

Editorial/Commentary

What is Love?

Ghislain Devroede, MD

The body never lies. Both sexuality without spirituality, and the reverse, religiosity without incarnation, are sure ways to maintain dissociation and its cohorts of dysfunctions and disease. The split between mind and body has taken impetus from Descartes' futile hope that thinking meant existing, and that the body had to be domesticated. As a joke, in contrast, a philosopher recently said: "I have an erection, and therefore I exist," and a female artist: "I suck, and therefore I exist," but these are other futile attempts to feel existence through undiscriminated sexual activity. What matters, deep down, is a state of Being and Integrity rather than dissociation. Love is of this order, and cannot be described in precise words, as if it was the object of a scientific investigation.

A long time ago, Francis Peabody wrote that the secret of taking care of a patient was caring for the patient. What he did not say was what is "Caring for?" or said otherwise: "What is Love?" Compassion, humanism, empathy, sympathy, love are often used without proper attention to their deep meanings.

About the same time, the search for the truth and reality was intensely nurturing the emotional powers that underlie the scientific approach to the universe, medicine included. This explosion of existing knowledge was accompanied by fragmentation of the individual - the antipode of Love, founded on total unconditional acceptance. For example, it is hard to apply data obtained from a single paper to the clinical situation of a suffering individual because many variables, which disappear in the randomization of groups, remain pertinent and active in a single patient. Moreover, probabilities demonstrated in a cohort of subjects have no value beyond the group, and cannot be applied to the individual patient. Also, if physicians confuse statistics and prognosis, they will play God by inducing in the patient a self-fulfilling prophecy, namely the automatic realization of prediction. Thus, when the natural history of a disease in a given subject is at odds with "the normal" or "the average," many physicians, shaken in their understanding of disease, have a mental block as they face the uncertainty of life. Most of us cling to the strong conviction that someday, somehow, as in the fairy tales where the prince delivers the imprisoned princess, "science" eventually will provide an answer to every question. But, more and more, our societies are calling this attitude into question and the economic decline and the degeneration of health care in the West are exposing the weaknesses of our current approaches to health and disease.

Today, we must avoid two pitfalls in medicine. "Medicalization" is the act of reducing a suffering human being to a sick organ. "Psychiatrization," a more "philosophical" attitude, values ideas over the body, but unfortunately if the mind is ever at odds with it, the body always wins. Scientific medicine, because it is based on measurements- on observable and reproducible data, urges us to avoid any hint of subjectivity when considering the presenting complaint and attitude of the patient. Thus, as much as possible, we deprecate symptoms in favor of signs, either those collected from the body by clinical examination, or by technicians through various tests. Pushed to the extreme, this approach leads to medicalization, and to a purely objective and scientific "subject-to-object" relationship between the doctor and the patient: no more caring, no more

humanism, no more compassion, no more communication. But... which human being feels "loved" when he/she is reduced to an object, i.e., a thing? Thereafter the principal exchanges with the patient are objective transmission of obtained data and an interest in "nice cases," which provide intellectual pleasure for a scientist-physician.

Of course, patients are not objects and profoundly dislike being treated as objects. They want not only to understand what they are suffering from, but want also to share in its management. Many patients still believe that they have the right to health just the same they have a warranty when they buy a car. By so doing, they evacuate their own contribution to their illness. No doctor will ever be able to go to the heart of the matter in existential difficulties without the patient's active participation. But more and more patients know that what happens in their lives is linked to their health. Many patients thus want not only to see their bodies restored to health but also want to express their feelings and have these feelings validated. Somehow they want someone to help them discover their hidden agendas, accompanying them, if necessary, to the depths of their souls. For that voyage, of course, the purely scientific physician is unprepared. He has nothing to say that is to the point and can only go along "for the ride" as it were, at times shaken to his foundations by the vibrations of his patient's experience.

At the deep level remains only love. Peabody knew that. But what is Love? I was a small boy when naively I asked my parents; "What is Love?" They answered: "You will see when you are grown up!" Of course, raising a child as a clone, under the guise of providing a good education, is not loving that child. Khalil Gibran, the poet, wrote "Your children are not your children. They only go through you." How often does this happen in real life? We know, for instance, that sexual abuse of children is common and that the overt acts are just the tip of an iceberg. Touching, touching tenderly, is of paramount importance for the normal development of children. A book on this subject is entitled, quite properly, "The me-skin" (Le moi-peau; Didier Anzieu).¹ At a deeper level, in her book on deep narcissistic wounds-i.e., the non-recognition of the boundaries of a child, La blessure de Narcisse, Genevier Guy-Gillet speaks about "The self-body" (Le soi-corps).² In any case many people confuse touching tenderly and touching sexually, and frequently women complain to me that they have to "lay" in order to be held in loving arms.

Patients and doctors are members of the same society, although the latter have a little more knowledge, and stronger defense mechanisms, so usually can stay one step ahead. But just one step. Many doctors speak about "my patient" when they don't speak about a "nice case." This is not Love, of course. Recently, I heard a surgeon, confronted with drastic cuts in the health-care system, say flatly "After all, we are in business." And yet, we insist, love is free. And a caring physician may project like this brilliant young female resident, who began the presentation of a patient with a cancer of the pancreas, by saying "My hemoglobin is eight grams." Yet her complexion was pink and did not look anemic. After a week of intensive Balint group psychotherapy on the doctor-patient relationship, another physician said "Thank God we have our patients." He was fed up, empty, and had begun to doubt his own caring capacities. Despite this, he was eager to go home to "take care of" his patients. To identify with somebody means becoming the other person, without any distance, by abolishing one's existence, most likely not out of Love, but in order to become Loved by the person you are supposedly caring for. As Frederick Pens once said: "You are You, and I am I, and if We meet, it is beautiful."

Too often in medicine, being "humane" seems to mean being polite, having a professional varnish as a coat, and having a good code of well-memorized ethics. That is not loving, caring, respecting, because what lies under the coating operates in the doctor-patient relationship, albeit unconsciously for the two partners. "I love you" does not mean "I love myself in you, as in a minor." There is no love without otherness.

Men and women can express themselves four ways: intellectually, emotionally, sexually, and through body functions of any system. Underneath lies, I believe, a spiritual level that transcends the ego, becomes transpersonal, and is of the order of Love. You said we should care for our patients? Do we really know the power of love, of hope, of openness? I mean the healing, objectifiable, verifiable power, not at all incompatible with a scientific appraisal of what happened, but with many questions about how it happened. You cannot describe Love. It is an attitude. How often do doctors really care?

References

1. Didier Anzieu, *Le Moi-peau*, Dunod, Paris 1985.
2. Genevieve Guy-Gillet, *La blessure de Narcisse*, Albin Michel, Paris 1994.