



Global Access Conference 2015 Workshop
Does Personal Technology Impact Our View of Christ & People?

Brian Brock

Joni: Hi, I'm Joni Eareckson Tada and you're listening to a resource from the Global Access Association, sponsored by Joni and Friends. Learn, connect and share at www.gaa.joniandfriends.org. Global Access, where disabilities and possibilities meet.

Brian Brock: [Introduction not captured.]

I've mentioned that on one hand medicine has allowed us to think of the consumer as king and that's meant some disabled people are put in a position of being made more normal by medical technique.

But, perhaps a more familiar scenario is the opposite one in which parents and carers feel that they need to say enough.

Sometimes parents ask whether their disabled children have to continue being put through invasive surgeries or forcing people to go on unencumbered by painful procedures or complicated apparatuses which are expensive and stressful for carers to maintain.

If you are around parents of disabled kids, especially with respiratory issues, often the carers feel very encumbered or threatened by the complicated apparatuses that they are expensive and stressful for carers to maintain. Here the medical and social care establishments often are so fixated on making the disability better that the person with the disability may feel a lot of pain and the lives of those who live with and care for this person are stressed near to the breaking point.

Both of these trajectories which are going in opposite directions bring into view an initial problem that disabled people face which is exacerbated by many technologies that those who care for and live with them are often thrust into the role of carer in ways that make it more difficult to be simply be a parent or friend or a spouse.

How can you enjoy time with Brandon if you have to constantly monitor his mobile respirators so that he doesn't choke to death? What does it mean if you want to do something with Brandon and you want to befriend him but you know that you're making his parents or carers very uncomfortable if you go out of their sight? It's very real stresses.

What does it mean to be Suzy's parent if you constantly feel that you might be swallowed by the call of some paper work involved in maintaining the apparatuses and therapies to keep her paralyzed body from contracting into rigid and immobile knot?

The theologian Jana Bennett who works at the University of Dayton is experiencing adult onset hearing loss. It's been reflecting on a second issue, the ways that technological change is never simply unidirectional.

It's important that we don't presume that every technological change is an improvement, or even if it improves our lives, it doesn't come without a cost in some way. Bennett asked us to think about hearing loss, a very common disability that very clearly cramps the lives of those who are losing their hearing, as so many of us do. Thirty percent of people over the age of sixty have hearing loss, but otolaryngologists have noted an increase in hearing loss in younger people as well.

Our culture thrives on noise, especially the use of individual headphones and other technologies that put people at risk for hearing loss. The observation reminds us that technological change often causes disability in addition to something like the way we amplify music, being around heavy machinery affects our hearing and as I'll shortly be discussing, the technology of the car is not exactly without its cause in terms of disability either.

These observations remind us that technological change often causes disability and this disabling has all sorts of social implications that can become significant impairments. They can impact children's speech developments and academic success, impact adult working ability, participation in social activities and mental and physical health.

Discussions of hearing loss very quickly turn into discussions of technologies as a means of enhancing human lives of those with hearing loss. Clearly, hearing aids that allow older people to continue to be part of their social circles are extremely important in keeping them active and healthy, to give an obvious example.

Yet, technologies can be experienced by disabled people as a dis-enhancement as well. Jana points to the debates about cochlear implants, which mean that people who may have been deaf their whole life suddenly get- become a hearing person and sort of get raptured out of the deaf community.

Deaf communities have had very long discussions about this because they've spent a long time developing their own culture, that has its own dynamic, and so it feels very threatening to suddenly think "Oh, we can just fix it technologically," because not everyone is a candidate for a cochlear implant. But that sort of slows subtraction of people from that community, means the progressive shrinking of their life together.

Cochlear implants are just one of many examples of technological enhancements used in relation to hearing loss. They raise significant moral questions about the

degree to which human life can really be enhanced. Even something as widespread as texting technology, which developed from technologies called TTY and relay calling for the hearing impaired, raise moral questions about human social interactions.

We're used to asking does constant texting destroy human relationships by making us less aware of the physical humans around us? There are plenty of people on their gadgets during the talk this morning. We're used to now doing that all the time. Is that making us better and more engaged human beings or is that making us less engaged and more distracted?

What began as a means of connecting the hearing impaired with the hearing world via a written text has now become a battleground for thinking about human social interactions among the hearing and those with hearing loss alike. Thus, an additional moral question to ask is to probe the ways our Western cultures imagine and narrate technological advances.

In fact, our technologies fail to be quite what we often had imagined they should be. So, one way to showcase the failure of our imagined descriptions of technological enhancements is to focus on the broad range of assisted devices for hearing loss. I've tried to set up some of the problems that go with thinking about technology from a couple of different directions and now I want to turn and make some conceptual points about how we might begin to address those problems.

As I do so, I want to draw on the work of a Canadian Christian philosopher named George Grant. In popular parlance we often hear the claim that "technology is progressing faster than our ethics." The assumption here is that that we are somehow victims of what scientists and technologists are creating.

Like the kind of worst case scenarios of dystopian science fiction, this assumption evades the more fine-grained analysis of how technology is already shaping our lives and therefore simply ignores how to coin another slogan "our ethics are accelerating technological developments."

When we say "technology is progressing faster than our ethics," I'm suggesting we need to think again and probably say the ethics we have are happy with accelerating technology without having thought very seriously about it, or having thought in very narrow ways about it.

There are many who respond to worries about where technology is taking us by simply dismissing the worries. They don't really think there is any ethical questions here at all. Famously the atomic bomb pioneer Robert Oppenheimer said that if something is technically sweet you need to go ahead and do it. Somebody else is



going to do it, so if it's interesting and exciting it's going to happen anyway. It might as well be us that does it.

We want to see how- we want to know how- things work and we want to then see what we can do with that knowledge. But, a retrospective view of the lives that have been lost in nuclear weapons might make this seem today like a bit of a cavalier attitude.

Cavalier as it is though, we probably ought to admit honestly that especially in cutting edge technical fields it's a quite common sentiment. Silicon Valley would be the closest home of that sort of sentiment. In technology-driven fields like robotic military drone design, it's very easy to find this kind of talk.

Though some do worry letting loose automated machines that are designed to kill people is in general a pretty bad idea. Even if they will run a war a lot of analysts agree that without repealing capitalism and the nation state as we know it, such technologies will likely and very soon become a reality.

I couldn't help but notice in the newspaper today that Obama has now decided to export drone technologies and that the big beneficiaries are going to be Palmdale, where they are constructed, and some areas in the usual Orange County and San Diego districts where these technologies are built.

In fact, American military funds 80% of the artificial intelligence research in the United States. As one military representative put it, if the U.S. military is going to buy new weapons, it now has to justify that it wasn't a robotic one.

Thanks to the funding streams provided by the U.S. government, there is going to be a lot of people in computer science departments, in university departments around the world, who will need to suppress their worries that we're coming into a world where wars are fought by robots in order to go ahead and develop things that seem technically sweet.

I've strayed into weapons and war, which seems a long way from disability because there we see how certain forms of moral argumentation evade the task of thinking hard about what we are doing when we embrace new technologies. This makes it very important to observe what happens when these moral defenses are breached.

We've been so used to telling ourselves that the things we are creating are unambiguously good for all of us in every way that we tend to become distinctly uncomfortable when things we believed would never happen actually come to pass.

When an event like the Fukushima meltdown happens, which was never supposed to be possible, we hear choruses of voices trying to tamp down what are considered irrational fears about things like nuclear energy.

Yes, they say that radiation is bad for us, but you should trust the safeguards we've built into the rest of the reactors that make up the nuclear power industry in this country and we don't really have any choice but going nuclear, so you should put aside your rather silly fears. We now know that the Japanese government systematically downplayed both the severity of the meltdown from its first day and withheld the information they had about the direction and the severity of the plume of radiation spewing out of the stricken reactors.

It's obvious why our national government would be embarrassed to admit before the world that their supposedly failsafe engineering had indeed failed and it's clear that they avoided a much more widespread evacuation largely for economic reasons.

Now we can bring this discussion a little closer to home. Within two days of the meltdown before the Japanese were even admitting that it was a meltdown, British government officials and presumably there was a parallel in other parts of the world, were already frantically e-mailing top executives of the national companies responsible for building the next generation of nuclear plants in the U.K.

One reporter uncovered this e-mail trail and one of the most infamous came from an official at the Department of Business Innovation and Skills who wrote, "This has the potential to set the nuclear industry back globally and we need to ensure the anti-nuclear chaps and chapesses do not gain ground on this so we need to occupy the territory and hold it. We really need to show the safety of nuclear."

Not only do we have a moral interest in not thinking too hard of the implications of the things we are creating, we often have very obvious financial interests in the same directions, as we see clearly in this episode from recent history.

Notice how I've moved from what we might think as purely technical questions into observing how our political and economic systems are deeply intertwined with, and shape the direction of, the technical developments that are continually happening in our societies.

The worries of those in power that the general populace will call for a change of direction is our most important clue. This is our first hint that however disproportionate their influence might be, it's not just technologist governments, businesses and military generals who shape the technological future in which we will all live.

This observation allows us to formulate a new approach to our question, this time from a slightly different angle. Seeing our present, especially the moral pre-set positions of our present, is always a difficult task. I want, then, to propose that we back up a few decades to ask how our very widely held contemporary moral beliefs play into technological change in our societies.

As a way of getting a better perspective on our contemporary moral perplexities, let's think for a few minutes about a comment made in the mid-1970s by George Grant—and this is one on your handout. Seventy-five years ago, somebody might have said the automobile does not impose on us the ways it should be used, and who would have quarreled with that? Yet, this would have been a deluded representation of the automobile. Grant's suggesting that such a moral position is deluded because the ways we choose to configure our societies conceptually and materially may not impose behaviors on it, but they do strongly constrain our behaviors.

Nobody forces us to buy cars or drive them, nor does anyone force the millions of Chinese to buy or drive cars, but when we all drive automobiles, certain ways of life are no longer open to us and you feel that very powerfully in a car city like L.A., arguably the first global city that was all-suburb and no traditional sort of central core where people are expected to walk on foot.

Our lives can now be lived in a more spread-out fashion so that we no longer have the option to walk to our place of work. It becomes dangerous to cycle. It means whereas we once had markets in the middle of towns, we have now car parks.

In Britain, as early as the fifties, the crush of cars in town centers was recognized to be not merely dangerous and inefficient, but also undermining the very thing that made cities pleasant and functional places to live. But it has taken decades for British city councils to reclaim their cities from the car by “pedestrian-izing” areas and trying to think more strategically.

These questions are, of course, exponentially more pressing in cities organized around the car, like Los Angeles. As the death on our highways also reminded us, sustaining a car culture means that we have to sacrifice some lives and keep on making that sacrifice. Far more people have been killed in car accidents than in war in the twentieth century, thirty million is the current estimate.

We waste time sitting in traffic, paving proliferates, as dust pollution and our reliance on petrol chemicals without which we can no longer put food on the table, and of course our climate is affected in the process. Grant's point is that the automobile clearly does constrain our behavior very sharply, simply as a function of how it

works- the very structure of what it can and cannot do.

We've set up our infrastructure in a very specific way. The most dangerous aspect of our lives with the car, then, is not necessarily the car itself, but the tendencies to tout its benefits without squarely facing its associated costs. Here are the tolls. The other tolls- Tom Toll's cartoon ... very nicely put.

We've got the one on the right, human brain cells implanted into the mouse so the mouse is now driving an SUV saying, "I don't know what got into me." Tolls has a very fine-grained sense for some of the absurdities that are claimed- that we don't know what we are doing- voiced on us. Grant chose the example of the car because it's now evident, even to skeptics, how deeply the last hundred years of the combustion engine has reshaped human life.

He was much more interested in looking backwards in order to figure out how he might think more forward a little bit better. He opened this line of inquiry because he wanted to get a handle on a question that was just beginning to bloom in his day and that was the computer age. At the very dawn of truly mass computing, he predicted accurately, I think, that cultural trajectories- that the computer would come to impose on all of us.

He made three basic points. First, the construction of computers is based on modern mathematicized science that grounds all modern disciplines, creating a pressure that all knowledge be objective and manipulable by mathematical machines. At the end of the paper, I'm going to talk about what that means for medicine and how that directly has implications for how easily certain lives are negotiated in medical systems as we know them.

Math and physics become the foundation stock of all the university disciplines that are interested in truth, and why even the humanities and the social sciences come to understand their task as generating value-free truth. This redefinition of what counts as knowledge has immediate and far-reaching practical relevance, Grant points out. This is point three on your handout.

To illustrate those who make this distinction between facts and truth and values would say that when I state your principal states- he's talking about a school principal who weighs a hundred and fifty pounds. I'm stating a fact. But when I state that he is a noble human being, I'm simply stating my value preference. Value is seen as something external to the fact, something which is created by man and not inherited in the world.

As part of the mathematicized destiny of modern humanity, computers do impose in

that their very use demands the spread of homogenizing ways of dealing with knowledge, so that it's manipulable by such machines. This is a version of the observation made so famously by Marshall McLuhan about the television, "the medium is the message."

What is the change in the medium of our communications- that is a computer- done to the way we relate to one another in modern society? Grant points out to a handful of changes. One, it's made changes in the university and businesses. Universities are increasingly forced to conceive what they do in numerically substantiated terms. What goes on in the class room needs to be rated somehow, and there needs to be numbers given and every person needs to be put into a spreadsheet and their performance tracked, and that's a grand shift that is quite clearly going on in universities.

Same is going on in business, industry, and government. More data mining and vast increase in information that can be gathered and held by computers is a way of searching for efficiency and more flexible ways of moving the population by governments. The debates we have about information sharing and about privacy and about who gets what data, what's going on with license plate monitoring, these sorts of tracking questions become a regular feature of the surveillance society.

Again, in the world in which we are arriving, what matters is results and the tools we use to get those results shape what counts as job well done. Therefore, Grant concludes this monolithic account of knowledge and truth drives the emergence of a new society. This is point four on your handout.

Differences in the technological state are able to exist only in private activities, how we eat, how we mate, how we practice ceremonies. Some like pizza, some like steak, some like girls, some like boys, some like synagogue, some like the mass, but we all do it in churches, motels and restaurants indistinguishable from the Atlantic to the Pacific.

Whether or not we think that Grant has overdrawn his conclusion at this point, and I think the uniformity he's observing is probably more visible in North America than other parts of the world, it's important to pay attention to his unmasking of our habits of assuming the neutrality. He suggests that our habitual ways of thinking of technology as a neutral tool reveal a problem at the heart of a modern way of thinking and he concludes- and this is five on your handout.

"The computer does not impose on us the ways it should be used, asserts the essence of the modern view, which is that human ability freely determines what happens. It then puts that freedom in the service of very 'should,' which that same

modern novelty has made provisional. The resolute mastery to which we are summoned and does not impose is the very source of difficulty apprehending goodness as 'should.'

"Therefore the 'should' in the statement has only a masquerading resonance in the actions we are summoned to concerning computers." We think adopting a technology is something that we are fully in control of, and precisely because we think that we are so fully in control of it, we commit ourselves to outcomes which we didn't anticipate and which we haven't really taken very seriously.

The result- the coming to be of technology- has required changes in what we think is good, what we think good is, how we conceive sanity and madness, justice and injustice, rationality and irrationality, beauty and ugliness. The result of this is that when we are deliberating in any practical situation, our judgment acts rather like a mirror which throws back the very metaphysic of the technology which we are supposed to be deliberating about in detail.

The outcome is inevitably a decision for further technological development. I took my remit to be bringing this point clearly into view that- in so far as we are trying to think hard about implementing technological changes or services, whether in ministry or society at large- we can't see that it's a- the changes will only produce good, they produce change in many different connections.

That doesn't mean that the change they are producing, that we are intending, isn't good, but it also means that other options are often cut off. Becoming more clear about what's gained and what's lost is I think- I mean for me coming with a handout rather than using a PowerPoint- is because I do this enough to know I don't want to trust the AV guys somewhere.

There is a cost involved in having a slick presentation and that cost is not insignificant, even if we rule out the fact that it requires electricity and sort of infrastructure investment. Grant is helping us to see that we need to think about more variables as we are considering new technology. As long as we insist on believing that we always have totally free choice in the face of the constraints placed on us by past infrastructure shaping choices, we will be deluded, captured by our illusions, and so determined by choices which we have chosen not to acknowledge.

What's the alternative? I think the first task is to recognize that our wills and techniques can't simply remake the world. There are many things about the way our societies and material cultures are put together that can only be changed by extreme, and even tyrannical, measures.

We can't immediately change public opinion or the structures of government or the definition of the good life to which many people aspire. So for everything- if everyone in my town of Aberdeen wants cheap factory farm meat, cheap fuel, two cars, a house in the country and an annual holiday at Disneyland and Florida, this is going to limit the trajectory changes we are going to be able to make in the future our technologies dictate to us.

Of course, we don't have good grounds as Westerners to say that billions of Chinese shouldn't have their trip to Disneyland and their two cars. But, when we get to the point when the strains of those desires run up against reality, it's going to create all sorts of political questions and Grant has given us a way to think about what's going on when those political tensions manifest themselves.

That's not to say that they are not notable points where more explicit choices might be embraced. If we begin by admitting that social and infrastructural systems carry a lot of momentum, and if we attend closely to the waxing and waning of this moment, we are liberated to see the points at which this momentum might be redirected.

In other words, we can only escape technological determinism by believing together in different worlds. Philosopher Gilles Deleuze helpfully indicates the ways in which politics is a matter of negotiating and synchronizing the futures we imagined together.

If you believe in the world, you precipitate events, however inconspicuous, that elude control. You engender new space times, however small their surface volumes, and I take this conference to be worth coming to because it is trying to engender a new space time, trying to ask how might we live together on the backside of the kind of us-them that categorizes most of the ways we talk about technology.

In connection to- a specific interest for me- is how the us-them that categorizes normal and disabled people is part of what it means for people to live in a technological society.

All this means- I'm sorry to say- that the only alternative to technological determinism is one, giving up our beliefs about the moral neutrality of technology. Combined with two, engaging in consensus building and political process.

Okay, now more specifically to disability. Numerous reports on the plight of disabled people, especially mentally disabled people, has shown- at least in the U.K.- the report I'm thinking of is that disabled people, mentally disabled people especially, die much earlier, more unexpectedly, than the majority population. Statistically speaking,

the more severe one's mental disability, the more likely one would be to die younger and from a preventable death.

In addition, statistical analysis reveals that people with learning disabilities are more often underweight, which is a contributor to early death, suffer from more preventable conditions than the general population, such as pressure sores or acid reflux, and were unlikely to have had regular health checks or health plans.

In the final section of this talk, I will suggest why these differences in levels of care had to do with the fact that disabled people don't fit very well within modern medical systems- configured as they are by the new accounts of knowledge that Grant has described.

Our modern medical systems are also, as Grant has pointed out, set up on an industrial model to deal with normal citizen and their sicknesses. This means that they are not accessible to many disabled people. Without reasonable adjustments to routine protocols being made, for instance preventative screening that's offered to all patients when they reach a certain age, can easily become too unwieldy for staff or carers, or too distressing for patients.

Similar problems emerge when doctors prescribe very complex treatment regimens or assume that everyone is capable of keeping up with difficult hospital checkup or appointment schedules. Reports have found that in many cases mentally disabled people's "social care providers" appear to neither equip nor resource to chase up appointments or monitor the person's progress through so many different systems and there was no one else to do this on his or her behalf.

In addition to these hurdles, many people with learning difficulties and their carers were often unaware of the services that might be available to ameliorate these difficulties. It's an open secret that a high percentage of the American homeless population, for instance, is simply there because of an inability to negotiate the mental health care that they would need to deal with their condition.

In his decades-long study of medicine, the Austrian Catholic priest Ivan Illich developed a penetrating history of Western medicine that helps us to get a better historical and theoretical grasp on why this approach to medicine has become the default of our age, and therefore, where a response might fruitfully begin.

Hippocratic medicine, that is medicine before the eighteenth century in the West, understood the task of medical diagnosis to be a matter of listening to nature. The patient's narration of their experience of their own bodies was understood to track the story of the natural body trying to heal themselves, and who better than the

patient to tell that story.

The physician was listening for a clue about how to help a patient out of some mess, to open some blockage, to aid in the rebalancing of an internal forces or humors.

Only in the late eighteenth century did medicine become reconceived as the practice of using tools to listen more closely to aspects of the body, such as the heartbeat. Though counting heartbeats only arises in the nineteenth century, and of using tools to intervene in the functioning of some organ systems understood to be malfunctioning. Hence they invent the rise of surgery, or tools like forceps.

Thus, there are technical aspects to the change in the picture of the body and of the doctor-patient relationship that we've come to know in the modern world, and this is six on your handout. Before the eighteenth century, says Illich, the idea of health didn't exist, but only of nature being more or less capable of constantly healing itself.

What the doctor did was through counsel, through sympathy, through the power of the healing word, and perhaps through ground corals or mercury pills, which are 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 tools of his profession to do something to the system or the sub-system of the patient which he knows about and the patient does not.

In Illich's history of medicine, listening to the patient's account of the body's changes is displaced by using tools to listen to parts or systems and developing tools to intervene in these systems. The doctor is both the expert in developing and deploying diagnostic tools and here we have to understand the development of these tools in the whole sophisticated battery of mechanical and chemical means of testing the body right there- medical testing.

The doctor is both deploying and developing those diagnostic tools and is the expert in the intervention, via the tools, into the functioning of bodily parts or systems. These interventions are chemical or surgical, but also mechanical. This tool-using model of medicine is now in the midst of a third-year turn, says Illich.

We now consider the human body as a system, that is an extraordinarily complex arrangement of feedback loops. The fundamental characteristic of that system is to seek its own survival by maintaining an informational balance which keeps it viable. But feedback loops and information flows are by definition individual both to the patient and the doctor and can only be rendered visible by machines that can

visualize changes in biological functions over time.

That is, the healthy body is knowable best through the tools of testing and conceptuality of probability, which is, by definition, not susceptible to meaningful narration by the patient. We can't see our temperature going up and down. We can't feel- I mean we can be trained to, but typically we don't feel our heart rate going up and down and we certainly don't feel our blood pressure. We might feel associated symptoms.

Illich is trying to give us a picture of the evolution of medicine into a technical discipline which relies on apparatuses to look at parts of our own bodies that we are presumed not to have any knowledge of so we become opaque to ourselves, our bodies become mysteries to us, and the doctor becomes a technician who has the tools to see the real body.

We can now understand why contemporary medicine- in contemporary medicine- the patient's account of their own experiences can be useful only for exposing symptoms that can then be tested for patterns that lie beyond their own perception. Illich suggests that the Hippocratic doctor "behaves like a good theater 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 opposite to the Galenic or Hippocratic doctor. Contemporary bodies are the internalized image of the diagnostic test and visualization techniques used in medicine. Illich concludes, "meaning that listening to the experience of one's body has been so devalued that neither patients nor doctors know any longer how this experience is relevant for medical caring."

"Both," Illich suggests, "do so because they have been constructed in this configuration by the contemporary framework of knowledge." If the experience of one's own body is in fact irrelevant for diagnosis and treatment, we would expect that those who are unable to articulate their experiences of their own bodies would be the perfect patients in modern medicine.

That they are not, as we've just seen from the statistics, that they don't end up getting the care they need, not only exposes the reality that modern diagnostic emphases on the function of the body's systems and organs is, in fact, always suspended above the safety net of earlier modes of diagnostic listening.

Though modern physician training has an effect- de-skilled practitioners in the practical arts of listening to patient's stories and whole bodies- the attempt to live by

testing alone is so fraught with complications that, over time, especially in relation to vulnerable populations, the older and more time-consuming forms of listening remain indispensable in healthcare of real quality.

I'm trying to both explain why when you go to the doctor you get a battery of tests- when you say I have X symptoms, you get a battery of tests. Nobody needs to talk to you and if those tests are somehow inconclusive then you might end up having a conversation.

That conversation is the outcropping of an older picture of what's going on when a doctor and patient speak. What I'm trying to point out is that doctors themselves- and I'm relying on some literature written by Harvard medical professors- doctors themselves are no longer taught that this listening aspect of their task is central to what they do because they are taught that it's the tests that are scientific medicine.

That fits- I'm trying to make a connection with how Grant has conceived the technological society. Of course, there is this infrastructural pressure on the doctor to get in and out because they are highly trained technicians who have fifteen minutes with the patients, order the test, go away.

If you have a range of complex overlapping conditions, if you're old, you're on a lot of drugs, or if you have special conditions that are kind of out of the ordinary, then you start to see the model unravel. I think this is really something lots of disabled people have felt very acutely.

There is a problem at the heart of modern medicine, and in ourselves as patients who perpetuate its current social configuration. It's the valuation of the important forms of listening and its subsequent inability to take account of non-standard cases.

Illich seems to have been right to suggest that in order to begin to unravel the unnoticed brutalities to which our age commits us, we must pay more attention to the configuration of our medical knowledge and its role in constructing the bodies of patients that are assumed to be normal and functioning in a lot of developed societies.

I hope these considerations will have indicated why it was useful to point out that the deepest problematic we're facing has to do with forms of communication, it's not really about bodies, it's not really about infrastructure, but it's about how we relate to one other as human beings.

Fear and uncertainty inevitably arise when we are in an I-it relationship with the healthcare provider. I've tried to explain why when the doctor conceives our bodies

as a sort of mechanical system, then they need to get the pleasantries out of the way, but they need to sort of get to work under the hood, and that's sort of an alienating and fear-inducing type of relationship.

I think that these relationships are only susceptible to theological analysis because they are intrinsically related to the problem of inter-human estrangement. They only become fully intelligible against the backdrop of human estrangement from God.

These kinds of conflicts are narratable because Christians know that inter-human conflicts are all artifacts of our brokenness and our estrangement from one another because we are estranged from God. Skillful healthcare, then, is based on a recognition of both of these problems, and of the importance of communication, and should be characterized by attempts to overcome it in order to open genuine communication and partnership and diagnosis and treatment.

The Christian doctrine of the Fall, then, is, in part, an explanation for why we should expect gaps and problems in inter-human communication and why we so reflexively resist the suggestion that we are not really listening to others. Furthermore, it's also an account of how broken patterns of non-communication can become institutionalized.

This explains why, in calling for a renewed appreciation of the importance of attentive communication in providing healthcare, I've emphasized its failures and how these failures can stem precisely from technological innovations.

This is why we should also expect in our age, as in any other that attempts to establish compassionate listening, will have to battle the ruling rationalities that wish to just get on with the status quo. Here, the constellation of barriers we face in our own age has the unique profile I've been trying to bring into view.

It's characterized by utilitarian and economic rationality, the ideology of expertise, technological and algorithmic systems thinking, bureaucratic processes, and fears about legal threats, to name some of the most prominent. The overall movement of my talk has been to draw attention away from specific technologies in order to think of technologies as only morally accessible as interventions in the patterns of our lives together.

We've become insensate to our own bodies because we've been embedded in ways of seeing ourselves, and ourselves with others, that denies the necessity of attending to our bodies, or forces us to attend to our bodies in very specific, narrow ways.

"Is it not striking," Illich observes, "that it was precisely with his body that in the

incarnation God showed God's own being in nature and thus to set the terms for a Christian belief." In biblical faith, the hope is not in something disembodied in future, but present and bodily. That's seven on your handout.

In the gospel story of the Samaritan, it says that the Samaritan felt moved in his belly and in his entrails, that's *splágxnon* in the Greek. That the Samaritan felt touched in his innards would probably be the most respectable way of saying it in English. He felt a sense of dis-ease in his belly when he looked at that Jew in the ditch. This dis-ease was a gift from the other. Theologians call this grace. The Samaritan understood that this guy was in a particular state of misery. I'm carefully avoiding saying that he was in need of something.

If I attribute needs to myself and to others, all I can give is need satisfaction and that really doesn't have to be personal, that doesn't have to come from me. That would probably come with more effectiveness, efficiency and competence, if we were to call in the right professional, or let the right agency do it. What I can do- to get out of this world of need satisfaction- and feel free to hear, to sense, to intuit what the other one wants from me- would be able to imagine, expect with a sense of surprise from me at this moment.

Illich is using the story of the Good Samaritan to point out a certain kind of breakthrough in the hermetically-sealed, closed circle of the way we technologically relate to one other. The other whom we meet in evident suffering offers us a way out of the predicament of our age with its deafness and addiction to ways of listening that devalue the voices and bodily experiences of others. This is eight on your handout.

The Samaritan acts because his action is good, not because this man can be saved or not saved, not because this man needs medical attention or needs food, but because-imagining that I'm a Samaritan- he needs me. What the beaten-up Jew's presence evokes in the Samaritan's belly is a response which is not purposeful, but gratuitous and good. The recovery of this possibility is the basic issue.

The possibility that a beautiful and good life is primarily a life of gratuity. Gratuity is not something which can flow out of me, unless it's open and challenged through you. Illich tries to shake up the grooves on which our modern world runs by pointing out that we can only really meet people if we first hear them, if we first respond to them as human beings and are with them.

That shift in register changes the equation when we think about what we're doing when we are trying to help or care or intervene in their lives. Once this new understanding of justice and fairness is opened up, a new form of sin is also revealed.

The sin of ignoring this claim, of coldness, of looking away. A new 'ought' has been established, which is not generated by a rule, but by a body, a body which has claimed us.

We are beings of flesh, and our flesh can be saved by the actions of the flesh of another, and we can likewise in our flesh save the flesh, if not the souls of others. We have to learn what this means as those who have been trained into an insensitivity to our bodily life, having come to understand our bodies as clusters of risk factors, as part of systems- that is made up of systems.

Thus, it is not too strong and shocking at it may sound to call bodily afflictions not a problem or a need but a bodily sign from God, a divine call. To respond bodily to another body is thus a form of praise of the body's Creator and to function as the agent of that body's Sustainer.

These considerations also suggest a theological reason to stress the importance of listening to patients first, even if they are mentally disabled. It's an emphasis that challenges both doctors and carers to preserve the priority of the voice of each person in expressing their own bodily experience.

Okay, that's all I have to say. The bell will ring in seven or eight minutes. I am very happy to- I know there is a ton in there, it's going all sorts of directions. What I plan to do tomorrow this time is to talk about how that account of listening and communication is what Paul is talking about when he talks about the Body of Christ in 1 Corinthians 12.

In other words, I want to challenge the idea that the gift of disabled people to the Church is their dependence, or that they provide an opportunity for us to exercise charity towards them. If we follow this line out, then we can approach questions about what sort of technological interventions might be really useful to them from a very different angle.

That's the trajectory of where I want to go from here. You guys want to talk about anything for the last couple of minutes?

- Speaker 3: I'm curious, if you're going to listen...what if the person with disability is unable to speak, to communicate [inaudible], in other words if we can't listen to them, how do we get personal [inaudible]?
- Brian Brock: If I'm emphasizing listening- I was told to repeat the question for the recording. This is the technological- and here she is telling me five minutes, all right. I'm keeping it running, how do we listen to them? I think one thing that life in the world of

disability teaches you is that we are all highly communicative.

We are communicative because we are bodily beings. My son Adam basically doesn't speak, but I know what he wants. He communicates, yeah so listening is not equivalent to speech and hearing.

Speaker 3: Communicates what? With a hug? With a smile? With a laugh?

Brian Brock: In all sorts of ways. You know how your dog is feeling because your dog's tail moves in a certain way. I can't describe that to you in brief terms, but if you have a dog, you know if they are happy, you know if they are sad, you know if they are tired.

There are many things, and a human being, is at least as complicated as a dog. If I take Adam to the doctor- part of what I'd like to say in another context- is that one thing we need to be attentive to is the need for people with disabilities of all sorts to have advocates who accompany them into medical contexts.

What I have given you is part of a longer paper I wrote where I gave more vignettes- where, for instance, people living in homes would fall sick on the weekend and will have just aspirated, swallowed some of their food into their lungs. They'll get taken to the hospital and the carer at the home won't be able to come with them, and so the doctors won't know what the story is and they will just have to look at things. Then things don't go well, right?

Having advocates who can- like I know Adam is right now having some stomach distress leftover from his having chemotherapy, and I know he gets up in the morning at a certain time and he retches a little bit and he sits in a fetal position. I know his stomach hurts. I don't know what it is, but he needs me to speak to his doctor and he needs a doctor who cares about knowing that information because it's not a standard profile of a problem.

That's why I think Illich's position is powerful because he says first you have to love people as bodily, communicative beings if you even want to begin to listen to them. And the way we communicate is not all the same.

Chris Ralston: Just a comment to follow up on the discussion- the fact that people are all communicative- and one of the implications of that, or kind of what follows from that, is- one of the things that's required- is to take the time to be with the person who is non-verbal, to learn their language, learn how they communicate, so that places a demand on us.

Brian Brock: Yeah.

Chris Ralston: Just as human beings...I'm talking very generally here. We don't like demands being placed on us, on our time, so it forces us to focus in on the other person.

Brian Brock: Yeah. Did you have another question? Your hand was-

Chris Ralston: Yeah, yeah I did have one other thing. A very inchoate thought, forming as I was listening to you. I was intrigued by the contrast between Hippocratic medicine, pre-18th century...I had written down a couple of things as you were talking...largely focusing on helping the body...you can do a few things, but basically listening to the body, whereas from the 18th century onwards, as our technological knowledge increases...

Brian Brock: Yeah.

Speaker 4: As our technology improves, we become more able to control more, we buy more into that illusion of control [inaudible] ...but the irony of that is, no matter how far we progress, we may think we may have all the control, but actually it's just that all much more beyond our reach [inaudible].

Brian Brock: Okay, I think we're now seeing that same turn at a psychological level right? Used to be- Freud said to talk to people and help them sort their mental problems out and now we give people a pill...

Chris Ralston: Think we've fixed them.

Brian Brock: Exactly, what that costs is not entirely clear. Thank you for your great patience with a heavy paper and I hope we have further conversations.

Joni: Hi, I'm Joni Eareckson Tada and thank you for listening to this audio resource from the Global Access Association, sponsored by Joni and Friends.

To find more disability resources and to connect with others involved in disability ministry around the globe, go to www.gaa.joniandfriends.org and sign up for a free membership today.