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message or noise?

michel foucault

translated by christopher o'neill

MESSAGE OR NOISE?[1]

In order to "situate" medicine amongst other forms of knowledge (*savoir*), we have become accustomed to the use of linear schemas. Above the level of the body, the soul; below the level of the organism, the tissues. Medicine then has tended at one end towards psychology, psychopathology, etc., and at the other to physiology. However, the discussions that I have been reading bring to light new, diagonal or lateral, relations. Certain problems arise in medicine which seem isomorphic to those that one might encounter elsewhere; especially in those disciplines which are either concerned with language, or which operate like a language. These

disciplines have without doubt no "object relation" to medicine, but the latter, understood as theory-and-practice, is perhaps structurally analogous to them.

It has been said, and since Balint[2] it has been repeated, that the patient sends one or more "messages" that the physician hears and interprets. It is this which enables those humanist homilies (*humanismes bénisseurs*) on the dubious theme of the "doctor-patient couple."

In fact, in order for there to be a "message," it is necessary that:

- there first of all be some noise (in the case of medicine, this primordial noise is the "non-silence of the organs";[3])
- that this noise either be "constituted by," or at least the "carrier of" various elements which are discontinuous, that is to say, isolatable from one another according to certain criteria;
- that these elements be associated, in a consistent fashion, with those other elements through which meaning is constituted (for medicine this may be the "illness," or the "prognosis," or the therapeutic indication);
- finally, that these elements present themselves linked to each other according to certain regularities.

Yet illness does not send a "message," since a message depends upon a "code" established according to set rules. There is no code in nature, however unnatural (*dénaturée*) this may seem. Illness is happy just to "make noise" (*faire du bruit*) – and that is all well and good. It is medicine which does all the rest of it; and in fact it does much more than it is willing to recognise.

One could doubtless analyse these operations across three levels.

I. CONSTITUTION OF A CODE

Over the last century and a half (and to be clear, not since poor old Hippocrates), clinical experience has isolated, in the noise made by illness, a certain number of traits, which allow it to define the elements which can make up part of a

"pathological message." It has accordingly:

a) let go of a certain number of noises considered to be non-pertinent;
b) defined those characteristics which allow one to recognise the elements of the message and to individualise them;
c) set down the rules of substitution which allow one to "translate" the message.

To be sure, this code does not cease to change:

- when it is the rules of substitution which change, it is said that "medical knowledge" (*les connaissances médicales*) is progressing;
- when it is the principles of the individualisation of elements of the message which change, it is said that the "methods of observation" (*les méthodes d'observation*) are being perfected;
- when one sets out to define the elements of a message, there where one has previously heard only noise, it is said that medicine has taken on new domains.

The first type of change is frequent, the second rarer, and the third exceptional. Freud made out of the verbal statements of the mad (*énoncés verbaux des malades*), which had hitherto been considered noise, something which could be treated as a message. From then on (and, to be sure, with different codes), the various forms of medicine have heard, as messages, the verbalisations of the mad.

This is not to say that there have therefore been two messages, but rather:

- a noise in which one now hears many more elements of a message than before (a whole other part of the noise, hitherto silent, begins to speak (*parler*));
- however this gain over noise has not yet been secured by a unique code, and perhaps never will be. Maybe a new gain will be made, but this would be thanks to a new code, etc. Since illness has nothing to say, there is no reason that a single code will come to "informatize" (*informer*) all of this

noise. This primary theoretical operation is made – and has been made since the beginning of the 19th century – by medicine as a whole, taken as a corpus of knowledge and as an institution. These are its rules which the students learn at school and in the hospital.

II. LISTENING TO THE MESSAGE

In his practice, the doctor attends, certainly not to a patient, but nor to someone who suffers, and above all, thank God, not to a "human being." He attends neither to the body, nor to the soul, nor to both at once, nor to a combination of the two. He attends to noise. Through this noise, he must hear the elements of a message. In order to hear it, he must:

a) eliminate the noise, such that he closes his ears to all that which is not an element of the message;
b) recognise (the two operations are obviously correlated) the distinctive traits of each element;
c) record (*enregistrer*) these traits as they present themselves.

However, there is here a problem.

The difference between a doctor and a vice-consul in a chancery is that the latter waits for the end of a message, which is itself coded, while a doctor cannot and must not wait for the end of the noise of illness, that is to say, for recovery or death. Hence the obligation, after a certain time spent listening, to begin to translate (though again, this translation may be a simple prescription). The challenge of diagnosis is found here, even if it is necessary to understand by "diagnosis" the most elementary response of the doctor to the message of the illness.

III. UTILISATION OF MODELS

In order to translate the message as quickly as possible, it is necessary to utilise models, that is to say, forms (configurations or sequences of previously heard (*entendu*) signals). These models can be of two sorts, and indeed must be of two

sorts:

a) those which allow one to sort (*trier*) from among the elements of the message those which fall under the different functional levels (such as the psyche, or the organic lesion, or the physiological adaptation). One brings into play at this moment a "grammatical" model, which allows one to distinguish the grand categories to which the signals may belong;
b) those which allow one to risk a translation, that is to say, to correlate the elements of the message with the elements of an already defined illness.

These models of the second type can in turn be utilised in two ways:

- either one is sure that the message belongs to a class of which the number is limited, and the number of models to which it might conform is not particularly extensive. In this case, one can consider all the models of this class as equipotential and choose as the "interpretant" whichever has the best correlation with the recorded message. This is the diagnosis of the "specialist";
- or (and this is the case for the general practitioner), the class to which the message belongs is, not theoretically, but practically infinite. Whence the choice of a model which is favoured on account of its greater probability (owing to internal or external factors), even if this choice must be later abandoned, or rectified, or refined.

One might ask whether the theory of medical practice should not perhaps be rethought, no longer in terms drawn from positivism, but from those practices which are currently being formulated in the analysis of languages, or in information processing.

When then, will there be a "seminar" which will gather doctors and theoreticians of language and of all the sciences to which it is linked?[4]

MICHEL FOUCAULT (15 October 1926 – 25 June 1984) was one of the most important thinkers of the twentieth century. His writings have been immensely influential across many fields. His most famous works include *Madness and Civilisation* (1961), *The Birth of the Clinic* (1963), *The Order of Things* (1966), *Discipline and Punish* (1975), and *The History of Sexuality* (1976).

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NOTES

1. Translator's note: "Message or Noise?" is Michel Foucault's response to a "Colloquium on the Nature of Medical Thought," convened in the pages of French medical journal *Le Concours Médical* by the psychiatrist Cyrille Koupernik. The debate begins in Volume 88, Issue 42 of the journal (15 October, 1966), featuring contributions from Cochin Hospital's Chair of Clinical Medicine Henri Péquignot, physician and director of *Concours Médical* Jean Robert Gosset, gastroenterologist Jean-Jacques Bernier, and medical journalist Raymond Lepoutre. Foucault's article appeared in the following week's edition, Volume 88, Issue 43 (22 October, 1966), alongside a response by historian and philosopher of science François Dagognet, titled "Le Tour de Babel" ("The Tower of Babel"). The essay was republished in Michel Foucault, *Dits et* Écrits, Vol. 1 eds. Daniel Defert, François Ewald and Jacques Lagrange (Paris: Éditions Gallimard, 2001) 585-588.
2. TN: Michael Balint, Anglo-Hungarian psychoanalyst, and author of *The Doctor, His Patient, and the Illness* (London: 1957), translated into French by Jean-Paul Valabrega as *Le Médecin, son malade et la maladie* (Paris: 1960).
3. TN: The phrase is presumably a reference to the famous dictum of French surgeon and Collège de France Chair of Experimental Medicine René Leriche, that "Health is life lived in the silence of the organs" (*La santé, c'est la vie dans le silence des organes*). The phrase is discussed by Georges Canguilhem, one of Foucault's mentors, in his most famous work *Le Normal et le Pathologique* (Paris: 1943/1966), published in English with an introduction by Foucault as *The Normal and the Pathological* (Boston: 1978).
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