

where we began, when you bring American college boys to Peru to show people how to really dig wells, you enact a caricature — a fantastic caricature — of what we are talking about.

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FROM TOOLS TO SYSTEMS

CAYLEY: In this conversation I'd like to revisit the question of tools, and your claim that they acquire a distinct and independent existence only after the twelfth century.

MURCH: A little while ago, I spoke about Father John Considine, the Maryknoll priest who convinced John XXIII to enlist the Church in the Alliance for Progress. The idea of these missionaries was to help these poor people, and to help meant to provide those people with means, with tools, that they didn't have — with electricity, penicillin, decent legal devices, instrumentally conceived knowledge. This was taken for granted. It's as difficult to put an epistemic parenthesis around concepts like instrument, tool, device, technique, as it is to put a parenthesis around norms or rules in ethics. As soon as we speak about conscience, someone will invoke norms according to which a conscientious man ought to act. And as soon as we speak about help, as a result of my love for you, my benevolence towards you, we will think about my empowering you by providing you with some device or technique. Now what we discussed two years ago was the fact that the very idea of the tool as a special type of causality has an historical beginning, that the idea of the tool takes mature shape in Scholasticism in the late eleventh and early twelfth centuries. Almost absurdly, but correctly, we then spoke about the discovery that angels who are pure spirits require tools, which are planets, in order to act as

God's governors in the ordering of the world. We can consider the time between the century in which I am so much at home, the twelfth century, and today, by speaking of it as the epoch of technique or tool-making — "tool" meaning something that incorporates, materializes, or formalizes a human intention, and can be picked up, or not picked up, by a person who wants to pursue the goal that corresponds to this intention. It is marked by its belief in the omnipresence of instruments: eyes are instruments for seeing like cameras, concepts are epistemic devices, laws are tools for the ordering of society. Thirty years ago it was very difficult to make anybody even doubt the fact that the word "tool" refers to a natural category without which we cannot intelligently think. Even the body becomes a tool for the soul, or for the person, and, more importantly, the individual organs become specialized devices to perform specialized functions within the body. It becomes difficult for anyone except heretics and homeopaths — and you notice how difficult it is for medicine to swallow the existence of homeopaths — to conceive of medical help except as the provision of instruments which interfere in the malfunction of some organ. The fact that this instrumental way of perceiving the world around us, and ourselves, has an historical beginning is especially clear in the case of physicians because with them a noninstrumental mentality survived much longer than it did with lawyers, and philosophers, and theologians, and moralists, and natural scientists, of course. As late as the eighteenth century the typical doctor did not do any tests on patients. It was the great Frenchman Laënnec¹ who heard something nobody had ever heard before when he made a roll of newspaper into a proto-stethoscope and listened to the waves in the ocean of a pregnant woman's belly. It seems crazy, but in our Western society counting heartbeats is something which appears only in the nineteenth century. The doctor never sought — until Paracelsus, which is a few hundred years earlier — for the cause of disease in a person. He listened to a sick person, and to what nature was telling that person — through his pains, through his difficulty in breathing, through his anguish, through his bleeding, or through his other juices. The doctor knew sick people; but the idea of what medical history calls entitive diseases, diseases as distinct enti-

ties, measles rather than scarlet fever, the idea that such things exist, is post-Reformation. The possibility of really in some way defining them hardly begins before the eighteenth century. Therefore, in the case of medicine you can see very clearly what a change was implied and brought about by the instrumental mentality. All traditional doctors — in the Hippocratic tradition as much as the Galenic — believed in people, their patients, telling them about their nature. Nature was experienced, was felt, was smelled, was tasted by people; and the physician was trained to feel the circumstances of the individual in front of him who, in his human condition, had been caught in some mess, in something contrary, which nature was trying to heal. It was as if the physician were participating in a Greek tragedy, and, like the spectator in the Greek theatre, reached out through *mimesis*, sympathy, which became feeling the other. The idea of health didn't exist, but only of nature being more or less capable of constantly healing itself, and what he did as a doctor was, through counsel, through sympathy, through the power of the word, the healing word, and perhaps through ground corals or mercury pills, which were highly poisonous, as we would say today, to encourage nature, to reinforce nature to perform its own healing act. Today we can hardly think that way about the function of the doctor. We always think that he uses some tool of his profession, to do something to the system, or the subsystem in the patient, which he knows about, and not the patient. Therefore I find in medicine, in the history of medicine, an extraordinary possibility of speaking about the transformation in self-perception, and therefore also in the ego, brought about by the certainty with which we accept the instrumental relationship of help and assistance.

CAYLEY: You have also argued also that this technological era is now over.

ILLICH: Yes . . . If any respectable, academically trained biologist, microbiologist, medical technician, or diagnostician were sitting here with us, he would say, Illich, we have turned back, we have taken a major step back from this entirely technological and instrumental

view of the human being. We now consider the human being as a system, that is, as an extraordinarily complex arrangement of feedback loops. And the fundamental characteristic of that system is to seek its own survival by maintaining an informational balance which keeps it viable. That's the way they think about this rose here, and you, and the cosmos. Each is a system that maintains informational balance. The age in which instrumentality was a key that increasingly opened all doors lasted from the twelfth century to sometime during the lifetime of my audience. There's nobody in my audience without one foot in the age of instrumentality. And they are barely aware of the fact that they have passed over into the age of systems, which I just described, in which you can't speak about the instrument any more. This computer here on the table is not an instrument. It lacks a fundamental characteristic of that which was discovered as an instrument in the twelfth century, the distality between the user and the tool. A hammer I can take or leave. It doesn't make me into part of the hammer. The hammer remains an instrument of the person, not the system. In a system the user, the manager, logically, by the logic of the system, becomes part of the system. As Heinz von Förster² said to me when we first began to discuss this thirty years ago, a man walking a dog is a man-dog system — a cyborg, one would say today. Therefore, I would strongly stress that within our lifetime we have left the epoch during which the instrument dominated self-awareness, world-awareness, and philosophical explanation of the world and language. But to interpret this as a return to the lived and felt body would be an extraordinary mistake. The systems analyst imputes to the patient what he or she is, and in a way that goes beyond what was possible under the domination of shadow tools. The system analytic doctor imputes ever more complex feedback loops, most of which, if not all of which, he recognizes only on the basis of probabilities. In the body perception of which I spoke earlier, the doctor behaves like a good theatre audience at a tragedy — through the complaint of the patient, he receives, gathers, and grasps the touching singularity of the sensual self-perception of the person sitting in front of him. The systems analyst is therefore the opposite of the Galenic or Hippocratic doctor.

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EMBODIMENT AND
DISEMBODIMENT

CAYLEY: What is the connection between your interest in body history and your understanding of the Gospel?

ILLICH: Let me begin by telling you why I became so interested — twenty-five years ago — in understanding what people meant in past times when they spoke about body. As an historian, never mind as a theologian, you just can't get around the idea that Christianity, faith, the New Testament, whatever you want to call it, begins with *verbum caro factum est*, or *logos sarx egeneto*.¹ If you look the Greek word *logos* up in the dictionary, you'll find that it means proportion or proportionality or fit before it means what we call a word. The word of God was the relationship of God to himself, as theologians later on said. But whatever is meant by this message, *sarx* quite obviously means flesh. So there is something funny about even having to raise the question, What does body have to do with Christianity and Church? It's fundamental. But it's not the *soma*, the whole of the body, that is spoken of, but its fleshiness. The absolutely unique and crazy newness of the New Testament consists in God's word becoming flesh in the womb of a little girl, of a very young woman.

In order to get into the mood for talking to you this morning, David, I may have done the wrong thing. During a pretty sleepless night I picked up my Sergio Quinzio. Quinzio was a strange man

from Pistoia,² a contemporary of mine. He was a man who had the scholastic preparation to be a sergeant in the financial police of Italy, but when his wife died and his daughter was an adult, he retired to become a hermit. He studied Greek and Latin and became a non-scholastic, nonacademic, high-level thinker. Before he died — we never got together physically, unfortunately — he sent me his little book about the mystery of God's failure, and about the difficulty of accepting the existence of a God who fails in his intentions and who has, as far as we can judge it, limits to his omnipotence.³ It is a book which weaves together very carefully translated passages from the New and the Old Testaments with passages from Nietzsche — because, in my opinion, the scandal of Christians believing in an omnipotent God has never been treated as intensely, as violently, and in as beautiful language as by Nietzsche. Nietzsche says, I can't accept an omnipotent God when I look at the world as it is. He says this for reasons of pride. Sergio Quinzio, this strange, hardly known Italian ruminator, says it out of deepest humility and a spirit of prayer and adoration. When Paul speaks about the word being enfleshed, or incarnated — we still speak about the Incarnation, the enfleshment — he speaks about the emptying out of God, of God emptying himself out. The Greek word is *kenosis*.

In earlier conversations I've indicated a number of possible research themes. Each of them already has a scholarly foundation, but none of them has been developed in the direction in which I would like to see it flower. An example is my suggestion that an understanding of the consequences of the criminalization of sin is a foundation for understanding the Western world. Our contemporary perception of self, of human relationship, so-called inter-personal relationship, has been deeply corrupted. When norms are brought into the "ought" through the criminalization of sin, the glorious side of the encounter between the Palestinian and the Jew is hidden. What the Lord told the Pharisees with this story was this: it is open to anyone who walks down that road to move away from the road and establish a relationship, a fit, a tie, with the man who is beaten up. To do so corresponds to the nature of two human beings and permits this nature its full flowering. The Samaritan has the possibility of

establishing a proportion, a relatedness to the other man which is entirely free and conditioned only by his hope that the beaten-up Jew will respond to it by accepting this relationship. No doubt, as I said yesterday, the Samaritan parable was scandalous for the Pharisees to whom it was presented, because the Master told them who your neighbour is is not determined by your birth, by your condition, by the language which you speak, but by you. You can recognize the other man who is out of bounds, culturally, who is foreign linguistically, who, you can say by Providence, or pure chance, is the one who lies somewhere along your road in the grass, and create the supreme form of relatedness which is not given by creation but created by you. Any attempt to explain this "ought" as corresponding to a norm takes out the mysterious greatness from this free act.

But, Ivan, you may say, I didn't ask you to go back to the Samaritan but to explain to me what Christianity has to do with the body. And I told you first about the extraordinary words with which the whole story begins: that God didn't become man, he became flesh. I believe, as I hope you do, in a God who is enfleshed, and who has given the Samaritan, as a being drowned in carnality, the possibility of creating a relationship by which an unknown, chance encounter becomes for him the reason for his existence, as he becomes the reason for the other's survival — not just in a physical sense, but a deeper sense, as a human being. This is not a spiritual relationship. This is not a fantasy. This is not merely a ritual act which generates a myth. This is an act which prolongs the Incarnation. Just as God became flesh and in the flesh relates to each one of us, so you are capable of relating in the flesh, as one who says ego, and when he says ego, points to an experience which is entirely sensual, incarnate, and this-worldly, to that other man who has been beaten up. Take away the fleshy, bodily, carnal, dense, humoured experience of self, and therefore of the Thou, from the story of the Samaritan and you have a nice liberal fantasy, which is something horrible. You have the basis on which one might feel responsible for bombing the neighbour for his own good. This use of power is what I call the *corruptio optimi quae est pessima*. What is most glorious but remains, as a possibility of thinking and experiencing, always

somewhat in the shadow, somewhat in the clouds, is corrupted into a very clear and powerful ideal of democracy.

God's love is in the flesh, and the relationship between two people, the mystery of the Samaritan, is inevitably a mystery of the flesh. This becomes very difficult to explain, or even to say, in our generation, during which I believe an extraordinary process, and an extraordinary history of disenfleshment of our perceptions, our concepts, and our senses has reached a high point. It has become very difficult, I know from experience, to write about the enfleshment of God during the late twentieth century. Funnily, the first great difficulty in speaking about it is connected, for anybody who knows history, with a certain monk, Berengarius,⁴ at the beginning of the high Middle Ages, who was interested in the interpretation of the Eucharist. Christians, following the teaching of the Lord, generated and celebrated their "we," in a ceremony that had two high points: one, of which we have already spoken, was the *conspiratio*, the sharing of their spirits by a mouth-to-mouth kiss, which went under the euphemism of peace; the other was the *comestio*, the sharing of the same bread and wine, which, in their opinion, since this was a commemorative service, were really the body and blood, the alive flesh, of God. There is probably some historical foreshortening involved in claiming that nobody ever questioned this experience; but it is the case that for a thousand years hundreds of thousands of faithful went through it in innumerable ceremonies of celebration of the Eucharist, and then suddenly, precisely at that moment where I see the great break which we discussed in terms of criminalization of sin, the experience became problematic. Is this bread which we share really the body of Christ? How can this be? How can something which looks like bread be flesh? Face it. There seems to have been no difficulty for simple faithful or for theologians for a thousand years, and suddenly it became an issue, which was resolved purely philosophically by going back to the teaching about categories in Aristotle and saying the substance is changed but everything that is visible of the substance, which can be smelled, tasted, touched, has the characteristics of bread.

This was an important crisis within Christianity, and yet for eight hundred years after Berengarius — the guy with whose name one

would usually connect doubts about the real presence of Christ in the Eucharist — the understanding of flesh seems not to have changed in the encounter between doctor and patient. That is why I was so happy, through writing *Medical Nemeses*, to have gotten into the study of the history of medicine, because there is sufficient documentation to allow this encounter between doctor and patient to be studied. Now if I think of such a medical encounter today, it usually has a shape, which would have been unthinkable until my generation. I call up the doctor and say, Doctor, I feel terribly tired. Well, Mr. Illich, first you must go to the lab and have a blood test of such type, and a urine test of such type, and excrements of such type, and, when you come here, my assistant will make, because you're an old man by now, a cardiogram, and let's hope he stops there. And then he'll look at the results and tell me what's happening with my body. If he's a very well-trained modern doctor, he may go further and say, I'll give you a few direct and indirect psychological tests as well, because you are not a body only, you are a psycho-physical being. From earliest childhood on, it is in this way that we are trained, or our mothers are trained, to think about what we are made of and what the stuff is that sits there and smiles or sighs. Nothing of this can I find in eight hundred years of history of the medical encounter. The one thing the doctor wants from the patient is that he tell him stories. He doesn't have to solicit them because the patient will begin and say, "You know, doctor, I'm so terribly tired, and I knew that this would be coming now I'm a seventy-year-old man. Once, when I was a boy, I walked along a cemetery wall during the night, and it was afterwards that I felt this fatigue for the first time. Now, to say the truth, I feel completely sandy, washed out, dry. I can't connect with my bowels and have to ask for a second or third cup of coffee or something even better than coffee." The doctor, as I suggested yesterday, had to learn to accept that the flesh was something that was summed up in the experience of it, in the experience of materiality, in the experience of stuff, in the stuffiness, the gestalt, the shape of the stuffiness of the guy sitting in front of him, which he, through hearing the story and watching the man's behaviour, language, gestures, way of sitting, diet, could grasp. This sense of the body which is totally that to which the

word ego, I, points, that which I make present in a conversation when I say, I say to you, I believe . . . that body, during the last fifty years, in my opinion, has been profoundly obscured, the ability of perceiving it maligned, and its remainders transformed into symptoms which a doctor, if he is a good specialist, somewhere on the border of psychology, can classify. I have therefore come to the conclusion that when the angel Gabriel told that girl in the town of Nazareth in Galilee that God wants to be in her belly, he pointed to a body which has gone from the world in which I live.

I can study this disembodiment of the modern *soma* particularly well in medical interviews, but I can also study it by reflecting on the way in which my feet are disembodied when I move mainly on my behind. I was struck by the waitress in a quick food shop on the way from Philadelphia to State College who presented me with a choice of vitamins and other inputs which a man of my age and my constitution would need. And I remember when I invited an historian of the body whose writings had impressed me to State College. When he got there, he sat seven or eight of us down in a circle and said, Now, in order to be able to study body history, we first must visualize our interior. You know something about where you hear is and where your liver is from the charts in grammar school, now we'll feel our liver, and we'll feel and visualize and taste our heart, as if he were taking us on a trip through the innards of some mechanical device. And, in the most intense way, I think, this disembodiment happens through what we call risk awareness. If anybody should ask me what is the most important religiously celebrated ideology today, I would say the ideology of risk awareness — palpating your breast, or the place between your legs, in order to be able to go to the doctor early enough to find out if you are a cancer risk. Why is risk so disembodying? Because it is a strictly mathematical concept. It is a placing of myself, each time I think of risk, into a base population for which certain events, future events, can be calculated. It's an invitation to intensive self-algorithmization, not only disembodying, but reducing myself entirely to misplaced concreteness by projecting myself on a curve.⁵

You asked me to speak about why it seems to me important, in relation to Christianity, to understand what the historical, the

epochal sense of body is. And my answer is, because I know from my conversations with people whom I meet, to whom I want to talk about the Incarnation, or the carnal side of faith, hope, and charity, trust in your word, hope in your answer, love, that the majority have no more sense of body. Or, if they do speak of body, it is in the New Age sense of a body which is an ideological construct interiorized through certain psychological techniques with which the person identifies.

CAYLEY: Is there a sense in which this disembodiment is a corruption of the possibilities inherent in God's becoming flesh?

ILLICH: . . . I would like to find a pithy way of answering, but there's a difficulty involved in the fact that you are recording a radio show. I'm constantly aware of the mercenary side of the relationship between the two of us. I'm being used for a show, by a good madman . . .

CAYLEY: You flatter me . . .

ILLICH: . . . You're the only one whom I've trusted enough to do such a thing, but it certainly has something to do with disembodiment that you'll take snippets of this and make some glorious work out of my boxed, canned voice, perhaps even after my death. I feel uneasy because I know that all people will get is what you can catch in your microphone.

Your question can be best answered with a story, but a story as an historian would tell it. The story will also allow me to shorten things, caricature things. People today take hospitals for granted and tend to forget that until about 120 years ago, hospitals were places where you put people when they had to die. The idea that you go to the hospital to be repaired and sent back is that new. People are even more surprised when I tell them that antiquity didn't know anything like hospitals. There were certain temples where you could sleep at the feet of the statue of a god which might heal you in a religious way, but hospitals were not there. The Christian West found out about hospitals among the Arabs during the Crusades. By the eighth century the

Arabs had developed the *maristan*, a place where Galenic doctors could gather people affected by certain diseases. It made it easier for them to teach their novices how to deal with wounds, provided a convenient place to treat people, and allowed them to experiment with drugs. That's an Arab idea. No one, strangely, had had that idea in Western Europe. People tell me it can't be true, but it's true. One of the Arab doctors whom I love, Al-Razi [865-925], was the head of the hospital, the *maristan*, in Baghdad. He wrote the first treatise I know of on doctor-induced diseases. But the Christians found out about this institution only during the Crusades, and one usually says that the first Western hospital is founded in the year 1102 or 1103.

This first hospital was completely different from the Arab hospital and was really based on a religious idea. There had been very wet weather during the late eleventh century for years in a row, and therefore ergot had invaded the grain fields. Ergot is that black mushroom, which is a rather powerful poison and is still used today in medicine, in very light doses, for serious hemicrania, or migraine. What happened then was that lots of people ate bread infected with ergot, and ergotism became endemic. Thousands of people were suffering from it. Modern doctors have never seen this disease. What it looks like is best studied in paintings, the glorious paintings of the Passion by Matthias Grünewald, which were painted for one of these ergot hospitals in Alsacia. That is, the first Christian hospital was founded for those to whom God had given the marks of ergotism, and who, if they wanted, could decide to answer God's call and join what was called the order of St. Anthony. It's as if a contemporary person took a positive HIV test as a special call from God to join an order dedicated exclusively to the treatment of people who had the same vocation and therefore a somewhat similar course towards death in front of them. This affliction was taken as a bodily sign from God, which opened to the sufferer a very special and glorious way of caring for the dying and then dying himself in the community bodily established through this most painful drying off and withering away of the limbs. For 200 or 300 years there was never a doctor connected with a hospital, though doctors were around at that time. Within a generation of the founding of the first such hospital, there were in

southwestern Europe at least 160 of these monastic centres dedicated to a special way of approaching the hour of death, liturgically celebrated. The Grünewald pictures show you how the hospital wards were arranged so that people could look at the Passion of Christ when they celebrated the Eucharist. It took hundreds of years before hospitals developed into repair centres, and it happened very largely through the generosity of small groups of Christians banding together, consecrating their lives in community to charitable action with some medical competence. As medical supervision increased, there developed the idea that the nuns or merciful brothers should be merely the administrators and the servant personnel for doctors practising medicine, hospital medicine, which particularly in the last two centuries became increasingly a medicine focusing on the medically diagnosed and imputed body. I don't know if this is one line by which you can see how the attempt to find a loose institutional form, in order to facilitate in a very special way mutual caring, could grow into a caring institution which provides the service of care, and how this is deeply connected with the creation of the basis for the modern imputed body.

CAYLEY: Does a belief in the resurrection of the body in some way open the door to disembodiment?

PLIEN: Let me try to answer in this way. You referred yesterday to Paul the Apostle, speaking on the *agora* in the midst of that fabulous architecture of Athens.⁶ The Athenians listened with interest, as they would to any wandering peddler of good news, until Paul came to talk about the resurrection. Then they told him, Listen, it was very nice, but stop it for the moment and talk to us about this another time. How intuitively right these Athenians were. From what I know of their medical texts and the light these texts throw on the philosophical texts of this Hellenistic period, I would say that these Athenians had a pretty strong fleshy sense of something when they said "I." They knew how their different statuses, their professions, their activities, their diets, and their celebrations all influenced the humoural, flowing, gooey, sensitive, touchy feeling that they referred

to when they said "I." And here was this guy Paul who not only believed in his vocation as a Samaritan but who also knew something about the resurrection of the enfleshed word. His sense of the flesh had exploded to include the enfleshed God; and, wherever he visited, he celebrated the mystery of this enfleshment. And, therefore, he could innocently say to the Athenians that, as a consequence of the coming of our Lord, Jesus Christ, we now have a flesh which we will feel again, as we do not feel it in sleep, and will not feel it in death. It will be given back in a glorious way. Paul — I'm elaborating now — could speak about the eternity of the flesh, of his flesh, because he had celebrated the Eucharistic mysteries often enough to take it for granted that the flesh is that which God, the word of God, has assumed. The Athenians said, No, now you are touching on something whose meaning for you we can feel from the way you speak, but, for us, it has none.

You cannot speak about the Resurrection except as already implicit in the Incarnation. And the Resurrection is the proof of the Incarnation. Only God's flesh is capable of resurrecting, of being resurrected; and I am destined for resurrection, hopefully on the right side, precisely because I'm enfleshed through my acts of charity, and through my doxological celebration of the enfleshment. Paul speaks about the *cosmos*, about a new heaven and a new earth which is a new relationship between the two, a new proportionality, a new *cosmos* which in Greek means *vis-à-vis*, lined up in front of each other, facing each other in a new and glorious way. Creation, through the Incarnation, will perdure. It has a beginning. It is not eternal like God, but it has no end. This is what I referred to earlier by Thomas's term *aevum*, a now which is also forever, in which heaven and earth are facing each other, and therefore the flesh which is already in heaven and the flesh on earth will somehow be glorified together. But I'd rather not speak about things about which I understand so little, but which I enthusiastically believe and claim the right not to have to defend.

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CONSPIRATIO

CAYLEY: Ivan, I would like to ask you today to say more on the subject of *conspiratio*, the kiss of peace, which you spoke of in our conversation of two years ago and again in recent days.

ILLICH: Let me try and answer in terms of citizenship, because when we ended our conversation a few days ago, I was evasive on this subject. We tend to assume that our ideas about democracy, our democratic certainties, derive in some way from Greek politics, from the idea of the *polis*, which was translated by Cicero as *civitas* and then elaborated during the Reformation and afterwards into what we assume about the citizen today. This involves an oversimplification because, in Athens, you were born out of the city, not into the city. The city was conceived as a womb, or as an aspect of nature. Nature was always conceived according to this womb figure, and Athenian citizens were bound to each other by having come from the same womb, and having therefore the obvious purpose of acting according to the needs and the characteristics of the city, of Athens. Citizenship, as belonging to this "we," was in no way something which you established by your own will. In later Roman times, through Cicero's elaboration of the idea of the citizen, there were possibilities of being adopted into the city. One such adoptee of whom we've often spoken was Paul, a Hellenistic Jew who could nonetheless say, I'm a Roman citizen. What has strangely been overlooked,