

A QUÉBEC DOCTOR: ANALYSIS, ETHNOGRAPHY AND PATHOS

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The text we employ is a fragment, a piece—perhaps a piece of life. A writer's life? A life of writing? Our treatment remembers that sketches are not drawn in one stroke—nor are signatures. It remembers that the figure of a man may be anticipated in that of a child, but that the relation of child and man is more one of uncanny resemblance than identity. It is a beginning that is of interest here, a man's childhood as recalled from a distance of time and development—the development of the figure of a man. And it will be remembered that a figure is not the whole of life, but that it is perhaps the memorable part of a life for which one cares. The text of initial interest to our work is a first person account of the background or inheritance of a country doctor who has practiced for many years in a rural community of the Eastern Townships of Quebec. We hope to glimpse the beginning of the part of life called writing in this image of the part of life called healing. It is an account of the man's origin and his relation to his origin. The account is deceptive because it seems to be two accounts—the account is divided into two tales—one concerning family background and the other concerning the iteration of an image—so perhaps together the account(s) render(s) the facts and figures of a life.

The first tale reads as follows:

"My great-grandfather came out in 1833 and he settled beyond Inverness and that's where my grandfather and grandmother, a neighbour's daughter, were brought up. And when they got married they came out here and homesteaded three miles from Englishville, in the Law Forest area. It was on that farm that I was brought up.

"My father was a farmer. When he got old enough to get married he moved to his own farm. It was a terrible time: my parents were just getting established on their farm when my father's brother died of Spanish flu—and without anyone to take care of my father's parents, my

It would be difficult to witness a life without being moved by it. We take it, therefore, that the characteristic problem of the ethnographic genre (and of the particular geneological trace to which it is bound) is that of pathos. Initially, then, our work will be that of formulating the character of this problem as the problem of a character whose particular logic and passion become available through analysis of a distinctive style. It is in pathos' stylistic particularity that we may glimpse the irony of the doubled life wherein the pathologic figure is embodied—both in the practices of a physician and in those of the ethno-

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father was obligated to return and take care of them.

"They moved back to the ancestral farm where his father had cut and cleared the first cultivated lands. They went back to an old lady with TB and an old man with arterial sclerosis . . . The neighbours below looked after their parents—and our other neighbours just finished looking after their parents. So it was the family trait in this area for children to look after their parents."

"Did you in turn look after your parents?"

"Well, no . . . not to that extent. I could not do very much, I could not get by my epileptic brother and I could not get by my father. In a sense my father left me to settle the will but . . . I . . . I could never contribute the way I thought I should. I could not break through my father and brother; they had the feeling that things ought to be hard to be good and that any decent thing in the house was an insult. My mother waited on them hand and foot as she always did until she died. Then my sister looked after my father . . . I was always frightened of him, I remember my mother saying 'Don't beat the child, it's not going to make him better'. It took a lot of guts to stand up to him."

"Did you have friends?"

"No, we did not go out much, because . . . my father did not like that . . . he became annoyed when I played with my neighbour's kids, so I rarely did. And they did not come to visit us because my grandmother had TB and everybody knew that my mother had all that she could do . . . you did not play with things around the house because my father did not like anyone to play."

"Did local people come by to give a hand?"

grapher who seeks to illuminate the details of a doctor's life.

The doctor's problem is how to achieve an enjoyable relation to his inheritance, how to achieve a desirable difference between his origin and his fate—between the figure of his predecessors and that of his own life. The problem of pathos (of the pathetic figure) seems to be its weakness, the weakness of its unavoidable inscription within a particular style of figuration: literally—as the account/gesture that paces and punctuates a spatio-temporal alternation of the presence/absence of the object of its desire. The pathetic figure can only conceive a strong relationship as his identity, either with what he desires, or with the conditions of his life. If the pathetic figure is undesirable, it is perhaps because its literal style of figuration grants no strong place in its life to its own desire. So the problem of which pathos is an example is the problem of one's relation to his desire.

We might be tempted to think that the pathetic figure's problem is that his imagination is weak or constrained—that he cannot imagine himself committing an act of violence, that he must conceal from himself the great violence that identity (e.g., his identity as pathetic) does to (his) desire. The pathetic figure could move us to feeling sentimental, if we were to repeat his strategy: he treats his desire as if it were emotion—he does not see his emotion (his unhappiness) as an image

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"No, we all kept to ourselves. I was never close to people. At school I had poor contact with the teachers—which kept me more isolated. They were not very bright. They kept me after school to write out words without telling me what was wrong. This was not a very good way to learn."

"Did you not have any friends?"

"Well . . . I did have friends in my brothers and sisters. We were a close-knit family . . . I guess you wonder why, if I was so unhappy at home, I came back here to practice medicine?"

We are initially tempted to call this talk geneographic, i.e., organized by reference to a literal treatment of an image of the line—the family line. The aim of family life is to preserve the line unbroken through its several generations—to insure that each generation is like the previous one, such that there is no generation, only iteration. Truly, this is hard work! It is the difficulty of indefinitely suspending the development of one's own particularity and of seeing this deed as doing and being good—the difficulty of a life of obligation and necessity as a family trait—of being obliged to have no influence, to become unable to make a contribution when it is clear that one is needed. It is being stuck and unable to break through. It is living in fear of one's predecessor and yet having no one else to live with.

The family's child thus tries to keep to his own, but confuses his own with what owns him, i.e., fear, isolation, rigidity, helplessness, severity and frustration—a life unlikely to

of his version of the life of desire. If the pathetic figure masks his own violence, it is this mask that permits him to repeat his act of self-mutilation. What is masked is the election to not differentiate one's origin, circumstance and fate. What is masked is the limited appropriateness of this deception—perhaps to the particular circumstance of the child in an environment of indifference. But the very notion of the child references an alternate circumstance: that the child could mature. This is to remind us that the problem of imagination is not adequately treated in terms of its abstract strength or weakness, but rather in terms of its specific limitation as an expression of the development of character.

We could think of ethnography as a response to the pathetic problem of imagining (treating) oneself as unable to make a desirable difference between oneself and one's origin or environment (unable to make a contribution). Ethnography treats making a difference as a problem of rule, i.e., ethnography might think of the pathetic child as needing a rule of difference—it might think that a contribution is produced by the application of a rule to an environment (of events or materials). Ethnography thinks that rule makes (and we think that it masks) the difference that is wanted, i.e., that the difference between itself (as the actor who is happy with his account—his contribution) and the unhappy child (whose only account is his tears) is its ruleful discipline. It might suggest that the child's problem is that of its submersion in the endlessly multifarious particulars of its life. The rule of eth-

generate care for its history because, for it, history is only chronology and care is obligation. To care for himself one would have to leave this line, for this family line truly does not know how to care for itself—for its own need to care. And yet—it produces this child!

Why, he wonders, would he (would anyone?) return to such a domicile (such a community) and care for its diseased members? Why would a sensitive spirit desire to cleave to that kind of hard life? If we cannot imagine the continuation of the practice of necessity without its desirability, perhaps visiting the doctor in his maturity would enlighten us. But recall that we have already heard the mature man speaking of his childhood—yet the speech disguises (and knows that it disguises) the decisive difference between adult and child, between the doctor and his inheritance.

The doctor's office is a part of his domicile—its entrance appears as the front door of the house. Inside, as you enter, you make yourself acoustically visible by buzzing a bell the resonance of which nears completion when you're already in the outer office. As a rule, the announcement does not yield immediate recognition; neither nurse nor receptionist provide formal acknowledgement, instead one waits for the doctor.

Functionally, the outer office seems not unlike other waiting rooms with their usual assortment of chairs and reading materials. However, what seems unique to this place may in-

nography (of science) subjects the plurality of those particulars to its own singularity. Its solution, therefore, is one of simple reversal—if pathos submerges itself (its desire) in its particulars, science submerges its particulars in its rule. If pathos' excess is passivity, science enacts methodic aggression. Neither is violent, neither is desirable and neither can supply an adequate image of what is best.

In contrast, our interest is in the question of the interest served by both pathos and ethnography. By this is meant that we seek to recover the use and attractiveness of these figures in our work. We conceive of our work, then, as a reflexive inquiry into our own practices.

At their best both pathos and ethnography seem strategies of delay and disguise that aim to preserve desire in times of extremity. This is how they could be taken as themselves extreme, for they are forms of conduct that mimic the conditions of their enactment. While pathos seems a simple failure to exercise self-regard, ethnography is a more elaborate and artful trope in the hands of an authoritative writer, who uses this ruse to lead the reader to a denouement of the authority, aim and beginning of his work. Its descriptive rule is a deception to charm and seduce the reader, whom we suppose always to wish to be charmed. But we know that charm alone, without irony, is shallow and aimless. That deception must serve life—must be *for* something, must bear upon some matter—is inescapable for us. For us, the material at hand is both a certain image of relationship embodied in

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initially be grasped as a decorative preference for wood; all the furniture as well as the walls are made of clear pine, giving the office a darker shade—a setting more appropriate to the intimacy of a living room than a medical office. The resemblance to home is not accidental to the medical practice at hand but essential to it.

Concretely, the office is part of the doctor's family house and the inseparability of these distinct spheres of life is made audible to waiting patients, be it in the form of a piano being tuned or the excitable sounds of children playing outside; in any event, the plethora of family sounds permeates and is held as a stable fixture of this place. When the doctor does appear in the outer office neither apology nor any other sign referring to the propriety of these sounds is heard. They are accepted as the ongoing background to the medical work in question. Features of familial life do not end with these sounds; the doctor himself repeats the familial which the sounds first disclose. His attire, for example, is stripped of any designation that would draw attention to his professional status. Dressed in the same manner as his patients, that is, without the white medical uniform, it is difficult for a stranger to distinguish the doctor from his patients: they tend to look alike. Moreover, they talk in the same way and about the same things, so the patient/doctor relation—in the outer office at least—is covered over by the membrane of an alternate mode of sociation: that of neighbour and kin.

the figure of the doctor and named as pathos and the ethnographic treatment thereof.

The ruse of ethnography is its claim to ground itself in a rule (e.g., of the adequacy of description as an image of good writing) and its deflection of any interest in the desire of either its decisive author (whose commitment to the rule is the ground of its authority), or its decisive subject (who becomes thereby a cypher). The ethnographer thus appears to speak methodically rather than passionately—at least long enough to suggest an image of why he would do so, i.e., why his passion serves itself in this style and how this writing befriends and best serves the good of the desire that animates it.

We find both pathos and ethnography depressing. By this is meant that they depress or flatten the essential problem of writing into the technical problem of the depiction of materials. Neither shows its interest in a decisive way—neither is desirable because neither permits itself to enjoy the free play of its desire. Neither is desirable because neither shows that it desires itself—neither shows that it chooses its particular life and that such a decision (and the experience of what is chosen) is one's own, i.e., offers a home in which desire can dwell and ease its restlessness: neither exemplifies desirability. The kindest thing one could say of them is that they are modest, but to be honest one would see their asceticism; their desire to generate a world without desire, a world without pain and pleasure (and hence without the need to moderate them),

If the natural social intercourse within the outer office effectively conceals the medical practice, there does exist a sign that makes explicit the function served by this place. Facing the entrance, there hangs on the wall a diploma identifying the resident of the house as a licensed medical doctor. And, as if to predicate the formal announcement of medical competence, there hangs an additional document—a photograph of an elegantly dressed man. Ordinarily the photograph evokes no conversation; given the urgency of the sickness that brings patients to the outer office, concern with the photograph is necessarily deflected. However, when asked as to who might this man be, the doctor responded that the photograph is of his predecessor. But why should a photograph of his predecessor be on public display, when conventional medical establishments are known to cultivate a scene wherein the concern for “the here and now” makes certain that any and all artifacts belonging to “the there and then” are strategically displaced? The doctor’s (second) tale is indisputable:

“He . . . was very good to members of my family whether it was the oldest one who had epilepsy and he took him to see Dr. Penfield at the Royal Vic in Montreal, or when my older sister had spinal meningitis and it looked like a hopeless case, he attended her even though he had to come up with a horse and buggy to see her. And, when my younger sister had pneumonia very badly at the age of four he attended her, so our family relationship with him was good.

a world of duty rather than enjoyment, of conventional deprivation rather than essential luxury—their participation, in short, in the city of pigs.

But how can this be seen as other than a mistake or blunder—what can we learn from the city of pigs? Perhaps something of the danger of passion and of the potential of desire to consume a soul. Perhaps pathos and ethnography know of these extremes as possible fates, yet neither truly encounters them and is tempered (educated) in the course of meeting their resistance. Neither risks its education, i.e., the adulteration of its purity of spirit with the wisdom that spirit alone cannot provide for a life. This would develop literalism’s desire to preserve what is good in the encounter with the truth that the best cannot be described, but only suggested. This could be glossed by saying that both ethnography and pathos are deeply abstract, despite their seeming emersion in life’s particular details. Their abstraction is their lack of their own particularity, their nonparticipation in the practice of making the difference they embody. They do not enjoy the exercise of their particularity.

Perhaps, then, the city of pigs is populated by those who seek to improve themselves rather than develop. This suggests that development is an arresting of desire’s abstractly infinite plasticity at those points of crystallization befitting the particular needs of a particular life. Improvement, in contrast, is distinguished by its mimicry of a foreign form—the mistrust and betrayal of what is best in oneself. That the best

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"When I came here to practice so many people came in and asked 'Have you got Dr. Goodfellow's photograph?' Then, what happened was that a friend of his said that she would get me a photograph. She wrote to Dr. Goodfellow's wife and this is the photograph that was sent. And when I put it up, I found a great many who were here thirty years ago, are very happy to come in and look at this photograph."

Although the photograph is enigmatic to many of his present-day patients, we are invited to treat their ignorance as an index of their relative newness to this area; after all, those who have been here thirty years would recognize the photograph. Even though the photograph in its present context fails to disclose the sensible figure represented therein, it does touch these patients in ways which, while they are as yet invisible, will be shown.

The account, specifically in the manner and figure that it unfolds, is (structurally speaking) exceptional for its powers of disclosure. Not only is the photograph employed by the medical practitioner as a discriminatory device intended in its usage to articulate an existing division between new and old patients; but having achieved drawing our attention to a difference that does not lend itself to direct observation, we are then re-introduced to the same difference through the documentation of the responses which "the old" have towards the photograph. Initially "the old" are identified as those who, in knowing Dr. Goodfellow,

may at first speak in a small voice (perhaps akin to that of a child) is mistaken by improvement for the weakness and irrelevance of the call of the best. Improvement is thus charmed by what seems good (and, abstractly, may even be good—e.g., for another) but is in truth another's affair. Improvement does not know how to cultivate and care for its own good which is the work, life and enjoyment of development.

Perhaps the distinction of the interests of development and improvement could be illustrated in the contrast between the doctor's image of life as embedded in the line of a genealogical trace, and the image of a line of development presented in Plato's *Republic*. The doctor recites a litany of generations gathered and collected with one another in a relation of continuity. What is continuous is the treatment of predecessors as an inhibition of successors' development. What is repeated is the unsuccessful attempt of a son to be free of the need to stand in relation to concrete versions of life's source (father) or conditions (nature, the land, illness, accident, congenital defect). Each generation is a pathetic regeneration of its predecessor's impotence (and consequent need to be compelled by duty and convention) to care for its inheritance. At no point is this care desired, at no point is the line marked by anything but a moving cypher. Even at the end of the genealogical line the question suggested is that of why the son *came* back, not why he (or anyone) would *want* to come back; for there is no suggestion of a life one could desire, a life to which one could be related by

form a select group apart from the new and the ignorant. They are, accordingly, privileged in having had the opportunity to experience Dr. Goodfellow's particular commitment to their care. However, insofar as Dr. Goodfellow is recalled for his special attendance to the well-being of family members, the recollection of "the good doctor" has the structural effect of shifting the speaker out of one frame of reference and necessarily into another. For example, in bearing witness to the relative state of health of his brothers and sisters, the status of our speaker is displaced from that of doctor to that of family member. The displacement or shift is not without significance; sociologically, it serves to locate our speaker in the limited capacity of family member, i.e., contained within a particular geneology. At the very moment that membership within the family is proclaimed, a structural shift takes place again which returns to our speaker his professional status. "I found," he says, "that a great many who were here thirty years ago, are happy to come in and look at this photograph." As one "who was here thirty years ago," he looks at the photograph and speaks his recollections *qua* family member. He recognizes, however, that although the recollections triggered by the photograph are his, the photograph evokes a similar impact on others. The recognition of the shared effect which the photograph has on others, is in fact the acknowledgment of its usefulness as a therapeutic tool, specifically since it attends well to the afflictions of "the old."

The therapeutic of the photograph

passionate enjoyment. So the therapeutic/geneological interest in improvement of the conditions of life raises for us the question of what such a life is for—a life of systematic disregard of its interest, a life that seems unbearable because it remains unaware of and disinterested in what it bears upon? What such a life bears upon is the question of the desirability of the life of necessity. The strongest interest of such a life is to improve its capacity to satisfy its obligations. The missing interest is in the development of that life—its maturation—its releasing of itself into its rightful heritage, its gift to itself of the recognition that a heritage, a gift, is for something. To use a gift in such a way as to recognize both what it is, and who oneself is, is to enjoy it.

The geneological interest is analogous to the interest of the familiar lives its account recounts—the account doubles the line it traces. The ethnographic account, similarly, doubles the kindness it describes. Kindness is a loyal practice, loyal to the rule of necessity within which familiarity is inscribed. Its rule is that interest be limited by need rather than desire and be oriented to satisfaction and compliance rather than enjoyment. Its aim is sleep rather than play—it works in order to keep its place, rather than plays in the enjoyment of its development. Its work is hard because it is the work of avoidance and concealment of its own (best) interest. It works to secure a place of rest, but cannot thereby make a place where one could want to be—it excludes decency as a respect for and interest in feelings.

The practice of medicine could

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is not, according to our speaker, to be found in the stylistic or aesthetic composition of the photographic texture, but in the reading which "the old" and the knowledgeable apply to it. A reading, moreover, not dissimilar from the account itself; a reading which begins with the remembrance of a family life prior to his present occupation, only to terminate with the acknowledgment of its communal property. The reading therefore is loyal to and respectful of the mediating function served by the figure of Dr. Good-fellow. The geneology of family life is recalled, but *always* in relation to the services rendered by "the good doctor." The repetitious invocation of the authoritative figure represented by the doctor makes of the reading a litany. Hence, those others "who are happy to come in and look at this photograph" are happy because through the auspices of this photograph they are able to retrieve a life that is no longer. Their happiness stems not from the recollection of past events—for in itself the recall of these events is achievable under radically diverse conditions—rather it is from the recognition of the valuable nature of this photograph, for unlike others this photograph links "the old" into a community—one that shares a common figure. The photograph, therefore, is not merely a photograph, but more of an icon through which a particular community sustains a life. That that icon is located in the outer office of the medical establishment (and that the figure represented therein is a country doctor) bears directly upon

seem a version of decency, for the physician's concern is to eliminate disease and pain. Yet this is a negative interest, not the cultivation of well-being, but the elimination of particular instances or episodes of feeling poorly. Medicine's concern is to respond to the appearance of a complaint in such a way as to remove its specific cause. Medicine's negativity is its compliance with the life of expectation, its satisfaction with normalcy as an adequate version of its end, i.e., an adequate version of its patient's interest. Medicine's other is truly expected to be patient: to defer any possible present interest in well-being. Medicine's negativity is its loyalty to a normative order of the scrutiny of bodies for the discernment of atypicality, where the type is grounded in a rule of balance and symmetry among particulars (organs, functions, practices etc.) Medicine's negativity is its conception of what is first in terms of conditions. It seems thereby to be only concretely different from geneology's negativity, the conception of what is first in terms of origin.

We suggest that what is first could better be conceived as the committed actor who knows that he is more than either his origin or the particular conditions which his life encounters, whose commitment is to the exercise and development of his particularity (his style and character) in the enjoyment of what he loves. Profoundly, he loves neither his origin nor the conditions of his life (though he recognizes their needful character). Deeply he loves the influence of the play of his desire upon his beloved (upon what is best in himself). He

the particular vocation of the country doctor.

What seems unique to the figure of the country doctor, specifically in view of its iconographic representation, is not necessarily the concrete care for the sick (although that is indispensable), but that, stemming from the medical care, there issues forth a supplementary gain in the economy of family life. Family members, under the auspices of the icon, are offered the opportunity to reappropriate their collective history in a way other than familial, that is, in a peculiarly communal way. While the reappropriated histories retain their distinct familial background they share a common property, that being the inclusion of the doctor's involvement in the on-going life of the family. In this strict sense, the doctor's deed is inscribed in the familial history of each of his patients—and *qua* inscription bonds families into a community of shared interest.

However, although the "inscription", i.e., the doctor's practice, links dispersed families into a community, the "inscription" itself is presented as void of family. While the doctor makes possible the doubling of his patients' families by giving them a second membrane, a communal skin so to speak, the very practice which adds to the affluence of each patient's family simultaneously requires that the patient figuratively forego familial membership in the name of the community thus instituted. Put differently, the icon's possibility as that which secures community, is grounded in the necessity of recognizing it

loves the best of himself. His relation to his origin and circumstance is thus one of using them in order to imagine what his best could be. He knows that he is not yet wholly what is best—that what he can know of himself is always mixed with circumstance such that what he can expect of himself is less than what he wishes for. But to enjoy one's life is to be able to see this inescapable circumstance as the place of one's passionate happiness. This is the site of surprise—of self-recognition—the source of the generation of practices. This enclosing gap is the womb of the soul, its crypt and its milieu.

The deepest happiness of the soul is to stir and be stirred by its best part—to arouse and draw its best into giving a suggestion of itself—a suggestion of the soul's own future, of its fate as other than the mimicry of its condition(s). If the soul's best part is the standard of its development—what it as a whole is organized by and for—then the joy of any part of the mix that the whole is, is to influence the standard. Through its influence on the best the part can see how the best needs it, yearns for it and responds to it. Thus even the remotest part can see its necessity and desirability to the whole in its ability to animate the best. So we can see that to enjoy life is to open oneself to being influenced by one's own future and that this is not a matter of passive waiting for the future as a chronological (geneological) consequence; rather, it is a resolution that the future is the realization of the best of one's particular present in the whole of one's life.

So it is this (or something like it)

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as different from that which communal members solicit through it. If, by doctoring in the country way, the medical practitioner gives nourishment to the family, the gift given to the family (i.e., health and symbolic prosperity) is necessarily different from the gift that animates doctoring as a course of conduct; a difference which the account radicalizes as the difference between vocational and familial life.

Vocational and family life—at once together and separate, two hands, two looks, two sorts of seeing: their relation has the effect of documenting the family twice, from two sides as it were. The family is profiled as in need of external intervention, strictly in the form of medical assistance; without which it runs the risk of losing some of its members and perhaps of placing itself in jeopardy. At the same time that the account represents the family in its needful capacity, we are introduced to the country doctor who attends to these needs in ways not dissimilar from familial expectations. He goes out of his way in his care; he takes one child to Montreal in order that he may be examined by a specialist; in another instance he comes by horse and buggy to attend to his patient. The kindness exercised by "the good doctor" sustains the family—the source of sustenance, however, is other than the family. That is to say that kindness, in the way that it is inscribed within the account, can only be described as the effacing of the family itself. Kindness comes to be by its deconstruction of the family's capacity to preserve an autonomous sphere of influence.

that we take to be the import for our work of the conception of development suggested in the Platonic version of the line. The peculiar feature of this conception is its formulation of the highest (best) part of the soul as that unknown but effective (desired) part which serves as the standard in terms of which the multitude of other parts (impulses, features, mistakes, conditions) are collected. What is still undeveloped (immature) in our discussion is the particular manner in which the best is both moved and placed (given rest) by the parts that are other than the best. How, in other words, can the best be influenced by what is not the best in a way that is other than decadence, degradation, humiliation, indecency and vulgarity? Put differently, how can the best be understood to desire multiplicity in a way that is other than sheer promiscuity?

The best enjoys the play of *multus* as the display of its own self. The best is that part of the soul that remembers (re-collects) itself as the interest in terms of which the several parts were generated as a response of the best to a particular set of conditions. As a mix of the best and its incidental milieu, every practice or part is a kind of image of the figure or form of the best in a certain stage of its development. So the mix of practices is a kind of family album, perusal of which could perhaps suggest the specific resemblance in terms of which each image belongs in the collection.

So the particular parts answer to the best's desire to know the form in which to understand itself. Here we acknowledge again that the best is

In the hands of "the good doctor", kindness protects the family, yet the conception of family which it serves is other to the "natural" family—the family that claims as its jurisdiction an autonomous sphere of influence. Kindness, in fact, protects the family from its "natural" counterpart by doing violence to the rule of kinship. That is to say that the problem of the family, i.e., that which warrants attention and treatment, is its "naturalness"—the literal implementation of which serves to contain and thereby suffocate its members.

not the whole and that the best yearns for the whole. The best desires to ground itself absolutely in the whole, i.e., the multifarious forms of its developmental course together with the course and practice of development. These forms are beyond number, i.e., incalculable in their diversity, yet they are finite and severely limited by the organization and generative inspiration of the best. This is as much true of those forms which at any point of development are unrealized as it is of actual practices of long standing.

Pathos and ethnography are two possible forms of a soul's self-development, and we intend our treatment of them as particular instances or examples of our conception of development. Our aim, then, is to develop our notion of good writing through developing our relation to the interests which pathos and ethnography embody. This means that our interest is only incidentally arrested by pathos, ethnography, geneology, medicine or any of the other notions we employ. More than *by* them we are stirred by what they *represent*; namely, embodiments of what is best. So we are not interested in abstract bodies but in embodiment. This, however, is not to say that we are disrespectful of the body, for it is the site and sight of our soul's development. The notions we employ are essentially inessential reminders of the interest of the soul and the development of its own particularity. Reason's difficulty with our treatment of each notion is reason's difficulty in knowing (and hence directing itself usefully and enjoyably toward) what is best (and hence most useful and enjoyable) for the soul. We note here that reason's practice and interest, like that of the pathetic physician, is not to serve itself but rather to serve what is best in the soul. This is to serve the most particular, the own-most, feature of one's life. It is to identify and cultivate the unique self, understanding that as a kind of imitation of the best in the sense that the whole that is organized, collected and gathered in reference to the best will bear the mark of the best in each of its parts. Reason's problem could thus be understood as that of recognizing this mark rather than identifying the best concretely (literally) with some part. Reason yearns for (and is dissatisfied with what is other to) the best, so it follows the trace of the mark of the best like a hunter follows the trace of his prey. But a distinctive difference separates the hunter of prey from reason: the trace/mark that interests reason is internal to the self that reason serves. In the best sense we can say that the work of development is that of hunting for oneself in the strange terrain of one's own life—the strange body of another—a hunt that constitutes the very life it seeks. The terrain of a life is its traces, its works, creations, progeny. These, considered

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as a particular collectivity, constitute a life's embodied trace. The portion of the trace that is closest to hand is the body. The body is the most intimate tracery of the relation of the best to the conditions of its existence. Thus we do not treat the body primarily as a condition, rather, as a medium and milieu—as a text of the life of the soul.

The good doctor would thus be one who read the body's tracery in order to find there the signs of its well-being. He would be guided by the account that the body naturally renders of its good, and he would not mistrust the language of the body (feelings, postures, gestures and the like) or the accounts rendered therein (particularly symptoms). He would know that if language and signs are dissociated from their own ground, i.e., the life of their own corpus, they become free signifiers—capable of infinite self-reference—they truly signify only the fact of being off the trace, they become a labyrinth of darkness. He would also know that in truth no signifier can be free inasmuch as it is read. So one may read others but only for the purpose of reading the reading (my reading of the other is a sign of the best of me) so to be of use to me I must read my reading—read myself reading other. The proper (self-serving) use of work is to create a corpus in which I may read myself. It seems a little like going out of myself in order to come into myself. The condition of my entry is that I already have left and now return. The "entry" is thus in truth a re-entry—which has the form of self-recognition. What difference does self-recognition make? What does self-recognition recognize in its shock or surprise? Perhaps a different relation between itself and what is other than itself, e.g., its heritage, its environment, its practices, its fate, its temptations and the accidents that befall it. The difference is between what merely is and what is influential, compelling and inspiring. The recognition is of the authoritative relationship of the self and the best—the best acts authoritatively in its relation to the rest of the self, which is to say that what the rest is due to the influence of the best. The way the best exercises its authority is not the way the rest does; the rest seeks to force the whole to accede to its requirements by invoking fear, necessity and obligation. The best is authoritatively influential by evoking a decisive commitment. The best does not insist; it suggests, and its suggestion stirs the self's desire to move itself. Such action is the self's risk of itself, i.e., its offering of its own desire as the ground upon which it moves toward the best as its place of rest. To move in this way is to give oneself pleasure—to enjoy experiencing oneself in the play of one's desire. This play is the gift of the best, it is the gift the best gives to the rest—the gift of luxury—the gift of desire—the exorbitant excess that is never necessary but is what every necessity is recognized to be for. This is the surprise one gives oneself in the shock of self-recognition—the decisive knowledge of what one is for.

So now we can see that the problem of pathos—what makes the pathetic character what he is—is what he is not. He is not for anything—he has no aim—he has no name of his own (no name that calls to him—to which he decisively responds—at best he reacts to his needs—he cannot give himself to another because he cannot give himself to himself)—he is not for himself. As well, we can now see that the problem of the life of rule (geneology, ethno-

graphy, science, etc.) is its impatience—its acceptance of a rule as a surrogate for the best that could call (to) one out of his own immature character. He accepts the appearance of a gift instead of the gift itself. We could say he lacks discrimination (has bad taste, does not know the taste of the best), but that would perhaps itself be premature. We would rather say (it would be better to say) he lacks a sense of timing—of the time it takes to develop a character—the time it takes to find what is best in and for oneself. He settles for what seems good enough for practical purposes, but finds (but we find) that he cannot truly settle himself with (collect himself in relation to) what he settles for. He remains restless—he cannot collect all of the rest because only the best is good enough for that. The life of rule *is* good enough for practical purposes, i.e., it can collect all practices because it is itself a practice—it can collect what is like it. It cannot, however, collect what is not like it, i.e., it cannot collect the desire that animates it and its practices of collecting. It tries to collect all practices because it is not itself limited (centered) in its own particular character. The best is particular in its collection because it can only collect what truly belongs to it by giving itself to what it truly longs for. It gives itself decisively to what it recognizes it belongs to. It truly keeps itself to (for) itself. It is not promiscuous because it only gives its particularity (only can give its particularity) to its *own* other. Desire, unlike rule, can give itself to the rest—but only to the rest of itself. The rest of itself is not everything, but it is what is best for itself—it is what desire is for.

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Conference

QUEBEC TRADE UNIONS AND THE THIRD WORLD

Participants

CSN, CEQ, FTQ, SPGQ

Wednesday, 16 November 1983 - 12:00 noon

Centre for Developing-Area Studies
Macdonald-Harrington Building
815 Sherbrooke Street West
Seminar Room C103E

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