



It's about time for untimely action

Já é hora de uma ação extemporânea

Benjamin Gagnon Chainey 

Dalhousie University (Halifax). Nova Scotia, Canada. benjamin.gagnon-chainey@umontreal.ca

The novel *Jardin Radio*, written in French by Québec author Charlotte Biron, tells her alter ego's journey following her diagnosis of a tumor at the jaw, the series of surgeries she underwent, and the long and lonely times of convalescence between, and after those serious treatments. In a particularly beautiful passage, she remarks that as "the surgery is getting closer, time is ticking, the hours tick at an impossible pace, at a pace I did not know" (own translation).¹

The news of the diagnosis upsets not only the mind—denial can work wonders to counter that aspect—but also breathing, the cardiac rhythm, the sudden laziness of muscles, all sorts of tempos on which one only has limited control. To help her get through her illness and the succession of treatments, Biron listens to the radio. When she hears the voices that appear to come from elsewhere, she can imagine she is not merely lying on her back on the floor. However, hearing those comforting voices "requires patience, you cannot talk or move. To perceive the voices, you must stay still, or else they clear out, they run away" (own translation).¹ For Biron, then, the soothing presence of other voices is not simply a matter of turning on the radio and letting them blare. It requires tuning to them, by adopting a specific pace, that of illness,

which makes the heart run faster, but also makes everything else go slower, in a seemingly endless process of waiting (for an appointment, for news from the hospital, for a message from a friend...). The novel is a testimony to the parallel temporality in which people suffering from illness find themselves, seemingly out of sync with the rest of the world, not daring to spend too much time at once, for they might be living on borrowed time.

This kind of debt is of interest to Derrida, who wonders about the "state of the debt and the work of mourning" in his 1994 *Specters of Marx*.² Derrida quotes, as an epigraph to his book, a powerful sentence from Shakespeare's Hamlet: "time is out of joint". It is disarticulated, it has fallen off its socket, became literally anachronous—non-temporal. This pronouncement, Derrida notes, takes place as the young Hamlet, prince of Denmark, like Biron, hears voices. However, rather than adopting the perspective of the sick, the agonizing or the dead, Shakespeare's tragedy takes the perspective of those who surround them and survive them. Young Hamlet is visited by his father's ghost, asking for his murder to be avenged. The encounter with his father's ghost and with an otherworldly voice makes the



young prince plunge into the alternate temporality that *Jardin Radio* evokes: “A spectral asymmetry [...] de-synchronizes, it recalls us to anachrony”.² Fulfilling a father’s wish, righting a wrong, doing what should be done—in a word, *caring*—thus disjoins time, breaks its linearity, making events happen all at once, a request from beyond the grave to revisit a past that was behind us and restore a sequence that should have been but never was. “There are several times of the specter [and] no one can be sure if by returning it testifies to a living past or to a living future [...]”.²

Illness, but also caring for the ill and mourning the dead, requires allowing oneself to experience a different time, an *embodied untimeliness* where different rhythms coexist, removed from the speedy tumult of those for whom health is no immediate concern. Rather than a chronological flow, it is a *kairotic* time, which is sensitive to the context, and allows wanderings and repetitions, hesitations, and changes in pace.³ Caring and mourning demands “untimeliness and disadjustment of the contemporary”.² In that sense, the intimate experience of illness is comparable to a form of creativity. In his *Untimely meditations*, Nietzsche⁴ had already noted that inspired philosophy requires “untimely reflections” that go against the grain of time, that refuse to conform to timely order (*unzeitgemässe*), that are “out of season” and unfashionable. The power of such philosophy, and its untimeliness, come precisely from the fact that it adopts the perspective of the ill to criticize what others deem to be the standard of health, and considers the supposed accomplishments of today’s society as maladies: “But it is sick, this unchained life, and needs to be cured. It is sick with many illnesses.”⁴ Nietzsche poses a diagnosis: “we are all suffering from a consuming fever of history and ought at least to recognize that we are suffering from it”.⁴ Agamben⁵ powerfully summarizes Nietzsche’s view of untimeliness: “Those who are truly contemporary, who truly belong to their time, are those who neither perfectly coincide with it, nor adjust themselves to its demands. [...] But precisely because of this condition, precisely through this disconnection and this anachronism, they are more capable than others of perceiving and grasping their own time”. Those who are ill or caring for someone ill, or perhaps even

mourning, may thus find themselves in precisely the kind of temporal shift that allows them to truly perceive the reality that surrounds them. The epistemology of illness (such as that of Canguilhem⁶), then, should not be only about how the healthy may know about sickness and the sick, but also about how being sick provides a particular way of knowing and interacting with the world, including that of the healthy. However, the experience and knowledge of the sick and of those who care and mourn for them goes largely unrecognized, because those who surround them, including healthcare workers, cannot imagine and embody a different flow of time.

It’s about time, then, that medical schools and hospitals question their relationship to time and that they reconsider the pace of healthcare work. The push for innovation and the restless pursuit of a cure participate perhaps more to healthy people’s desire to beat illness, to move faster than it, than they are about caring for sick people’s experience, as, among others, the French writer Claire Marin beautifully exposes in *Hors de moi*.⁷ Medical and healthcare education and research should dare to be out of season, untimely, even unfashionable: for instance, while the current fad pushes all medical schools to embrace artificial intelligence⁸, and while there may be true benefits to AI in terms of speeding up the work of educators and researchers, we may doubt that it would help in understanding pain, suffering, anguish, or, more generally, the experience of those who are confronted with illness. On the contrary, connecting with that experience cannot be done quickly or efficiently, and requires what could be termed a “natural” intelligence, or, ironically, an increasingly untimely intelligence. Instead of working at a different pace than their patients, healthcare workers could learn to slow down and take the paradoxical time to be untimely: thus, becoming able to listen to other fragile and fleeting voices, as Biron does. By synchronizing the pace of their work with that of their patients, they may in fact better cure them, and paradoxically accomplish what they believe they can only achieve by going always faster. They would learn *about* the experience of their patients, by also learn how their patients look at the world and understand it from a unique vantage point.

Conflicts of interest

No financial, legal, or political conflicts involving third parties (government, private companies, and foundations, etc.) were declared for any aspect of the submitted work (including but not limited to grants and funding, advisory board participation, study design, manuscript preparation, statistical analysis, etc.).

Indexers

The International Journal of Education and Health is indexed by [DOAJ](#) and [EBSCO](#).



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