health "by grounding it in a health justice framework that acknowledges how colonialism, racism, sexism, capitalism and other harmful 'isms' pose the largest threat to health equity"⁸³ is a response to this historical background, as is the movement to decolonise death studies, death practices,⁸⁴ and end-of-life care.⁷

Section 6: Power, discrimination, and inequity in death systems

Death systems are not benign. They can replicate and reinforce discrimination and inequity. Power resides within systems, and the systems often maintain the interests of those holding power.

Individual or community experiences of death, dying, and bereavement are determined by a constellation of factors such as political unrest or conflict, access to and trust in health-care services, relationships, discrimination or oppression, poverty, education, and many others. These determinants interact with each other to create

unique sets of experiences for people at the end of life. These non-medical aspects of why, how, and where people die or grieve are understood collectively as the **social and structural determinants of death, dying, and bereavement**. They share a great deal with the **social determinants of health**.⁸⁵

2020 will be remembered as a year in which these determinants of death, dying, and bereavement loomed large. Firstly, the coronavirus pandemic brought death into the daily lives of all people around the world. Understood initially as an indiscriminate virus, infecting rich and poor people equally, data soon emerged showing that mortality and morbidity were concentrated among disadvantaged people, with increased death rates for many minority ethnic communities in high-income countries.⁸⁶ A second major event of 2020, the murder of a Black man, George Floyd, by a police officer in the USA, sparked a global protest. These events forced wider recognition of the influences of discrimination, inequity, power, and oppression on how and why people die.⁸⁷

The impact of race, gender, sexuality, socioeconomic status, or other forms of discrimination on mortality rates, access to care, or the incidence of diseases or conditions is well established. Black mothers in the USA are three times more likely to die from preventable pregnancy-related complications than are White mothers⁸⁸ and this racial difference has persisted despite nationwide efforts to improve maternal mortality. Black Americans are at twice the risk of losing a mother and about 50% greater risk of losing a father by age 20 years compared with White Americans.⁸⁹ Growing evidence on adverse childhood experiences provides an explanation of how cycles of disadvantage and trauma can persist within families and communities, with important effects on mortality rates.⁹⁰

People identifying as LGBTQ+ have increased rates of preventable deaths and face barriers accessing health services.⁹¹ Rates of cardiovascular disease, disability, and poor mental health are higher in adults older than 50 years who identify as lesbian, gay, or bisexual, compared with heterosexual populations.⁹² Improving access to end-of-life care has been highlighted as a specific challenge.⁹³

Women are traditionally viewed as the caregivers at times of ill-health and dying: women spend on average 2.5 times as much time on unpaid care and domestic work as men.⁹⁴ The **Lancet Commission on Women and Health** found that women contribute almost 5% of global gross domestic product through health caring and that about half of this is unpaid work.⁹⁵ Unpaid caring, much of which consists of caring for ill or dying people, tends to be undervalued and unprotected and is undertaken with little or no training or support.⁹⁶

The data show inequity across the life course because of race, ethnicity, class, gender, or sexual orientation but people do not experience these factors in isolation. **Intersectionality is the understanding of how these**

factors interact and intersect to create different and multiple experiences of discrimination and disadvantage.* Being female is linked with disadvantage, but being a migrant woman of colour, an unpaid carer, or a lesbian woman with a disability is likely to bring further disadvantage. In panel 7, Mpho Tutu van Furth, a Black South African woman, and Commissioner, reflects on race, gender, and the value of death.

Applying the concept of intersectionality is central to a systems understanding of contemporary death, dying, and bereavement. Different aspects of people's lives intersect to determine how they die or grieve, and recognising the differences can help move systems beyond a traditional model based on western health care.

Power and death

Power is the uncomfortable reality behind systems change. Power exists in relationships, structures, and systems. Often invisible, it underpins all sections of this report, from avoidable mortality, to caregiving, to conceptualisations of a good death. Ageism, ableism, sexism, racism, heteronormativity, or colonialism are all examples of how power can be exerted. Power is often seen as coming from the top, but power also influences relations within families and communities, between patients and health-care professionals, and between communities and statutory institutions.⁹⁸

There are many examples of power being exerted in death systems around the world. During the first wave of the COVID-19 pandemic in the UK, power structures influenced the indiscriminate placement of do-not-attempt-resuscitation orders for older people living in care homes or for people with disabilities,⁹⁹ and similarly, personal protective equipment was not provided for staff working in these settings.¹⁰⁰ In situations where a family is unable to pay hospital medical bills, hospital staff will often refuse to release the body of the deceased until payment is made. This practice appears to have intensified during the COVID-19 pandemic.

Considering power relationships is essential for understanding social, health, and death systems and how they might be changed. If those with most power—for example, those who control resources, hospitals, and health professionals—are reluctant to change, then change will be difficult.

Section 7: Individuals, families, and communities within death systems

The will to live, death anxiety, and the will to die

The psychological notion of a powerful drive for self-preservation was described as the *will to live*, *Wille zum Leben*, by the German philosopher Arthur Schopenhauer (1788–1860). Schopenhauer's notion derives from the earlier idea of *conatus*, which is characterised by the Dutch philosopher Baruch Spinoza (1632–1677) in the following way: "each thing, as far as it lies in itself, strives to persevere in its being." The will to live is influenced by

Panel 7: Race and the value of death

"Race is not real, yet it can control us. We now understand that race is an idea constructed by a power elite to justify the dehumanisation of people in order to subjugate, exploit, enslave, and kill them without repercussion."

Hanuman Goleman⁹⁷

Mpho Tutu van Furth, member of the Commission, writes:

This Commission has centred the story of the value of death in a relatively wealthy, mostly White, and predominantly western perspective. What this means is that White, western, and relatively wealthy is the norm to which every other experience must refer. Most people in the world do not have to wrestle with an over-medicalised death, they have minimal access to quality health care.

I cannot address the perceptions and experiences of two thirds of the world population. I will speak to my own experience. I am a Black South African woman and the mother to two African American children. In the two contexts in which I lived longest, South Africa and the USA, Black people have never had to engage in a fight to die. Society and the medical world have considered Black lives cheap. I was a teenager when the Soweto uprisings erupted in 1976. I saw then the naked brutality of the apartheid police. I understood then how cheap Black lives were to the White regime. The police first used tear and rubber bullets on the protesters. Then they used batons, rawhide whips, and live ammunition on the children.

Growing up I saw the White flight from ageing and death. I wondered why my mother didn't hide her grey hairs or guard her girlish figure like the mothers of my White friends. "I earned my grey" she would say. She, coming from a culture in which our elders were honoured, even revered. "I have daughters" she would say turning gracefully, and gratefully, into her old age. The cause of death is birth. Black people had no illusion that we could avoid death. Black South Africans did not desire immortality. In death we would be gathered to our ancestors. "Going home" to our forebears was considered the reward for life well lived.

The experience of the vast majority of Black people in the post-apartheid South Africa closely resembles that of African Americans. Although they are putatively citizens of a free non-racist society, health, wealth, and opportunity in South Africa remains largely in the hands of the white population. As in the USA, the referential norm is White. In both societies the Black person is "othered". The consequences of this othering and the opportunity hoarding which is its partner are evident in the COVID-19 pandemic.

The COVID-19 pandemic was initially described as an equal opportunity assailant striking rich and poor, Black and White alike. It soon became evident that this was untrue. The rich could escape to their second homes. The middle class could, for the most part, work from home. It is the poor who are bearing the brunt of this pandemic. In South Africa one legacy of apartheid is the vast overpopulated Black townships that surround every city. People live cheek by jowl. In many homes there is no running water. Social distancing is an unachievable dream. If they have work, the denizens of the townships are not people who can work from home. This population of cooks, cleaners, and grocery store clerks probably carried the killer virus from the affluent White suburbs to the impoverished townships. For African Americans the story is much the same. In addition to being essential workers, African Americans bear the imprint of the constant stress of institutionalised racism in their bodies. This "weathering" can be the underlying condition that leads to elevated rates of COVID-19 related deaths among African Americans.

The value of death is culture and race bound. In order to ascribe the correct value to death we must assign the right price to every life.

physical and psychological symptoms such as pain, breathlessness, or depression, but is often more strongly influenced by existential factors such as losing hope, the

Panel 8: Terror management theory

Terror management theory¹⁰⁴ was derived from cultural anthropologist Ernest Becker's effort to elucidate the motivational underpinnings of human behaviour.⁴⁹ The theory starts with the Darwinian assumption that human beings share with all forms of life a basic biological predisposition toward self-preservation in the service of survival and reproduction. Humans are, however, unique in their facility for abstract symbolic thought and mental "time-travel." This facility has allowed humans to proliferate in diverse environments, but it also gives rise to the unsettling realisations that life is finite, death can occur at any time, and we are embodied creatures who are ultimately no more important than lizards or potatoes.

Terror management theory suggests that awareness of death, tragedy, and corporeality engenders potentially debilitating existential terror that has led us to develop defences against this death anxiety. To "manage" existential terror humans embrace cultural worldviews: beliefs about reality that infuse life with meaning and purpose by providing an account of the origin of the universe and prescriptions for standards of social conduct. Meeting or exceeding the standards conduct yields self-esteem: the perception that one is a person of value in a world of meaning. Self-esteem fosters psychological equanimity by buffering anxiety (in general, and of death in particular) in the present and increasing the prospect for immortality in the future. Immortality can be literal, through the heavens, afterlives, reincarnations, resurrections, and the indestructible souls central to most religions; or symbolic, by having children, amassing great fortunes, producing great works of art or science, or being a member of a great and enduring tribe or nation. People are therefore highly motivated to maintain faith in their cultural worldviews and self-esteem as a psychological buffer against existential dread.

feeling of being a burden, or the sense that life has no purpose or meaning.^{101,102} Researchers identify a complex mix of physical and psychosocial variables that influence the will to live: breathlessness, absence of a spouse, and high anxiety all correlated with a low "will to live score."^{102,103} A strong will to live is correlated with low anxiety and a strong religious affiliation.¹⁰⁴ The will to live can be influenced by receiving diagnoses such as cancer, but it remains strong for many with metastatic cancer.¹⁰⁵ A loss of the will to live correlates with a desire to hasten death and suicidal ideation.¹⁰⁵

Ernest Becker proposed that our fear of death is the main force behind much of human culture and behaviour.⁴⁹ Managing this terror of death has led to several influential theories of death anxiety (panel 8), which in turn suggest interventions that might temper the will to live or the wish to die. Regret theory suggests that past regret (of things unaccomplished) and future regret (of things that may not be accomplished) underpin

death anxiety and could be mitigated by techniques such as life review and future planning.¹⁰⁷

Experimental psychologists have tested Becker's theory by conducting experiments exploring how humans behave when faced with reminders of their death.¹⁰⁶ The buffer to death anxiety, they suggest, relates to raising self-esteem and helping people to stay connected with their cultural worldview. They find that reminders of their own deaths lead people to fear those with different world views and may also lead doctors towards more extreme medicine. The antidote may be for doctors to become more aware of their own death anxiety in training, and for societal interventions to promote self-esteem, in the dying together with opportunities for kindness and more tolerant connection with those different to ourselves.

Accompanying the will to live is the desire to hasten death. A meta-analysis in 2017 of eight studies from high and upper-middle income countries exploring the "wish to hasten death" confirmed that attention to all forms of suffering is a prerequisite to promoting the will to live.¹⁰⁸ Pain, fatigue, breathlessness, cognitive impairment, and loss of independence were compelling reasons for a wish to hasten death. Terror due to uncertainty about the future and of the dying process, objectification ("the colon cancer in Bed 4"), the need for self-determination, and the desire to spare others the burden of care were the key existential reasons cited for a wish to die.¹⁰⁸

A new cohort of patients to study are those who choose an assisted death in countries where this practice is legal. The results are similar—a sense of burden and a loss of meaning drive the pursuit of an assisted death, rather than unbearable physical symptoms.¹⁰⁹ A "sense of aching loneliness," the "pain of not mattering," and a sense that their "life story has ended" influenced the wish for death to come sooner.¹¹⁰ However, new relationships can counteract loneliness and suicidal thinking.¹¹¹

The desire to hasten death may be acceptable in some religions or cultures. Indian culture had a traditionally socially acceptable form of the voluntarily ending of life. In Jainism it is called *santara* or *sallekhana* and in Hinduism *prayopavesham* or *samadhi marana*. In principle this practice entails a person coming to the realisation that they have no responsibilities or desires left. With the consent of religious elders, the person enters a slow process of fasting, where they give up one item of food a time, so that hunger pangs are tolerable. Over a few weeks or months the person dies, often amid chants. This tradition is much less practised now than in the past, because the social view of what is ethically right has changed and because the legal position is uncertain. The argument in favour of the practice is that it is based on a person finishing responsibilities in the world, coming to a state of no desires, and voluntarily accepting death as the inevitable culmination of life.

There is evidence that the will to live can keep people alive. A study looking at the death records of 70 million Americans found that death rates were much higher after key events such as birthdays, Christmas, and Thanksgiving.¹¹² It is highly likely that emotions, positive and negative, can influence a prognosis, but the tyranny of "positive thinking" can lead to ambivalence, guilt, and bad decisions.¹¹³

Grief, bereavement, and mourning

Grief is the natural emotional consequence of attachment and loss, whether it is the loss of limb, country, employment, marriage, or other crucial relationships, and mourning is the public face of that grief. Although there are many sources of loss, the word bereavement refers specifically to the loss of an important relationship through death and can be associated with many physical and mental health problems.^{114,115} Bereavement can also lead to sudden death of a surviving partner or to suicide.¹¹⁶

The psychiatrist Elizabeth Kübler-Ross (1926–2004) described the "five stages of grief" in 1970, suggesting that people who are bereaved must move through denial, anger, bargaining, depression, and acceptance to complete their grief.¹¹⁷ More recent theories state that grief is not something to be completed but rather something to be integrated into the bereaved person's life. The grief counsellor Lois Tonkin has proposed a model of "growing around grief": grief does not fade away but becomes part of the person and life of the grieving.¹¹⁸ Similarly, with the "dual process model" the grieving accept their loss but also confront it, creating a new relationship with the person who has died.¹¹⁹ With the "continuing bonds" model, the aim is not to detach from the person who has died but to create and celebrate continuing bonds with the person.¹²⁰ All these models describe the importance of continued connection with those who have died, mirroring many religious or spiritual perspectives on death and grief.^{60,61}

A central component of many mourning practices is a funeral or a formal disposal of the dead body. Functions of a funeral vary but can include: an opportunity to reflect on the life of the deceased person; to ease their passage to the next life; to demonstrate love and respect for the deceased person; or for the community to say goodbye and to support each other in grief. The absence of funerals, or attendance of pared back, virtual funerals during the COVID-19 pandemic prompted many people to reflect on their role in death systems. A recent rapid, mixed-methods review explored the evidence of effect of funeral practices on bereaved relatives' mental health and outcomes; although the review was inconclusive, qualitative evidence underlined the importance of the bereaved being able to shape the rituals in a way that was meaningful for them.¹²¹ The review also highlighted the important role that funeral staff play in supporting bereaved people, a finding supported by other studies.¹²²

Relationships and social networks

Multiple studies in recent years have emphasised the role that relationships and social networks play in a range of areas, including smoking,¹²³ obesity,¹²⁴ and survival,¹²⁵ overshadowing the role of health-care interventions. Relationships are important beyond their role in health outcomes—they influence all aspects of our lives and deaths. Carlo Rovelli, a quantum physicist, has stated that relationships are fundamental to the universe and all life: we only exist in relation to others, and reality is made up of relations rather than objects.¹²⁶

Placing relationships rather than interventions or treatments at the centre of people's lives and deaths requires a shift across all aspects of society. In *Radical Help*, the social entrepreneur and designer Hilary Cottam describes what this change would look like for the welfare state in the UK, arguing that traditional services and institutions based on fixing problems for people are outdated and out of step with modern challenges.¹²⁷ Instead, the focus should be on supporting individuals, families, and communities to build their own capabilities and connections with each other. She writes: "Relationships—the simple human bonds between us—are the foundation of good lives...Without strong bonds with others, or with unhealthy relationships, very few of us can feel fulfilled—or even function."¹²⁷

Although death and dying are increasingly controlled by health systems, most care of the dying, hour by hour, is the responsibility of the dying themselves, family, friends and the community. When patients are in hospital, nurses spend about 5% of their time in face-to-face interactions with patients¹²⁸ and doctors spend only about 13–15 minutes a day in contact with an individual patient.¹²⁹ The time spent with patients dying at home is even less. This situation has been termed the 95% rule, meaning that 95% of the care of the dying is undertaken by lay communities¹³⁰ despite the dominance of health care systems.

In many settings around the world, the communities undertaking this 95% of care are experienced, knowledgeable, and capable in supporting people at the end of life, but for others, this confidence has slowly been lost. Kevin Toolis describes in *My Father's Wake* how his family and community managed the dying, death, wake, and burial of his father in the village where he was born in rural Ireland.⁷¹ The traditional Irish way of death is no longer present in the cities and is fading in the countryside, but Toolis thinks that something of the tradition can return. Many people were present as his father died, and his dying merged with his wake. Not only his family but the whole village, including children and teenagers, came to the wake, touching the body, drinking tea, and telling stories, often sharing stories of tragedies that had not been shared before. "A rite that survived the fall of Troy and a thousand generations before the rise of the Western Death Machine can easily survive the retransplantation back to our cities of glass

and concrete. We need to find our way again with death. To be human is to be mortal, and to be mortal is to love, live and die amidst the lives of everyone around you on the island or in the city. And to embrace rather than deny our mortal fate.¹⁷³

Efforts to support this retransplantation can be seen around the world. The death doulas movement is an attempt to build skills and capacity relevant to death within communities.¹³¹ The movement challenges professionally led models of support for people dying, while acknowledging that many individuals or families do not have the skills or confidence to care for someone as they die. Navigating death systems can be difficult, and death doulas can challenge established norms such as where someone is allowed to die or be buried, or the role family members can take in caring.¹³²

The global compassionate communities movement aims to build community capacity in end-of-life care.³ It developed in response to the professionalisation of care for those dying and grieving and the increasing marginalisation of communities from that caring.¹³³ Some projects begin when services such as hospices or clinics engage in a dialogue with local communities to understand experiences, wishes, and challenges around death, dying, and care, while others develop from lay communities themselves. They are based explicitly on the principles of community development—people taking action on issues that affect them and building skills that they can use to support themselves and others.

In compassionate community projects, people form networks in their village or on their street and identify and support those who are dying, caring, or grieving. If a service such as a hospice or clinic is involved, it supports this process by creating a space for these networks to grow, providing clinical support, sharing knowledge and skills, linking members of the community, and ensuring safety and legitimacy: many people are fearful of knocking on others' doors and wish for support to do so at the start. The result is often a partnership between lay community networks and professional networks. These networks are often working in isolation and attempts to bring them together are essential.¹³³

Compassionate communities now exist in 19 countries, including India, Australia, Canada and the US, and countries in Europe and Latin America.¹³⁴ They are a global movement with an international association.¹³⁵ The Hen Foundation quality of death index now includes measures of community engagement in its assessment of the quality of services.¹³⁶ The movement has been important in challenging professionally dominated models of palliative care.¹³⁷

Disadvantaged communities

Naturally occurring community networks, or ones that are newly created through initiatives such as compassionate communities, may exist in many countries and communities, but they are by no means a given. Research

has shown that areas with high levels of poverty and social disadvantage have smaller networks and a lack of relationships across and within communities,¹³⁸ particularly with local services such as the police, housing, and health care, increasing their sense of isolation and abandonment.¹³⁹ In such places the conditions for developing partnerships first need to be created. Asset-based approaches, which start with people's lived experience of the area and recognise the strengths and capacities of people to support and affect change, are increasingly being advocated to create these conditions. These developments need service providers to understand the barriers to living well as a starting point for conversations about death and dying and working in partnership.

Some of the social norms for caring, dying, and grieving can reinforce and perpetuate inequities. For example, widows are some of the most marginalised women in the world. In many communities, women's status and security comes from (heterosexual) marriage. When a woman's husband dies, she can be stigmatised and banned from inheriting property or assets, prevented from subsequent employment, or forced into further marriages or damaging cleansing rituals.¹⁴⁰ These deeply rooted cultural practices have been highlighted as contributing significantly to gender inequality and gender-based violence around the world. While many of these practices are seen in low-and-middle-income countries, widowhood predisposes to disadvantage in many high-income settings. In the USA and Germany it can manifest as pensioner poverty or limited health insurance.¹⁴¹ Women or men in same-sex relationships can be similarly disadvantaged when their partner dies, as they may be banned from inheriting property or assets and excluded from funerals or mourning rituals. This disadvantage may happen particularly in countries that do not allow or recognise same-sex marriage or civil partnerships and can predispose to disenfranchised and complex grief.¹⁴²

Societal and civic responses

A vibrant countercultural death movement is building in many countries with death cafes,¹⁴³ festivals, ~~mass~~ awareness weeks,¹⁴⁴ or public campaigns.¹⁴⁵ These movements illustrate that large groups in communities do wish to talk collectively about death, dying, and loss and are creating new opportunities in society to do so. Many widely read books have been published recently on how to die, the process of dying, and understanding our mortality. Setting death and dying in their social or cultural context through a best-selling book, an interactive exhibition in a shopping centre,¹⁴⁶ or as the story line in a telenovela can bring powerful change in how people see or understand them. Evidence suggests that talking collectively about these issues can lead to an improvement in people's attitudes and capabilities for dealing with death.¹⁴⁹

In response to Taiwan having one of the fastest ageing societies in the world, Taipei City has led an ambitious programme of activities to promote discussion and action on issues of ageing and death. It has embedded the *Compassionate City Charter* throughout the city. This charter draws on the Healthy Cities public health movement^{150,151} and outlines the steps a city, town, or village can take to normalise death and dying and create a society that supports them. It now has several initiatives throughout the city involving schools, businesses, and temples supported by the mayor and council. These initiatives are exploring what it means to have a good death and death literacy of citizens.¹⁵²

Death, dying, and grief have not been immune to the far-reaching impacts of social media. A host of new virtual spaces now exist to share and discuss illness, dying, death, and grief. Social media provides opportunities for online communities to come together to grieve collectively. A person can design a goodbye message that will only be visible to others after their death, or curate their social media feed or digital legacy that others will see after their death.¹⁵³ When Facebook is informed that a user has died, it converts the page to a memorial page. It is estimated that by 2098 there will be more accounts held by dead members than by those who are alive, meaning that Facebook might come to represent a global virtual cemetery.¹⁵⁴ Social media profiles allow the continued connection and interaction between the deceased and the bereaved that contemporary models of grieving support (see above).

A good death

A recent meta-systematic review of the conditions for a good death found 11 conditions, which in order of importance are: *relief from physical pain and other physical symptoms; effective communication and relationship with health-care providers; the performance of cultural, religious or other spiritual rituals; relief from emotional distress or other forms of psychological suffering; autonomy with regards to treatment-related decision-making; dying in the preferred place; life not being prolonged unnecessarily; awareness of the deep significance of what is happening; emotional support from family and friends; not being a burden on anyone; and the right to terminate one's life.*¹⁵⁵ The authors observe that "Most terminations for a good death could be offered to most dying people, without costly medical infrastructure or specialized knowledge."

These systematic reviews drew on studies across 16 countries, all of which were high-income or upper-middle-income countries. Less is known about people's preferences in low-income and middle-income countries. One study of perceptions of a good death in northern Tanzania found some congruence with the themes from existing systematic reviews but highlighted cultural values that prioritise community and family above self.¹⁵⁶ This is an important finding, reported in other studies,

but often missing as Western narratives of autonomy dominate published reports.

Ideas of what constitutes a good death are not new. Historical texts such as *Ars Moriendi* and *Bardo Thodol* or the *Tibetan Book of the Dead* preceded the ever-increasing number of best-selling books, research studies, guidelines, and media stories today. Society and culture exert a strong influence over the conceptions of good or bad deaths, and the behaviours of people dying, caring, or grieving can follow strictly enforced social norms. With health care's movement into death and dying, it too has imposed a set of clinical requirements on those dying and caring. Many of these cultural, religious, and clinical requirements can support those dying by guiding care from the family, prioritising pain relief, or prescribing rituals and a structure for those bereaved. But, as with other social norms, those who deviate may be subject to moral judgment or sanctions.

This burgeoning industry surrounding the good death has led many to fear that the pressure to achieve a good death may be undermining the experience of dying itself. While it is important to understand what people value when dying, an unintended consequence may be a pressure on dying people and their families to experience the good death laid out by these criteria and a sense of failure if they fall short. There are parallels here with the social pressure in some countries on women to have a so-called natural birth.

The writer and former palliative care physician Columba Quigley wrote: "Life is a messy and often chaotic experience, yet we seem to be on a mission to tidy it up neatly at the final hour. Death is unknown to all of us and adding an adjective like 'good' does not make it any more knowable. Medicine struggles with this not knowing, so we try to control the beast by prescribing a more palatable version, one that creates an illusion of certainty. By defining the 'good death' as a list of tick-boxable criteria, we are losing sight of the individual. The concept of the good death objectifies those in the Land of the Dying by attempting to attach medically manageable, quantifiable measures to a wholly subjective experience." (C Quigley, personal communication)

Omission of death and dying from health conversations and reports

This Commission takes the view that death and dying are a part of life, but that they are often treated as if they are not. The existence or otherwise of a taboo on death and dying has stimulated much debate, but what is certain is the omission of these experiences from health reports, policies, and strategic documents. A study of the strategies of 152 health and wellbeing boards in England identified 150 strategies, and end-of-life care was mentioned in only 78 (52%) and prioritised in only six (4%).¹⁵⁷ As the study observed, prioritisation of end-of-life care has been the subject of extensive rhetoric, but the implementation falls very short.

Claire Morris, director of advocacy for the Worldwide Hospice Palliative Care Alliance, tells the story of arriving late for a meeting with a British overseas aid minister and finding the representatives of organisations concerned with heart disease, cancer, AIDS, malaria, and tuberculosis already there. "Thank goodness you've come," said one of the representatives, "now we can talk about end-of-life care" (C Morris, personal communication). The implication is that these representatives for diseases that kill tens of millions every year would not otherwise have felt able to discuss end-of-life care.

As an example, we examined reports on healthy aging from WHO,¹⁵⁸ the US Institute of Medicine,¹⁵⁹ and the UK All Party Parliamentary Group for Longevity,¹⁶⁰ and they either make no mention of death and dying or mention it in a single sentence or two. It is as if dying is not part of healthy ageing. *The Lancet* has pointed out that WHO advice on responding to COVID-19 made no mention of palliative care,¹⁶¹ while the *Lancet* Commission on Liver Disease does not mention dying from liver disease.¹⁶² Even the important report *Health Equity in England: The Marmot Review 10 Years On* does not discuss death or inequalities in dying.²⁷ The UK National Health Service (NHS) Ten Year Plan for England includes end-of-life care in only part of a single paragraph in a report of more than 120 pages, despite the fact that deaths will increase by more than 10% in the next 10 years.¹⁶³

Section 8: Choice and consumerism in death systems

"Natural death" is now the point at which the human organism refuses any further input of treatment.... Dying has become the ultimate form of consumer resistance."

Ivan Illich⁸²

In recent years there have been major shifts in the relationship between health professionals and patients and in the expectations of patients and the wider public of health-care services.

The 1960s counterculture challenged the conventional hierarchies of power. The sociologist Erving Goffman (1922–1982) popularised the notion of "total institutions" like hospitals where behaviour is controlled and people are treated alike.¹⁶⁴ Eliot Freidson (1923–2005), another sociologist, exposed medical paternalism and power;¹⁶⁵ and social philosopher Michel Foucault (1926–1984) documented how power operated in institutions and showed how the doctor's knowledge of the patient's body is the basis of medical power.¹⁶⁶

This critique of professional power had major consequences in that it changed the communication between doctor and patient. The sick person was recast from a passive patient taking a doctor's orders to an active agent making choices about her or his own life. Nowhere was this shift more clearly seen than in cancer in the 1970s in countries such as the UK and USA,

countries that prioritise individual autonomy. Here doctors moved from not disclosing to patients that they had a terminal diagnosis or discussing prognosis to telling them that they were dying.

Over the same time some people have come to expect much more from services. A renowned UK oncologist, Karol Sikora, recently said on a primetime news programme: "We're a consumer society. Anything we want is just a click away. Yet the NHS is the last bastion of communism."¹⁶⁷ He was implying that unfettered choice is a citizen's right and that the state has an obligation to meet these choices. But how does this fit with universal health-care systems in which the concentration is on need, not demands, and not everything can be available to everybody? Drawing parallels with services that are "a click away" may also promote the magical thinking that longevity is purchasable.

But while some people want more from health services, others want less, or want the right to end their lives when or as they choose.

Assisted dying

Suicide is no longer illegal in most countries. By contrast, helping someone to end their life, for example by providing them with lethal drugs is, in most countries, a criminal offence (known as "assisting a suicide"). It makes no difference to the criminal nature of the action whether the person was dying or requested death, or the action was compassionate.

Increasingly, however, across the world, governments are creating exemptions to the criminal acts of suicide and culpable homicide to allow for medical assistance in dying. Worldwide, approximately 100 million people now have access to some form of assisted dying legislation. Assisted dying is lawful in nine US states and the District of Columbia, Canada, the Netherlands, Belgium, Luxembourg, Spain, Switzerland, and four Australian states. New Zealand has passed legislation that was approved in a national referendum in 2020. The Constitutional Court of Colombia legalised assisted dying, but the government has not yet legislated. Assisted dying is being debated in many countries and legalisation appears likely to spread.

Switzerland is unusual in never having had a complete prohibition on assisting suicide. This has resulted in the outsourcing of assisted dying from countries where it is banned to organisations in Switzerland. People seeking to end their lives in Switzerland must be able to self-administer the medication, making the process "suicide" rather than "murder". Data from one of the organisations, Dignitas, show that from 1998 to 2018, 2591 people from 53 countries came to die, mostly from other European countries—Germany (1237), Great Britain (415), France (330) and Italy (129)—but also from the USA (101), Canada (64), Israel (51), and Australia (32).¹⁶⁸

The nature of assisted dying varies among different jurisdictions, providing opportunities to inform debates

with evidence and practical experience. We consider here the situations in Oregon, USA, and in Canada.

The Oregon Death with Dignity Act came into force in 1997 "because a majority of voting Oregonians believed that persons afflicted with certain terminal illnesses should have the legal right to hasten their deaths."⁶⁶ By January, 2021, a total of 2895 people had received prescriptions for the lethal dose of medication, and 1905 people had died from ingesting the medication, in Oregon since legalisation in 1997.¹⁷⁰ The number of assisted deaths increases steadily each year: there were 245 in 2020, compared with 191 in 2019. In 2020, assisted dying accounted for 0.6% of deaths. Most patients were aged 65 years or older (81%) and White (97%) and had died of cancer (66%) or heart disease (11%).¹⁷⁰

The Canadian legislation came about in 2015 in the province of Quebec (and 2016 in the rest of the country) after the Supreme Court ruled that the blanket ban on assisted dying was contrary to Canada's Charter of Rights and Freedoms. The law allows a broader range of people than in Oregon to apply for assisted dying, and people can opt for injections from clinicians or to take the drugs themselves. In some parts of the country up to 7% of people die with medical assistance, but Canadian authorities expect the figure to stabilise at about 4% for the country.¹⁷¹

In Oregon and Canada, those applying for assisted dying must be citizens, to prevent so-called death tourism. They must be aged 18 years or older and capable of consent when applying for assisted dying. None of the jurisdictions allows assisted dying in response to advance directives, although this practice has been recommended in Canada.⁷² In Oregon the applicants must have a terminal disease and be expected to die within 6 months. Canada has no time specification but requires a "grievous and irremediable medical condition" and initially a "reasonably foreseeable death"; this latter requirement has been struck out by the courts, making assisted dying now available to people with "intolerable suffering from any cause". In practice, people who receive assisted deaths are predominantly older than 65 years, White, and well-educated, and most (around three quarters) have cancer.⁷³

In Oregon only doctors can provide assisted dying, but Canada allows nurses as well. No clinician is obliged to provide assisted dying, although in Canada doctors do have an obligation to pass on requests to those willing to provide assisted dying.

Both jurisdictions have specific application processes, but one key question is whether clinicians can introduce to patients the option of assisted dying. In Canada they can, and there is guidance on doing so.

Canada and the US jurisdictions with assisted dying have reporting requirements, which make public how many patients obtained a prescription and how many patients ingested the drugs, as well as key demographic data.¹⁷²

Panel 9: Societal and policy questions regarding assisted dying

- What are the societal costs of legalising and not legalising?
- Does legalising assisted dying increase or decrease suicide rates?
- Does not legalising encourage underground practices (as with illegal abortions)?
- Is trust in doctors affected?
- What safeguarding measures are needed?¹⁷³
- What are the economic costs and benefits?
- Does legalising assisted dying undermine palliative care?
- Should those undergoing assisted dying be allowed to donate organs?

There are further questions that demand more societal or policy responses than legal, and that require more research as systems of assisted dying are embedded and extend (panel 9). Countries and states thinking of introducing assisted dying need to consider all these questions, and increasingly there is an evidence base to study.

Advance care planning

Advance care planning aims to explore, document, and share a person's wishes about their future care, such that when they are no longer able to communicate their wishes can continue to be respected.⁷⁴ It is a complex intervention concerned with personal reflection, knowledge about disease trajectories and likely changes, discussions with family and clinicians, and interaction with health-care systems. The components of advance care planning vary among countries, but they include general expressions of wishes for care (advance statements); decisions made in advance that have legal force (advance directives); surrogate decision makers (powers of attorney); and decision-making processes by others (best interests or substituted judgment).

A review of systematic reviews published in 2018 found weak evidence that advance care planning can lead to improved communication at the end of life, dying in the preferred place, and health-care savings.⁷⁵

Most research into advance care planning comes from high-income countries, which has led to an overemphasis on autonomy and individual decision making. Family-centred or relational frameworks have received much less attention. The adaptation of existing models of individualised advance care planning to include collective decision making is a priority.

Most discussions focus on the refusal of health-care interventions, but for many people around the world, the refusal of such interventions is irrelevant, as basic health-care services are often inaccessible.

More recent innovations seek to use advance care planning as a tool to promote wellbeing rather than simply reducing harm. Uptake and outcomes might be

improved by placing decisions about refusing certain treatments in a broader narrative about how people would wish to be cared for, the trust they wish to develop with health-care professionals and services, how they might be supported to live in the best way until their death, and the role and presence of family and friends.¹⁷⁶

Advance directives

Advance directives are legal statements that allow patients to refuse treatment should they become unable to consent. Internationally the first statute to permit advance refusal of life-sustaining treatment was the *Patient Self-Determination Act 1991* in the USA.¹⁷⁷ It was passed in the wake of the case of Nancy Cruzan, who had been in a vegetative state for nearly 7 years by the time her parents' application to withdraw her feeding tube reached the Supreme Court. Initially this request was denied on the basis that "clear and convincing evidence" was required that she would not have wanted life-sustaining treatments. Within a month of the ruling, the Society for the Right to Die had received nearly 300 000 requests for advance directive forms from people trying to ensure that "clear and convincing evidence" was available should they themselves ever be in that situation.

In India the historic Supreme Court judgment of March, 2018, authorised "living wills" enabling people to refuse life-sustaining treatment in advance if they were to become terminally ill or if they were in a permanent vegetative state. This event followed the national debate occasioned by an application to withdraw life-sustaining treatment from Aruna Shanbaug, a young nurse in Mumbai who was raped, strangled, and left to die. She was then maintained for 42 years in a vegetative state in the hospital where she had worked.

Advance refusals can be important to individuals precisely because families sometimes fight for treatments that the patient themselves might have refused, and because family members can disagree about what the person would have wanted, causing distress and delay.

Ethical commitments can make it hard for doctors, families, and lawmakers to consider withdrawing life-sustaining treatments even when the patient, or their family, do not want treatment to be continued. Without a written attestation from the patient, it can be the case that "doctors and families often just don't know a patient's wishes and fear the awesome responsibility of guessing what the patient would have thought was best."¹⁷⁸ A formal record of treatment refusals (and making sure that people know about it) offers the best available protection for individuals seeking to avoid "a fate worse than death." The case of Polly Kitzinger, who did not have an advance directive, explores this concept further and is included in the appendix.

Defensive medicine, litigation, and the courts

The main involvement of lawyers in death historically has been with wills and estates, but lawyers today are

often involved with advance decisions or lasting powers of attorney. They are also increasingly involved through patients, families, and doctors resorting to the courts as the means of ruling on the cessation or continuation of life-sustaining treatment.

There have been several high-profile cases in England in which the parents of dying children could not reach an accord with their doctors. In the cases of Charlie Gard and Alfie Evans, both very young children with life-limiting conditions, the hospitals involved sought permission from the High Court to withdraw treatment. In both cases, the court ruled in favour of the doctors. Both children have since died. In France, the case of Vincent Lambert, who died in July, 2019, after more than a decade in a persistent vegetative state, divided both the nation and his own family. He died after France's highest appeal court allowed doctors to withdraw life-support.

There is a consensus that such disputes should, where possible, be resolved without recourse to the courts. The Irish senator and lawyer Michael McDowell has publicly criticised doctors for their over-readiness to use the courts: "Doctors confront a difficult medicolegal situation and decide to resolve their difficulty by bringing about litigation in which their ethical options and duties are effectively transferred to the judiciary."¹⁷⁹ Hospital ethics committees and professional mediation might remove some of the onus from individual doctors. The age of deference to authority figures such as doctors has passed; we live in the age of shared decision-making, democratisation of knowledge, and social media. It is likely that these disputes will become more common, making it important to improve the ways of resolving them.

Section 9: The economics of the death system

SunLife Insurance has analysed the cost of funerals and ceremonies at the end of life across 35 countries where data were available and found that the country with the highest expenses was Japan, where the average cost was 3 million Yen (£22 320), two-thirds of the average annual salary.¹⁸⁰ Other countries with high expenses for the end of life in terms of the proportion of average annual salary were China (45%) and Germany (16%). The countries with least expenses were Russia (1·3%), Poland (2·3%), and India (2·4%). Costs for end-of-life care are tending to increase ahead of inflation: in Britain, SunLife reported, costs have risen by 39% since 2010, some 10% higher than the rate of inflation.¹⁸⁰

These costs can come suddenly and put great financial pressure on families and may push some into poverty. But a more common cause of poverty and bankruptcy is catastrophic health costs, at least some of which are spent on treatment at the end of life, when the treatment for the dying patient may be both futile and increase suffering.

A 2007 study defined expense on medical care as catastrophic if it was more than 40% of an individual's "capacity to pay" and used that definition to estimate that 150 million people annually were impoverished through

See Online for appendix

F. Wym

PREMIÈRE PARTIE

Le soin

CHAPITRE 1

Les deux concepts du soin

Il est certain que la médecine tire son origine vitale et sa finalité morale de la nécessité du *soin* entre les hommes. Notre faiblesse à la naissance, nos défaillances continuelles font que nous nous soignons les uns les autres, que nous *devons* le faire. L'une des conditions de l'éthique médicale, la première peut-être, consiste donc, à nos yeux, dans l'intégration de la médecine à ce qui est avant tout une *relation*, plus primitive et plus générale qu'elle, et que nous appellerons la « relation de soin ».

Mais il est certain aussi que, sur le fond de cette obligation de soin, la médecine a ou acquiert une spécificité irréductible, qui ne la conduit pas cependant, à nos yeux, à contredire son origine ou sa finalité dans le soin, mais qui nous oblige à distinguer *deux* sortes ou même deux *concepts* du soin.

Il ne s'agit pas en effet, comme cela est parfois le cas, de détacher la médecine de son origine vitale et morale au point de la renverser, au point de ne plus voir du tout en elle un secours, mais seulement un pouvoir. Certes, le risque de ce renversement n'est jamais entièrement absent, il est même toujours là, il tient à ce que nous appellerons l'*asymétrie* profonde et constitutive de la relation de soin. Il n'y a pas de soin sans une faiblesse qui appelle de l'aide, mais qui peut devenir une soumission, et une capacité qui permet le secours mais qui peut devenir un pouvoir, et donc aussi un abus de pouvoir. Cependant, si cette asymétrie est inévitable, nous conduit-elle pour autant inévitablement à ces deux extrêmes, qui sont aussi des ruptures ? Sommes-nous condamnés à une

alternative, entre le secours et le pouvoir, mais aussi, si l'on veut, entre le pouvoir et l'amour ?

On ne peut, encore une fois, exclure la possibilité de ces deux extrêmes, loin de là. Mais il se peut qu'ils ne manifestent pas seulement une opposition entre le soin et son autre, et qu'ils impliquent d'abord pour être compris une distinction et une articulation entre deux concepts du soin *lui-même*. Il s'agit donc d'abord de comprendre pourquoi l'idée ou le concept même du soin implique une telle dualité. C'est seulement à cette condition que l'on comprendra à la fois que la médecine n'est pas *tout le soin*, qu'elle s'enracine même peut-être dans une relation de soin plus primitive qu'elle ; qu'elle reste néanmoins une sorte *spécifique* de soin, d'où elle tire ses principes (et ses risques) éthiques propres ; enfin comment, pour penser les relations concrètes de soin entre les hommes, en particulier dans la société d'aujourd'hui, il convient de distinguer et d'*articuler* ces deux relations de soin entre elles.

On soutiendra ici que « l'éthique médicale » (ou la « bioéthique ») doit passer, pour résoudre tel ou tel problème ou justifier telle ou telle décision, de la réflexion sur des objets, des essences ou des valeurs (par exemple celles de « la vie » en général), à une analyse précise des *relations* entre les hommes (relations vitales, morales, sociales, techniques, juridiques, politiques). C'est aussi dans cette perspective plus générale qu'il importe de distinguer le soin comme relation primitive entre les hommes, et la spécificité du soin médical, pour les articuler dans la diversité plus complexe que jamais des relations concrètes de soin, des plus intimes aux plus publiques. Ce n'est pas seulement le problème du soin en général, mais la structure complexe et précise d'une société qu'on peut décrire comme une société du soin, aujourd'hui, qui caractérise le présent (avec ses risques inverses, de la médicalisation à la parentalisation). On comprend alors en quoi, si le soin peut être un modèle général pour toutes les relations morales, il importe de distinguer des modèles précis du soin.

Les quatre moments des remarques qui suivent semblent donc s'imposer du même coup.

On devra dans un premier temps, au risque de l'exagérer provisoirement, présenter la *distinction* précise entre deux concepts du soin qui

nous semble s'imposer, sur le fond cependant d'une définition commune et générale.

Il faudra ensuite, dans les deux moments qui suivront, explorer *chacun* de ces deux modèles du soin pour lui-même, en montrant d'ailleurs comment ils s'impliquent l'un l'autre *de l'intérieur*.

On pourra enfin revenir sur la *diversité* des relations concrètes de soin, articulant à des degrés divers ces deux modèles extrêmes, et comprendre comment le soin structure aujourd'hui un pan vital des relations sociales entre les hommes et peut à son tour servir de modèle général pour une éthique et même une politique des relations.

DÉFINITION ET DISTINCTION

Avant de distinguer deux sortes de soin, il importe donc de partir d'une définition générale, qui montre leur lien, même si celle-ci oriente déjà vers leur différence. On soulignera ainsi la nécessité d'une distinction, mais aussi d'une unité, qui ne prendra pas la forme d'une « synthèse » à produire ou à fabriquer artificiellement, parce qu'elle est déjà donnée *dans l'expérience même*, la distinction devant seulement nous permettre d'en penser la structure et les enjeux.

Voici donc ce que l'on entendra ici par « soin » : *toute pratique tendant à soulager un être vivant de ses besoins matériels ou de ses souffrances vitales, et cela, par égard pour cet être même*.

Dès cette première définition, aussi générale soit-elle, on voit que le soin comporte deux éléments inséparables mais qu'il importe néanmoins de distinguer :

- soigner, c'est soigner quelque chose, un besoin ou une souffrance isolable comme telle et que l'on peut traiter ;
- mais soigner, c'est aussi soigner quelqu'un, et tout soin comporte dans son concept même une dimension intentionnelle et même relationnelle, aussi minimale soit-elle.

Pour soigner, il ne suffit pas de le pouvoir, il faut aussi le vouloir, et cette intention ne peut être qu'*adressée*, elle ne peut que viser le

destinataire du soin comme tel et ceci, il faut y insister car c'est capital, *quelle que soit* la motivation de cette intention (*mais il en faut une !*). C'est pourquoi nous employons ici, délibérément, le terme le plus vague possible, celui d'*égard*, en tenant rigoureusement en réserve des termes plus forts, de registres d'ailleurs différents, voire opposés entre eux, comme ceux de devoir, de respect ou d'amour.

Le but des remarques qui suivent sera bien de montrer la *différence de principe* et la *priorité respective* entre ces deux aspects ou ces deux concepts du soin, qu'il convient donc d'analyser chacun pour lui-même.

Mais avant d'y venir, on peut indiquer sur un exemple comment ils se relie et se séparent, dans la pratique elle-même.

De fait, la priorité du soin comme réponse à un *besoin* ne se marque nulle part mieux que dans les situations d'urgence vitale (le *vital* étant, précisément ici, non pas du tout le principe positif de la vie, mais *ce sans quoi* celle-ci ne peut se poursuivre). Tel prématuré, par exemple, *doit* être transporté d'urgence en service de réanimation. Il y a là une urgence incontestable. Mais la priorité de l'autre sorte de soin ne s'en montre pas moins, sur le même exemple. On sait bien en effet que l'on *interrompt* ainsi une autre relation, qui est encore une relation de soin, d'un soin cependant qui ne peut pleinement lui être donné que de manière individuelle, que par *tel* individu (sa mère, par exemple), et à lui en tant qu'individu. On verra plus loin en quoi cette relation est *non moins vitale*, pour l'enfant et le soi en général, est donc un besoin elle aussi, tout en se distinguant radicalement du besoin de répondre à telle urgence ou tel danger organique déterminé. La distinction des deux types de soin, leur priorité respective, se marque donc bien dans le déchirement même d'une situation comme celle-ci, à la fois ordinaire et exceptionnelle.

Mais on y voit aussi leur unité. D'un côté, le soin médical est, bien entendu, animé par une intention ou une attention à l'égard de l'enfant, celle de *le* sauver, lui précisément ; plus encore, cette intention reste prise ou, pour ainsi dire, se place « sous l'aile » de la relation parentale. Tout se passe comme si la médecine ou le médecin admettait ainsi non seulement sa relation avec un individu malade, mais son rôle de relais dans une autre relation ou avec une relation *elle-même atteinte* comme telle par la « maladie » ou la pathologie. D'ailleurs, le sujet « malade » et le

sujet « inquiet » ne sont ici constitutivement pas la même personne, ou sont dédoublés, le médecin soigne l'un et parle à l'autre (et, devrait-on dire, inversement : il parle à l'enfant *en le soignant* et soigne le parent *en lui parlant*). Quoi qu'on fasse, et à quelque degré que cela soit concrètement pris en compte, l'unité des deux aspects est donc bien là, de ce premier côté. Mais elle l'est aussi de l'autre côté, au moins et surtout comme acceptation de la *distinction*. La possibilité même de la médecine demande comme condition l'institution et l'acceptation d'un intermédiaire entre le corps vivant et lui-même, ici entre deux corps vivants. De fait, la figure parentale admet et demande la nécessité de la relation médicale, sa priorité et sa spécificité, y compris technique, propre. Elle se fera *elle-même*, s'il le faut, relais de la prescription médicale, devant donc là aussi, à des degrés divers, avoir un rapport technique et clinique au corps même de l'enfant dont il faut traiter telle pathologie déterminée. Ce n'est donc pas dans la confusion des rôles, mais dans leur séparation précise et inévitable, qu'ils se relient encore.

S'il y a deux concepts du soin, ils se rejoignent donc bien de l'intérieur.

S'il importe cependant de les distinguer, c'est parce qu'ils obéissent à deux logiques, et même à deux logiques *relationnelles* distinctes et irréductibles. Il ne s'agit pas seulement de deux « concepts » objectifs, mais bien de deux concepts d'une même relation, entendue comme lien et individuation respective de deux termes ou de deux « sujets », comme si le soin constituait non pas une seule mais *deux* sortes de relations entre des *subjectivités*. Une double *asymétrie* constitutive le définit visiblement, qui n'empêchera peut-être pas, précisément grâce à cette dualité, une *égalité* non moins constitutive. Il faut donc bien commencer par approfondir chacune de ces deux logiques, dans sa spécificité, pour comprendre comment elles se distribuent ou se répartissent dans la série diversifiée des relations concrètes et morales de soin, caractéristique de notre société.

LE MODÈLE PARENTAL ET LA PORTÉE ONTOLOGIQUE DU SOIN

S'il faut commencer par ce que nous appellerons donc le « modèle parental » du soin, ce n'est pas seulement en raison de sa priorité

chronologique, mais parce que celle-ci s'accompagne d'une priorité logique et même « ontologique », c'est-à-dire constitutive de l'existence même des termes ou des sujets de toute autre relation de soin. Il ne faut d'ailleurs pas s'y tromper : nous ne définirons pas ce premier modèle du soin par une relation « parentale » toute faite ou allant de soi, dont on pourrait par ailleurs poser l'essence ou la « nature ». Bien au contraire : c'est la relation parentale qu'il s'agit de *définir* par la relation de soin, et non pas l'inverse. La relation « parentale » nous paraît en effet être d'abord cette relation qui consiste *non seulement à répondre aux besoins organiques d'un nourrisson après sa naissance, mais plus profondément à lui adresser ces soins comme à un être ou un enfant individuel, et à se constituer du même coup comme un être ou un parent non moins individuel*. Il s'agit bien d'une relation doublement individualisante, avant laquelle en quelque sorte il n'y a ni « parent » ni « enfant », et qui est comme telle elle-même, nous allons y revenir, un besoin « vital » de l'individu.

Mais on peut déjà dire un mot de sa priorité, encore une fois, ontologique, inséparable de sa priorité chronologique. Seule en effet cette première relation constitue un « soi » comme objet d'un soin adressé, c'est-à-dire aussi comme sujet de soin possible. Seule cette relation constitue donc un soi ou un sujet capable d'entrer ensuite dans toute autre relation de soin, dont notamment la relation médicale, et cela dans les deux sens : capable d'être soigné et (comme Paul Ricœur l'avait déjà remarqué) de *se soigner* (patient et agent donc, si l'on veut !), capable aussi de devenir médecin et de soigner *autrui*, un autre *soi* et pas seulement un autre *que soi*. Autrement dit, le soin n'est pas d'abord ici une nécessité physiologique ou organique au sens strict, mais une nécessité relationnelle, sans laquelle c'est un soi individuel qui n'existerait pas.

Cette priorité du soin relationnel n'empêche pas, disons-le tout de suite, qu'elle ne rejoigne le soin médical. Plus encore, précisément parce qu'il est *lui-même vital*, le soin relationnel peut faire à son tour l'objet d'un soin médical, absolument spécifique cependant dans sa structure même : tels sont à nos yeux la découverte et le sens fondamental de la *psychanalyse*, comme clinique ou plutôt comme *thérapie des relations humaines* elles-mêmes.

Mais précisément, s'il y a une thérapie des relations ou, encore, une thérapie du soi par les relations, c'est bien parce que le soi s'est constitué dans la relation, et même avant tout dans la relation elle-même, sous sa forme la plus concrète, réelle et matérielle, du *soin*. Ce qui nous le montrera, autrement dit, ce ne sera *pas seulement* la psychanalyse, puisque celle-ci ne rejoint cette genèse qu'*a posteriori* ou après coup, à partir de la pathologie, du langage et des représentations du sujet humain individuel. Ce sera plutôt, et à nos yeux de manière absolument décisive, la *convergence* de la psychanalyse avec une discipline qui procède tout autrement et la rejoint pourtant sur ce point précis. Ce sera sa rencontre avec l'éthologie, qui étudie cette genèse sous la forme d'une étude objective des comportements entre les vivants, donc dans ce cas précis sous la forme de la théorie de l'*attachement*, qui désigne précisément la relation à une figure individuelle comme *besoin* biologique et spécifique, chez l'homme et quelques autres espèces vivantes (grands mammifères et oiseaux). Il faut donc dire un mot de ce point de rencontre, dans sa précision extrême, entre deux lignes de savoirs ou de faits, dans leur différence non moins extrême, qui nous semble avoir du même coup la valeur d'un enjeu constitutif du moment présent en philosophie, aussi bien que pour la compréhension de la « nature humaine » en général.

De fait, ce sur quoi convergent tout en s'opposant la théorie de l'*attachement*, sous la forme que lui a donnée son concepteur, John Bowlby¹, dès le début des années 1950, et la psychanalyse, notamment dans la théorie proposée au même moment par Donald W. Winnicott², c'est à nos yeux le point précis où nous sommes conduits ici. Il s'agit bien du caractère constitutif pour le sujet individuel d'un soin adressé, mais d'une adresse ou d'une intention qui ne soit pas un « supplément » extérieur (ou, pire encore, prétendument « intérieur » !) aux actes les plus concrets

1. Nous renverrons ici à son ouvrage magistral : *Attachment and loss*, 3 vol., New York, Basic Books, 1969, 1973, 1980 ; tr. fr. Jeannine Kalmanovitch (vol. 1), Bruno de Panafieu (vol. 2), Didier Weill (vol. 3), *Attachement et Perte*, Paris, PUF, « Le fil rouge », 1978, 1978, 1984.

2. Dont nous commenterons avant tout *Playing and Reality*, Londres, Tavistock Publications, 1971 ; tr. fr. C. Monod, J.-B. Pontalis, *Jeu et Réalité. L'espace potentiel*, Paris, Gallimard, « Connaissance de l'inconscient », 1975.

du soin (porter, nourrir, laver, etc.), mais qui leur soit au contraire *strictement immanente*. Tel est le point essentiel : il y a un besoin spécifique, celui d'une relation adressée, et individuannte, qui ne peut cependant, initialement au moins, *au commencement au moins*, se dissocier des actes concrets du soin corporel lui-même. Il importe donc tout à la fois de distinguer radicalement ces deux types de besoin (on montre chez les grands singes que l'attachement se distingue de la nourriture, par exemple, au point de pouvoir conduire à y renoncer), tout en soulignant leur unité initiale, dans une même relation concrète, à travers *certaines de ses aspects bien précis*, qui ne sont *pas moins* « objectifs », observables et empiriques que les autres, même s'ils s'opposent à eux.

Ce que montre la théorie de l'attachement, c'est que la dimension « supplémentaire » du soin, qui répond au besoin spécifique d'attachement se traduit ou s'effectue dans le caractère *global, expressif, et individuel* de la relation concrète de soin elle-même, et ceci en quelque sorte dans la demande ainsi que dans la réponse ou, plutôt, dans une demande qui n'est justement plus demande d'une chose ou d'un objet, mais *précisément d'une réponse*. Le bébé pleure « pour » manger ou « parce que » il a faim, mais ses pleurs sont aussi un comportement expressif, individuel et global, qui secoue tout son corps, auquel le sourire, la chanson ou le bercement répondront, tout comme la nourriture satisfait en effet au besoin singulier de se nourrir. C'est ce jeu de demandes et de réponses individuelles, expressives et globales, qui avec le temps constitueront les « figures d'attachement », et la relation même d'attachement, avec ses qualités et ses critères propres, normales ou pathologiques, « *secure* » ou « *insecure* ». Cette relation est « biologique » même si elle dépasse les frontières organiques d'un corps individuel, et cela pour trois raisons décisives : elle répond à un besoin vital, elle se constitue selon des structures spécifiques, qui constituent des liens irréversibles, enfin et surtout elle est susceptible de pathologies déterminées. C'est bien par ce dernier point, en forme de rupture, que cette relation de soin, qui ne peut être séparable au départ (*mais le devient ensuite*, avec le jeu et le langage) de la dimension la plus concrète du soin organique, ni réductible à elle, se rattache à la recherche psychanalytique.

Certes, il faut insister d'abord sur la différence des démarches, qui a donné lieu à des conflits longtemps irréductibles, au point que la convergence, en un sens, commence seulement à apparaître dans toute sa portée. L'éthologie prétend en effet au statut de science objective et expérimentale : elle observe le comportement objectif des êtres vivants, animaux et humains, et en déduit des hypothèses sur leurs règles, qu'elle doit ensuite pouvoir tester, vérifier ou réfuter de manière expérimentale. Elle est donc, dans le cas de la relation parentale, génétique et générique : autrement dit, elle cherche des lois *générales*, qui s'inscrivent qui plus est dans les contraintes générales de l'évolution ; et elle les cherche dans leur constitution *progressive*, en observant donc la croissance des nourrissons et de la relation parentale. En revanche, la psychanalyse procède d'un savoir *clinique*, subjectif et rétrospectif : elle trouve sa preuve empirique dans des pathologies *individuelles*, en tant qu'elles ne renvoient pas à un trouble fonctionnel général, mais après coup à *l'histoire* individuelle du sujet, considérée en outre (et c'est fondamental) de son point de vue à *lui* ou, encore, telle qu'il se la « représente », telle en tout cas qu'il la raconte. On ne peut donc imaginer méthodes plus opposées, et la théorie de l'attachement a d'abord rencontré chez les psychanalystes, notamment en France (comme le montre l'admirable recueil de René Zazzo¹), bien plus de résistance que n'en impliquait au départ la rupture, pourtant constitutive, de Bowlby lui-même avec la psychanalyse d'où il était parti.

Mais si cette convergence autour de la relation de soin ne va pas de soi, elle n'en est que plus significative.

Il est à cet égard remarquable que Winnicott retrouve, au principe du sentiment d'être soi et du sentiment d'être vivant de l'individu, la qualité de « l'environnement » primaire du bébé, sous la forme de la réponse à

1. Ce livre nous conduisit il y a déjà longtemps vers cette question. Il s'agit du recueil sous forme de colloque imaginaire : René Zazzo (dir.), *L'Attachement*, Neuchâtel, Delachaux et Niestlé, « Textes de base en psychologie », 2^e éd., 1979. Sur le même sujet voir aussi : Daniel Widlöcher (dir.), *Sexualité infantile et attachement*, Paris PUF, « Petite bibliothèque de psychanalyse », 2000 ; et les utiles synthèses dans Blaise Pierrehumbert, *Le Premier Lien. Théorie de l'attachement*, Paris, Odile Jacob, 2003, et Martin Dornes, *Psychanalyse et psychologie du premier âge*, Paris, PUF, « Bibliothèque de psychanalyse », 2002. On aurait garde, dans une étude plus poussée sur cet aspect, de ne pas oublier les travaux de Serge Lebovici.

sa demande de soin. Il va même, on le sait, jusqu'à contester l'existence individuelle du bébé à la naissance et dans le temps qui la suit ; « un bébé cela n'existe pas », dit l'une de ses formules les plus célèbres ; ce qui existe, c'est « l'unité primitive du bébé et des soins maternels¹ » (il ne dit pas : « de la mère »). Pourtant, là aussi, à travers ces réponses corporelles à des demandes corporelles, il s'agit de l'individuation d'un soi subjectif appelé à se représenter lui-même mentalement et comme un « esprit ». Les trois actes fondamentaux que distingue donc Winnicott avec ce que Deleuze appelle des « concepts relationnels » ou des « interconcepts² » désignent précisément cette relation entre les corps, en tant qu'elle ouvre à une individuation progressive. Le *holding* (le « porter »), le *handling* (le « manipuler »), le *world-presenting* (le fait de « présenter le monde »), qui rejoint déjà le *playing* (le « jouer » présent dans le titre originel de *Jeu et Réalité*), sont des comportements dont la qualité intégratrice et individualisante est intrinsèquement liée à leur sens de soin adressé.

Il y a donc ici une sorte d'inversion prémorale ou supramorale, si l'on veut, du besoin primitif. Tout se passe comme si l'asymétrie initiale se renversait par une sorte de *miroir vital* ou *vivant*, la dépendance singulière du nourrisson se renversant en dévouement adressé et individualisant, qui ne deviendra cependant consciemment ou explicitement « moral » (une « obligation ») que par une sorte de *perte*. Ce n'est pas un hasard si les éthiques de l'amour ou de la « sollicitude » ou, encore, du *care* (pour prendre le terme anglais qui les caractérise de plus en plus³), s'appuient fondamentalement aujourd'hui sur ce renversement (du sens de la faiblesse elle-même) pour compléter une éthique ou une bioéthique perçue comme trop abstraite ou désincarnée.

Mais, à travers le jeu, s'ouvre dans la relation intercorporelle même ce que Winnicott appelle l'espace « potentiel » ou « transitionnel » (comme « l'objet » du même nom, conçu par lui dans le même geste théorique), qui va être « le lieu où nous vivons », l'espace proprement humain de la

1. D.W. Winnicott : *De la pédiatrie à la psychanalyse*, tr. fr., Payot, 1969, p. 240.

2. Voir sa recension de *L'Absence* de Pierre Fédida (Gallimard, « Connaissance de l'inconscient », 1978), sous le titre « La plainte et le corps » repris dans Gilles Deleuze, David Lapoujade (dir.), *Deux régimes de fous*, Paris, Minuit, 2003, p. 150-151.

3. Voir à ce sujet, notamment, *infra*, « Le soin et le *care* » (annexe 1, p. 245 *sqq.*).

culture. Sa double caractéristique, par où le mental se détache progressivement du physiologique, et le culturel du naturel, nous paraît pouvoir être résumée par le trait essentiel de la *précarité* et de la *création*, propre à toute rupture entre les êtres. Si la « créativité » est précisément le signe de l'individuation et de la « santé », qui ne saurait être donnée, mais toujours à réinventer, de la façon la plus ordinaire, elle se double en revanche d'une *précarité* essentielle, qui retrouve la pathologie de l'attachement, laquelle cependant ne pourra seulement être normée vitalement, mais devra toujours être reprise individuellement et relationnellement. Ainsi, parce qu'elles s'appuient toutes les deux sur une même relation primitive envisagée selon deux points de vue complémentaires, la norme biologique de l'attachement n'empêche en rien, appelle même, la spécificité de la *thérapie* psychanalytique, qui reprend et rejoue la relation *comme telle*.

La psychanalyse ne saurait être une « médecine » au sens que l'on va bientôt préciser, mais elle n'en a pas moins un double rapport au *soin*, par sa pratique relationnelle qui reprend donc la relation originelle elle-même. Ou encore, on devra distinguer la dimension *thérapique* de la psychanalyse, qui soigne les relations par elles-mêmes, par leur reprise et leur « répétition », de la dimension *thérapeutique* de la médecine comme telle ; cette distinction entre le *thérapique* et la *thérapeutique* a même ici quelque chose d'essentiel. Elle indique pourtant un point de recoupement – sensible et critique dans nos sociétés qui plus est ! – entre les deux modèles du soin, que l'on ne peut pas se contenter d'opposer. On verra par la suite comment, malgré sa spécificité et sa priorité propres, sur lesquelles il faut insister d'abord, le modèle médical rejoint, lui aussi, de l'intérieur le modèle « parental » que l'on vient d'esquisser, en d'autres points critiques de notre expérience individuelle et sociale contemporaine.

LE MODÈLE MÉDICAL ET LA DIMENSION POLITIQUE DU SOIN

Nous pouvons comprendre maintenant non seulement la priorité du soin « médical », mais aussi comment celle-ci l'entraîne dans une direction opposée au modèle précédent.

De fait, la priorité du soin médical tient à ce que **le soin n'est jamais seulement soin d'un individu global pour lui-même** ! Il est au contraire toujours aussi soin de certains besoins précis ou de certaines pathologies *déterminées*, qui font partie intégrante, dans leur diversité même, de la vie en tant que relation d'un organisme ou d'un vivant lui-même déterminé et de son milieu.

Le soin est aussi, de toute évidence, effort pour *guérir*.

Mais cette caractéristique n'est pas seulement une caractéristique pour ainsi dire objective ; elle a aussi des conséquences et une structure relationnelle, que l'on peut et que l'on doit même opposer *point par point* à celle du précédent modèle. D'où les trois aspects suivants, que l'on doit souligner, au risque de les exagérer d'abord, pour mieux les articuler ensuite à ce qui n'est pas seulement leur contraire.

Tout d'abord, si le soin relationnel ou « thérapeutique » est global et intégratif, on voit que le soin « thérapeutique » est nécessairement et inévitablement partiel et même *dissociatif* : il *consiste* d'abord à isoler « le mal », la partie du corps ou la fonction de l'organisme qui est atteinte pour pouvoir y répondre de manière appropriée. Certes, on le verra, on n'accusera pas la pratique médicale concrète de désintégrer le tout de l'organisme vivant (ce serait pour elle, Georges Canguilhem l'a démontré, se nier elle-même comme médecine). La consultation, la clinique, la médecine comme telles s'accompagneront toujours d'un degré de soin global et intégratif, ou *réintégratif*. Il n'empêche que le progrès même de la médecine, pas seulement comme savoir mais même comme pratique, bien entendu, va toujours dans le sens d'une spécialisation, qui est aussi une désarticulation, vécue comme une atteinte à l'image globale du soi, à une image du soi qui est globale *par principe*.

C'est là le principe d'une deuxième opposition. Si le soin relationnel était fondé sur un lien *expressif* entre les corps et les individus, il le sera ici sur un lien *cognitif* ou technique, sur une compétence. Soigne ici celui qui non seulement veut, mais qui peut et qui *sait*. La mère elle-même ou la figure d'attachement jouera, on l'a dit, ce rôle : elle « apprendra » à nourrir, langer, traiter telle ou telle affection, de manière correcte et comme on dit « avec soin » (on reviendra sur cette expression plus loin). Cette compétence technique n'est en tant que telle pas séparable de la

division du corps sous un regard objectif, comme l'a montré une fois pour toutes Michel Foucault dans *La Naissance de la clinique*¹. Elle a sans aucun doute une histoire ; la modernité consiste même probablement, après les avoir séparées de leur savoir, à réapprendre aux « mères suffisamment bonnes » ce qu'elles « savent déjà » comme le dit Winnicott (en tant que médecin d'ailleurs !) dans ses conversations radiophoniques. Il n'empêche qu'il y a là une rupture considérable. Elle a beau trouver son origine dans la vie elle-même, comme pathologie s'individuant dans le corps même (et toute lésion distingue dans le vivant des parties séparées), cette compétence médicale n'en est pas moins une tout autre modalité de la relation elle-même : ce que nous nommons la « relation à » par opposition à la relation « entre »².

Enfin, si la relation de type parental culmine dans l'individuation réciproque de ses deux termes, la relation que nous examinons ici débouche nécessairement sur la distinction et même l'institution de deux fonctions ou de deux rôles, par exemple ceux qui relient et opposent « le médecin » et « le malade ». Certes, là encore, toute relation réelle est un mixte : entre la figure parentale et l'enfant, il entre du rôle social, comme entre le médecin et le malade se tissent des liens individuels, qui peuvent aller jusqu'à l'amitié. Il n'en reste pas moins que la limite du premier modèle est celle d'une relation entre deux visages irremplaçables, alors que celle du second est une relation anonyme entre deux fonctions qui ne se distinguent plus, parfois, que par leurs attributs les plus extérieurs, par la blouse blanche, d'un côté, et le pyjama, de l'autre.

Il faut évidemment souligner de nouveau, et réaffirmer nettement, qu'il ne s'agit là que d'un modèle limite dont le risque est de caricaturer une médecine qui ne s'y réduit pas en pratique. On va même voir que ce n'est pas seulement de l'extérieur, mais de l'intérieur, que ce modèle rejoint le modèle opposé, pour donner lieu aux relations concrètes et spécifiques de soin qui caractérisent plus que jamais aujourd'hui notre société, dans sa médicalisation mais aussi sa parentalisation extrêmes.

1. Paris, PUR, 1963, « Quadrige », 2009.

2. Voir *infra*, le chapitre « Quand les relations deviennent-elles morales ? » (p. 92 sq.) ; une étude intitulée « Les relations entre individus comme fait primitif » (à paraître dans la revue *Philosophie*, Minuit, 2010) approfondit cette distinction d'un point de vue plus général.

Pourtant, s'il est nécessaire de définir le modèle médical du soin comme tel, ce n'est pas seulement pour des raisons négatives, qui conduisent aussi à souligner les *risques éthiques ou politiques* qu'il comporte, c'est aussi pour des raisons positives, pour comprendre *qu'il n'attend aucunement du seul modèle parental ou pleinement relationnel sa norme éthique, mais qu'il l'a au contraire aussi en lui-même*. Si l'éthique médicale ou la « bio-éthique » complète nous paraît résulter de l'articulation entre ces deux modèles du soin, c'est bien parce que *chacun des deux* comporte intrinsèquement un principe normatif, ainsi d'ailleurs qu'un risque qui lui est opposé. Il ne s'agit aucunement pour nous d'idéaliser le soin parental ou relationnel, et de diaboliser le soin médical ou institutionnel ! Il faut donc dire un mot, dès maintenant, de l'indication éthique qui nous semble résulter de l'enracinement de la médecine elle-même dans le soin ou encore dans le traitement des maux physiologiques ou, enfin, dans la *thérapeutique* comme telle.

Cette indication est simple : *si la spécialisation, le savoir, le pouvoir même de la médecine peuvent mener aux pires abus, et même en comportent intrinsèquement le risque, ils comportent aussi une sorte de norme interne, dès l'origine, dans la priorité même du pathologique et donc de la thérapeutique*. À travers tous les développements sociaux, industriels, politiques de la médecine contemporaine, le risque du pouvoir réside moins dans son essence simple que dans son orientation double, dans le choix d'une orientation *plutôt que d'une autre*. L'une de ces orientations est celle *qui oublie la priorité de la thérapeutique, de l'obligation de soigner les maux, de manière concrète, juste, également accessible et répartie entre les hommes*, qu'elle consiste seulement à *prendre le moyen pour fin* (financière, symbolique, politique) ou aille jusqu'à lui donner *une autre fin* (politique, à nouveau, mais aussi eugénique, démiurgique même). Ainsi, *avant même de se mêler au soin « relationnel »*, où il trouvera certes sa pleine dimension éthique, il nous semble que le soin médical ou thérapeutique comporte *sa norme morale interne, qu'il s'agit de ne jamais oublier*. Nous dirons que *le développement scientifique n'est pas une aliénation, s'il vise à guérir, que le développement technocratique, la paperasse de la sécurité sociale n'est pas une barbarie, si elle vise la justice, que la politisation même de la médecine n'est pas*

une tyrannie, si elle institue la lutte contre certains maux déterminés comme une tâche commune et historique.

Il s'agit donc d'opposer deux modèles du soin, mais aussi, dans le deuxième, *deux directions morales* ou éthiques, qui impliquent certes une lutte interne et sans relâche, mais sans passer par des facilités rhétoriques, comme la condamnation souvent simpliste de la technique, de l'autorité ou de l'institution. C'est *en elles* au contraire que se font les choix décisifs, sous l'égide de la priorité du soin, sous la pression aussi de la dissymétrie vitale causée par la maladie.

Mais cela ne suffira pas, et c'est bien de l'intérieur, aujourd'hui plus que jamais, que le modèle « médical » du soin rejoint le modèle « parental ».

Comment ne pas le voir en effet sur un exemple à tous égards significatif ? Lorsque le soin médical cesse de pouvoir traiter *un mal déterminé et guérissable, sans cependant cesser entièrement de pouvoir s'exercer lorsqu'il s'agit des maladies chroniques ou plus profondément encore de la vieillesse, par exemple, et de ses maux, voire de l'accompagnement vers la mort et de la « fin de vie »*, c'est *de l'intérieur* que le soin médical, sans y être toujours préparé, rejoint le soin parental, non pas tant affectivement que structurellement. Une maladie comme la maladie d'Alzheimer pousse aujourd'hui la relation entre les deux modèles jusqu'à leurs limites extrêmes : *les enfants deviennent non seulement les parents de leurs parents, mais aussi leurs soignants* ; tandis que les médecins eux-mêmes voient la relation parentale comme un moyen thérapeutique, une ultime ressource pour redonner un sens global à un cerveau, une mémoire, un corps qui tend de lui-même vers sa désintégration. Sans pouvoir analyser ces exemples qui traversent désormais, et pour longtemps, toute notre expérience, on y verra bien à la fois la nécessité et la force de l'articulation des modèles, et la source du double risque que l'on pressentait dès le départ, qui nous paraît être celui *d'une société médicalisante, mais aussi d'une société maternante*, un risque donc d'une double *confusion des rôles*.

On voit donc la nécessité, pour conclure, de dire ne serait-ce qu'un mot de l'articulation entre ces deux modèles, qui nous paraît seule capable, à la condition de les avoir rigoureusement distingués d'abord,

de définir les relations concrètes de soin. Entre les deux modèles extrêmes, comme on va le voir, courent désormais des relations qui les articulent dans des proportions diverses : le rôle de l'infirmier ou de l'infirmière, de l'assistant(e) social(e), de l'éducateur ou du rééducateur ne se comprend pas autrement. Mais du même coup, c'est de l'intérieur du soin et, au-delà du soin, sur toutes les relations morales que s'ouvrent ici de nouvelles perspectives.

LA RELATION DE SOIN, MODÈLE DES RELATIONS MORALES ?

Il s'agit seulement ici d'indiquer la voie d'une triple généralisation, à partir de ce qui précède, concernant le ou plutôt les sujets du soin ; les relations concrètes de soin ; les autres relations que le soin. Ce sera indiquer aussi, à chaque fois, une dimension éthique ou politique qui nous paraît mettre la question du soin au cœur du présent, dans la relation des hommes entre eux, mais aussi de l'humanité à elle-même.

On s'aperçoit d'abord que l'on n'aurait pas pu penser le soin en *partant* directement d'une relation morale, entendue comme relation entre des sujets libres et égaux comme tels. Le soin nous place d'emblée devant les deux grandes sources de l'asymétrie, qui travaillent contradictoirement le sujet moderne et démocratique : la vulnérabilité et le pouvoir. Il est fort tentant dès lors de renoncer à normer la relation de soin par la morale de la dignité, ou la politique de l'égalité, de la déplacer vers le double champ d'une critique du pouvoir ou d'une éthique de la sollicitude. Or, ce qui précède nous semble permettre à la fois une telle critique et une telle éthique, et même les appeler l'une et l'autre, mais à la condition de les situer toutes les deux dans une relation qui comporte en elle-même une double exigence de liberté et d'égalité, on dira aussi d'individualité et d'universalité. De fait, le critère du soin parental est aussi la rupture créatrice qui permet l'individualité, tandis que la limite du soin médical, dans l'abus de pouvoir, suppose une égalité fondamentale derrière l'asymétrie entre la compétence et la maladie. Bref, être un soi individuel et un sujet libre sont les deux effets majeurs du soin, de la sollicitude

et de la critique elles-mêmes, bien loin d'être rendus impossibles par elles. Certes, et ce sera le troisième point à souligner, on ne reviendra pas à la relation de soin comme face à face direct entre libertés ; il faudra tenir compte d'une autonomie affectée par la maladie, construite par le soin, ébranlée par la compétence, restaurée par la critique. Tels sont les éléments d'une éthique et d'une politique de l'asymétrie, qui n'est pas l'inégalité, mais qui conduit vers une pensée concrète de la relation, dans le souci de l'égalité et de la liberté compatibles avec la vie, la produisant même comme vie *humaine*.

On voit du même coup en quoi il ne peut y avoir que *des* relations de soin, mêlant à des degrés divers ce que nous avons appelé le parental et le médical, et cela sans les confondre. Non seulement le parental comporte du médical et inversement. Mais l'asymétrie même des sujets suppose désormais l'institution d'une communauté diversifiée du soin. Les rôles intermédiaires sont en un sens les plus difficiles. L'infirmière doit-elle mater ou prescrire ? Doit-elle envelopper ou mesurer ? L'assistante sociale doit-elle soutenir ou restreindre ? Doit-elle reconforter ou sanctionner ? Ces questions se posent, sans aucun hasard, aux points les plus sensibles de notre société. Ce que l'on a tenté ici, c'est de dissocier les éléments purs de ce qui se présente comme un mélange confus, précisément pour faire de cette confusion opaque une articulation appelée à s'éclaircir, et cela au cas par cas, et par des études que nous appelons de nos vœux. Il y aurait violence à nier la part du parental ou du thérapeutique, dans toutes les relations de soin, aussi bien que celle du médical ou de la thérapeutique ; et il nous semble propre à la société moderne, débarrassée aussi bien du paternalisme que du spectre du pouvoir médical (l'un et l'autre toujours cependant à l'horizon), de comporter tous les échelons, de la thérapie analytique aux soins palliatifs. C'est dans ce cadre enfin, en y conjoignant les remarques précédentes sur le sujet individuel et sur la critique politique, c'est-à-dire aussi sur le sujet juridique et le citoyen, que devraient être pensés les difficiles problèmes de l'éthique médicale.

Ainsi le soin est-il bien au cœur d'un présent marqué à la fois par le pouvoir sur la vie, les nouvelles techniques médicales et biologiques, d'un côté, et la nouvelle vulnérabilité de la vie, à la fois écologique et éthique,

de l'autre. C'est bien entendu par là qu'il est aussi un modèle possible pour l'ensemble des autres relations morales, de la relation parentale (qui ne se réduit certes pas au soin) à la relation politique, en passant par exemple par l'enseignement, la justice, l'amitié ou l'amour. C'est qu'à chaque fois on doit, nous semble-t-il, procéder au même renversement. On ne pensera pas la relation de soin à partir d'une essence de la vie ou de la justice ; c'est au contraire la dimension vitale et la dimension morale des relations humaines qui apparaissent de l'intérieur même du soin comme relation primitive. Il en est ainsi de toute relation, liée aux exigences d'une vie qui n'est pas une force anonyme, ni un privilège individuel, mais est chez l'homme avant tout relationnelle, et qui communique, qui engendre même ce que l'homme a de mental, de moral et de politique, par les ruptures dont la pathologie est en soi le premier modèle. C'est donc à une éthique et à une politique des relations que l'on semble conduit. Elle reposera sur le double sens du soin : l'attention mutuelle entre les hommes, mais aussi la précision méticuleuse qui seule préserve l'objet même de leur relation. « Prendre soin », c'est à la fois se relier les uns aux autres, de manière individuelle, expressive, globale, et s'absorber dans le détail minutieux de la chose, avec le dévouement technique mis à la préserver de la dégradation ! Ainsi, devant les maux qui affectent les hommes, on pourrait exiger, sinon la perfection de ces deux formes du soin, du moins le refus de leur double contraire, c'est-à-dire des formes les plus graves de la négligence.

CHAPITRE 3

Le soin ultime sur l'idée des soins palliatifs

L'idée des soins palliatifs nous paraît capitale pour une raison simple, même si elle est paradoxale : elle implique, selon nous, non pas celle de soins « par défaut », mais bien au contraire celle d'une *priorité* du soin, et même d'une *double* priorité du soin dans les relations humaines, qui confirme, en les portant aussi à la limite, les analyses qui précèdent.

Telle est en tout cas la thèse que l'on se propose de soutenir ici. Elle impliquera de revenir dans un premier temps sur chacun de ces deux aspects ou chacune de ces deux priorités. Mais elle aura aussi une autre conséquence. Elle conduira, en effet, non pas à résoudre directement (et de l'extérieur) tel ou tel problème « éthique » majeur posé ou rencontré *par* les soins palliatifs (concernant par exemple la mort), mais à montrer, justement, comment ces problèmes doivent être posés aujourd'hui *depuis* la perspective même de ces soins, et de leur caractère à tous égards « ultime », premier et dernier à la fois. Ce que la situation palliative révèle, c'est peut-être la signification de la mort ou du « mourir », non pas tant en eux-mêmes que comme épreuve *pour le soin*, épreuve à la fois sociale et vitale, qui révélerait la priorité du soin non seulement dans notre société, mais dans notre vie.

Avant d'en venir à ce changement ou à ce renversement de perspective, qui serait celui d'une philosophie et d'une éthique du soin, considérées comme premières, il faut indiquer en quoi les soins « palliatifs », eux-mêmes, semblent conduire à cette double priorité.

SOINS PALLIATIFS ET SOINS MÉDICAUX : QUELLE PRIORITÉ ?

C'est d'abord le cas du côté médical.

On pourrait en effet décrire la situation palliative de la façon suivante : même lorsque la mort est certaine, même lorsque le verdict est rendu, *il reste des soins* ; il reste, autrement dit, des soins possibles, techniquement possibles, et nécessaires, moralement ou socialement nécessaires. Tout repose ici encore sur l'interprétation de ce « reste », sur lequel il y a une erreur à éviter. Elle consisterait à croire que, le soin proprement « médical », défini par la possibilité de la guérison, ayant trouvé sa limite, on passerait directement, sous l'horizon de la mort et de « l'accompagnement », à un genre radicalement différent de soin, ces soins, peut-être, que nous appellerons encore « parentaux ». On passerait à des soins d'un autre genre, mais par défaut, relevant « seulement » d'un point de vue technique, du soulagement des souffrances, et moralement ou socialement de la seule « compassion ». Or ce que nous voudrions souligner, c'est qu'il s'agit ici de soins encore proprement *médicaux*, et même qu'ils poussent ceux-ci à une sorte de limite, et en révèlent aussi le *sens*, sinon l'origine. Sur ce plan déjà, ces soins ne seraient pas *ultimes* seulement parce qu'ils seraient (chronologiquement) les « derniers », mais aussi parce qu'ils seraient (logiquement ou théoriquement) les « premiers ». Cela ne serait pas, pourtant, sans introduire dans le soin médical proprement dit une *tension*, sur laquelle il faut tout autant insister, parce qu'elle fournit le cadre à partir duquel on posera, pour finir, les problèmes « éthiques » rencontrés par ou depuis les soins palliatifs, notamment celui de la mort.

Une telle tension sera très nette en effet sur le premier plan, celui des *techniques* du soin ou du soin comme technique. Si l'on définit le soin médical comme l'ensemble des techniques déterminées visant à éviter au vivant des maux déterminés, et notamment le mal qui pour un vivant est le mal qui l'atteint tout entier, à savoir la mort, on peut comprendre en effet la tension extrême qu'introduit ici l'idée même des soins

palliatifs. Elle ne consiste pas, parce que la guérison est désormais impossible ou la mort inévitable, à passer directement à un autre genre du soin ou encore pour prendre une distinction anglo-saxonne aujourd'hui centrale à passer du *cure* (« guérir ») au *care* (soigner, prendre soin, prêter attention à). Elle introduit plutôt une tension *dans le guérir* lui-même. Si on ne peut plus traiter ou guérir « le » mal principal, celui qui entraînera la mort, on ne passe pas non plus à la seule attention globale et individuelle qui définira le *care*. Bien au contraire, on n'assistera pas à la disparition mais à la prolifération des tâches curatives. Ce n'est plus un mal que l'on devra traiter, mais une *pluralité* de maux déterminés, par des techniques non moins déterminées. C'est la « polypathologie » qui est le lot des soins palliatifs. Ainsi, l'on reste bien dans l'ordre du soin médical, *par excès* même plutôt que par défaut : c'est l'image d'une multitude de techniques, d'appareils, de spécialistes, qui nous viendra à l'esprit. On aura introduit dans le soin médical une *tension* qu'il faut souligner et sur laquelle on reviendra pour conclure. C'est qu'on sera passé de l'idée de guérir, au sens d'éviter la mort, comme norme absolue, à l'idée de guérir ou de soigner, au sens d'éviter la ou les souffrances, comme norme relative. Pourra-t-elle même aboutir à rendre la « mort » relative ? C'est tellement loin d'aller de soi que c'est sans doute l'un des problèmes clés posés ici ; du moins voit-on déjà que la tension entre le fait d'éviter la mort et celui d'éviter la souffrance est-elle *interne au soin*, et même au soin proprement médical. C'est ce que nous voulions souligner pour l'instant, pour indiquer aussi en quoi les soins palliatifs rejoignent bien le soin, lui-même, comme origine ou comme principe *de la médecine*, et non pas comme son prolongement superflu ou compassionnel.

Avec cette remarque, on en vient déjà au deuxième point à souligner : l'aspect public ou social du soin médical. Là encore, l'idée et, plus précisément cette fois, *l'institution* des soins palliatifs introduit une profonde tension, qui pousse le soin médical, *sans l'abolir*, à l'une de ses limites. Ce qui frappe, c'est de nouveau un fragile et d'autant plus nécessaire *entre-deux* : les « soins palliatifs » sont amenés par leur objet même à ne plus se rapporter seulement (comme la médecine le fait en général) à une partie lésée du malade individuel, mais bien au malade *tout entier*, sans pourtant sortir de la relation *médicale*, c'est-à-dire sans

se substituer pour autant à la relation parentale, amicale ou amoureuse, qui seule se rapporte à lui dans son histoire et sa vie individuelle proprement dite. À la fois en raison de l'horizon de la mort annoncée, de la prolifération des maux, et ainsi de la *dépendance* qui vient frapper plus que jamais le malade, c'est donc une nouvelle relation qui s'institue. Les services mêmes de « soins palliatifs », mobiles ou dans les hôpitaux, semblent manifester cette idée selon laquelle on soigne non plus tel ou tel mal, mais le malade, cette fois, comme tel et dans son entier. Ici encore, le « palliatif » n'est pas seulement défaut, mais excès. Cependant, il s'agit bien d'une relation médicale, et non pas de l'attachement ou de l'amour parental, auquel on va venir plus loin, même si l'on est conduit ici au bord extrême où ces « deux concepts du soin » se touchent sans se confondre, *en aménageant l'espace de leur coexistence*. On comprendra mieux ce que nous voulons dire par un autre exemple, symétrique si l'on veut, celui de la maternité et de la pédiatrie. Les soins de la naissance et de la petite enfance sont en effet, eux aussi, des soins *globaux* *quoi qu'en encore médicaux*. *Ils traitent la totalité du nourrisson (régime, croissance, fièvres, maux divers, et cela même sans maladie), sans pour autant se substituer à la relation parentale*. Plus encore, et ce point nous paraît essentiel : l'un des plus grands progrès dans ces domaines est celui qui a conduit à relier le soin médical et le soin parental, par exemple, en rapprochant le nourrisson de la mère, dans les maternités, ou en autorisant les parents à accompagner les enfants, en cas d'hospitalisation. Il en serait de même du côté des soins palliatifs : ils consistent à se rapporter à la personne tout entière et non plus à tel mal dans le malade, *sans empêcher et même en aménageant* l'espace de la relation qui constitue aussi cette « personne » comme telle et qui définit une autre espèce non moins fondamentale de soin.

Avant donc d'en venir à cette deuxième espèce de soin, dont l'idée même de soins « palliatifs » nous semble aussi révéler la priorité, on fera encore trois brèves remarques sur le soin « médical » proprement dit.

Tout d'abord, comme on le voit, bien loin de disparaître, il est ici ramené à son origine et poussé à sa limite. Il nous semble que les soins palliatifs, avec les *risques* que cela comporte, révèlent *la priorité sociale du soin, de la naissance à la mort* ou encore en quoi nous sommes

entrés dans une *société du soin*, à supposer que *toute société* ne le soit pas en partie.

La deuxième remarque portera sur la nécessité d'une reconnaissance sociale, et politique, de la spécificité de ces soins, sur laquelle pèse ainsi non pas un double défaut mais un double excès de responsabilité, aussi bien techniquement que socialement.

La troisième, enfin, sera pour souligner de nouveau en quoi ce n'est pas de l'extérieur qu'on peut résoudre les problèmes « éthiques » qu'ils rencontrent, notamment celui du « mourir ». C'est d'une double tension entre l'évitement des souffrances et la relation à l'individu, d'un côté, et de l'autre l'absolu éthique ou l'interdit de la mort ainsi que les autres relations individuelles, aux proches et à soi, que surgissent ces nouveaux problèmes. On y reviendra pour finir ; mais il faut d'abord dire un mot de l'autre dimension du soin, dont l'épreuve « palliative » révèle ou rappelle encore la priorité en son ordre.

SOINS PALLIATIFS ET SOINS PARENTAUX : « CRIS ET CHUCHOTEMENTS »

Il se peut que les soins palliatifs n'aient pas uniquement à « pallier » l'absence des soins curatifs, d'un point de vue médical, mais aussi l'absence ou la limite de soins d'un autre genre, que l'on pourrait dire au sens large du terme « parental ». Plus exactement, tout se passe comme si l'épreuve de la mort annoncée montrait en quoi est nécessaire, non seulement le soin médical, mais une relation qui, pour être d'un autre genre, n'en est pas moins, *elle aussi*, définie par une forme de soin. Il y a un lien intime entre ce qui peut nous paraître, justement, le plus intime (non seulement l'attachement ou l'amour, mais ceux-ci en tant que condition même de notre vie, individuelle et subjective, donc aussi de notre vie tout entière) et des soins *réels, concrets, extérieurs*, même s'ils sont d'un autre genre que les soins médicaux proprement dits. Plus encore, c'est ce lien qui permet qu'on puisse « pallier » leur absence *ou surtout les soutenir dans leur épreuve*, envisager quelque chose comme, sinon leur compensation ou leur substitution, *du moins et par principe* leur soutien et leur renforcement.

C'est du moins ce que l'on voudrait indiquer brièvement en s'appuyant pour cela sur un exemple : celui qui est donné dans le film à tous égards admirable et fondamental d'Ingmar Bergman, *Cris et chuchotements*. Celui-ci nous montre l'enjeu des soins parentaux dans une telle épreuve ; il souligne aussi avec une intensité sans pareille l'effet de leur absence, et celui d'une « substitution ». Il nous conduira donc à formuler quelques remarques sur leur renforcement ou leur institution possibles qui rejoignent comme par une autre limite celle qui est atteinte du côté du soin médical lui-même, et nous amènera à une conclusion, au moins provisoire.

On connaît l'argument de *Cris et chuchotements*. Deux sœurs, l'une et l'autre mariées, viennent assister à l'agonie d'une troisième (ou faut-il dire l'assister *dans* son agonie ? Tout est là), aidée par une servante fidèle, Anna. Or, en des scènes poignantes, elles refusent non pas de la soigner ou de l'assister médicalement, mais bien de l'accompagner individuellement, en tant que « sœurs », en l'entourant, la touchant, la consolant, et c'est finalement Anna qui, en plus de ses corvées quotidiennes, doit le faire. Tout ici est important et il est difficile de dissenter avec ordre sur ce sujet. On soulignera d'abord le point le plus général. Il semble en effet que l'on puisse dire ceci : **dans les soins parentaux, ce n'est pas la parenté « naturelle » qui implique les soins, mais au contraire les « soins » dans leur exercice, qui entraînent la parenté**, la relation réciproquement individuante, irréversiblement créatrice, par laquelle un lien se tisse entre les êtres. C'est un type de soin et de pratique qui crée la relation et non pas l'inverse, de sorte que l'absence de soin révèle l'absence de relation. Ces soins ne sont pas « médicaux » : ils n'ont pas pour but de traiter un mal déterminé par une technique déterminée. Mais ils ne sont pas non plus affectifs ou « intérieurs ». Bien au contraire, ils sont concrets : comme dit Winnicott, ils consistent à « porter », « présenter le monde », « soutenir ». Mais, pour être concrets, ils n'en sont pas moins subjectifs et même *constitutifs* de la subjectivité. C'est pourquoi l'effet de leur absence sur les sœurs ne les atteint pas seulement en tant que sœurs ; il révèle au contraire la rupture de *toute* leur subjectivité, comme amantes ou épouses, comme femmes et individus en général (en des scènes d'une violence intense). Bref, une fois de plus, le soin « ultime » révèle ici quelque

chose de « premier » : plus premier même que jamais, puisqu'il s'agit du principe même de soi ou du soi.

On voit aussi en quoi c'est l'aspect concret de ces soins constituants qui permet dans le film de Bergman une « substitution » d'une profondeur et d'une simplicité sans égales. Certes, on s'interrogera : lorsqu'Anna prend la mourante dans ses bras et son sein nu, quel rôle tient-elle exactement ? Est-elle servante, infirmière ou bien aussi mère, sœur, amante ? De quel affect profond les corps sont-ils ici chargés, au seuil de la mort et de l'amour ? Comment s'y mêlera le fait qu'Anna ait, elle-même, perdu quelques années plus tôt sa propre fille ? Bergman ne semble-t-il pas compliquer les choses comme à plaisir, donner du grain à moudre à toutes les hypothèses, toutes les théories, tous les soupçons ? Tout est balayé par la simplicité et l'évidence de l'image et des corps. Tout se mêle justement parce que c'est le soin premier qui est ici fondamental ; c'est la folie maternelle primaire de Winnicott qui se rejoue, pour un temps, et qui ensuite cessera. C'est seulement par cette unité, produite par des gestes concrets de soutien et de consolation, que s'apaisera la douleur de la mourante, que même son enterrement n'avait pas suffi à calmer puisque, dans une scène intolérable pour les sœurs, elle est revenue en fantôme inapaisé les hanter en leur demandant de « l'aider à s'endormir ». Ainsi la violence critique du film de Bergman sur les relations parentales trouve-t-elle aussi son point de tendresse et de résolution dans des images restées à juste titre parmi les plus poignantes du film.

Mais, dira-t-on encore, cela ne relève-t-il pas de tout autre chose que des soins palliatifs ? Le sociologue s'ajoutera au psychanalyste pour dénoncer, à raison, les conditions sociales d'une « substitution » qui tient de « l'assignation » politique. C'est une femme, une servante, qui se voit ainsi assigner une tâche que les maîtres, les bourgeois, et singulièrement les hommes, refuseront de lui reconnaître, ne fût-ce que symboliquement et matériellement, à la fin du film, avec une brutalité extrême que compense à peine le don (dans le film et pas dans le scénario rédigé auparavant, comme si cela avait surgi des images), du journal intime de la défunte dont personne d'autre qu'Anna ne se souciait. Tout ceci, encore une fois, paraît incontestable. Mais c'est ici également que l'on rejoint,

à partir des soins « parentaux », le problème même que l'on a rencontré plus haut du point de vue des soins médicaux.

De même que les soins médicaux trouvaient leur point extrême dans ce qu'on pourrait appeler « l'individuation de l'institution », d'un rapport médical à la personne comme telle, de même les soins parentaux posent la question de leur institution, c'est-à-dire de l'institution de l'individuation, du rapport intime entre les êtres, notamment lorsqu'il est *le plus mis à l'épreuve*, dans le deuil ou ce qui le précède, dans le cas de plus en plus partagé de la mort annoncée et des soins « derniers » ou ultimes. Le film de Bergman ne fait que poser cette double question : comment soutenir la création de subjectivités comme celle des sœurs, dans leur constitution initiale ? Comment les soutenir dans l'épreuve extrême, à l'autre bout de ces vies qui dépendent les unes des autres, et des gestes concrets par lesquels elles se rattachent les unes aux autres ? Une telle question demande une réponse non seulement psychique, mais sociale et politique, pour que les relations entre les proches ne soient pas un fardeau de plus, mais un soutien et un apaisement, dans l'épreuve extrême que devient pour elles la « mort ».

POUR ALLER PLUS LOIN

Au terme de ce rapide parcours, il faut donc revenir d'un mot sur la double priorité du soin, dans les relations humaines, que l'idée de soins palliatifs renouvelle, mais aussi sur la tension paradoxale qu'elle introduit, par là même, dans une éthique qui doit donc moins s'ajouter à elle de l'extérieur qu'en repartir, dans toute sa complexité, sinon pour résoudre, du moins pour poser les problèmes qu'elle soulève.

Comment pourrait-on, en effet, juger du « soin » à partir d'une norme transcendante, si le secours apporté aux souffrances d'autrui n'est pas un principe éthique ou social parmi d'autres, mais le premier d'entre eux, s'il n'est pas un choix parmi d'autres pour chaque sujet, mais s'il est aussi ce à partir de quoi il se constitue même comme sujet ? Insistons encore. Le soin est une, sinon *la* pratique par laquelle une

société cesse d'être un rassemblement abstrait d'êtres rationnels, passant des « contrats » ou ayant des « discussions », sans devenir pour autant une « communauté » partageant nécessairement des valeurs métaphysiques ou religieuses. La *société du soin* et de la *justice* est ainsi la société politique *concrète*, tournée contre les maux communs et réciproques qui affectent les hommes. D'un autre côté, nous avons été *objets de soin* avant d'être sujets de soin, avant donc d'être capables de nous soigner et de soigner les autres, et dans les deux cas dans une fragilité, voire une détresse, une dépendance qui a précédé toute autonomie. Les soins « palliatifs », bien loin d'être des soins « par défaut », nous rappellent, comme on l'a vu, à cette double priorité du soin.

Celle-ci n'introduit-elle pas un changement majeur de perspective ? On pourrait la ramener à une double tension, dans le cas « éthique » par excellence de la mort : ne déplace-t-elle pas le principe éthique premier *de l'interdit du meurtre vers l'évitement des souffrances*, avec le risque de relativisation que cela implique ? Ne déplace-t-elle pas *l'autonomie du sujet, du soi, vers la prise en compte de certaines relations privilégiées*, médicales ou parentales, intimes ou publiques, les plus proches ou les plus lointaines ? Ce sont là deux déplacements fondamentaux, qui expliquent à nos yeux, sans permettre de les résoudre de façon simple, certains problèmes qui surgissent lorsque la vie paraît une souffrance « pire que la mort », et cela non seulement pour celui qui meurt, seul, mais dans les relations que cette mort et cette souffrance affectent, révélant que toute mort *humaine* est une épreuve *relationnelle*.

Il ne nous revient aucunement, dans ces remarques, de proposer la moindre solution à des problèmes que l'on a pu qu'effleurer. On soulignera seulement que les deux tensions que l'on vient d'indiquer, bien loin de devoir être surmontées d'une manière générale dans un sens ou dans l'autre, nous paraissent *devoir être maintenues et mises à l'épreuve des cas singuliers* pour donner lieu à *des critères et à des règles* fondées non pas sur de fausses généralités, mais bien sur *des singularités et des seuils*. C'est de ces tensions que surgit le caractère « éthique » du soin, et non pas de la confrontation avec une norme toute faite par ailleurs. Le soin n'est pas seulement secours contre la souffrance, rappel d'une dépendance ; il est bien, aussi, doublement créateur, de normes générales, de sujets libres

et égaux ; même si, inversement, il replonge ceux-ci dans l'expérience concrète d'où ils surgissent. Cette tension lui est constitutive, aucun des pôles, sans doute, ne pouvant être aboli. C'est elle que porte à l'extrême l'idée même des « soins palliatifs », jusque dans l'expression ambiguë et tendue qui la désigne en français. C'est ce qui en fait l'importance, non seulement dans nos vies et nos sociétés, mais pour penser nos sociétés et nos vies.

Imagining the Future of Death

Sarah Carvallo

Abstract

Death is a core aspect of the sustainability of our societies. With our ageing populations and increasingly chronic pathologies, end-of-life is a major issue for contemporary and future societies, in terms of care, medical and economic costs and meaning. Public policy and healthcare systems have yet to succeed in restoring value and meaning to death and end-of-life, which are seen as failures or obstacles dealt with reluctantly. Faced with the powerlessness of scenarios based on the cost/benefit balance, imagination offers an alternative method for, on the one hand, envisaging the evolution of contemporary death systems if nothing changes, and, on the other, considering possible alternatives that could restore meaning and value to death and end-of-life by transforming systems from within. Three applications of an imagination heuristic are developed herein: the first uses the scenario model, no longer to estimate costs and benefits, but rather to project extrapolations that provide a better understanding of current issues; the second analyses the art of conversation as an imaginary exploration of suffering and its ability to restore meaning to the final period of life; the third studies non-medicinal interventions in art as a concrete form of imagination. These three experiments with imagination identify ways in which subjectivities and organisations can be transformed to establish a caring culture as opposed to a culture of risk.

Keywords: *Death, Ageing populations, end-of-life meaning, healthcare systems, imagination experiments, art, caring culture*

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Résumé

La mort constitue la condition de soutenabilité de nos sociétés. Dans un contexte de vieillissement des populations et de chronicisation des pathologies, la fin de vie détermine un enjeu majeur des sociétés contemporaines et futures, à la fois en termes de prise en charge, de coûts médico-économiques et de sens. Or ni les politiques publiques ni les systèmes de soins ne parviennent à redonner leur valeur et leur sens à la mort et à la fin de vie, qui apparaissent comme des échecs ou des obstacles à repousser. Face à l'impuissance des scénarios fondés sur la balance coût/bénéfices, l'imagination offre une méthode alternative pour, d'une part, envisager l'évolution des systèmes de mort contemporains si rien ne change, et, d'autre part, envisager des alternatives possibles susceptibles de redonner sens et valeur à la mort et à la fin de vie en transformant les systèmes de l'intérieur. Trois applications d'une heuristique par l'imaginaire sont ici développées : la première reprend le modèle des scénarios non plus pour estimer des coûts et bénéfices, mais pour projeter des extrapolations qui permettent de mieux comprendre les enjeux actuels ; la seconde analyse l'art de la conversation comme exploration imaginaire de la souffrance et capacité à redonner du sens à l'ultime période de l'existence ; la troisième étudie des interventions non médicamenteuses en art comme forme de l'imaginaire. Ces trois expérimentations de l'imagination identifient des lignes de transformations des subjectivités et des organisations pour établir une culture du soin à la place de la culture du risque.

Mots clés : Mort, vieillissement de la population, sens de la fin de vie, systèmes de santé, expériences imaginaires, art, culture du soin

When considering the major challenges societies will face in tomorrow's world, international, European and French organisations all identify the end-of-life issue as an essential element, highlighting our ageing populations, the shortage of palliative care facilities, the anthropological importance of this moment in life, and the suffering that can sometimes be unbearable and overwhelm the person concerned¹. All reports also point to major inequalities in access to palliative care: in some countries,

¹ "Strengthening palliative care as a component of comprehensive care throughout the life course". WHO 67.19. 24th May 2014. Sharkey L, Loring B, Cowan M, et al., "National palliative care capacities around the world: Results from the World Health Organization Noncommunicable Disease Country Capacity Survey." *Palliat Med* 2018;32:106-113. 10. Halpern SD. "Toward Evidence-Based End-of-Life Care." *N Engl J Med* 2015;373:2001-3. <https://doi.org/10.1056/NEJMp1509664>. Pennec S, Lépori M, Pontone S, Guion V, Evin A. "End-of-life medical decisions in French overseas departments: results of a retrospective survey." *BMC Palliat Care* 2024;23:224. <https://doi.org/10.1186/s12904-024-01552-x>.

this concerns access to morphine and opioids; in developed societies, the over-treatment of pathologies can paradoxically contribute to increasing suffering at the end of a person's life. To respond to this challenge, the two standard proposals made today draw on epidemiological and public health arguments to justify increasing the supply of palliative care and, in a growing number of countries, offering medical assistance in dying (MAID), in the form of assisted suicide or euthanasia.

Based on the same observation, this paper proposes an alternative methodology for apprehending the future of death using imagination and, in particular, aesthetic resources as an imagination laboratory. This research aims to show that the future of end-of-life considerations cannot be reduced to either a matter of resources concerning the number of palliative care units or mobile teams, nor to the decriminalisation of medical aid in dying, but instead requires a systemic transformation rooted in our relationship with nature and life². In 2019-2021, the planetary experience of the Covid-19 pandemic shed light on the tragic end-of-life experiences of so many people deprived of support, and their loved ones deprived of mourning during that period. This health crisis gave rise to a collective awareness of the situations faced by people at the end of their lives more generally, and the decriminalisation of medical assistance in dying was accelerated around the world. In 2022, the Lancet Commission on the Value of Death drew a direct link between the ecological crisis and the end-of-life crisis: in both cases, we seek to master nature and life, refusing to recognise ourselves as an integral part of nature and life. The end-of-life crisis we are currently experiencing is part of a system: Kastenbaum identifies "the societal system of death" as the set of parameters which determines both the practical conditions (actors, institutions, places, moments, objects) and the embedded representations that today structure end-of-life support (symbols, images, texts, words, imagination)³. Yet the main aim of the system is to eradicate death: the entire healthcare system is today defined as a fight against death and ageing; education and the economy focus on performance and autonomy; insurance companies present death as a risk; the organisation of the stages of life and the institutionalised nature of end-of-life care conceal the importance and meaning of this final period of existence.

To address this systemic problem, "medical solutions" are not sufficient. A purely rational analysis in terms of risks, costs and benefits cannot address the radicality of our scepticism about the meaning of death and end-of-life. We need to re-imagine end-of-life and death by going back to the root of our distress, which is a crisis of meaning⁴. Imagination offers a method not only for understanding, but also as a source of creation⁵ for inspiring change, both collectively and on an individual level.

² White, L., "The historical roots of our ecologic crisis", *Science*, 1967, 15, 3767.

³ Kastenbaum R., *Death, society, and human experience*. St Louis, MO: CV Mosby, 1977.

⁴ Abel, J. Kellehear, A., "Dying and death reimagined," *Palliative Care & Social Practice*, 2022, Vol. 16: 1-14. G. Steiner, *Le Sens du sens*. Paris, Vrin, 1988, p. 53.

⁵ Hocini, F. Dallaporta, B., "L'imagination aux sources de la création, dans le soin comme ailleurs". *Soins*, 886, 2024, p. 60-63.

Since the works of Wittgenstein, Ricoeur and Cavell, philosophy and social sciences have emphasised the importance of imagination in identifying contemporary and future issues, but also in providing realistic avenues for initiating change. There are three levels on which to implement this method of imagination.

Firstly, the imagination allows us to construct a realistic utopia based on trends in the contemporary system of death. Like fiction - science fiction, for example - it identifies probable developments based on our present situation: this makes it possible to become aware of the tragedy of our contemporary rationales, as we are incapable of grasping the major problems generated by our scientific and technological systems, such as the ecological or end-of-life crises⁶. This level enables us to focus on systemic issues. A second level captures the forms of (end of) life experienced by individuals today, confronting them with imaginary forms of (end of) life that may justify the desire to change: as such, it contributes to a self-education that enables us to initiate personal and social transformation. The third level focuses on art as “imagination at work”, through masterpieces, performances and experiences that combine both personal subjectivity and collective resonance. Rather than seeking evidence, arguments or facts, art explores possible avenues and proposes subjective experiences that mobilise emotions and elicit collective responsiveness in the sense of a sociology of relations⁷: more precisely, it constitutes a sphere of responsiveness. In these three levels, or dimensions, philosophy not only provides a different way of accessing knowledge, but above all enables us to *recognise* the importance of what is at stake, to become aware of our collective responsibility and to make us want to change. In this way, it deploys an imagination laboratory and a sphere of resonance to help invent the future system of death.

1. Imagining end-of-life in the future: a realistic utopia to transform a complex system

Over the course of the twentieth century, death was transformed into a risk integrated into an epidemiological paradigm⁸. After the Second World War, risk analysis became a decision-making tool based on scientific expertise, and, according to Ulrich Beck, the vector of a reflexive modernity capable of internalising an assessment of the risks arising from our sciences and technologies⁹. At the same time, North American bioethics adopted the risk paradigm to establish the principles of decision-making in medicine, abandoning the idea of establishing a framework of shared values

⁶ Sallnow L. et al., Report of the Lancet Commission on the Value of Death. “*Bringing death back into life*”, *Lancet* 2022; 399: 837-84, p. 838.

⁷ Rosa, H. *Résonance: une sociologie de la relation au monde*, Paris, La découverte, 2018.

⁸ Gaudillière, J.P., “Statisticiens et santé publique: l'invention des facteurs de risques”, in *Inventer la Biomédecine*, Paris, La découverte, 2002, p. 218-245.

⁹ Beck, U., *Risikogesellschaft: Auf dem Weg in eine andere Moderne*, Frankfurt: Surhkamp, 1986, translated: Risk society.

concerning fundamental human issues: in the context of pluralist democracies, the only potential consensus is aimed at minimising risks¹⁰. This new conceptualisation of ethics relegates substantial values to the private sphere. So, through epidemiology, biomedical research and bioethics, medicine integrates the risk paradigm into a logic of rational analysis of the cost/benefit balance¹¹. This general framework has led to the promotion of a healthcare system that aims first and foremost to preserve life, slow down ageing (anti-ageing) and eradicate death. Today, through its success, this system generates also long and complex end-of-life situations, where patients - and sometimes caregivers - experience the approach of death as a failure, or even as abandonment.

Yet we must recognise that, biologically speaking, death is part of a physiological process and is not pathological. We must also recognise that human - and perhaps animal¹² - death cannot be reduced to a biological or medical matter, but calls each of us, individually and collectively, to question the meaning of existence including death. In this more global perspective, the end of our life is not a risk to be eliminated or avoided, but an experience to be given new meaning and importance. Indeed, the risk paradigm does not answer the question of meaning.

The Lancet report entitled "Bringing dying home" (2022) seeks to address, on the one hand, people's wish to die at home, when the vast majority die in institutions, and on the other, the fact that death no longer has a 'home', because it seems to constitute a scandal or an anomaly that contravenes the logic of autonomy and mastery. How can we transform society so that it recognises the importance and meaning of death¹³? How can we move away from reducing death to a medical problem and restore its full anthropological, social and existential value? Through panel discussions and literature review, the Lancet commission first describes the international contemporary conditions of dying, and then constructs a realistic utopia, drawing on Rawls' method¹⁴ in the end-of-life field, to propose an imagination experience through five forms of life which each condition a distinct value of death. This projection of imagination promotes a holistic approach to the end-of-life issue which, within the parameters of reflection, internalises the relationships, the representations and the uncertain, ambiguous and paradoxical emotions we may experience at the end of our lives. Therefore, it integrates the social determinants of death, dying and bereavement and conceives of death primarily as a relational and spiritual process,

¹⁰ "... attempts to bring the common morality into greater coherence through specification risk decreasing rather than increasing moral agreement in society" Beauchamp T., Childress J., *Principles of biomedical ethics* 1979, 2001, p. 407.

¹¹ Carvallo, S., "Le tournant postgénomique: du risque à la vulnérabilité.", in: *Les vulnérabilités liées à la génomique*, Carvallo, Faivre, L., Paris, Erès, 2025, p. 17-53.

¹² Monso, S., *Playing Possum: How animals understand death*, Princeton University Press, 2024.

¹³ Kellehear, A., The social nature of dying and the social model of health. In: *Oxford Textbook of Public Health Palliative Care*. Kellehear, A., Oxford: Oxford University Press, 2022, p. 22-29.

¹⁴ Rawls J., *Law of the peoples*. Cambridge: Harvard University Press, 1993.

rather than as a physiological event¹⁵. It thus produces five extrapolations from the present situation.

The first scenario (“death overwhelms health systems”) imagines a spike in deaths, following a pandemic, a climate event or a nuclear war, for example. We now know that these phenomena can happen, and that our health systems cannot meet the global demands resulting from catastrophes of this scale. The second scenario (“immortality and inequality”) continues the current trend towards two-tier medicine, which not only develops cutting-edge methods to improve treatment and extend life expectancy, but also allows private companies to flourish, promising immortality or sophisticated treatments reserved for a select few, thereby reinforcing health inequalities. We also know that care at the end of life is one of the areas of healthcare where inequalities are greatest. The third scenario (“climate response-greater equality”) radically transforms our healthcare systems, internalising climate change and aiming first and foremost to attain health equality. In this scenario, death appears as a condition for the sustainability of civilisation: everyone sees it as a moment in the life cycle. The fourth scenario is a rebalancing-focus on health-care system reform and the goals of medicine: priority is not given to scientific and technical successes, but rather to assisting and accompanying suffering throughout the lifecycle. The aim is no longer to prolong life or delay ageing, but to give meaning to life right up to death. Support is not just the responsibility of care professionals, but also of volunteers and, more broadly, of citizens and small local communities. The fifth scenario (“assisted dying spreads”) generalises assisted dying not only for people with a life-threatening prognosis, but more broadly for people expressing unbearable suffering or a psychiatric condition, people with dementia or those who are tired of life¹⁶. It corresponds to the current situation in Belgium, the Netherlands and Canada, where the criterion of a life-threatening prognosis is no longer required to benefit from medical aid in dying¹⁷.

¹⁵ “Radically reimagining a better system for death and dying, the Lancet Commission on the Value of Death has set out the five principles of a realistic utopia: a new vision of how death and dying could be. The five principles are: the social determinants of death, dying, and grieving are tackled; dying is understood to be a relational and spiritual process rather than simply a physiological event; networks of care lead support for people dying, caring, and grieving; conversations and stories about everyday death, dying, and grief become common; and death is recognised as having value.” Sallnow, “Report of the Lancet Commission on the Value of Death: bringing death back into life”, *Lancet*, Vol 399 February 26, 2022, p. 837.

¹⁶ Sallnow, “Report of the Lancet Commission on the Value of Death: bringing death back into life”, *Lancet* Vol 399 February 26, 2022, p. 869.

¹⁷ Boer, T. A., “Dialectics of lead: fifty years of Dutch euthanasia and its lessons”, *International Journal of Environmental Studies*, 2018, 75:2, 239-250, DOI: 10.1080/00207233.2017.1415834; Theo Boer, Dutch Professor of Medical Ethics: “I believed that a rigorous framework could prevent the derives of euthanasia: I’m not so sure anymore”. *Le Monde* April 7, 2025. Government of Quebec, Commission on End-of-Life Care. “Rapport sur la situation des soins de fin de vie au Québec du 1^{er} avril au 31 mars 2023”, Bibliothèque et Archives Nationales du Québec, 2025 <https://organesdeconcertation.sante.belgique.be/fr/documents/euthanasie-publication-des-chiffres-pour-2024-de-leuthanasie-en-belgique>. Dierickx et al. “Euthanasia for people with psychiatric disorders or dementia in Belgium: analysis of officially reported

This heuristic methodology follows the format of the scenarios used by the International Panel of Climate Experts but does not aim to assess risks. It considers the life forms and death values within each system. It takes into consideration the emotions, relationships and interpretations that individuals and communities attribute to death. Indeed, the question of meaning is not a purely analytical or logical one; it is not reduced to knowledge and evidence; it also embraces the emotions and relationships that contribute to recognising what does and does not matter, and resonates with the whirlwind of life that envelops us. It invites us to anticipate the interrelated tendencies which structure the contemporary system of death, and to shape the future according to our priorities.

2. Imagination, meaning and conversation

Today, in resonance with the ecological crisis, there is a social quest to invent new forms of life involving transformations in the organisation of work, housing, food, transport, leisure... and also the end of life. Numerous post-Covid studies show, for example, how people today are staging new “greener” representations and practices of mourning¹⁸, or how people are designing end-of-life trajectories in original ways¹⁹; cemeteries are becoming gardens in which ecosystem services are assessed and the carbon footprint of different funeral rites are compared²⁰. These developments are not primarily based on scientific knowledge and evidence but express a quest for meaning that no longer finds an obvious answer in traditional forms. Rather, they reflect the importance of responding to the scepticism that threatens our standard social behaviour with absurdity, and the desire to become better²¹, particularly by taking environmental impacts into account and producing a new aesthetic

cases”, *BMC Psychiatry* 2017, 17:203.

¹⁸ Cherblanc, J., Zech, E., Gauthier, G., Verdon, C., Simard, C., Bergeron-Leclerc, C., Grenier, J., Maltais, D., Cadell, S., Sani, L., Bacqué, M.-F. “Sociography of funeral rituals in times of pandemic: from prevented rites to appropriate rites.” *Canadian Review of Sociology/Revue canadienne de sociologie*, 2022, 59:348-368. Wang, S.S.Y., Teo, W.Z.Y., Yee, C.W. & Chai, Y.W., “Pursuing a good death in the time of COVID-19”, *Journal of Palliative Medicine*, 2020, 23(6), 754-755. Pearce, C., Honey, J.R., Lovick, R., Creamer, N.Z., Henry, C., Langford, A., Stobert, M. & Barclay, S., “A silent epidemic of grief: a survey of bereavement care provision in the UK and Ireland during the COVID-19 pandemic”. *BMJ Open*, 2021, 11(3), E046872.

¹⁹ Mondal, A. P., Bhowmik, P., “Physician Assisted Suicide Tourism - A Future Global Business Phenomenon”, *The Business and Management Review*, Volume 10, Number 1, 2018, pp. 35-43.

²⁰ Quinton, J. M. et al., “Beyond burial: researching and managing cemeteries as urban green spaces, with examples from Canada, *Environmental Reviews*, Vol. 27, No. 2 (2019), pp. 252-262. Decker Jr., C., Muniz, E., and Cruz, N.-J., “Environment systems: a new concept on cremation”, *Journal of Sustainable Development of Energy Water & Environment Systems*, 2018, Vol. 6, No. 2, pp. 363-380. Keijzer, E. The environmental impact of activities after life: life cycle assessment of funerals, *International Journal of Life Cycle Assessment*, 2017, Vol. 22, No. 5, pp. 715-730. Lee, K.-H., Huang, C.-C., Chaung, S., Huang, C.-T., Tsai, W.-H., and Hsieh, C.-L. “Energy saving and carbon neutrality in the funeral industry”, *Energies*, Vol. 15, No. 4, 2022, Article 1457,

²¹ Cavell, S., *Cities of Words: Pedagogical letters on a register of the moral life*, Harvard University Press, 2004.

able to restore meaning: individuals choreograph trajectories towards death through journeys, rites and ceremonies, a whole aesthetic that gives direction and meaning to this final period²².

While the individuals experience the search for a new form of end-of-life, death and mourning on their own singular scale, this quest also takes on a social and international dimension. It furthermore involves care professionals, funeral directors, urban planners, political decision-makers and associations. This interweaving of scales underlines the fact that individuals alone cannot decide on meaning, which is never reduced to a private affair, but depend on social structures and resonate with social valence²³. By confronting the criteria of my culture “with my words and my life as I pursue them and as I may imagine them, and at the same time confronting my words and life as I pursue them with the life my culture’s words imagine for me²⁴”, I try to recognise the meaning of what I do and want to say. I recognise that what I express about myself - about my suffering, for example - is rooted in a time, a culture, a community, a language and institutions, which give it the value of a punishment, a redemption, a pathology, a symptom, a failure, a passage, a celebration, etc. Because I am never alone in choosing what to say. I am never alone in choosing the meaning of my death, which aggregates the words and values of the tribe according to their responsiveness²⁵.

Distinct from pain, suffering lies precisely at the heart of an interpretation, in that it often indicates the impossibility of giving a shared meaning to those moments marked by the end of life, which seem to constitute nothing more than a long wait for a countdown. On the brink of death, the lived experience loses its obvious meaning and may even appear as nonsense. In France, the Comité Consultatif National d’Éthique (CCNE) notes that “the end of life is no longer perceived as an essential time in the human experience²⁶.” In the 1960s, Cicely Saunders, a pioneer of palliative care in London, emphasised the particularity of this existential moment: suffering can give rise to a desire to get rid of life in order to escape this ordeal. “Such pain is a situation rather than an event and the hardest aspect of this situation for the patient is that it seems to be meaningless as well as endless²⁷.”

²² Buchbinder, M., “Choreographing death: A social phenomenology of medical aid-in-dying in the United States”. *Medical Anthropology Quarterly*, 32(4), 2018, 481-497. Stavrianakis, A., “Thinking the Obvious. Determination and Indetermination in a Voluntary Death.” *Terrains* 2018. <https://doi.org/10.4000/terrain.1610>

²³ Rosa, H., *Resonance. A sociology of our relationship to the world*. London, Polity Press, 2019.

²⁴ Cavell, S., *The claim of reason, Wittgenstein, Skepticism, Morality and Tragedy*, New York, Oxford University Press, 1979, p. 125.

²⁵ Erard, M., “Concevoir une linguistique de la mort”. *Anthropologie et Sociétés*, 45, 1-2, 2021, p. 95-108.

²⁶ Avis 139 - CCNE. “Ethical issues relating to end-of-life situations: autonomy and solidarity” 2023. cne-ethique.fr, p. 9.

²⁷ Saunders, C., *The Management of Terminal Illness*. Hospital Medicine Publications, London, 1967, p. 14.

Suffering is thus intrinsically linked to the difficulty of finding meaning at the end of life. In 1982, E.J. Cassel, a physician, emphasised the intertwining of suffering and meaning: "Personal meaning is a fundamental dimension of personhood, and there can be no understanding of human illness or suffering without taking it into account²⁸." Yet, according to Cassel, medicine does not sufficiently address the dimension of suffering: it reduces the scope of its intervention to the somatic and naturalises the experience of misfortune that the patient experiences as a whole. To fail to take care of suffering is to doom medical intervention to failure, not necessarily in therapeutic, physiological or biological terms, but in terms of care. It may even intensify the suffering of the person concerned, as he or she observes the non-recognition of his or her suffering.

Suffering is experienced by persons, not merely by bodies, and has its source in challenges that threaten the intactness of the person as a complex social and psychological entity. Suffering can include physical pain but is by no means limited to it. The relief of suffering and the cure of disease must be seen as twin obligations of a medical profession that is truly dedicated to the care of the sick. Physicians' failure to understand the nature of suffering can result in medical intervention that (though technically adequate) not only fails to relieve suffering but becomes a source of suffering itself²⁹.

Moreover, while pain is often treated by sedation, suffering cannot be treated in this way: many stories tell of the suffering of anaesthetised people who felt no pain and could not communicate their anguish³⁰. More fundamentally, suffering expresses a global existential situation experienced by one individual: it is a call, like a distress signal³¹. It refers to experiential knowledge, which needs to be recognised as such³². Since its inception, palliative care has stressed the importance of taking into account the suffering of people at the end of life, notably through conversation, which involves listening and dialoguing together, maintaining interest in ourselves and in one another.

²⁸ Cassell, E.J., "The nature of suffering and the goals of medicine". *N Engl J Med* 1982;306:639-45, p. 134.

²⁹ Cassel, E.J. *N Engl J Med*. 1982; 306:639-45.

³⁰ Birch, J., *The Edge of Sentience: Risk and Precaution in Humans, Other Animals, and AI*. Jonathan Birch, Oxford University Press, 2024.

³¹ Guérin, B., Carvallo, S., Aubry, R., *La Détresse existentielle*, Besançon, PUFC, 2025.

³² I am fortunate too, above all, in being a doctor who isn't in a hurry, so that I have time to know and to enjoy my patients, and I very often take a portable tape-recorder round with me, which, of course, they all know about. It is a very great help, both to get permanent records of them talking about their pain and its relief, but also about their attitudes towards their illness; what they know about it, and what they find particularly hard, and it is very revealing, both for them, and about myself too when I play it back. Typescript of a talk, "I was sick and you visited me", given at St. Mary's Hospital, London, 30 May, 1961; Cicely Saunders' archive, St. Christopher's Hospice, Sydenham.

Considering the suffering of the other implies situating oneself at the level of a subjective experience expressed through a voice that addresses their distress to a community of language. Contemporary philosophy and medicine both focus rather on the content of the statement. Thus, they consider the argumentation involved in the discourse, for example when they enjoin the construction of a rational, free and informed decision under the model of consent, which often consists of “ticking boxes”. Conversely, the professional’s statement does not represent personal subjectivity, but is configured by the obligation to deliver clear, impartial information with tact and moderation, to help the patient make an informed decision. On the contrary, the voice indicates the intrinsic presence of one subject addressing another, but also its ability - or inability - to find, in the words of the tribe, a way of saying - or not saying - what they want to say, and to be listened to, understood, recognised in their subjectivity. Under the pretext of rationality or procedure, there is a tragic risk of only being able to express oneself through forms or ready-made formulas that prevent them from finding their voice - that is, their way of saying - a form of life appropriate to who they are. By contrast, conversation offers the necessary space-time to adjust their voice to the ear of another: it aims neither at mastery nor at a decision, but discusses experiences in all their nuances and complexity, sharing interpretations that are always uncertain, sometimes ambivalent. It expresses emotions, powerlessness and desires. It opens up an imaginary exercise: if I die tomorrow.... If I live another eight months... Would you leave? What would you do? What about our house? Do you remember?

When doctors broach the subject of death with patients, they often describe the discussion as difficult, because they feel they are stepping outside of their legitimate perimeter and broaching intimate issues which generate affects, emotions, relationships, history and even spirituality. Many patients say they have not had the opportunity to share their deep emotions about death with their oncologist³³. They remain mute, speechless concerning their intimate lives. When they do take place, these conversations often happen at the time of a crisis, too late, for example during an emergency hospitalisation. Moreover, it is not clear who should initiate the discussion: should it be the specialists confined to their field of expertise, the nurse, the psychologist, or each individual on a visit-by-visit basis? We are currently witnessing a reinforcement of the tendency to compartmentalise roles between doctors and paramedical professionals (psychologists, sophrologists, art therapists, etc.): young doctors report feeling helpless when faced with symptoms that fall outside the strictly medical field and will tend to delegate more quickly³⁴. They de-medicalise some support requests by referring them to paramedical or supportive care professionals,

³³ L. Sallnow et al. “Report of the Lancet Commission on the Value of Death: Bringing death back into life”, *Lancet* 2022; 399: 837-84, p. 864.

³⁴ Sarradon-Eck, A. M. Dias, R. Pouchain, “Ces patients “particuliers”. Comment les jeunes médecins démedicalisent les symptômes inexpliqués?” *Sciences sociales et santé*, 2020/1, 38, p. 5-30.

rather than assuming them as part of their support mission. At the same time, they categorise a group of patients as “heartsink patients”, in that they go beyond the ordinary scope of care and do not really fit in with standards.

Why is it so difficult to ask the patients about their understanding of the situation, their fears, their dreams and concerns for the future, their priorities, their conceptions of values, to try and get a feel for their end-of-life experience and, possibly, to imagine what comes next? We know how essential this conversation is for making sense of the situation. Indeed, nurses report the importance of these free moments, which often take place at 2 a.m. when the hustle and bustle of the ward calms down. The nurse and patient meet simply as individuals, who recognise the importance of the radical experience of being human when approaching death³⁵. They resonate with each other. Am I already dying? What does my presence mean, when I can do nothing else but be here?

As opposed to the contractual model of consent, which aims to co-construct a shared decision, conversation enables an encounter and a resonance where each person can recognise her or his own humanity through that of others. It allows emotions, silences and imagination to resonate, to evoke what is important to the individual. Stanley Cavell shows how conversation blurs the roles of expert and layman: two people talk and know that

No man is in any better position for knowing it than any other man - unless *wanting to know* is a particular position. *And this discovery about himself is the same as the discovery of philosophy, when it is the effort to find answers, and permit the questions, which nobody knows the way to nor the answer to any better than anybody else.* As such, what makes it relevant to know, worth knowing? But relevance and worth may not be the issue. The effort is irrelevant and worthless until it becomes necessary to know such things³⁶.

Through the singularity of a conversation, everyone can reinvent himself: by finding an interlocutor capable of recognising the importance of what they are trying to say, they overcome the scepticism of having nothing to say or finding themselves in a meaningless situation. Together, both experience a kind of resonance to discriminate between what is significant and what is trivial. Thus, what is important is neither

³⁵ Human-to-human moment between nurse, patient and their families.... These moments are epitomized in the 2 a.m. moment, when the bustle of the hospital or the home has settled, and it is just nurse and patient in solidarity. And there we are: human-to-human amid both suffering and hope with the full range of emotions possible. It is these moments when the patient might ask: Am I dying? (...) How the nurse remains present, listens, internalizes, responds, uses the silences and continues to bear witness can profoundly shape the next moments of living and dying. (...) In recognizing the profound experience of the patient facing death, the nurse also holds a mirror of reflection. (...) What am I learning in this moment, from this patient? Rosa, W. Ferrell. B., “The 2 a.m. Moment and the Art of Our Science”. *Journal of Hospice & Palliative Nursing*, vol. 25, n° 3, June 2023, pp. 115-115.

³⁶ Cavell, S., *Must we mean what we say?* [1969], Cambridge, Cambridge University Press, 2002, p. XLII.

content nor argument, but to reach a harmony - in the musical sense of the word - which, on the horizon, symbolises the possibility of a universal agreement on what is essential when one is facing death. On the threshold of death, conversation opens the way to a shared imagination in the form of memories, desires, fears and projections. It thus constitutes a matrix for access not to knowledge, but to mutual recognition: recognising what is important, recognising a voice. Because at this very moment we are all “self-made”.

3. Giving shape to the imaginary: Non-medicinal interventions in art

In addition to conversation, art offers another modality for imagining end-of-life. Indeed, palliative care units are increasingly offering art interventions to break away from a purely analytical or rational relationship and open up an imaginary matrix elaborated by patients with artists on board³⁷. This is because art is a way of breaking away from rationality, letting go and experimenting with other dimensions of relationships.

Cicely Saunders was one of the first to stress the importance of symbols as a way of expressing suffering and finding meaning by opening up and exploring avenues through the imagination. As a result, the hospital in which she practiced, Saint Christopher Hospice, created a Creative Living Center to integrate art into care for patients and their loved ones, caregivers, training and research. In France, the Maison de Gardanne, dedicated to palliative care, has premises hosting artists in residence: distinct from art therapy, it welcomes artists who, through their performances and creations, enable patients to reconnect with themselves and with each other. Through art, as through conversation, the patient plays an active role, is no longer bored and even finds a sense of pleasure. This aesthetic experience improves self-esteem, restores relational availability and enriches the sense of existence³⁸. According to patients' self-assessments, their overall feeling of distress diminishes: anxiety, fatigue, sadness, unease or depression after the procedure are reportedly lower than before³⁹. In addition to the patient's own experience, the works of art produced can be shared throughout a community and last beyond their death. Finally, this creative process also gives another dimension to the experiences of family members and professionals. An ambitious project in the United States was launched in 1993 to transform the culture of death through art⁴⁰. In this project, artistic intervention is not limited to

³⁷ Pasquet, St., Giffard, M., Chassagne, A. “Les approches non médicamenteuses en soins palliatifs: enquête sur les pratiques en France”, *Médecine Palliative*, 2025, doi: 10.1016/j.medpal.2025.02.002.

³⁸ Taal, J. (2004), “Assumer le cancer par l'expression créative et imagination”, *Revue Francophone de Psycho-Oncologie*, 1, p. 25-32.

³⁹ Lefevre, C., Ledoux, M. Filbert, M. Art therapy among palliative cancer patients. Aesthetic dimensions and impacts on symptoms. *Palliative and supportive care*. 2015, 1-5.

⁴⁰ Project on Death in America. Transforming the culture of dying: the project on death in America 1994-2003. New York: Open Society, 2004.

Clark D. The project on death in America: twenty years on. 2014; published online Sept 11.

people at the end of their lives, but concerns all citizens, to “bring death home”, not just in palliative care services, but in our ordinary homes, not as a morbid obsession, but to tame it. Historically, many artists have taken up the question of death. Among others, Jenny Holzer took up the form of ‘Lament’ in an art exhibition combining columns and words in 1989⁴¹. In 2024, she invested the Guggenheim Museum with a *Light Line* multimedia exhibition on the figures of contemporary death⁴². The architecture of this New York museum draws us into a spiral comparable to Dante’s descent into the circles of hell. In cinema, the multitude of films about the end of life reveals a renewed recognition of its importance.

Cavell particularly analysed the case of cinema as a medium that elicits a subjective and collective experience to explore meaning in its obscure aspect when the evidence disappears. This experience does not take the form of rationality or argumentation, but of *significance*, relevance, importance or *matter*ing. Cinema makes us aware of complex emotions, relationships and situations that resonate with the viewer’s own life⁴³. Sometimes, a film can transform one’s existence, just as an encounter can, because by dramatizing a story, cinema makes intensely real what might ordinarily seem worthless. The sharp increase in the number of films about the end of life is a sign of the renewed interest directors and viewers are taking in this stage of life: prior to the 2000s, the theme of the end of life hardly ever appeared on screen, apart from in Bergman’s masterpiece *Cries and Whispers* (1972). Since the 2000s, at least one film on this theme has been released every year⁴⁴: while we usually do everything to avoid thinking about it, cinema makes the experience interesting and important. These films do not attempt to be masterpieces, but they all explore the feelings, emotions and relationships that play out under the shadow of death, and recognise its significance. They all help to shed light on the end of life as an internal priority of our culture.

All these aesthetic initiatives (art interventions in palliative care services, artistic creations about death, films about the end of life) agree on the limits of a purely rational approach to the end of life, on the importance of imagination in developing

<http://endoflifestudies.academicblogs.co.uk/theprojectondeathinamericatwentyyearson/>

⁴¹ <https://www.clevelandart.org/art/2019.19>. Accessed on 16.04.2025

⁴² <https://www.guggenheim.org/exhibition/jenny-holzer>; <https://www.frieze.com/article/jenny-holzer-light-line-2024-review>. Accessed on 16.04.2025

⁴³ Cavell, S., *Pursuits of Happiness: The Hollywood Comedy of remarriage*, Harvard University Press, 1984.

⁴⁴ *C'est la vie* (2001), *Facing Death* (Elisabeth Kübler-Ross, 2003), *Mar adentro* (2004), *Million Dollar Baby* (2004), *Le Scaphandre et le papillon* (2007), *La Vérité sur Jack* (You Don't Know Jack, 2010), *Les Yeux ouverts* (2010), *The Descendants* (2011), *Terry Pratchett: Choosing to Die* (2011), *Quelques heures de printemps* (2012), *La Belle endormie* (2013), *Miele* (2013), *Still the Water* (2014), *Before We Go* (2014), *La Vanité* (2015), *La Dernière leçon* (2015), *Vivre sa mort* (2016), *Black Bird* (2019), *Cherry Blossoms and Demons* (2019), *Tout s'est bien passé* (2020), *Supernova* (2020), *Le cahier de Tomy* (2020), *Les Equilibristes* (2020), *De Son Vivant* (2021), *Plan 75* (2022), *The room next door* (Almodovar, 2024), *Le Dernier souffle* (Costa Gavras, 2025).

ways of expressing, and on restoring a shared meaning of death and end-of-life. They recognise the relevance of art, precisely because it achieves a personal interpretation and can arouse shared emotions and values. Sharing meaning does not mean reaching a consensus on divisive issues such as medical assistance in dying: the pluralism of contemporary societies makes reaching any agreement on the ethical value of assisted dying or assisted suicide impossible. Nevertheless, art makes it possible to reach agreement in terms of resonance, so that together we can recognise the importance and value of this final period of life.

As an extension of these artistic productions, research based on art does not aim to discover new objects, but rather to better understand dimensions of subjectivity that are ordinarily poorly identified, but which matter intensely when you are dying⁴⁵. It can take at least three forms: treating an artistic work as research material, considering an artistic practice as an experiment, or proposing an art intervention.

When based on works of art, art-based research is not confused with art history or art criticism, insofar as it does not claim to know more about the work, the author or the technique, but rather to capture knowledge about the world evoked through the works. In this way, the diversity of films on end-of-life issues enables us to better understand the different trajectories explored by individuals, the dilemmas experienced by loved ones and caregivers, and the emotions and suffering involved. Fiction thus plays a role analogous to that of the human and social sciences, in that it enables us to understand social and human facts⁴⁶. The work can direct attention to elements or dimensions that are usually omitted; it can narrate and represent social facts. In the words of Howard Becker, it acts as a “vehicle of social analysis⁴⁷”, in that it can make us see, understand and feel important issues for social theory or philosophy. Indeed, art - like humanities and social sciences - considers fiction to be an intrinsic dimension of the human sphere. As such, the work embodies a fiction in action, an imagination made present and concrete through an artistic medium. It opens the way to interpretations, to apprehend the complexity and uncertainty of interpretations.

In the film *Cries and Whispers*, we perceive the exacerbated tensions of ancient relationships, which are redistributed around Agnès' end of life between her sisters, the maid, the doctor and the pastor. We also perceive how the end of her life mobilises the memories, emotions, dreams and regrets that populate the solitude of the dying person. The film stimulates our conceptual and emotional imagination to better analyse this life event⁴⁸. Emily Dickinson's poems give words to the suffering that, for many of us, constantly threatens to destroy language: “There is a pain - so utter - /

⁴⁵ Leavy, P., *Method meets arts. Arts-based research practice*, NY-London: Guilford, 3rd ed., 2020.

⁴⁶ Beer, D. "Fiction and social theory: E-special introduction", *Theory, Culture and Society*, vol. 33, n° 7-8, 2016.

⁴⁷ Becker, H. *Telling About Society*. University of Chicago Press, 2007.

⁴⁸ Cavell, S., *Pursuits of Happiness: The Hollywood Comedy of remarriage*, Harvard University Press, 1984.

It swallows substance⁴⁹.” Nancy Huston’s novel *Dolce Agonia* (2001) features Sean Farrel in the advanced stages of cancer, who brings together a dozen friends and lovers in the evening of their lives to explore the uncertain feelings that intertwine before death. It gives the reader the impression that he is the uneasy witness of this ultimate whirl of life. Mark Rothko’s *Black on Grey* (1970) invites us to contemplate the fragile frontier between death and old age. All these contemporary works populate our “imaginary museum”, proposed by Malraux in a bid to take us out of art history, so that we could inhabit our culture through a personal shared relationship. They build a museum without walls, where, through digital reproductions, paintings, films, books, poems, sculptures, architecture, dance, music and collages find “the greatest significance of artistic style that they can adopt” and now offer “moments of art⁵⁰.”

The second modality of art-based research mobilises artistic performance to create an aesthetic form that can give us access to new ways of feeling, seeing or hearing. In particular, it enables us to take account of the affective, sensory and experiential dimensions of end-of-life, to access the truth of what a subject experiences without being that person. In this way, suffering, dereliction and fatigue can be understood through theatre, music, dance and poetry. In such cases, artists are needed to put into words, sounds, images or movements a representation which achieves a real presence. Indeed, George Steiner has explained how performance means first an experience that “*incarnates* (the notion is grounded in the sacramental) *a real presence of significant being*. (...) It is a singularity in which concept and form constitute a tautology, coincide point to point, energy to energy, in that excess of significance over all discrete elements and codes of meaning...”⁵¹ R. Campo, a physician, underlines the extent to which the healthcare system today is unequipped to offer spaces of meaning, both for caregivers and for patients and their families. In addition to his medical duties, he is developing initiatives to recreate artistic moments, for example as editor of the “Poetry and Medicine” section of JAMA (*Journal of the American Medical Association*) or in the Arts and Humanity initiative at Harvard Medical School. Poetry can explore the importance of the end-of-life experience, precisely because it breaks with the informative and rational function of language⁵².

The third modality of research based on arts conceives art as an intervention to import another way of existing into care organisations⁵³. In this case, the artist

⁴⁹ Dickinson, E., Fr515, in: R.W. Franklin, *The poems of Emily Dickinson: Reading edition*. Cambridge: MA, The Belknap Press, 1999. This poem was published in 1929, then in its original version in 1955.

⁵⁰ Malraux, A., *Le Musée imaginaire. Psychologie de l'art*. Labyrinthe, 22, Geneva, 1946, p. 2.

⁵¹ Steiner, G. *Le Sens du sens. Présences réelles*, Paris, Vrin, 1988, p. 86-87 for the english version, p. 63 for the french text.

⁵² Campo, R., “Poetry and the meaning of care”, JAMA, 2024, 331/22, 1969. “Illness, and Poetry, can transform us”, JAMA, 2025. 333/4: 352.

⁵³ Wang Q., Coemans S., Siegismund R., and Hannes K., “Arts-based methods in socially engaged research practice: a classification framework”, *Art/research International: A transdisciplinary Journal*,

intervenes as a layman in the health facility to engender a displacement, or a shift. This is the case, for example, with tango dancers, who intervene in palliative care services: this intervention may come as a surprise insofar as patients cannot dance the tango themselves, but the strength and sensuality of the dance, which intimately combine the bodies of a man and a woman, enables memories and desires to emerge. They encourage introspection but also renewed interaction. In her movie *De Son Vivant* (2021), Emmanuelle Bercot films a palliative care unit. Although she assumes a melodramatic composition, Bercot depicts the concrete elements of the care organisation set up by the department head Gabriel Sara, who regularly invites musicians and tango dancers to the Mount Sinai Roosevelt Hospital in New York⁵⁴. Their dance portrays what ordinarily seems unspeakable and invisible, restoring the importance of feelings, regrets and desires, and rekindling the flame of life and love. It also broadens the definition of care, being not a question of acting on bodies, but of providing an opportunity to experience oneself, one's past, one's desires, one's suffering, one's dereliction. In this respect, art contributes to a reform of care⁵⁵ seeking to recognise the subjectivity of the person at the end of their life. Dance responds to a demand, rather than a need, as argued by F. Worms, following Winnicott, distinguishing between what is organic and objective, and what concerns subjectivity⁵⁶. Levinas takes up this distinction to analyse this fundamental call for recognition and consolation, opening us up to the question of meaning. As he defends the aspect of subjectivity, he also assumes that suffering is always useless. It cannot be justified: its incommensurability with ordinary experiences must be recognised⁵⁷.

Indeed, art does not claim to heal or erase pain or death, but it does recognise the value of subjective experience - even anguished experience - the importance of suffering and the value of death, which can also become a source of creation. "A writer's work, like the water in an ever-moving well, reaches a height which is in proportion to the depth to which suffering has penetrated his soul⁵⁸." Marcel Proust said it best. Since Dr. Rita Charon's impetus in the 2000s, narrative medicine and hospital biographies have proven, in their own way, the virtue of storytelling in giving meaning to pathological experience, and not abandoning it to scientific and technical factuality alone⁵⁹.

vol. 2, n° 2, 2017.

⁵⁴ Bercot, E., Dossier de présentation du film *De Son Vivant*, Personal communication, October 17, 2024.

⁵⁵ Sallnow, L., *op. cit.* *Lancet* 2022, p. 872

⁵⁶ Worms, F., *Le moment du soin: à quoi tenons-nous?* Paris, PUF, 2010.

⁵⁷ Levinas, E., *Useless suffering, Entre nous: Thinking-of-the-other*, M. Smith, B. Harshav trans. New York: Columbia University Press, 1998, p. 94.

⁵⁸ "Les œuvres, comme dans les puits artésiens, montent d'autant plus haut que la souffrance a plus profondément creusé le cœur." Proust, M., "Le temps retrouvé", *À la recherche du temps perdu*, Gallimard, La pléiade, 1989, t.4, p. 487.

⁵⁹ Charon, R., *Narrative medicine. Honoring the stories of illness*, New York, Oxford University Press, 2006.

Through these three heuristic dimensions (work, performance, intervention), art shows that we must go beyond the simple level of knowledge to recognise the importance of experience. It also reaffirms the intrinsic nature of subjective experience, thus offering opportunities for connection, resonance and empathy with the person concerned. In Cavell's words, art

[...] magnifies the feeling and the meaning of a moment, its equal part of it to counter this tendency, and instead to acknowledge the fateful fact of a human life that the significance of its moments is ordinarily not given with the moments as they are lived so that to determine the significant crossroads of a life may be the work of a lifetime⁶⁰.

But art also opens up avenues of transformation. Aesthetic experience can leave its mark on the individual and induce a new beginning. In 2024-2025, we carried out an art intervention with doctors in the field of palliative care, medical students and artists in dance, poetry and music in partnership with the Museum of Fine Arts of Lyon. The students' verbatims provide insight into what young future doctors understand through artistic creation. First of all, they experience the expressive power of art:

A1. What I discovered through the work of these artists, dancers, musicians, video artists or poets, was the power of art to enable expression. The work is not there to explain, but to make us feel and express. It offers an opportunity to highlight the patient's subjectivity, imagination, emotions and desires. 02.04.2025

They also observed how art enables us to be present in a way that matches the intensity of the patient's experience:

A2. ... an intensely alive form of presence. More than gestures or words, it was looks, silences and emotions that reminded me of what the word "together" means: creating a common space where everyone has their place, and where vulnerability creates links rather than solitude. 02.04.2025

Finally, they felt transformed by the art:

A3. ... shifted my approach to care, restoring the place of subjectivity and the human element beyond technical care. In the course of my work, I've learned that far from being a luxury, art can become a real lever for transforming the relationship between caregiver and patient. 02.04.2025

⁶⁰ Cavell, S., "The thought of movies", *Themes out of school: effects and causes*. San Francisco, CA, North Point Press, 1984, 3-26, p. 11.

Under the shadow of death, the aesthetic relationship takes precedence over the clinical result in that it gives meaning to these borderline situations. It also enables us to give form to the unspeakable and the invisible, and to create a link, even when ordinary speech is no longer adequate. For example, one student emphasised that he had understood the experience of fatigue that a person at the end of life can feel through a theatrical scene, by drawing on his own experience of fatigue exacerbated by the sensitivity of words. As a result of this aesthetic experience, several students decided to change their practice, becoming less focused on the result and more attuned to listening and wanting to enter into a relationship with the person. Another student drew on the etymology of palliative - *pallium* - blanket or cloak, and spoke of art “as a cloak (that takes care of someone)” for both patient and caregiver. Through art and imagination, they initiated self-education.

Imagination is at the heart of a fundamental quest for meaning about end-of-life and death, as part of a reverie - in Rousseau’s sense of the term - it is radically transformative, or “transmutative” following Starobinski’s words: the self is transmuted, and the pain is converted in the feeling of a presence⁶¹. Only death interrupts the *Rêveries du promeneur solitaire*⁶² in the spring of 1778: at the end of an existence marked by persecution and misfortune, imagination opens up an experience of significance and a source of creation. Today, this imaginary world takes on other public forms through healthcare institutions and research: artistic media, conversation, interventions of artists driven by convictions shared with doctors, the commitment of associations offering time and space in art venues to share such aesthetic explorations⁶³. In this respect, all these initiatives are a reminder that the meaning one can give to his or her experience is never purely private but is woven through lines of connection between the subject and culture, as imagination confronts his or her culture’s representations and meanings with his or her own words and life⁶⁴. These initiatives inaugurate a culture capable of accompanying suffering, end-of-life and mourning, able to give meaning to the tragic experience of death: a caring culture⁶⁵. Rosa distinguished between the mute relationships of use and logical analysis on the model of efficiency and the benefit-risk balance, where things tell us nothing, and the horizontal, diagonal or vertical relationships of resonance that come to make sense⁶⁶ by weaving non-utilitarian links with loved ones, places, nature, with care professionals and with artists and art open up a sphere of resonance.

⁶¹ Starobinski, J., “Rêverie et transmutation”, *Jean-Jacques Rousseau et la transparence et l’obstacle, suivi de sept essais sur Rousseau*, Paris, Gallimard, 1971, pp. 415-429, p. 420, 427.

⁶² Rousseau, J.-J., *Les rêveries du promeneur solitaire, Œuvres complètes*, Paris, Gallimard, La Pléiade, t.1.

⁶³ <https://passeur-de-mots.fr/>

⁶⁴ Cavell, S., *The Claim of reason, Wittgenstein, Skepticism, Morality and Tragedy*, New York, Oxford University Press, 1979, p. 125.

⁶⁵ Tronto, J., *Le Risque ou le care ?* Paris, PUF, 2012.

⁶⁶ Rosa, *Resonance, ibid.*, p. 195-306.

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Anthropology, archaeology, art and architecture

Tim Ingold

me through to the production process. For some of the chapters, I have raided material that I have presented or published elsewhere, though not without substantial on. Thus a fragment of Chapter 1 comes from my chapter 'The 4 As (anthropology, ecology, art and architecture): reflections on a teaching and learning experience', in *Of Knowing: New Approaches in the Anthropology of Knowledge and Learning*, ed. M. S. Oxford: Berghahn, pp. 287–305, 2007. Some sections of Chapter 2 appear, in a preliminary form, in my article 'Toward an ecology of materials', *Annual Review of Anthropology* 41: 427–442, 2012, and parts of Chapter 5 appear in two introductory pieces: 'Introduction: the perception of the user-producer', in *Design and Anthropology*, eds. J. Inn and J. Donovan, Farnham: Ashgate, pp. 19–33, 2012; and 'Introduction', in *Living Landscapes: Past, Present and Future*, eds. M. Janowski and T. Ingold, Farnham: Ashgate, pp. 1–18, 2012). Chapter 6 owes a certain amount to my chapter 'The round id is not a monument', in *Round Mounds and Monumentality in the British Neolithic*, eds. J. Leary, T. Darvill and D. Field, Oxford: Oxbow Books, pp. 253–260, 2012. Chapter 7 incorporates a couple of paragraphs from the *Annual Review* article cited above, and a few paragraphs of Chapter 9 come from my 'Introduction' to *Redrawing Anthropology: Materials, Movements, Lines*, ed. T. Ingold, Farnham: Ashgate, 2012, pp. 1–18. The rest is new.

I dedicate this book to my most constant supporter and most unsparing critic in all my life, who – by the time this book is published – will have put up for over forty years in incorrigibly academic husband whose thoughts are always somewhere other than where they ought to be.

Tim Ingold
Aberdeen, August 2012

1

KNOWING FROM THE INSIDE

Learning to learn

Know for yourself! That was oftentimes the only advice my companions would offer when, as a novice fieldworker among Saami people in north-eastern Finland some forty years ago, I was stuck as to how to proceed with some practical task. At first I thought they were just being unhelpful, or unwilling to divulge what they knew perfectly well. But after a while I realised that, quite to the contrary, they wanted me to understand that the only way one can really know things – that is, from the very inside of one's being – is through a process of self-discovery. To know things you have to grow into them, and let them grow in you, so that they become a part of who you are. Had my companions offered formal instruction by explaining what to do, I would have had only the pretence of knowing, as I would find out the moment I tried to do as I was told. The mere provision of information holds no guarantee of knowledge, let alone of understanding. Things, as proverbial wisdom has it, are easier said than done.

It is, in short, by watching, listening and feeling – by paying attention to what the world has to tell us – that we learn. My companions did not inform me of *what* is there, to save me the trouble of having to inquire for myself. Rather, they told me how I might find out. They taught me what to look for, how to track things, and that knowing is a process of active following, of *going along*. These were people who had always lived by fishing, hunting and herding reindeer, so for them the idea that you know as you go – not that you know by means of movement but that knowing *is* movement – was second nature. To me it was not, and yet it must have somehow wormed its way into me, without my even realising it at the time, for when I look back I can see how it has guided my thinking and my preference for some philosophies over others. Would I be thinking in the same way had I not undergone this formative experience of fieldwork very early on in my career? That is impossible to say. I would have to rerun the past four decades without that experience to see whether the results would be the same or different. But for my part, I can find no other explanation.

Our task, in a situation such as that in which I found myself, is one of *learning to learn*. Gregory Bateson – anthropologist, cybernetician and general intellectual

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maverick – called it 'deutero-learning' (Bateson 1973: 141). This kind of learning aims not so much to provide us with facts about the world as to enable us to be taught by it. The world itself becomes a place of study, a university that includes not just professional teachers and registered students, dragged into their academic departments, but people everywhere, along with all the other creatures with which (or whom) we share our lives and the lands in which we – and they – live. In this university, whatever our discipline, as well as professors, he learns from them, and they tell him things. So too the botanist with plants and the ornithologist with birds. And anthropologists? They also study with those among whom they stay, if only for a while. Learning to learn, for them as for practitioners of any other discipline, means shaking off, instead of applying, the preconceptions that might otherwise give premature shape to their observations. It is to convert every certainty into a question, whose answer is to be found by attending to what lies before us, in the world, not by looking it up at the back of the book. In thus feeling forward rather than casting our eyes rearwards, in anticipation rather than retrospection, lies the path of discovery.

This book is anchored in the discipline of anthropology. Surely the most anti-academic of academic disciplines, anthropology could not be sustained were it not for the institutions of learning and scholarship in which most of its practitioners spend the greater part of their working lives. Yet at the same time, it is largely devoted to challenging the principal epistemological claim upon which the legitimacy of these institutions is founded, and that continues to underwrite their operations. This is the claim of the academy to deliver an authoritative account of how the world works, or to reveal the reality behind the illusion of appearances. In the academic pantheon, reason is predestined to trump intuition, expertise to trump common sense, and conclusions based on the facts to trump what people know from ordinary experience or from the wisdom of their forbears. The mission of anthropology has long been to turn this pantheon on its head. It is to start from the presumption that if anyone knows anything about the ways of the world, then it will be those who have devoted their lives – as have their ancestors – to following them. Therefore, say anthropologists, it is by seeking to understand these ways of life, and by acquiring for ourselves some of the knowledge and skills required to practise them, that we have most to learn. Armed with this learning, and with the critical perspectives it opens up, we can turn our sights back on the academy and, as it were, cut it down to size by revealing the limitations inherent in its own knowledge practices.

Anthropology and ethnography

In anthropology, then, we go to study with people. And we hope to learn from them. What we might call 'research' or even 'fieldwork' is in truth a protracted masterclass in which the novice gradually learns to see things, and to hear and feel them too, in the ways his or her mentors do. It is, in short, to undergo what the ecological psychologist James Gibson calls an *education of attention* (Gibson 1979: 254; cf. Ingold 2001). But besides subjecting themselves to this kind of education, many fieldworkers are committed to documenting the lives and times of their host communities. This work of documentation is known as *ethnography*. More often than not, anthropologists and

ethnographer are combined in one and the same person, and the tasks of anthropology and ethnography proceed in tandem. They are not the same, however, and their persistent confusion has caused no end of trouble. We need to sort this trouble out.

It helps to be able to think through an example, so I have made one up for the purpose. As an amateur cellist I used to dream, quite unrealistically of course, that I would one day go to study with the great Russian master of the instrument, Mstislav Rostropovich. I would sit at his feet, observe and listen, practise and be corrected, possibilities and potentials of the instrument, of the depths and subtleties of the music, and of myself as a person. This, in turn, would open up paths of musical discovery that I could continue to travel for years to come. Now suppose that instead, having perhaps read for a degree in musicology, I decided to carry out a study of prominent Russian cellists. The idea would be to find out what factors had set them on this particular path, how their subsequent careers had unfolded, what the major influences had been on their lives and ways of playing, and how they saw themselves and their work in the contexts of contemporary society. I would plan to spend some time with Rostropovich, using my cello as a kind of entry ticket to gain access to him and his circle, and in the hope of gathering information relevant to my study, whether through casual conversation or about not so famous. And I would come home with a lot of material to work on for my projected thesis: *Beats on Strings: Cellists and Cello-Playing in Contemporary Russia*.

I do not mean to deny that a study of the latter kind could make a valuable contribution to musicological literature. It could increase our knowledge of an otherwise little-studied topic. It might even have earned me a doctorate! My point is not that the first project is better than the second, but simply that they are fundamentally different. Let me highlight three differences that are crucial for what I want to say, by analogy, about ethnography and anthropology. First, in project one I study with Rostropovich and learn from his way of playing, whereas project two is a study of Rostropovich in which I learn about it. Second, in project one I take what I have learned and move forward, all the back over the information I have collected, in order to account for trends and patterns. And thirdly, the impetus that drives project one is primarily *transformational*, whereas these are also the differences between anthropology and ethnography. Anthropology is studying with and learning from; it is carried forward in a process of life, and effects enduring products are recollective accounts which serve a documentary purpose.

Now in proposing this distinction, I do not mean to belittle ethnography. Many is to take far too narrow a view of it. They will insist that ethnography is a much broader and richer endeavour than I have made out, and even that it should be taken to include everything that I have just brought under the rubric of anthropology. Not only anthropology but also ethnography, they will say, is transformational: the ethnographer is changed by the experience, and this change is carried forward into his or her future work. Hence in their view, ethnography and anthropology are practically indistinguishable. But to this I answer that there is nothing 'mere' about

descriptive documentation. Ethnographic work is complex and demanding. It may even be transformational in its effects upon the ethnographer. These are side effects, however, and are incidental to its documentary purpose. Indeed, if anything belittles ethnography, or makes it seem less than what it really is, it is the usurpation of its name for other ends. After all, 'description of the people' is the usurpation of its *ethos* = 'people'; *graphia* = 'description'. Literally *ethnos* is what ethnography (from *ethnos* = 'people'; *graphia* = 'description') literally means. If ethnography has in practice become something different from description, then by what name should the task of description be known? It can be hardly more emphatically devalued than by being left nameless and unrecognised. Nor is that all, for as I shall show in a moment, to conflate the objectives of documentation and transformation is to leave anthropology impotent in the fulfilment of its critical mandate.

For the present, I wish only to insist that the distinction – in terms of objectives – between the documentary and the transformational is absolutely *not* congruent with that between empirical and theoretical work. It is almost a truism to say that there can be no description or documentation that is innocent of theory. But by the same token, no genuine transformation in ways of thinking and feeling is possible that is not grounded in close and attentive observation. This book is a case in point. It is not an ethnographic study, and indeed makes very little reference to ethnography at all. That does not, however, make it a work of theory. Rather, my entire argument is set against the conceit that things can be 'theorised' in isolation from what is going on in the world around us, and that the results of this theorising furnish hypotheses to be applied in the attempt to make sense of it. It is this conceit that sets up what the sociologist C. Wright Mills, in a celebrated essay on intellectual craftsmanship, denounced as a false separation between ways and means of knowing. There can, Mills argued, be no distinction between theory and discipline and its method; rather, both are 'part of the practice of a craft' (1959: 216). Anthropology for me, is such a practice. If its method is that of the practitioner, working with materials, its discipline lies in the observational engagement and perceptual acuity that allow the practitioner to follow what is going on, and in turn to respond to it. This is the method, and the discipline, known in the trade as *participant observation*. It is one of which anthropologists are justly proud. Participant observation, however, is a practice of anthropology, not of ethnography (Hockey and Forsyth 2012), and, as I shall show below, anthropologists do themselves a disservice by confusing the two.

Participant observation

It is not anthropology's purpose to describe the specificity of things as they are: that, I have argued, is a task for ethnography. But nor is it to generalise from these descriptions: 'to account', as anthropologist Dan Sperber (1985: 10–11) would have it, 'for the variability of human cultures' by resort to 'ethnographic data'. It is rather to open up a space for generous, open-ended, comparative yet critical inquiry into the conditions and potentials of human life. It is to join with people in their speculations about what *life might or could be like*, in ways nevertheless grounded in a profound understanding of what life is like in particular times and places. Yet the speculative ambition of anthropology has been, persistently compromised by its surrender to an academic model of knowledge production according to which lessons learned through observation and practical participation are recast as empirical material for subsequent

interpretation. In this one, fateful move, not only is anthropology collapsed into ethnography, but the entire relation between knowing and being is turned inside out. Lessons in life become 'qualitative data', to be analysed in terms of an exogenous body of theory.

Whenever positivistically minded social scientists speak of 'qualitative and quantitative methods' – or even more obscurely, of 'quant/qual' – and point to their essential complementarity as though a mix of both would be advantageous, this inversion is at work. To make matters worse, they then recommend participant observation as an appropriate tool for collecting the qualitative component of the dataset. This is to add insult to injury! For participant observation is *absolutely not* a technique of data collection. Quite to the contrary, it is enshrined in an ontological commitment that renders the very idea of data collection unthinkable. This commitment, by no means confined to anthropology, lies in the recognition that we owe our very being to the world we seek to know. In a nutshell, participant observation is a way of *knowing from the inside*. As science studies scholar Karen Barad (2007: 185) has eloquently put it: 'We do not obtain knowledge by standing outside the world; we know because "we" are of the world. We are part of the world in its differential becoming.' Only because we are already of the world, only because we are fellow travellers along with the beings and things that command our attention, can we observe them. There is no contradiction, then, between participation and observation; rather, the one depends on the other.

But to convert what we owe to the world into 'data' that we have extracted from it is to expunge knowing from being. It is to stipulate that knowledge is to be reconstructed on the *outside*, as an edifice built up 'after the fact', rather than as inhering in skills of perception and capacities of judgement that develop in the course of direct, practical and sensuous engagements with our surroundings. It is this move that – by situating the observer on the outside of the world of which he or she seeks knowledge – sets up what is often alleged to be the 'paradox' of participant observation, namely that it requires of the researcher to be both 'inside' and 'outside' the field of inquiry at one and the same time. This paradox, however, does no more than restate the existential dilemma that lies at the heart of the very definition of humanity which underpins *normal science*. *Human beings*, according to science, are a species of nature, yet to be *human* is to transcend that nature. It is this transcendence that both provides science with the platform for its observations and underwrites its claim to authority. The dilemma is that the conditions that enable scientists to *know*, at least according to official protocols, are such as to make it impossible for them to be in the very world of which they seek knowledge. It seems that we can only aspire to truth about this world by way of an emancipation that takes us from it and leaves us strangers to ourselves.

In any appeal to data, whether quantitative or qualitative, this division between realms of knowing and of being is presupposed. For it is already taken for granted that the world is given to science not as part of any offering or commitment but as a reserve or residue that is there for the taking. Disguised as social scientists we enter this world either by stealth, feigning invisibility, or under false pretences by climbing we have come to learn from teachers whose words are heeded not for the guidance they have to offer but as evidence of how they think, of their beliefs or attitudes. Then, as soon as we have filled our bags, we cut and run. This, in my estimation, is fundamentally unethical. It is to turn our backs upon the world in which we live and to which we

knowing
at the heart
of being

owe our formation. With all the data at our fingertips, we think we know what can be known; yet knowing all, we fail to see or take our counsel from the world itself. With this book my aim is to restore knowing to where it belongs, at the heart of being. This is to turn once again *toward* the world for what it has to teach us, and to refocus the division between data collection and theory building that underwrites normal science.

As anthropologists we currently find ourselves in a double bind. How can we do justice to the ethnographic richness and complexity of other cultures, while simultaneously opening up to radical, speculative inquiry into the potentials of human life? The alternatives seem to lie between abdicating from our responsibility to engage in critical dialogue around the great questions of how to fashion our collective humanity in a world that is teetering on the edge of catastrophe, or turning the people among whom we have worked into unwitting mouthpieces for philosophies of salvation that are not of their own making. Neither alternative has served anthropology well. The first leaves the discipline on the margins, condemned to the retrospective documentation of indigenous worlds that seem always to be on the brink of disappearing; the second only fuels the popular belief that the traditional wisdom of native people can somehow rescue the planet.

An anthropology that has been liberated from ethnography, however, would no longer be tied down by a retrospective commitment to descriptive fidelity. On the contrary, it would be free to bring ways of knowing and feeling shaped through transformational engagements with people from around the world, both within and beyond the settings of fieldwork, to the essentially prospective task of helping to find a way into a future common to all of us. When we go to study with great scholars in the course of our education, we do so not with a view to describing or representing their ideas in later life, but to sharpening our perceptual, moral and intellectual faculties for the critical tasks that lie ahead. Why, I wonder, should it be any different for anthropologists when they go to work with other people? The truth is that in finding ways to carry on we need all the help we can get. But no one – no indigenous group, no specialist science, no doctrine or philosophy – already holds the key to the future, if only we could find it. We have to make the future for ourselves.

The art of inquiry

We cannot make the future, however, without also thinking it. What then is the relation between thinking and making? To this, the theorist and the craftsman would give different answers. It is not that the former only thinks and the latter only makes, but that the one makes *through thinking* and the other thinks *through making*. The theorist does his thinking in his head, and only then applies the forms of thought to the substance of the material world. The way of the craftsman, by contrast, is to allow knowledge to grow from the crucible of our practical and observational engagements with the beings and things around us (Dortner 1994; Adamson 2007). This is to practise what I would like to call an *art of inquiry*.

In the art of inquiry the conduct of thought goes along with, and continually answers to, the fluxes and flows of the materials with which we work. These materials think in us, as we think through them. Here, every work is an experiment: not in the natural scientific sense of testing a preconceived hypothesis, or of engineering a confrontation

between ideas 'in the head' and facts 'on the ground', but in the sense of prising an opening and following where it leads. You try things out and see what happens. Thus the art of inquiry moves forward in real time, along with the lives of those who are touched by it, and with the world to which both it and they belong. Far from answering to their plans and predictions, it joins with them in their hopes and dreams. This is to adopt what anthropologist Hirokazu Miyazaki (2004) calls the *method of hope*. To practise this method is not to describe the world, or to represent it, but to open up our perception to what is going on there so that we, in turn, can respond to it. That is to say it is to set up a relation with the world that I shall henceforth call *correspondence*. Anthropology, I believe, can be an art of inquiry in this sense. We need it in order not to accumulate more and more information *about* the world, but to better correspond with it.

By and large, however, practitioners of the art of inquiry are to be found not among anthropologists but from among the ranks of practising artists. And this prompts a reassessment of the relation between art and anthropology. There is of course a long and distinguished tradition of study in the anthropology of art. Scarcely a region of the world remains whose native productions have not been subjected to exhaustive analysis and interpretation. Much of the resulting literature overlaps with writing in the fields of material and visual culture. It also suffers from the same biases. In the study of material culture, the overwhelming focus has been on finished objects and on what happens as they become caught up in the life histories and social interactions of the people who use, consume or treasure them. In the study of visual culture, the focus has been on the relations between objects, images and their interpretations. What is lost, in both fields of study, is the creativity of the productive processes that bring the artefacts themselves into being: on the one hand in the generative currents of the materials of which they are made, on the other in the sensory awareness of practitioners. Thus processes of making appear swallowed up in objects made; processes of seeing in images seen.

Likewise in the study of art, anthropologists have tended to treat the work of art as an object of ethnographic analysis. 'The anthropology of art would not be an anthropology of art', as Alfred Gell has written, 'unless it were confined to a subset of social relations in which some "object" were related to a social agent in a distinctive, "art-like" way' (Gell 1998: 13). By this, he means that it should be possible to trace a chain of causal connections, in reverse, from the final object to the initial intention that allegedly motivated its production, or to the meanings that might be attributed to it. In a word, it is to place the object in a social and cultural context. In thus taking the artwork to be indexical of the social milieu and cultural values of its makers, the anthropology of art has merely taken on the mantle of art history. It is true that anthropologists have gone out of their way to distance their endeavours from the propensity of many art historians to make evaluative judgements on the basis of criteria that appear value-laden and ethnocentric. Nevertheless, in so far as they continue to treat art as a compendium of works to be analysed, there can be no possibility of direct correspondence with the creative processes that give rise to them.

I contend that this reverse-reading, analytic approach represents an intellectual dead end so far as the relation between anthropology and art is concerned. The source of the blockage lies in what could be called the anthropology of formula. The problem is that whenever anthropology encounters anything outside itself, it wants to turn whatever it

new ways of being anthropological?

is - say kinship, law or ritual - into an object it can analyse. Thus when it encounters art, it wants to treat art as a collection of works that are in some way caught up in a texture of social and cultural relations that we can study. Yet while we might learn much about art from the analysis of its objects, we learn nothing from it. My aim, to the contrary, is to replace the anthropology of with an anthropology *with*. It is to regard art, in the first place, as a *discipline*, which shares with anthropology a concern to *rework* our senses and to allow knowledge to grow from the inside of being in the unfolding of life. To carry out anthropology *with* art is to correspond with it in its own movement of growth or becoming, in a reading that goes forwards rather than in reverse, and to follow the paths along which it leads. And it is to link art and anthropology through the correspondence of their *practices*, rather than in terms of their objects, respectively historical and ethnographic.

To date, with a few notable exceptions (e.g. Schneider and Wright 2006, 2010), collaborations between anthropologists and arts practitioners have been few, and those that have taken place have not all been entirely successful. Once again, the source of the difficulty lies in the identification of anthropology with ethnography. For the very reasons that render arts practice highly compatible with the practice of anthropology are precisely those that render it incompatible with ethnography. On the one hand the speculative, experimental and open-ended character of arts practice is bound to compromise ethnography's commitment to descriptive accuracy. On the other hand, the retrospective temporal orientation of ethnography runs directly counter to the prospective dynamic of art's observational engagement. Precisely as arts practice differs in its objectives from the history of art, however, so anthropology differs from ethnography. It is here, I believe, that the real potential for productive collaboration between art and anthropology lies. Could certain practices of art, for example, suggest new ways of *doing* anthropology? If there are similarities between the ways in which artists and anthropologists study with the world, then could we not regard the artwork as a *result* of something like an anthropological study rather than as an *object* of such study? We are already used to the idea that the results of anthropological research need not be confined to written texts. They may also include photographs and films. But could they also include drawings, paintings or sculpture? Or works of craft? Or musical compositions? Or even buildings? Conversely, could not works of art be regarded as forms of anthropology, albeit written in non-verbal media?

Doing things ourselves

These were the kinds of questions we set out to address in a seminar that began life over fifteen years ago, when the seed for this book was first planted. At that time, in the mid-1990s, I was still working in the Department of Social Anthropology at the University of Manchester. More by accident than design, the Department included a number of research students with backgrounds in either art or architecture, or both.² I thought it would be interesting for us to meet on a regular basis to talk about issues on the interface between art, architecture and anthropology. This we did, rather successfully - indeed the seminar ended up running in fits and starts for a full three years, until 1999, when I left Manchester to take up my current position in Aberdeen.

It was, at least for me, a very remarkable seminar, and I have never known anything quite like it. We began in the usual way, in a seminar room, listening to each other talk, but after a term of this we felt that we had reached some kind of impasse. For it became clear that the issues that concerned us could not be addressed in a vacuum. We had to be *doing things ourselves*.

Obviously, without the benefit of prior training (which some of us had), we anthropologists cannot snap our fingers and, as if by magic, turn ourselves instantly into artists or architects. But we could, at least try to ground our discussions in something practical, so as to give the ideas we came up with some foundation in experience. And we did all manner of things! We wound string and wove baskets, made pots and fired them on a home-made kiln, we practised the Alexander technique and discovered how heavy a head or limb can be when it is completely relaxed. We helped a farmer rebuild a drystone wall, held a workshop on polyphonic singing, tried our hand at architectural drawing, visited artists' studios and exhibitions, and so on. Some of the things we did were a bit mad, and they did not always lead anywhere. We never had a coherent agenda. However, we were all agreed that the quality of the discussions we had while doing things was quite unlike anything experienced in an ordinary seminar, and that they were tremendously productive of new insights. But while this was undoubtedly the case, it was not so clear *why* this should be so. The question is: what difference does it make if *discussion* is grounded in a context of practical activity?

When I moved to the University of Aberdeen in 1999 to revive the anthropology programme there, one of my ambitions was to carry forward some of the ideas arising from the Manchester art, architecture and anthropology seminar. Initial discussions with colleagues at the School of Fine Art and the Visual Research Centre at the University of Dundee led us to put together a proposal for collaborative research under the rather cumbersome title, 'Learning is understanding in practice: exploring the interrelations between perception, creativity and skill'. To our considerable astonishment, the project was funded for a three-year period (2002-2005).³ One component of the project was to look at the way in which the skills of fine art are taught and learned in the course of studio-based practice, and involved participant observation with fine art students in Dundee, following their learning experience (Gunn 2007). Alongside and complementing this study, however, we set out to explore the potential applicability of practices of teaching and learning, in both fine art and architecture, within the discipline of anthropology.

It was in this context that we developed a course for advanced undergraduate and postgraduate students in anthropology at the University of Aberdeen, entitled 'The 4As: Anthropology, Archaeology, Art and Architecture'. The course was introduced and taught for the first time in the spring semester of 2004, and with one or two interruptions, has continued to be offered ever since. I shall say more below about what the course covered and how it was delivered, as well as about the philosophy of teaching and learning that underpinned it. Before doing so, however, I should explain what brought the four disciplines together, beyond the happy coincidence that they all began with the letter A! I have already devoted some attention to differentiating one of them - anthropology - from the practice of ethnography. I had to do this in order to establish the conditions for anthropology's correspondence with art. But it is also necessary, as we shall see, for its correspondence with architecture and archaeology as well.

The four As

While much work has been done in the anthropology of art, the anthropology of architecture remains little developed. The literature in the former is voluminous; in the latter it is almost non-existent. The reasons for this are unclear. It can surely be no reflection of the relative importance of art and architecture in people's lives. One possible explanation is that on account of their scale and portability, works of art are more collectable than those of architecture, and have therefore found their way into the museums and galleries of the western world, where they have naturally attracted the attention of scholars disinclined to travel to their regions of provenance. I have no evidence to support this hypothesis, however, and no doubt other factors are involved. In any case, of the few studies that do exist, most adopt the same general stance as studies of art, visual and material culture in equating 'architecture' with built structures that are then treated as objects of ethnographic analysis.⁴ These are studies of, rather than *with* architecture. In combining it with art and anthropology, I propose instead to think of architecture as a discipline that shares with art and anthropology a concern to explore the creative processes that give rise to the environments we inhabit, and the ways we perceive them. Taken as the practice of such a discipline, architecture is not so much *about* as *by means of* buildings. It is, in short, an *architecture of inquiry*. Included in it are questions concerning the generation of form, the energetics of force and flow, the properties of materials, the weave and texture of surfaces, the atmospheres of volumes, and the dynamics of activity and of rest, of making lines and the making place. To answer every one of these questions entails a way of knowing from the inside, and we shall be exploring some of these in the chapters to follow.

It was in the move from Manchester to Aberdeen that the three As of art, architecture and anthropology were joined by the fourth, archaeology. This was in part a reflection of my own interests, which have long spanned the boundary between archaeology and anthropology. But I was also convinced that no discussion of the relation between art, architecture and anthropology could be complete if archaeology were not included as well. With their unifying themes of time and landscape (Ingold 1990) and in their mutual concern with the material and symbolic forms of human life, anthropology and archaeology have long been regarded as sister disciplines, even though they have not always been on speaking terms. Moreover there is an obvious affinity between archaeology and the histories of both art and architecture, in their common interest in the artefacts and buildings of antiquity. In a sense, I suppose, architects and archaeologists could be regarded as procedurally equal but temporally opposed: after all the very same tool – the trowel – that the builder uses to fabricate the architectural forms of the future is used by the archaeologist, in the excavation of a site, to reveal the forms of the past. If one begins with designs of what is to be put up, the other ends in plans of what has been unearthed. With all these parallels and connections, indeed, it seemed only natural that archaeology should be along as the fourth A.

However, if archaeology is to join with anthropology not as a positive science but as an art of inquiry, and similarly if it is to join with art and architecture conceived as disciplines rather than as compendia of objects for historical analysis, then the terms of engagement have to be renegotiated, in two respects. Firstly, just as we have been compelled to distinguish anthropology from ethnography, so, likewise, archaeology must be distinguished from the kind of pre- or proto-historiography that has as its

subject / human
the way

objective to arrive at descriptively plausible reconstructions of everyday life in the past. Though the pros and cons of using ethnographic analogies to fill the gaps in such reconstructions have been extensively debated, this issue – crucial to the relation between ethnography and prehistory – is of no particular consequence for the relation between anthropology and archaeology. Secondly, we need to recognise that archaeology's core practice of excavation, understood in the broadest sense as an engagement with materials embedded in the earth that carry the traces of past human activity, can no more be reduced to a technique of data collection than can the corresponding practice of participant observation in anthropology. Just like participant observation, excavation is a way of knowing from the inside: a correspondence between mindful attention and lively materials conducted by skilled hands 'at the trowel's edge'. It is from this correspondence, and not from the analysis of 'data' within frameworks of 'theory', that archaeological knowledge grows. In the practice of excavation, as Matt Edgeworth has recently put it, archaeologists are obliged to *follow the cut* – to see where it goes, and in what direction it takes us – not passively but actively like hunters tracking their prey, ever alert and responsive to visual and tactile clues in an intrinsically variable environment (Edgeworth 2012: 78, see Ingold 2011a: 251 fn. 4). In effect, the cut is a line of correspondence.

The course

Many years ago, asked by a university bureaucrat how he would describe the objectives of his teaching, anthropologist Heonik Kwon responded that he would endeavour to turn his students into good hunters. It was a typically inspired response, and while it left the bureaucrat completely flummoxed, as a summation of the principles underlying the design and delivery of the course on the 4 As, it could not have been bettered. The aims of the course were to train students in the art of inquiry to sharpen their powers of observation, and to encourage them to think *through* observation rather than *after* it. Like hunters they had to learn to learn, to follow the movements of beings and things, and in turn to respond to them with judgement and precision. They would discover that the path to wisdom lay in this correspondence, not in an escape into the self-referential domain of academic texts. And like hunters, too, they were encouraged to dream. To dream like a hunter is to become the creatures you hunt and to see things in the ways they do. It is to open up to new possibilities of being, not to seek closure. The world of dreams, as indigenous hunters tell us, is no different from that of waking life. But in the dream you perceive that world with different senses, while moving in different ways and perhaps in a different medium such as in the air rather than on land.⁵ On waking you then see the familiar with new eyes (Ingold 2011a: 239).

In the official documentation we were obliged to provide for reasons of bureaucratic accountability, we stated that the 4 As course aimed to explore the connections between anthropology, archaeology, art and architecture, conceived as complementary approaches to understanding and shaping how people perceive and relate to their surroundings, in currents of space, time and movement. In hindsight, however, one of the more remarkable and slightly unexpected outcomes of presenting the course has been that although planned as an explicitly interdisciplinary inquiry, in practice

(...)

the boundaries of the disciplines simply vanished, if indeed they ever existed. Students did not have the experience of having to relate four distinct fields, but rather found themselves following a series of pathways in which the concerns of anthropology, archaeology, art and architecture seemed naturally and effortlessly to converge. This was perhaps because the course was as much *anti-disciplinary* as *interdisciplinary*. It was disciplinary because it overturned the normative understanding of the academic discipline as a delimited domain of inquiry, the boundaries of which are coextensive with those of the class of phenomena (A) with which it deals. This is implied whenever a discipline is described as the study of A (e.g. art or architecture). But from our perspective of studying with, the entire terrain of knowledge is reconfigured. Instead of a territorial surface segmented into domains or *fields of study*, we have something more like a rope, wound from corresponding strands or *lines of interest*. In binding these lines together our aim has been to undo the territorialisation of knowledge implied in the way disciplines are normatively understood, and to celebrate the openness of knowing from the inside.

The course was delivered through a combination of lectures, practicals, project work and workshops, spread over a period of ten weeks. Following a general introduction, lecture topics included (in this order): design and making; materials; objects and things; gesture and performance; craft and skill; the senses in perception; lines; drawing; notation. Normally, courses offered at this advanced level comprise one lecture and one tutorial per week, each of an hour's duration. While the lectures for the 4 As followed a fairly traditional format, the tutorials were replaced by weekly practical sessions. In each session students would discuss the issues arising from that week's lecture, along with the accompanying readings, at the same time as carrying out specific practical exercises that helped to place these issues in an experiential context. Some of these exercises are described in the following chapters: they included collecting objects, messing with materials, flying kites, string-making and knotting, a walk on the beach, forging signatures, and constructing notations for observed movements.

Besides attending lectures and participating in practicals, students were also required to carry out a project. Project work proceeded throughout the course. Each student was asked to select a 'thing', such as a building, a bridge, a bench, an ancient monument, a piece of public sculpture, or a landmark (for example a tower, fountain or prominent tree). The student was advised to spend about an hour with the chosen thing every week, focusing on a specific aspect, and to make notes on what had been observed or discovered. For example, they were asked to attend to the thing's history, whether it is finished or still growing or under construction, the materials it is made of and their histories, what plants are growing on it or animals living in it, how people and animals move in, over, through or around it, and what it sounds and feels like at different times of day, after dark or in varying weathers. They had to draw or sketch it and make plans of it, and reflect on how their drawing affected their observations. And they had to make a model from readily available raw materials, and consider what model-making could teach about the thing, bearing in mind the differences of scale and materials between the thing and the model. At the end of the course, these notes, along with drawings, model and supporting documentation, were to be assembled into a dossier to be submitted for assessment. The final component of the course comprised a series of three half-day workshops, including an outdoor session on weaving with

willow, a visit to an artist's studio, and a walk in the countryside to address issues of landscape perception.

In its design and delivery, the 4 As course was part of an effort to introduce ways of teaching and learning in anthropology that are consonant with what we know from undergraduate courses, at both introductory and more advanced levels, in which I have explained that it is wrong to think of learning as the *transmission* of a ready-made body of information prior to its *application* in particular contexts of practice. On the contrary, of our teachers is not literally to pass on their knowledge, in the form of a ready-made system of concepts and categories with which to give form to the supposedly inchoate material of sensory experience, but rather to establish the contexts or situations in which we can discover for ourselves much of what they already know, and also perhaps much that they do not. In a word, we grow into knowledge rather than having it handed down to us. This is what Jean Lave (1990) means when she says that learning is a matter of *understanding in practice* rather than *acquiring culture*.

Now if this is the way people learn in any society, then it must also be true of the way students learn in our own. Accordingly, the role of the student is not to take on board a corpus of authorised, propositional knowledge issuing from a superior source in the academy, but to collaborate in the shared pursuit of human understanding. Yet as Lave herself has pointed out, our institutions of education, at least in the western world, are largely premised on the theory that the classroom is a dedicated space for learning in which students are supposed to acquire the approved knowledge of society, which they can then take into the world outside and put into practice once their education is complete. As many of the more astute students taking my courses pointed out to me, there was a glaring inconsistency between *how* they were being taught, and *what* they were being taught about how learning actually occurs in the social world. Educators such as myself seemed to be the very last to practise what they preach.

This book

The challenge for me, then, was to find a way to teach as I had been taught. For it, as I have argued, the ultimate objective of anthropology is not documentary but transformational, it is surely incumbent on us to give to the future as we have received from the past. What value lies in transformations of the self if they end there, if selves do not go on reciprocally to transform others and the world? Had I gone to study with Rostropovich, I would have sought to transform the world through making music. By profession, however, I am not a musician but an anthropologist. I give lectures, not concerts. Yet my teaching – all teaching – would be worthless were it not transformational in intent. And conversely, my studies – all study – would be worthless if it did not lead us to teach with this intent. To teach is to honour our commitments by repaying what we owe the world for our formation. In short, teaching (and not ethnographic writing) is the other side of participant observation: there cannot be one without the other, and both are indispensable to the practice of anthropology as an art of inquiry. To teach anthropology is to practise anthropology; to practise anthropology is to teach it. This was the pedagogical principle at the heart of the course on the 4 As. And

Making and growing

This chapter is about bringing things back to life. Its basic argument may be expressed by means of a simple diagram. Draw two lines: they need not be straight; indeed you can allow them to meander a little. However, they should proceed alongside one another, like the trails left by two people walking abreast. Each is a path of movement. Let one of these lines stand for the flow of consciousness, saturated as it is by light, sound and feeling. And let the other stand for the flow of materials as they circulate, mix and meld. Now imagine that each of these flows is momentarily stopped up. On the side of consciousness, this stoppage takes on the semblance of an *image*, like a fugitive suddenly caught in the glare of a spotlight. And on the side of materials it takes on the solid form of an *object*, like a boulder placed in the fugitive's path, blocking his passage. On our diagram we could depict both stoppages by a point or blob on each respective line. Now draw a double ended arrow connecting the two blobs. Unlike the original pair of lines, this arrow is not the trace of a movement; it is notional rather than phenomenal, and depicts a connection of some kind between image and object. Now that our diagram is complete (Figure 2.3), we can sum up the argument of this chapter, and indeed of the entire book. It is to switch our perspective from the endless shuttling back and forth from image to object and from object to image, that is such a pronounced feature of academic writing in the fields of anthropology, archaeology, art and architecture, to the material flows and currents of sensory awareness in which images and objects reciprocally take shape. In terms of our diagram, this entails a rotation of 90 degrees, from the lateral to the longitudinal.

We will find this rotation cropping up again and again, in various connections. Indeed we have already encountered it in the last chapter, in our distinction between ethnographic documentation (lateral) and anthropological transformation (longitudinal). With regard to perception, it underpins the distinction between an optical and a haptic relation to the world – a distinction that explains the quite different experiences of tactility described above, showing that the optical relation is by no means limited to a perception mediated by the eye (nor is the haptic relation limited to the hands). With regard to creativity, it distinguishes the improvisatory creativity of labour that works things out as it goes along from the attribution of creativity to the novelty of determinate ends conceived in advance. It underpins the distinctions spelled out in Chapter 7 between interaction and correspondence and in Chapter 8 between articulate and personal knowledge. Most fundamentally, however, it crops up in connection with the question of what it means to make things.

We are accustomed to think of making as a *project*. This is to start with an idea in mind, of what we want to achieve, and with a supply of the raw material needed to achieve it. And it is to finish at the moment when the material has taken on the intended form. At this point, we say, we have produced an *artifact*. A nodule of stone has become an axe, a lump of clay a pot, molten metal a sword. Axe, pot and sword are instances of what scholars call *material culture*, a phrase that perfectly captures this theory of making as the unification of stuff supplied by nature with the conceptual representations of a received cultural tradition. 'Material culture', as Julian Thomas (2007: 15) puts it, 'represents at once ideas that have been made material, and natural substance that has been rendered cultural'. In the literature, the theory is known as *hylomorphism*, from the Greek *hylē* (matter) and *morphe* (form). Whenever we read that in the making of

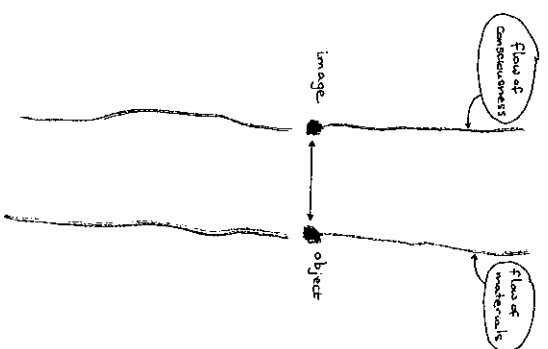


FIGURE 2.3 Consciousness, materials, image, object: the diagram

artefacts, practitioners impose forms internal to the mind upon a material world 'out there', hylomorphism is at work.

I want to think of making, instead, as a process of *growth*. This is to place the maker from the outset as a participant in amongst a world of active materials. These materials are what he has to work with, and in the process of making he joins forces with them, bringing them together or splitting them apart, synthesising and distilling, in anticipation of what might emerge. The maker's ambitions, in this understanding, are altogether more humble than those implied by the hylomorphic model. Far from standing aloof, imposing his designs on a world that is ready and waiting to receive them, the most he can do is to intervene in worldly processes that are already going on, and which give rise to the forms of the living world that we see all around us – in plants and animals, in waves of water, snow and sand, in rocks and clouds – adding his own impetus to the forces and energies in play. The difference between a marble statue and a rock formation such as a stalagmite, for example, is not that one has been made and the other not. The difference is only this: that at some point in the formative history of this lump of marble, first a quarryman appeared on the scene who, with much force and with the assistance of hammers and wedges, wrested it from the bedrock, after which a sculptor set to work with a chisel in order, as he might put it, to release the form from

the stone. But as every chip of the chisel contributes to the emergent form of the statue, so every drop of supersaturated solution from the roof of the cave contributes to the form of the stalagmite. When subsequently the statue is worn down by rain, the form-generating process continues, but now without further human intervention.

To read making longitudinally, as a confluence of forces and materials, rather than laterally, as a transposition from image to object, is to regard it as such a form-generating – or *morphogenic* – process. This is to soften any distinction we might draw between organism and artefact. For if organisms grow, so too do artefacts. And if artefacts are made, so too are organisms. What varies, among countless other things, is the extent of human involvement in the generation of form: but this variation is one of degree, not of kind. This is not of course to deny that the maker may have an idea in mind of what he wants to make. He may even be seeking to copy a piece of work that already stands before him. Does this not distinguish the statue from the stalagmite, once and for all? Can we not speak, in a sense unique to artefacts, of their *design*? This is a question I will leave for later (see Chapter 5). Suffice it to say, at this point, that even if the maker has a form in mind, it is not this form that creates the work. It is the engagement with materials. And it is therefore to this engagement that we must attend if we are to understand how things are made. Time and again, scholars have written as though to have a design for a thing, you already have the thing itself. Some versions of conceptual becomes superfluous. It is but a representation – a derivative copy – of the design that preceded it (Prascart 1991: 93). If everything about a form is prefigured in the design, then why bother to make it at all? But makers know better, and one of the purposes of this book is to bring them out of the shadows into which they have been cast by an uncritical application of the hylo-morphic model, and to celebrate the creativity of their achievement.

Baskets in the sand

On a cold and windy day in February, the 4 As students and I were out on a sandy peninsula wedged between the beach and the estuary of the River Don, which flows into the sea on the northern flank of the city of Aberdeen. Patches of snow remained on the ground. We were learning to make baskets out of willow, under the direction of anthropologist and crafts-person Stephanie Bunn (see Bunn 2010: 49–50). To form a frame, an odd number of lengths of willow were stuck vertically into the ground, to form a rough circle, tied at the top. Horizontal pieces were then woven alternately in and out of the vertical frame so as gradually to build up a surface in the form of an inverted cone. Students worked at this either singly or in pairs (Figure 2.4). From the start, I think, many students were surprised by the recalcitrant nature of the material. In a finished basket, the willow seems to sit so naturally there, as if it had always been meant to fall into that shape and was merely fulfilling the role for which it was predestined. But the willow did not want to be bent into shape. Sometimes it put up a fight, springing back and striking the weaver in the face. One had to be careful and coaxing, then we realised that it was actually this resistance, the friction set up by branches bent forcibly against each other, that held the whole construction together. The form was not imposed on the material from without, but was rather generated in this force field,

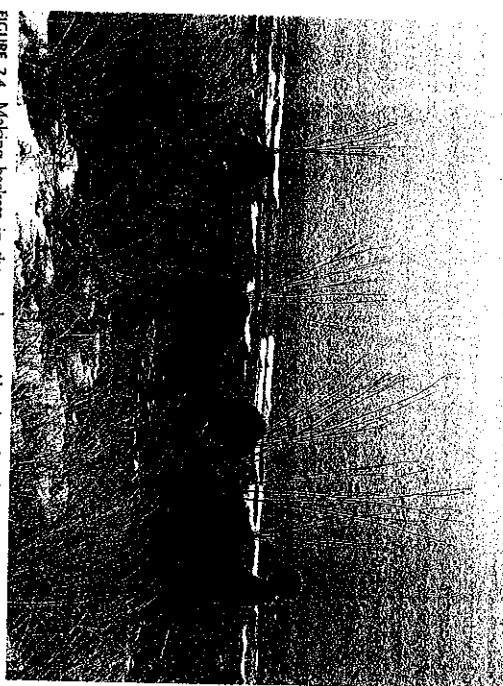


FIGURE 2.4 Making baskets in the sand, near Aberdeen beach in north-east Scotland. (Courtesy of Raymond Lucas.)

comprised by the relations between the weaver and the willow. Indeed as novices, we had little control over the precise form and proportions of our baskets. Kneeling on the ground, our weaving involved quite muscular movements of the entire body, or at least from the knees upwards, so that the dimensions of the basket related directly to such bodily dimensions as arm-reach and shoulder-height. Students discovered they had muscles in places they had never imagined, partly because after a while they began to ache. But other forces, too, entered into the formative process. One of these was the wind. A persistent, strengthening wind was bending all the verticals of the frame in one direction, with an inclination that increased with height. No wonder, then, that many baskets, especially those woven nearest to the shore, tilted over somewhat, in an elegant but wholly unintended curve (Figure 2.5).

We laboured for almost three hours, gradually developing a rhythm and a feel for the material. As the work progressed, however, we began to face another problem. How would we know when to stop? There is no obvious point when a basket is finished. The end dawned for us, not when the form came to match initial expectations, for we had none. It came rather with failing light and the imminent prospect of heavy rain, increasing chill and stiffness in the limbs, and the sense that each additional strand was becoming somehow superfluous. At that point it was time to insert a separately woven base and to cut the verticals at the height we had reached. At last, then, we could lift the woven construction from the ground, and turn it upside down to reveal that what we had made was indeed a basket. Each basket was different, uniquely reflecting the mood and

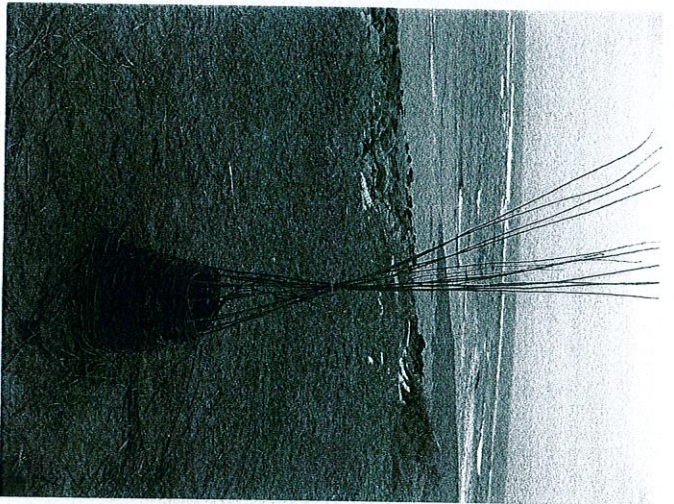


FIGURE 2.5 A near-complete basket. (Courtesy of Raymond Lucas)

temperament, as well as the physical stature, of its maker. Finally the students struggled off into the gathering dusk, proudly bearing homeward the baskets they had made. Later they would tell me that they had learned more from that one afternoon than from any number of lectures and readings: above all about what it means to make things, about how form arises through movement, and about the dynamic properties of materials.

On matter and form

Perhaps it is unfair to use basketry as a way to criticise the hylomorphic model. The conclusion that the model does not work for weaving does not rule out the possibility that it might work perfectly well for branches of manufacture in which form is more ostensibly imposed on material. What about making bricks, for example? In forming the brick, prior to firing in the kiln, soft clay is pressed into a pre-prepared, rectangular mould. The mould, it seems, prescribes the form while the material – the clay – is initially formless. Surely, as the clay is pressed into the mould, form is united with material just as the logic of hylomorphism requires. But in a thesis entitled *L'indivision à la lumière des*

notions de Forme et d'Information, the philosopher Gilbert Simondon shows that this is not so.¹ For one thing, the mould is no geometric abstraction but a solid construction that has first to be built from a specific material (traditionally a hardwood such as beech). For another thing, the clay is not raw. Having been dug out from beneath the topsoil, it has first to be ground, sieved to remove stones and other impurities, and then exhaustively kneaded before it is ready for use. In the moulding of a brick, then, form is not united with material. Rather, there is a bringing together or unification of two 'transformational half-chains' (*semi-chaînes de transformations*) – respectively building the mould and preparing the clay – to a point at which they reach a certain compatibility: the clay can take to the mould and the mould can take the clay (Simondon 2005: 41–42). At the moment of encounter, when the brick maker 'ashes' a clot of clay into the mould, the expressive force of the maker's gesture, imparted to the clay, comes hard up against the compressive resistance of the hard wood of the mould's walls. Thus the brick, with its characteristic rectangular outline, results not from the imposition of form onto matter but from the *contingency* of equal and opposed forces immanent in both the clay and the mould. In the field of forces, the form emerges as a more or less transitory *equilibration*. Perhaps bricks are not so different from baskets after all (Figure 2.6).

Simondon's central postulate of *individuation* holds that the generation of things should be understood as a process of morphogenesis in which form is ever emergent rather than given in advance. As Brian Massumi (2009: 37) explains, in a commentary on Simondon's text, this is to assert 'a primacy of processes of becoming over the states of being through which they pass'. Against the form-receiving passivity of matter posited by hylomorphism, Simondon took the essence of matter, or the material, to lie in *forming activity*. The hylomorphic model, Simondon (2005: 46) concludes, corresponds to the perspective of a man who stands outside the works and sees what goes in and what comes out but nothing of what happens in between, of the actual processes whereby materials of diverse kinds come to take on the forms they do. It is as though, in form and matter, he could grasp only the ends of two half-chains but not what brings them together, only a simple relation of moulding rather than the continuous modulation that goes on in the midst of form-taking activity, in the *becoming* of things.

In their 'treatise on nomadology', philosopher Gilles Deleuze and psychoanalyst Félix Guattari have taken up Simondon's crusade against hylomorphism, and, thanks to their influence, the issues it raises are beginning to percolate through to archaeology and anthropology. The trouble with the matter-form model, argue Deleuze and Guattari, is that in assuming 'a fixed form and a matter deemed homogeneous' it fails to acknowledge, on the one hand, the variability of matter – its tensions and elasticities, lines to flow and resistances – and, on the other hand, the conformations and deformations to which these modulations give rise. In reality, they insist, whenever we encounter matter 'it is matter in movement, in flux, in variation', with the consequence that 'this matter-flow can only be *followed*' (Deleuze and Guattari 2004: 450–451). Artisans or practitioners who follow the flow are, in effect, itinerant, wayfarers, whose task is to enter the grain of the world's becoming and bend it to an evolving purpose. Theirs is an 'intuition in action' (ibid.: 452).

Whereas Simondon took his key example from brick making, however, Deleuze and Guattari appeal to metallurgy. For them, metallurgy highlights a particular insufficiency of the hylomorphic model, namely that it can only conceive of technical operations as

Simondon → un divisible

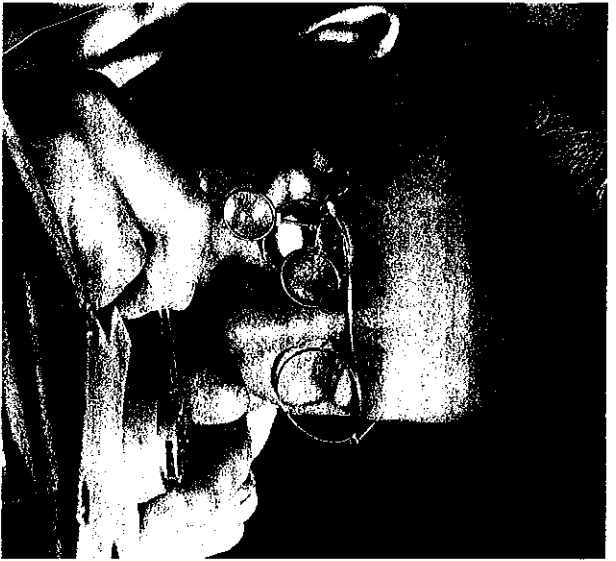


FIGURE 5.1 The watchmaker at work. This photograph, which appeared in the in-house publication of the Elgin National Watch Company, *Watch Word*, in September 1949, shows company employee Les Linder making final adjustments to the movement of a railroad watch. I am grateful to librarian Betsy Vera and collections services manager William R. Blohm, of Gail Borden Public Library in Elgin, Illinois, for tracking down the photo and providing a copy.

no hand in shaping, of which they have no conscious awareness and that analytically trained design theorists are alone capable of articulating.

We have already seen in the last chapter (p. 56) ~~by way of~~ Turnbull's example of building the great Gothic cathedral of Chartres, how this argument both fails to account for workmanship and attributes power to rules they cannot have. But the same counter-argument could be applied just as well, on a miniature rather than monumental scale, to the case of watchmaking. Pledge for a moment the real watchmaker at work (Figure 5.1). There he is, in his workshop, delicately fitting together tiny cogs and springs, along with other components, under a close and observant eye. He may well have to use a magnifying glass to see well enough what he is doing. Before that, he may have had to manufacture the individual components, a task that calls for an equally close-up engagement with metal and precious stones. A watchmaker who was truly blind, but whose intellectual faculties were unimpaired, could in principle design a

watch. He could, as Dawkins intimates, design the cogs and springs, and plan their interconnections. Yet the foresight that Dawkins attributes to the watchmaker will not make a watch. For that you also need skilled vision and manual dexterity. And just as medieval cathedral builders had to work things out as they went along, following flexible rules of thumb rather than procedures precisely laid down in advance, so too did the watchmakers of Paley's day, else they would not have had to pay such close attention to what they were doing.

The design of everyday life

In this regard, the foresight required of the watchmaker is of a very different kind from that which the argument from design attributes to the designer. It lies not in the cognition that literally comes before sight but in the very activity of seeing forward, not in *praeconception* but in what the sociologist Richard Sennett, in his study of the work of the craftsman, calls *anticipation*: being 'always one step ahead of the material' (Sennett 2008: 175). The philosopher Jacques Derrida has resort to the same idea in reference to the art of drawing in which, he claims, the inscribing hand continually overtakes the cogitations of the hand. To anticipate, he says, is 'to take the initiative, to be out in front, to take (*supère*) in advance (*enfin*)' (Derrida 1993: 4). If the mind wants to be involved in the process of making, writes design theorist Lars Spuybroek (2011: 160), 'it must not only be open but forward-looking, in the direction of as-yet-unknown creation.' This is a matter not of predetermining the final forms of things and all the steps needed to get there, but of opening up a path and improvising a passage. To foresee, in this sense, is to see into the future, not to project a future state of affairs in the present; it is to look where you are going, not to fix an end point. Such foresight is about prophecy, not prediction. And it is precisely what enables practitioners to carry on.

To make a watch takes time. This time is not incidental, or collapsible into an instant or series of instants. It is rather a time of growth or formation, of ontogenesis. Thus the designing of the watch continues into its making – in the ways the pieces assembled there answer to one another in the generation of internal coherence. What the maker has to hand, to begin with, are cogs and springs, among other minute pieces. These pieces do not belong together, in preordained positions, by dint of some external necessity. They are no more parts of a watch than are twigs on the forest floor parts of a bird's nest. Rather, as with the nest, pieces become parts only as the assembly proceeds and tends increasingly to cohere. They gradually acquire a feel for each other, they settle, holding each other in place ever more tightly as the work advances asymptotically towards closure without ever absolutely reaching it. The task of the maker is to bring the pieces into a sympathetic engagement with one another, so that they can begin – as I would say – to correspond. Peering through his eyeglass (Figure 5.1), the watchmaker inhabits a realm in among the pieces, rather than above and beyond them, adjusting each in relation to the others, and serving as a kind of go-between in their correspondence. Only as the work nears completion can the pieces be judged, with reasonable confidence, to be the parts of a whole.

On these grounds, Spuybroek (2011: 67) maintains that Paley could not have been more wrong in his inference that the watch, accidentally encountered on the heath, attests to an intelligent design that preceded its manufacture, 'as if things resembled wholes with

and the beams
of the table

the design of everything
- building breakfast thing

predetermined parts, each restricted to a single act. No more ale cut and carved stones the predefined parts of a building, and we would be equally mistaken – as we have already seen – to infer the precedence of architectural design from such a complex structure as a cathedral. Design extends into making as the builder, in among the stones, brings them into correspondence. Our models for art and design, Spyrobook (2011: 243) suggests, should ideally be drawn not from horology or architecture but from gardening and cooking. 'A great gardener or chef', he observes, 'not only sees the state of things but senses where they are going' (ibid.: 240). I have called this sensing anticipatory foresight: a foresight that does not so much connect a preconceived idea to a final object as go between, in a direction orthogonal to their connection, following and reconciling the inclinations of alternately pliable and recalcitrant materials. You do not have to be a gardener or chef of distinction, however, in order to design in this sense, for it answers to our most everyday experience, for example at the breakfast table, from where we begin each day and whence I began this chapter. Let us briefly revisit it, before moving on.

I suggested earlier that the table is tantamount to an obstacle course, on and around which every designed object is a hurdle to be overcome. Yet it is really not that hard, except perhaps for infants who still have to master the manipulation of the spoon, and whose physical size is not matched to the adult proportions of the furniture. It is not hard because in their entrapment in a fluent and skilful performance, box, jug, bowl, spoon and cloth, as well as table and chair, are not encountered as finished objects answering to a design that preceded and underwrote their manufacture. Indeed, as will become clear in the next chapter, they are not really encountered as objects at all, but as things. These things are not finished but are carried on in their use even as you carry on with your own life as you sit down to eat. What Norman (1998) calls 'the design of everyday things' does not, then, achieve its ends with their manufacture. For them to be things at all, and not objects, requires that they be brought into a relation with one another – into a correspondence – that is itself defined by a narrative of anticipated use. Everyday design catches the narrative and pins it down, establishing a kind of choreography for the ensuing performance that allows it to proceed from the moment when you sit down to eat. In such a straightforward task as laying the table – in enrolling into your relation bowl and spoon, milk jug and cereal box – you are designing breakfast. In amongst the furniture and tableware, your role is to act as a go-between. Not until the table is already laid can we say with assurance what any particular item is for. And this gives the lip to the mantra of 'user-centred' design, which casts practitioners as the mere consumers of objects designed for them, and not by them, in order to satisfy predetermined 'needs'.

Breaking trail and catching dreams

What, then, can design possibly mean if not to set up a plan in advance of its implementation? If things are never finished – if the world is perpetually under construction by way of the activities of its inhabitants, who are tasked with keeping life going rather than bringing to completion projects specified at the outset – then can design any longer be distinguished from making? Are design and making merely two words for the same thing? We have already noted (Chapter 4, pp. 50–51) that in some

European languages, the word for design is the same as that for drawing. Their original synonymy, however, rested on the idea of the drawing as the outline of a mental image, geometrically projected onto a plane surface. In the writings of such Renaissance figures as Alberti and Vasari, for example, the Italian word *disegno* signified both the idea and its visual expression. Here, design and drawing figure as two sides of the same coin, with one side in the mind and the other on paper. But what if we were to think of drawing in another way: not as the projection of a ready-made image but as the inscriptive trace of a movement or gesture comparable to weaving with threads or carving in stone?

The artist Paul Klee (1961: 105) famously described drawing as taking a line for a walk. The line that goes for a walk does not represent or prefigure anything. Quite unlike the straight line of Euclidean geometry, it does not connect predetermined points. On paper, it is the trace of a movement rather than a statement of intent (Maynard 2005: 66–67). As we have already said of the anticipatory foresight of the skilled practitioner, it breaks a trail, continually launching forth from its tip and tracing a path as it goes. If design is to be the other side of drawing in this sense, then it would have to be about anticipating the future. Far from seeking finality and closure, it would be open-ended, dealing in hopes and dreams rather than plans and predictions. As the Finnish architect Juhani Pallasmaa (2009: 110–111) writes, 'design is always a search for something that is unknown in advance'. It is precisely this inner uncertainty, according to Pallasmaa, expressed in the hesitancy of his drawing, which drives the creative process. Unlike material bodies, however, hopes and dreams can fly: they are not bound to the spatio-temporal limits of earthly life. The difficulty is that in taking flight they can all too easily be lost. It is the task of design to go after them and bring them back. Travelling light, unencumbered by the dead weight of heavy materials, the line of the designer seeks to give chase to the phantasms of a fugitive imagination and to rein them in before they can get away, setting them down as signposts in the field of practice that makers and builders can track at their own, more laboured and ponderous pace.

Picture for example a composer, at work on a symphony. The music flies ahead in his imagination like a bird on the wing. It is all he can do to catch it and get it down before it is lost beyond the horizon of his recollection. With so many staves, each for an instrument of the orchestra, it can take many hours of painstaking work to notate a passage that in performance would last barely a minute. Composing would be easy, were it not for music's propensity to outpace its material inscription. Nor is this a problem confined to musical composition. The performer, writes the philosopher Maurice Merleau-Ponty (1968: 151), who feels that the music 'sings through him', finds that he 'must "dash his bow" to follow it'. The architect Alvaro Siza compares the task of designing a building to tracking a character, or rather a host of characters, who are always slipping away from him. His predicament, he says, is not unlike that of the novelist, whose characters have a way of outrunning his capacity to write them down. It is vital not to lose them (Siza 1997: 51). In writing as in drawing, notes Serge Tisseron (1994: 36), thought 'darts out like an untidy horse, which is later led back and tamed, bound to the line which the hand holds fast upon the paper'. Or in another image, the writer or draughtsman is like a man swept away by a wave from a ship: the line is the rope from which he is hanging on (Tisseron 1994: 37). Even painters are challenged to rein in their fleeting visions of an evanescent world before

they escape. 'It is the fear of not going fast enough', wrote Charles Baudelaire, 'of letting the phantom escape before the synthesis has been extracted and pinned down; it is that terrible fear that takes possession of all great artists and gives them such a passionate desire to become masters of every means of expression so that the orders of the brain may never be perverted by the hesitations of the hand' (in Baudelaire 1986: 17). While the frenzy of creation that Baudelaire evokes so vividly sweeps practitioners ever forward as though on a wave crest, the hesitancy of the body and the weight of materials perennially hold them back. It seems that composer, performer, architect, writer, draftsman and painter alike are continually caught between the anticipatory reach of imaginative foresight and the tensive or frictional drag of material abrasion – whether of pen on paper, bow on strings, or brush on canvas.

The trick, then, is to be able to hold the foresight that pierces the distance like an arrow in check with the close-up, even myopic engagement that is necessary for working with materials. Recently, anthropologist Rane Willerslev (2006) has argued that one of the singular properties of vision, by which it is distinguished from other sensory modalities (including hearing and touch), is that it brings foresight and the close-up together, to the extent of making the former a *condition* for the latter. The inspiration for this move comes from Merleau-Ponty's claim that 'to see is to have at a distance' (Merleau-Ponty 1964: 166). With hearing and touch, if you come close to something, then the boundary between yourself and the thing begins to blur and eventually dissolves altogether. You merge with it. In vision, by contrast, if you are too close to something, you cannot see it. To see, at least with binocular vision, you must take a certain distance. And in this distanciation lies the possibility for a kind of reflexive self-awareness. You do not just see but see yourself seeing. It is this self-awareness, then, that makes it possible to come close to another thing or being, and hence to engage with it materially, without actually merging with it. This is a prerequisite for hunting, for example. To succeed, the hunter must identify with his prey, but were he to merge with it the consequences would be fatal. Likewise the artist painting a landscape must immerse himself in the sensory environment, whilst remaining afar from it. It is difficult, Willerslev (2006: 41) concludes, to see how this could be pulled off without vision.

I am not so sure, however. For one thing, if vision is a condition for self-awareness, then this leaves us wondering how human beings with visual impairments can be aware of themselves – as they manifestly are – or why non-human animals (even those endowed with binocular vision) apparently are not. For another thing, anyone who has had to make their way in pitch darkness, relying on tactile and aural perception alone, knows that touch and hearing, too, can induce a sense of distance, just like vision. You may be startled by sounds, and recoil from what is touched. Be that as it may, the general point that a designerly process of making is one whose close-up engagements are guided by foresight is a powerful one. It has been said that painters cannot see what they are painting, since they are too close to it, and likewise that composers cannot hear – even that writers cannot remember what they are writing about (Deleuze and Guattari 2004: 544). But it would probably be closer to the mark to say that the particular skill of painters, composers and writers lies in their practised ability to keep their distance whilst in the thick of the labours of proximity. The parallel with hunting, as Willerslev intimates, is precise. Hunters

often dream of animals before they encounter them. Artists, architects, composers and writers are likewise bent upon capturing the insights of an imagination always inclined to shoot off into the distance, and on bringing them back into the immediacy of material engagement. Like hunters, they too are dream catchers. Human endeavours, it seems, are forever poised between catching dreams and coaxing materials. In this tension, between the pull of hopes and dreams and the drag of material constraint, and not in any opposition between cognitive intellection and mechanical execution, lies the relation between design and making. It is precisely where the reach of the imagination meets the friction of materials, or where the forces of ambition rub up against the rough edges of the world, that human life is lived.

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Resonance
*A Sociology of Our Relationship
to the World*

Hartmut Rosa

Translated by James C. Wagner

polity

central spheres of resonance – nature and art – come into contact with, affect, and mutually reinforce each other. The latter also represents a distinct, genuinely modern sphere of resonance, to which we now turn our attention.

3 The Power of Art

It has often been remarked that art, in its emancipation as an autonomous sphere, has functionally taken the place of religion in modern society. This is undoubtedly true in a number of important respects, though it pertains less to our need to *make sense of life* than to our need to *make sense of the world*. Art, unlike religion, cannot provide a cohesive cognitive horizon, meaning or blueprint of the world – than to our *desire for resonance*. Art – almost simultaneously with nature, and in a very similar manner – has become one of the most important spheres of resonance in modernity, gradually coming to penetrate all aspects of everyday life.

As I have sought to show, the belief and institutionalized experience that we are faced with an entity that is capable of speaking "its own voice" is a constitutive property of any axis of resonance, and thus of resonant relationships. One indication for the existence of such a belief and experience in the field of art is the fact that over the course of the eighteenth century, the *arts*, plural – *sepiem artes liberales* – gave way to *art* as a collective singular in the case of nature and history, which I will come back to in the next section, here entirely heterogeneous practices and phenomena are transformed into a collective subject that can demand of us and at the same time *command* power over us. Art, like nothing else – and commands us as producers, i.e., as creators of art, by asserting and enforcing its own law, all instrumental, political, or economic reason. From this imperative of creativity and originality, which, like the realities of earlier epochs, now penetrates every aspect of life, subjectivity.⁵⁶ In this way, capacity for aesthetic resonance, the place of capacity for religious resonance as a collective social demand.

Establishing a social sphere of resonance requires a subject area or segment of world be conceived as capable with its own voice and functioning as a source of strength, and, second, that it be institutionalized and made able through corresponding cultural practices. The latter constitutes a constitutive sphere of resonance for art, therefore be verified with respect to both of these dimensions.

Vertical Axes of Resonance

does modern culture conceptualize the power of art, and how does it allow us to experience this power?²⁸¹

Providing a comprehensive answer to these questions would require a fully elaborated philosophy and sociology of art, which I neither can nor wish to present here. A cursory look at predominant theories of art and aesthetic practices should, however, suffice to legitimate my claim that art represents a central sphere of resonance in modern life. The belief that in the process of creating art, artists draw on or are inspired by sources that exceed their own creative powers did not first emerge with the Romantics. As Christoph Menke shows in his book *Die Kraft der Kunst* (The Power of Art),⁵⁷ it can be found even in Plato's philosophy of art,⁵⁸ particularly in the Socratic dialogue with Ion, in which Socrates sees in artistic forms the influence of the gods or the muse.

The belief that the creation of a work of art requires the "breath" of a muse, of genius, of spirit, or of God – i.e., that it requires a source of inspiration – has continued to operate from the Age of Romanticism up through the present day, and it still satisfies two essential criteria of a resonant relationship. First, the idea that art demands something from the artist even against his or her desires and aspirations, understanding and intentions, lives on particularly in biographical writings, artistic statements, and self-conceptions of artists themselves – not only in the realm of high culture, but also especially in the arena of popular culture. I wanted to record a *musical album*, but I couldn't do it. The music commanded me to *leave my band and start over again with just my guitar*, even if this *disappointing the expectations of my record label*, even if *this is the press and giving up the money, fame, and perks of the public life*. This is the standard narrative of countless rock musicians, namely "frontmen" who have left their bands to begin their new on less-traveled paths.⁵⁹ Wrestling with the demands of course also a constitutive element of the self-conception of novelists and poets, composers, painters and sculptors, etc. The modern conception of art, much more so than that of nature, is rooted in the belief that the element of artistry is *essentially inaccessible*. Contrary to the notion that art is the skill, the modern understanding of art fundamentally rests on the belief that art exceeds the accessibility of skill and technique. That art is not only a brilliant virtuoso and technician, but also be possessed of the soul or spirit of art itself. And this or inspiration can of course always be lost or simply *realized*, by no means can it be forcibly acquired through *ability* is manifested not only on the productive side, the receptive side of aesthetic self-conception. A person

who isn't in the right "mood" or doesn't have an "eye" or "ear" for it is incapable of grasping or comprehending the depth – or, more precisely, the particular individual voice – of a work of art (whether a concerto, poem, painting, or sculpture). An element of the inaccessible adheres even to the appreciation and enjoyment of art.

The nature of the source of this inaccessible something, which can suddenly and unexpectedly "call upon" us both as producers and as consumers of art – e.g. when we find ourselves standing rapt before a painting or sculpture, like Rilke before the torso of Apollo that commanded him to change his life, or when a poem or melody enters into our life like an irresistible force⁷¹ – remains utterly unclear and ambiguous; in my view, it represents a peculiar gap in the modern conception of art. As ubiquitous as testimonies of artistic epiphanies are, what exactly is manifested in a work of art remains notoriously hazy and ill defined.⁷²

Christoph Menke has convincingly suggested that according to modern thought, this source is no longer to be sought in an external human muse, in divine winged horses (Pegasus) or Aeolian harps, or among the gods or spirits, but rather is a power that resides within us as human beings. Yet the source of this power must be precisely extra-subjective, precisely because it remains inaccessible to us. The *subject*, Menke writes, is the thinking and acting product of discipline and training and has acquired techniques and abilities, skills and assets,⁷³ but in the artistic act (by which Menke means primarily the creation of art) the subject encounters a force and is spoken to, a power that turns out to be distinct from and resistant to its aesthetic conception of art is based on the experience that in the force emerges which drives the subject outside of itself, back to itself, above and beyond itself, a force that is unconscious, a "power" (Hertder).⁷⁴ The inability of the artistic subject to maintain control this power is what led Thomas Mann in *Doctor Faustus* to describe music as "demonic territory." As Peter Sloterdijk calls this demon is "a power that responds to invocation. Anyone calls the dark spirit by name has already invoked him; anyone invoking person should be aware that he can be confronted with authority that will be stronger than he is."⁷⁵

If there can thus be no doubt that the creative artist is confronted with an authority that speaks to him (that lies within him, individual, but not as a subject), it also seems just as clear what we understand as a work of art is not simply the voice of the demon or extra-subjective force. Rather, art emerges from conflict or conversation between the capable and forming subject and at her disposal instruments, knowledge of form, artistic abilities, and the independent source that confronts her: the precarious call and response between these two authorities, the creator experiences as struggle, and she is always

here either of being overpowered and losing her own creative voice or of losing her powerful source of inspiration. Menke, drawing on Nietzsche's *Birth of Tragedy*, thus sums up: "Art exists only where delirium and consciousness, the play of forces and the building of forms work together and against each other [...]. The artist is delirious unleashed power."⁷⁶

If this interpretation is correct, then the event of art is nothing other than an event of resonance: a precarious responsive relationship between two independent voices that are constantly contradicting, often diverging from, and transforming each other in a creative struggle, meeting all the criteria of a resonant relationship as elaborated in Chapter V.3. This means that it can also fail in any or all of the four ways also described there: through too much openness or too much rigidity on the part of the capable subject, or through the creative impulse being too narrowly defined or too balancing act, it remains inaccessible and improbable,⁷⁷ it can fail, and the creative process is often experienced and described as a tale of suffering and woe.

This productive, art-generating resonance event is duplicated or collected, according to the modern conception of art, in the more strongly receptive act of appreciating or enjoying art. "Temples of art" in fact represent paradigmatic, cultic spaces for ritualized experiences of resonance in modern society. In museums, theaters, and modern subjects repeatedly seek and find moments in which their understanding of themselves and the world is shaken and made new, in which they are touched, gripped, and moved. Whether art forms involved belong to high culture or popular culture is immaterial. That proponents of one are inclined to discredit a moment of a resonant relationship depends not on the object itself, but rather on whether subject and object, or the two entities involved in this relationship, are a good fit – and that cultural differences, as ever, are fertile ground for struggles for distinction. Of course does not mean that subjects, as consumers of art, are sensually overwhelmed for resonance, or even sentimentally show without even being aware of it. The former, as I show with Plessner, occurs when subjects ultimately react to themselves, to their own emotions; they are not existentially separate, collectively reinforced desire to be emotionally gratified because one purchased a highly sought-after ticket (and thus price) creates an *echo chamber* that occludes the

absence of fluidity and adaptive transformation. This can of course happen at the Met in New York or La Scala in Milan just as well as at Germany's Wacken Open Air and Rook am Ring music festivals. But the quest for an experience beyond mere entertainment, in which one is addressed authoritatively by a strange power and transformed by the encounter, continues to be a driving force, including in the culture industry, and the awareness that such experiences cannot be manufactured in a controlled manner and are not guaranteed, that they cannot be forced, that they are not only inaccessible, but also rare and unlikely, may well be a fundamental aspect of art's encounter. What Rilke expresses in his poetic treatment of his encounter with an archaic torso of Apollo – *You must change your life*⁷⁸ – Paul Valéry describes in his inaugural address on poetics at the French Academy as follows:

On the one hand, we feel that the work which affects us is so precisely attuned to us that we cannot imagine it existing in any other form. In certain especially satisfying cases we even feel that we are in some profound sense transforming ourselves, in order to become the person whose sensitivity is capable of such fullness of delight and immediate apprehension. But we also feel, no less strongly and with an entirely different organ of perception, that the phenomenon which induces and cultivates this condition in us, allowing us to sense its power, somehow could not be, almost should not be. It belongs to the category of the improbable.⁷⁹

Rob Trujillo, bassist for the heavy metal band Metallica, articulates this same experience in an article for the British magazine *Prog* in which he describes attending a concert featuring the cultishly adored prog rock musician Steven Wilson:

I came down absolutely not knowing what to expect and I came out of there a different person! It was really amazing and inspiring, and it touched a place in me creatively that was really powerful. [...] When I saw *The Raven [That Refused to Sing]* live, I had tears in my eyes; it was so powerful. Steven certainly opened that door for me again.⁸⁰

Similar reports about books, films, paintings, or musical works that *changed my life* are part of the basic semantic arsenal of modern subjectivity, attesting to the fact that aesthetic resonances are an inseparable part of its structure. An aesthetic encounter, being addressed or spoken to by a work of art, is the privileged, predominantly institutionalized, ritualized form in which modern subjects experience vertical resonance in the sense of the inaccessible but meaningful voice of the *Other*. But in what exactly does the structure of this experience consist? *What* is it that is experienced here?

The various positions of aesthetic theory are not at all in agreement on this point. As Menke notes, these positions can be distinguished by their answer to the question of whether the experience of art can actually produce *happiness* in the sense of the enhancement, fulfillment, or even perfection of human life, or whether it can offer only an unfulfillable *promise* of such happiness.⁸¹ According to the latter interpretation, the experience of beauty suggests a joy that cannot be had or experienced in real life; in this case (per Stendhal and Schopenhauer, at least) beauty is only an illusion. "To posit the unity of happy and beauty is to understand that true happiness exists only in beholding the beautiful and *not in living life*."⁸² In fact, it seems to me that it can hardly be disputed that beauty is not a quality of the world or of works of art, not part of the "order of the real."⁸³ The experience of the beautiful rather denotes a certain relationship between subject and object.⁸⁴

Unlike Menke, however, I do *not* believe that this relationship represents "the joy of the overflowing of our practices under the condition of their [playful] suspension,"⁸⁵ whereby said practice succeeds only in the realm of illusion. Rather, I propose that *what we experience as beauty is the expression of the possibility of a resonant relationship to the world, a possible mode of being-in-the-world in which subject and world respond to each other*. Beauty denotes a form of relation. And even if the concrete forms of aesthetic experience change over time and across cultures, and are received differently by different individuals,⁸⁶ wherever subjects experience beauty, they always experience the possibility of a successful relationship to the world and thus *real happiness*. Yet because this relationship does not describe their lived, quotidian, practical/active relationship to the world, it also remains at the same time an *illusion* that generates sorrow and longing. As Menke rightly notes, "[T]here is [...] no experience of beauty in which the joy of fulfillment is not mixed with sorrow over its unreality."⁸⁷ The supposed opposition between beauty and happiness can therefore be resolved thus: Beauty is happiness, because it is pure resonance – and it remains an illusion, because human beings' relationship to the world as a whole can never become pure resonance.

As I sought to show in the passages above on the effect of music, however, what is specific to art is that, beyond the experience of pure resonance, it is also capable of recreating, giving expression to, and thus making palpable the whole spectrum of historically and culturally possible relationships to the world. What drives modern subjects to visit museums and movie theaters, concert halls and opera houses, and to read novels, poems, and plays as if their lives depended on it is the fact that these activities allow them, at least at a pathetic level, to test out and rehearse in a playful, exploratory way widely different modes of relating to the world – solitude

and abandonment, melancholy, attachment, exuberance, anger and rage, hate and love – and thereby moderate and modify their own relationships to the world.

Aesthetic resonance is thus an experimental field for adaptively transforming different models of relating to the world. These find their purest expression – uninfluenced and undistorted by specific content – in instrumental music as well as in poetry that deals with existential relationships between the world and the self rather than depicting any particular activities or interactions.⁸⁸ *Dance* meanwhile also makes potential modes of relating to the world immediately visible and physically palpable, often without touching the level of meaning: here the body itself becomes a resonant space. Sounding out the possibilities and limits of different relationships to the world is likewise the subject of the great *Bildungsromane* or coming-of-age novels.⁸⁹

Hence experiences of resonance and alienation in all three dimensions (vertical, horizontal, and diagonal relationships) frequently constitute the *theme* of many artistic works, whether explicitly or implicitly. Longing for resonant relationships to the world and the processing of often extreme experiences of alienation are the major driving force behind both the production and reception of art. This can be seen, for example, in Franz Schubert's song cycle *Winterreise* (*Winter Journey*), a congenial setting of poems by Wilhelm Müller, the enduring popularity of which in my view essentially rests on the fact that here music and text assiduously negotiate the opposition between a resonant relationship to the world, which shines forth in images of love and springtime, and abandonment in a hard, cold, pitiless, and relationless world, expressed in images of faithlessness and winter. The song "Frühlingstraum" ("Dreams of Spring") is emblematic of this; its first three stanzas read as follows:

I dreamed of colorful flowers,
As they bloom in May;
I dreamed of green meadows
And merry birdcalls.
And as the cocks crowed,
My eyes awakened:
It was dark and cold,
And the ravens shrieked from the roof.
But on the window panes,
Who painted the leaves there?
Do you laugh at the dreamer
Who saw flowers in winter?⁹⁰

No particularly bold interpretation is necessary here in order to identify the painter of leaves and flowers here as art itself. It is

art that makes possible the experience of a resonant – blooming, expressive – counter-world in a real world that is otherwise frozen and silent.

Here a mute, alienated form of relating to the world defines the real world of the winter wanderer, while the dream of resonance remains a longed-for illusion. The structure of aesthetic experience elaborated above – i.e. the shining forth of the possibility of a resonant relationship that does not correspond to one's actual relationship to the world – thus in a way becomes the poem's theme, and doubly so for the listener, as what she hears thematically and what she experiences aesthetically also form a responsive or resonant relationship. The resonance structure of aesthetic experience is thus extremely complex.

Resonant relationships in art also emerge by virtue of the fact that a work of art of whatever kind is capable of touching and affecting those who receive it. Just as in prayer or in experiencing nature a peculiar, characteristic axis of resonance forms from the fact that the praying person turns both inward and outward, immersing himself in himself and at the same time addressing an external *You* (the actual existence of which is irrelevant in the present context), or from the fact that the voice of nature seems to connect our own inner depths with "outer" nature, so too does a work of art – an image, a statue, a poem, a film, a piece of music – establish a connection between a constructed phenomenon of the external world and the inner world of the person who perceives it.

In fact, particularly in the case of music, it is almost impossible to say whether it exists inside or outside of us. It is both in space and in the listener.⁹¹ The resonance that emerges between work and recipient is primarily established independent of the work's content – not only its meaning, but also the relationship to the world that it expresses. To listen to Schubert's *Winterreise* or Pink Floyd's *The Wall* (or to immerse oneself in Edvard Munch's *The Scream*) in a mode of dispositional resonance is therefore to experience two modes of relating to the world at once. One is touched, gripped, moved precisely by the forms of existential alienation that are aesthetically generated and negotiated here. One thus experiences both resonance *and* alienation, not blended into some hybrid form, but in a relation of mutual escalation.⁹² The deeper, more "authentic," or, better yet, modeled – the greater is the resonant effect.

Even simple pop-culture productions take advantage of this interrelationship. Recall Belinda Carlisle's "La Luna," cited in Chapter 16. The main part of the song, blissfully resonant and filled with the singer's in love and *the heavens filled with the sound of violins*, is followed by a musical shift, a key change one half step up from

F# minor to G major, the music here becoming more intense and "hardened." This is further amplified by a textual shift from past to present tense, the singer's love having come to an abrupt end, leaving only a mute, alienated relationship to the world: "Now I walk along the streets of Marseille / The winter sky is cold and gray / And I don't know why I left you that day / And I don't know where you are."⁹³ Thus in this commercial pop-culture product, as in Schubert's high-culture *Winterreise*, a real present experience of alienation is juxtaposed with an aesthetic promise of resonance and memory, and it is this very juxtaposition that gives the song its intensity.

Musical and textual elements can thus interact with and against each other in various contrasting ways to produce resonant effects. When Leonard Cohen and Jeff Buckley, each of whose recordings of the former's "Hallelujah" has by now deeply moved multiple generations of listeners, arouse the desire for mysterious deep resonance in the song's very first line – "I heard there was a secret chord / That David played and it pleased the Lord" – only to immediately follow this with a repudiation – "But you don't really care for music do you?" – the disclaimer only serves to intensify the resonating listener's longing. Yes, yes, / do, they want to reply. And as the song reaches its climax – "And it's not a cry that you hear at night / It's not somebody who's seen the light / It's a cold and it's a broken Hallelujah" – it arouses in them both resonance and alienation simultaneously.

The "resonance of alienation" thus produced generates the aforementioned double emotional structure of pleasurable pain or painful pleasure, often resulting in tears and only really experienced in aesthetic relationship to the world. The grief involved here pertains to the alienation experienced, which may express the recipient's dominant mode of relating to the world in escapist modernity, while the pleasure applies to the simultaneous experience of resonance, which overcomes this alienation according to its structure, thus allowing the possibility of resonant relationship to the world to shine through. Theodor W. Adorno articulates a highly similar idea in his *Aesthetic Theory*:

Although artworks offer themselves to observation, they at the same time disorient the observer who is held at the distance of a spectator; to him is revealed the truth of the work as if it must be his own. The instant of this transition is art's highest. It is subjectivity, even subjective aesthetics, by the negation of subjectivity. The subject, convulsed by art, has real experiences; by the structure of insight into the artwork, these experiences are lifted out of which the subject's participation in his own subjectivity dissolves; the narrowness of his self-postedness is revealed. If in artworks

subject finds his true happiness in the moment of being convulsed, this is a happiness that is counterposed to the subject and thus its instrument is tears, which also express the grief over one's own mortality. Kant sensed something of this in his aesthetic of the sublime, which he excluded from art.⁹⁴

The resonant effect here is of course strengthened by the proposition of horizontal, narrative resonance. Lovers of *The Wall* or *Winterreise* tend to empathize and identify with Pink, the protagonist of the former, or the first-person speaker of the latter; both overcome their own existential detachment and alienation from the world by encountering in music an Other with which they resonate.⁹⁵ A fragile, always precarious and temporary axis of resonance based precisely on the resonancelessness of the world is thus established between artist or performer and listener. This becomes particularly evident through the image of the hurdy-gurdy man in the final song of *Winterreise*:

There behind the town
Stands a hurdy-gurdy man
And with stiff fingers
He turns what he can.
Barfoot on the ice
He teeters back and forth
And his small plate
Is always empty.
No one wants to hear him,
And the dogs snarl
Around the old man.
And he lets it all happen,
Whatever happens,
Turns, and his hurdy-gurdy
Never stops.
A thin old man!
Why'd I go with you?
Why'd you want to turn
My hurdy-gurdy to my songs?⁹⁶

A hurdy-gurdy man can do nothing but send his music out into the world; he finds no response. His bare feet on the ice, the snarling of the empty plate, the townspeople's refusal even to look at him – the ultimately lethal material and social repulsion of the almost physically palpable in Schubert's setting. The implied

triangle between composer or performer, poetic speaker, and listener thus forms a musical triangle of resonance against the world, against the predominant form of relating to the world.

This again establishes why listening to abysmally sad music is more likely to lift people out of depression than push them into it. Indeed, only from this perspective does it make sense why sad music is far better suited to this task than "cheery" music. Depressed people know that they are really in a bad state when *no* art or aesthetic experience is capable of touching them any longer – when their relationship to the world has become so ossified that it can no longer be modulated, modified, or transformed.

Such "hardening" can otherwise be eased, even if only for a moment, by the brief emergence of an aesthetic relationship to the world, an aesthetically generated momentary glimpse of a resonant mode of being-in-the-world. Rolf Dieter Brinkmann's poem "Einen jener klassischen" ("One of Those Classics") exemplifies this experience.⁹⁷ Here again, the real situation of the speaker is an alienated, mute relationship to the world. In the "cursed, hazy deadness of Cologne," shortly after the stores have closed, when even raffish social interactions come to a standstill, a solitary man wanders a "street that no one loves and leaves [everyone] breathless" and passes by a "dark tavern." But then comes "a surprise," "almost a miracle," a momentary transformation of his relationship to the world induced by the sounds of "one of those classic black tangos emerging from the tavern's open door. Once more, there is a doubling of the structure of aesthetic experience, as ideally what the reader experiences in his or her reception of the poem is also the theme of the work itself.⁹⁸

Art is not only a sphere of resonance in terms of the production and reception of *works*; however, Resonance manifests just as frequently and intensely as a dynamic process in the carrying-out of aesthetic practices. This applies primarily to artistic – theatrical, dance, or concert – *performances*. Resonant relationships emerge here when a *spark* is felt between the artists themselves and as between the artists and their audience, producing a collective resonance event. As noted above, nearly all musicians are familiar with those moments when their own volition recedes and they to follow a "power," working at once within them and with them, that creates a connection and lets them know intuitively to do. Most concert- and theatergoers likewise know such moments of transformation, when they no longer need to concentrate in order to follow the music or the plot, when they themselves spontaneously become part of the aesthetic event. A *work*'s self-efficacy is experienced in such moments, as there is some *at work* here, at least in the heart and mind of the recipient. Two forms of collective resonance are often mutually con-

as resonance among the artists is transferred to the audience and vice versa.

While these axes of resonance realized through aesthetic practices are, strictly speaking, not vertical, but horizontal in nature, they consistently connect the work of art and social relationships – although perhaps in different ways and under changing dominant conditions. Here may lie a key difference between high-culture and pop-culture aesthetic experiences. When the world-famous German baritone Christian Gerharter sings (say, Schubert's *Winterreise*), he generates tremendous resonant effects not by synchronizing *his own* feelings with those of the audience, but by expressing as perfectly *the music*, along with the experiences associated with it, thus causing it to vibrate in the listener as well. At least, this is the view Gerharter espouses in an interview for the *Süddeutsche Zeitung* with journalist Tobias Haberl. Asked how he manages not to become overwhelmed by his own feelings on stage, Gerharter answers: "Very easily. It's not an issue for me. [...] I do allow feelings to flow through me – are unimportant. They are even disruptive [...], because the point is thereafter, he adds: "When I listen to Bach's music, I sense in every note the desideratum of an eternal truth. [...] Music can never be about sharing in an idea."⁹⁹ By "idea," Gerharter here means different forms of relating to the world, as can be seen from his answer to the question of whether music is consoling:

"I don't listen to music either to be consoled or to be entertained. The music of Bach, Beethoven, Schubert – these are not amusements. [...] It's about death, loss, solitude, the absence of ideal perfection, problematic mental and emotional states, and deficiencies that I find interesting, and not necessarily because they are near to my own life. It is often music which produces the shock that leads one to long for consolation – and miraculously, it can also deliver that consolation."¹⁰¹

Gerharter, music is about contemplating, comprehending, and displaying relationships to the world like melancholy and sorrow – this is the source of aesthetic happiness. According to this conception of art, a triangle of resonance is formed between work, artist, and public when they agree in their perception and understanding of a particular figure molded into aesthetic form.

Generating resonance in the other direction, meanwhile, seems an established, perhaps even dominant principle and strong action in rock music. Here the desire for and the effort to horizontal resonance, a vibrant and sustainable connection

between artist and audience, determines the form and shape of the artistic work. This is expressed succinctly in the autobiography of Rolling Stones guitarist Keith Richards, who explicitly describes this relationship as a resonant relationship, an unspooling of axes of resonance:

What is it that makes you want to write songs? In a way you want to stretch yourself into other people's hearts. You want to plant yourself there, or at least get a resonance, where other people become a bigger instrument than the one you're playing. It becomes almost an obsession to touch other people. To write a song that is remembered and taken to heart is a connection, a touching of bases. A thread that runs through all of us. A stab to the heart. Sometimes I think songwriting is about tightening the heartstrings as much as possible without bringing on a heart attack.¹⁰²

Following this conception of artistic practice, the resonant relationship between artist and recipient defines even the form and color of the work, which gives shape to a collectively experienced relationship to the world, a contemporary, collective form of experiencing the world. Where performance practices allow this – e.g. in so-called "jam sessions" consisting of long improvisations – the dynamic of the interactive event can even be directly expressed in the aesthetic material.

What can be gained for a critique of relations of resonance from this definition of the structure of aesthetic experience? Insofar as interpretation is correct that what art does is to allow the possibility of resonant relationships to shine forth in the midst of alienating conditions, then the widespread aestheticization of the late modern world could well be understood as part of a desperate effort to at least cover over the petrified conditions of this world with Schubert's frost flowers, if not quite to make them "dance," as Marx hoped. The attempt to make all surfaces colorful and musical by filling parking garages, elevators, concourses, and shopping malls with sounds of sighing violins would then at least also be an expression of increasing despair over prevailing, institutionally implemented forms of relating to the world.

This desperation is particularly evident in the now pervasive practice of systematically closing off our senses from the world, as we walk out the door and enter the public sphere. Once lowered and fixated on the colorful animated surfaces of television screens, while the earphones hastily shoved into our ears are to do with the physical and social relationships of the real. Such behavior makes it abundantly clear that we systematically habitually expect *no* resonance from the world's actual sur-

people, things, spaces, and relationships that make up our actual lifeworld. We close ourselves off in order to make ourselves insensitive to repulsion and capable of enduring indifference. Yet through these forms of aestheticization, we risk creating our own "echo chambers" that systematically obstruct resonance by foreclosing possible encounters with the vexing, contradictory Other.

It would be premature, however, to reduce art as a sphere of resonance to such a purely compensatory function in our analysis of (late) modernity. For one, aesthetic experiences keep our senses open to the possibility of a different way of relating to the world. This may be why so many modern artistic productions strike us as forbidding, alienating, repulsive, and disturbing at first glance. In order to be able to offer a believable promise of resonance, they must begin with the *petrified conditions* of modernity themselves; they cannot deny or falsely reconcile them. This basic insight of Adorno's could well serve – entirely against his own intentions and as punk or heavy metal. These genres' often excessively brutal aesthetics, the gloomy lyrics of existential alienation, distorted guitars, rigid, and repulsive relationships to the world. But a closer listen not infrequently reveals time-honored classical harmonies and chord progressions behind the "noise." Behind punk's furious singing and particularly metal's walls of guitars, we seem to be able to hear the idea, the promise of other ways of relating to the world. The difference between punk and metal is that the former hints at this idea only *ex negativo*, through furious protest against alienation, while the latter frequently seeks, through erupting, transcendent guitar solos or melodic interpolations, to allow something like a promise of healing to shine through.¹⁰³ Perhaps the distortions of electric resonances in a world gone deaf and numb. As the American musician at the annual heavy metal musical festival in Wacken, Germany: "Once it gets to you, you don't get un-got. That's it. Music speaks to you as your next breath speaks to you. It is really at its highest point."¹⁰⁴ The demonic power of invocation in Gottfried Herder, and Peter Sloterdijk is still celebrated in millions of ways even and especially in these genres. The modifying institutionalization of this power tends to undermine, however, by making it accessible, a phenomenon to which I will shortly.

Modern subjects – particularly those with educated middle-class backgrounds – have also long since discovered the power of art as a means for modulating and exploring relationships to the world

in an actively appropriative sense. They paint and make pottery, play music and write poetry, and especially dance and sing in order to feel sensory, bodily, cognitive, and social resonances, to be able to hear their pre-subject voice and so enter into dialogue with an inaccessible Other – even if it is *their own Other*. We have seen, in the section above on the voice as a medium of resonance (Chapter 11.4), why the practice of *choral singing* in particular is well suited to activating axes of resonance in all three dimensions at once. It generates physical or bodily resonances in space, establishes horizontal resonances among the singers, and as an aesthetic practice is vertically anchored. Such interferences and mutual reinforcements are also part of dancing or playing music together. Trained dancers and musicians have a fine sense for when they have successfully established a responsive relationship with their collaborators, or when their axes of resonance have fallen mute or been obstructed. In the latter case, there may well be no technique capable of opening these axes. Fundamental inaccessibility remains a constitutive feature of resonance events even in art. Experiences of alienation can be intensified in collective artistic practices not least for this reason, if physical, cognitive, or social indifferences or repulsions predominate.

In the realm of aesthetics, as in that of experiencing nature, there is always the risk of undermining the possibility of encounter with a fundamentally inaccessible Other, i.e. of genuine resonance, by commodifying it and making it limitlessly accessible. This applies to both the productive and the receptive side of art. At the beginning of this chapter, I drew on Christoph Menke to describe the creation of art as a precarious call and response in the form of a struggle between subjective ability and a *pre-subjective*, often dark and intoxicating *Other*. While modern smartphones all have apps that allow even user to become a composer, since the default settings restrict the potential harmonic and rhythmic combinations available so as to ensure listenable compositions, this places massive limits on both sides of the resonant relationship. As the side of *ability* is reduced to a *one-finger touch technique*, the quality and breadth of one's experience of self-efficacy is likewise extremely reduced, de-sensitized and dis-embodied. At the same time, the possibility of *being affected* is jeopardized or even thwarted by the fact that the Other here no longer speaks with its own inaccessible voice, but rather can be technologically generated and controlled. It can be appropriated, but not adaptively transformed.

It seems to me highly unlikely that a transformative relationship to the world can develop in this way, even if there is nothing that absolutely precludes it. The inaccessibility of complex, sensory, bodily, sensory, narrative, affective, and cognitive resonance implies both that they can occur under the most unlikely

tions, even under torture, and that they can fail to materialize even under the most favorable circumstances. The growing tendency toward limitless, instantaneous accessibility in the realm of aesthetics nonetheless makes establishing resonant relationships more difficult. When guided, timed streams of spectators are provided twenty seconds on average to encounter Mona Lisa's smile, or when the Crown Jewels in the Tower of London, then there simply is no time for any sort of adaptive transformation. Even attempts to deliberately induce resonances by means of manipulative simulation techniques are more likely to inhibit than facilitate them. When theater shows and musicals advertise themselves as *overwhelming effects*, this sensory overload is offered as a simulacrum of resonance. But this is an error: overpowering an audience in this way is it impedes accommodating, responsive self-efficacy, and so is more likely to lead subjects to close themselves off than to effect an adaptive transformation of world. Here subjects encounter not the power of art, but the violent force of entertainment.

The general tendency of (late) modernity to make resonant relationships passive and relegate experiences of resonance to extraordinary, oasis-like special zones (museums, theaters, concert halls, nature and religion – nor is the situation any different when it comes to how we encounter the power of history, as we shall soon see).

The risk of draining art of its power exists not only in its commodification and commodification, but (even more seriously) sought to show, in connection with Menke, that a creative resonant relationship emerges when a subject's artistic capacity enters into a precarious relation of response with the perceived dictates and demands of "art" as such. This can be understood to mean that artistic creativity manifests as a struggle, on the one hand, to fulfill and perfect traditional formal aesthetic rules – the subject's *ability* – and, on the other, to transgress and even explode these rules through the invocation and potency of dark, demonic, extra-subjective forces. Hence the history of high art can tentatively be understood as a history of the interplay between increasing formal demands and technical abilities (e.g. in music or painting) and their aggression, the latter playing out as precisely that responsive struggle between these two conflicting principles which I have identified as the basic principle of the event of aesthetic resonance. Thus might draw a line from Bach or Telemann through Haydn and Beethoven, Wagner, and Mahler on up to Schoenberg and Stravinsky, the high points of which always represent both perfection

of a given form and liberation from its constraints. The history of the development of painting from the Renaissance up through Cubism or twentieth-century conceptual art could well be described in the same way. The inaccessible, distinctive, contradicting voice of art is heard not in traditional formal laws, nor simply in their delicious violation, but in the often painful *struggle* between the two.

If all formal elements are cast off, however – as perhaps in atonal music, totally abstract art, or fragmentary, non-narrative storytelling – “art” loses its power to make contradicting and contradictory demands. All potentially available compositional techniques then appear to be equally *accessible*. The artist perceives only his own voice, his own creative desire – he no longer encounters an Other. The “postmodern” condition consists precisely in the supposition that the internal exhaustion of the evolution of form and the dissolution of all formal boundaries have robbed art of its power to dictate or command.¹⁰⁶ *Anything goes* is the watchword; all possible modes of expression are equally valid.

This may well be why various genres of art have witnessed repeated attempts to *artificially* reintroduce limiting, formative frameworks (even including novels that get by without using certain letters of the alphabet). It may also explain why the aforementioned popular music genres of punk and metal often strictly limit themselves by rigidly adhering to traditional formal guidelines, particularly with respect to harmonics.

In any case, as the historical contingency of aesthetic resonance makes clear, resonance events are always embedded in a historical and beyond that biographical context, from which alone they can be properly understood. Resonance also has an ineluctable temporal dimension, and this is the subject of the next section.

4 The Mantle of History

Vertical axes of resonance are characterized by the fact that they allow subjects to experience a constitutive connection with a power that concerns or encompasses their existence as a whole. Following Karl Jaspers, such a power can also be understood as “encompassing” to the extent that it exceeds its own individual manifestation. Thus concepts such as *nature* or *art* always refer to more than just the phenomena associated with them – and more than the sum of the phenomena, too. The corresponding force involved is experienced as a constitutive Other that can never be adaptively transposed as a whole, but rather is always in some aspect inaccessible and speaks with its own voice. The corresponding experiences involve, as Hans Joas demonstrates, can be defined as *experiences*.

transcendence, as they always describe an encounter with a force that exceeds or goes beyond the subject.¹⁰⁸ As I sought to show through the examples of the power of art and the voice of nature, this experience need not be religious in nature, i.e. it presupposes neither belief in nor even the existence of a transcendent or metaphysical power. Even vertical axes ultimately concern relationships to the *world*, not otherworldly transcendence, although what is at stake here is our relationship to the totality of what confronts us – what encompasses us – as subjects.

The culture of modernity allows and facilitates such experiences not only in the realms of art and nature, but also in the dimension of historical temporality, which likewise comes to be conceived as a conceptual totality expressed by the collective singular noun *History*. This is presumably why, at least in the European cultural prefix “world,” references to *world-historical events*, *world history*, or *world-changing moments*¹⁰⁹ in which the breath of history can be felt conceive of History as an encompassing power that weaves through the world as a whole. That this conception of history is matter: Contemporary efforts to replace *world history* with a *global history* that presents historical interactions as complex, continuous chains of interrelated events without any trace of optimistic, progress-oriented philosophies of history¹¹⁰ can be read either as the expression of a crisis within this sphere of resonance (*History* seems by other means – history will be the judge).

As Reinhart Koselleck has convincingly argued in great detail, since the “saddle period” of the late eighteenth and early nineteenth centuries, *History*, at least in a European context, has not only been much more than the sum or result of individual *histories* as they have played out over time, but has also come to be understood as an ineluctable formative power, one that is in many respects initially incomprehensible and inaccessible and that, moreover, is perceived as a moral authority capable of passing judgment on or deciding what should stand the test of time.¹¹¹ History has since then no longer been a static space or neutral background against which various checked histories play out, but rather is experienced as *self-moving*. More than this, it appears as itself a *movement*, one whose voice or call must be heard and understood – or, in the language of Bismarck, whose “coalitions” must be snatched¹¹² – but whose unfolding course ultimately remain inaccessible.

History no longer occurs in, but through, time. Time becomes a dynamic and historical force in its own right. Presupposed by this articulation of experience is a concept of history which is likewise

capacity to *generate* resonance. While the professional providers and designers of such oases (e.g. artists, athletes, therapists, etc.) are themselves forced to operate in a mode of escalation-orientation and calculate the effects of stimulation, their consumers, whether in concert halls, at aromatherapy sessions, in soccer stadiums, at nature museums, or especially in front of their television, can *experience* the world, but not *reach* it. The world these subjects encounter may sensually and affectively overwhelm them, but it is not mutually vibrating axis of resonance is established. And because there is thus no connection that allows self-efficacy, there is always a risk that consumers will merely be emotionally *stimulated* rather than truly *affected*. There is no genuine encounter with the world here and thus no real experience, only a stimulated attenuation of one's own emotions – this is how I, drawing on Plessner, define the character of the sentimental above.⁴⁵ If resonance consists in the interplay of experiencing self-efficacy and being affected, of generating a response and receiving a response, then it is missing in the institutional arrangement on both sides. The world becomes illegible and mute to the modern subject.

This lack of *resonant* self-efficacy makes itself felt particularly in view of our total inability to counter the "steel-hard" side of the imperatives of escalation politically. The world (in the sense of institutionally shaped capitalist reality) relentlessly forces every day disposition toward refutation and thus turns, of all but immune to every form of protest, whether in the street or the ballot box. Because the modern orientation toward self-embedding in the institutional order is oriented toward self-domination, it is immunized against the horizontal axis of self-embedding of democratic organization as well as the vertical axis of self-embedding with nature and the diagonal axis of resonant labor. It is the institutionalized relationship to the world of late modernity that generated a crisis of resonance on a massive scale that is the root of all of our currently looming crises. Describing this crisis in broad strokes is the aim of the final chapter of this book.

XV

Late Modern Crises of Resonance and the Contours of a Post-Growth Society

1 Crisis and the Muting of the World

The awareness of being "modern," the French philosopher G  rard Genette remarks, "has always been the awareness of living through a crisis."⁴⁶ Hence the assertion that late modern society has plunged into a crisis is certainly not original. How to properly understand the nature of this crisis, however, can be debated. What are its causes? What does it operate, and how might it be overcome? I would like to explore the hypothesis that the crisis of modernity as a relationship to the world, of the ways in which modern society is socially and culturally related to the world, and that in the late modernity, this crisis has shaken this social formation's fundamental mode of reproduction to its very foundations. In the following, the major looming crises of "globalized" modernity are outlined to be both consequences and expressions of a crisis of modernity. The logic of escalation has run up against its planetary limits. *Culturally*, however, a structurally induced muting of the world, a fundamental institutional problem of dynamic stabilization has amounted to a crisis of resonance. The higher processing speeds already achieved in the volume of the economy and the higher the rate of technological dynamization of material conditions is concerned, the more difficult it becomes to increase them yet again. *Ecologically*, the major achievements require physical energy, which generate carbon-based. In spite of any and all environmental conferences, and even *peak oil* prognoses, world production of crude oil, for example, is rising unabated year after year, as an emerging economy among the BRICS

states, wants to build at least 800 airports in the coming years in order to secure the infrastructure needed for stable growth.² Similar rates of increase can be observed in the use of many other scarce resources, from rare earth metals to coltan, uranium, and even water. Dynamic stabilization thus means first and foremost the consumption, exploitation, and partial devastation of the planet.³ It compels inevitably and inexorably the reification of human relationships, plants and animals, forests and mountains, rivers and oceans, which must be incorporated into the accelerated process of material circulation. Capitalist appropriation of land, as Klaus Dörre has studied it, is in this sense a land grab to maintain the logic of escalation. It lies at the root of the much-debated, -lamented, and -studied *environmental crisis* of the late modern social formation.

Maintaining dynamic stabilization at the same time requires ever-increasing investment of political activation energy, as growth, acceleration, and innovation are not self-executing or self-generating processes. Political and economic subjects have to bring about. In recent years, a number of enlightening studies have published under the heading of *governmentality* that reconstruct in detail the various psychological and medical bio-political, demographic, technological, economic, and legal avenues, which corresponding escalatory dispositions have been "installed" in subjects.⁴ Stephan Lessenich has comprehensively demonstrated the extent to which "neoliberal" reforms of the welfare state in recent decades have served and continue to serve a correction of the logic of activation. Education and pension policies, labor reforms and social welfare laws are meant to "activate" young people, mothers and fathers, the unemployed as well as sick and disabled to participate more, subjectively and physically and psychologically, in the process of escalation.

Beyond this, we can also observe an almost monomaniacal focus on breeding and maintaining competitiveness in business locations more attractive, dismantling impediments to dynamization. Whether with respect to free trade agreements, labor market reforms, geopolitics or education, tax research funding, late modern governments are understood as sure to become or remain competitive that, philosophically or genuinely political differences fade into the background, as well as right, green as well as liberal, progressive as well as conservative, European as well as American or Asian parties and states are all subject to the radical imperatives of the competition. This was strikingly illustrated by the situation in 2015. The newly elected, radical left-wing reform governments, in spite of all its promises and intentions, found itself in the same situation facing exactly the same options as the governments before it. The pressure to monomaniacally

instrumentalize political energies toward breeding competitiveness lies at the root of the late modern *crisis of democracy*. The result has been the formation of more and more extra-parliamentary protests, in the streets and in public squares around the world, which are not organized along political dividing lines (e.g. between "left" and "right"), but rather are conceived as protests against (establishment) *politics* as such. Participation in elections has also fallen – even to under 50 percent at the state level in Germany.⁵ Governments, as subjects, but rather, having been in a way immunized against them, and themselves simply subject to the imperatives of escalation.

Maintaining the dynamic of escalation requires not only the constant mobilization of physical and political energies, but also the equally relentless investment of subjects' *psychological* energies. Ultimately, it is these subjects who must, on the one hand, bring about and achieve and, on the other, process and "consume" growth, acceleration, and innovation. And they do so, as we have seen, both incorporating the logic of competition and optimization and by using their desire on expanding their share of the world. The obvious conclusion is that the *psychological crisis* of late modernity, manifested in the symptoms of stress-, depression-, anxiety-, and other-related disorders as well as in phenomena such as ADHD, is a good reason to be understood as a *crisis of exhaustion* in the late modern social formation. The basic assumption of late modern subjects everywhere around the world is that *regardless of how creative, and fast we were this year, next year we will have to escalate*, and dynamization has thus produced – in addition to the economic crisis, which consists simply in the fact that the rate of profits and returns based on growth have come to a standstill – a widespread crisis in human beings' *environment* in all three dimensions, is that the structurally institutionalized legitimized strategy of *expanding humanity's world* paradoxically results in a *progressive loss of world* and the muting of axes of resonance.

It is most clearly with respect to society's relation to nature that nothing other than the intensive and extensive *humanity's share of the world*. Extractive industries and further into the depths of the ocean, the Arctic and the new fracking processes), while the field of astro-

waves from ever greater spatiotemporal distances, to allow us to comprehend ever greater distances and ever longer periods of time, and to make the planets of the solar system accessible to us (and potentially exploitable as sources of raw material) through space travel. According to the same logic, particle physics penetrates ever more minuscule microrealms and seeks to make the most elementary and ephemeral phenomena of the universe visible, controllable, and potentially exploitable. Biology and medicine, meanwhile, bring most fundamental processes of life and the body within the grasp of the knowable and accessible by decoding and making it possible to control the structures of DNA, of genes and hormones, of neurons and the brain, and thus to some extent also of affects and emotions. We encounter *nature* in all of these areas not as something inaccessible that speaks with its own voice, but as a usable resource or, at best, an object – the institutional mode of relation is a relying one. However, as I outlined in Chapter IX.2, the symptoms of the resonance alienation then manifest themselves in growing concerns about ongoing destruction of the environment and fears of nature, earthquakes, tsunamis and tornadoes, avalanches, droughts, etc. It is certainly not “revenge” in the form of tsunamis and tornadoes, avalanches, earthquakes, tsunamis and droughts, etc. It is certainly not a vengeance that discourse around and political/cultural awareness centers on the idea of the destruction of the surrounding world. *Modern subjects lose the world as an expressive and responsive part to the same extent that they expand their instrumentalizing. They experience self-efficacy not in the sense of resonance attainment, but as relying domination.*

Alienation manifests in the environmental crisis and, in its constitutive inability to live sustainably with respect not only to the resonant sphere of history. The issue is not only generational justice, which demands that we leave future generations with enough resources to allow them a successful life, but also always articulated in contemporary discourse as a moral issue. We should or must do without, limit ourselves, live for the benefit of posterity! But why should we do this? A person feels himself cut off in his existence from past and future, has little reason to allow himself to be influenced by the principles of justice, while a person who feels the continuity of his existence through her, who feels such a responsive connection to her ancestors and descendants that they concern her in some way, needs of such principles to justify living sustainably. The material restrictions not as restrictions at all, but as the establishment of resonance and thus of a success. The loss of world or of spheres of resonance play a central way in the realm of politics. Political party programs are aimed at expanding political reach, intensifying

in the sense of making world politically accessible and controllable. Thus, on the one hand, the limits of political and legal regulation are pushed out ever further into the capillaries of private life. Human life now constitutes an object of political governance, not just mothers up through the infant and the embryo, and surrogate at the same time everything, including the most intimate data about our personal lives and conduct, has become exploitable in terms of economic and security policy. At the same time, the promotion of human capital, which is indispensable to maintaining the dynamic of escalation, extends from support for infants and toddlers to interventions on behalf of the elderly. Above all, an ever more refined network of “quality control” now extends across nearly all spheres of human life and work. Efforts to optimize processes and handle resources, thus ensuring quality and efficiency in the sense of *managing output* – through the introduction of benchmarks and directive elements, rankings and documentation requirements, time sheets and indices – now exist everywhere, in caregiving, medicine, childrearing and education, academic research and administration. The aim here is more intensive political and bureaucratic management of world.

At the same time, political forums and programs that fall under the heading of *globalization* (the proposed Transatlantic Trade and Investment Partnership, for example) are aimed at expanding the reach of political regulation and thus at increasing the dynamism of the flow of money, capital, commodities, and information within a global framework. Here the world made attainable via politics, which threatens to fall mute with respect to self-efficacy and resonance-sensitive collaboration. If, as Arndt maintains, world first emerges through solidarity and deliberative/democratic cooperation, it is this only when this process of expanding humanity’s political reach is not stifled by a progressive *loss of world*, the symptoms of which are not only in crises of democracy, voter fatigue, and declining participation, but also in actions that erode solidarity, such as the treatment of the function of escalation to society (i.e., as well as in how the sick, the imprisoned, the economically disadvantaged and other excluded groups are treated inside zones of the resonant spheres of politics and nature, so central to the way in this way transformed into spheres of increasing escalation-oriented expansion of humanity’s reach. The aim here is more intensive political and bureaucratic management of world. Late modern subjects’ relation to the self. Sleeping

and waking, eating and drinking, sex and sports, creativity and relaxation, attractiveness and aggression – there is no longer any aspect of human life and the human body that cannot be measured and recorded, and thus improved, enhanced, or optimized by means of new biological, psychological, pharmaceutical, and computer technologies. Here the program of expanding humanity's reach aims at bringing physical and psychological processes under control and making them accessible (thereby enhancing our resource levels and competitiveness). Sleep and wake phases can be recorded using sensitive measuring instruments (such as armbands) and then optimized or manipulated by waking at a specific time or by controlling one's levels of intake of melatonin and serotonin, taurine and caffeine, etc. The same is true for blood sugar, insulin, adrenaline, and dopamine levels, as well as heart rate and blood pressure. Bodily processes can be managed by a combination of digital and pharmaceutical technologies. Drugs such as Ritalin and Prozac, cocaine or creatine, and many other *neuroenhancers* are used to control moods and enhance performance. Body and psyche are of course also made increasingly accessible using more conventional means such as ceaselessly working on one's *body mass index* at the gym or analyzing and managing one's intake of fat, sugar, carbohydrates, or calories overall, as well as by means of psychological techniques such as yoga, Zen practice, meditation, and mindfulness training. Beauty clinics, pharmacies, and drugstores further help to bring our physical appearance and measurements within the scope of the accessible. Finally, Google, Amazon, and Facebook have taken on the work of informing us about our preferences, proclivities, and predilections by telling us what interests us and what we want to have. With this they have taken over from us a not insignificant part of what was previously understood as *identity negotiation*, namely the task of answering the question of who and how we are. The self is thus brought within reach and made accessible to ourselves and others – and to the extent that this is successfully accomplished, we seem to lose ourselves as *subjective world* in the sense of a "speaking" psychophysical organism. Here again, even in our contact with ourselves, we experience self-efficacy not as dialogic attainment, but primarily as a control and management technique. Hence here we can say that the expansion of our reach, understood in terms of relying domination, results in a loss of world, here made palpable as a loss of self.

The dialectical relation between expansion of scope and loss of world is concentrated as under a magnifying glass in the technology and function of the smartphone. Its screen is capable of informing us, with much greater accuracy and precision than we ourselves are, where exactly we are at the moment, how the weather is there (temperature, humidity, barometric pressure, visibility, etc.)

how the world around us is constituted, even what we did yesterday, what we will do tomorrow (appointment calendars), whether we are tired, whether we have gotten enough exercise, what we like and don't like, who our friends are, and, ultimately, *who we are*. Yet despite this tremendous expansion, refinement, and deepening of the segment of world which we are capable of reaching, controlling, and understanding, we are in danger of losing the very pathways to the world, the spheres of resonance and responsiveness, that this technology allows us to access and exploit. Of course, smartphones do not have to stand between us and the world in this way; this effect is by no means inherent in them – but they do contain considerable potential to produce such an effect under the conditions of an unbridled competitive society with its imperatives of escalation. An inability to *feel, sense, or hear ourselves* has become a key symptom of this loss, for which neither "touch industries" nor pain therapies can compensate.

I examined the causes, mechanisms, and consequences of this threefold loss of resonance in detail in the first two parts of this book. Hence this brief account of the contemporary *environmental crisis, crisis of democracy, and psychological crisis* here will have to suffice as evidence that the broader crisis of the late modern world, or, more precisely, a crisis of resonance resulting from the blind compulsion to expand its reach. And as we have already seen, this crisis also leaves its traces in the spheres of work, education, consumption, and family. Here too, the imperatives of escalation, which constantly demand more efficient development of potential, higher productivity, more comprehensive quality control, and the temporal and dispositional demands of resonant relationships, in which is inscribed a constitutive element of inaccessibility, uncontrolability, and unpredictability.

The resulting dispositional and institutionalized *alienation* can be seen particularly from the fact that, in nearly every resonant sphere of modernity, subjects' highly resonance-sensitive strong evaluations collide with their escalation-oriented practices, or, expressed differently, that their actions seem to appear to be immunized against or to have become independent of their normative orientations. As I showed in Chapter IV.4, axes of resonance are established and maintained only where strong evaluations are involved, as resonance is based on the experience that some segment of the world that we encounter *has something to say to us or concerns us in some way*, meaning that it is valuable or meaningful to us as such. With respect to society's relationship to nature, at least in so-called developed societies, *sustainability* is a crucial strong evaluation. Late modern subjects are convinced that protecting and preserving forests and

clearly than in dealing with time itself. Just as an insurmountable divide has opened up between our awareness of the environment and our actual conduct with respect to it, as between our conceptions of justice and our actual practices of distribution, so too is there a gaping, unbridgeable chasm between our strong desire, often articulated at the turn of the year, *to slow down, live more mindfully, and take more time for ourselves*, and our actual, acceleration-oriented actions. Here the institutionalized logic of escalation itself becomes immunized against our normative orientations, and while this results in actions, the consequences of which run contrary to moral roadmaps and strong evaluations, resonance is obstructed all the more. This in turn generates increasing tendencies toward alienation and erosion, particularly in those spheres conceived as *harbors of resonance*, namely work and family. As I have shown, *good work and resonant familial or intimate relationships* cannot be forcibly optimized or made efficient in either temporal or spatial terms. The element of inaccessibility inscribed in them resists escalatory logic of the refraction of resonance. As a result, modern subjects often feel a sense of *guilt*, being unable to do more to either their work or their family and thus acting in contravention to their own moral roadmap.

2. Contours of a Post-Growth Society

We have seen that the imperatives of escalation of a growth society capable of stabilizing itself only dynamically just come into conflict with modernity's desire for and promotion of resonance. These imperatives enforce the dominance of relationships to the world both in the institutional configurations of modern societies and in the mode of relation to which people and societies are disposed. These actors' ineluctable desire to find itself deferred to non-working hours spent in escape cases of resonance and at the same time is itself refuted into a commodifiable desire for objects and/or made into a productive resource. In both cases, the interplay between and e-motion, between being affected and expressing efficacy, is subverted; resonance tends to be impeded that it is *made accessible*. As the preceding critique of the temporary society appear to arise from this context, now is: Can these crises be overcome? And if so, how?

The mutually stabilizing relation between a social order is *structurally* geared toward escalation and the expansion of its reach, on the one hand, and a predominant tendency relating to the world, on the other, has emerged.

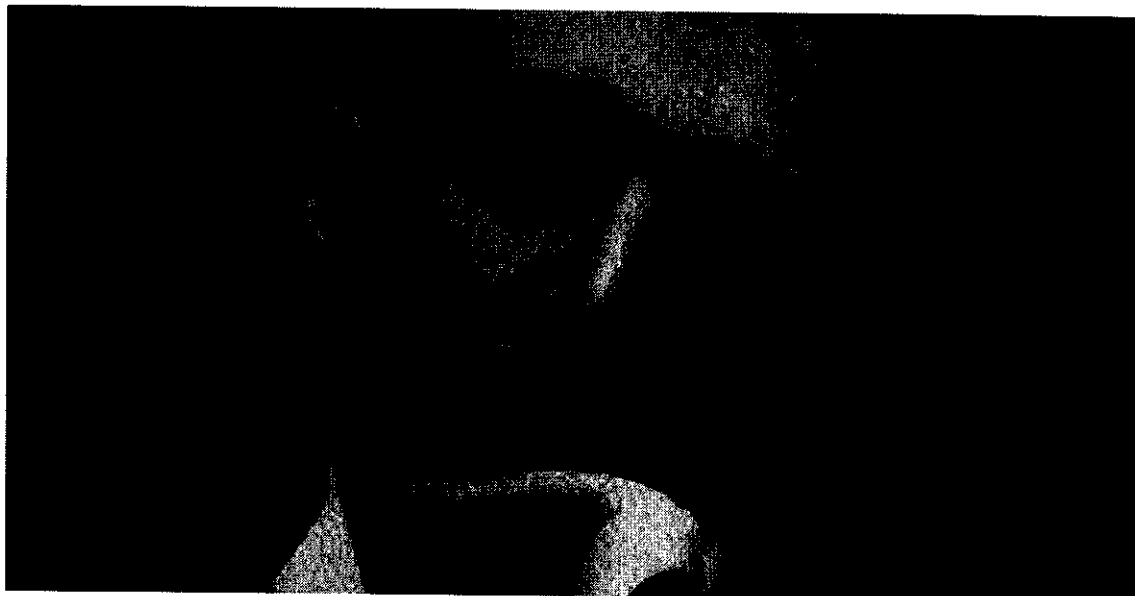
problem of late modernity. Overcoming the logic of escalation and changing our relationship to the world thus emerge as the central challenge before which modernity now stands.

Because these two basic elements of the modern social formation mutually support, promote, and in part also enforce each other, late modernity has largely forfeited its cultural capacity to even conceive of alternative visions of being; it has lost any image or idea of what a better society might look like, of a motivating, inspiring utopia. The sign of modernity, the American cultural theorist Fredric Jameson has noted, is the fact that it finds it very easy to imagine every possible variation of its apocalyptic end – in fire or ice; by viruses, atomic bombs or climate disasters; through wars or diseases; at the hand of incapable of developing a positive alternative to its prevailing social formation.¹⁷ Our utopian energies, Jürgen Habermas remarked in 1985, appear to be exhausted – and they certainly have not recently inspired not by political or civic demands, but by *fantasies of technological feasibility*. Futurologists as well as filmmakers are attracted by visions of everything that in the future can be brought forth with the aid of technology – and these are the promises that brighten up the eyes of children, while questions of political problems and reforms immediately cause their eyes to glaze over.

It is imagination and the relationship to the world of late modernity that reform proposals currently under discussion almost always move within this framework. Even left-wing, decidedly social and sometimes even revolutionary projects are concerned with the question of how and especially for whom could be made accessible: how the poor and economically disadvantaged can gain access to flows of information and job opportunities; how citizens can gain access to water and education; how citizens can gain access to energy supplies and infrastructure; or how citizens can gain access to health and well-being. Certainly there can be no objection to this, without such access and resources, relationships to the world remain mute and deficient; where there is fundamental need, the world inevitably turns out to be repulsive. That the scarcity of goods is concerned, relationships to the world are politically contested. However, the lack of institutional imagination with respect to overcoming the modernity and realizing a different form of being is rooted almost in the fact that the dominant search strategy of late modernity and too one-sidedly exhausts itself with the question of what means and for whom.

Marcel Proust – À la recherche du temps perdu (1913-27)

J'appris que ce jour-là avait eu lieu une mort qui me fit beaucoup de peine, celle de Bergotte. On sait que sa maladie durait depuis longtemps. Non pas celle, évidemment, qu'il avait eue d'abord et qui était naturelle. La nature ne semble guère capable de donner que des maladies assez courtes. Mais la médecine s'est annexé l'art de les prolonger. Les remèdes, la rémission qu'ils procurent, le malaise que leur interruption fait renaître, composent un simulacre de maladie que l'habitude du patient finit par stabiliser, par styliser, de même que les enfants toussent régulièrement par quintes longtemps après qu'ils sont guéris de la coqueluche. Puis les remèdes agissent moins, on les augmente, ils ne font plus aucun bien, mais ils ont commencé à faire du mal grâce à cette indisposition durable. La nature ne leur aurait pas offert une durée si longue. C'est une grande merveille que la médecine, égalant presque la nature, puisse forcer à garder le lit, à continuer sous peine de mort l'usage d'un médicament. Dès lors, la maladie artificiellement greffée a pris racine, est devenue une maladie secondaire mais vraie, avec cette seule différence que les maladies naturelles guérissent, mais jamais celles que crée la médecine, car elle ignore le secret de la guérison.



Il y avait des années que Bergotte ne sortait plus de chez lui. D'ailleurs, il n'avait jamais aimé le monde, ou l'avait aimé un seul jour pour le mépriser comme tout le reste, et de la même façon, qui était la sienne, à savoir non de mépriser parce qu'on ne peut obtenir, mais aussitôt qu'on a obtenu. Il vivait si simplement qu'on ne soupçonnait pas à quel point il était riche, et l'eût-on su qu'on se fût trompé encore, l'ayant cru alors avare, alors que personne ne fut jamais si généreux. Il l'était surtout avec des femmes, des fillettes pour mieux dire, et qui étaient honteuses de recevoir tant pour si peu de chose. Il s'excusait à ses propres yeux parce qu'il savait ne pouvoir jamais si bien produire que dans l'atmosphère de se sentir amoureux. L'amour, c'est trop dire, le plaisir un peu enfoncé dans la chair aide au travail des lettres parce qu'il anéantit les autres plaisirs, par exemple les plaisirs de la société, ceux qui sont les mêmes pour tout le monde. Et même, si cet amour amène des désillusions, du moins agite-t-il, de cette façon-là aussi, la surface de l'âme, qui sans cela risquerait de devenir stagnante. Le désir n'est donc pas inutile à l'écrivain pour l'éloigner des autres hommes d'abord et de se conformer à eux, pour rendre ensuite quelques mouvements à une machine spirituelle qui, passé un certain âge, a tendance à s'immobiliser. On n'arrive pas à être heureux mais on fait des

remarques sur les raisons qui empêchent de l'être et qui nous fussent restées invisibles sans ces brusques percées de la déception. Les rêves ne sont pas réalisables, nous le savons ; nous n'en formerions peut-être pas sans le désir, et il est utile d'en former pour les voir échouer et que leur échec instruisse. Aussi Bergotte se disait-il : « Je dépense plus que des multimillionnaires pour des fillettes, mais les plaisirs ou les déceptions qu'elles me donnent me font écrire un livre qui me rapporte de l'argent. » Économiquement ce raisonnement était absurde, mais sans doute trouvait-il quelque agrément à transmuter ainsi l'or en caresses et les caresses en or. Nous avons vu, au moment de la mort de ma grand'mère, que la vieillesse fatiguée aimait le repos. Or dans le monde il n'y a que la conversation. Elle y est stupide, mais a le pouvoir de supprimer les femmes, qui ne sont plus que questions et réponses. Hors du monde les femmes redeviennent ce qui est si reposant pour le vieillard fatigué, un objet de contemplation. En tous cas, maintenant, il n'était plus question de rien de tout cela. J'ai dit que Bergotte ne sortait plus de chez lui, et quand il se levait une heure dans sa chambre, c'était tout enveloppé de châles, de plaids, de tout ce dont on se couvre au moment de s'exposer à un grand froid ou de monter en chemin de fer. Il s'en excusait auprès des rares amis qu'il laissait pénétrer auprès de lui, et montrant ses tartans, ses couvertures, il disait gaiement : « Que voulez-vous, mon cher, Anaxagore l'a dit, la vie est un voyage. » Il allait ainsi se refroidissant progressivement, petite planète qui offrait une image anticipée de la grande quand, peu à peu, la chaleur se retirera de la terre, puis la vie. Alors la résurrection aura pris fin, car, si avant dans les générations futures que brillent les œuvres des hommes, encore faut-il qu'il y ait des hommes. Si certaines espèces d'animaux résistent plus longtemps au froid envahisseur, quand il n'y aura plus d'hommes, et à supposer que la gloire de Bergotte ait duré jusque-là, brusquement elle s'éteindra à tout jamais. Ce ne sont pas les derniers animaux qui le liront, car il est peu probable que, comme les apôtres à la Pentecôte, ils puissent comprendre le langage des divers peuples humains sans l'avoir appris.

Dans les mois qui précédèrent sa mort, Bergotte souffrait d'insomnies, et, ce qui est pire, dès qu'il s'endormait, de cauchemars, qui, s'il s'éveillait, faisaient qu'il évitait de se rendormir. Longtemps il avait aimé les rêves, même les mauvais rêves, parce que grâce à eux, grâce à la contradiction qu'ils présentent avec la réalité qu'on a devant soi à l'état de veille, ils nous donnent, au plus tard dès le réveil, la sensation profonde que nous avons dormi. Mais les cauchemars de Bergotte n'étaient pas cela. Quand il parlait de cauchemars, autrefois il entendait des choses désagréables qui se passaient dans son cerveau. Maintenant, c'est comme venus du dehors de lui qu'il percevait une main munie d'un torchon mouillé qui, passée sur sa figure par une femme méchante, s'efforçait de le réveiller ; d'intolérables chatouillements sur les hanches ; la rage – parce que Bergotte avait murmuré en dormant qu'il conduisait mal – d'un cocher fou furieux qui se jetait sur l'écrivain et lui mordait les doigts, les lui sciait. Enfin, dès que dans son sommeil l'obscurité était suffisante, la nature faisait une espèce de répétition sans costumes de l'attaque d'apoplexie qui l'emporterait : Bergotte entraînait en voiture sous le porche du nouvel hôtel des Swann, voulait descendre. Un vertige foudroyant le clouait sur sa banquette, le concierge essayait de l'aider à descendre, il restait assis, ne pouvant se soulever, dresser ses jambes. Il essayait de s'accrocher au pilier de pierre qui était devant lui, mais n'y trouvait pas un suffisant appui pour se mettre debout.

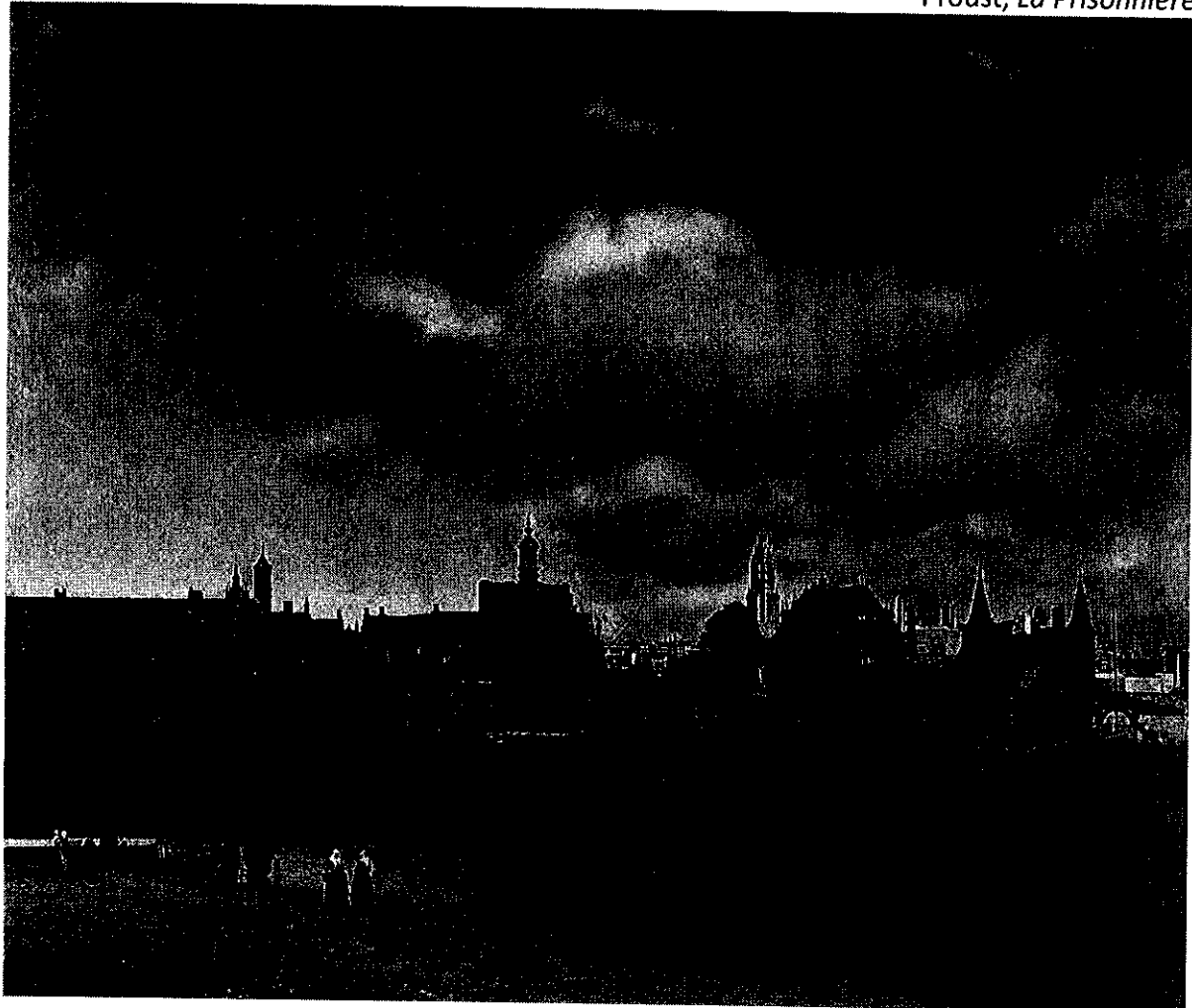
Il consulta les médecins qui, flattés d'être appelés par lui, virent dans ses vertus de grand travailleur (il y avait vingt ans qu'il n'avait rien fait), dans son surmenage, la cause de ses malaises. Ils lui conseillèrent de ne pas lire de contes terrifiants (il ne lisait rien), de profiter davantage du soleil « indispensable à la vie » (il n'avait dû quelques années de mieux relatif qu'à sa claustration chez lui), de s'alimenter davantage (ce qui le fit maigrir et alimenta surtout ses cauchemars). Un de ses médecins étant doué de l'esprit de contradiction et de taquinerie, dès que Bergotte le voyait en l'absence des autres et, pour ne pas le froisser, lui soumettait comme des idées de lui ce que les autres lui avaient conseillé, le médecin contredisait, croyant que Bergotte cherchait à se faire ordonner quelque chose qui lui plaisait, le lui défendait aussitôt, et souvent avec des raisons fabriquées si vite pour les besoins de la cause que, devant l'évidence des objections matérielles que

faisait Bergotte, le docteur contredisant était obligé, dans la même phrase, de se contredire lui-même, mais, pour des raisons nouvelles, renforçait la même prohibition. Bergotte revenait à un des premiers médecins, homme qui se piquait d'esprit, surtout devant un des maîtres de la plume, et qui, si Bergotte insinuait : « Il me semble pourtant que le Dr X. m'avait dit – autrefois bien entendu – que cela pouvait me congestionner le rein et le cerveau... » souriait malicieusement, levait le doigt et prononçait : « J'ai dit user, je n'ai pas dit abuser. Bien entendu, tout remède, si on exagère, devient une arme à double tranchant. » Il y a dans notre corps un certain instinct de ce qui nous est salutaire, comme dans le cœur de ce qui est le devoir moral, et qu'aucune autorisation du docteur en médecine ou en théologie ne peut suppléer. Nous savons que les bains froids nous font mal, nous les aimons : nous trouverons toujours un médecin pour nous les conseiller, non pour empêcher qu'ils ne nous fassent mal. À chacun de ces médecins Bergotte prit ce que, par sagesse, il s'était défendu depuis des années. Au bout de quelques semaines, les accidents d'autrefois avaient reparu, les récents s'étaient aggravés. Affolé par une souffrance de toutes les minutes, à laquelle s'ajoutait l'insomnie coupée de brefs cauchemars, Bergotte ne fit plus venir de médecin et essaya avec succès, mais avec excès, de différents narcotiques, lisant avec confiance le prospectus accompagnant chacun d'eux, prospectus qui proclamait la nécessité du sommeil mais insinuait que tous les produits qui l'amènent (sauf celui contenu dans le flacon qu'il enveloppait et qui ne produisait jamais d'intoxication) étaient toxiques et par là rendaient le remède pire que le mal. Bergotte les essaya tous. Certains sont d'une autre famille que ceux auxquels nous sommes habitués, dérivés, par exemple, de l'amyle et de l'éthyle. On n'absorbe le produit nouveau, d'une composition toute différente, qu'avec la délicieuse attente de l'inconnu. Le cœur bat comme à un premier rendez-vous. Vers quels genres ignorés de sommeil, de rêves, le nouveau venu va-t-il nous conduire ? Il est maintenant en nous, il a la direction de notre pensée. De quelle façon allons-nous nous endormir ? Et une fois que nous le serons, par quels chemins étranges, sur quelles cimes, dans quels gouffres inexplorés le maître tout-puissant nous conduira-t-il ? Quel groupement nouveau de sensations allons-nous connaître dans ce voyage ? Nous mènera-t-il au malaise ? À la béatitude ? À la mort ? Celle de Bergotte survint la veille de ce jour-là où il s'était ainsi confié à un de ces amis (ami ? ennemi ?) trop puissant. Il mourut dans les circonstances suivantes : Une crise d'urémie assez légère était cause qu'on lui avait prescrit le repos. Mais un critique ayant écrit que dans la Vue de Delft de Ver Meer (prêté par le musée de La Haye pour une exposition hollandaise), tableau qu'il adorait et croyait connaître très bien, **un petit pan de mur jaune (qu'il ne se rappelait pas) était si bien peint, qu'il était, si on le regardait seul, comme une précieuse œuvre d'art chinoise, d'une beauté qui se suffisait à elle-même**, Bergotte mangea quelques pommes de terre, sortit et entra à l'exposition. Dès les premières marches qu'il eut à gravir, il fut pris d'étourdissements. Il passa devant plusieurs tableaux et eut l'impression de la sécheresse et de l'inutilité d'un art si factice, et qui ne valait pas les courants d'air et de soleil d'un palazzo de Venise, ou d'une simple maison au bord de la mer. **Enfin il fut devant le Ver Meer, qu'il se rappelait plus éclatant, plus différent de tout ce qu'il connaissait, mais où, grâce à l'article du critique, il remarqua pour la première fois des petits personnages en bleu, que le sable était rose, et enfin la précieuse matière du tout petit pan de mur jaune.** Ses étourdissements augmentaient ; il attachait son regard, comme un enfant à un papillon jaune qu'il veut saisir, au précieux petit pan de mur. « C'est ainsi que j'aurais dû écrire, disait-il. Mes derniers livres sont trop secs, il aurait fallu passer plusieurs couches de couleur, rendre ma phrase en elle-même précieuse, comme ce petit pan de mur jaune. » Cependant la gravité de ses étourdissements ne lui échappait pas. Dans une céleste balance lui apparaissait, chargeant l'un des plateaux, sa propre vie, tandis que l'autre contenait le petit pan de mur si bien peint en jaune. Il sentait qu'il avait imprudemment donné le premier pour le second. « Je ne voudrais pourtant pas, se disait-il, être pour les journaux du soir le fait divers de cette exposition. »

Il se répétait : « Petit pan de mur jaune avec un auvent, petit pan de mur jaune. » Cependant il s'abattit sur un canapé circulaire ; aussi brusquement il cessa de penser que sa vie était en jeu et, revenant à l'optimisme, se dit : « C'est une simple indigestion que m'ont donnée ces pommes de terre pas assez cuites, ce n'est rien. » Un nouveau coup l'abattit, il roula du canapé par terre, où accoururent tous les

visiteurs et gardiens. Il était mort. Mort à jamais ? Qui peut le dire ? Certes, les expériences spirites, pas plus que les dogmes religieux, n'apportent la preuve que l'âme subsiste. Ce qu'on peut dire, c'est que tout se passe dans notre vie comme si nous y entrions avec le faix d'obligations contractées dans une vie antérieure ; il n'y a aucune raison, dans nos conditions de vie sur cette terre, pour que nous nous croyions obligés à faire le bien, à être délicats, même à être polis, ni pour l'artiste cultivé à ce qu'il se croie obligé de recommencer vingt fois un morceau dont l'admiration qu'il excitera importera peu à son corps mangé par les vers, comme le pan de mur jaune que peignit avec tant de science et de raffinement un artiste à jamais inconnu, à peine identifié sous le nom de Ver Meer. Toutes ces obligations, qui n'ont pas leur sanction dans la vie présente, semblent appartenir à un monde différent, fondé sur la bonté, le scrupule, le sacrifice, un monde entièrement différent de celui-ci, et dont nous sortons pour naître à cette terre, avant peut-être d'y retourner revivre sous l'empire de ces lois inconnues auxquelles nous avons obéi parce que nous en portions l'enseignement en nous, sans savoir qui les y avait tracées – ces lois dont tout travail profond de l'intelligence nous rapproche et qui sont invisibles seulement – et encore ! – pour les sots. De sorte que l'idée que Bergotte n'était pas mort à jamais est sans invraisemblance.

Proust, *La Prisonnière*



Or, il existe certains esprits qu'on pourrait comparer à ces malades et qu'une sorte de paresse* ou de frivolité empêche de descendre spontanément dans les régions profondes de soi-même où commence la véritable vie de l'esprit. Ce n'est pas qu'une fois qu'on les y a conduits ils ne soient capables d'y découvrir et d'y exploiter de véritables richesses, mais, sans cette intervention étrangère, ils vivent à la surface dans un perpétuel oubli d'eux-mêmes, dans une sorte de passivité qui les rend le jouet de tous les plaisirs, les diminue à la taille de ceux qui les entourent et les agitent, et, pareils à ce gentilhomme qui, partageant depuis son enfance la vie des voleurs de grand chemin, ne se souvenait plus de son nom, pour avoir depuis trop longtemps cessé de le porter, ils finiraient par abolir en eux tout sentiment et tout souvenir de leur noblesse spirituelle, si une impulsion extérieure ne venait les réintroduire en quelque sorte de force dans la vie de l'esprit, où ils retrouvent subitement la puissance de penser par eux-mêmes et de créer. Or, cette impulsion que l'esprit paresseux ne peut trouver en lui-même et qui doit lui venir d'autrui, il est clair qu'il doit la recevoir au sein de la solitude hors de laquelle, nous l'avons vu, ne peut se produire cette activité créatrice qu'il s'agit précisément de ressusciter en lui. De la pure solitude l'esprit paresseux ne pourrait rien tirer, puisqu'il est incapable de mettre de lui-même en branle son activité créatrice. Mais la conversation la plus élevée, les conseils les plus pressants ne lui serviraient non plus à rien, puisque cette activité originale ils ne peuvent la produire directement. Ce qu'il faut donc, c'est une intervention qui, tout en venant d'un autre, se produise au fond de nous-mêmes, c'est bien l'impulsion d'un autre esprit, mais reçue au sein de la solitude. Or nous avons vu que c'était précisément là la définition de la lecture, et qu'à la lecture seule elle convenait.

Tant que la lecture est pour nous l'initiatrice dont les clefs magiques nous ouvrent au fond de nous-mêmes la porte des demeures où nous n'aurions pas su pénétrer, son rôle dans notre vie est salutaire. Il devient dangereux au contraire quand, au lieu de nous éveiller à la vie personnelle de l'esprit, la lecture tend à se substituer à elle, quand la vérité ne nous apparaît plus comme un idéal que nous ne pouvons réaliser que par le progrès intime de notre pensée et par l'effort de notre cœur, mais comme une chose matérielle, déposée entre les feuillets des livres comme un miel tout préparé par les autres et que nous n'avons qu'à prendre la peine d'atteindre sur les rayons des bibliothèques et de déguster ensuite passivement dans un parfait repos de corps et d'esprit.

Bonst, sur la lecture

La mort de la grand-mère

On me fit m'essuyer les yeux avant que j'allasse embrasser ma grand'mère.

— Mais je croyais qu'elle ne voyait plus, dit mon père.

— On ne peut jamais savoir, répondit le docteur.

Quand mes lèvres la touchèrent, les mains de ma grand'mère s'agitèrent, elle fut parcourue tout entière d'un long frisson, soit réflexe, soit que certaines tendresses aient leur hyperesthésie qui reconnaît à travers le voile de l'inconscience ce qu'elles n'ont presque pas besoin des sens pour chérir. Tout d'un coup ma grand'mère se dressa à demi, fit un effort violent, comme quelqu'un qui défend sa vie. Françoise ne put résister à cette vue et éclata en sanglots. Me rappelant ce que le médecin avait dit, je voulus la faire sortir de la chambre. A ce moment, ma grand'mère ouvrit les yeux. Je me précipitai sur Françoise pour cacher ses pleurs, pendant que mes parents parlaient à la malade. Le bruit de l'oxygène s'était tu, le médecin s'éloigna du lit. Ma grand'mère était morte.

Quelques heures plus tard, Françoise put une dernière fois et sans les faire souffrir peigner ces beaux cheveux qui grisonnaient seulement et jusqu'ici avaient semblé être moins âgés qu'elle. Mais maintenant, au contraire, ils étaient seuls à imposer la couronne de la vieillesse sur le visage redevenu jeune d'où avaient disparu les rides, les contractions, les empâtements, les tensions, les fléchissements que, depuis tant d'années, lui avait ajoutés la souffrance. Comme au temps lointain où ses parents lui avaient choisi un époux, elle avait les traits délicatement tracés par la pureté et la soumission, les joues brillantes d'une chaste espérance, d'un rêve de bonheur, même d'une innocente gaieté, que les années avaient peu à peu détruits. La vie en se retirant venait d'emporter les désillusions de la vie. Un sourire semblait posé sur les lèvres de ma grand'mère. Sur ce lit funèbre, la mort, comme le sculpteur du moyen âge, l'avait couchée sous l'apparence d'une jeune fille.

Proust.

Le Côté de Guermantes II
(fin chapitre premier)

Tolstoï – Enfance

La mort de sa grand-mère

Je voulais aller jeter les yeux sur elle encore une fois. Surmontant un instinctif sentiment d'effroi, j'ouvris la porte sans bruit [...], mais mes yeux gonflés de larmes, mes nerfs ébranlés m'empêchèrent de rien distinguer ; tout se confondait étrangement : la lumière, le brocart, le velours, les grands candélabres, le coussin rose bordé de dentelles, le bandeau mortuaire, le bonnet garni de rubans et encore autre chose de transparent, de la couleur de la cire.

Je montai sur une chaise pour examiner son visage ; mais à l'endroit où il se trouvait, je revis ce même objet jaunâtre pâle, transparent.

Je ne pouvais croire que ce fût son visage. Je voulus le scruter avec plus d'attention et, peu à peu, j'y retrouvai les chers traits familiers. Je frémis d'horreur lorsque je fus convaincu que c'était elle ; mais pourquoi ses yeux fermés étaient-ils si enfoncés ? Pourquoi cette affreuse pâleur et, sur une de ses joues, cette tache noirâtre sous la peau transparente ? Pourquoi cette expression si sévère, si froide de tout le visage ? Pourquoi ces lèvres si pâles au pli si beau, si majestueux, d'une sérénité toute céleste ? Un frisson glacé me passe dans le dos, dans les cheveux, tandis que je le regarde fixement.

Plongé dans ma contemplation, je sentais qu'une force invincible, incompréhensible attirait mon regard vers ce visage privé de vie.

J'oubliais que le corps inerte qui gisait devant moi, que je contemplais stupidement comme un objet et qui n'avait rien de commun avec mes souvenirs, était *elle*. Je me la représentais tantôt dans telle attitude, tantôt dans telle autre : animée, joyeuse, souriante ; puis soudain un des traits du visage blême sur lequel j'avais les yeux fixés me frappait : je me rappelais l'affreuse réalité, frissonnais, mais continuais à le regarder. Puis le rêve remplaçait à nouveau la réalité, et la conscience de la réalité détruisait à nouveau le rêve.

Enfin, mon imagination fatiguée cessa de me leurrer ; la conscience de la réalité disparut elle aussi et je sombrai dans une torpeur complète. (Tolstoï, 1975, p. 161162)

Мне захотелось еще раз взглянуть на нее : преодолев невольное чувство страха, я тихо отворил дверь [...], но глаза мои были так заплаканы и нервы так расстроены, что я ничего не мог разобрать ; все както странно сливалось вместе : свет, парча, бархат, большие подсвечники, розовая, обшитая кружевами подушка, венчик, чепчик с лентами и еще чтото прозрачное, воскового цвета. (Толстой, 1935a, p. 84)

Tolstoï - Guerre et Paix (1864-67) Hachette, 1901

Le prince André sentait qu'il se mourait, qu'il était déjà mort à moitié, par la pleine conscience de son détachement de tout intérêt terrestre et par une étrange et radieuse sensation de bien-être dans son âme. Il attendait ce qu'il savait inévitable, sans hâte et sans inquiétude. Ce quelque chose de menaçant, d'éternel, d'inconnu et de lointain, qu'il n'avait jamais cessé de pressentir pendant toute sa vie, était maintenant là, tout près : il le devinait, il le touchait presque.

Jadis il redoutait la mort : deux fois il avait passé par cette douloureuse et terrible agonie de l'angoisse, et maintenant il ne la craignait plus comme il l'avait crainte, alors que ses yeux, captivés par les bois, les prairies, les champs et l'azur du ciel, voyaient venir la mort dans l'obus qui s'avavançait en tournoyant. Revenu à lui dans l'ambulance, cette fleur d'amour éternel s'était épanouie au fond de son âme, délivrée pour quelques secondes du joug de la vie ; libre et indépendant de la terre, toute crainte de la mort avait disparu en lui. Plus il s'absorbait dans la contemplation de cet avenir mystérieux qui se dévoilait devant lui, plus il se détachait inconsciemment de tout ce qui l'entourait, plus s'abaissait cette barrière qui sépare la vie de la mort et qui n'est terrible que par l'absence de l'amour. Qu'était-ce en effet que d'aimer tout et tous, de se dévouer par amour, si ce n'est de n'aimer personne en particulier et de vivre d'une vie divine et immatérielle ? Il voyait venir sa fin avec indifférence et se disait :

« Tant mieux ! »

Mais, après cette nuit de délire où celle qu'il désirait retrouver lui était apparue, après qu'elle eut appliqué ses lèvres sur sa main en la couvrant de ses larmes, l'amour pour une femme pénétra de nouveau dans son cœur et le rattacha à l'existence.

Des pensées confuses et joyeuses venaient l'assaillir, et en se reportant au moment où, à l'ambulance, il avait aperçu Kouraguine à côté de lui, il se reconnaissait incapable de revenir aux sentiments qui l'avaient alors envahi. Tourmenté dans son délire par le désir de savoir s'il était encore de ce monde, il n'osait cependant le demander à ceux qui l'entouraient.

Sa maladie avait suivi son cours normal, et « ce quelque chose qui lui était survenu depuis deux jours », comme disait Natacha à la princesse Marie, n'était rien autre que la lutte suprême entre la vie et la mort... C'était la mort qui était la plus forte, et ce renouveau d'amour qu'il ressentait pour Natacha n'était que l'aveu involontaire du prix qu'il attachait à la vie et la dernière révolte de son être contre la terreur de l'inconnu !

Un soir qu'il sommeillait, agité comme il l'était toujours à cette heure par une légère fièvre qui donnait une grande lucidité à ses idées, il éprouva soudain un sentiment de bonheur ineffable.

« Ah ! se dit-il, c'est elle qui est entrée ! »

C'était en effet Natacha, qui venait, à pas de loup, occuper sa place habituelle à son chevet, et dont il devinait instinctivement l'approche.

Assise de trois quarts dans un grand fauteuil, sa tête interceptait la lumière de la bougie ; elle tricotait assidûment un bas, depuis le jour où le prince André lui avait dit que personne ne soigne les malades comme les vieilles femmes qui tricotent. Ce mouvement monotone exerçait, disait-il, une action calmante sur les nerfs. Les doigts agiles de la jeune fille maniaient rapidement les longues aiguilles, et il contemplait avec attendrissement le profil pensif de son visage incliné. Tout à coup le peloton de laine lui échappa. Natacha tressaillit, jeta un regard à la dérobée sur le malade et, étendant la main devant la bougie pour le préserver de la lumière, elle se pencha vivement pour ramasser son peloton, et reprit sa première pose. Il la regarda sans faire un mouvement, et il vit sa poitrine se soulever et s'abaisser tour à tour, pendant qu'elle cherchait tout doucement à reprendre haleine. Les premiers jours de leur réunion, il lui avait avoué que, s'il revenait à la vie, il remercierait éternellement Dieu pour cette blessure qui les avait ainsi réconciliés ; mais depuis, il n'en avait plus reparlé.

« Cela peut-il arriver maintenant ? pensait-il en prêtant l'oreille au léger bruit des aiguilles... Pourquoi la destinée nous a-t-elle réunis, si c'est pour me faire mourir ? La vérité de la vie ne se serait-elle donc révélée à moi que pour me laisser dans le mensonge ? Je l'aime plus que tout au monde, et puis-je m'empêcher de l'aimer ? » se dit-il en poussant un profond gémissement, comme il en avait pris l'habitude pendant ses longues heures de souffrance.

À cette plainte, Natacha posa son ouvrage sur la table, se pencha vers lui, et, voyant ses yeux brillants :

« Vous ne dormez pas ? lui dit-elle.

— Non, il y a longtemps que je vous regarde ; je vous ai sentie entrer. Personne comme vous ne me donne ce calme si doux... cette lumière !... J'aurais presque envie de pleurer de bonheur ! »

Natacha se rapprocha encore plus près, et son visage s'illumina de joie et de passion.

« Natacha, je vous aime trop, je vous aime plus que tout au monde.

— Et moi... »

Elle détourna la tête un instant.

« Pourquoi donc trop ?

— Pourquoi trop ?... Eh bien, dites-moi la vérité, dites-moi ce que vous sentez au fond du cœur... Vivrai-je ? Qu'en pensez-vous ?

— J'en suis sûre, j'en suis sûre ! » s'écria Natacha en lui saisissant les deux mains avec une exaltation croissante.

Il se tut.

« Comme ce serait bien ! » dit-il en lui baisant la main.

Natacha était heureuse ; mais, se rappelant aussitôt qu'une émotion trop vive pouvait lui être fatale :

« Vous n'avez pas dormi, dit-elle en se maîtrisant... Il faut dormir, je vous en prie. »

Il lui serra de nouveau la main, et elle reprit sa place. Deux fois elle se retourna, et, rencontrant chaque fois son regard, elle redoubla d'attention à son ouvrage, afin d'éviter de lever encore les yeux. Bientôt après il s'endormit.

Son sommeil ne fut pas de longue durée. Une sueur froide le réveilla.

Sa pensée recommençait à flotter entre la vie et la mort :

« L'amour, qu'est-ce que l'amour ? se disait-il. L'amour est la négation de la mort, l'amour c'est la vie ; tout ce que je comprends, je ne le comprends que par l'amour. Tout est là !... L'amour c'est Dieu, et mourir c'est le retour d'une parcelle d'amour, qui est moi, à la source générale et éternelle. »

Ces rêves lui semblaient consolants, mais ce n'étaient que des rêves qui passaient dans son cerveau sans y laisser l'ombre même de la réalité, et il se rendormit, encore en proie à mille idées confuses et agitées.

Il se vit en songe couché dans la chambre qu'il habitait. Il avait recouvré toute sa santé. Une foule de personnes inconnues défilaient devant lui. Il causait et discutait avec elles de choses et d'autres, et se disposait à les suivre il ne savait où, tout en se disant qu'il perdait son temps à des bagatelles, lorsqu'il avait à s'occuper de bien plus graves intérêts ; et cependant il continuait à leur parler et à les étonner par de brillantes citations, qui pourtant n'avaient aucun sens... Peu à peu ces figures s'évanouirent, et toute son attention se concentra sur la porte entr'ouverte de l'isba... Parviendra-t-il à la fermer assez vite ? « tout » dépend de cela. Il se lève, il s'en approche pour tirer le verrou, mais ses jambes fléchissent sous lui, et il sent qu'il n'arrivera pas à temps !... Réunissant toutes ses forces dans un effort suprême, il va se jeter en avant, lorsqu'une angoisse terrible l'étreint... Cette angoisse, c'est la terreur de la mort... C'est la mort qui est là, là, derrière la porte, et, au moment où il s'y traîne haletant, l'affreux spectre la pousse, l'enfonce et pénètre dans la chambre !... Cet être innommé, c'est la mort, la mort qui vient à lui, et il faut à tout prix qu'il lui échappe !... Il saisit la porte... la refermer n'est plus possible, mais, en rassemblant ce qui lui reste de forces, peut-être pourra-t-il du moins l'empêcher de passer ?... Hélas ! ses forces s'épuisent, il s'agite dans le vide, et la porte remue de

nouveau !... Il tente une fois encore de résister à la pression du dehors... Peine inutile !... Le spectre entre, il est entré... et le prince André se sent mourir !

À ce moment il comprit qu'il dormait, et, faisant un violent effort, il se réveilla...

« Oui, c'était bien là la mort !... Mourir et se réveiller ! La mort est donc le réveil ? »

Cette pensée passa comme un éclair dans son esprit, et un coin du voile qui lui dérobait encore l'inconnu se releva dans son âme ! Il sentit son corps délivré des liens qui l'attachaient à la terre, et il éprouva un mystérieux bien-être, qui depuis lors ne le quitta plus !

Réveillé par la sueur froide qui l'inondait, il fit un mouvement. Natacha s'approcha et lui demanda ce qu'il désirait. Il ne comprit pas sa question et fixa sur elle un regard étrange.

C'était « cela » dont elle avait parlé à la princesse Marie !... À dater de cette heure, la fièvre prit un caractère pernicieux, et, quoi qu'en pussent dire les médecins, elle ne pouvait plus se méprendre sur les symptômes moraux qui se développaient chez le malade avec une effroyable intensité.

Ses derniers jours et ses dernières heures s'écoulèrent paisibles et sans qu'il se produisît dans son état aucun nouvel incident.

La princesse Marie et Natacha ne le quittaient pas d'une minute, mais elles sentaient que leurs soins s'adressaient uniquement à ce qui ne serait bientôt plus pour elles qu'un cher et lointain souvenir, à son enveloppe matérielle, et que son esprit n'était déjà plus de ce monde. La violence de leurs sensations était telle, que le spectacle terrible de la mort n'avait pas de prise sur leurs âmes. Jugeant inutile d'aviver leur douleur, elles ne pleuraient, ni quand elles étaient à ses côtés, ni hors de sa présence, et, se trouvant impuissantes à exprimer par des paroles ce qu'elles éprouvaient, elles ne s'entretenaient plus de lui. Elles le voyaient s'abîmer lentement, avec calme, dans l'inconnu, et toutes deux savaient que c'était bien et que ce devait être ainsi.

Il se confessa, il communia, et prit congé des siens. Lorsqu'on lui amena son fils, il effleura sa joue de ses lèvres et se tourna, non pas par regret de la vie, mais parce qu'il supposait que c'était tout ce qu'on attendait de lui. On le pria cependant de bénir l'enfant : il le fit et jeta ensuite sur ceux qui l'entouraient un coup d'œil interrogateur. Il semblait leur demander s'il n'y avait pas encore quelque chose à faire ; il rendit enfin le dernier soupir entre les bras de la princesse Marie et de Natacha.

« C'est fini ! » dit sa sœur quelques secondes après.

Natacha se pencha sur lui, regarda ses yeux sans vie et les ferma.

« Où est-il à présent ? » se demanda-t-elle.

Lorsqu'il fut couché dans le cercueil, tous s'en approchèrent pour lui dire un dernier adieu. Le cœur de l'enfant était déchiré par une poignante surprise. Tous pleuraient ; la comtesse et Sonia sur Natacha et sur celui qui n'était plus, et le vieux comte sur lui-même ; il prévoyait qu'il aurait bientôt le même pas à franchir.

Anna brisa le cachet, et son cœur se serra en lisant :

« Je regrette que votre billet ne m'ait pas trouvé à Moscou. Je rentrerai à dix heures.

« WRONSKI. »

« C'est cela, je m'y attendais », dit-elle avec un sourire sardonique.

« Tu peux t'en retourner à la maison », dit-elle s'adressant au jeune cocher ; elle prononça ces mots lentement et doucement ; son cœur battait à se rompre et l'empêchait de parler. « Non, je ne te permettrai plus de me faire ainsi souffrir », pensa-t-elle, s'adressant avec menace à celui qui la torturait, et elle continua à longer le quai.

« Où fuir, mon Dieu ! » se dit-elle en se voyant examinée par des personnes que sa toilette et sa beauté intriguaient. Le chef de gare lui demanda si elle n'attendait pas le train ; un petit marchand de kvas ne la quittait pas des yeux.

Arrivée à l'extrémité du quai, elle s'arrêta ; des dames et des enfants y causaient en riant avec un monsieur en lunettes, qu'elles étaient probablement venues chercher ; elles aussi se turent et se retournèrent pour regarder passer Anna. Celle-ci hâta le pas ; un convoi de marchandises approchait qui ébranla le quai ; elle se crut de nouveau dans un train en marche. Soudain elle se souvint de l'homme écrasé le jour où pour la première fois elle avait rencontré Wronsky à Moscou, et elle comprit ce qui lui restait à faire. Légèrement et rapidement elle descendit les marches, qui de la pompe, placée à l'extrémité du quai, allaient jusqu'aux rails, et marcha au-devant du train. Elle examina froidement la grande roue de la locomotive, les chaînes, les essieux, cherchant à mesurer de l'œil la distance qui séparait les roues de devant du premier wagon, des roues de derrière.

« Là, se dit-elle, regardant l'ombre projetée par le wagon sur le sable mêlé de charbon qui recouvrait les traverses, là, au milieu, il sera puni, et je serai délivrée de tous et de moi-même. »

Son petit sac rouge, qu'elle eut quelque peine à détacher de son bras, lui fit manquer le moment de se jeter sous le premier wagon ; elle attendit le second. Un sentiment semblable à celui qu'elle éprouvait jadis avant de faire un plongeon dans la rivière, s'empara d'elle, et elle fit un signe de croix. Ce geste familier réveilla dans son âme une foule de souvenirs de jeunesse et d'enfance ; la vie avec ses joies fugitives brilla un moment devant elle ; mais elle ne quitta pas des yeux le wagon, et lorsque le milieu, entre les deux roues, apparut, elle rejeta son sac, rentra sa tête dans ses épaules et, les mains en avant, se jeta sur les genoux sous le wagon, comme prête à se relever.

Elle eut le temps d'avoir peur. « Où suis-je ? pourquoi ? » pensa-t-elle, faisant effort pour se rejeter en arrière ; mais une masse énorme, inflexible, la frappa sur la tête, et l'entraîna par le dos. « Seigneur, pardonne-moi ! » murmura-t-elle sentant l'inutilité de la lutte. Un petit moujik, marmottant dans sa barbe, se pencha du marche-pied du wagon sur la voie. Et la lumière, qui pour l'infortunée avait éclairé le livre de la vie, avec ses tourments, ses trahisons et ses douleurs, déchirant les ténèbres, brilla d'un éclat plus vif, vacilla et s'éteignit pour toujours.

[...] Il [Wronski] se souvint soudain d'elle ou plutôt de ce qui restait encore d'elle lorsqu'il était entré comme un fou dans le baraquement de la gare ; son corps ensanglanté, que la vie venait à peine de quitter, étalé sans pudeur devant des

étrangers ; sa tête intacte, rejetée en arrière avec ses lourdes nattes et ses boucles sur les tempes ; sur ce visage charmant était figée une expression étrange, pitoyable sur les lèvres fraîches mi-closes, terrible dans les yeux grands ouverts qui semblaient répéter la menace proférée lors de leur dispute : « Vous vous en repentirez ! »

Il essaya de l'évoquer telle qu'elle était lorsqu'il l'avait rencontrée pour la première fois à la gare : mystérieuse, attirante, aimante, cherchant et donnant le bonheur, et non telle qu'il l'avait vue dans ce dernier instant : cruelle et assoiffée de vengeance. Il s'efforça de se rappeler les meilleurs moments de leur vie passée : ils étaient empoisonnés à jamais. La seule expression qu'il lui voyait maintenant, c'était celle du triomphe, après l'exécution de sa menace, et le repentir le torturait désormais sans profit pour personne.

(*Ibid.*, p. 406407)

Tolstoï, La Mort d'Ivan Ilitch (1884-1886)

Traduction par J.-Wladimir Bienstock.

Stock, 1912 (Œuvres complètes, volume 27, p. 102-105).

XI

Deux semaines s'écoulèrent ainsi. Pendant ce temps s'accomplit l'évènement désiré par Ivan Ilitch et sa femme : Petristchev se déclara. Cela eut lieu un soir. Le lendemain, Prascovie Fédorovna entra chez son mari en cherchant le moyen de lui annoncer cette nouvelle. Mais précisément cette nuit, l'état du malade avait empiré. Sa femme le trouva comme toujours sur le divan, mais dans une nouvelle position. Il était étendu sur le dos, le regard fixe, et gémissait. Elle essaya de lui parler de ses médicaments ; il porta son regard sur elle. Elle n'acheva pas, tant ce regard était chargé de haine.

— Au nom du Christ, laisse-moi mourir en paix ! dit-il.

Elle voulut sortir, mais à ce moment entra leur fille qui venait dire bonjour à son père. Il la regarda avec la même haine, et quand elle lui demanda des nouvelles de sa santé, il lui répondit d'un ton sec que bientôt il les débarrasserait de sa présence. Elles se turent, restèrent encore un peu et s'en allèrent.

— Mais, en quoi sommes-nous coupables ? dit Lise à sa mère. Ce n'est pourtant pas nous qui l'avons rendu malade ! Je plains beaucoup papa, mais pourquoi nous tourmente-t-il ainsi ?

Le médecin vint à l'heure habituelle. Ivan Ilitch s'obstina à ne lui répondre que par oui et non, et en gardant son expression de haine. À la fin, ne pouvant plus se maîtriser, il lui dit :

— Vous savez bien vous-même que vous ne pouvez rien faire pour moi. Laissez-moi donc tranquille au moins.

— Nous pouvons soulager vos souffrances, dit le médecin.

— Vous ne pouvez pas me soulager. Laissez-moi.

Le médecin sortit, alla au salon et déclara à Prascovie Fédorovna que son mari allait très mal, et que le seul moyen d'apaiser ses souffrances, qui devaient être atroces, c'était de lui administrer de l'opium. Le docteur avait raison de dire que les souffrances physiques d'Ivan Ilitch étaient intolérables. C'était vrai. Mais ses souffrances morales étaient bien plus terribles encore. Et elles étaient sa principale torture.

Ces souffrances morales provenaient d'une idée qu'il avait eue cette nuit, en examinant le visage ensommeillé, bonasse, aux pommettes saillantes, de Guérassim : « Qu'arrivera-t-il si toute ma vie, ma vie consciente, n'a pas été ce qu'elle devait être ? » Il se mit à songer que cette hypothèse, jugée d'abord par lui inadmissible, pouvait bien être la vérité et que sa vie n'était peut-être pas exempte de reproches. Il se rappela ses rares moments de révolte contre ce que la haute société approuvait. Ces moments de révolte, qu'il refrénait bien vite, étaient peut-être les seuls bons moments de sa vie, alors que tout le reste était vilénie. Et son service, et l'organisation de sa vie, sa famille, ses intérêts mondains et professionnels, qu'y avait-il eu de bon dans tout cela ? Il essaya de défendre son existence passée. Mais il sentit lui-même la faiblesse de ses arguments. Il n'avait rien à défendre. « Et si c'est ainsi, se dit-il, si je m'en vais avec la ferme conviction d'avoir perdu sans aucun recours tout ce qui m'avait été donné, alors que faire ? » Il se mit sur le dos et se remémora sa vie entière. Le lendemain matin, quand il vit son domestique, puis sa femme, sa fille, le médecin, chacun de leurs mouvements, chacune de leurs paroles, le confirma dans cette terrible réalité qui lui était apparue cette nuit. Il se reconnut en eux. Il vit clairement que tout ce qui avait composé sa vie n'était qu'un effroyable, un

énorme mensonge, qui dissimulait et la vie et la mort. Cette conviction ne fit qu'augmenter, décupler ses souffrances physiques. Il se mit à gémir, à s'agiter, à arracher ses vêtements qui l'étouffaient. Voilà donc pourquoi il les haïssait tous.

On lui administra une forte dose d'opium. Il se calma. Mais à l'heure du dîner, les douleurs recommencèrent. Il ne permettait à personne de s'approcher de lui, et se démenait furieusement.

Cependant sa femme s'approcha et lui dit :

— Jean, mon ami, fais cela pour moi (*pour moi*).

Cela ne peut te faire de mal, et cela soulage souvent. C'est peu de chose... les personnes bien portantes le font aussi.

Il ouvrit les yeux démesurément.

— Quoi ? L'extrême-onction ? Mais pourquoi ?... Non, je ne veux pas... Cependant.

Elle fondit en larmes.

— Oui, mon ami. Je vais appeler notre prêtre. Il est si charmant !

— C'est parfait ; c'est bien ! fit-il.

Le prêtre vint, administra le malade qui se calma, sentit diminuer ses doutes, et, par suite, ses souffrances. Il eut même une lueur d'espoir. Il se mit de nouveau à songer à son intestin et à la possibilité de guérir. Il communia avec des larmes dans les yeux.

Lorsqu'après la cérémonie on le recoucha, au premier moment il se sentit mieux et se reprit à espérer. Il se mit entrevoir la possibilité de l'opération qu'on lui proposait. « Je veux vivre ! Je veux vivre ! » se disait-il.

Sa femme vint le féliciter ; elle prononça les paroles d'usage en pareil cas et ajouta :

— N'est-ce pas que tu te sens mieux ?

Sans la regarder il lui répondit :

— Oui.

Son costume, son attitude, l'expression de son visage, tout lui criait : « Ce n'est pas cela ! Tout ce qui remplissait ta vie d'autrefois et ta vie présente n'est que mensonge, que dissimulation, qui cachent à tes yeux la vie et la mort. » À cette pensée, sa haine se ranima, et, avec elle, ses souffrances physiques et la certitude d'une mort prochaine inévitable. Quelque chose de nouveau se produisit en lui ; c'était comme si une vis lui eût troué le corps, comme si des coups de fusil lui eussent déchiqueté les entrailles. La respiration lui manqua.

L'expression de son visage lorsqu'il avait répondu oui à sa femme était vraiment terrible. Aussitôt qu'il eut prononcé ce oui, en regardant sa femme bien en face, il se retourna avec une force extraordinaire pour un homme aussi faible et il s'écria :

— Allez-vous-en ! Allez-vous-en ! Laissez-moi !

Dès ce moment, commencèrent ces cris effrayants, qui continuèrent pendant trois jours, qu'on entendait à travers deux pièces, et qui remplissaient l'âme de terreur. Au moment même où il répondait à sa femme il avait compris qu'il était perdu, qu'il n'y avait plus d'espoir, que cette fois c'était la fin, et que le problème de la vie restait insoluble.

— Ah ! Ah ! Ah ! criait-il sur toutes sortes d'intonations. Il commençait par crier : Je ne veux pas ! et son cri : ah ! ah ! continuait le son final de cette phrase.

Pendant trois jours il cria ainsi. Il se débattait dans ce sac noir où le poussait une force invisible et invincible. Il se débattait comme se débat un condamné à mort entre les mains du bourreau, bien qu'il sache qu'il ne peut échapper au supplice ; et, en dépit de ses efforts désespérés, il se sentait emporté de plus en plus vers ce qui le terrifiait. Il sentait que ses souffrances provenaient de ce qu'il s'enfonçait dans ce trou noir et n'y pouvait pénétrer tout entier. Ce qui l'empêchait d'y entrer, c'est l'idée que sa vie n'avait pas été mauvaise. Cette justification de sa vie le retenait, le tirait en arrière, et le tourmentait le plus. Tout à coup une force quelconque le frappa dans la poitrine et le côté. Il suffoqua. Il était précipité dans le trou noir et là, au fond, quelque chose brillait. Il éprouvait ce qu'on éprouve parfois en chemin de fer, quand on croit avancer tandis qu'on recule et que, tout à coup, on s'aperçoit de son erreur. « Oui, ce n'était pas cela ! » se dit-il. « Mais cela ne fait rien. On peut encore réparer cela. » Quoi « cela » ? » se demanda-t-il et, soudain, il se calma.

C'était à la fin de la troisième journée, deux heures avant sa mort. À ce moment le petit collégien se glissa doucement dans la chambre de son père et s'approcha du lit. Le mourant continuait à crier en agitant les bras. Sa main rencontra par hasard la tête de son fils. Le petit collégien la saisit et la baisa en sanglotant.

C'était juste au moment où Ivan Ilitch, précipité dans le trou noir, voyait le point lumineux et comprenait que sa vie n'avait pas été ce qu'elle devait être, mais qu'il pouvait encore réparer cela. Il se demandait : Quoi, « cela » ? et attendait quand il se sentit baiser la main. Il ouvrit les yeux et aperçut son fils. Il s'attendrit. À ce moment sa femme s'approcha. Il jeta les yeux sur elle. La bouche ouverte, le visage couvert de larmes, elle le regardait. Il eut pitié d'elle. « Oui, je les torture, pensa-t-il. Cela leur fait de la peine. Il vaut mieux pour eux que je parte. »

Il voulut leur dire cela, mais il n'en eut pas la force.

« À quoi bon parler. Il faut mieux le faire », pensa-t-il. Il montra des yeux son fils à sa femme et dit :

— Va... J'ai pitié... et de toi aussi...

Il voulut ajouter : « Pardonne » (Prosti), mais dit « Passé » (Propousti) ; mais n'ayant pas la force de se reprendre, il laissa tomber sa main avec découragement, sûr d'être compris par qui de droit. Soudain, le problème qui l'obsédait s'éclaira de deux côtés, de dix côtés, sous toutes ses faces.

« J'ai pitié d'eux. Je voudrais les voir moins souffrir, les délivrer de moi, me délivrer moi-même de ces souffrances. Comme c'est bien et comme c'est simple, pensa-t-il. Et mon mal, où est-il ?... Où es-tu, mon mal ?... »

Il devint tout attention. « Ah ! le voilà ! Eh bien, tant pis ! Et la mort ! où est-elle ? » Il chercha sa peur accoutumée et ne la trouva pas. « Où est-elle la mort ? » Il n'avait plus peur, car il n'y avait plus de mort. Au lieu de la mort il voyait la lumière. « Ah ! voilà donc ce que c'est », prononça-t-il à haute voix. « Quelle joie ! »

Tout cela ne dura qu'un instant. Mais l'importance de cet instant fut définitive. Pour son entourage son agonie se prolongea encore deux heures. Quelque chose râlait dans sa poitrine, son corps ruiné tressautait. Puis, peu à peu, le râle et les secousses diminuèrent.

— C'est fini ! dit quelqu'un derrière son chevet.

Il entendit ces paroles et se les répéta : « Finie la mort... La mort n'existe plus ! » se dit-il.

Il fit un mouvement d'aspiration, qui demeura inachevé, se raidit et mourut.

22 Mars 1886.

Confession

Mais le principal est que la question qui m'était personnelle : « que suis-je avec mes désirs ? » restait toujours et absolument sans réponse. Et je compris que ces connaissances sont très intéressantes, très attrayantes, mais qu'elles sont précises et claires en proportions inverses de leur application aux problèmes de la vie. Moins elles sont applicables aux questions de la vie, plus elles sont précises et claires. Plus elle tendent à donner des solutions aux questions de la vie, moins elles sont claires ou attrayantes.

Si l'on se tourne vers les sciences qui tendent à conclure sur les grandes questions de la vie, — vers la physiologie, la psychologie, la biologie, la sociologie, — on y trouve une pauvreté d'esprit stupéfiante, une prétention non justifiée à résoudre des questions sur lesquelles elles ne sont pas compétentes. Elles n'aboutissent qu'à mettre le penseur en contradiction perpétuelle avec les autres penseurs et souvent avec lui-même.

Si l'on s'adresse aux sciences qui ne s'occupent pas de la solution des questions de la vie, mais qui répondent à ses questions scientifiques et spéciales, alors, on s'émerveille de la force de l'esprit humain, tout en sachant d'avance qu'il n'a rien à répondre aux questions de la vie.

Ces sciences ignorent ouvertement la question de la vie.

Elles disent :

— À ce que tu es, et pourquoi tu vis, nous n'avons pas de réponses et nous ne nous en occupons pas ; mais si tu as besoin de connaître les lois de la lumière et des compositions chimiques, les lois du développement des organismes, si tu as besoin de connaître les lois des corps, leur forme et la relation des chiffres et des grandeurs, si tu as besoin de connaître les lois de ton esprit, alors, pour tout cela, nous avons des réponses claires, précises et incontestables.

En général, le rapport des sciences expérimentales à la question de la vie peut être exprimée ainsi :

QUESTION : Pourquoi est-ce que je vis ?

RÉPONSE : Dans l'espace infiniment grand, dans le temps infiniment long, les portions infiniment petites changent de phases dans la complication infinie, et lorsque tu comprendras les lois de ces changements tu comprendras pourquoi tu vis.

Ou bien dans le domaine théorique, je me disais :

— Toute l'humanité vit et se développe d'après les principes spirituels de l'idéal qui la guident. L'idéal s'exprime dans la religion, dans la science, dans l'art, dans la forme du gouvernement. Cet idéal devient plus beau et plus élevé ; l'humanité marche vers les régions supérieures. Moi, je suis une partie de

l'humanité et, par conséquent, ma vocation consiste à coopérer à la connaissance et à la réalisation de ce qui est l'idéal pour l'humanité. Et tant que dura l'affaiblissement de mon esprit, je me contentai de cette réponse ; mais, dès que la question de la vie s'éleva clairement en moi, toute cette théorie s'écroula du coup. Sans tenir compte du manque de précision inconsciente, grâce auquel les résultats obtenus par l'étude sur une petite partie de l'humanité passent pour des principes généraux, sans tenir compte des contradictions flagrantes entre les partisans d'opinions différentes sur l'idéal de l'humanité, la bizarrerie, pour ne pas dire la sottise de cette opinion, consiste en ce que, pour répondre à la question qui se pose devant chaque homme : « Que suis-je ? » — ou : « Pourquoi est-ce que je vis ? » — ou : « Que dois-je faire ? » — l'homme doit avant tout répondre à cette question : « Qu'est-ce que la vie de toute l'humanité ? » Or, cette humanité lui est inconnue. Il n'en connaît qu'une toute petite partie, limitée à une toute petite période de temps. Pour pouvoir comprendre ce qu'il est, l'homme doit comprendre avant tout ce qu'est cette mystérieuse humanité faite d'individus tout pareils à lui, quoique ne se comprenant pas eux-mêmes. p. 38-41

Quel est le sens de la vie face à la mort ?

J'ai eu beau exercer toute la force de mon esprit, je n'ai pas trouvé d'autres issues que ces quatre. L'une est de ne pas comprendre que la vie est un non-sens, une vanité et un mal, et qu'il vaut mieux ne pas vivre. Je ne pouvais pas ne pas savoir cela, et le sachant, je ne pouvais plus fermer les yeux sur la vérité. La deuxième consiste à profiter de la vie telle qu'elle est, sans penser à l'avenir. Et je ne pouvais faire cela. Moi, comme Çakia-Mouni, je ne pouvais pas aller à la chasse quand je savais que j'entraînais sur mes pas la vieillesse, les souffrances et la mort. Mon imagination était trop vive. En outre, je ne pouvais pas goûter les jouissances qui s'offraient à moi accidentellement et pour un moment. La troisième issue est celle-ci : après avoir compris que la vie est un mal et une sottise, en finir, se tuer. Or je comprenais bien la vie comme cela, mais pour certaines raisons, je ne me tuai pas. La quatrième issue — vivre comme Salomon ou Schopenhauer, — savoir que la vie est une sottise plaisanterie qui m'a été jouée et vivre malgré cela, s'habiller, écrire, parler et même écrire des livres. Cela m'était pénible, me répugnait même et cependant je restais dans cette situation. Voici exactement quel était l'état de mon âme. Mon intelligence m'avait fait reconnaître que la vie n'est pas raisonnable. S'il n'y a pas de raison suprême, — et il n'y en a pas, rien ne peut prouver qu'elle est, — alors la raison est la créatrice de la vie pour moi. S'il n'y avait pas de raison, il n'y aurait donc pas de vie.

Comment donc cette raison nie-t-elle la vie, étant son auteur. Mais, d'un autre côté, s'il n'y avait pas de vie, ma raison n'existerait pas non plus ; par conséquent la raison est fille de la vie.

La vie est tout. La raison est le fruit de la vie et cette raison nie la vie même. Je sentais que dans tout cela quelque chose n'était pas juste. (...)

La vie est un mal dépourvu de sens, c'est certain, me disais-je. Mais je vivais, je vis encore et toute l'humanité a vécu et vit toujours.

Ayant considéré toute l'humanité, je vis que les hommes vivaient en affirmant qu'ils connaissaient le sens de la vie.

Je rentrai alors en moi-même.

Moi aussi, j'avais vécu jusqu'au moment où je m'étais inquiété du sens de la vie.

Ainsi qu'aux autres hommes, la vie et la possibilité de la vie m'étaient offertes par la foi.

Ayant jeté les yeux plus loin, sur les hommes des autres pays, sur mes contemporains et sur ceux qui avaient vécu, je vis toujours la même chose.

Là où est la vie, là, depuis que l'humanité existe, est la foi qui donne la possibilité de vivre, et les caractères principaux de la foi sont les mêmes partout et toujours.

Quelle qu'elle soit, la foi répond à tous que la vie, quoique mortelle, est infinie, et que, ni les souffrances, ni les privations, ni la mort ne peuvent la détruire. Cela veut dire que ce n'est que dans la foi qu'on peut trouver le sens et la possibilité de la vie.

Qu'est-ce donc que la foi ?

Et je compris que la foi n'est pas seulement la conviction à l'existence des choses invisibles, etc., n'en est pas la révélation (ce n'est là que la description d'un des indices de la foi) ; elle n'est pas la relation

de l'homme à Dieu, — il faut définir la foi et puis Dieu, et non pas définir la foi par Dieu ; — elle n'est pas non plus le simple consentement de l'homme à croire ce qu'on lui a dit, ainsi que la foi est le plus souvent comprise. La foi est la connaissance du sens de la vie humaine, connaissance qui fait que l'homme ne se détruit pas, mais vit.

La foi est la force de la vie. Si l'homme vit, c'est qu'il croit en quelque chose. S'il ne croyait pas qu'il faut vivre pour quelque chose, il ne vivrait pas. Puisqu'il ne voit et ne comprend pas le fantôme du fini, il faut qu'il croie à l'infini.

Sans foi on ne peut pas vivre. Et je me rappelai tout le travail intérieur auquel je m'étais livré, et je fus terrifié. Il était clair pour moi maintenant que pour que l'homme puisse vivre, il doit ou ne pas voir l'infini ou avoir une telle explication du sens de la vie, que le fini soit égal à l'infini.

(...) Malgré toutes les concessions possibles que je faisais, toutes les discussions que j'évitais, je ne pus partager la foi de ces gens, — je voyais que ce qu'ils faisaient passer pour la foi, n'était pas l'explication, mais l'obscurcissement du sens de la vie, et qu'eux-mêmes n'affirmaient pas la foi pour répondre à cette question de la vie qui m'avait amené à la foi ; s'ils croyaient, c'était dans un but qui m'était étranger.

(...) Je regardai autour de moi dans un rayon plus étendu. J'examinai la vie des masses d'hommes passés et celle de mes contemporains. Et je vis que ceux qui avaient compris le sens de la vie et qui savaient vivre et mourir n'étaient pas au nombre de deux, trois, dix, mais qu'ils étaient des centaines, de milliers, des millions.

Et tous, infiniment divers par leur caractère, leur intelligence, leur éducation, leur position, tous connaissaient le sens de la vie et de la mort de la même manière, manière tout opposée à mon ignorance. Ils travaillaient tranquillement, enduraient les privations et les souffrances, vivaient et mouraient, et dans tout cela voyaient le bien, sans voir la vanité.

Et j'aimai ces gens.

(...) Toutes nos actions, nos délibérations, nos sciences, nos arts, tout m'apparut avec une nouvelle signification.

Je compris que toutes ces choses étaient de charmants passe-temps, mais qu'on ne pouvait y chercher du sens profond, tandis que la vie de tout le peuple qui travaille, la vie de toute l'humanité qui contribue à l'existence, m'apparut dans sa véritable acception.

Je compris que c'est là véritablement la vie, que le sens qu'on donne à cette vie est la vérité et je l'acceptai.

(...) Quand et comment se passa en moi ce changement ?

Je n'aurais pu le dire. Aussi insensiblement et graduellement que s'était détruite en moi la force de la vie et que j'étais arrivé à l'impossibilité de vivre, à la nécessité du suicide, à l'agonie morale, tout aussi graduellement et imperceptiblement me revint cette force de la vie. Et, ce qu'il y a d'étrange, c'est que cette force de la vie qui me revenait, n'était pas nouvelle. Elle était cette force ancienne, qui m'avait entraîné autrefois et c'est avec un sentiment tout juvénile que je revenais à la foi, à cette volonté qui m'avait produit et qui voulait quelque chose de moi ; je revenais à la croyance que le but principal et unique de ma vie était d'être meilleur, c'est-à-dire de vivre plus en accord avec cette volonté ; je revenais à la conscience que l'expression de cette volonté, je pouvais la trouver dans le formulaire que l'humanité s'est créé en dehors de moi ; c'est-à-dire je revenais à la croyance en Dieu, à l'amélioration morale et à la tradition qui transmet le sens de la vie.

(...) C'est ainsi que la force de la vie se renouvela en moi et que je recommençai à vivre.

Je renonçai à la vie du monde ayant reconnu que ce n'était pas la vie, mais seulement une parodie de la vie et que les conditions de superflu dans lesquelles nous vivons nous empêchent de comprendre la vie. En effet, je dois ne pas m'attacher aux exceptions, aux parasites de la vie, mais à la vie du peuple travailleur, de ceux qui produisent la vie et lui donnent un sens.

Le simple peuple, les travailleurs qui m'entouraient, c'était le peuple russe et je m'adressai à lui.

Le sens qu'il me donna de la vie, s'il peut être exprimé, est le suivant :

— Chaque homme vient en ce monde par la volonté de Dieu. Dieu créa l'homme de telle sorte, que chaque homme peut perdre son âme ou bien la sauver.

Le but de l'homme dans la vie est de faire son salut ; pour cela il faut vivre en Dieu et pour vivre en Dieu il faut renoncer à toutes les jouissances de la vie, travailler, s'humilier, souffrir et être charitable. Ce sens-là, le peuple le puise dans la foi, qui lui a été et qui lui est transmise par les prêtres et la tradition.

Ce sens m'était clair et il était cher à mon cœur.