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Building a new therapeutic alliance between two vulnerable people: helping the therapist to assist the patient to take active ownership of their care.

The wording of this symposium's theme 'Healthcare challenge; can we reconcile what patients expect of us with what we are able to deliver?' immediately rings true to my philosopher's ear. In addition to reminding us that care always poses essential dilemmas, it has the advantage of emphasising neither the therapist's point of view and skills (paradigm of 'the patient's adherence'), nor exclusively those of the patient (the principle of the 'patient expert' for example), but their otherness and above all the healthy coordination between them which presides over their effectiveness. This is why I prefer to speak of a therapeutic alliance, since it is above all, in my view, about a relationship of equality and humanity.

A word of caution, however: the title of the conference might lead us to think that the therapist owes everything to their patient in a relationship which is purely business-like between a salesman and their customer. Nonetheless, in all my work thinking about it, I defend the idea that that the paradigm of care is again one of those exceptions which should lie outside our commercial and capitalist universe even if there is already a current tendency to mistakenly identify it thus; for example I heard a little while ago on the news that it was becoming customary for doctors and other therapists to be given scores by their patients, which obviously raises serious questions about the evolution of the medical profession. Caring, in my view, is above all an encounter between two human beings whose roles and competencies will both play a role in turn later on. Contrary to the commercial model, the therapist and patient must pay attention to each other in a reciprocal fashion in order to ensure that their joint relationship functions well; it is certainly not about asking nothing of the patient, who must actively master – even remaster – the area of care which is relevant to them. The therapist therefore needs to be there to help them to make the most of their experience and their competencies, which the patient already possesses but is often unaware of. In my opinion, the therapist is in the position of a wise educator; they must guide and encourage their patient to become as autonomous as possible.

The mutual acknowledgement of the vulnerabilities of the two protagonists in this process seems to me imperative so as to include the ethical implications which allow each of the players to recenter

their roles in the process. In this new paradigm, what must be the role of the therapist? How must they be led by their patient? According to what method and in what timeframe?

These relationships have preoccupied me for some time now, as much in my journey as a researcher as that of patient – which I have been for the last 30 or so years. I have a chronic neurodegenerative illness which was diagnosed around the age of 10 and which hasn't stopped progressing with time involving all motor functions. I would no doubt have followed the route laid out by my parents, themselves gynaecologist and anaesthetist, if the illness hadn't confined me to the other side of the patient/carer divide. I will always remember the shock of my diagnosis that at the time I didn't experience to the full since my mother chose to spare me the neurologists' verdict (would I have understood it anyway?). Might the neurologist, in turn, have found the right words to tell the child that I was then, by explaining the situation in a realistic manner while also retaining a certain tact to avoid crushing her hope for the future in the vulnerability of the moment?

But doesn't the therapist always encounter another form of vulnerability - certainly exacerbated - in that of their patient, a vulnerability which is, by the way never anything other than an echo of their own? In all my work, the thing which I maintain and seek to defend is that there isn't one vulnerable person, one person on the brink fatally hemmed in by their inner distress, opposite the 'strong person' who is the carer. We all evolve in a porous world, where we are all vulnerable, even if some people are certainly more fragile, more 'vulnerable' because they are more exposed than others to the imbalances and to our daily dependence on others. It is exactly this initial inequality which unites the carer and the patient, both of whom possess different areas and skills that can complement each other in their close collaboration.

So, what is the essence of the therapeutic action in this context? If the treatment is important, the essence of the action no doubt resides in the way it is delivered, as Canguilhem has already written in his '*Écrits sur la médecine*' or '*Writings about medicine*' *('Henceforth, talking about treatments, the way they are given is sometimes worth more than what is actually being given.')* We are always sure, in addition, that it is about the patient or the therapist, but above all when we speak of their partnership to the two of them. One of the great strengths which the carer must show evidence of, is to accept that they do not know everything, but rather must allow what unfolds in the new setting to emerge, to acknowledge *a priori* the world of the other vulnerable human being. They must be aware that they cannot understand everything and that they must not seek to become competent at everything; in other words, they must be ready to place the same trust in their patient that the latter places in them when they know they are being listened to. And the first recognition of one's own vulnerability as a carer must come from oneself, an indispensable element in the benevolent gaze implicit in every carer's attitude towards their patient.

Equally, face to face with his therapist, the patient must bear in mind that he is not dealing with an omnipotent person who is obligated to cure him. Canguilhem repeats again and again in his '*Écrits sur la médecine' ('Is it possible to teach healing?')* as he distinguishes the doctor from the healer, the doctor who one cannot judge simply by his successes. Healing is rather a matter of scrupulous respect for a treatment given in good faith and the interactions between the patient and his environment which allow it to happen or not: at the start of the 20th century the 'idea became popularized that it was desirable and possible to covert the patient into their own physician. They thought they had thus invented the taking up again of the age-old theme of doctor of one-self.' As Canguilhem says in the same text, *'the role that the doctor can play in the cure would*

consist of teaching the patient their responsibility (which they can't delegate) for finding a new state of equilibrium taking into account the demands of the environment, once the treatment required by their organic illness has been prescribed. The aim of the doctor, just like that of the educator, is to do themselves out of a job.'

The therapist must encourage any movement towards autonomy by the patient, autonomy in the etymological sense of 'the right to govern oneself by one's own laws.' Effectively, the therapist must not subscribe to a plan which confounds dependence and autonomy but must be careful to give to their patient all the tools which they the therapist may not have themselves, to allow the patient to access those tools without doing the work for them, which would result in the therapy being pointless. They must guide the patient to expertise while accepting that they are not expert in the same way as their patient. In other words, the therapist must keep themselves from projecting 'self' onto the other. Listening and observing is to counter those attitudes of mutual deafness that we encounter so frequently these days. The strength of the therapist is also that, in spite of the fact that he doesn't hear anything *a priori,* he postulates that there is something to hear and to listen to and that the whole person and their body bear a certain significance. He must therefore pay complete attention to that new humanity to which he thus offers recognition.

This obviously raises new questions about the notions of silence and language (the therapist must have a fine mastery of language and human psychology, for example when talking about illness or simply reformulating what the patient has said, which he or she must then validate; it is also a way to 'give the patient a hand' by giving them the opportunity to feel at least partially responsible for their condition). It is not just about lining up simple words as carriers of information, for which silence would just be their contradiction. It is particularly these silences which he must perhaps listen to with redoubled attention; the doctor can help his patient to find their path again, using a similar method to that which Socrates uses to bring forth new ideas by reasoning and dialogue in Plato's dialogues. The therapist is the one who makes space, allows room for the voice of their patient whatever the tone of what the distressed individual has to say to them. In my view, the therapeutic act consists in giving that original space, necessary for the blossoming of care, that same space which Henri Michaux describes in '*Poteaux d'angle':*

'One indispensable thing: to have space. Without space, there is no kindness. No tolerance, no… and no… When there is not enough space, there is one feeling, well recognised, that of exasperation, which is a less than adequate outcome.'

Problems emerge after that as soon as there is a medical decision to be taken, where someone, in this case the doctor, must make a choice; the role of the caregiver is then to make sure their patient has understood the reasons and the outcomes of the situation as well as the therapeutic options being suggested to them. And they must then accompany the patient closely, even if they might not have chosen that particular path.

If it is undeniable nowadays that many carers don't have the option of making themselves sufficiently available in terms of space, in terms of time and therefore in terms of listening because they are themselves deprived of this space by the more general trend of a society that all too rarely meets the needs of its members, this should not be allowed to encourage a type of passivity. The relationship between therapist and individual obviously needs time to become established. This is not always possible as patients are often referred to other medical providers. This original lack of space must not result in us becoming complacent in an attitude of laziness, in which we don't even bring into play our respective humanities. On the contrary, it is possibly here in particular that our

humanities must act together, in that hidden space, sometimes quite narrow, which gives pride of place to the two eminently unique and different individuals meeting together, the one in distress and the other in a position to create the protective space needed by that other person.

The work of team-mate, even if temporary, between the therapist and their patient, takes place in that zone of a two-person game which is always a little on the margins, in a place not conforming to the norms, not defined by any parameters, which makes the most of the individual characteristics of each of them, in order to set up a remarkable collaboration between two people.

In the therapeutic paradigm which I have developed here, it can happen that certain patients choose to grasp the proposition put to them by the carer…or not. Sometimes they give the impression to the carer that the treatment hasn't worked when the patient hasn't followed the suggested treatment. But having given the possibility of care to the individual, is already to restore to them their capacity to be human, in their capacity to be heard. And by doing this, the carer affirms their own humanity by their actions. Defying our most traditional concepts of space, here, just as the caregiver protects the humanity of his patient, the patient protects the humanity of his caregiver.

In conclusion, the world of care must remain a world of challenges where we don't know the outcome in advance, where each situation, each new alliance between a therapist and their patient at that moment is unique and will therefore have unique outcomes. The two people involved need to know themselves to be reciprocally vulnerable, even if it is the patient who is asking a certain 'restoration' of their health, restoration which will never be a complete return to their initial equilibrium, never a return to the 'biological innocence' according to the terms used by Georges Canguilhem himself. The patient must not expect their doctor to do everything otherwise they risk bypassing their personal responsibility for taking themselves in hand. The aim of the therapist is just to accompany their patient by helping them to feel better or bringing them a certain comfort in life which they didn't have before. We are not necessarily talking about cure, and in this regard, I use the example of my illness: most of the carers who have been with me taught me to 'live with' this incurable disease since we don't yet have an effective cure. In my opinion, they are playing an even more important role here as therapists, since the most that can be expected is stabilisation of the disease. As another example, I'd like to cite palliative care specialists who have often inspired me; these carers demonstrate that the important thing in the therapeutic relationship, in what they can do for their patients, is that the patient feels better before their immanent end. We are wrong when we often consider palliative care as meaning we can eradicate death. The most a doctor can do is make it retreat a little, delay it, but it is wrong to consider them omnipotent. Just like their patient, they are vulnerable in another way, subject to the same rules of biology until serious illness and death overtake them. And it is perhaps the fragility of the human condition that therapist and patient share the most. But I'll leave the final word to Canguilhem in his work '*Écrits sur la médecine'* who emphasises the extraordinarily intense words of F. Scott Fitzgerald: '*All of life is of course a process of demolition'*. And for Canguilhem, the doctor's role is to accompany their patient on the laborious path towards eventual well-being, and not to choose for them, while knowing that we are all finite beings destined to die in the end. Which isn't a reason to abandon that medical vocation, as long as it is needed. Like Fitzgerald again, Canguilhem concludes his text with a simple statement: '*To learn to cure is to learn in the end to know the contradiction*

between hope for that day and failure. Without saying no to that day's hope. Intelligence or simplicity?'

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