A teacher of mine, Gillian Rose, died from cancer in 1995. Before she died, she published a brief account of her experiences with two consultants. This is what she said.

A year ago, when I first developed effusions in the pleura (build-up of fluid in the lining of the lungs), which can be aspirated or tapped off, my local GP recommended that I see Dr Grove. He said, ‘This is the person I would want to see if I had your condition.’ In order to ensure that I did not lose the connection with Dr. Land, who is at the forefront of international research into chemotherapy for ovarian cancer, I telephoned her to explain that, for the nonce, I intended to consult Dr Grove, who is based at a hospital in Coventry, not far from the university where I work.

Dr Land said slowly and measuredly, when I had explained the latest development in my condition: ‘This means your cancer is active; this means you will become ill; this means you will need more treatment. How long do you intend to continue working?’

Disconcerted by her predictions, delivered in such apparently judicious tones, I went to see Dr Grove. He invited me to arrive after his clinic so that he could begin to get to know me. With a deliberate gesture, Dr Grove pushed aside the proliferating reports on my condition which littered his desk. I found myself looking into the smiley, impish eyes of a youthful forty-five year-old with rounded shoulders, and, I would discover, a duck’s waddle in his walk.

‘Tell me,’ he invited, ‘who you are and how you are.’

I spoke for ten minutes and told him the whole story of how one consultant had told me the disease was progressing, while his colleague, with the same access to it, insisted that it was static.

Dr Grove examined me and then he said: ‘You are well; you are not dominated by this disease; we will keep you in this equilibrium. Is there anything you want to do that you cannot do?’

The difference in the set of statements uttered by Dr Land and by Dr Grove is the difference between a sentence of death and a sentence of life (Rose, 1999, pp. 43–44).

There is much here for the teacher to learn from. Rose goes on to say that in these encounters, philosophy provides the analogy for medicine. However, the different pedagogies or relationships that the two consultants engender also show how philosophy provides the analogy for education, and indeed for a philosophy of the teacher. Rose comments that Dr Grove is able to admit that he does not know what is causing this or that symptom and does not know what will happen next. He acknowledges, ‘I don’t know when you will die’ (pp. 44–45). Here, Dr Grove is servant to medicine, just as Socrates, as we will see below, is
servant to education and learning. Both recognise in their different spheres their vulnerability in not having all the answers. Dr Grove recognises that his independence as a doctor is wholly contingent upon the pre-condition of illnesses over which he is neither creator nor destroyer. In our studies of the philosophy of the teacher we will explore the work of teachers who, in exactly the same way, are servants of, and to, a process their lack of control and mastery of which makes them vulnerable and exposed to risks and mistakes.

In the same vein, Rose comments on the way the two doctors are able to cope with the ambiguities of their authority. Dr Land, misrecognising vulnerability as weakness, feels she has to compensate for her ‘intrinsically limited knowledge’ (ibid.), and its threat to her status, by speaking in such ‘judicious’ (p. 44) tones. She is mastered by illness and consequently sees others as mastered by illness. She has, therefore, missed the educational and philosophical complexities that accompany her vulnerability. Just as she suppresses her own domination within and by the limitations of medicine, so also is she free to become its representative as a master over others. Dr Grove, on the other hand, knows his authority to be mediated by his dependence upon conditions that he can neither choose nor control. He recognises his power to be limited by that which makes him powerful. This does not mean that he merely says ‘I don’t know’, or conflates his powerlessness with irony. Nor does it mean that he refuses his authority and his responsibility as a doctor. On the contrary, Dr Grove accepts that he is both servant and master in regard to medicine, and he recognises his vulnerability in this dual role as the defining characteristic of his relation to his patients. It is by being master and servant that Dr Grove is able to offer Rose the ambivalence of freedom and self-determination even within the limits, or the contingency, of her terminal illness. Where Land, as master, expects you, the patient, to be servant, Grove, as master and servant, offers the gifts of uncertainty and doubt as positive, even authoritative agents for growth and self-development, especially, in the face of the absolute contingency of terminal illness. ‘Dr Grove’, says Rose, ‘does not permit you to transfer your authority to him, and, so, paradoxically, you trust him more, because the trust is uncoerced and freely bestowed’ (p. 45). The closer she came to death, the more she reported feeling well.

Rose’s philosophy of the medical practitioner resonates with the philosophy of the teacher that will be explored below. Both teacher and doctor recognise ‘that you have to find your own way between what can be controlled and what can’t be controlled’ (ibid.). They never confuse that limitation with a ‘quest for control and fear of lack of control’ (ibid.). Teacher and doctor do not pre-judge their relation or their authority in the light of any pre-conceived ‘scientific map’ (ibid.). Both, instead, have what Rose calls ‘acceptance: acceptance that there is no solution, no cure for this chronic illness, but also no finality: and that there is no need to find a surrogate prediction for this intrinsically limited knowledge’ (ibid.).

As Rose refuses to ‘identify with cancer as a generality’ (p. 46), so the philosophy of the teacher, as we will see, refuses to identify learning as a
generality. Education is always a specific and actual relation; it is always the same, yet always different. If it were not, then it would not be our experience and indeed would not be an experience at all. We can retrieve a notion of wisdom and of vocation in teaching, but only when we recognise that teaching is a relation that has to be re-created by those who are themselves being re-created in it. This wisdom lies not only in recognising our vulnerability and our contingency, that is, our being servant, but also in our courage to risk this wisdom, again and again, as teachers, or as the master. We will come to see this duality as the philosophical experience of being a teacher.

NOTE
1. Gillian Rose was a lecturer at Sussex University in England (1974–1989) before moving to Warwick University to become Professor of Social and Political Thought. She published the following books: The Melancholy Science: an introduction to the work of Theodor W. Adorno (1978); Hegel Contra Sociology (1981); Dialectic of Nihilism (1984); The Broken Middle (1992); Judaism and Modernity (1993); Loves Work (1995); and posthumously, Mourning Becomes the Law (1996) and Paradiso (1999).