Chapter 6
An Ethics of Embodiment: The Body as Object and Subject

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1 Introduction

Most medical interventions are aimed at the *body*: the body in pain, the sick body, the infected body, the wounded body, the old body, the dysfunctioning body, the fat body, the paralyzed body, the disfigured body, the athletic body, the pregnant body etc. Medical practices intend to cure, nurse or enhance the body—whether it is sick, impaired, at risk, or healthy. They seek to prevent, release or alleviate physical suffering. To examine these practices' usefulness, and their moral and social desirability, we need an ethics of embodiment. In medical ethics a first moral principle to prevent undesirable physical harm can be traced back to the Hippocratic *primum non nocere*, "first do no harm." A more specific value (or principle) that can morally guide us in how to approach another as an embodied person is bodily integrity. This notion indicates how to appropriately approach the body of another.

Integrity, stemming from the Latin *integrum*, literally signifies "wholeness" or "intactness." Wholeness refers to the normative counterpart of vulnerability (Zwart 2007). The vulnerable body's inviolability should be respected and not infringed upon (*in-tangere*) (Rendtorff and Kemp 2000). What is meant by bodily wholeness or inviolability is, however, not unambiguous. In this paper, we will explore its meaning while focusing on the various ways in which one experiences one's body. Endorsing a phenomenological approach to embodiment,[1] we distinguish between the experi-

[1]See Cory Shores' contribution to this volume (Chap. 16) for a critique of the phenomenological approach to embodiment.

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ence of one's body as object and the experience of one's body as subject. This difference, we argue, results in different conceptions of bodily integrity. Drawing on historical and more contemporary philosophical texts on embodiment, we identify three different meanings of embodiment, i.e. the "body as object," the "body as subject," and the "body as subject and object," and subsequently show how these ideas of embodiment inform three different conceptions of bodily integrity.

We will start with a discussion of the (nowadays) prevalent of respect for bodily integrity, i.e. the view that a medical professional is only allowed to treat a person's body after the person has given consent to this treatment. This notion of bodily integrity, legally anchored in the procedure of informed consent, is based upon the idea that the body is an object. Indeed, according to this view, bodily integrity is guaranteed by the possibility of consenting to interventions in this "object." Following philosophical criticism on the one-sidedness of "the body as object" ontology, we will argue that the ethics of embodiment implied in the procedure of informed consent is limited. To equally respect the body's subject-side we need a notion of bodily integrity according to which wholeness also refers to a certain intactness of embodied agency. Such a notion has been put forward in various phenomenological studies. In this paper we will go one step further and present yet another idea of bodily integrity. While incorporating an example from our current research project on disfigurements we will, in the last section of this paper, develop an idea of bodily integrity that accounts for both the objective and subjective aspects of the body. This is the idea of bodily integrity in terms of embodied self-identification.

2 The Body as Object

Since the rise of Modern sciences, including medicine and anatomy, and modern philosophy in the 17th century, the body has been considered as an independent substance or "thing." Whereas classical and medieval medicine was mainly inspired by Hippocrates's and Galen's view that the body should be understood as a whole that needs to be in balance, and by the philosophical view that body and soul are necessarily intertwined in living beings, modern medicine considers the body as a self-regulating thing, comparable to a machine (Le Breton 1990). Opening up dead bodies by means of (public) anatomical dissections in the 16th century, Andreas Vesalius literally cut bodies into parts, and figuratively did away with the idea of the body as a whole (to be respected). The knife of René Descartes, although not material but philosophical, was even sharper when he, in the 17th century, definitively dissected the body from the soul. According to him, body and soul are two substances or things which are radically different, and which cannot be reduced to each other since everything belonging to the body is physical (and therefore dubitable), and everything belonging to the soul is part of one's own immaterial but indubitable stream of thoughts (Descartes 1641 [2008]). Behold the birth of Cartesian dualism.

Although Descartes' work lies nearly 400 years behind us, and although his dualism has been criticized by various philosophers, it is no exaggeration to claim

that western medicine and health care are still essentially inspired by Cartesianism (Leder 1992). Whereas Descartes still presumed that there is an immaterial soul next to the body machine, his empiricist successor De Lamettrie claimed that there is nothing immaterial about human existence—man is a machine (De Lamettrie 1748). This view paved the way for mechanical and materialist explanations of the human condition, and is therefore considered as the origin of so-called Cartesian materialism —an approach which is progressively prevailing in philosophy of mind, resulting in reductionist conceptions of the mind. As Foucault claimed, the birth and existence of medical clinics can only be understood on the basis of the conviction that the human body is a machine or thing which can be thoroughly "deciphered" (Foucault 1963). The art of deciphering that started with anatomical dissections has been enormously developed since the invention of imaging technologies (such as X-rays, endoscopy, MRI-scans, PET-scans etc.) that render the body "transparent" (Van Dijck 2005; Slatman 2007, 2009a). Likewise, contemporary medical technologies such as (allograft) organ, tissue or limb transplantation are only intelligible if one is allowed to think of the body as a thing that can be divided; a body "in parts and pieces" (Le Breton 1993; Hacking 2007). Cultures in which Cartesianism is not taken for granted, and in which one's body is considered as something intrinsically related to one's soul and one's ancestors' souls, as, for instance, in Maori culture, therefore do not (or only very reluctantly) accept medical practices such as organ donation (Shaw 2010).

It is not our intention here to disqualify the Cartesian view in medicine. It would indeed be unwise to ignore the progress that medicine has achieved since the 17th century. As we see it, the greater part of this success is based upon the fact that medical scientists and physicians are allowed to consider bodies as complex machines that can be analyzed and fixed. So we are not so much interested in moral claims about the so-called predominant biomedical view of physicians. We find it much more interesting to look at the consequences of the Cartesian view for the patient's *experience* and relation to his or her body.

Let us therefore explore what kind of self-experience underlies (and affirms) the assumption that one's own body is a thing. First, while considering one's own body as a thing, it becomes an *object* of reflection. Inherent in the fact that the body can become an object of reflection is that it becomes something we are explicitly conscious of. It becomes an object of one's consciousness. This immediately implies a certain distance between oneself and one's body. As we will explain in more detail in the next section, phenomenology has shown that one experiences something as an object if it appears against a certain horizon, in a possible manifold of adumbrations (Husserl 1950). If one would totally coincide with one's body, if there were no distance between oneself and one's body, one could not experience or perceive it as an *object*. Considering one's body as an object thus involves an external view on it, or a third person perspective. It is also because of this external stance towards one's body that one does not (totally) coincide with it. The body as object, therefore, is the body that one *has*, rather than the body that one *is*.

Having a body, obviously, refers to a relation of possession. But as we will explain hereafter, *being a body* also involves a kind of bodily ownership. Possession in terms of "having one's body" is often related to legal and ethical issues. It is also rather