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Medicine, Language, and Interconnection

Weary from all who come with words, words but no language
-Tomas Tranströmer, recipient of the 2011 Nobel Prize in Literature

SUMMARY
The practice of medicine requires the use of language by the patient and the physician. How language is used—to divide or connect—makes all the difference in the medical experience. In this article, Dr. Adam Johnson explores these concepts by meditating on the book *Totality and Infinity*, by Emanuel Levinas and on the work of Swedish Nobel laureate, psychologist and poet Tomas Tranströmer.

Introduction:
Words are meaningless if they are written in a disordered jumble on a page. To be understood in writing or speaking, we need get the order of our words right and separate words so that they can begin to be understood. Words must connect correctly. On stage, we can add drama to our words by changing the pace, emphasis, tone and volume. All this gives our words *meaning;* words become language when there is meaning. Words are the fractionated elements of language.

Although our bodies are more complicated than a Shakespeare sonnet, the modern practice of medicine has largely been content to use fractionated words rather than express meaning in a physiologic language. We look at individual biomarkers which carry no information about the order of physiologic processes or how "fast/slow/loud/quiet" the physiologic "drama is being expressed." Without this understanding, much of the meaning is lost. Without meaning, patients and physicians are both perplexed when diagnostic tests are normal, but the patient is ill. We have no language, only words. Instead of learning the language, the modern medical approach is to simply add more words (i.e. order more obscure lab tests).

Scientific inquiry tends to not pay attention to the things it can't measure, and you simply cannot get a blood level of speed, timing or the interconnection of physiologic processes because it it too dynamic and qualitative. But if not a quantitative measurement, what if you could *model* timing? You could go from the Tower of Babel to comprehensible language. You could understand that even though a patient's diagnostics may all be normal, they are ill because the metaphorical discourse

between the various organs has become a shouting match and the systems no longer listen to each other.

The endobiogenic medical approach brings language to medicine. It provides a theoretical framework for modeling timing, order, speed and physiologic dynamism. Using mathematics, Endobiogeny accounts for the inter-relatedness of all the systems and for understanding humans in their microcosm.

Fractal Layers of Language:

A fractal layer above the language of physiology lies the language of philosophy and ethics in particular. In his masterpiece, Totality and Infinity, the French philosopher Emmanuel Levinas describes an ethical philosophy that can only be understood in relation to the Other who is "infinitely" *irreducible,* and articulates unique phenomenological evidence that reduction of the whole-ness of the Other constitutes a violent "totalization." While the philosophy of Levinas is brilliant and original in thought, the idea that selfhood only exists *relationally* has been around since antiquity. Despite the ancient nature of this idea, *totality* (the reduction of the Other) occupies the majority of human history and Western thought, especially since the Enlightenment. To our detriment, this totalitarian tendency has unwittingly left its mark on the way medicine is practiced today.

Aristotle famously said, "man is by nature a social creature." Interconnectivity and interdependence was practically axiomatic for the ancients. In the history of medicine, Hippocrates, Galen, and Paracelsus each recognized that good health meant more than a healthy body: it meant understanding humans within the macrocosm, it meant finding balance in body, mind, and spirit within our selves as individuals, and as individuals within our environment. It meant paying attention to the whole.

Renaissance thinking (15th and 16th centuries) was rejected as thinkers embraced a world view euphemistically called the Age of Enlightenment (17th and 18th centuries). The cultural worldview became *systematically* fractionated. We started to *totalize* by organizing systems around ourselves. Driven by wanting to know, we systematically prioritized the objective and impersonal over the subjective and personal (or *inter*personal). This trend continued and accelerated through the first, second, third, (and now fourth) industrial/technological/digital revolutions (1760-1840; 1870-1914; 1969-2000; 1960s-present). With this systematic fractionation came more and more disconnection. And the trend continued to how we practice medicine today: disconnected from other specialists at best, and

adversarial relationships with other specialists at worst. Modern medical research today continues in the wake of this reductionistic thinking, making small gains in the narrow fraction of study all while creating greater and greater distance from how everything interconnects as a whole.

Levinas points out how we have gotten it backwards: We do not become social by first being *systematic* in language, quite the opposite—we become systematic because we first connected to multiple systems (Others) through language. This is the difference between thinking in systems versus systematic thinking: systems thinking is expansive and inclusive of the subjective and personal; systematic thinking prioritizes the objective, neutral, and impersonal; it organizes humans and things into forced categories to give us control over nature and other people, or at the very least, conceptual control over categorization of them. In the process, *it reduces things to what they are not* (a part separate from the whole). It reduces the fractal expressions of language to words.

Poetic Reconnection:

The Swedish poet Tomas Tranströmer spent his professional career as a psychologist, helping juvenile delinquents reenter society, counseling those in drug rehab, and helping those with disabilities choose a career. Once, during a poetry reading in New York, he was asked if his work as a psychologist influenced his poetic writings. In answering the question, he commented on how few people asked him the inverse of that question: how has being a poet influenced your work as a psychologist? You see, Tranströmer was first a poet and second a psychologist; not the opposite. And getting that order right meant that he was a better psychologist. Perhaps Tranströmer would suggest that as we see others the way a poet does, we become better physicians. The poet is primarily concerned with *epiphanies*: supra-rational "meeting places" of profound sacred *connection* with our landscape, our history, our culture, or another individual—a language *without* words that the poet does their dammdest *to* put to words. Seeing others poetically means finding meaning, such as the waiver in a patients voice that belies fear or grief. This means paying attention to the metaphors a patient uses in describing the symptoms that keep them up at night. This means using language, not merely words that reduce (*totalize*) the patient and keeps us at a safe objective distance. This is the art of medicine—the whole of medicine—which encompasses the fractionating science of medicine.

Life is not a "problem" to be solved only through rationality. We are not exclusively rational beings—we are also emotional, intuitive, embodied and social. Objective,

neutral rationality cannot even operate unless it is embodied (has a set of operations to undertake), is motivated (so that it does some things and not others), is emotional (has guides or heuristics to give solutions to problems that cannot be computed on a conscious level). So it is only under all of these private, unpredictable, sensing, feeling, unstable, passionate and embodied predicates that rationality can even begin to operate.

This should matter to every practicing physicians who desires to be a healer. If real healing is to be achieved, connection must happen first. And for connection to occur, real language must be used, not merely words. Words are impersonal, neutral, objective, and sterile. But language exposes; language gives to the Other, allowing the ego (with our tendency to objectify or *totalize* the Other) to escape. Language changes patients from a "case" under sterile surgical drapes of diagnostic categorization to a human, with an *interior* reality that is *infinitely* as real and legitimate as my own. Language changes a patient who is a "poor historian" into an individual who is just as scared and overwhelmed as I am frustrated and spread-thin. Seeing others as Other demands compassion from us.

Conclusion:

There are many fractal layers of language: spoken, ethical, philosophical and the elaborate language of physiology, to name a few. Endobiogeny provides a rich physiologic language of the dynamism and interconnectedness of life. This framework is informed by modern physiology, psychology, and mathematics—the most universal of languages. With language, we are better equipped to provide healing. The depth that Endobiogeny brings to patient care is not by turning up the metaphorical power of the microscope to higher and higher magnification (and disconnection). The depth of the endobiogenic approach is in stepping away from the microscope and viewing the entire landscape (terrain) of a patient, unfractionated and interconnected.