To the Graduate Council:

I am submitting herewith a dissertation written by Kristine K. Whitnable entitled "The Responsibilities of Personhood in the Medical Setting." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Philosophy.

Glenn C. Graber, Major Professor

We have read this dissertation
and recommend its acceptance:

Accepted for the Council:

Vice Provost
and Dean of the Graduate School

THE RESPONSIBILITIES OF PERSONHOOD IN THE MEDICAL SETTING

A Dissertation

Presented for the

Doctor of Philosophy

Degree

The University of Tennessee, Knoxville

Kristine K. Whitnable

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DEDICATION

This is dedicated to my parents, Bernard and Ilean Whitnable.

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I would like to thank my parents for their early encouragement in my pursuit of an education and particularly for their continued support of this lengthy project. It would not even have gotten off the ground without their encouragement and aid. They were available even when I did not call upon them and that love was felt across the months and miles. I would also like to acknowledge my committee, Glenn Graber, Kathleen Emmett, James Bennett and Maureen Groer, for their help in organizing the thoughts and arguments in this manuscript. Dr. Graber was particularly helpful in allowing me to emote as well as offering suggestions which added to the substance of this work. This particular work would also not have been possible without the kind assistance of Dr. Richard Scholl, Dr. Thomas Sargeant, Dr. John Hurly and Sr. Miriam, and the Holistic Health Centers, who allowed me to observe their various practices and from which general impressions and specific examples were gleaned to support my premise. Finally, there are a number of friends who actually lived through this experience with me and without whom I would not have gotten through the down times. Tom and Cesily King not only offered their home as an oasis from the rat ace, they also supplied the typewriter on which the rough draft was composed. Allyson Lunden fed me, body and soul, as we commiserated over the inequities of the system. Jeanne Musick was a good friend throughout, finally resorting to buying my graduation card last year to encourage me to finish. Finally, I would like to

thank Tony Moses who, having been through it all, knew exactly what I was going through and listened carefully and knowingly.

ABSTRACT

Medicine has often been viewed as both an art and a science. However, a unified philosophy to encompass these two elements, including their influence on various aspects of the practice of medicine, has yet to be proposed. This work is presented as a possible remedy for that lack. Gabriel Marcel, a French existentialist, sees the entire world as an interplay of mystery and objectivity, ultimately wed in the unique experience of my body. Mystery and objectivity are first presented in a number of relationships which I enjoy beyond myself, namely my relationship with the world and with other persons. Marcel argues that science cannot fundamentally change nature and in fact, looking to science as the sole answers to questions actually distorts our view of nature. Mystery is also evident in the deeply personal relationships which I share with another person, which Marcel calls the Thou relation. Ultimately mystery, as experienced in the realm of Being, is expressed in my relationship to my body, in that I experience my body both as a possession, as an instrument which I can use, and as my being, as an expression of who I am and my experience of life.

Medicine is concerned both with broad issues of science, interpersonal relationships and the body which are presented here, as well as more specific issues such as autonomy, death and hope which Marcel also addresses. Given this common ground, I proceed to apply Marcel's thought to the issues of holistic medicine, informed consent and organ transplants. Holistic medicine often comes up short in that practitioners are merely replacing the scientifically based treatment

with their own "holistic" treatment with no in-depth change of philosophy. With respect to informed consent, the existence of mystery in one's lived experience and the physician-patient relationship will require a change in the understanding of the decision making process, though the outward mechanics of informing the patient will remain. Finally, one's not being solely in an ownership relationship with one's body requires that restrictions be placed on the sale of organs for transplant. There are further applications which can be made. These were chosen to indicate the utility of the philosophy of Gabriel Marcel in understanding the practice of medicine.

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INTRODUCTION

In the recent past there have been incredible advances in the practice and success of medicine. It has only been in the last thirty years that the probabilities have shifted in favor of emerging from a hospital cured rather than dead. And nearly all who follow news events are aware of the recent advent of the research resulting in the implantation of an artificial heart in a human. The cure rates for cancer are steadily improving. However, all of these improvements come in the midst of increased discontent with the medical profession. There has been a sharp increase in the rate of malpractice suits, indicating either that medicine is failing even in the midst of these great advances, or the patients have become more particular consumers, or the expectations of the public are unreasonable. Indications of this discontent are evident within the general public. For example, there has been an increased interest in holistic medicine. This can be seen not only in those adherents of systems which eschew traditional Western scientific medical intervention, but also in the current trend toward physical fitness and stress relief as a means of improving one's health. These are approaches which have not traditionally been addressed by the medical establishment, a lack which is beginning to be of greater concern to the general public.

Modern medicine has grown and developed as a powerful force in the lives of individuals in the Western world primarily because it built a system of investigation and application on the assumptions of

the validity of scientific theory. Until the end of the nineteenth century, disease was understood in the context of a variety of metaphysical and ontological perspectives. As there are a variety of such views, so there were a variety of understandings of disease and treatment. Starting with the work of Louis Pasteur in postulating the existence of micro-organisms, there eventually developed a standard approach to disease, based on the principle of direct causality. Discrete entities, micro-organisms, were the cause of disease. Further, one could develop a cause, a vaccine of anti-serum, of the destruction of the micro-organism, thereby overcoming the disease. As I have said, this approach has led to the great advances in the medical care enjoyed in the Western world, and to the extent that economic and political considerations allow, to the rest of the world as well.

Along with these physical advances, though, have come other results which are currently being questioned. Modern medicine has not merely assumed that disease is caused by distinct entities, micro-organisms, it has developed into a system in which this assumption is the paramount element. There are several results of this. For one, a number of other possibilities, including individual lifestyles, are ignored in the discussion of disease. While this is changing to a great extent, this change can be attributed in large part to the concern, voiced by the general public, that the distinct entity causal relationship with respect to the etiology of disease is far too limiting. The adherents of certain systems of holistic health

declared the link between lifestyle and certain disease long before the establishment acknowledged it. In limiting the cause of disease to a scientifically ascertainable entity, medicine also encouraged a particular relationship between the practitioner and the patient. Before the advent of the scientific method, the patient was free to choose from a number of possibilities with respect to his medical treatment, depending on his personal philosophy. However, with the rise of science as the predominant philosophy within the practice of medicine, this choice has been, to a large extent, eliminated. The patient is often a captive audience, so to speak. And within the relationship, the assumption is made that since science is supreme, the individual with the superior scientific training is supreme. Therefore, the medical professional has complete control over the relationship, though this too is changing. However, again the change has come as a result of outside pressure, rather than entirely from within the medical profession.

The purpose of this paper is to present elements of the philosophy of Gabriel Marcel as an expression of a basis for these changes, which are in process. Currently these changes are being made with little thought of a unified philosophical rationale for action other than intuition and the rule of pragmatism. "I would feel better if things were done in this way," and "if it works, do it." I think that the philosophy of Marcel offers a unifying system within which to make the changes which are being called for from many quarters in the practice and philosophy of medicine. I will argue in the course of this paper that Marcel's is an appropriate philosophy to consider

in the restructuring of the practice of medicine in part because the two endeavors deal with the same subjects, for instance, the philosophy of science, the body and the issue of personal autonomy. However, additional reasons can be offered in support of the use of Marcel in this project. Historically he wrote in the beginning of the twentieth century, at a time when the absolute claims of science were beginning to be questioned. As a result, his thought is presented in response to a general concern about the role of science in one's view of the world, rather than the more limited approach of the role of science in the practice of medicine which is evident in the current discussion of the art within the practice of medicine. This broader perspective allows for a deeper criticism of medicine, and thus for the possibility of a more far-reaching impact on the practice. Medicine is not an isolated endeavor, and if solutions to problems within that field are sought solely within medicine itself, the blind spots are likely to remain. There needs to be a change within the community at large to effect a lasting change in medicine, if for no other reason than that a large part of the medical experience is that of the patient, a participant of the community at large. In addressing the problems of science within the context of larger issues of metaphysics, Marcel lays the groundwork for a viable alternative to the striectly scientific practice of medicine.

Secondly, Marcel offers a valuable approach to the issues confronting contemporary medicine because he acknowledges the value of science. Granted he limits the range of science to the solving of

problems. Inasmuch as the problem of medicine is defined as the individual's physiological system being overtaken by a foreign entity, then science is the best response. However, in addition to this Marcel argues for the existence of another realm, the realm of mystery, or being. These two, mystery and science, are presented as being in tension, much as current philosophy of medicine argues that the art and science of medicine are in tension. Without this acknowledgment of science, Marcel would have nothing to say to medicine. He would be calling to a return to the ineffective practices of the pre-scientific world, a move which would not be seriously considered by anyone. An exploration of this tension and an application of it to the practice of medicine will allow for the changes which are even now taking place, without relinquishing the advances of the past hundred years in scientific treatment.

The value of the thought of Marcel in answering the current questions and concerns in the practice of medicine are, however, assumed in the bulk of this paper. The arguments center around the specific points of his thought and system which appear to be of most help in understanding the problems facing medicine and heading one in the direction of a solution. Toward this end the first half of the paper is an explication of Marcel's major thoughts, including his ideas on the philosophy of science , the concept of the Thou, his understanding of the body and his refutation of autonomy as the basic principle of morality. Following a short transitional chapter in which it is argued that the thought of Marcel does indeed deal in a

significant manner with issues which are of imminent interest to the theory and practice of medicine, various of his concepts are applied to specific issues in medical ethics.

The exposition of Marcel is presented in three chapters, divided within the rather roughly applied categories of one's relationship to the world, one's relationship to one's self as a living body and finally one's attitude toward the situations within which one finds oneself in the world. Included in the first chapter is a discussion of the philosophy of science which assumes that science is not merely a method of obtaining information about the world, but a particular attitude toward the world. Within this context, science is not one of several subjects, the completion of which is necessary for a high school diploma. It is a way of looking at the world. In saying this, though, it should be understood that this attitude is by no means limited to those who make their living in the pursuit of science. The common man is in fact also susceptible to seeing science as the solution to any and all problems which life might present to him. This is particularly evident in the common attitude toward science in the realm of personal health. The great white god in the white lab coat should be able to right any health wrong. Science is the answer to the problem. Marcel counters this presumption of the way one lives and answers the problems of life with an attitude which includes the element of mystery. This element cannot be fully categorized nor cut off from the lived situation in which it is experienced. While these characteristics make it difficult to explicate the concept and might well cause one to shy away from making it a major element in one's

philosophy, it is nonetheless an element of the lived experience and can be denied only at the risk of denying our very humanity.

The validity of the preceding statement can be seen in the breadth of application Marcel gives to the concept of mystery. Mystery is important not only in one's view of the world and problem solving methods, it is also evident in one's relationship with other persons. In that the relationship under consideration is indeed with other persons and to the extent that it involves a sharing of the mysterious on the part of both participants, Marcel calls the relationship a Thou relationship. The implication of Marcel's particular understanding of this term takes up a portion of the first chapter. The second chapter is devoted solely to Marcel's understanding of the body. Marcel equates mystery with the realm of being. Marcel makes the further claim that the individual is related to his body both as a possession and an existence, both by way of having a body and being a body. Arguments are presented from Marcel's major works to support this view, which is crucial in several of the arguments presented in the conclusion of this work.

In Chapter III I have given a short explication of several elements of Marcel's system, including hope, faith and autonomy. These particular elements were chosen because of their particular pertinence in a discussion of the practice of medicine. Most medical professionals, no matter how enamored they are with efficacy of science to solve medical problems, will acknowledge the value of hope

in the patient. In fact, this element has been used as a defense against telling a patient the truth concerning a terminal illness. It is important, the argument goes, to keep up the patient's hope. There is, however, rarely even a cursory discussion of what hope is, a lack which I have endeavored to correct in this paper. On a slightly different level, autonomy is used in many discussions of medical ethics as the basis of proposed action. For instance, on the other side of the issue, the argument is presented that the patient, as an autonomous agent, has the right to the truth concerning his condition, so as to be able to make an informed decision. To this, Marcel's discussion is of great importance in that he argues there are times when autonomy does not apply. Therefore, the weight of this argument is considerably lessened and other reasons, which Marcel supplies in the context of his understanding of the Thou relationship, must be supplied to defend the action of truth-telling.

From even this short description of Marcel's thought it is evident that there are direct applications to the practice of medicine. The final chapter of this paper presents three specific applications: the practices of holistic health, informed consent, and organ transplants. The discussion of holistic health, apart from references to personal experience in observation of a series of urban holistic health clinics, does not attempt to closely define the parameters of holistic health. I defend this on several counts. One, the field itself is very ambiguous. There is no central clearinghouse or government agency which certifies whether a particular practice, clinic or practitioner is holistic or traditional. It is a category

within which the individual practitioner or medical philosophy places itself. For simplicity's sake I have chosen to acknowledge any and all of these claims as legitimate. Therefore, if a group or individual claims the title holistic, what I have to say can be applied to them. Again, individual examples of holistic health are not referred to in the body of this paper because oftentimes, though they claim to be holistic they are in fact very narrow in scope, concerning themselves for instance with changes in the irises or the use of water as the sole therapy. If reference was made to these narrow adherents to holistic medicine, the argument might be made that I have not really addressed holistic medicine, but some aberrant medical cult, so to speak. Therefore, I have endeavored to take as serious example those approaches and practitioners which espouse a truly all-encompassing philosophy. On the other hand, I have chosen not to address the practices and philosophy of a basically preventative group, the Wellness Movement. This is because the breadth of their concern and the specific application of their philosophy, i.e., organizing senior citizen daily walks for instance, places this group beyond the confines of the practice of medicine and into a philosophy of life. It should be noted that this view fits well with Marcel's understanding of the application of science to life, though it goes beyond pure medicine. Finally, I will defend my limited references to specific holistic practices on the basis that the telling criticism against holistic health, that it is still thinking within the context of a scientific world view, applies equally to any holistic health

claimant to the extent that he attempts to elicit public support. In attempting to gain such support the claimant will undoubtedly propose "scientific experiments" which will prove the efficacy of his approach to the problem. This mentality acknowledges science rather than the element of mystery and on a metaphysical level negates any fundamental changes in one's understanding of the individual and the world.

The discussion of informed consent applies Marcel's understanding of interpersonal relationship on the level of the Thou to a basic decision making tenet of medicine. This discussion also includes Marcel's refutation of autonomy as a primary moral principle. Given these two points, the issue of informed consent is by no means denied or even seriously altered in form. The presumed method of decision making is, however, called into question. As a result, the motivation for informing the patient is not that he might make a rationally informed decision, but that he might live the medical experience on his own terms. This requires, as well, that the professional at least approach a Thou relationship with the patient. The patient is a person and not an analog decision making machine.

Finally, the issue of organ transplants involves the application of Marcel's thoughts concerning one's relationship to one's body, particularly whether or not one can be called upon to relinquish control of his body to another, i.e., whether donations can be coerced. Further, even if one argues that such coercion is not permissible can one choose to become an organ donor? Finally, the question is raised concerning the use of the artificial heart. While

I do not address the issue of artificial organs in general, I feel that the heart is unusual in that its proper functioning relates not merely to our having a body, but to our experiencing life. As such, putting the operation of the heart entirely under anyone's control unwisely eliminates a significant expression of the individual's being.

While this paper is by no means exhaustive of the philosophy of Gabriel Marcel, nor even of the application of that portion of his philosophy which is presented, I hope that it offers some thoughts of a philosophical basis for some of the changes which are currently being proposed in the practice of medicine as well as some ideas for future movement.

CHAPTER I

MYSTERY AND THE WORLD

This chapter will be an explication of Marcel's thoughts concerning the individual's interaction with the world at large and with other persons. This will include Marcel's philosophy of science as an indication of man's view of and participation in the world; the Thou relation as Marcel's understanding of the relationship between one person and another; and finally, disposability, the attitude of the individual which allows for this type of relationship. Throughout this discussion Marcel presents the possibility of two opposing perspectives, one which involves the very being of the observer and another perspective, open to all and in its universality not requiring the personal commitment of anyone. In his philosophy of science these opposing views are termed "mystery" and the "objective" or "technical" respectively. Within the context of interpersonal relationships these perspectives are defined as being committed to another person as a Thou or as seeing the other as an object. On the personal level the realm of being is described in terms of being open, of being available to life as opposed to a closure, of living within a self-built shell.

Philosophy of Science

The scientific attitude against which Marcel was reacting was the positivism of the early twentieth century. In contrast,

philosophers no longer view the events of science as totally divorced from human involvement. Therefore, Marcel's basic criticisms of the practice of scientific research may seem trite and quite inappropriate to contemporary science.

It has been claimed, however, that technology in itself is value free, that morality comes into play only in the choice of application which is made. Marcel claims that the choice to rely solely on technology is itself a value choice. These claims apply to medicine, in that medicine, as a science has often taken great pains to conform to the positivist definition.[1] The medical researcher is seen as a morally and subjectively detached agent. The physician, as a scientist, is judged not in that he applies technology, but in what manner he applies it. In addition to this, however, the practice of medicine is a relationship between the patient and the professional. Marcel's criticism of science encompasses this tension well. It will therefore be valuable to explore Marcel's comments with respect to science.

Since Marcel's methodology precludes a systematic analysis of any topic, one cannot use a straightforward explicative method to follow the development of his thought. However, since he does relate all thoughts to the concept of being as mystery and since even within a specific topic such as the philosophy of science the definitions and ideas are intertwined, if one simply begins at any point, eventually an understanding of the whole can be achieved.

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[1] Edmund D. Pellegrino, Humanism and the Physician (Knoxville, Tenn.: The University of Tennessee Press, 1978), p. 73.

The starting point which is most apparent in Marcel's methodology is the point at which we find ourselves in the world, our current condition. The situation of contemporary man in the world is so isolated as to negate the element of mystery in his existence.

> I was thinking just now that our condition— . . . —implies or requires a kind of systematic sealing off of mystery, both in ourselves and in our surroundings. The sealing off is done by the almost indefinable idea—is it even an idea?— of the "perfectly ordinary." There is a close connection between the objective and the "perfectly ordinary." A grip on being is possible for us when we break through the enclosing shell which we have grown around ourselves. . . . The metaphysical essence of the object as such is perhaps simply its power of sealing off. We cannot specify it further than that. We cannot, in the presence of any object, question ourselves about the mystery hidden within it.[2]

The individual is likely not to be aware of the lack of mystery in his life, since this lack involves a state of affairs which Marcel relates to the "perfectly ordinary." Marcel proposes a correlation between the "perfectly ordinary" and the objective perspective. While one might presume an understanding of the terminology on the basis of a universal understanding of the "perfectly ordinary," this is not the case. There are specific, somewhat technical, ideas which Marcel is attempting to express in the terms he uses. It would therefore be helpful to give some of Marcel's background to the basic terms "mystery" and "the objective" before continuing.

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[2]Gabriel Marcel, Being and Having (Gloucester, Mass.: Peter Smith, 1976), p. 112-13.

Marcel most often gives his reader a negative definition of mystery in that he explains what he means by the object or objectivity and then says that mystery is not that. He does however attempt some positive statements concerning the term. He characterizes mystery as something in which we are caught up.[3] It is the lived experience, which apparently is not indifferent to my living it.[4] Because it is subject to change as it is lived, it is impossible to specify mystery as one would the elements of a scientific experiment. Mystery can neither be known all at once,[5] nor can it be reduced to detail.[6] Knowledge of the mysterious is not acquired in the same manner as knowledge of the objective, since the objective can be quantified and individualized, while the mysterious cannot. In fact, Marcel does not even use the term "to know" with reference to mystery. "Recognition of mystery, on the contrary, is an essentially positive act of the mind."[7]

With this understanding of mystery, it is easy to see why Marcel uses the term "mystery" as a primary reference to existential involvement.

> Distinguish between the Mysterious and the problematic. A problem is something met with which bars my passage. It is before me in its entirety. A mystery, on the other hand, is something in which I find myself caught up.[8]

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[3]Ibid., p. 100.

[4]Gabriel Marcel, Metaphysical Journal, Trans. Bernard Wall (Chicago: Henry Regnery Company, 1952), p. 161.

[5]Being and Having, p. 101. [6]Metaphysical Journal, p. 161.

[7]Being and Having, p. 126. [8]Ibid., p. 100.

The difference is between the problematic, which exists in its entirety outside of me and the mysterious, which requires my existence and involvement as part of its definition. There is a sense of solid inflexibility about a problem in that it bars my passage, while the mysterious is molded by my experiencing of it. Marcel makes the same distinction between experience and an object.

> Experience is not an object, and here I am taking the word "object" as I shall always be taking it, in its strictly etymological sense, . . . of something flung in my way, something placed before me, facing me, in my path.[9]

Though Marcel uses the term "object" in this passage, it must be understood that he is not discussing abstract entities. He is not developing a metaphysical treatise populated with ideas which are arranged first in this manner and then in another to see how they best fit together. Marcel relates all his definitions, such as they are, to himself as a living person, and he invites the reader to participate in this experience. This can readily be seen in his choice of words. The enquirer is "caught up" in the enquiry. Even the problematic and the objective are viewed from the perspective of the enquirer as an acting being in that they stand in his way, or bar his passage. The basic relationship is not between objects, nor is it the rational thought which organizes these objects. It is the relationship between persons and between persons and their world.

At this point let us return to the original quotation to begin our understanding of Marcel's concept of the person's relationship to

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[9]Gabriel Marcel, The Mystery of Being, Trans. G. S. Fraser (South Bend, Ind.: Gateway Editions, LTD), p. 46.

his world. As has already been pointed out he sets up the situation as an opposition between the experience of mystery and the object or the problematic. However the conflict is not in these concepts per se. Rather the conflict arises in the use of these opposing perspectives as methods of encountering Being, the grounding basis for our existence. We strive to at least "get a grip on being." We are barred in this endeavor by the shell which we have grown around ourselves. This shell is not just an idea, a part of a philosophical system, which is given a convenient label. It is an element of the perspective of the individual which colors his understanding of himself and the world around him, standing in the way of his experiencing the mystery of being. Marcel is interested in expounding a philosophy which sheds some light on the lived life of the individual, not just the mental processes of the philosopher.

Another distinction must be made at this point. Though at this point Marcel presents the situation in terms of opposing concepts, mystery and objectivity, he is not to be thought of as a dualist in the Cartesian or Platonic sense. Our inability even to question ourselves about the mystery hidden within the object is not due to a metaphysical fact concerning the nature of entities outside ourselves. Rather it is due to the development of a particular condition, the growth of a shell about ourselves, a process which includes a particular way of perceiving these entities. The patient in my office is not an object by nature. I make him an object if I close him out, if I refuse to regard him as an existing being. This refusal has the

additional result of making me an object as well. This is not due to my basic nature, but the perspective of the other. Within the relationship, I close him out and he closes me out and there is no mystery.

For Marcel the perspective of being, of the mysterious is seen within the context of the individual and his personal relationship to others and the world. The objective perspective is expressed in the system of positivistic science, the science which is taught in general high school courses and is highly admired by the medical profession. It is a system of objective thought based on a system of specific questions, the answers to which are presupposed in the objective fact.[10]

"(T)he technician, like the chemist, starts off with some general notion in advance of what he is looking for . . ."[11] In the actual experiment

> the experimental scientist has the task of eliminating all that could make the answer seem fortuitous or accidental, and not in exact relationship to the question as it was asked. Hence the question should be as free from ambiguity as possible, for ambiguity in the question results in the impossibility of interpreting the answer. In properly conducted experiments everything happens as if the question were—could not fail to be—understood.[12]

Further

> the key, of course, to the scientist's purpose is the idea that every phenomenon is the product of a certain given set

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[10] Metaphysical Journal, p. 140.

[11] The Mystery of Being, p. 5.

[12] Metaphysical Journal, p. 139.

> of conditions. In his laboratory he hopes to reconstitute the set of conditions, however complex they may be, which, once they are fully reconstituted, cannot fail to give rise to the phenomenon he is after.[13]

Once the question has been answered, a further step is taken, a technique is developed. "(E)very genuine problem is subject to its own technique and every technique consists in resolving a problem of a determined type."[14]

The reasonably educated man on the street, including many physicians, in reading this description would understand it, as Marcel presented it, to be a definition of the workings of science. A cursory reading of the philosophy of science would quickly dispel this thought and one might be tempted to dismiss the description of science which Marcel gives as archaic and uneducated. The point is, however, that science is often understood in this manner by the general population, being propagated in public education, and is one which even selected professionals, i.e., physicians, often hold to for their own purposes. Since this paper is ultimately an attempt to apply philosophy to the medical relationship, it is important to take seriously the intellectual positions of those involved in the relationship, i.e., the patients and physicians. While there are certainly other philosophers who have criticized this view of science, many of them in a decidedly more succinct manner, again the purpose of this paper is to apply the philosophy of Marcel to the philosophy of

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[13] The Mystery of Being, p. 120.

[14] Metaphysical Journal, p. 103.

medicine. Therefore I shall present his particular arguments against practicing science as an isolated endeavor and applying it amorally. In his arguments against the scientific method as a basic approach to understanding the world, Marcel claims that (1) science cannot ultimately change the objects which it manipulates, and (2) in the end science distorts our perspective of the world and our understanding of ourselves.

The first criticism which Marcel levels against science is with regard to its endeavor as a real force in the realm of being, the relationships between persons and the existential experience of the individual. Science can change neither the individual constituents of being,[15] nor the broad landscape of reality.

> I should express it by saying that the modifications which such a science imposes on reality have no other result (metaphysically of course) than of making that science in some sense a stranger to reality.[16]

The Dow Chemical advertisement was wrong. Ultimately there is no "better living through chemistry." There is an alteration of the physical environment, which might enhance the living conditions of people; but there remains that which cannot be reduced to its parts and manipulated. Being, "identified with that upon which the human spirit rests in assurance that even if heaven or earth pass away this will abide"[17] is not really touched by the techniques of science. Changes in this realm are accomplished in a manner other than the application of technique, which is the method of science.

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[15] Ibid., p. 41.

[16] Being and Having, p. 21.

[17] Ibid., p. 101.

Marcel does acknowledge one result of consistently viewing the world from the objective scientific perspective. The value of nature becomes distorted.

> Nature compared to the tamed beast. (sic) Whatever is good happens in spite of it and in a sense against it. It is a matter of wresting from life the means of making it livable. One no longer thinks of attributing to it anything that resembles a benevolent complicity.[18]

The scientific perspective requires that nature become an object. An object by definition is something which stands in the way and bars my passage. Nature is therefore an adversary and even an enemy. When mystery is eliminated from the relationship with nature, nature is no longer involved in the experience of being. At this point the mystery of the lived life must be wrested from nature and not experienced through nature. The application of technique, in itself, is sufficient to alter one's view of the world, and as such, is not value free.

This of course is the bleak picture which is painted if the scientific view is taken as ultimate, if one idolizes technical ability.

> A considerable hinderance here is the fact that we have acquired the execrable habit of considering the problems in themselves, that is, in abstraction from the manner in which their appearance is woven into the very texture of life. A scientist is privileged in this respect. A scientific problem arises at a given point in his research, it is something the mind stumbles upon as the foot stumbles upon a stone. Any problem whatever implies the provisional breaking-off of a continuity which the mind has to re-establish.[19]

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[18]Gabriel Marcel, Creative Fidelity, Trans. Robert Rosthal (New York: Farrar, Stravs, 1964), p. 189.

[19]Being and Having, p. 102.

The point is not that there are no problems in the world, that there are no situations which appear to be solid and inflexible to our being involved, which cannot be effectively solved by the application of the methods of science. The point is that even these situations are woven into the fabric of life, into the texture of being and this relationship cannot be denied. The scientific perspective is appropriate in solving "problems," but "problems," though it seems that they are set apart from life, are actually a part of it. Therefore science cannot be the only method of dealing with situations which appear to stand in our way, with our "problems." As Marcel understands it, allowing science the position of the sole or even the primary approach to the problems of life, particularly those found in the context of the practice of science, is based on and encourages a particular view of knowledge which in turn requires a decidedly narrow view of the person.

In order to grasp this particular criticism we must understand Marcel's concept of the object.

> Things exist for me in the measure in which I look upon them as prolongations of my body. But I only think of them as object in the measure in which I adopt the viewpoint of "other people," of "somebody or other," and finally of "nobody."[20]

I participate in the feelings and actions of my body. (This is a technical concept which will be expanded in the next chapter.) This unity which I experience with my body assures me both of the existence of my body and my knowing that it exists. The assurance

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[20]Metaphysical Journal, p. 281.

of the existence of the world at large is likewise founded on the "feeling that the whole world of existent beings belongs to the same system of relations that bind me to my body."[21] These beings, however, become objects as soon as I view them not as I view my body, but as "other people" view them. For instance, if I am diabetic, I participate in the changes which this disease brings to my body. If I meet another diabetic, I could approach him as an existing being, because it would be possible for me to feel that he belongs to the same system of relations that bind me to my body. (Similarity of disease is not necessary in this example. It is used merely for convenience.) However, science claims the position of an outside observer, for example, analyzing the breakdown of the capillaries caused by diabetes as a mechanical process caused by specific chemical changes. If I viewed my friend in this manner, he would become an object.

As will be further explained in the section on the Thou relationship, an object can become a being to me if I invoke from it a regard for me. An object can only become a being in relation to another personal being. Thus the viewpoint of "nobody," the impersonal "they," will only enforce the objective nature, not transform it.

Marcel uses the power of the individual being and the concommitant lack of power in the amorphous "they" as an indictment against the universality of scientific knowledge.[22] It is claimed

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[21] Mystery of Being, p. 131.

[22] Metaphysical Journal, p. 298.

that the power of scientific knowledge lies in its being for everyone. However, on Marcel's interpretation, it is thereby for nobody. If it is for nobody, then it involves only objects and not existent beings. Marcel relates this situation to epistemology through his understanding of thought being ultimately involved in the knowledge of being, and not in the assertion "of its (thought's) right to validate all knowledge while remaining cut off from the stream of its incarnation."[23] For Marcel rationality is not exemplified in the rules of logic, nor is it, as the scientific perspective indicates, the supreme element of the human being. Scientific knowledge, as the expression of rational thought, is not supreme, according to Marcel. Or if it is then it is not knowledge for the individual.

In summary, Marcel claims that viewing the world from a scientific perspective is not value free. The mere choice of this perspective is a value, a choice which is likely to dehumanize in that such a view does not allow mystery to be a part of nature. Beyond this, science cannot ultimately deliver on its presumed promises. We will not be better persons, in the realm of being, because of science. Science cannot change being. In addition to this, Marcel argues that science's narrow view of reality and concept of the person solely as a rational creature calls into question the very claim of universal scientific knowledge. According to Marcel, knowledge requires a personal commitment which universal scientific

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[23] Being and Having, p. 103.

knowledge does not. In undermining this claim to universality Marcel calls into question the power which science derives from this claim, power which is deftly weaved in the practice of medicine. Science cannot be blindly accepted as the ultimately powerful panacea which it has claimed to be.

Thou

At one point Marcel defines an object as that which contains the answer to a specific question. Science is the experimental method designed to elicit that answer and only that answer from the situation. But there are other answers. There is mystery.

> Our world is certainly not a world from which the mysterious has been excluded, a world in which all that has the power of communicating itself communicates directly and spontaneously. . . . There must be a positive reason for communicating. This is very important. Hence there must be an interest common to both of us. But it seems to me clear that when I think myself as existing for the other the other becomes a thou for me. Hence mystery is only possible in the order of the thou.[24]

The assumption of the existence of mystery as involving not just an answer to a question but intentional communication to and from another leads Marcel to the conclusion that I must relate to the "other" differently than I relate to the other objects in this world. This unique relationship is termed the Thou. However, the existence of mystery does not necessitate that there be a Thou relationship, though the interrelationship between the two is evident since Marcel also claims that mystery is only possible in the order of the Thou. The

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[24]Ibid., p. 161.

mysterious and the Thou are both in the realm of being which is not amenable to the categorization of causal laws.

The concept of Thou is very important in Marcel's thought, but unfortunately it is also difficult to develop. Marcel gives a few broad suggestions concerning the nature of the relationship and the attitude I should have toward another as thou. He gives few practical applications, though. This is unfortunate, since this is a concept which can be applied to the physician-patient relationship. Without more specific definition this application will be difficult.

Marcel does propose a simple exercise to determine the other as "thou" in that relationship. "From the core of the us I subtract the element that is not-me and call it thou."[25] This exercise is really not as easy as it might sound. For one thing, Marcel does not give any practical guidelines to indicate what a thou relationship is so that I will know when I am in one. And even if I do stumble across one, in the process of carrying out this exercise, the mystery leaves and the other will, on his own admission, have a tendency to become an object to me.[26]

At this point it might be profitable to take another approach, to define the other as thou as opposed to an object rather than as a part of a relationship. "It is essential to the very nature of the object not to make 'me' into account; if I think of it as having regard for me, in that measure I cease to treat it as an object."[27]

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[25] Ibid., p. 303.

[26] Ibid.

[27] Ibid., p. 261.

An object is that which stands in my way and bars my passage. In its inflexibility it does not take me into account. Others, such as Sartre and Buber, have noted that there are some objects which are different. These objects are aware that I exist and I am aware of their being aware.[28] Marcel takes an approach to these particular objects, which are potentially someone, which differs from Sartre's. For Marcel the awareness can be initiated from my side. I can think of the object as having regard for me, of, for instance, desiring intentional communication with me. At this point the object becomes less of an object "for me." This attitude allows for the introduction of mystery into the situation. If I think that the object has regard for me then I am, even if only to a small extent, caught up in the relation. In fact, Marcel claims a metaphysical equality of the participants in this relationship. "The more I think it as object the less I need to appear to myself as consubstantial with it."[29]

There are other points at which the concept of the Thou parallels the concept of mystery. The perspective on the world which includes a sense of the mysterious requires a total view of the situation. In the same manner when I see another as a Thou I am prohibited from classifying him simply as a collection of data.[30] In the discussion of mystery, Marcel used the image of separate scenes

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[28]Jean-Paul Sartre, Being and Nothingness (New York: Harper & Row), p. 150.

[29]Metaphysical Journal, p. 160. [30]Ibid., p. 165.

in a movie. Cutting life up in this manner is not conducive to fostering a sense of mystery. In the same fashion, seeing a person only as a collection of jobs or even personality traits is more in line with viewing him as an object. I cannot be aware of that object over there performing that particular task as being aware of me. I may use such an object. It might be a part of the technique available to me to overcome some problem, but in the capacity of one who accomplishes a certain task, he is not a Thou to me.

In an attempt to understand my response to the other as thou I have arbitrarily individuated the elements of the thou relationship. Actually, according to Marcel's definition of the thou, this move is not allowed. Thou only exists within the relationship of "us," only within the community. What actually exists at this point is not the individuals, but the relationship, or more precisely that which makes the relationship.

> But we all know very well that it is possible to transcend the level of the self and the other; it is transcended both in love and charity. Love moves on a ground which is neither that of self, nor that of the other qua other; I call it the Thou.[31]

In the end the Thou is not a collection of the individuals which comprise the relationship. It is, rather, the commitment, the love which transcends them both.

Fidelity

In the practical application of this transcendent element of the Thou, Marcel introduces the virtue of fidelity. For Marcel, the

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[31] Being and Having, p. 167.

transcendent, "the active and superior principle," is necessary for pure fidelity, fidelity which is not "mere persistency."[32] In the act of fidelity we are not responsible only to ourselves nor even to the other person, but to this principle, to love.

While it is the case that fidelity is defined in terms of our responsibility towards this transcendent principle, Marcel, in his desire that the situation be viewed as a whole, also requires that fidelity be maintained toward both of the persons in the relationship. He admits that fidelity is defined as an obligation to deliver on a commitment apart from my personal feelings at the time. "But then must we admit that in swearing fidelity to a person I am going beyond the bound of all legitimate commitment, i.e., commitment which corresponds to my nature?"[33] I am also a person within this discussion of obligation, and I must be faithful to myself as a person in order for my act of fidelity toward another person to be true. If I promise to visit a sick friend, and then at the appointed time of the visit no longer hold the commitment of love to him, what am I to do? To go would be a lie, and yet to stay would result in a broken promise.

To begin an attempt to solve this dilemma, it is well to remember that fidelity is related to the Thou in that it transcends both myself and the other. The solution is not to be found in an argument for the supremacy of my prior obligation over my current state of mind. It is rather to be found in that which transcends

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[32]Ibid., p. 13-4.

[33]Ibid., p. 44.

them both. The point is not how to transform the lie of my half-hearted commitment into a pure act of fidelity. The point is to understand fidelity in such a way that my varying emotions are not so vital an element.

At this point Marcel takes a step which seems to have no support.

> I see it like this. In the end there must be an absolute commitment, entered upon by the whole of myself, or at least by something real in myself which could not be repudiated without repudiating the whole.[34]

It would seem that Marcel is arbitrarily moving the discussion into another realm of the person, so as to escape the problems of fickle emotions. Actually this is not a new realm; it is mystery as embodied in the individual. The commitment is not made just by the part of the individual which is called the emotions. It is made by the whole, a definite reference to mystery. A commitment is not a contract made in order to solve a problem. It is a response to a situation which I make with the whole of my being. As such it is not amenable to careful dissection, but neither is it tenuous as the original perspective would have one believe. Fidelity is founded in my being, the essence of who I am, not merely in what I happen to be feeling at the time. On the basis of this foundation I can honestly claim that, despite my emotional state, my act of fidelity is an honest expression of my being.

But even my being is not a strong enough foundation to support the commitments which I am called to fulfill. After all the

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[34]Ibid., p. 45.

whole of my being might change. There must be something which is unchangeable which serves as the foundation of fidelity. Marcel sees the basic indication of this in a further study of fidelity as a characteristic of the Thou.

> There is no commitment purely from my own side; it always implies that the other being has a hold over me. All commitment is a response.[35]

At this point the "being" in which the commitment is founded is not just the whole of myself, it is also the other. The mystery involves the whole of the relationship, not simply the separate persons. In fact Marcel claims that the final perspective of fidelity must encompass the Being of God.[36] Since fidelity must be shown towards a person and "an absolute fidelity involves an absolute person,"[37] Marcel therefore introduces a personal Being at this point. According to Marcel, such a Being is necessary as the only one in which fidelity could be based in order for the commitment to withstand the changes inevitable in our finite being. While such a move may be criticized as an argument for the existence of a Supreme Being, I have included it not as an actual proof of God's existence, but to indicate that, upon reflection one's relationship and commitment to another can lead one to consider the possibility of God and one's relationship to Him.

In fact, the very act of such a commitment, according to Marcel, gives some definition to our individual spirituality.

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[35]Ibid., p. 46.

[36]Ibid., p. 54.

[37]Ibid., p. 96.

> In swearing fidelity to a person, I do not know what future awaits us or even, in a sense, what person he will be tomorrow; the very fact of my not knowing is what gives worth and weight to my promise. There is not a question of response to something which is, absolutely speaking, "given"; and the essential of a being is just that—not "given" either to another or to himself. There is something essential here, which defines spirituality.[38]

Disposability

As mentioned in the previous section Marcel understands mystery as a part not only of our perspective on the world, but also our perspective of ourselves in relation to that world. The term which he gives to the personal perspective is disposability. His discussion of the term in some ways parallels that of his discussion of the term mystery. He sees the opposite perspective, non-disposability, as being the standard condition of our life. Thus he defines disposability most often in negative terms. Further, as with fidelity, Marcel relates our experience of disposability with our relation to God.

Marcel's poetic tendencies comes to the fore as he explains the situation.

> Let us note well, before going any further, that the great majority of human beings grope about during their whole lives among these data of their existence rather as one gropes one's way between heavy chairs and tables in a darkened room. . . . One might express this another way: all of us tend to secrete a sort of protective covering within which our life goes on.[39]

What was seen, in the discussion of the philosophy of science, as a sealing off of mystery here takes on the role of a protective covering

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[38]Ibid., p. 47.

[39]The Mystery of Being, p. 64.

in the life of the individual. This covering is developed over the course of a lifetime and, in some sense, is a rational response to the demands of living.

> As my life becomes more and more an established thing, a certain division tends to be made between what concerns me and what does not concern me, a division which appears rational enough in the making. Each of us thus becomes the center of a sort of mental space, arranged in concentric zones of decreasing interest and decreasing adherence, and to this decreasing adherence there corresponds an increasing non-disposability. This is something so natural that we forget to give it any thought or any representation at all. Some of us may have happened upon an encounter which in some fashion broke the lines of this egocentric topography. . . . They force us to become sharply aware of the accidental character of what I have called our mental space, and the rigidities on which its possibility rests.[40]

Non-disposability is a natural approach to the situations of life. It is not possible to be caught up in everything in life, so we pick and choose and set up an egocentric topography in which we are comfortable. On the outer edges of this topography are those objects and situations with which we have chosen to deal in a very impersonal manner. In this realm there is no possibility for the existence of the Thou.

While this explanation of the organization of my life's concern may have a certain explanatory power, it does not delve deep enough. While I can realize that the effect of the whaling regulations on the life of the Alaskan Eskimos is of little concern to me. Marcel has not really shown me what it means to be disposable. While Marcel does not go into detail, he does give some broad outline of

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[40] Being and Having, p. 70-1.

what it means to be non-disposable. From this we can make some assumptions concerning the attitude of disposability.

From the above description, one might be inclined to suggest that disposability could be defined in terms of my intimacy with myself. It would seem that I am the least non-disposable when I am most aware of myself, since, according to the pattern set forth, the further away from me a thing is, the less adherence there is between it and myself and the more non-disposable toward it I am. Therefore, I must be most disposable with regard to myself. Marcel warns against this simplistic approach. "I can become wrapped up with myself to the point of no longer communicating with myself at all, much less with others."[41] Non-disposability can be expressed, then, in a preoccupation with one's self in terms of one's future, or one's health or one's temporal success, as well as with a preoccupation of the inner workings of one's mind and motivations.

Disposability is understood in looking outward, not inward; in communicating, not organizing. The very term which Marcel has chosen is indicative of what he is attempting to express. To be at someone's disposal is to be available to them and their needs. Marcel also alludes to communicating as being an aspect of disposability. To communicate is intentionally to share a part of my being with another as opposed to simply giving an answer in response to a question. Disposability is opening myself to the "thou" relationship, to being a

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[41] Creative Fidelity, pp. 153-4.

part of the mystery, caught up in being rather than standing as an object in the world.

As with the discussion of fidelity Marcel ultimately relates the situation to the individual's relationship with God. Of non-disposability he says, "we may approach our definition by way of a spiritual opaqueness or blockage . . ."[42] and again "From this point of view, I wonder if we could not define the whole spiritual life as the sum of activities by which we try to reduce the part played by non-disposability."[43]

On a practical level the move toward disposability is made when the concentric zones which we have established are disrupted. My own clinical observations suggest that experiences in the medical setting often cause this type of disruption. The individual is faced with the possibility of losing the capacity to enjoy that which is important to him, or at the very least, he is required to give up control of the decision. He is forced to place his health in a position of greater importance than was previously required of him. It is also often the case that such situations cause a person to consider his relationship to God. While the established life may be lived according to rationally chosen areas of concern, there are times when that approach must be changed, when the situation requires a different perspective. At this point we are open to the possibility of mystery in our lives and of participation in being. Such a move

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[42] Being and Having, p. 73. [43] Ibid., p. 69.

promises to open our individual lives in a fashion similar to that in which the mysterious perspective of the world opened the possibility of knowledge beyond the purely empirical.

In this chapter I have presented a synopsis of Marcel's concept of mystery as it is seen in opposition to the scientific world view, one's relationship to other within the Thou relationship and finally as a part of the attitude of the individual towards himself, others and the world, the attitude of disposability. In the following chapters I will follow the idea of mystery through the individual's relationship to the physical world, namely his own body. In Chapter III various themes of living, hope, death and autonomy will be explored in the light of the existence of mystery in the world. The final chapters will be used to apply this material to specific elements of the practice of medicine.

CHAPTER II

THE BODY

In the first chapter mystery was presented as a primary element of Marcel's philosophy. In the context of the philosophy of science mystery was opposed to the objective, technical perspective of the world. Within interpersonal relationships the mysterious perspective gives rise to the Thou relationship. Acknowledging the mysterious within a relationship with another person makes it impossible to treat that person as an object. Finally, as the individual participates in mystery, he becomes disposable, open and available to being. In this chapter I will explore mystery as it is expressed in the individual as an embodied person.

In this chapter I will present Marcel's understanding of the existence of mystery as evidenced by my understanding of my body. As is his method, he will present situations as examples of basic points which any understanding of the person must take into account. In this manner, I will present Marcel's claim that the body is not just physical, nor just psychical nor even the two running parallel. In the end Marcel proposes a unity of these two distinct elements, material and psychical, in that they are not ultimately opposed in their basic nature. The majority of the chapter will be devoted to this proposal, first defining some of the distinctive terms; then presenting two basic arguments for this unity of distinct elements,

one from instrumentality and one from sensation; and finally a presentation of Marcel's position in his unique terms "being" and "having."

The first thing which might be evident about my body is that it is a physical entity. In fact, particularly in light of current research in neurology, which gives a physical understanding to the working of my brain, I might be tempted to presume that I am just a physical entity. However, Marcel offers his own analysis of a personal action in which he presumes distinct limits to the physical realm.

> Yes indeed, even here its (the body's) mediation remains indispensable: it is my hand that presses the trigger of the revolver or which turns on the gas. This is enough to show that it remains a means. Therefore that it is not the whole; because the whole would not be exclusively a means. Certainly no one will dispute the point that this means tends to take itself as an end. Where material life is not rigorously controlled, it tends to become a closed system; but the fact that this control is possible suffices to show that the body is not all, that materialism is not true and even that it is absurd.[1]

The person has decided to take a particular action. However, this decision could not be acted upon without the mediation of the body. Marcel sees this mediation as evidence that there is something more to the person than just his physical being, because the physical is being controlled by the person, and such control indicates that the physical is not the beginning and the end of an action, not the whole. In being able to use the material life as a means the person is exercising some control over this element of life and anything which

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[1] Creative Fidelity, p. 137.

can be controlled at all cannot be the whole. It is true, Marcel concedes, that we are prone to think of the material life as an end, but this is because we tend not to exercise the control we have over the material life. But the fact that we do have such control available to us indicates to Marcel that there are limits to the material life. I am not just a physical entity.

"In the fact of my body there is something which transcends what can be called its materiality, something which cannot be reduced to any of its objective qualities."[2] It is not the person per se, but the body as my body which evidences this transcendent quality. The specific arguments for this will be explored in more detail later in this chapter, where I will present Marcel's argument for the mediatizable intermediate. It is sufficient at this point to indicate that my experience of my body belies the claim that all that I am is physical matter.

On the other hand, this non-objective element of the body is not the whole either. In his discussion of this possibility, Marcel again approaches the issue with an understanding of what is, what needs to be accounted for. In this instance it is the existence of an extended physical body.

> Thus the monist theory of the relation of the soul to the body can have only the absolute value if the representation of the body on which it is based can be regarded as real. Here it must be noted that the theory is not univocal; it can either think the body identical with the soul (on condition that it defines body as non-extended), or it can think the

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[2]Metaphysical Journal, p. 315.

> body as being the extended aspect of the one and the same reality which is also the soul inasmuch as it perceives itself as non-extended. One of these interpretations can be preferred to the other only if we accept an ontological value superior to the notion of the body.[3]

Marcel sees two ways to fit the material into an entirely spiritual understanding of the body. The material can be defined as non-extended, in other words our experience of the extended physical body is an illusion. Or the body is an extended aspect of the non-extended spirit. Marcel is not interested in adjudication between these views. The point of his argument is that any attempt to do so requires acceptance of "an ontological value" superior to the notion of the body. In claiming that there must be one ontological value superior to another Marcel is claiming again that reality is not all one, in this case not all one spirit. More important for Marcel though, is the fact that presuming the supremacy of the spirit denies the primary position he would place on the body as that point at which the person experiences the world and expresses himself to the world. In not taking the ontological entity of my body seriously Marcel feels that one ignores important problems and denies the possibility of adequate solutions. Not only must the material life be taken into account, it must be taken into account in the context of <u>my body</u>

Finally, to set the stage for Marcel's distinctive understanding of the body, he wants to make clear that these two elements, the material and the psychical, are not so distinct in my

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[3]Ibid., pp. 126-7.

body as to be running on parallel tracks. Marcel assumed some interaction in his argument against a strictly material view of my body, in that something controls the physical. He claims further though, that his experience implies an even more complex relationship than the non-objective element controlling the material element.

> From my own point of view, all I have to bear in mind is that my own experience implies the possibility of behaving in a various number of ways towards my body; I can yield to its whims, or on the other hand I can try to master it. It can become my tyrant, but I can also, or so it seems, make it my slave. It is only by sheer prodigies of acrobatic sophistry that I can fit these facts into the framework of the parallist thesis.[4]

Marcel understands his experience with his body as a reciprocal interaction between the material and the non-objective, the physical and the psychical. In this interaction there appears to be no evidence of one element having any particular superiority. Depending on the situation, as he would articulate in the terms of the previous passage, I am controlled by my body while at other times I control my body.

Marcel claims that this experience of interdependent interaction belies the claim that the physical and psychical elements of my body act independently. The rest of this chapter will present Marcel's specific arguments on this point in more depth. Marcel argues that the consciousness, or soul, and the body are a unity which cannot be separated. The relation between them is one of mutual interdependence. He gives the term "incarnation" to this relationship. The incarnate

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[4]Mystery of Being, pp. 94-5.

body also acts as the mediator between the person and the world. This mediation is seen in at least two areas, information processing and the action or the use of instruments. Finally, Marcel expresses the tension I feel in mediation between myself and the world in terms of my body as something I am and as something which I possess, of being my body and having my body.

He offers several arguments for the individual's understanding of himself as a unity of body and soul. One is an argument based on secondary reflection.

> Let it be clearly understood that secondary reflection does not set out flatly to give the lie to those propositions; it manifests itself rather by a refusal to treat primary reflection's separation of this body, considered as just a body, a sample body, some body or other, from the self that I am, as final. Its fulcrum, or its springboard, is just the massive indistinct sense of one's total existence which a short time ago we were trying, not exactly to define (for, as the condition which makes the defining activity possible, it seems prior to all definition) but to give a name to and evoke, to locate as an existential centre.[5]

The thrust of the secondary reflection at this point is that it moves from the body as an impersonal object, the body that could be any thing or belong to anyone, to that body which is in fact mine, myself. The fact that I do indeed take my body to be me must be acknowledged over and above the fact that my body can indeed be an object to someone, even to me.

Marcel's second argument for the unity of the person seems to presuppose this unity, though it also makes use of his understanding of objectivity as something which is apart from what I am. This

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[5]Mystery of Being, pp. 92-3.

apartness can be a fact of nature, as a tree not being me, or it can be an act of consciousness as in Sartre's illustration of my leg becoming an object of examination not only for the doctor but for myself as well.[6] But there is one problem in attempting such a view of one's body on a consistent basis.

> So if in cold blood I divide myself up into "parts" I am bound to admit that I do not know whether or not these "parts" can be satisfied when they are taken together. These parts are "they," they are in the third person, they are not me.[7]

If we once admit to a complete dichotomy between the parts of me then there is no assurance that we will be able to reconstruct the original unity. And this unity, as secondary reflection indicates, is a reality which must be accounted for.

Finally Marcel argues for the unity of the soul and the body on the grounds of maintaining freedom of action. According to the extreme dualist position, if my physical body is subject to the material laws of nature, then there is no possibility for the intellectual and spiritual elements of my mind to be of any influence on my body. But we do understand that the mind does act through the body, and assume that this action is free, not determined by natural laws, so the body must not be totally separated from consciousness.

> Only in so far as I deny this dualism can I act (freely); action is the negation of it. But what do I discover if I reflect on what the negation of this dualism requires? I discover that I must posit that the relation between myself, in as much as I am thought and will, and my empirical self, is not a contingent relation [parentheses mine].[8]

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[6] Being and Nothingness, p. 402.

[7] Metaphysical Journal, p. 207. [8] Ibid., p. 4.

However, though the relation between my thought and will and my empirical self is not contingent, neither is it well defined. "What helps to obscure the problem is, I feel, the fact that the notion of the body is not at all univocal."[9] Secondary reflection indicates that the body is a unity with me as a thinking, deciding person. "The definition of the body as a mechanical complexus is (also) one of the mind's modes of realization."[10] This latter mode of realization must also be fit into one's understanding of the problem.

In addition to this, Marcel claims that the actual relationship between these two modes of realization, what he calls the subjective consciousness and the perceiving or objective consciousness, is not objectifiable as such.[11] The relationship is not open to the purview of consciousness in general. This is due not so much to the personal subjective nature of the relationship as to the fact that it is basic. The relationship cannot be given as datum for any explanation of it because it is in fact "the absolute condition of any object whatever being given to me as datum."[12] The fact that my body is me, my consciousness, is necessary for me to understand or explain anything at all concerning the nature of the world in which I live, because it is me in this world. Without this unity as a basic given there would be no basis on which to connect the diverse elements of the universe in any explanation at all.

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[9]Ibid., pp. 24-5. [10]Ibid., p. 24.

[11]Metaphysical Journal, p. 19. [12]Ibid., p. 247.

To more fully understand Marcel's position at this point it would be well to digress a bit and pick up an understanding of Marcel's concept of the consciousness. To begin with, the consciousness is non-material. For this reason Marcel would caution us against even considering the idea of consciousness as having "states."

> (W)e cannot afford to dispense with the idea of a state, if we want to describe mortifications suffered by any body whatsoever under the influence of external agencies. But when we speak of state of consciousness, it is not the case that, without being aware of it, we are treating consciousness as a sort of bodiless . . . [Marcel's ellipses] For in a word, whatever the ultimate nature of consciousness may be, it obviously cannot be considered as a body, even a bodiless one. . . . consciousness is essentially something that is the contrary of a body, of a thing, of whatever thing one likes to imagine.[13]

Consciousness also enjoys two distinct relations with this body which I regard as mine. The consciousness can be aware of this body objectively just as any other consciousness, and it can know "its" body immediately.

> But between consciousness and body there is another relation inasmuch as my body is datum given to internal perception; and here, it seems, we are dealing with two absolutely distinct modes of existence. One is by definition objective, that is to say it applies to any consciousness endowed with conditions of perception analogous to ours; the other is by definition purely individual, i.e., bound up with my consciousness.[14]

These modes of existence are "irreducibly distinct" and "indissoluble."[15] An example of this distinction within unity

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[13] Mystery of Being, p. 50.

[14] Metaphysical Journal, p. 19. [15] Ibid., p. 20.

might be seen in the various modes of existence which could be ascribed to a ball. It might be a red sphere or a child's play thing. These are distinct perspectives on the ball, but it is still only one object. There is a distinction made, but no separation of parts in the object. So it is with the modes of existence in consciousness. It is one non-material entity which includes elements of the will and the intellect and which can experience existence objectively and subjectively. And finally the unity in consciousness, the immediate mode of existence, cannot be given as datum to the discussion of the organization of the world.

To return to our original argument, predication requires that one object be in a certain relation with another, or to put it another way that one object is datum for another. Marcel argues that predication does not even apply in the relation between the consciousness and the body because in the immediate mode of existence there is no datum for the consciousness and in the end this immediate mode of existence and the objective perceiving mode are indissoluble.

This brings us to my body, as the point from which this consciousness, me, views the world. My body, as opposed to just any object out there, is unique because I, as my consciousness, can view it from different perspectives, that of the Other, an object or personally as that with which I experience the world. In some respects these perspectives are mutually exclusive and therefore distinct. On the other hand they are of the same body and therefore require some unity.

> As I have pointed out we have to choose between either treating the body as an object amongst other objects or else treating as the mysterious condition of objectivity in general. Inasmuch as I treat my body as an object I am forced to deny it any privilege in relation to other objects. Only on this condition is it a datum.[16]

Many of us are far more familiar with our bodies as objective datum than we are of them as the mysterious condition of objectivity in general and we might well agree with Marcel that "only by an arbitrary step of the mind . . . can I identify the body-as-object with the body-as-mediator."[17] Marcel relates it in terms of the concept of incarnation. Before we discuss this, though, it will be valuable to more fully understand why Marcel claims that the body-as-mediator actually exists. We will explore two arguments in this regard; one from an understanding of instrumentality and one from an understanding of sensation.

We are all aware of using our bodies to do certain things, to produce certain results, to act. In other words, we use our bodies as instruments. This means that our body is a part of the material world and as such must suffer the fate of all instruments, disintegration.

> [M]y body is a thing, and it is condemned to follow the destiny of things, particularly of instruments. Like them, it is useful, it needs to be maintained, sometimes even repaired. It ends up by being thrown away on a scrap heap. It is subjected to the vicissitudes which are wholly comparable to those which tools undergo. It can also be compared to a work of art, to the extent that it is a source of enjoyment and in this respect also, it is condemned. The work of art will not be able to sustain an unlimited number of restorations, etc.[18]

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[16] Ibid., p. 280. [17] Ibid., pp. 24-5.

[18] Creative Fidelity, pp. 136-7.

However, if I explore this analogy deeper I realize that there are problems in using it to explain myself as a person, and the body as mediator between myself and the world.

> If I think of my body as an instrument I thereby attribute to the soul, whose tool it is, the potentialities which are actualized by means of this instrument. Nor is that all. I further convert the soul into a body and in that way become involved in an infinite regression.[19]

The idea that an instrumental view of the body leads to an infinite regress is not unique to Marcel. Other existentialists have come to the same conclusion. In fact Sartre's explanation of why this is the case is more clear than Marcel's. He claims that, just as I need the use of a sense organ to determine that the Other possesses a sense organ, for example I need an eye to ascertain that the Other has an eye; so I need an instrument, my body, to realize the Other as an instrument acting on the world.[20] As Marcel expresses it "there must be some community of nature between the instrument and the instrumentalist."[21] However when we apply this requirement to my understanding of my body as an instrument for me, we need to make the soul into an instrument which uses the body. But to know the soul as an instrument will require another instrument, etc., etc. Thus viewing my body purely as an instrument which is used to manipulate my environment leads to an infinite regress of instrumental entities.

[19] Metaphysical Journal, p. 246.

[20] Being and Nothingness, p. 423.

[21] Metaphysical Journal, p. 245.

However, as noted earlier, such manipulation requires externality. In order to view my body as an instrument I must see it as external to myself. There must be a gap between myself and my body. But

> . . . to say that I <u>am</u> my body is to negate, to deny, to erase that gap which on the other hand, I would be postulating as soon as I asserted that my body was merely an instrument.
>
> We can avoid this infinite regress, but only on one condition: we must say that this body, which, by a fiction modelled on the instruments which extend its powers of action, we can think of as itself an instrument, is nevertheless, in so far as it is <u>my</u> body, not an instrument at all. Speaking of my body is, in a certain sense, a way of speaking of myself: it places me at a point where either I have not yet reached the instrumental relationship or I have passed beyond it.[22]

We can only overcome the infinite regress by denying the original analogy. My body, in that it is truly <u>my body</u>, is not an instrument. (In this explanation we also see a glimpse of Marcel's understanding of the transcendent. He claims that at this point my body is either passed beyond the instrumental relationship or has not yet reached it.) The relationship simply does not apply. It is no use even thinking of it. At this point my body is in the realm of being in that I am my body, and an instrument must be possessed, it must be in the realm of having.

We have come to the conclusion that I am my body. This however does not bring us any closer to bridging the unbreachable gap between the body as object and the body as mediator. At

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[22]<u>Mystery of Being</u>, p. 100.

this point I think we would do well to follow the lead of Marcel himself.

> For an inquiry such as the one I am tackling here, it is essential to disentangle the exact meaning of the ambiguous formula: "I am my body." It can be seen straight away that my body is only mine in as much as however confusedly, it is felt. The radical abolition of coenesthia, supposing it were possible, would mean the destruction of my body in so far as it is mine. If I am my body this is in so far as I am a being that feels. It seems to me that we can be even more exact and say that I am my body in the measure in which my attention is brought to bear on my body first of all, that is to say before my attention can be fixed on any other object whatsoever. Thus the body would benefit from what I may be allowed to call an absolute priority.[23]

To say that I am my body is to say that I experience sensations through my body. In saying I am my body we understand that these sensations are possible only because my body exists and makes these sensations available to me. But how is this gap between the sensations of the body and my "being" bridged? Haven't we come to a rather familiar stopping point? Here Marcel introduces a new idea.

> But as soon as we bring into the argument my body, in so far as it is my body, of the feeling which is not separable from my body as mine, our perspective changes, and we have to recognize the need to postulate the existence of what I will call a non-meditizable immediate, which is the root of our existence.[24]

Marcel gives us few clues with which to discern this non-mediatizable immediate. It is non-objectifiable and it is very personal. It is in fact the necessary basis of our personality as opposed to that posited by Kant, which requires rationality as the basis of response to the world.[25] This non-mediatizable immediate,

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[23] Metaphysical Journal, p. 243. [24] Mystery of Being, p. 109.

[25] Metaphysical Journal, p. 247.

this existential immediate, is not thought content. It is not given as datum to my mind to be manipulated. Being the unity of the objective and subjective it is the basis on which there is any content to thought at all.[26] Finally Marcel claims that the sense experience of the existential immediate gives the self certitude of its own existence.[27]

This last statement directs our attention to another avenue by which one can reach the immediate and understand the body as mediator, the senses. It is important to realize though that at this point Marcel is not simply speaking of familiar bodily sensations, the working of the senses, by which one is aware of his surroundings or even the body itself. On this definition I would know that I exist precisely because I can receive messages from the outside world. These messages are transmitted to my sense organs where they become feelings, or sensations of some sort.

This is what I would think upon primary reflection on the situation. However that is not the final word.

> Secondary reflection is forced to recognize that our primary assumptions must be called into question, and that sensation, as such, should certainly not be conceived on the analogy of the transmission and reception of a message. For, and this is our basic reason for rejecting the analogy, every kind of message, however transmitted or received, presupposes the existence of sensation—exactly in the way in which, as we have already seen every kind of instrument or apparatus presupposes the existence of my body.[28]

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[26]Mystery of Being, p. 111. [27]Ibid., p. 96.

[28]Ibid., p. 108.

If I am not able to feel the drum beat through the jungle floor, there is no message for me. If I cannot see the signal flags, I do not even know that there is a message being sent. On a more personal level if I do not feel the pain I am not even aware that I am sick. But it is more than the innate capacity to exercise certain sense organs that Marcel is speaking of when he puts feelings at the base of our understanding of our existence.

> (W)e shall recall the fact that my body, in so far as it is properly mine, presents itself to me in the first instance as something felt; I am my body only in so far as I am a being that has feelings. . . . Ought we not therefore conclude from this that feeling is not really a function, that there is no instrument that enables us to feel?[29]

Just as Marcel appealed to the non-mediatizable immediate to break the infinite regress of instrumentality, so he defines feeling as the non-instrumental mediation between my being, my existence and sensations.

In conclusion, just as consciousness in the immediate mode of existence is necessary for the existence of any thought content at all. Likewise my body occupies a privileged position in that it is necessary for any experience of instrumentality or sensation. Within consciousness the existential immediate is the indissoluble aspect of the two distinct modes of existence, subjective and objective. In the same manner my body, in as much as I am incarnate, is the unifying element between me and the world.

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[29]Ibid., pp. 101-2.

> Long ago I realized that every existant (sic) must appear to me as prolonging my body in some direction or other—my body inasmuch as it is mine, that is to say, inasmuch as it is non-objective. In this sense my body is at one and the same time the prototype of an existant and in still deeper sense a landmark for existants. The world exists in the measure in which I have relations with it which are the same type as my relations with my own body—that is to say inasmuch as I am incarnate.[30]

My body allows me to have any sort of understanding of the outside world at all because, in Marcel's terminology, my body is interposed. This position endows my body with some unusual and not easily expressable characteristics. In interposition the body binds together and separates. My body is a physical barrier between myself and the outside world. It is however also that which connects me to that world. Such a connection however, requires a certain community of nature or homogeneity with what is bound. Therefore, "if the body binds the spatial in the sense that it is itself spatial, it can only bind the psychic to the psychic inasmuch as it is psychical."[31] Incarnation means that my body is not just a combination of the psychical and the physical, side by side. My body is the point at which the material is psychical and the psychical is material. As Marcel says, "there is complete mystery here."[32]

As has been noted, Marcel opposes mystery with the objective view of the world. In the discussion of my body as it is interposed between myself and the world Marcel uses the terms "being" and "having"

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[30] Metaphysical Journal, p. 269.

[31] Ibid., p. 132.

[32] Ibid.

to express this opposition. The final section of this chapter will be devoted to a further explanation of these concepts as they are expressed in my body.

There are three elements of Marcel's understanding of "being" and "having": an understanding of the individual terms, an understanding of their interrelation and an understanding of the body as the entity with which we experience both existence and possession, being and having.

As with mystery, being is most often defined in negative terms. Marcel defines having with the implication that being is not like this. He does however give a few glimpses into the realm of Being as transcendent, as the realm of love. Being is the realm in which the oppositions of the same and the other, freedom and determinacy and even freedom and autonomy are not applicable. In Being they are transcended. Being is the realm in which the rational does not have the priority of evidence and motivation.[33]

Beyond these positive statements concerning being, Marcel understands this realm primarily in opposition to the realm of having. He goes on to explain what it means to have something.

> I can only <u>have</u>, in the strict sense of the word, something whose existence is, up to a certain point, independent of me. In other words, what I have is added to me; and the fact that it is possessed by me is added to the other properties, qualities, etc., belonging to the thing I have. I only have what I can in some manner and within certain limits dispose of; in other words, in so far as I can be considered as a force, a being endowed with powers.[34]

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[33] <u>Being and Having</u>, p. 152.

[34] Ibid., p. 155.

There are three elements inherent in possession presented in this passage. The first relates primarily to the thing possessed in that it must be external to me. In some respects I must treat my possessions as objects. The second characteristic involves both sides of the relationship, though Marcel emphasizes only one side in this particular quote. The fact of possession changes the thing possessed. As will be seen later, it also changes the being who possesses it. The third quality of the relationship centers on the possessor and requires that I as the possessor, have a certain power which can be applied, within certain limits to the thing possessed.

As with the other oppositions which Marcel explores, he is interested not only in the distinction between being and having, but also the fact that there is a point at which this distinction breaks down. There is a point at which we enter into the realm of being. This can be seen in Marcel's discussion of the externality of the object which I am said to possess. While it is true that the house which I own is not me, we all understand the concept of such a possession expressing who I am. Similarly the boat which I own indicates that I <u>am</u> a person who <u>has</u> a love of the sea, of open spaces, and maybe a desire to impress the neighbors. What are we to say to these personality attributes, to which common idiom applies the term "have"? The closer the possessions come to the Being which I am, the less it can be said that the relationship can be described in terms of that which is external to me. This distinction can only apply in these cases because I am capable of separating myself from

myself so to speak, of viewing myself as the other. It is the characteristic of this other, the external, which allows for the use of the familiar terminology. But in fact I am not the other, so I do not possess trustworthiness, rather I am trustworthy, and only by a certain sleight of hand can I be said to have the characteristic of trustworthiness, particularly as I speak in the first person.[35]

Possession also implies change, not only in the thing possessed, but also in the person who possesses it. Not only is the ball green and round, it is mine or yours, or Billy's. Marcel expresses it as follows:

> Reflected this morning on "having." It seems evident to me that "having" always implies an obscure notion of assimilation.[36]

When a being "has" an object this relationship is assimilated into the qualities of that object. The assimilation works in the other direction as well, though. In fact the effects here are more profound, probably because they affect being. "The self becomes incorporated in the things possessed; and not only that, but the self is only there if the possession is there too.[37]

There are many common examples which can be given as evidence for the first part of the above statement. Someone walking into my home would know that it is mine because I have put myself into it. My surroundings reflect who I am and in fact in some sense become who I am. There is an assimilation between the possession and

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[35]Ibid., p. 161. [36]Ibid., p. 83. [37]Ibid., p. 152.

being. There is however also the temptation to confuse these two so that what I have becomes necessary for my being. However, "being" is a necessary prerequisite of having, and not the other way around. It is a mistake of the unreflective life to presume that the self is there only when the possession is there too.[38] With regard to the material possessions with which my life is involved, I should be careful that I do not allow my having them to replace my being, to become the meaning of my life.

The conflation of my possessions with my existence is even more tragic in interpersonal relationships though.

> The tragedy of all having invariably lies in our desperate efforts to make ourselves as one with something, which nevertheless is not, and cannot, be identical with our beings; not even the being of him who really does possess it. This, of course, is most strikingly so in the case where what we want to possess is another being who, just because he or she <u>is</u> a being, recoils from the idea of being possessed.[39]

Since, in order to claim possession of an object, it must be just that, an object, possession of another person is the very negation of the Thou relationship in that it requires that the other be an object. Such a classification effectively cuts this person off from the realm of being, from the community of the Thou, from the trust inherent in true fidelity and eventually from the experience of disposability to the rest of the world. Being cannot be possessed and if the attempt is made it no longer is being.

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[38]Ibid., p. 84.

[39]<u>Mystery of Being</u>, p. 98.

Possession dictates that the thing possessed be external to the possessor, that it be an object. Possession also changes the thing possessed as well as the possessor. The third characteristic of having is that it requires that the possessor have a certain limited power over the thing possessed. The understanding that this power is limited, that the mere exercise of power does not constitute the whole of ownership can be seen in the common dictum that "possession is 90 percent of ownership" not 100 percent. Marcel defines having as "being able to dispose of, having power over."[40] But according to the common understanding this power is not total. There are other elements which are involved. On the other hand, some control is necessary. Marcel uses the example of a pet. If the owner does not have control over the animal it is doubtful if we would readily ascribe ownership to him. The limited nature of power within the context of ownership is even more apparent in my body, as the paramount possession.

> (M)y body is only properly mine to the degree to which I am able to control it. But there, too, there is a limit, an inner limit; if as a consequence of some serious illness, I lose control of my body, it tends to cease to be my body, for the very profound reason that, as we say in the common idiom, I am no longer myself! But at the other extreme, possibly as a yogi I also cease to be myself, and that for the opposite reason, because the control exercised by the yogi over his body is absolute whereas the mean position which is that of what we call the normal life, such control is always partial, always threatened to some degree.[41]

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[40] Being and Having, p. 82.

[41] Mystery of Being, pp. 96-7.

So to follow through on the conclusion that the realm of being is not that of possession we can say that the possession is an external object which is under the power of the possessor and thereby changed to some degree. Marcel expands the definition of possession beyond this though in order to grasp Being as that realm in which the previous distinction no longer holds. Being is not just dematerialized ego, but neither is it totally related to the material. There is a middle kingdom.[42] From this it can be claimed that within the realm of being there is no externality and there exists a power which is effective over objects.

To begin with Marcel indicates that there are some other elements implied in the fact of something's being possessed. The possessor has a claim over and concern for the thing possessed. While Marcel does not define these terms or give any indication of how they are applied to the thing possessed, he does argue that the requirement of these elements in the having relationship means that the haver cannot be merely a dematerialized ego.[43] On the other hand, the haver cannot be equated with the physical elements of the relationship either.

> (W)e cannot help connecting having with the notion of containing; only we must clearly see that the container is not the haver. The haver is the subject in so far as it carries with it a container; it is almost impossible to put precisely.[44]

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[42] Being and Having, p. 163.

[43] Mystery of Being, p. 97.

[44] Ibid., pp. 83-4.

The haver is not dematerialized ego because as such it would not have any common ground from which to exercise control over the possession. It would not be able to actually lay claim to it. On the other hand, if the haver is seen as a purely material entity where the commonality between the possession and the possessor is absolute, the self is reduced to nothing. There would be no subject, only object.[45]

The third kingdom which Marcel finds necessary in this discussion is expressed in two ways: (1) from the perspective of the material and (2) from the perspective of being. From the perspective of the material this realm is termed "corporeity."

> Corporeity to be regarded as the frontier district between being and having. All having defines itself somehow in terms of my body. i.e. in terms of something which, being itself an absolute "having" ceases in virtue of this very fact to be a possession in any sense of the word.[46]

The relationship which I enjoy with my body both enables me to possess anything at all and cannot itself be strictly labeled as a possession. All possessions are an extension of the control which I have over my body, though my body is also beyond my control in that I am my body. The corporeity to which Marcel refers is not simply the physical container in which I live, it is indeed a frontier, a point of interaction between possession and existence, partaking in elements of both. From the perspective of being this is expressed as follows:

> The truth is rather that within every ownership, every kind of ownership I exercise, there is the kernel that I feel to be there at the centre; and this kernel is nothing other than

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[45] Being and Having, p. 156. [46] Ibid., p. 82.

> the experience—an experience which of its nature cannot be formulated in intellectual terms—by which my body is mine.[47]

My body as mine entails a center which is not amenable to intellectual inquiry. This is reminiscent of Marcel's discussion of the body as the endpoint of instrumentality, as the non-mediatizable intermediate. Indeed Marcel uses similar terminology in his discussion of the body as the point at which being and having meet, referring to it as "an intermediate term which causes 'something' to participate in its own immediacy."[48] In understanding this center which participates in its own immediacy as the non-mediatizable intermediate some insight can be gained into what participation might mean. It is likely to involve the use of the body in gaining information from the world through the senses. It is likely to act upon the world as the source of the power which is extended in the use of instruments. Finally it exercises an admittedly tenuous control over that portion of the outside world which is its body.

Throughout this discussion there has been an understanding of the body as involving a non-material element, a portion of the body which is very strongly bound to, if not identified with being, consciousness. This is a very foreign concept to the twentieth century man, brought up as he has been on the materialistic, mechanistic concept of the body inherent in Cartesian dualism. I mention this specifically at this point so that the reader might

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[47] Mystery of Being, p. 97.

[48] Being and Having, p. 84.

become accustomed to the idea. It will have some far reaching implications when we explore the applications of these thoughts to the practice of medicine.

There is also one final element of the concept of the body, personal history, which I would like to explore before going on to some related areas of thought in the next chapter.

> In fact it seems to me that corporeity (as I called it yesterday) is involved in having—just as corporeity implies what we may call historicity. A body is history, or more accurately it is the outcome, the fixation of history.[49]

This interrelation of the body, the self and history can be seen on several levels. One might argue that Thomas Jefferson, simply because he was present at the signing of the Declaration of Independence, was a different person from that point on. All that we experience, even if it leaves no discernible marks on our physical body, becomes a part of us. This history is related to our body at this point in that it is through our body that we experience anything at all. There is also the level of actual physical change, which is probably of more interest to the medical community. On this level one can argue that the physical changes brought about by such experiences as the Bataan Death March or the concentration camps become a part of the individual self on the basis of their incorporation into the structure of the body. Marcel rightly cautions us at this point though.

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[49]Ibid., p. 84.

> There is a close relationship between I am my body and I am my past, for my body has registered all my former experiences. Of course here a distinction is obligatory.[50]

The experiences may well be registered on the outer portions of the physical element of the body, somewhat removed from the center which is the self. They are accessible to this self and so the identity can be made, but the knife did not really drive deep into the self, only into the chest portion of the body.

But there must be a very close relation between the body which has registered my past, and the self, else the concept of remembrance and individual continuity through time would have no meaning.

> I remember the past itself. This is only intelligible as regards the past because I am my past.[51]

In summary then, other persons are aware of my body as an object among the other objects in their world. Marcel argues though that for me this cannot be the case. For me my body is not just an object. In fact it is me in some respects. At the very least it serves purposes that, to date, no other objects have been able to serve. It is the bridge over the gap between the outside world and the self.

> I only am body more absolutely than I am anything else because to be anything else whatsoever I need first of all to make use of my body. (Here we come back to the idea of the body being interposed.)[52]

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[50] Metaphysical Journal, p. 259. [51] Ibid., p. 192.

[52] Ibid., p. 243.

Here Being involves the use of the senses, the extension of power through the use of tools to manipulate the world as well as the control of the environment or the possession of parts of it, including our body. The use of the body in these activities involves our being, and on a more popular level, our personality.

> A being will never be able to appear to itself as a personality unless it appears as bound up with a body which it can regard as endowed with the absolute priority as regards all other objects, yet which it cannot therefore treat merely as instrument.[53]

The very definition of person is involved in the self as incarnate, in a body which allows for at least some interaction with the world, some use of itself in an instrumental manner. This body in turn enjoys a position of priority with regards to all other objects. In fact it must be endowed with some element of psychical qualities in order for it to fulfill its role as that which is interposed between the self and the world. These thoughts are in opposition to those common to the dualistic approach to the person and the body whereby the body is a machine and the consciousness either has no way of communicating with it or is itself seen as a sort of non-material machine.

In the next chapter we will explore some further implications of this incarnate self. What are the limits of its control over the body which it possesses? Is the standard concept of autonomy applicable with this concept of the person? What does death mean to

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[53]Ibid., p. 256.

the person who is defined as incarnate? What is the relation to the spiritual world?

CHAPTER III

DEATH, HOPE AND AUTONOMY

In this chapter the concepts of death and autonomy and the virtues of hope and faith will be explored from the perspective of a being who is related to his physical body by existence as well as possession. The concept of death is influenced as well by Marcel's understanding of the prominent position of the Thou relationship in the definition of the person. This means that not only must death not be understood as disembodiment, but death can also be overcome within the Thou relationship and ultimately within one's relationship with God. Hope and faith are also ultimately related to one's relationship with the Supreme Being. As such they transcend the realm of technique and cause and effect. The final section will apply the distinction of being and having, with regard to my body, to the concept of autonomy. To the extent that I am my body, the category of autonomy or control of any sort does not apply.

Death

There are two basic elements in Marcel's discussion of death, definitional and experiential. His primary concern is an understanding of one's personal experience of death. In the course of this discussion some cursory elements of a definition will be presented. Due to the context within which these elements of the definition are

given, this definition will not be complete; though it is of some value in the medical setting. The final portion of this section will be a short discussion of suicide.

One might immediately think of Marcel as characterizing death as that point in time at which it can no longer be said that I am my body. This, of course, is too simplistic because the phrase "I am my body" is not simple, and the determination of when it is no longer applicable at all is problematic to say the least. For actually my concept of death must, of necessity, be developed second hand. "The structure of my experience offers me no direct means of knowing what I shall still be, what can still be, once the link between myself and my body is broken by what I call death."[1] My only understanding of death comes from my experience with others. If I have any anticipation of what my death will be like, it is only because "I coincide imaginatively with another for whom it will be 'his death,'"[2] and not mine. Not being able to experience "my death," the question of what becomes of me when my body is no longer functioning is not an entirely legitimate one, since I cannot participate in the answer.

While my death is outside the realm of my experience, to the extent that I cannot analyze it, Marcel acknowledges that the concept of death can be discussed.[3] For him, this discussion centers on the individual's understanding of the world and his relationship to it.

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[1] Mystery of Being, p. 99. [2] Creative Fidelity, p. 48.

[3] Being and Having, p. 26.

This understanding colors the individual's explanation of death. For instance, if the world is viewed in strictly mechanical terms, then death is simply the natural expression of the second law of thermodynamics; everything tends towards disorganization. On this view there is no personal involvement. It is just the running down of a machine. The individual can resist these forces of disintegration but the machine will run down.[4] Basically one just accepts death.

On the other hand,

> a sort of fundamental paradox seems to be written on the very heart of things, since death may be regarded either as the pure triumph of mechanical process, working automatically—or, on the contrary, as the expression of a destructive will.[5]

The mechanical processes are not the only thing at work in our death. It is evident in the lifestyle of many that the individual has a bent toward self destruction. Some participate in unhealthy lifestyles. Others enjoy taking extreme risks. Obvious choices are made which contribute to the death of the individual and these introduce a non-mechanical, non-material element into the process of death. Marcel questions whether it is an expression of individual spirituality or whether nature in general includes this destructive will in all of its expressions of disintegration.[6] This is not a question we will answer. Since our primary interest is application to the medical setting and the lives and deaths of individuals, it is sufficient to acknowledge that individuals often realize a spiritual dimension to their lives with the approach of death.

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[4]Ibid., p. 26. [5]Ibid. [6]Ibid.

Beyond a general view of the forces of nature, one's understanding of one's body and its position in the world also contribute to one's concept of death. One aspect of my being my body is communication. My body is not only that through which the world communicates to me, I also communicate to the world through my body. One definition of death might then be the point at which this communication is broken or no longer possible. However, for Marcel, loss of consciousness is not sufficient to define death.

> To perceive attentively is precisely to be in a state of dialectical tension in relation to a given datum. . . . Now it seems to me evident that there are manners of being which by their very essence do not lend themselves to this dialectical tension of the mind, and, this said, it seems to me that we have defined in the only valid way what is usually called the unconscious.[7]

At this point it is obvious that Marcel is referring to the unconscious, as the part of the mind which is neither known to the world nor knows the world. However, from a clinical perspective, when this portion of the mind is the primary operating element, the person is unconscious. Therefore, this definition would apply in this clinical condition as well. And since he has included the phrase "dialectical tension of the mind," I would also presume that those suffering brain damage to the point of no longer being able to "think" would not be classified as dead, merely unconscious.

Defining the body as not simply the means of communicating, but the necessary requirement of all communication leads as well to the conclusion that the experience of death cannot be conceived of

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[7] Metaphysical Journal, p. 199.

as disembodiment.[8] Under the assumption that some element of the person continues after death, this existence after death must include some provision for a body, since without this provision we would not be able to communicate, to acknowledge one another in a Thou relationship, or any other relationship, and without such a relationship the person would not exist.

The argument might be presented that death is indeed disembodiment, that we are eternally unconscious. However, from the individual's perspective this would amount to annihilation, since the non-communication of eternal unconsciousness would be the same experience as non-existence. In his only direct answer to this position, Marcel introduces another element of our understanding of our relationship to the world.

> I am my body; but am also my habitual surroundings. This is demonstrated by the laceration, the division with myself that accompanies exile from my home. . . . Am I my body in a more essential way than I am my habitual surrounding? If this question is answered in the negative, then death can only be a supreme exile, not an annihilation.[9]

Marcel does not answer this question and in fact, if an answer had been offered, a positive answer would have been more in line with Marcel's philosophy. One can, however, conclude from a more extensive study of Marcel's thought, which would include some of his theological assumptions concerning our relationship with God, that death is not annihilation. Even without these assumptions, Marcel's

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[8] Metaphysical Journal, pp. 176-7.

[9] Ibid., p. 256.

presumption that death is not annihilation introduces, by way of analogy, some thoughts concerning death. Just as we are aware of the sense of loss and brokenness which accompanies a move, so it will be with death. Or, to put it another way, just as the survivors experience grief at the loss of an individual, so the individual who dies is liable to an experience of loss. Of course, this information is not presented with any degree of certitude. It is merely a suggestion of what might be the case.

Another element which colors the individual's concept of and attitude toward death is his lack of openness to the world. As noted, Marcel termed this perspective non-disposability and observes, "Note connection between the fact of being non-disposable and the fact of feeling or thinking we are indispensable."[10] When we understand ourselves as entirely independent from the world we foster a false view of our own importance. We assume that we are the world and when we die, the world ceases to exist or at least is seriously impaired. Marcel then adds an ironic comment. "Death is the flat denial of non-disposability."[11] If we think that we are indispensable, that the world needs us, though we do not necessarily need the world, death quickly gives lie to this thought. The world does, in fact, get along quite well without us.

While being non-disposable can lead to a fear of death, in that the world dies with us, adopting an attitude of disposability, of

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[10] Being and Having, p. 69. [11] Ibid.

being open to the experiences of life and giving of ourselves to these experiences, often implies a more positive view of death.

> A person who has made himself more and more disposable cannot but regard death as a release. . . . I note in passing that the Christian idea of mortification should be understood in light of the "releasing death." It is the apprenticeship to a more than human freedom. I notice once more that there is a way of accepting one's death—how important one's last moments are!—whereby the soul is consecrated.[12]

It is evident that Marcel sees the idea of mortification as a spiritual exercise which is designed to put one more at the disposal of the Being of God, than a negative act which denies the value of the physical body. Since he has argued that we will have bodies after death, it is not a matter of getting rid of them, but of getting closer to God. In this respect, indeed, death could be considered a release into His presence.

In the more secular society of today, a person is more likely to think of disposability in terms of one's relationship to other persons and the world in general, despite Marcel's arguments against such a limitation. At any rate, even this attitude can have some effect on the concept of death. Developing relationships based on openness and fidelity imply a continuity over time which can transcend even death. In fact, fidelity is essential in such continuity.[13] This is because of the nature of fidelity. Fidelity, by its very definition, acknowledges an ontological permanence, a permanence of our being.[14] Within the network of an individual's relationships this can have very practical application.

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[12]Ibid., pp. 123-4. [13]Ibid., p. 13. [14]Ibid., p. 96.

> And yet, do not let us forget that there is already, in the fact of thinking of someone, an active denying of space, that is, the most material and also must illusory character of the "with." Denying of space--denying of death--death being in a sense the triumph, the deepest expression, of such separation as can be realized in space. What is a dead man? A man no longer even elsewhere, no longer anywhere. But thought about him is the active denial of his extinction.[15]

Whatever state the individual experiences upon death, he achieves a certain degree of immortality in the remembrances of those who remain. We are aware of this perhaps as we read the books of a favorite author. We are allowing ourselves to be changed by his thoughts, and in this manner he is still alive. Or there is the example of a woman who, as a child, thought her grandfather was just away on a trip because of the loving remembrance of him by her grandmother. However, this is the case only if we, during our life are open, at the disposal of others, of life. The mountain man who has cut off all human ties before he breathes his last on a windswept summit is truly dead. There is no one left to deny his extinction with the power of faithful, loving remembrance.

There is one final aspect of death which Marcel discusses and which will have a specific application to the practice of medicine, suicide. Judgements concerning suicide are often made on the basis of the supposed rationality of the individual. Marcel, however, refuses to limit his understanding of the individual and his action to the merely rational. Given this one might assume that any

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[15]Ibid., p. 32.

suicide would be justified, according to Marcel, since my body belongs to me, to do with as I please. Just as I might throw away a watch once it is no longer of any use to me, so I am permitted to do the same with my body. At this point, though, the importance of not only having a body, but being one's body, becomes important.

> Someone might say that this body belongs only to a subject who identifies himself with it while opposed [sic] himself to it. But away with abstractions. My body does not reveal itself as a tool which I could do without because I can exercise some activity for which I have no need of it. It is given to me as the absolute condition of all possible instrumentality and also of all possible enjoyment; in this sense it is given to me as being my all, with this reservation, however, that it retains, or rather that I retain by means of it--the possibility of sacrificing myself.[16]

The individual does not have the right to commit suicide because his body is not just his possession. It is the basis on which he has any possessions at all. This might sound like the familiar argument that the individual is not free to commit suicide because this act eliminates all future acts of freedom. However, Marcel moves beyond this understanding of the situation. Suicide is not an option because, at the point at which my body becomes the basis of all free actions, it moves into the realm of being, into the realm where the claims of control and the right of disposal are no longer applicable. On this level we experience, but we do not control.

Therefore, in as much as my body is my being, I cannot choose to dispose of it. There is, however, a tension between being able to sacrifice one's body, while not being allowed to commit suicide.

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[16] Creative Fidelity, p. 137.

> My body belongs and does not belong to me; that is the root of the difference between suicide and martyrdom. Must lay bare the metaphysical foundations of a study which aims at discovering the limits within which I have a right to dispose of my body. It would be absurd to condemn self-sacrifice on the ground that my body or my life do not belong to me. I must ask myself in what sense, and within what limits, I am master of my life.[17]

It is in Creative Fidelity that Marcel really explores this question. He comes to the conclusion that sacrifice is defined as giving one's life for a cause, though this cause must transcend the individual, as in dying for one's country or for God. One can also sacrifice oneself for another person. These are examples of appropriate conditions for martyrdom. "Sacrifice can therefore be accomplished only to the degree that consciousness ceases to treat itself as the center of projection."[18]

When an individual disposes of his body as if it were his possession to accomplish his ends, it is suicide and not a legitimate action. If the focus is removed from the individual to something transcendent, the act can be considered a sacrifice and commended. However, though Marcel does give some examples of what he considers to be transcendent, he does not give any guidelines for the decision. This decision is important in the discussion of rational suicide and even in the area of organ transplants from living donors, and will be explored in more depth later.

In summary, while it is not possible to really consider one's own death, some thoughts on the subject can be gleaned from one's

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[17] Being and Having, p. 148. [18] Creative Fidelity, p. 47.

general approach to nature, life, and one's own disposability. And one's relationship to one's body as involving both being and having, gives some general distinctions between suicide and sacrifice.

Hope

We have presented the argument that though there are a variety of ideas which come to mind when one thinks of death, some of which are directly related to one's view of life, one cannot really think of one's own death. In actuality, those who enter into and even practice in the medical setting live out this conclusion and more in that they often maintain hope, often in the most tragic situations. There exists an element of the human spirit, often expressed in the medical setting, which refuses to acknowledge the inevitability of the current situation being projected into the future. This element is worthy of further exploration, both in terms of its depth of meaning to the individual and the breadth of its influence. Hope is often related to faith in a Supreme Being. That element will be explored separately in the next section.

Let us begin our discussion with an analysis of a situation in which hope is expressed.

> I hope that James will arrive in time for lunch tomorrow and not just in the afternoon. We can already detect two elements here which are always found together: there is a wish and a certain belief.[19]

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[19]Gabriel Marcel, Homo Viator, trans. Emma Crawford (New York: Harper and Brothers, 1962), p. 29.

According to Marcel, even in the most trivial case the concept of hope includes a wish and a certain belief. A wish as to what form the future will take and a belief that it will indeed take a particular form. The example which we have given, however, is at best only a diluted form of hope. Marcel acknowledges this and indicates that there is more to the concept of hope than merely a belief that our wish for the future will be fulfilled. Hope requires a situation in which there is something for me to "take to heart."[20] It involves a trial. In other words:

> The "I hope" in all its strength is directed towards salvation. It is really a matter of my coming out of a darkness in which I am at present plunged, and which may be the darkness of illness, of separation, exile or slavery.[21]

When I find myself in a situation in which there is something for me to take to heart, it is also a situation in which despair is possible. According to Marcel one reason for the possibility of despair is that there is no natural means by which we can really influence the situation. For example, there is added pain in the suffering of a loved one because we cannot really heal that person, we can only feel for them.[22]

But I can also hope for their recovery. This hope involves overcoming the despair which is possible in the situation and replacing it with a very different view of reality.

> To hope is to put one's trust in reality, to assert that it contains the means of triumphing over this danger; and here it can be seen that correlative of hope is not fear, far

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[20]Ibid., p. 30. [21]Ibid. [22]Being and Having, p. 74.

> from it, but the act of making the worst of things. A sort of pessimistic fatalism which assumes the impotence of reality or which will not grant that it can take account of something even if it is not just our good, but rather, as we think, a good in the absolute sense of the word.[23]

In despair I may be tempted to limit reality to the present, to that which I can see and touch. Such an empirical perspective implies a sort of determinism which leads to pessimistic fatalism. Reality is only material and as such is subject only to the laws which govern material things. These laws are fixed and what will be will be. If the process of destructive cancer has begun it will continue just as a chemical process, once begun will continue. There is no hope. For Marcel, though, reality is seen as open ended. At any given moment all possibilities are available for the future. The future is not set by the past. It is not even limited by the chances of statistics.

> It implies a kind of radical refusal to reckon possibilities, and this is enormously important. It is as though it carries with it as postulated the assertion that reality overflows all possible reckoning.[24]

Though scientifically only 5 percent of the patients respond to this particular drug, the reality of hope moves beyond the mere possibility of recovery, given the odds, to the assertion that recovery will take place.

The possibilities are weighted in favor of the better outcome because reality is equated with good in the absolute sense. This

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[23]Ibid., p. 75.

[24]Ibid., p. 79.

good is not just a measure of physical comfort, though that is involved. It includes the free expression of being within ourselves and with others. Because of these qualities Marcel claims that "reflecting on hope is perhaps our most direct means of apprehending the meaning of the word 'Transcendent.'"[25] When I hope I move beyond the limitations of the here and now and the boundaries of self-interest into a realm which includes all the possibilities for good.

However, hope is not just applied to the dark times of our lives. The term is also used in less drastic situations, such as the original example of hoping that James would arrive at a particular time, or hoping that I find my favorite pen. Is there any relationship between these situations and those which we have been discussing?

> It can be clearly seen that there is here a sort of descending scale of hope at one end of which it in its most fervent form, deeply rooted in God, and at the other end, hope at its most selfish and superstitious. . . . Following this line we should see clearly that the more the loss is related to possession, the more the protest it inspires looks like the assertion of a right.[26]

What I possess is an object which is under my control and at my disposal. If I use the term hope to indicate my desire for the return of an object to my possession, I am standing on my claim to be able to control the use of that object and my desire that that control be more complete, that I be able to physically control the object, for instance. Another aspect of a possession, though, is that it

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[25] Ibid.

[26] Ibid., footnote, p. 91.

does affect being. There is a certain assimilation between the object and the being of the person possessing it. To this extent the loss of an object can admit to hope in that it admits to the possibility of despair and "has to do with the restoration of a certain living order to its integrity."[27] If the pen has what is commonly called sentimental value, if it is related in my memory with the being of a particular person, then its loss will disrupt that relationship and my own personal integrity. At this point I have ascended up the scale of hope. If we ascend even further the object of our hope moves closer and closer to being, our own or that of another. As a result, the manipulations of possession apply less and less. The order to be restored, including as it does being, is not under our personal control. Therefore, to avoid despair we must turn toward reality as taking into account the absolute good. "Hope is centered in our consciousness of this beneficent power; whereas standing on one's rights is a thing which revolves, by definition, round the consciousness of self and its dues."[28]

To hope then is to acknowledge a reality which will restore the situation to its position of integrity from its current one of disunity or in the case of an illness, disease. The question is how do we develop it so that there are fewer despairing situations in the world?

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[27]Ibid., p. 75.

[28]Ibid., footnote, p. 91.

> We cannot help asking the question how hope can be effective, but the very form of the question takes for granted that we are unconsciously comparing hope to a technique which operates in a mysterious fashion, let us say magically.[29]

But hope does not operate in that fashion. It is an entirely different type of activity.

> A world where techniques are paramount is a world given over to desire and fear; because every technique is there to serve some desire or some fear. It is perhaps characteristic of Hope to be unable either to make direct use of any techniques or to call it to her aid. Hope is proper to the unarmed; it is the weapon of the unarmed, or (more exactly) it is the very opposite of a weapon and in that mysteriously enough, its power lies. Present day scepticism about hope is due to the essential inability to conceive that anything can be efficacious when it is no sort of a power in the ordinary sense of the word.[30]

Techniques are developed to solve particular problems, or to answer particular fears. If one is afraid of the dark one can employ a number of techniques. One can turn on the light or imagine a safe haven. These are weapons used against this fear. Hope, on the other hand, approaches the situation with the attitude that reality will be an expression of the absolute good, however unpleasant.

> It would seem, then, that Hope has the unusual virtue of somehow putting in a false predicament the powers over which it claims to triumph, not by fighting them, far from it, but by transcending them. Moreover, its efficacy seems all the surer when the weakness accompanying it is more real and less of a sham; in other words, when it is liable to be considered as a hypocritical disguise of cowardice.[31]

The individual practicing the virtue of hope in the face of a fear of the dark would likely shake in his bed, aware that it might well

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[29] Ibid., p. 76.

[30] Ibid.

[31] Ibid., p. 78.

be that something terrible will happen to him. But he must be open to that experience. After all, he cannot make any real difference in the situation of himself. Of course, he can use various techniques to alter his immediate circumstances, but the darkness will still exist as will his fear. It will have just been pushed back. Hope, on the other hand, has the power, in the acknowledgment of his weakness, to carry him beyond that fear, and this in its relation to the Transcendent.

Our participation in hope is, therefore, closely related to our attitude to disposability.[32] The more we are open to experiencing all that life would have to offer us, the closer we are related to a beneficent power in that experience, the more able we are to hope, in the pure sense of the term.

And because hope is not a technique, it does not fall under the classification of cause and effect.

> We are no longer in the realm of causes or laws, the realm of the universal. Hope is not a cause, and not acting mechanically it is quite obvious that we cannot say, "Every time someone practices the virtue of hope, such and such will come to pass": for this would in fact mean that we were making hope into a technique, that is to say, into its own opposition.[33]

Hope is an expression of an individual's relationship with being, with reality, with the transcendent. As such it cannot be universalized and made into a law. One cannot, for instance, use the general folk wisdom of "as soon as you are not interested in becoming involved in a person someone interesting walks into your life" to

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[32] Ibid.

[33] Ibid., p. 77.

become involved in a relationship. This is not because the folk wisdom does not contain a truth, but because it is not amenable to being applied as a law. The situation requires personal participation as a being who is interested in something outside himself and not the recitation of a rule with the belief that this action will be adequate for its application.

The objection might be presented at this point that one need not introduce the transcendent as God into the concept of hope. One could affirm hope as not being a technique without necessarily acknowledging the existence of God. It could be the body's natural tendency to heal itself, or nature's tendency to revert to the "natural state." If it cannot be reduced to a technique neither must it be specified as a virtue distinct from life. Equating hope to life in this manner requires, at the outset, a certain attitude toward life. Life in the general sense must be seen as being endowed with personal status, it must be viewed ontologically.[34]

> The supernatural element which is the foundation of Hope is as clear here as its transcendent nature, for nature, unillumined by hope, can only appear to us the scene of a sort of immense and inexorable book-keeping.[35]

Reality as the absolute good would be just an extensive utilitarian calculus machine. The common categorization of hope as that general anticipation for the best, apart from any belief in the supernatural is not shared by Marcel. Hope implies the supernatural. It cannot be escaped. Marcel does, however, discuss faith and belief from a

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[34]Ibid., p. 94.

[35]Ibid., p. 79.

slightly different perspective than hope. We shall now turn to these concepts to further explore the non-technical approach which is available in the world.

Faith

In the sense in which we are using the term, faith immediately implies a belief in God. It might be argued that it, therefore, does not apply to all persons, since all persons do not believe in God. This approach is by far too black and white, though.

> Moreover, it goes without saying that this opposition of believer and non-believer corresponds to a schematic view which is not and cannot be entirely adequate for reality. The believer is never totally believing it; it is impossible that he may not know some hours of uncertainty and anguish in which he rejoins the unbeliever; inversely the latter can be animated by a belief that he carries within him, which sustains him, but which he is incapable of bringing to full consciousness. The impossibility for each one of us to know exactly what he believes and what he lives off is a constant theme in my philosophical writings.[36]

So what we have to say in this section might as well apply to any particular individual as another. We often do not know what the depths of our belief system are until we are challenged by despair and maybe not even then.

Another reason that these comments will have a broad application is that they are closely related to the idea of hope. In fact faith, as the term used to apply to one end of the spectrum

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[36] Creative Fidelity, pp. 232-3.

of hope, incorporates several of the elements of hope. For one thing it does not operate within the realm of the causal relationship.

> I take a concrete example. We pray for the cure in a person we love. Suppose that person is cured. We give thanks to God. Does that mean that prayer has acted as a physical cause. Manifestly not, since, as we have already said, the action of prayer is only thinkable for faith (hence it is not objective in the way in which a causal act is objective).[37]

Since it is outside the realm of causes, faith, like hope, can not be considered as a technique.

> And this would also apply were I to adopt the attitude of a sick man who in despair sends for a charlatan on the grounds that nothing is lost by trying and the "anyway there is a chance that it might work." The sick man in question wagers on ignorance regarding the terms of life and death and says to himself that after all the charlatan "may do the trick." In a word he is dominated by the idea of "groping his way" through. Everyone "gropes his way" and there is no reason why the charlatan should not be "luckier" than some high priest of the medical world. As is easy to see, this sceptical way of reasoning actually implies a belief in the possibility of a rational technique to which mankind has not yet attended.[38]

This passage also alluded to the idea of faith requiring that the faithful be weak and give up trust in the efficacy of rational techniques, a position similar to that of hope.

Prayer, as the expression of faith, cannot even be questioned as to its efficacy. It operates in the realm beyond time.

> To pray implies a refusal to treat the present situation as a case capable of occurring a second time, for which we can once more use the same means if they already proved their efficacy. Religious thought is only exercised on the present.

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[37] Metaphysical Journal, p. 88. [38] Ibid., pp. 296-7.

> For religious thought the present moment can never be presumed in a law of which it is merely one example. So prayer is renewal, it is so to speak, an active negation of experience. Moreover, the religious soul knows no precedents. The religious soul is forever calling everything back into question; there is no such thing as an established position--and this is only an indirect way of defining hope.[39]

Finally, faith and hope share the same setting, despair, though faith seems to give a slightly different slant on the interpretation of that setting.

> . . . one has a poor and caricatured idea of the faith if one imagines it to be a kind of talisman or good-luck charm. Faith is life, a life in which joy and anguish continually jostle each other, a life which will remain to the end menaced by the only temptation against which in the last analysis we must guard ourselves, namely that of despair.[40]

> It is here that we can find the deep meaning of the idea of test or trial. Faith needs to triumph over the state of self-division which is bound up with the conditions of existence of a finite being.[41]

While hope applied to situations of despair, they seemed to be situations in which the natural wholeness of being had been temporarily disrupted. Faith applies to these situations, but also to those situations which result from our finitude. One can hope to experience wholeness in the midst of an illness contracted due to failure to be immunized. Faith, on the other hand, is better illustrated in relation to degeneration of old age. We could avoid the contagious disease by proper use of current medical practice, but if we do get it, we might still hope that we get well. No one is exempt from the decline due to

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[39] Ibid., p. 266. [40] Creative Fidelity, p. 10.

[41] Metaphysical Journal, p. 237.

age. We are all finite. It is truly not our fault. We can practice the virtue of faith in this situation.

Marcel makes a further comment concerning faith, an element which he did not include in his discussion of hope.

> The subject of faith is not thought in general. Thought in general in so far as it is reflected (and, as a result, is objectified) appears to itself as purely abstract, purely indeterminate, a formal condition and nothing more. The subject of faith, on the contrary, must be concrete.[42]

This reference to the indeterminacy of the objective state can be related to the dichotomy between the other as object and the other as considered as Thou. The object of faith is not to be the concrete in terms of having faith that a brick wall will be erected about the estate that I really want. It is to be concrete in terms of the relationship I enjoy with the person I have faith for and the Being I have faith in.

> I am allowed to pray for the recovery of my servant inasmuch as my servant is my friend. In a word it is only legitimate to pray for a thou, and hence a new triad of relations arises, which in reality conceals a dual relation. In the last analysis I pray to God for us. In other words I can pray only for someone else when between that some one else and myself there is a spiritual community.[43]

This places faith and prayer on a different level than many other activities and introduces some different characters and different elements. For one, we now have not only the person for whom we pray, but that person must be characterized as one with us in the spiritual community. The fact that it is a spiritual community and that Marcel

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[42]Ibid., p. 401.

[43]Ibid., p. 224.

indicates that prayers, in his understanding, are directed to God, introduces the spiritual into the situation as well. The relationships within this community are not characterized by physical proximity, or natural interactions, which might be appropriate in the description of an object or a formal relationship. Emotions, or more specifically love, are involved in the situation.

> And so, side by side with faith we posit love. I have said elsewhere that love is the condition of faith, and in a sense this is true. But it is only one aspect. I believe that in reality love and faith cannot be dissociated. When faith ceases to be love it congeals into objective belief in a power that is conceived more or less physically. And love which is not faith (which does not posit the transcendence of God that is love) is only a sort of abstract game. Just as the divine reality corresponds to faith (the former can only be thought in function to the latter) so divine perfection corresponds to love.[44]

Hope leads us to the transcendent, but faith requires a relation with a personal God. This means, among other things, that what is hoped for is different from what is the object of faith. We hope that the natural order of things will be restored. Faith is outside even this realm.

> From the other side, I am thinking just now that our business here is to find a translation into speculative terms of the practical theocentricity which adopts the center, "Thy will and not mine." This seems to me essential. But it must be seen, on the other hand, that the theocentricity itself presupposes theorectical assertions to which it is extremely difficult to give form. "Thy will" is not absolutely given to me in the sense that my will to live and my appetite is given me. "Thy will" is for me something recognized, to be construed, whereas my appetite simply makes demands, simply imposes itself.[45]

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[44] Ibid., p. 58.

[45] Being and Having, p. 128.

We hope in life because of our will to live, but we have faith in the ultimate will of God. The object of our hope seems to be given as a result of our condition as a living being. The object of our faith on the other hand is not so cut and dried. We must be able, as Marcel says, to recognize it. On the practical level this explains so-called unanswered prayers. It may not have been God's will that a particular person recover and the individual who offered up the prayer just didn't recognize this. On the other hand, it introduces the problem of the recognition of this will. This is a serious problem which involves not only theological issues concerning the understanding of the nature of God, but epistemological issues concerning the nature of truth and the means of ascertaining it. To come to any conclusion with regard to these questions would be beyond the scope of this project, though it is interesting to note that the answers do have direct practical application in the medical setting. For instance, being able to answer these questions would aid in the determination of whether a particular "faith healer" was a charlatan.

Another question which this approach brings up is that of the center of the decision-making process. If some things are simply given to us as demands made upon us, can we say that we make a decision concerning them in any real sense of the word? On the other hand, if we submit to the will of God, are we still at the center of the decision-making process in any way? And where does the element of others imposing their decisions upon us enter into the picture?

All these questions fall under the heading of a discussion of autonomy, which we will cover in the next section.

Autonomy

Autonomy is the basic moral concept within many discussions of bio-ethics and even philosophy of medicine.[46,47] While it is rare that these authors present any justification for using this basic tenet, when such a justification is offered it is based on the ethical theory of Immanuel Kant. Marcel disagrees with this emphasis on the ethical theory of Kant within any discipline on at least two grounds. He disagrees with the assumption that respect is the basic element of the relation between persons that such a Kantian ethic requires. Marcel also disagrees with the underlying premises which characterize body as that over which we always have control and concerning which we can make autonomous decisions.

Marcel claims that Kant presented a very limited understanding of the person.

> I am fully aware that I have always judged a being to be worthy of respect by reason of the love that he has inspired (or of which he has been unjustly deprived). Deep down Kantian rationalism is becoming increasingly foreign to me. A being does not interest me in as much as he is an embodiment of reason; as such, after all, he is only a he.[48]

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[46] Tom L. Beauchamp and James F. Childress, Principles of Biomedical Ethics (Oxford: Oxford University Press, 1979), pp. 63-75.

[47] Nancy Loving Tubesing, Whole Person Health Care: Philosophical Assumptions (Hinsdale, Ill.: Wholistic Health Center, Inc., 1977).

[48] Metaphysical Journal, p. 211.

Marcel requires that interaction between persons be such that the other is a Thou. As we have seen this requirement entails more than Kant's dictum of treating them not as a means only. It requires that there is a spiritual community of mutual love and concern between us. Limiting the basis of interpersonal relations to rational respect simply ignores this necessary aspect of my treating someone else as a person, of my acknowledging the Other as being in a relationship of love.

I cannot impose my will because the other, as the embodiment of being, cannot be controlled in that manner.

As with the criticism of philosophy of science, this criticism of Kant has been echoed by others.[49] However, as with his views on science, Marcel's views on Kant should not be dismissed simply because others have thought these thoughts as well. This particular criticism, for instance, has far-reaching application within the physician-patient relationship.

Marcel, however, does not base his criticism of Kant solely on the limited concept of the person which it entails. He also argues that Kant's original goal to develop an ethical system at all was wrong. Ethics, according to Marcel, emanate from and culminate in Being. This regulates both the method of development and application; and ultimately require that something other than rational autonomy be the basic concept of an ethical system.

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[49]Susan R. Wolf, Failure of Autonomy, Dissertation, Princeton University, 1978, p. 53.

> Beyond question Kant over-exaggerated the value of autonomy as the source of values. Of course, as I am fully aware, he concerned himself primarily with discovering that which is capable of being universalised, and he thought that a morality based on feelings is untenable because it rests on a contingent datum, on something which is capable of not being (or which cannot be "required" in right). To adopt the language I previously made use of I would say that he took a technical point of view. What are the conditions under which someone (no matter who) can act or will in an ethical way? The answer must be universal, that is to say, valid even for the least favorable case. The important question here is whether, if we proceed in this way, we are not in the strict sense cutting ourselves off from the conditions of spiritual life.[50]

According to Marcel, Kant's problems began with his desire to develop a universal moral code. It is at this point that the problems begin. In essence Marcel is accusing Kant of the fallacy of composition. This ethical code is for everyone, but Marcel clearly indicates that "everyone" is not the same as all the individuals. Everyone is really no-one.

To his credit though, Kant seems to have been attempting to make the best of a bad situation.

> But no; I am not sure that what I wrote about Kantianism is false. After all Kant gives us a sort of recipe for extracting the best we can from a nature that is badly provided—even as regards moral. If morality is to be possible, this technique must exist. Now morality exists, therefore, etc. . . . (Marcel's elipses).[51]

Marcel argues that the conditional statement is false. The world may indeed be in bad shape, and he is willing to acknowledge that morality exists, but it is not the case that the possibility of morality requires a technique for discovering it.

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[50] Metaphysical Journal, p. 211. [51] Ibid., p. 212.

> . . . there is no technique for morals, there is no infallible way of inciting me to will the good. Doubtless, to some extent, Kant would have agreed with this. But for all that he does posit as a truth by right universal that I ought to act in a manner that is in conformity with the categorical imperative, and that as I ought to do so I am able to do so; the transition from thou shalt to thou canst is indeed the nerve of the whole Kantian system of ethics. But who affirms to me that this is so? For Kant it is evidently myself, inasmuch as I participate in reason. It is an absolute fact, something which is bound up with the quality of my rational being. Kant guarantees to me not only that this is so, but also that if I am of good faith I will myself discover that it is so. My essential quarrel is with the legitimacy of this claim.[52]

For Kant the technique essential to the discovery of morality is entailed in the very definition of the person as a rational being. As a rational being I discover that I can indeed do what I ought to do. In fact I also discover what it is that I ought to do by this method. Marcel is not arguing that we are not rational creatures. His claim is that this approach is far too limiting in its understanding of the nature of the person. The person is not essentially a rational creature. He is essentially a being who loves and is loved. He is a mystery which is the antithesis of technique which Kant must ascribe to the basic nature of the person.

Marcel not only criticizes the concept of the person entailed in Kant's uses of ethical theory, he also claims that the fundamental assumption of rational autonomy does not apply to a person in the manner which is required by Kant's theory. Autonomy does not apply to the person because the ability to control must exist before the

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[52]Ibid., p. 214.

right to control can be asserted, and the individual, particularly with respect to his own body, does not have complete control.

Marcel begins his argument at this point with a rather unsophisticated definition of autonomy.

> It is the "by myself" of a little child who is beginning to walk and rejects the hand outstretched to him. "I want to run my own life"—that is the radical formula of autonomy.[53]

Marcel's interpretation of the Kantian view of autonomy is that it essentially implies action, action which is quite distinctly set apart from everything else. According to Kant, any desire or interest on the part of the actor is either dismissed or counted against the individual in judging his action to be autonomous. Marcel expresses Kant's point in rather graphic terms:

> The more I enter into an activity with the whole of myself, the less right we have to say that I am autonomous. (In this sense, the philosopher is less autonomous than the pure scientist, and the pure scientist himself is less autonomous than the technician.)[54]

This situation points up the limitations of the Kantian view of autonomy. But what is the alternative? To even attempt to answer that question requires a closer look at the concept of autonomy and an application of Marcel's understanding of our relationship to our body and the world.

To begin with Marcel claims that "(i)t seems to me that we can talk legitimately about autonomy in the order of administration and the administrable."[55] The claim of the right to control can only be

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[53] Being and Having, p. 132. [54] Ibid. [55] Ibid., p. 131.

made in situations in which control is possible at all, in which I can administer that which is amenable to my administration, my manipulation. In fact Kant's definition of autonomy requires that only those actions which can be administered qualify as autonomous. So the action of the technician can be labeled as autonomous because he administers over a particular process, and that is all that is considered. This cutting off a particular action from the whole of his being is what allows one to say that he is autonomous.

But it is not just a particular technique, an action set apart in time and space so to speak, which can be administered. I can have the appropriate control over anything which I possess, my fortune, my house, or my pet, to the extent that I possess it. "But where the category of <u>having</u> becomes inapplicable, I can no longer in any sense talk about administration, whether by another or myself."[56] Possession implies the ability to control. If I control my possessions, I am acting autonomously, with respect to them. If someone else controls my possessions, that is heteronomy or paternalism, depending on the fine points of the explanation. However, if there is anything which cannot be possessed, such a thing cannot be controlled. It would therefore be a moot question whether I or someone else claims that non-existent control. The question at this point is whether or not there exists anything which is not possessed by anyone.

Something which might come immediately to mind as that which is not possessed by anyone, or at least not controlled by anyone, is

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[56]Ibid., p. 132.

a person's subconscious. Common sense and even the law acknowledge that autonomy does not apply to this portion of the person or to action emanating from it. If an action is performed unconsciously it is not seen to be under the immediate control of the individual and he is not held responsible for it. The subconscious cannot be claimed as being under the control of anyone.

Marcel agrees with this common sense understanding. However, he also leaves the way open for including other elements of the person in the category of that which cannot be possessed.

> We must not overlook the fact that all spiritual possession has its spring in something that cannot be shewn (my ideas are rooted in what I am). But what characterises this non-shewable as such, is the fact that it does not belong to me, it is essentially unbelonging. There is therefore a sense in which I do not belong to myself, and this is exactly the sense in which I am absolutely not autonomous.[57]

The beginning of this quote was included because of its specific reference to the unshowable unconscious which is Marcel's definition of the unconscious. This is a primary example of the fact that, in some manner, I do not belong to myself, and therefore am not autonomous. But here is another example of that which is a part of me and yet which I do not possess, my body. To be sure I have a body, and to the extent that this claim is true I can be said to be autonomous with respect to my body. However, I also enjoy the more immediate relationship of existence with my body; in other words, it is also true that I am my body. To the extent that my body is not my possession autonomy does not apply to the relationship. I am not completely autonomous with

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[57]Ibid., p. 134-5.

respect to my body. Of course no one else can claim control of it either. Actions with respect to my body spring from a different motivation than rational autonomy to the extent that it exists in the realm of being.

There is a final relationship in which autonomy does not apply, the Thou relationship. As I enter into a Thou relationship, I cannot claim any control over the other person in the relationship nor he over me. He does not possess me, rather we exist together in a spiritual community, in the realm of being. Therefore he definitely has no control over me. In Kantian terms it might be claimed that he is a free agent. However, Marcel claims that the relationship, founded as it is on love and entered into with my whole being, precludes my claiming that even my actions are free.

But this realm in which autonomy does not apply is not a fixed realm. It can vary according to our interpersonal movements.

> As soon as we are in Being we are beyond autonomy. This is why recollection, in so far as it is regaining contact with Being, takes me into a realm where autonomy is no longer conceivable; that is just as true of inspiration, or any action which involves the whole of what I am. (The love of a person is strictly comparable to inspiration in this respect) the more I <u>am</u>, the more I assert my being, the less I think myself autonomous.[58]

We are all aware of the concept that when we love a person we will do a number of things for that person which we would not do for anyone else, maybe not even for ourselves. In these actions, if they truly stem from a loving relationship, there is no question of whether

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[58]Ibid., pp. 132-3.

we are acting autonomously. The question seems silly. We are acting out of love. That is an entirely different thing. It is evident that these three areas in which autonomy does not apply can be related to the medical setting, particularly within the discussion of informed consent. Informed consent is a part of a relationship between two persons which enjoys at least some of the characteristics of a Thou relationship. It is a statement made with respect to the body of one of the members of the relationship and the mental state of that person is sometime under scrutiny with respect to the validity of the consent.

In this chapter, then, we have presented a short discussion of Marcel's understanding of the individual's experience with death, as well as some thoughts on the value of the interpersonal relationship to the concept of immortality. We also discussed hope and faith as related approaches to desperate situations, situations similar to those one often faces in the medical setting. This discussion centered on the transcendent nature of these virtues. As such, they are not amenable to technique. Finally, we saw that Marcel proposes a transcendent category with regard to autonomy as well. For him, the issue is not merely who will control the situation, myself or some one else, but whether it can be controlled at all. In Chapter IV we will explore the points at which current medical practice and philosophy touches on these concerns as well.

CHAPTER IV

THE PRACTICE OF MEDICINE AND THE PHILOSOPHY OF GABRIEL MARCEL

In the previous chapters I have presented a short discussion of the thought of Gabriel Marcel. In particular, we have seen that he proposes that the hard sciences with their understanding of knowledge as universal and totally objective, do not give the whole picture of the universe. There are some elements, according to Marcel, which are not amenable to such scrutiny. There is some of the universe which is a mystery, and must remain such. This difference between the hard objective approach and that which Marcel classifies as the mysterious transcendent element of the world is seen in a number of other areas including the relationship between persons, between the individual and the world and the individual and his own body. Marcel also points out that these two approaches yield different understandings of events such as death and virtues as hope, faith, and the principle of autonomy.

The purpose of this chapter is to show that the philosophy of Marcel and practice of medicine are involved with the same areas of human endeavor, many of them classified in the same manner. As we shall see, medicine considers itself to be a science. Interpersonal relationships are involved in its activities. A major concern of medicine is the body of the patient. The philosophy and history of medicine acknowledge the role of hope and the spiritual in the understanding of the practice of medicine. The underlying

principle of most contemporary bioethics is the autonomy of the individual.

Science and Mystery

McWhinney[1] and Forstram are among those who have argued that clinical medicine is a science. Forstram bases this claim on his understanding of a science as applying to a specific domain and functioning so as to "establish general laws covering the behavior of the empirical events or objects with which the science in question is concerned."[2] This characterization of science may not be adequate to apply to all areas of science, but it does, with its positivistic assumptions, seem to apply to at least the research aspect of medicine. Marcel is more specific in his classification of the activities of science. In attempting to establish the general laws operating within the empirical events being observed, the science must ask specific questions, which, when answered within the context of a specific experimental design which has eliminated the possibility of extraneous influences, will yield the desired information. This, of course, is the idea behind experimentation in medical research. To cite a specific example, in answer to the question, Does this virus cause poliomylitis?, the research animals were isolated so that other possible causes of their

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[1] E. R. McWhinney, "Family Medicine as a Science," Journal of Family Practice, 7:53-58, 1978.

[2] L. A. Forstram, "The Scientific Autonomy of Clinical Medicine," Journal of Medicine and Philosophy, 2:8, 1977.

illness could be eliminated. Those animals which were infected with the virus were treated in the same manner as those which were not infected. In this manner the extraneous elements of food, water, and general environmental factors could be eliminated as causes, since both the infected and uninfected animals, those that contracted the disease and those that did not, received the same treatment. In this manner the question was answered. Yes, this virus does cause polio in those animals. There is, of course, the assumption that this type of information is transferable to our understanding of the human animal, but that will be dealt with later.

Marcel also points out that the underlying assumption of science is that "every phenomenon is the product of a certain given set of conditions."[3] The goal of the scientist is, therefore, to determine what these conditions are and to set up the situation in such a manner that the phenomenon must be produced. Often this is coupled with a particular wording of the question being asked which in turn can result in questionable results. For instance, the FDA asks whether there is <u>any</u> possibility that a particular chemical causes cancer. To answer this question the researchers set up an experiment which loads the experimental animal with the chemical in doses which far exceed those which even an abnormal human would consume. In the end the desired answer is found. There is <u>a</u> possibility that this particular chemical does cause cancer.

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[3]<u>Mystery of Being</u>, p. 120.

The practice of medicine takes the reverse perspective on this assumption. Since every phenomenon is the result of a certain set of conditions, given the phenomenon the conditions must be ascertainable. Thus, given the phenomenon of an extreme pain in the patient's abdomen, lower right quadrant, elevated white count, and a fever, it is ascertained that the condition which would most likely cause this is an infection in the appendix. Or, if one were to apply the results of some statistical studies, the judgement could be made that the condition which contributed to the patient's stomach cancer is that he did not eat enough raw vegetables. Thus, the basic assumptions of science are also applied to the practice of medicine.

To the extent to which the practice of medicine is reliant upon the assumptions of science, it is open to the criticisms leveled against science. For instance, in medical research, the assumption is that the conditions are controlled so as to be able to discover the cause of a particular disease. In some situations, such as cancer, though, it is possible that stress contributes to the cause of the disease and the stress of the experimental conditions on the subject might contribute to the frequency of the observed disease. There are other, more subtle, ways in which subjectivity can enter into the results of research. When this subjectivity enters via the research subject it is termed the "placebo effect." This positive response to inert medication is often attributed to the psychological effect of receiving personal attention and to the authority of the medical professional. This reaction on the part

of the research subject would tend to give false positives. There is also a subjective element on the part of the researcher. This may be due to a desire that the regimen be found effective which can lead pertinent data to be subconsciously ignored, or, more likely, it is due to the non-objective nature of the symptom being observed. For instance, in a recent clinical study of the effect of vitamin C on colds, the subjects were judged as to whether they had a cold or not. There is no definite concept of what constitutes a cold. Therefore, the judgement of the researcher could have played a major role in the results of this particular study. It is presumed that such subjectivity can be statistically eliminated by the use of double blind experimental design. In this type of experiment neither the experimentor nor the experimental subject is aware of who is being administered the active medication and who is getting the inert substitute. In this manner it is presumed that the subjective qualities of judgement will be evenly distributed and therefore statistically negligible.[4] But the very fact that such a design is used indicates that indeed medical research must operate within the constraints of a system which is not totally objective, that there are some things which cannot be controlled, but can only be accounted for.

Applying the scientific method to the practice of medicine results in even more difficulties. The individual person is unique.

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[4]David S. Moore, Statistics: Concepts and Controversies (San Francisco: W. H. Freeman and Company, 1979), pp. 64-6, 71.

Though he is likely to fall within a given range of his physical performance and reaction to physical stimuli, there is the possibility that he would react in a given way. A majority of persons would experience a psychological calm following administration of 10 milligrams of Valium. This is the standard phenomenon which results from that particular causal condition. However, there are individuals who, for reasons known and unknown, do not experience this particular psychological state under these conditions. Medicine simply is not dealing with a closed system.

Even in situations where the expected result comes from the administration of a particular stimuli, there is really no permanent change made in Nature. This can be seen both in situations in which the actual change is expected and those in which it is not. In experiments in which fruit flies are bred for a particular eye color, the wild eye color returns to the strain after seven generations.[5] Actually, man cannot ultimately change Nature at all. Nuclear war would drastically alter the global environment, but this would only be in conformity with the laws of Nature which would not change. On a more personal, less dramatic, level, when a patient is found to have high blood pressure, he is often given medication which reduces it. It is important to realize that Nature has not really been changed. The physician has simply introduced into the system an additional element which interacts with the organism to reduce the blood pressure.

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[5]G. R. Taylor, The Biological Time Bomb (New York: World Publishing Company, 1968), p. 167.

In his criticism of science, Marcel goes so far as to claim that the positivistic scientific mentality can give rise to a warped view of nature.

> Nature compared to a tamed beast. What is good happens in spite of it and in a sense against it. It is a matter of wresting from life the means to make it livable. One no longer thinks of attributing to it anything that resembles a benevolent complicity.[6]

This attitude is not a necessary result of the positivistic perspective and indeed medicine never wholly succumbed to it. In recent years medical practitioners have indicated that Nature is available as an ally. Simonton has become an advocate of the use of the body's natural defense in the fight against cancer.[7] And the current trend toward the use of pets in a variety of therapies assumes that all of Nature is available for the betterment of life. Even with these examples though, the patient often experiences the reality of Marcel's observation as he enters the medical setting. The more serious the situation the more likely this is to be the case. Watching a loved one die in an intensive care ward connected to numerous machines by way of a variety of tubes, one is often overwhelmed with the feeling that Nature is the enemy, that all that is being done is in opposition to Nature rather than in harmony with it. There seems to be nothing resembling benevolent complicity attributed to Nature at this point.

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[6] Creative Fidelity, p. 184.

[7] Alan Simonton, You Can Beat Cancer (New York: Macmillan and Company, 1975).

This a problem which has not gone unnoticed, though. Edmund Pellegrino has proposed that medical professionals can be trained to introduce a more human element into the situation if they themselves have the advantage of training in the humanities in the course of their education.[8] Within the context of actual practice the holistic health movement has attempted to promote alternative medical practice, based on a number of other presuppositions. The hospice movement is also an attempt to deal with these issues on a practical level. In Chapter V, I will explore aspects of the solution offered by the holistic health movement.

Fidelity to Thou

Within the context of a particular relationship with another person, Marcel understands that there is a possibility of a relationship which transcends the level of self and other. He calls it the Thou. This relationship is reached in love and charity. Marcel is concerned that the approach to this relationship not be reduced to objective technique. Therefore, he is vague concerning many important aspects of it. For instance, he says nothing concerning how one enters into such a relationship. Is it a deliberate choice or the result of chance? Whom might I consider persons with whom I have a Thou relationship--only my lover, a very close friend, the paper boy, the person I pass on the street every day?

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[8] Humanism and the Physician, p. 52.

Am I aware of being in a Thou relationship because of the way I respond to the other person or do I respond to the other person in a certain manner because I am in a Thou relationship with him?

Paul Ramsey argues that the Thou relationship, which he understands as a covenant between persons, applies to all interpersonal relationships.

> This means that the conscious acceptance of covenant responsibilities is the inner meaning of even the "natural" or systematic relations into which we are born and of the insitutional relations or roles we enter by choice.[9]

He specifically applies this understanding of interpersonal relations to the practice of medicine. He proposes an ethics of medicine, therefore, which is based on "the actions and abstentions that come from adherence to covenant."[10] According to Ramsey, it is assumed that the Thou relation, in its purest form, applies to the physician and the patient, and is the basis on which decisions within that relationship should be made.

Fried, Thomasma and Pellegrino acknowledge that there exists within the physician-patient relationship an element which would lead one to view this relationship as related to a Thou relationship, but they do not apply the privileges and obligations of the Thou relationship to the physician and patient from the outset. According to them, within the medical setting the qualities of fidelity and vulnerability are very important in the definition of the relationship. The medical

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[9]Paul Ramsey, Patient as Person (New Haven: Yale University Press, 1970), p. xii.

[10]Ibid., p. xiii.

profession has an obligation to be faithful to the patient.[11] On the other hand, the patient comes into the relationship in a very vulnerable condition.[12] While this vulnerability is seen primarily as an artifact of the disease from which the patient is suffering and not as that whole-hearted openness to life which Marcel defines as disposability, this quality certainly approaches Marcel's concept of disposability. Therefore, on the strength of the existence of two important qualities of the Thou relationship, fidelity between persons and a certain disposability on the part of the patient, it can be assumed that at least some of the obligations and privileges of the Thou relationship apply to the relationship between the physician and his patient.

Lain-Entralgo also sees the medical relationship as at least approaching the Thou relationship. In fact, he understands interpersonal relationships as a continuum from an objective response to the deep personal commitment of the Thou relationship. He sees the medical relationship as falling somewhere below the Thou relationship on this spectrum, qualified by what he calls "medical philia."[13]

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[11]Charles Fried, Medical Experimentation: Personal Integrity and Social Policy (Amsterdam: North Holland Publishing Co., 1974), p. 102.

[12]Edmund D. Pellegrino and David C. Thomasma, A Philosophical Basis of Medical Ethics (New York: Oxford University Press, 1981), p. 207.

[13]P. Lain-Entralgo, Doctor and Patient, trans. by Frances Partridge (New York: McGraw-Hill Book Company, 1969), p. 107.

While this qualification imposes some requirements on the relationship beyond those of an objective relationship, it also exempts the relationship from the extraordinary requirements of the Thou relationship as Marcel defined it. The physician must not view the patient purely as an object on the one hand. On the other hand, the physician is not required to be as disposable within the professional relationship as one is in a Thou relationship.

At the far end of the spectrum from Ramsey, Robert Veatch is a vocal proponent of an objective understanding of the physician-patient relationship. In the interest of preserving certain moral elements of the relationship, coupled with a realistic understanding of the different positions taken within the relationship, he proposes what he calls a contractual model for the relationship.

> Only in the contractual model can there be a true sharing of ethical authority and responsibility. This avoids the moral abdication on the part of the physician in the engineering model and the moral abdication on the part of the patient in the priestly model. It also avoids the uncontrolled and false sense of equality in the collegial model.[14]

In the schema which Veatch presents, the collegial model seems to best represent Marcel's Thou relationship with both parties "pursuing the common goal of eliminating illness and preserving the health of the patient."[15] I would agree with Veatch that in contemporary medicine this is false as a descriptive view of the situation. Though there may be a common pursuit, there is not

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[14]Robert Veatch, "Models of the Doctor-Patient Relationship," in Hastings Center Report, p.

[15]Ibid.

equality in the roles. The physician enters the relationship with considerably more power than the patient. Some of this power has been bestowed upon him by society in their understanding of the ultimate position of science in the control of their lives and the position of the physician as the practitioner of science. Some of the inequality is, however, inherent in their relationship. The patient is sick, not up to his full capabilities. The physician has considerably more knowledge than the patient and knowledge is power. There is a point at which Veatch is correct in his assessment of this relationship as not being a Thou relationship.

And even if one would argue that it is the socialization of the physician in his medical training which gives rise to the inequality which is evident in the relationship, there are still the psychological differences which have to be taken into account. Lain-Entralgo argues that a particular type person, the person who highly values self-sufficiency, will choose to develop a physician-patient relationship which is of a more objective quality.[16] There are other persons who, because of their psychological makeup, would choose to give all authority to the physician. The realities of these elements of the physician-patient relationship indicate that the ideals of Ramsey and Thomasma and Pellegrino are not realized.

The conclusion cannot, however, be drawn that Marcel has nothing to contribute on understanding of this relationship.

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[16]Lain-Entralgo, p. 197.

While there are problems in viewing the physician-patient relationship entirely from the perspective of Marcel's Thou, there are qualities of the relationship, particularly the requirements of fidelity and the vulnerability of the patient, on which an argument can be based that this relationship at least approaches Marcel's Thou relationship. Therefore, though caution is needed in the application of Marcel's conclusions concerning the interaction of two persons in a Thou relationship, it would be valuable to look at this application, particularly to the areas of physician training and informed consent.

The Body

The concept of the body which is brought to the medical setting has varied through history. It also varies from person to person, being influenced by such factors as personal history and type of illness. In ancient Greece there were those who saw the body as a prison from which escape was desired. Others in that culture took a more materialistic view seeing the body as a glorious being to be worshipped. These views are evidenced respectively in the philosophy of Plato with its emphasis on the superiority of the non-material and in the Corinthian culture with its Olympics. The Hebrews, on the other hand, saw the body as intimately integrated with the other elements of the person. Throughout the Old Testament the interchanging use of words indicates that the Hebrew mind did not distinguish between

the body and the person as a mind and emotions.[17] The past generation of Western man seemed simply to have ignored his body. More recently, though, the cultural norm has turned toward an extreme interest in the well-being of the body as evidenced by the rise in a concern for physical fitness.

On an individual level, one's family background and individual experiences seem to play a role in the body image which one entertains at any particular moment. If a family is overly solicitious of a child when he is sick and ignores him otherwise, then he learns to be sick in order to get attention. Or if a child is not physically co-ordinated he might decide to ignore his body or even deny it.

Any one of these concepts of the body is possible, and the persons involved in the medical setting may subscribe to any one of them and maybe even to different ones at different times. Can any argument be offered for the preeminence of Marcel's view within the medical setting?, particularly if it is the case, as Buytendijk says, that

> As long as we are healthy, nothing strikes us <u>about</u> ourselves. However, when our well-being is disturbed, one notices one's own body. . . . Because of this undeniable fact, it is clear to us why the physician is always invited by his patient to think in a Cartesian way.[18]

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[17]Walter David Stacey, <u>The Pauline View of Man</u> (New York: Macmillan and Company, 1956), p. 85.

[18]F. J. J. Buytendijk, <u>Prolegomena to an Anthropological Physiology</u> (Pittsburgh: Duguesne University Press, 1974), p. 61.

This philosophical move toward dualism in the face of illness seems quite widespread. Sartre and Descartes as well as Marcel use the medical setting as an example of the objective view of the body, particularly from the perspective of the medical professional. In my experience though, the patient often takes the perspective represented by Sarano.

> 1. No matter how much of a stranger the body is felt to be by the subject (especially the sick person) this body remains, whether we like it or not, the body-subject of a person assuming his life.
> 2. But I would add immediately that it is the revealer of our resources; if this witness will, in effect, be made anyway with or without me, it behooves me that it be made with me, and for it to express the mark of my dignity and of my freedom.[19]

In actual practice the patient does not respond to illness by endorsing a Cartesian philosophy. In my clinical experience patients who come to a general practitioner for a minor problem do not feel their lives disrupted enough to take any great notice of their body. The relationship which they generally have toward it carries through this experience. The physician also does not approach this situation from a dualistic perspective. Typical comments concerning the patients dealt with their attitude toward the specific medical setting treatment and their compliance with that treatment. A more drastic illness which would, for instance, require surgery, does disrupt the life of the patient. But at this point the response

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[19]Jacque Sarano, The Meaning of the Body (Philadelphia: Westminster Press, 1966), p. 89.

is not to succumb, but to attempt to rearrange the situation to make it as whole as possible. The patient is aware that it is not just his body that is not working right. His whole life is different than he had anticipated. In this situation, on the other hand, the medical professions, and the surgeon in particular, are likely to take more Cartesian attitudes toward the patient. There are several reasons why this is the case. For one thing, the surgeon is often very interested in the technical aspects of his career. He chose this career of medicine because he enjoys doing surgery. The very practice of specialization also contributes to this attitude among surgeons. A general surgeon will often see the patient briefly before surgery and then for a few weeks of follow-up care. The main concern will be the surgical procedure. There is no time and apparently little reason to develop much else in the way of a relationship.

Finally, there is the situation in which the patient experiences a long term life-threatening illness such as cancer. In this case there may also be the involvement of the surgeon, but the situation is likely to be different. It is not just a diseased gall bladder to be removed. There is a call for a different attitude toward life, if for no other reason than that it can no longer be taken for granted. In this endeavor the physician-surgeon plays a more prominent role. Though there is a place for his surgical technique, there is also a need for emotional support.

These observations were made within the context of the relationships of a few physicians and could be biased in that perhaps

only a particular type physician would allow a philosopher to observe his practice; but they do point out that, though illness is disruptive to the individual's life, it does not necessarily mean that there will be a major shift in the attitude toward one's body. Neither is the physician required, by virtue of the fact that he is dealing with sick people all the time, to maintain a dualistic perspective. As Sarano says, the patient can use this opportunity to express his freedom and dignity and the physician is invited to share in this endeavor. For the general practitioner this might well mean that he must contend with non-compliance, while the oncologist shares in the patient's life and death struggles.

Authors such as Fried and Engelhardt also acknowledge that the patient's relationship with his body does not ultimately change in illness. In fact, these authors even use the categories of Marcel, having a body and being that body. It is evident, therefore, that Marcel's concept of the relationship between the person and his body can offer some important insights for the practice of medicine. Fried uses the identity of the body and person as a basis for the discussion of informed consent,[20] while Engelhardt moves into a discussion of organ transplants.[21] The fact that the body with which medicine deals is the person also has ramifications in the

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[20]Fried, p. 96.

[21]H. Tristran Engelhardt, Mind-Body: A Categorical Relationship (The Hague: Martinus Nijhoff, 1973), p. 101.

overall physician-patient relationship and the training of physicians in their approach to this relationship. These issues will be dealt with in Chapter V.

Death, Hope, and Freedom

Marcel claims that death is an unknowable experience before hand. We cannot contemplate our own death because death involves our being and its dramatic change of state. If we contemplate ourselves going through this change it must be from an objective perspective. It must be as we have seen others pass through it and not as we have or would experienced it. From such a perspective one might see death as the triumph of the mechanical processes or as the result of the triumph of evil on the personal level. At any rate, there comes a time when the will to live is simply overcome by death.

It is evident that medicine deals with death. While the positive goal of the profession is to heal the patient, the practical result of this has been a conscious effort to push back the limits set by death. There have, in fact, been great strides in this area. There are diseases which once claimed many lives and are now virtually wiped from the face of the earth. This aggressive attack against death in the medical profession is based in large part on the attitudes which Marcel indicates are prevalent in the world, the mechanical view and the moral view. Medical science has seen death as the running down of the human machine. The event can therefore be post-poned by a mechanical readjustment of the machine. In many cases,

such as the few hydrophobia patients who have survived, this has been the approach to maintain the bodily functions and eventually the machine will be able to function on its own again. Another example is the use of the respirator as even a long term solution to the breakdown of the breathing mechanism. Even the large scale public health movements of improved sanitation and innoculation have saved lives based on the mechanical view, a sort of preventive maintenance.

On a personal level physicians have often seen death as a personal defeat. There is some evidence that they were unwilling in the past to tell their patients the truth concerning impending death, because the health professionals themselves were afraid of it.[22] They could only stand by helplessly as their patients went through this experience. They could not go with them and all their expertise could not prevent it.

I am not going to present an in-depth application of Marcel's thought to the attitude toward death in the medical setting, so it might be helpful to make a few comments at this time. Rather than attempt to fit death into the mechanical positivistic framework of medical science, the physician should allow for an entirely different approach.

> This would suggest that it is only one of the physician's duties to retard premature death; it is as much his duty

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[22]Robert Veatch, Death, Dying and the Biological Revolution (New Haven: Yale University Press, 1976), p. 215.

> to help assure that when death does come it is a lucid event, somehow consistent with the life that preceded it. Death should not be an event which, at its approach, trivializes and belies the efforts of a whole lifetime to live fully in realistic contact with the external world of facts and persons.[23]

The practical suggestions of how to make the experience of death a lucid event for the individual is beyond the scope of this paper, though I would suggest that the hospice movement is making some attempts to facilitate this.

There is another aspect of death which Marcel addresses, that of suicide and sacrifice of one's life. He argues that suicide is not an acceptable option because, though I own my body and by definition can dispose of it, I am also related to my body on the level of Being. This means, among other things, that the rights of ownership are not the only consideration in what I do with my body. I have certain responsibilities to maintain it. On the other hand, my life is not the most important thing to be considered in making some decisions. This is evident in Marcel's original understanding of the meaning of death to the individual. Though it is philosophically impossible to consider <u>my</u> death, it is also psychologically unpleasant because I like to think of myself as being indispensible. My death means I am not. But I can understand that I am dispensible before the fact and in fact I can determine that my death can in itself have meaning, which Marcel equates with value.

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[23]Fried, p. 98.

This is what Marcel considers under the heading of sacrifice. There are at least two points at which Marcel distinguishes between suicide and sacrifice. The sacrifice must be made in response to a Transcendence. This may be embodied in another person or in a cause, or institution, such as a nation. To qualify as a sacrifice the individual must expose himself to risk from a position of openness and disposability. In other words, the attitude must be one of opening one's self to the experience of ultimate service based on love and a relationship of fidelity and not on the desire for ultimate closure. The sacrifice is the final gift and not, as is suicide, the final layer of the shell developed to close out the world.

These issues are directly applicable to the medical setting in the discussion of suicide. I will, however, leave this for a later paper. The discussion of sacrifice is also applicable to the medical setting in terms of the issue of transplants, particularly from living donors. This issue will be discussed in Chapter V.

Hope

Marcel presents hope in terms of a particular view of reality. Reality is not a set course of events which will take place. Marcel does not subscribe to a deterministic approach to the future. Therefore future reality consists of all possibilities. It is not even limited to those which would seem to be determined by the laws of nature. Hope acknowledges these myriad of possibilities and as such transcends the present situation. There are times when such hope

does allow an unexpected future possibility to become present reality.

This phenomenon is not unknown to the medical profession. In a recent article relating extraordinary cancer cures the following comment was made.

> But for the patient, the "best" therapy appears to be one that he is convinced will work for him. Every survivor I met believed devoutly in the method he or she used--whether orthodox or experimental.[24]

In fact even in less dramatic medical situations hope plays an important role.

> Those of us who serve people in distress know the power of hope. People with a strong sense of hope make us look good professionally; they heal faster, they decide sooner, they stay spiritually alive. They tend to focus on the "how to's" rather than the "why should I's." Once hope is renewed we are home free.[25]

Hope is seen as such an important element in the medical setting that it is used in an argument concerning the role of truth-telling.

> [I]n the case of what to tell the dying patient, a calculation of utility will focus on the factors of happiness, anxiety, and hope. . . . In the case of the dying patient, the physician believes the primary moral consideration should be to . . . maintain the patient's hope.[26]

I have heard a physician say that he would never do anything that might deliberately undermine the patient's hope.

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[24]Judith Glassman, "They Beat Cancer," Family Circle, February 24, 1981, pp. 50, 57.

[25]Granger Westberg, Theological Roots of Wholistic Health Care (Hinsdale, Ill.: Wholistic Health Centers, Inc., 1979), p. p. 72.

[26]Veatch, Death, Dying and the Biological Revolution, p. 206.

In view of these comments one might be tempted to claim that the medical profession and Marcel are in agreement concerning the importance of hope in the individual, particularly in situations such as a major illness which can lead one to despair. But it seems to me that though the subject matter is the same the perspective is entirely different. Marcel is careful to point out that hope is not a technique. It is not the case that when one reaches a particular level of despair it is then time to apply a liberal dose of hope. There is no material cause and effect at work in the process of hope. But this sometimes seems to be the attitude with which the medical profession approaches the issue. Hope is seen as an important element in the makeup of the good patient. One attempts at all cost, even at the cost of lying, to keep up the patient's hope almost as one might attempt to keep up the patient's blood pressure.

Howard Brody makes some comments which address this issue in a commentary in JAMA. The question he is dealing with is the claim that one can choose to be less than truthful to the patient in the interest of maintaining his hope. Brody claims that "while we talk with great facility about the dangers of taking away that patient's hope, I am not sure that we really have the power to do so except in very rare instances."[27] Hope is not an element of the makeup of the patient which is open to the manipulation of the medical

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[27]Howard Brody, "Hope," Journal of the American Medical Association, 72:1411, 1984.

profession like the individual's electroyte levels. Hope is not definable in the positivistic terms which medicine is wont to use.

Brody goes on to say that there are ways of transmitting accurate information and instilling hope at the same time.[28] To learn this in such a manner that it is not just the application of another technique would require a reorientation of the entire medical education. Pelligrino sees the introduction of the humanities such as psychology and sociology into the medical curriculum as a step in the accomplishment of this goal. However, Schaefer questions whether this can in fact be done since, "the basic tenets of the humanities, psychology and sociology, are determined in the same positivistic philosophy that dominates the natural sciences."[30] Though this may be the case it would be fruitful to discuss the current method of training physicians with a view toward introducing some other philosophies into their thought patterns. That is, however, an undertaking which I will not attempt in this study.

Spiritual

Marcel's understanding of hope leads directly to an understanding of faith. Hope is the belief that the future will be different from the present. Faith grounds that belief in a relationship

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[28]Ibid., p. 1412.

[29]Humanism and the Physician, p. 52.

[30]Karl E. Schaefer, M.D., Herbert Hensel, M.D., and Ronald Brady, Ph.D. (eds.), Toward a Man-Centered Medical Science (Mt. Kisco, N.Y.: Futura Publishing Co., 1977), p. xv.

to a Supreme Being. Faith is not simply a response to a desperate situation, it comes into play as needed "to triumph over the state of self-division which is bound up with the conditions of existence of a finite being."[31] It is often within the context of the medical setting that we are faced with the fact of our own finitude. Until we are sick nothing much strikes us about ourselves. The very term disease indicates a disunity of the person at this time. According to Marcel such a situation would call forth an individual's faith in an attempt to right the situation.

This in fact has been the case. The offices of physician and priest have been intertwined at many points. In the Hebrew culture God prescribed that the priest take on certain medical responsibilities in the administration of the office of priest.[32] Even today there are cultures in which the two roles are combined. And though the Western culture of the United States does not officially endow the physician with the additional duties of the spiritual office, many persons approach their physician with the same expectations that they approach the priest. They want not only to be physically healed, they want to be made whole. They view the physician as having expertise beyond that of the purely medical.[33] It is not

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[31] Metaphysical Journal, p. 237.

[32] Leviticus, 14:1-4.

[33] "Models of the Doctor-Patient Relationship," p. 4.

uncommon for an individual to go to a physician to discuss marital problems, for example.

In some respects, this attitude is not without foundation. In contemporary culture it is the physician and not the priest who presides over the death of an individual. And today it is not the baptism of an infant which is the central event for the family, but the shared birth experience in the medical setting. And where the medical establishment has denied the introduction of the spiritual element into the situation, the holistic health movement has filled the void. In fact this is one of the distinguishing characteristics of that movement.[34]

The role of the spiritual in contemporary medicine is problematic on several levels: theologically because it places a person, the physician, in the position of God and because within the holistic health movement no criteria beyond the pragmatic is given for discerning the nature of the spiritual realm with which one is in contact; humanistically because it legitimizes a paternalism which robs the patient of his autonomy; and practically because there will be times when the physician will not be able to live up to the expectations, when it will be evident that he has no particular moral expertise. These problems do not, however, point us in the direction of eliminating the spiritual from the medical setting,

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[34]Loretta Kopelman and John Moskop, "The Holistic Health Movement: A Survey and Critique," The Journal of Medicine and Philosophy, 6:211, 1981.

rather they indicate that we must find its proper place in the situation. Since such an endeavor would require an in-depth discussion of problematic theological and epistemological issues concerning religious truth, we will not deal with them in this essay.

Autonomy

Beauchamp and Childress are typical of many bioethicists in claiming that autonomy is a fundamental principle of ethics and bioethics. They base their arguments on those of Mill and Kant. "For Kant a moral relation between persons is always one where there is mutual respect for autonomy."[35] This show of respect entails not rejecting a person's considered judgments and/or allowing him the freedom to act on those judgments. On the basis, therefore, of the primacy of the individual's ability to make considered judgments, and his presumed right to carry out these judgments, Beauchamp and Childress claim that autonomy is one of four basic principles of bioethics along with non-maleficence, beneficence, and justice. Autonomy is used as the primary justification in a discussion of informed consent, refusal of treatment, and autonomous suicide.

The holistic health movement is in agreement with this view of the importance of autonomy, though they do take a broader view of the person and the application of the principle. James Gordon

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[35]Beauchamp and Childress, p. 60.

makes the following two observations:

> 5. Though none would deny the occasional necessity for swift and authoritative medical or surgical intervention, the emphasis in holistic medicine is on helping people to understand and to help themselves, on education and self-care rather than treatment and dependence.
> 6. Holistic medicine emphasizes the responsibility of each individual for his or her health.[36]

Though the explanation of these tenets moves immediately into application in terms of how medicine is practiced, one can see by the use of the key terms such as "authoritative," "dependence," and "responsibility," that these statements have reference to the issue of autonomy. Because the individual is autonomous, he has the right to make judgments concerning his or her medical treatment. In fact, the patient has the right not to have to submit to the authority of the physician for unnecessary procedures. Beyond this, holistic medicine places the patient in the position of responsibility. Since the patient is autonomous with regard to his or her health care, then the patient is, in fact, responsible for his or her health.

Marcel does not deny that there is an obligation on the part of persons to treat one another in a particular manner. He would also agree that the individual has a certain responsibility with regard to his body. However, Marcel would base this obligation and responsibility on something other than the right to autonomy. This is not because he believes that man cannot decide for himself in

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[36] Arthur C. Hastings, Ph.D., James S. Gordon, M.D., "The Paradigm of Holistic Medicine," in James Fadiman, Ph.D., and James Gordon, M.D. (eds.), Health for the Whole Person (New York: Bantam Books, 1980), p. 21.

these areas, rather because he understands man's nature differently than Kant does. For Marcel, man is not primarily a thinking, rational being. For him man is primarily a creature who can love and be loved. To the holistic health movement Marcel would answer that autonomy is not the primary ethical principle because ownership of one's body is not the only relationship he enjoys with it. He is also related to his body in that he is his body. This relationship does not allow him to totally dispose of his body and such control is a necessary precursor of autonomous action.

Marcel is not arguing, as the holistic health movement does, that the medical professionals have had control of the situation for long enough and now it is time that the patient take control. Marcel claims that there is an area of life, the area in which the relationship of being our body is preeminent, which transcends the entire question of autonomy. Marcel makes no indication of the points at which such a relationship with one's body might take prominence. That is a question which I will consider in Chapter V in the application of Marcel's thought to holistic health and to informed consent.

CHAPTER V

HOLISTIC MEDICINE, INFORMED CONSENT, AND ORGAN TRANSPLANTS

As indicated in Chapter IV, this chapter will deal with the application of the philosophy of Gabriel Marcel to some specific issues in medicine, in particular (a) holistic medicine, (b) informed consent, and (c) organ transplants. The section on holistic medicine will make reference to the wellness movement, viewed as a lifestyle rather than a medical practice, and holistic medicine, defined as any practice which gives itself that name. Many of the cases discussed in this section come from personal experience during a practicum at a series of Holistic Health Centers. Informed consent is considered within the therapeutic setting, though the conclusions may well apply to the experimental setting as well. The section on organ transplants deals only with the transplant of living tissue from one human to another and not to the implantation of prosthetic devices since the interest is focused on the Thou relation as expressed in such transplants, though a short discussion of the artificial heart is included.

Holistic Medicine

Though Chapter IV has established the concurrence of thought between the philosophy and practice of medicine and Marcel, there is a general perception that the underlying assumptions are not the same. Medicine assumes a positivistic, reductionist approach

to the medical situation. Medicine sees the patient as suffering from a problem which must be solved. The solution involves scientific techniques which were developed as a result of scientific research founded on the model of physics and chemistry. This basic approach colors all areas of the medical profession's approach to the situation. The patient then becomes the embodiment of the problem rather than a person, "the gall bladder in room 302" rather than Mrs. Jones. The medical professional becomes the technician dispensing medical technique to solve a problem rather than the healer involved with the patient as a person. And the practice of medicine becomes very specialized as technique becomes paramount. Since the technique is available, it should be used. This requires a special technician and often involves an invasion into the patient.

Though this picture does not represent all of those who practice medicine, it is true enough that there is concern that something be done. In fact, Schaefer likens the situation to a void which would naturally be filled.[1] Holistic medicine is one attempt being made to fill this void. I will present some basic tenets of holistic medicine, compare these with the thoughts of Marcel, and finally criticize the movement in its attempt to counter the general approach of traditional medicine.

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[1]Schaefer, p. xv.

However, before I do that it is important to understand what might be meant by the term holistic health and what I will mean when I use the term. Practitioners of particular techniques such as acupuncture or chiropractic might claim to be practicing holistic health, though their methods center on one philosophy or bodily system. This single-mindedness is evident as well in those who judge man and his state of health by changes in his iris. Some practitioners of holistic health are single-minded with respect to the cure, as the practice of hydrology or water therapy attest to. Though it may seem somewhat contradictory to include these practices in a discussion of "holistic" health, their inclusion is based on several factors. First, the practices are often appealed to because of dissatisfaction with contemporary scientific medicine. Second, in these settings it is often claimed the patient is approached non-objectively if not within a Thou relationship. Third, these practices are often carried out in conjunction within a belief system which can be seen as characterizing holistic health and which will be the object of the next section of this chapter. Finally, these practitioners claim to be practicing holistic health. I acknowledge that the term holistic health is very nebulous and that some who claim that title would be concerned that others, not following their particular philosophy, are included. However, my criticisms will apply to any holistic health movement as practiced in the United States. Therefore, I will stand by the above criteria for including a particular practice in the discussion.

Having laid that groundwork, let me now say that the examples used in the text will, for the most part, be taken from the practice of a series of clinics which I have had the priviledge to observe personally. These clinics operate basically within the confines of scientific medicine with some changes allowed within the various roles in the medical team. While this example of the practice of holistic health might not be seen as sufficiently adhering to the basic tenets of holistic health to be included, particularly as the primary example, such inclusion is based on the desire to make this work as practical as possible. In the current trends within medicine it seems likely that more persons will come in contact with holistic health as an appendage of scientific medicine than as a separate philosophy of medicine or life. It is more likely that a patient will go to where a holistic approach is added to scientific chemotherapy, than that he will consult a practitioner of hydrology.

One final comment concerning the choice of examples in this section: the wellness movement is not given any special acknowledgment, though this movement does indeed espouse the tenets of holistic health. The reason for this exclusion is that this movement, in its all encompassing philosophy of life, steps beyond the practice of medicine and therefore beyond the scope of this discussion. It would be of interest to explore this movement in depth at some future date, because, as a philosophy of life, it appears to be an embodiment of many of Marcel's thoughts.

To return now to our discussion of some common features of the proponents of holistic health, the holistic health movement and traditional medicine differ in their concept of health, based on their understanding of the person. According to the holistic movement, the person is viewed as "the interdependence and interrelatedness of the parts to each other, to the person, and to the psychosocial environment."[2] Such a review of man implies that "health should be defined positively in terms of well-being, rather than negatively in terms of the absence of disease, the disruption of function, or departure from some norm."[3] Traditional medicine uses just such a negative definition of health, arguing that the positive definition of the holistic movement would sometime require an inappropriate response on the part of the patient. For instance, well-being is often equated with happiness and there are times when it is appropriate to be unhappy, as in a grieving or abusive situation. Gordon redefines health in a manner so as to overcome this criticism. He claims, "holistic views health as a positive state, not as the absence of disease."[4] This positive state can be defined in such a manner that the patient is not required to always be "happy." Grief or anger can be positive, depending on the circumstances. In fact, these responses are seen by the holistic movement as a manner in which the patient can profit from illness even if he is not "cured."

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[2]Patricia Anne Randolph Flynn, Holistic Health (Bowie, MD: Robert J. Brady Co., 1980), p. 9.

[3]Kopelman, p. 211.

[4]Gordon, p. 19.

> Disease can also be a positive force—a warning signal that spurs people to examine habitual patterns of living, personal beliefs, etc., and adopt new attitudes and behaviors more conducive to health and wholeness.[5]

However, one does not have to define the positive state even in terms of a change in behavior. Gordon sees significance in the fact that Simonton has been able "to help terminal cancer patients wrest an understanding of lifelong patterns of behavior and a sense of meaning from illness that threatens soon to kill them."[6] Health is defined as the wholeness of the whole person, therefore one can claim the achievement of a certain portion of health if psychological and spiritual wholeness is restored in the face of physical disintegration.

This definition of health leads to a decidedly different perspective on the individual as the patient, in terms of his position within the matrix of medical science.

> Although it appreciates the predictive value of data based on statistical studies, holistic medicine emphasizes each patient's genetic, biological, and psychological uniqueness as well as the importance of tailoring treatment to meet each individual's needs.[7]

For holistic medicine the patient is not a member of the "statistical norm." He is an individual whose history and present condition may react quite differently from that of the majority. This difference was pointed up quite graphically in a recent exchange between Norman Cousins and Dr. Isadore Rosanthal. Mr. Cousins, a proponent of many of the tenets of holistic health, had taken charge of his own treatment recently when he had a massive heart attack. He had

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[5]Tubesing, p. 19. [6]Gordon, p. 19. [7]Ibid., p. 18.

not allowed a particular diagnostic procedure to be carried out. He felt that, given his background and condition, the risks far outweighed the advantage of the information which would have been gained from the procedure. Though Mr. Cousins did recover from this illness, Dr. Rosanthal felt compelled to point out that one should accept the practice of medicine according to the statistics. Statistically, the benefits of this particular procedure outweigh the risks and the individual patient should not take it upon himself to claim his position outside the statistical norm.[8] Of course, there must be persons who fall outside the statistical norm. Who is more likely to have knowledge of this position than the patient himself? The attitude toward the patient who claims this knowledge points up a major tension between traditional and holistic medicine.

The primacy which holistic medicine allows the patient within the medical setting is based upon an understanding of personal responsibility. "Holistic medicine emphasizes the responsibility of the individual for his or her health."[10] Within the medical setting traditional medicine has seen the professional as the responsible agent to the extent that they encourage "dependence and incompetence from their clients."[10] Holistic medicine sees the patient as possessing within himself the resources to heal himself. The health professional acts as the facilitator, or "midwife," in this

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[8]WBIR-TV, Knoxville, Tennessee, "CBS Morning News," February 20, 1984.

[9]Gordon, p. 20.

[10]Kopelman, p. 213.

healing process.[11] To ask for help from the professional does not entail giving up control. "People asking for help are in fact, choosing to be 'in control' of their lives."[12] This conclusion comes from an understanding of the person as one who is aware of his limitations and acknowledges his need for others. Indeed this same author claims that

> the healing process most often takes place within a significant relationship. . . . Through caring relationships the development of self-awareness, integration of the self, and self-affirmation occur. These are powerful aspects of the healing process.[13]

In general, the holistic health movement requires patient responsibility. This can be seen in the assumption that "good health depends on good nutrition and regular exercise,"[14] and that illness is related to stress and isolation,[15] all of which are, to some extent, under the control of the individual as patient. But, in practice there are individuals with a special expertise in the promotion of the healing process within the patient. These are often health professionals, though others may also have this gift. A relationship with such a gifted individual can facilitate the healing process. However,

> Healing agents must be willing to maintain the focus of responsibility for health upon the patient. Helpers must consistently be cognizant of the fact that the healing of another person is a mystery which they can facilitate, but

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[11] Gordon, p. 20.

[12] Tubesing, p. 9.

[13] Ibid., p. 21.

[14] Gordon, p. 22.

[15] Tubesing, pp. 18, 19.

> can never fully understand or control. The attempt to control, fully understand, or remove the focus of responsibility from the patient will hinder the healing process and decrease the likeliness of its occurrence.[16]

Viewing the patient as the responsible agent in the healing process and as an independent deciding individual in the medical setting requires a different view of the role of the health professional as well. Tubesing and Gordon have variously referred to this individual as a facilitator and as a midwife in the healing process. Of course traditional scientific medicine could also claim the role of facilitator is included in a description of the health professional. It may be that this professional, by virtue of his technical expertise, can indeed facilitate the healing of the patient. However, healing, in this traditional sense, is more likely to come about as the result of the application of diagnostic and therapeutic technique than through the fostering of the self awareness moving within the mysterious beneficence of nature which Tubesing sees as important. In holistic medicine it is presumed that the health professional facilitates healing via education of the patient as opposed to intervention via technical expertise. "The emphasis in holistic medicine is on helping people to understand and to help themselves, on education and self-care rather than treatment and dependence."[17] Holistic health practitioners view this education as quite different from that which might apply in the traditional practice of medicine. In the traditional setting the physician might train an individual to

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[16] Ibid., p. 30.

[17] Gordon, p. 21.

administer his own allergy shots or take his own blood pressure. This is a step toward making the individual more independent medically. However, the holistic movement sees education in these instances not as focusing on the application of medical techniques, but as encompassing a change in lifestyle which is likely to lead to health. As a result, the holistic practitioner would attempt to educate the patient concerning a change in environment so that the allergy shots would not be necessary or offer a course in stress management under the assumption that this is an underlying cause of the high blood pressure.

Kopelman criticises the educational element of the philosophy of holistic medicine because it requires that the professional be an expert beyond the area of his expertise.

> They are presumed to know or have some sensitivity to what constitutes well-being for each client, and to advise clients on such points as nutrition, housing, sanitation, environmental hazards, pollution, work-related stress which may cause illness, and those activities (arts, sports) which are likely to give zest and meaning to life.[18]

While attempting to limit the scope of intervention on the part of the professional, this approach actually seems to expand it beyond any reasonable limit. Previously, the professional could be looked to as one who took control in a crisis situation, applying his scientific knowledge toward the end of overcoming the disease suffered by the patient. In the context of holistic health the professional is often limited to educating the patient, as opposed to treating him, but this education encompasses the whole of the patient's life and requires that the professional be knowledgeable, and make decisions,

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[18]Kopelman, p. 214.

in a number of diverse fields. In actual practice there is a compromise worked out. Even Gordon, who is the proponent of the most non-traditional forms of holistic medicine which I considered, assumes that there will be times when the application of "authoritative medical and surgical techniques"[19] is appropriate. And Tubesing, whose book provides the philosophical assumptions for the policies of many holistic health clinics actually in operation, states:

> During the Conference the physician practices the diagnostic skills of physical medicine without being expected to handle problems inappropriate to medical care. The presence of two other professionals in the assessment process frees the doctor to probe, explore, and confront patients about physical concerns in an atmosphere of trust, respect, and support.[20]

The two other professionals referred to above are a pastoral counselor and a nurse practitioner. As a compromise with traditional medicine these professionals are responsible to ascertain the needs of the patient beyond the physical needs of traditional crisis care and to educate the patient in these areas. Tubesing also points out that in areas other than the technical aspects of physical healing, any person can become a healing agent.[21] Though the official team includes these three professionals, in actual practice a good friend can fulfill the role as the healing facilitator. So the physician is not really required to be all things to all persons. The healing relationship can, and maybe even ought to, be spread among several individuals.

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[19]Gordon, p. 21. [20]Tubesing, p. 34. [21]Ibid.

Ardell claims that health education has little to do with the promotion of health or wellness, the positive bent which characterizes his particular holistic philosophy. Traditional health education emphasizes the elimination of disease rather than the promotion of health. It also maintains the focus of responsibility on the medical professional, though his role has changed from the dispensor of medical technique to that of educator. The wellness movement places the responsibility of an individual's health on that individual, even to the extent of being his own educator. In this capacity he may choose to take advantage of input from a "professional."[22] Since, from this perspective, the individual is responsible to formulate his own educational program for wellness, the professional is not responsible for knowledge beyond his field of expertise. The perspective of the wellness movement moves the discussion from the context of professional-client relationship, be it doctor-patient or educator-student, and into the relationship of two persons working toward a common goal.

The differences between holistic medicine and traditional medicine with regard to the definition of health and the various views on the role of the patient and the professional within the healing process lead to differences in the practice of medicine. These differences are seen both in terms of the breadth of concern which falls under the rubric of medicine and the actual practice of medicine in terms of the individual professional-patient interaction.

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[22]Flynn, p. 27.

On a societal level, "an understanding of and a commitment to change those social and economic conditions that perpetrate ill-health are as much a part of holistic medicine as its emphasis on individual responsibility."[23] This commitment can take place on a small scale in an attempt to aid one's patients, as when an inner city doctor solicits funds to provide his patients with vaporizers in the winter to lessen the chance of respiratory infections; or on a larger scale as when the Physicians for Social Responsibility draft a statement opposing the development and deployment of nuclear arms. While such participation is not limited to practitioners of holistic health, holistic medicine by definition sees the broader picture of human suffering.[24] The breadth of knowledge presupposed in these actions is similar to that assumed in the role of the professional as educator. At this point, however, the professional is not just to educate the patient in this knowledge, but also to use political and economic expertise to move social structures and institutions in order to facilitate the health of society and therefore its individual members.

On an individual level, holistic medicine's commitment to the patient as a whole person, coupled with its understanding of medicine as facilitating the healing power of Nature and the education of the patient to use his own inner resources in the healing process rather than just the application of scientific

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[23]Gordon, p. 25.

[24]Theodore Roszak, "The Needs of the Person Are the Needs of the Planet," in The Holistic Health Lifebook, compiled by Berkeley Holistic Health Center (Berkeley: And/or Press, 1981), pp. 308-9.

techniques, lead to specific elements being particularly important in the holistic medical setting. For instance, the Holistic Health Centers which I observed are located in churches, an acknowledgment of the spiritual aspect of the individual. Within this context there is further effort to "provide an inviting relaxed, nonantiseptic, comfortable atmosphere that is conducive to health."[25] According to the literature, the setting is supposed to convey a subtle message and is itself supposed to be therapeutic. In my observations of these clinics, the office was set up much as any other medical office except that it was usually in a church. There was often an area available for young patients to play while they waited to see the doctor and the reading material available to the older patients included a number of pamphlets which would contribute to their medical knowledge, but these are elements which were also seen in the pediatrician's office and the office of the general practitioner, which I also observed. Of course, their presence in the holistic health office is due to a specific philosophical presupposition concerning the nature of medicine and man, while traditional medicine may be simply following tradition concerning how an office should be set up, but, whatever the reasons, the claim of a medical setting unique to the practice of holistic medicine is unfounded.

Under the topic of the medical setting as an expression of the holistic philosophy, Gordon indicates that "physical contact

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[25]Tubesing, p. 37.

between practitioner and patient is an important element in holistic medicine."[26] Traditional medicine will likely advise the beginning medical student to be cautious concerning physical contact with the patient,[27] but the holistic movement sees such contact as important in conveying the depth of the personal bond of the professional-patient relationship and as a healing act in itself.[28] Touch is an important element in the emotional support of the patient. Consider the following example. A young patient has to make a decision to submit to a rather drastic treatment. He is away from his family and making such a decision accentuates his isolation. He is also aware that his life will be interrupted and this severing of his normal life patterns causes further personal distress. The physician is aware of the emotional turmoil of the moment. He comes over and places his hand on the patient's shoulder. This small gesture is significant in this time of crisis. It is also incidentally an example which is taken from the observation of the practice of a traditional general practitioner.

The proponents of holistic health claim though that touch is important not only to convey emotional support, but also as a

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[26]Gordon, p. 22.

[27]Howard Brody and Elliot S. Dacher, "Teaching Students How to Talk and Act with Patients," in Medical Ethics, Natalie Abrams and Michael D. Backner, eds. (Cambridge, Mass.: MIT Press, 1983), p. 184.

[28]Robert Frazer, Ph.D., "Touch: Working with the Body," in Health for the Whole Person, Arthur C. Hastings, Ph.D., James Fadiman, Ph.D., and James S. Gordon, M.D., eds. (New York: Bantam Books, 1080), pp. 215-23.

therapeutic procedure. This therapy is seen as applying directly in terms of the laying on of hands and indirectly in terms of a number of other therapies such as chiropractic and massage. The acknowledgement of these various uses of touch to the practice of medicine points out the final difference between holistic medicine and traditional medicine, "holists stress natural or non-invasive means of promoting well-being."[29] These natural means have often not been subject to the rigorous testing of the techniques of traditional medicine. Traditional medicine, on the other hand, confines its practice to those techniques which have been "proven" effective according to the scientific model. Holistic medicine is more likely to acknowledge a treatment as legitimate if it follows as a conclusion from an accepted philosophical premise. Therefore, sound and music therapy are acceptable because the person is seen not in isolation, but as the center of an environmental matrix. More specifically, chiropractic methods are based on a particular understanding of the physical interaction of parts of the body. Because a particular course of treatment can be deduced from these basic premises, it is often seen as being "proven" sound. Holistic medicine also is not limited to the Western tradition in its approach to the healing process. So there are books which proclaim the value of yoga and other forms of Eastern thought in the process of health.[30]

I mentioned previously that the holistic health movement was an attempt to introduce into medicine some non-scientific

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[29]Kopelman, p. 215.

[30]Hastings, p. 246.

influences. Since this would also be a concern of Marcel's, and since such influences have implications beyond simply one's philosophy of science, I would like to spell out other points at which this movement is in agreement with the thought of Marcel. This agreement falls into the areas of the philosophy of science, the concept of the person, and the elements of interpersonal relationships.

Marcel defines his discussion of the philosophy of science in terms of the concepts of mystery and the problematic.

> A problem is something met with which bars my passage. It is before me in its entirety. A mystery, on the other hand, is something in which I find myself caught up, and whose essence is therefore not before me in its entirety.[31]

Several elements of holistic medicine are based on this view of science. In fact, these elements indicate an agreement with Marcel. There is a mystery in the world which cannot be ascertained by scientific means. Holistic medicine seems to set itself apart from medical science in its insistence that there are a number of other viable treatment options outside those proscribed by positivistic scientific medicine, though I see some problems with this which will be addressed later. There are other points, though, at which an understanding of the mysterious touches the development of the practice of holistic medicine. For one, there is the determination to treat the patient as an individual as opposed to one who must fit in the statistical norm. While traditional practitioners would

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[31] Being and Having, p. 100.

undoubtedly claim to hold this view, holistic medicine is actually less likely to force the patient to fit into the confines of statistical norms. In fact, Tubesing makes reference to the mystery of the medical situation which precludes treating the patient as a member of a class. Of course, from the negative perspective some elements of holistic medicine often force the patient into the even narrower mold formed by the practitioner's particular philosophy, in assuming, for instance, that all disease involves changes in the iris.

Holistic medicine also expresses Marcel's concept of Mystery as opposed to the problematic in its assumptions that the individual can use illness as an experience of discovery and self-understanding. To the scientist, an individual's illness is something which bars the way of living, a problem to which technique can be applied advantageously. Holistic medicine sees illness as a mystery, something in which the patient finds himself caught up. It is not just that an illness affects the whole of a person's life, disrupting his schedule and requiring that he make choices different than he might otherwise have made. Such an understanding is consistent with a scientific perspective in that these changes are seen as problems to be solved. For holistic medicine, illness is seen as an experience to be lived through, an experience which in and of itself is valuable for personal growth. The process, though, is a mystery, not amenable to the scrutiny of science, not even the science of psychology, which applies technique to human behavior much as medicine applies it to the human body.

Another major area in which there is agreement between the proponents of holistic medicine and the philosophy of Marcel is that of interpersonal relationships. As we have already noted, the general practice of medicine is based on the elements of interpersonal relationship which Marcel enumerated, such as fidelity and disposability. However, it has been pointed out that within the context of traditional medicine, the relationship between the professional and the patient is uneven due to the greater knowledge that the professional possesses. Within this characterization of the relationship it is very possible to treat the patient as an object on which one's expertise can be exercised. Holistic medicine acknowledges that the professional is in possession of something which the patient does not have. But the role is defined not as the technical expert capable of plying his trade, but as the educator sharing his knowledge. Holistic medicine supposes that this shift in perspective allows a shift in the view of the patient as well. The patient can be seen as an individual to be encountered and a person worthy of sharing a part of one's life with. Of course, it is possible that the health professional merely becomes the professional educator, in which case there is still no room for the development of the Thou relationship. A Thou relationship is not developed on the basis of response to technical stimuli be they medical, psychological or educational. It is a personal response to the open giving of another person, which, by the way, may have the same outward appearance as the application of a technique.

Viewing the relationship between the professional and the patient as primarily that of education allows for the possibility of a different type of openness on the part of the patient. As has been mentioned, the mere entrance into the medical setting requires openness of the patient. He is asked to open his body and his being to a degree of scrutiny which he does not allow of anyone else. But Marcel sees the openness of the person, disposability, as the giving of one's self, not as the exchange of information within the context of a technical transaction, which the medical interview can be. In fact, he claims that if the person is only a list of answers to particular questions or data which we have gathered about him, then he is not really a person, and there is no Thou relationship.[32] In the educational process there is more of a possibility of disposability or real openness on the part of the patient. In order to really learn something it is necessary to open one's self up to the possibility of being changed by the information being presented, to participate in the process so to speak. The holistic medicine approach allows for this possibility and even encourages it, in that it requires an openness to change and personal involvement on the part of the patient.

Finally, it can be seen that Marcel's concept of the person is more compatible with the philosophy of holistic medicine. According to Marcel, the person is his body, his surroundings and the relationships he is involved in. Holistic medicine speaks to

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[32] Metaphysical Journal, p. 184.

all of these areas of the person. While all of medicine acknowledges the importance of the body to the person, holistic medicine seems to take that claim more seriously, even to the point of proclaiming, along with Marcel, I am my body. For Marcel the body is the interface between an individual existence and the rest of the world. It is the point of contact. Holistic medicine acknowledges this in a number of ways. For one, it sees touch as an important element of the healing process. Touching offers contact between one being and another. Holistic medicine uses this contact as a part of the healing process. Traditional medicine is also aware of the power of personal contact. However, rather than turn that power to the advantage of the patient they see the potential dangers of it and caution against touching the patient unless it is necessary for the examination.

Holistic medicine also sees the person within the context of his surroundings to a greater extent than traditional medicine does. This can be seen in the approach to treatment as well as the breadth of medical concern. For instance, the patient is not seen as an isolated individual with high blood pressure. He is seen as a person within a particular living situation, a situation which contributes to the disease from which he is suffering. The treatment is seen, therefore, as also involving this situation. He may be educated in methods of reducing stress, or assertiveness training. Or again, the holistic approach to the birth of a child

would involve the entire family in the change that is occurring. On the larger scale holistic medicine acknowledges that man is defined in terms of ever enlarging circles in that holistic medicine practitioners, among others, are concerned with medicine in terms of a number of social concerns including pollution and the arms race. The health of the individual can be served in the alteration of his surroundings on a very broad scale.

Given these broad tenets of holistic health, how well do they express Marcel's philosophy as applied to medicine? There are at least three elements involved in holistic medicine which would claim to be faithful to the philosophy of Marcel. Such medicine would fully acknowledge the existence of the mysterious and use it, along with the scientific, in its practice. This practice would point toward the healing of the patient as a whole person within his surroundings, primarily the patient's relationships with other persons, particularly the medical professionals as persons, rather than an individual organ system to be readjusted.

Marcel himself, probably because of the era in which he lived, saw medicine as the epitome of the positivistic sciences. While I have argued that such an extreme position is invalid, denying as it does the very essence of the individual, it is important to realize that the other extreme cannot be defended either. Marcel claims that the statement that I am my body is not at all univocal. There is a truth to the statement that my body is a machine. As

such, it is profitable to apply the techniques of a mechanistic science to its repair. However, it is also true that I am my body and as such the mysterious is introduced into every medical situation. It is important that medicine acknowledge this element for what it is, an essentially unknowable element of the world which is not reducable to logical laws or techniques. There is an essential mystery about all of Nature, expressed in the individual, which, if given reign, can be ultimately helpful in the healing process, the goal of medicine; but which cannot be manipulated to accomplish this goal.

For Marcel, the patient is a whole person, a wholeness which includes, to a greater or lesser extent, his surroundings. This means that the patient is not merely a source of data for the medical profession. Nor is he a set of separate systems conjoined together. It also means that, while it is within the realm of the practice of medicine to address various social ills such as environmental concerns or the arms race, this must be done for the individual and not for the sake of an amorphous social entity. It is only the individual with which it is possible to have a Thou relationship and this is the type of relationship which is necessary within the medical setting.

This brings us to the last element of a Marcelian medicine, the professional-patient relationship. The fact that the patient is a person, a being and not an object, indicates that this relationship should exhibit the qualities of the Thou relationship. However, since medicine must also acknowledge the objective element of the

patient's relationship to his body, the relationship between the professional and the patient must also contain some elements of the objective. In this respect Lain-Entralgo's understanding of relationships falling on a continuum between the Thou and the objective is helpful. Different relationships will fall at different points and the same relationship might move as the situation changes, but it is important, since the members of the relationship are persons existing within the realm of being, that the professional-patient relationship be pushed as close to the Thou relationship as possible.

We have seen that in several areas holistic medicine does succeed in its attempts to take a different approach to medicine than traditional scientific medicine, an approach which we have seen is also often compatible with the thought of Gabriel Marcel. The question is whether these attempts produce a really different medicine in practice. Though holistic medicine, in response to the objectification of the patient fostered by the positivistic medicine, makes claims which are compatible with the thought of Marcel, there are a number of points where the only difference between holistic and traditional is the name and origin of the technique being used. I propose that application of the thought of Gabriel Marcel to the practice of medicine will result in quite different changes in what is practiced by the holistic health movement, particularly as expressed in the practice of the Holistic Health Centers. This is the group with which Nancy Tubesing is associated. Her book, Whole Person Health Care: Philosophical Assumptions, is a well thought out

statement of the philosophy on which their practice is based. There are, however, problems both in this stated philosophy and in the manner in which it is actually put into practice.

The practice of this group of clinics is carried out by a team. This includes the physician, a nurse-practitioner, and a pastoral counselor. The stated philosophy concerning relative responsibilities among members of the working team is:

> [P]hysicians are not required to treat problems which are related to emotional and social causes (although the sensitive physician often does). Counselors are not asked to diagnose and treat diseases which are related to physical causes (although our counselors often become acutely aware of physical symptoms and often suggest creative treatments).[33]

This type of clinical organization seems to be based on a Cartesian view of the individual. The proposed separation of the roles of various professionals acknowledges a separation within the individual which runs counter to the basic holistic philosophy. It would be better to instruct the physicians in the rudiments of counseling and the counselors in some basic medicine so that they can act as a unit. This would not require them to practice outside their field of expertise, but it would give more of a unity to the team which is treating the patient as a whole person. In this manner the patient would feel more free to bring up any issue with any member of the team. Though the treatment would take place under the appropriate team member, the patient would be invited to express the whole of himself to anyone.

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[33]Tubesing, p. 32.

On the other hand this directive might be an attempt to answer whose critics of the holistic health movement who claim that it is ludicrous to assume that one individual will be capable of ministering to or advising in all the areas of an individual's life such as is required of the holistic health practitioner. In this respect they are to be commended in their attempt to make their philosophy as practical as possible. But, as mentioned, such an approach also undermines the holistic nature of their approch. For one thing, the patient is split between these several practitioners. Though they also assume that the nurse practitioner will be the ongoing contact for the patient, this is often not the case in practice. Also, the patient is forced to repeat himself several times in order for the entire staff to be aware of his problems. According to the written philosophy of the centers, the patient should participate in a personal health profile on his first visit, preferably before he presents himself with any health complaints. All members of the staff attend this session and thereby get to know the patient with as little repetition as possible on the part of the patient. However, in practice, this is not always the case. There are constraints of time and money at various of the participating clinics, as well as patient reluctance to be involved in such an in-depth questionnaire when there is nothing wrong with them. Without this initial interview, which seems to be a fairly good compromise in practice, the patient is thrown back on hopping from one professional

to another, an unhappy situation which repeats the disadvantages of traditional medicine with its many specialists, though in this setting it happens that the patient is shuttled between professionals within an individual office. If this is not the case then the patient sees only one professional and is essentially participating in the practice of traditional medicine, though the professionals have the opportunity to treat the patient as a person, much as the traditional professional has.

This division of responsibility within the team points to another problem inherent in most holistic health philosophies. There remains an underlying adherence to the positivistic basis of medicine. It may just be an unfortunate choice of words, but the physician is instructed to treat those diseases which are the result solely of physical causes and fit the mechanistic model of the positivists. The laws of physical nature are at work in some of the illnesses of man and other laws operate in other illnesses. There are different professionals to deal with the different causes. The fact that some professionals cross over, so to speak, only indicates the personal versatility, not the negation of the principle.

There are other indications of the supreme position of science even within the context of holistic medicine. This is seen in the fascination with technique. Holistic medical treatments are labeled "techniques" just as those of traditional medicine. Usually rather than being based on clinical trials, these "techniques" are applied

pragmatically. If something works use it. This indicates an assumption of an ultimate causal relationship between the application of the technique and the health of the patient.

There is also a strong desire on the part of proponents of various holistic medicine techniques to establish scientific credibility for their "technique." Where scientific evidence is not forthcoming, then an attempt is made at scientific respectability by an appeal to authority, or popularity. So Linus Pauling not only conducts research on the health advantages of massive doses of vitamin C, he also lends his name as a Nobel Prize winner in chemistry to the movement advocating its use. Techniques which do not have access to such a prestigious person will often rely on an appeal to popularity based on anecdotal evidence. Someone took Laetril and was cured of his cancer. It could happen to you.

In these instances it seems that the point is not to replace even some elements of scientific medicine with something totally different, but merely to replace the current techniques practiced by medicine with different techniques. The assumption remains that the body is an instrument, much as any other instrument, and that the problem is that traditional medicine has not been using the right tools. The real issue, however, is that the body is more than an instrument and healing the body requires more than technique. It involves a relationship with another person on the level of a Thou.

Indeed many holistic health proponents acknowledge this involvement between persons as a primary element in the healing process. Tubesing has an entire chapter devoted to the healing agent. She recognizes that it is the quality of the relationship which is often important in bringing about healing and not the professional qualifications of the individual. The healing agent should be able to see the patient as a person who is in need of aid to reorganize his life. The problem for the Holistic Health Centers is translating this ideal into real life. Even the most sensitive professional is the product of traditional medical training, a training which it is difficult to overcome. This training emphasizes the idea that the patient is no more than an intricately inter-connected machine that is in disrepair. Sometimes, during this training, the patient is even represented as a single organ or system. These views are difficult to overcome and they are not erased simply by joining a clinic which espouses the holistic philosophy.

While this problem needs to be addressed, at this point it is well to realize that the very concern expressed by these professionals is not the result of the educational process. In fact, Marcel claims that disposability, which, if the medical relationship is seen as a Thou relationship, would certainly be an element of the character of the healing agent, is a part of an individual's makeup by way of grace. It is a gift given by a loving Presence. The educational system cannot develop in anyone this trait because it is not amenable

to being learned, though admission policies might be altered to acknowledge its presence in some individuals. A conference on medical education reached a similar conclusion.[34] The question was asked, What criteria could be used in assuring that the physicians would be as compassionate as they are academically superior? The small discussion group of which I was a part concluded that compassion and a sensitivity toward ethical issues could not be instilled entirely by formal education, but was a part of the personality of the individual. The problem was to ascertain which individuals had this quality. No specific answer was given to this question, though if an answer were given, it might include modification of the educational process to capitalize on the innate qualities of compassion and sensitivity, though this is a technique as well, and therefore not a satisfactory answer. But these are issues which the Holistic Health Centers do not even address. I approached the director of the centers with this problem, indicating that the reason that the clinics were all different from traditional clinics was that they were staffed by personnel who cared for the patients above themselves, and not because of any difference in the practice of medicine. He admitted that this was a problem but that he saw the solution in not allowing the organization to grow to the point that control over the participating professionals was no longer practical. In the long run, though, it really does not help to drain these particularly caring professionals from the traditional medical practice.

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[34] "Medical Education," sponsored by The Inter-Campus Graduate Program in Medical Ethics of The University of Tennessee, at Olive Branch, Mississippi, April 3-4, 1980.

In conclusion, holistic medicine, particularly as practiced by the Holistic Health Centers, does present a philosophy of the whole person which can be supported by the philosophy of Marcel. They see illness as an experience in the life of the patient and not as a problem to be overcome. They see the healing agent as one of the members of a Thou relationship and they see the patient as a whole person, as being defined by his surroundings and his past, and as being his body. However, holistic medicine in general and the Holistic Health Centers in particular do not see the depth of the issue. While it is necessary that there be an element of science in medicine, the art of medicine must not succumb to the pull of positivism. There is no technique in the development of a Thou relationship and such a relationship is not really modeled after that of teacher-student any more than it is after that of mechanic-machine. It is modeled after that of friendship. It is this quality which should be fostered in the healing agent.

These criticisms are leveled against the holistic health movement in its capacity as an alternative to traditional medicine, particularly as practiced by the Holistic Health Centers. However, the Wellness Movement, one of the alternatives within the holistic health movement, seems to escape many of these criticisms. As an example I presented the position of the Wellness Movement in the discussion of the medical professional as educator. I have not consistently included the position of the Wellness Movement in the discussion though, because, as stated by one of its adherents, the

basic element of the movement, health, "is not a sub-specialty of medicine."[35] In fact, I see the situation just the opposite. To some extent medicine is a sub-specialty of health, so to speak. Since my particular interest in this paper is the interaction of the philosophy of Marcel with medicine, I have confined my references to the Wellness Movement to those areas which also fall under the auspices of medicine, be it traditional or holistic. It would be a worthy endeavor, which I would like to undertake at some future time, to explore more closely the philosophy of the Wellness Movement, as a lifestyle and not an attitude toward disease, with reference to the philosophy of Marcel.

Informed Consent

At this point I would like to turn to the practice of traditional medicine. Marcel's thought could also be applied beneficially to particular issues within this context. In order to explore this possibility I would like to consider the issue of informed consent in relation to Marcel's arguments against autonomy as the basis of moral action; and, in the next section, the issue of organ transplants, with respect to Marcel's concept of the body.

Informed consent will be discussed in relation to a decision-making process which is compatible with the philosophy of Marcel. This process takes place on two levels, related to the two modes in which a person is related to his body, Being and Having. That

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[35]Kenneth R. Pelletier, Ph.D., "Holistic Medicine: From Pathology to Prevention," The Western Journal of Medicine, 131:6 (December, 1979), 482.

which I have is that over which I have control. I have under my control objects which, not participating in the mystery of Being, can be manipulated according to my choice. On this definition I can make autonomous decisions concerning objects which I own and arguments for my making these decisions, as opposed to someone who does not own the object, would apply.

It is often assumed that I own my body and therefore I have the right to make autonomous decisions concerning it. Marcel claims, though, that there is another, more important, relationship which I enjoy with my body, that of Being. I am my body. This is the realm of Being, the realm of the mysterious which transcends the very idea of control, mine or anyone else's. The mysterious is not a process which can be dissected and categorized as can the rational workings of decisions concerning that which I own. I decide only to enter into Being, to become disposed to the experience which Being has to offer me, and that decision, though difficult to make, is natural for a person since as a person he exists in the realm of Being. Once this decision is made, the process of any subsequent decisions in this realm is not open to rational scrutiny; it is unknowable in that it is within the realm of Being. That decisions are made is evident in the life of the individual, but how they are made is beyond the realm of knowing.

Within the medical context I relate to my body both as a possession and as my Being. Therefore, I have both autonomous control over it and I live the mysterious decisions that are made in the realm of Being. If, however, I make decisions solely on the basis of ownership of my body, I deny my participation in Being.

At that point I am not a person. Therefore, decisions must be made within the realm of Being as well as the realm of having. The realm of Being also includes the transcendent element of my relationships with other, the Thou. Professional-patient relationships approach this transcendent quality. The realm of Being permeates these relationships. Therefore, decisions made within such relationships are not governed completely by the constraints of ownership and autonomy. While it is more difficult to realize the presence of the mysterious in the glare of the modern medical setting, Marcel would demand that this be an element of the medical decision, transcending the control which one or the other might claim.

Informed consent can be seen as serving several important functions within the practice of medicine. These include improved doctor-patient communications, more realistic expectations on the part of the patient, and "the protection of the patients and subjects, the avoidance of fraud, and the encouragement of self-scrutiny by medical professionals."[36] Discussions justifying the claim that patients should be given adequate information on which to base their decisions has centered on the legal aspects of the issue.[37] It is telling that many of these functions of informed consent can be translated into legal issues. The protection of the patient can be

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[36]Alexander Capron, "Informed Consent in Catastrophic Disease and Treatment," University of Pennsylvania Law Review, 123:364, December, 1974.

[37]Eric Cassell, "Informed Consent" in The Encyclopedia of Bioethics, Vol. 2 (New York: Macmillan Publishing Co., Inc.), p. 770.

seen as protecting him from being influenced into submitting to a treatment he does not want, but it can also be seen as protecting him from the assault of another person, an action which is the purview of the court system in this country.

In their survey of this issue, Beauchamp and Childress dismiss the idea of viewing it simply from a legal perspective, though. They are interested in a moral philosophical justification. They claim "there is a moral duty to seek consent because the consenting party is an autonomous person, with all the entitlements that status confers."[38] Of course, Marcel would disagree with this justification because he does not see autonomy as the primary moral justification. For Marcel, man is not primarily a rational Being. He is primarily a whole person who enters into relationships with other persons in which love, on various levels, is exchanged. From this perspective the justification for informed consent is not the autonomy of the individual, but the fact that a person is not an object to be controlled by another person, with the additional understanding that he is not even controlled by himself in some respects. Marcel's philosophy also maintains, though, that the patient does not have the right to control the actions of the professional, which would involve treating the professional as an object.

In the discussion of informed consent there are four distinct elements: the disclosure of the information, the comprehension of the information, whether or not the consent is voluntary, and whether

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[38]Beauchamp and Childress, p. 67.

or not the consenting individual is competent.[39] In some of these areas Marcel's thought offers distinct suggestions, while in others autonomy does not hold a prominent position and does not create any distinct problems.

In a discussion of the disclosure of information, the application of Marcel's thought has the most dramatic effect. The basic issue in this area is what is an adequate and/or appropriate amount of information to disclose to the patient? Once this has been decided, the additional issue is raised as to whether or not the patient should be required to receive the information even if he has stated that he does not want it. Beauchamp and Childress propose that what is required in disclosure is what a reasonable person would want to know tempered slightly with what the individual patient wants. This latter stipulation is based on a study by Ruth Fadin.[40] In this study she claims that 93 percent of the patients surveyed believed they benefitted from the information they received, but only 12 percent of them claimed to have actually used the information as the basis of their decision to consent. Beauchamp and Childress conclude that these "empirical findings do throw into the open the question of what should count as facts that are material to the decision-making process for actual individual patients, as contrasted to average

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[39]Beauchamp and Childress, p. 68.

[40]Ruth R. Fadin, "Disclosure and Informed Consent: Does It Matter How We Tell It?" Health Education Monographs, 5:198-215, 1977.

reasonable patients."[41] Therefore, the wishes of the individual patient should be taken into account with regard to the information disclosed.

Beauchamp and Childress have not interpreted this particular study appropriately. It is evident that their conclusion is based on the assumption that, in fact, all persons operate as analog decision-making machines. So, though the test subjects did not acknowledge use of the information given, they may just have a wrong belief concerning its importance to the process. And even if they did not use that particular information, their decision followed a rational process, based on other information. It is as likely that the decisions follow a non-rational process based on a different set of priorities. In this case the information offered is used in an intertwining support manner and not as a basis for an inductive syllogism. The decision is made on the basis of love for one's self or for another. Given the general information of the situation, such as, your brother is in danger of dying, the individual decides to donate a kidney because of the love for his brother and despite the calculation of risks and benefits. The decision to consent to a personal treatment regime can be interpreted in this manner as well. The individual loves his life, his being. His consent to surgery is based on his involvement in life, not a rational balance of risks and benefits, though an appeal is often made to these risks and benefits in justifying a particular decision after the fact.

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[41] Beauchamp and Childress, p. 75.

Even the statement that the patients found the information helpful fits well with Marcel's interpretation of the situation. According to Marcel, the patient is not faced with a problem which is to be solved, but a mystery to be lived. And while there is a certain excitement involved in mysteries, one can often live more appropriately in a situation if one has some understanding of what is coming. For many women the birth of their child is not as fulfilling an experience as it could be because they are not told what to expect and why certain procedures are being done.

If the information is used to more fully live the experience, then more specific information than is often given might be helpful. For instance, it may be important that the patient know the likely position and size of all scars, since he will have to develop an adjusted personal image based on their presence on his body. It is not just a person's outer covering which the surgeon cuts, but his very being. Even the statistics which are often given as standard information can be helpful, though not as an element of a rational decision. For instance, if the patient knows that many people feel nauseous after a particular procedure he is better able to prepare for it. He may choose to act the sick role to the hilt, knowing that he can legitimately claim that he does not feel well. Or he may choose to have a friend near since he knows that he may become incapacitated with nausea. On a deeper level, knowing what term, nausea, for instance, can be applied to the mystery can deepen one's

appreciation of it, because one does not have to spend time and energy trying to define it. One can simply live the experience. The fact that the patient may choose one of the responses rather than the other is not sufficient reason to assert control and autonomy over the situation by withholding the information.

On the basis of this understanding of the use of information in decision-making, the question as to whether or not the waiver of information disclosure should be honored can be decided. Since the decision to consent is based on other information than that given at the time of the signing of the form, and since such information is used in a purely personal manner, it is entirely appropriate to honor such requests. Only the individual affected by the decision knows what he requires to make the experience a part of his life, though one in a Thou relationship with the individual is likely to approach that knowledge. These requirements may have more to do with the individual's personality than his mental or even emotional state. A person who enjoys a highly structured life, for instance, would probably like to know upon admission to the hospital what tests will be done and approximately when, so he won't be surprised to be taken down for a chest x-ray at seven o'clock in the evening when he thought that the tests would not start until the next day. There are other persons, however, who thrive on spontaneity and who would not be bothered by this state of affairs. Those who do not want to know the risks of a particular procedure are living the experience differently. They may not think that such information is important. They may have already made up their mind and do not need any further facts. The fact that

these responses often issue from the realm of being rather than the realm of possession and subsequently rational autonomy, does not make them inappropriate, according to Marcel, and our acknowledgment of the patient within the realm of being, beyond the administration of anyone requires that we not interfere.

The second area which Beauchamp and Childress discuss is that of comprehension of the information offered.[42] When informed consent is discussed from the perspective of individual autonomy this is an important issue. The patient must make an individual rational decision and information is a requirement for this action, not only information, but comprehended information. When viewed from the perspective of Marcel's thought, though, this issue becomes less important. For one thing, the information is not used to make the decision outright, but to aid in the living of the experience. If the information is not comprehended adequately then the experience is affected, since it will be lived through misinformation; but the experience itself is not thereby judged to be wrong. In addition to this, according to Marcel, the decision of the lived experience is not made in the vacuum of abstract thought, but in the concrete setting of interpersonal relationships. The important thing is the communication of one being, one person, to another, and not the transmission of facts. Therefore the important issue is the relationship between physician and patient, not the transmission and

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[42]Ibid.

comprehension of information. The doctor-patient relationship is susceptible to this analysis. Brody's comments concerning hope bear this out. He claims that there are ways of relating even bad news while maintaining the patient's hope. In such an interaction it is the giving of one person to another which fosters this hope. It just happens that one of these persons is a patient and one is a physician. It is not important that the patient comprehend that 95 percent of the people with this problem die, but that he understand that the physician has faith that there is a possibility, however slight, that he can be one of the 5 percent who recover.

The third element of informed consent is whether or not the consent is voluntary.[43] At this point the legal model is concerned that only the rational, independent processes of the patient come into play in the decision-making process, that the patient not be coerced or influenced by physical or emotional pressure or by the manipulation of information. Marcel does not sanction the rule of one person over another and therefore he would agree with the general concerns voiced in this discussion. However, he sees the ultimate goal to be not the passing of the authority to the patient in the medical setting but to develop consent between persons. For one thing, passing the authority does not ultimately change anything. It merely shifts the positions. If the patient has all the control, then the physician has none and the roles are just reversed. The issue would remain unsolved. At this point it may become a matter

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[43]Ibid., p. 76.

of one party or the other attempting unduly to control the situation; the professional by emotional coercion: "If you don't submit to this procedure you won't be able to enjoy your children growing up"; or the patient by manipulation of information: "If I don't tell him that I have had headaches he won't order all those tests." But for Marcel the solution lies not in regulations concerning the dissemination and use of information, but the building of Thou relationships within the medical setting. Within such a relationship either party can challenge the other without fear that the relationship will be severed and with the understanding that the desires of either party are subservient to the other. Neither person is to see the other as an object to be controlled, but as a Being with which my Being is shared. On a practical level this means not only that information is not used to control the other, but that there is not even a decision made by the professional as to what the good of the patient is. Such one-sided decisions, and the particular use of information which often accompanies them is foreign to the mutual consent of the Marcelian model.

Edmund Pellegrino touches on this approach to the issue as he places the emphasis of the discussion on the relationship between the patient and the professional.

> Consent grows out of a human interaction between someone who seeks to know what to do and one who advises what should be done. It is not the mere satisfaction of some legal formality, a signature on a piece of paper, duly witnessed. Consent demands, rather, that action be taken from the ground between patient and physician.[44]

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[44]Pellegrino, p. 227.

Pellegrino argues this approach on the basis of the etymology of the word "consent," stating that, according to the Latin root, the word means to "feel together and to know together."[45] Pellegrino alludes as well to the transcendance within the relationship in his statement that consent is an action that should be taken from the ground between the patient and the physician.[46] At this point the discussion is no longer centered on who has the upper hand in the decision-making process, but in elucidating the elements of that ground between the two; since, in Marcel's philosophy, the issue is not what each party has and therefore can control, but who each person is and therefore can contribute to the decision. The physician is a healing agent.[47] This is all that he can bring into the Thou relationship with the patient. The patient, on the other hand, brings himself as a person who is broken and in need of help in order to be whole again. He does not bring his body as his possession with demands that the medical professional fix it as a mechanic would his car. Taking the physician-patient relationship as a Thou relationship, therefore, moves the decision away from voluntary consent on the part of the patient to a mutual, loving concern within the relationship.

Finally, Beauchamp and Childress discuss the area of competency, whether or not the patient can actually make the

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[45]Ibid. [46]Ibid. [47]Ibid., p. 228.

decision.[48] Of course, the discussion centers on the rational powers of the individual. There are further categorizations so that the patient may be competent to make medical decisions while deemed incompetent with regard to his business affairs. Marcel would agree with this distinction though he would maintain that the distinction actually indicates more than Beauchamp and Childress claim. For Marcel business affairs, involving as they do objects under our control, would be more amenable to the rational decision-making process. One cannot have a Thou relationship with an object, so decisions concerning that object would be on the rational end of the spectrum. However, medical decisions involve our body and our Being and therefore are not made on a totally rational basis, but in the midst of living and being, involving emotion and intuition, if one needs labels. Since different decision-making processes are involved it is possible that a person would be able to make decisions in one area and not in another. And since medical decisions involve our Being, our "mental" functions are not the proper measure of competence to make these decisions. Marcel would claim that there is not even a "function" which is measured in the determination of whether or not a patient is competent to make such a decision. In practice this is really no different than the rationalist. It only moves the uncertainty back a step. The rationalists really have no standard way of measuring the "mental function" of a patient, particularly

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[48]Ibid.

when the only thing that is being measured is the ability to make medical decisions rather than the ability to make any decisions at all. Marcel, it seems to me, is just more honest in claiming that the reason for this is that one cannot know what one is measuring at this point. The decisions are made within the context of the Being, the mysterious, which cannot be defined or put into a category. The grey areas are destined to remain gray.

There is one broad classification which might be considered in this judgement. Since the decision is made within the process of living, it might be valuable to consider the life of the patient in determination of his competency. How he has lived involves a myriad of value judgements which are not amenable to codification. However, the fact that he has lived and even that he has lived a long time might be helpful. A patient who is bringing many years of experience in living to the decision should be acknowledged as competent on this basis alone, while a child who has not lived much is more likely to require help in the decision. This is not too different than the rationalists's guidelines, except that I propose that even those elderly patients who suffer from such mentally debilitating illnesses as organic brain dysfunction can be seen as competent to make decisions concerning life which, after all, involves more than just being able to think. Granted, some of these decisions are communicated non-verbally by necessity and are therefore harder to interpret, yet they are no less valid. The patient who tears out tubes or pleads with his eyes should be "listened" to.

It might be claimed that indeed the decision whether or not to continue life, particularly at the end of a long and full life, is one which is made on the level of being as opposed to rational autonomy, but decisions concerning how one will live are surely decided on the basis of rational, autonomous thought. Therefore one is justified in over-riding the decision of some senile patients in cases which are not immediately life threatening, since their lack of rational ability indicates that they do not have the means to make these decisions. For instance, one might argue that submitting to a catheterization to determine whether an individual has a particular form of heart disease is a decision which is based on the rational calculations of benefits and risks. If a person's rational capabilities are impaired, then there is justification for imposing a rational decision on this person. I propose that this is not entirely or even primarily a rational decision involving risks benefit ratios. It is a decision of life. In fact, since the non-rational patient cannot experience the procedure within the context of an understanding of the benefits of better health which might accrue, he will only be able to live the experience in the present, as an unpleasant, painful invasion into his body, his being. The test then includes elements of the realm of having, the realm of rational autonomous choice and the realm of being, of lived experience. Since the patient's perspective in this case is primarily that of the lived experience, the decision should be seen as made by the patient on that level.

Marcel's approach to informed consent as taking place within the context of two persons interacting on a deep level and being based on lived experience and not just rational thought is not compatible with the logic of the court system. Since the court system is the final arbiter in these affairs in our culture, it may be best if the informed consent procedures be built on the same foundation. Therefore, it is not likely that the perspective of the situation will change in the near future. However, Marcel's thoughts and the application of them are valuable as a challenge. The requirements of the law can often be met within the application of Marcel's philosophy to the issue. And the application of Marcel's philosophy introduces new insights and draws upon the personal meaning of the practice of the healing profession in order to understand and exercise informed consent. This is both right and loving.

Organ Transplants

The issues involved in the ethics of organ transplants have changed through the years as the procedure has become more commonplace. In the early years the concern centered on the experimental nature of the procedure. At this point the risks were great and there was much concern over whether transplants could be accepted from living donors. As the experiment has become accepted practice, and as the risks have declined, the concern has shifted to other areas. Currently there is public discussion as to whether or not a person

should be paid for his organs used in transplants. Marcel's concept of the body as both the possession of the person and a part of his very definition, his Being, can offer new insights into these questions.

In the early years of transplant operations, the success rate of living donors was considerably higher than that of cadavers. It therefore made sense, in terms of the recipient, to consider living donors for the transplant. There is, however, considerable moral difficulty with this course of action. Along with autonomy, one of the controlling ethical principles for the medical profession is to do no harm. This principle is interpreted in such a manner that the physician is able to place the patient in some risk so long as the projected benefits are greater than the risks. In this way basic medical intervention is justified. However, in the transplant procedure, the donor receives no physical benefit. Therefore, the principle to do no harm would seem to apply directly and the procedure would not be allowed.

There are other arguments which can be brought to bear on this decision as well. Paul Ramsey presents the classic argument based on the understanding of the totality of the person. He narrows his argument to the physical unity of the person and claims that this unity is not to be broken for purposes other than the good of the individual. "The parts and function of the body are destined, indeed subordinated, to the good of the whole man alone. But men themselves are not similarly destined or subordinated to any

social whole alone."[49] For his own good, a man might consent to have a kidney removed if, for instance, it was cancerous, but he is not required nor should even be asked to have it removed for the good of someone else, since the individual parts of a person do not fulfill a role in society, only in the individual.

This argument was presented in the sixties and reflects the concern of the early transplant surgeons. More recent interpretations of this principle have been used as a justification for the use of living donors.

> Live donation has been justified ethically by the principle of totality: the individual is a total integrated being, physical, mental and spiritual, and has the inherent right to defend and to preserve his concept to that totality. If he finds the only chance available to restore his sibling, his twin, or his child to normal health is to donate a kidney, denial of this opportunity would injure his totality.[50]

If one allows the definition of totality to range beyond the purely physical, there is a possibility to justify living donors. Their emotional well-being may be at stake in the donating of a kidney. In order for them to maintain themselves as whole persons, as they individually define this term, they should be allowed to donate an organ.

Of course, this permission is given in a situation in which the risks of death are very small. The donor is giving a kidney.

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[49] Ramsey, p. 166.

[50] George E. Schreiner, "Ethics of Renal Transplantation," in A Second Look at Life, Felix Rapuport, ed. (New York: Grire and Stratton, 1973), pp. 68-9.

He has another to function in its place. Though there is always a risk involved in such major surgery and the discomfort is considerable, the risk of death is less than one one-tenth of 1 percent.[51] What, if any, justification could be given for submitting to a procedure, such as a heart transplant, which would result in certain death to the donor? Marcel would argue that the existence of a transcendent purpose might justify the sacrifice on the part of the donor. This transcendance could be defined as the "beyond" of the Thou relationship. In other words, the strength of a personal relationship is sufficient to justify sacrifice, to move the action out of the classification of suicide. An additional problem in this situation, though, is the fact that the sacrifice cannot be fulfilled unaided. The medical professionals must assist the donor. And while the principle of totality can be appealed to in order to submit the donor to some small risk for the good of the recipient and the ultimate good of the donor, the same cannot be said when the action causes the death of the donor. The medical professionals could not justify this degree of harm. There is no resulting good to the donor which can be appealed to in the balance.

This is one situation in which the sacrifice cannot be made. The father cannot give his heart for his son. This is tragic, just as the plight of the young mother, whose children perished in a fire while she was away and unable to rescue them, is tragic. But sacrifice is an individual's commitment to the transcendence, a commitment

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[51] Ibid., p. 72.

which cannot be assumed by or demanded of other persons. In other words, the medical profession cannot be asked to kill one patient to save another. On a practical note, the father might devise a way to take his life so that his heart might be available for transplant. This would free the medical professionals from direct involvement in his death.

While the issue of living donors for non-lethal transplants has been settled pretty much to the satisfaction of all concerned, the issue of paying for organs is still raging. In the early years of transplants, when organs were very scarce, there were appeals on the part of prospective recipients for kidneys for which they were willing to pay. While there is no evidence that this type of transaction ever took place at that time, the issue is still not settled. Recently there have been reports of donors who have indicated that they are willing to sell one of their kidneys. As of this time the government has not taken any legal action against this method of obtaining kidneys or any other organs, though it is against the law to include any such fees in the reimbursement from Medicare for such transplants. There is also concern regarding this issue on the international level, though there is no consensus as to what action to take. These are legal maneuvers, though, and just as in the discussion of informed consent, it is important to move the discussion into the realm of the ethical. In this discussion the philosophy of Marcel is particularly appropriate. His understanding of the relationship between the body

and the person can be helpful in justification of the general abhorence of the practice of selling organs, while at the same time gives some indication as to the origin of the ambiguity with which some approach the issue.

Marcel, as has been seen, understands that there are two ways in which the individual is related to his body. He has a body and he is his body. In that his body is a possession he can control it and has the right to dispense with it in any manner he sees fit. From this perspective the prostitute is justified in her choice of careers in that her body is hers to do with as she pleases. The phrase has been used that prostitution is a victimless crime. It is simply a business transaction involving an individual's body as the commodity.

Following this line of argument, a person would be justified in selling not only the use of his sexual organs, just as in the United States he can now sell his blood, he could also sell other organs such as his kidneys or even his heart. If the "donor" is placed in a position of possible death one might argue that the financial transaction becomes too unbalanced to be justified. The "donor" must be able to live to enjoy the financial gain from his body in order for the sale to be completed. But if the donor has the absolute right to dispose of his body, he can take prepayment, go on a world cruise, and then give up his body.

The above arguments are made on the basis of economic, legal premises. If it were the case that the individual's body were only

his ultimate possession, then these arguments would hold sway and even the laws should be changed to allow for the purchase of organs. But, according to Marcel, there is a more fundamental relationship between a person and his body. The body is not just the most important of my possessions, it is me. I am my body. In that my body is Being the right to sell it, to use it as a part of a business transaction, does not even apply. We can sell what we have, but not what we are. A real estate agent prefers that the current owners of the home not be present when the house is shown. There are probably several reasons for this, but it does give the house a more objective quality. As has been mentioned, I can instill my being into a home and my presence can intensify that element. In a business transaction it is an unwanted element. Economics takes place in the realm of having. The distinction, of course, is made less easily the closer one gets to my being, my body. Whereas I instill my being into my home, the poem I have written springs directly from my being, from my lived experience. But, in writing it, even in that act of objectification, the poem is removed from me and into the realm of having. As such it can be a part of an economic transaction and indeed many persons have made a living selling their poetry. But it is the writing they sell, not their being. Indeed, others have emphasized the element of being in their poetry and refused to sell it, though they would be willing to give it away. As opposed to that which I produce with my body, be it physically or mentally, my body itself must be the unity of what I am and what I have, or it ceases to be my body and I am no longer a

person, but a thing. I can become a thing by an act which assumes that my body is only that which I possess, by selling it. In selling one's body, either as a whole or in part, a person is denying the essence of his person as a mysterious Being and, as such, is translating life into solely economic terms. In saving the life of another, he is treating himself as an economic quantity, as a thing. This is not a morally acceptable action.

The argument might be made that the recipient has a right to his life as he would define it, and if that life requires an organ which someone is willing to sell, it is still a life worth prolonging as far as the recipient is concerned. This is not the case, however. An individual is not an isolated being. He is defined in part by all that he touches. If his life requires the depersonalization of another, then this action is wrong. The realm of life, of being, is not that which is acquired. It is that which is given. There is a point at which we have no control over our surroundings. At that point we are thrown back onto our response of what is given to us. In the case of a person who is in need of a kidney transplant, what is given, that with which he has to live, may not include an available kidney for transplantation. At that point the patient must respond to what is given, the availability of dialysis, or even death. At this point we realize the limitations of technology must extend the duties of the medical profession beyond the manipulation of technique.

> This would suggest that it is only one of the physician's duties to retard a premature death; it is as much his duty to help assure that when death does come it is a lucid event, somewhat consistent with the life that preceded it.[52]

At this point the argument might be advanced that indeed the individual does not have the right to sell his organs as a part of his life, but might they not be sold for his estate after his death? In this case it is not a matter of denying the being of a living person, but of arranging for the humane disposal of the body of a dead person. At this point the body is not involved with anyone's being. Should it not, therefore, be used in such a manner as to aid any and all that can profit from it? I am not sure that there is such a definite dividing line at which there is no longer any element of being in the body, at which the attitude of having can be the sole consideration. Veatch argues that the corpse requires a certain amount of respect simply because it is a corpse.[53] Richard Zaner makes the stronger claim that the ontological division is not all that neat. The corpse is different from other objects. "(T)hing-in-the-world though it may be, it is not merely that, for it is still encountered as 'once a man alive' and not simply as an object of instruction."[54] In looking at Marcel's understanding of death and his explanation of the memory of a person

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[52]Fried, p. 98.

[53]Veatch, Death, Dying, and the Biological Revolution, p. 217.

[54]Richard Zaner, The Context of Self (Athens, Ohio: Ohio University Press, 1981), p. 28.

entailing a certain immortality for that person, one could strengthen this understanding of the corpse maintaining some of the qualities of Being. The corpse is the immediate tie with the deceased. It invokes definite memories of the person. In these memories the person lives. There is still a quality of being in the corpse, though the person is not in possession of the body any more.

The presence of Being in the corpse, however mysterious, is sufficient to deny the argument that it is just an object which should be used in the most efficient manner. If it were treated solely as a possession and parts of it were sold, the mysterious element of the corpse which is Being, would also be sold. This would deny this element of Being and is, therefore, not permissible. On the other hand, someone might undertake to act as the steward for another's corpse. In this case, an individual can continue to give of their Being in the donation of the organs. Such a gift extends the disposability of a person beyond their death.

The Artificial Heart

In recent months the world has been shocked and enthralled by the implantation of an artificial heart for permanent use in three patients. This procedure can be discussed from several perspectives, the ethics of experimentation or extraordinary means, for instance. I would like to make some comments with respect to Marcel's understanding of the body as possession and being.

The dividing line between my response to my body as possession and as being is not an easy one to make. In fact, I would claim it is impossible. However, there are certain functions of my body, which because they are not normally under my control, can be classified as contributing to my lived experience, as being. Among these functions, the regulation of the heartbeat is likely to be seen as permanent. When a lion leaps out at me, my heart automatically beats faster. The same result is evident in the act of love. In either case the automatic action of my heart contributes to my living the experience. The artificial heart recipient on the other hand would be hampered in these experiences by the control which he has over his heart. It would not be a matter of his being excited and feeling the rapid beat of his heart. Rather he must make a conscious effort to increase his heart rate, as in fact is done during exercise for the current recipients.

In that this particular technology requires the reclassification of the heart from that which I own and which is a part of my being to solely that which I own, it is wrong. It disrupts the being of the person in an unacceptable manner, making the whole of his life owned and therefore in some sense unlivable.

Conclusion

Marcel's existential approach to life can offer insight and even some practical suggestions to the philosophy and practice of medicine. In this chapter I have presented such applications in

three different areas, the practice of holistic health, the principle of informed consent, and the procedure of organ transplants. In some areas, such as the principle of informed consent, Marcel would require a drastic rethinking and variety of approach. The rule of law and excessive rationality would give way to the practice of interpersonal relationships. In the practice of holistic health Marcel would uphold the basic approach of many of the practitioners while spurring them on to further reforms. Finally, in the discussion of organ transplants Marcel offers some justification for what are the popular beliefs concerning the acquisition of organs for transplantation. With these examples I leave it to the reader and future study to extend the influence of Marcel in the practice of medicine.

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