

Phenomenology, ethics, and the crisis of the lived-body

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Crisis

1. *Pathol.* The point in the progress of a disease when an important development or change takes place which is decisive of recovery or death; the turning-point of a disease for better or worse; also applied to any marked or sudden variation occurring in the progress of a disease and to the phenomena accompanying it. (*Oxford English Dictionary*)

In 1543, the first recorded use of the English word 'crisis' appeared in the field of medicine. Crisis: a turning-point arising in and through the body itself, a decisive or 'critical' bodily event, a matter of life and death. Since its early signification, the term has become increasingly abstract, figurative, unmoored from the body. Today, ever faithful to the Cartesian turn in the seventeenth century, we tend to think of 'crisis' as an *external* event to which we are called to respond (ethically). 'Crisis' has become an external challenge to one's inner life, moral rectitude or integrity – the internal conditions of a 'critical' response. If the immediacy of the body has not altogether disappeared, the 'soul', as Foucault (1978) remarks, has become its prison. In the field of modern medicine, it is Foucault who notes an abstraction that is analogous to the inward, moralizing turn we see in the history of the term, 'crisis'. Today, biomedical bodies are subject to a disciplinary apparatus, a set of normative coordinates in which bodies appear and the modern meaning of life and death are constituted as a rational ethic. 'Crisis' is no longer a bodily address. Bodies are silent, mute, or, when they speak, we tend to hear from them the inward, moral language of belief and

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faith, a response from within to what comes, as it were, from without. What remains of the body itself is little more than physiology, evacuated of its vital significance. Modern biomedicine, we might venture, constellates around two poles of bodily abstraction: bare physiology or flesh, on the one hand, and bodies subject to moral injunctions, on the other. The body has been lost between clinical biomedicine and institutional bioethics.

This brief paper sketches a critical call to researchers in nursing and health sciences to reflect anew on the relation between bodily and ethical life. I will suggest that a phenomenological understanding of the body might open for us a different kind of ethical practice, one that would resist the moralizing force of institutional bioethics – the 'soul' of modern biomedicine. Through a reading of Edmund Husserl's (1859–1938) aptly titled final contribution to phenomenology, *The Crisis of the European Sciences* (1936/1970), I hope to recuperate some of the original significance of crisis and to offer a critique of the abstract coordinates of modern biomedicine and bioethics. While these abstract coordinates inform the terms and the practices in which biomedical bodies are understood, I believe that this 'rational' approach fails to grasp the phenomenological dimensions of health and illness, and consequently, is unable to offer an ethical response. How might Husserl's concepts of the 'lived-body' and 'life-world' help us to reformulate ethical speech away from the moral injunctions of bioethical 'autonomy', on the one hand, and bodies conceived as bare flesh, on the other? I sketch an ethic that seeks to recuperate the vital dimensions of the body itself, suggesting that it is here we might at last bring to speech a forgotten dimension of bodily crisis.

First published in German in 1936, *The Crisis* can be read in part as a reflection on the biofascism that

informed the state science of National Socialism. The text is an indictment of scientific positivism, in which the living and the dead are subject to 'reason' in its extreme, but technically 'logical', aspects. Husserl writes: 'The European nations are sick; Europe itself, it is said, is in crisis' (Husserl, 1970, p. 270). Yet, many of Husserl's contemporaries failed to see the signs of crisis; their confidence in modern science was so 'blinding', Husserl writes. It is no coincidence that, since the early 1920s, German doctors themselves had begun to develop and implement scientific programmes for the 'mercy killing' of 'life unworthy of life', and that this logic would become Nazi policy. 'European crisis has its roots in a misguided rationalism' (p. 290). Such rationalism is dangerous, Husserl argues, because it conceives of bodies and life itself as mere physiology – bodies conceived reductively as *Körper* in the geometric or material sense, and life conceived as bare biophysiology. Against this atomistic and one-dimensional understanding of bodies as *Körper*, Husserl distinguishes the body as *Leib*. The *Leib* is the 'lived-body', a body that is situated in the life-world (*Lebenswelt*), a bodily life in which bodies coexist through empathy, in meaningful community with others, and in intimate proximity with the world. This is described as 'original life', 'prescientific life', 'natural life'. As Husserl writes: 'The word *life* here does not have a physiological sense; it signifies purposeful life accomplishing spiritual [*geistliche*] products: in the broadest sense, creating culture in the unity of a historical development' (p. 270). If Europe – or Western civilization – is 'sick', we must be able to read the symptoms, Husserl writes, to distinguish 'between health and sickness, even in communities, in peoples, states' (p. 270). Accordingly, Husserl asks, gesturing to global health and bioethics: 'How does it happen that no scientific medicine has ever developed in this sphere, a medicine for nations and supranational communities?' (p. 270).

Has medicine changed in any qualitative sense from Husserl's characterization of it? Is medicine not still part of a positivist regime, the rationalist domain of mere bodies? Is it not haunted still by the spectre of biofascism? While biotechnology has advanced in unimaginable ways, more than ever biomedical bodies are understood as quantifiable *Körper*: bodies

are probed at the molecular level, through genomics; bodies are conceived statistically, epidemiologically, pharmacologically, through risk factors, biometrics, and a slavish obedience to best-practice guidelines developed by evidence-based medicine and its randomized controlled trials and average patients. The scientist has become a technician, worked over by 'the constant presuppositions of his [own] constructions, concepts, propositions, theories' (p. 52). 'Are science and its method not like a machine,' Husserl asks, 'reliable in accomplishing obviously very useful things, a machine everyone can learn to operate correctly without in the least understanding the inner possibility and necessity of this sort of accomplishment?' (p. 52). If the term 'fascism' seems far-fetched or is too polemical for some, we will need another term to capture the ways that public opinion and government policies are driven by particular ideologies, such as neoliberalism; how the insurance industry, Big Pharma, and innumerable 'stakeholders' conduct their business; how research is sponsored and disseminated (and by whom). We will need some sort of theoretical apparatus if we are to understand how biopolitical discourses inform public healthcare policy and practice, and how these biodiscourses constitute medical subjectivities themselves, the meaning of 'life' and life's 'value', by providing the terms through which the subject will know herself, her lived-body, in sickness and in health. Mainstream, institutional bioethics is not up to this necessarily deconstructive task.

Mainstream bioethics today, from the clinic to the classroom, seems preoccupied with proceduralism and legal accountability. As a regulatory institution, at the level of the individual, bioethics tends to be governed by the four following principles: respect for autonomy, nonmaleficence (do not harm), beneficence, and justice. Each of these principles, I would argue, is ultimately founded on the atomistic understanding of autonomy – a modern, rational subject/agent in the Cartesian tradition. As such, it presumes a binary logic that sees the 'agency' of the medical patient (or, increasingly, 'client') as a mental activity of free will, and bodies as no more than resistant, bare flesh or a heap of spare parts that can be exchanged indiscriminately. As such, bioethics is epiphenomenal,

having little bearing on the lived-body; it leaves medicine to its own technical devices because it too conceives of bodies as worldless singularities, assigning to these bodies the discrete psychic properties of individuated reason and free will. In its implementation, the driving forces of science, technology, and institutional stakeholders remain covert, and the political economic investments of the biomedical and bioethics industries are rarely subject to a robust cultural critique.

My question here is how we might conceive of bioethics – an ethics of life – that is situated in the life-world, in the lived-body (*Leib*) that is the wellspring of intersubjective life. For it is only in the life-world that the body is apprehended as meaningful, not merely an object occupying geometric space. We can read in Husserl's late work clues to the ethical, political, and cultural configuration of bodies, not merely as a resistance to the atomistic materialism of the biomedical body, but as a way to reorient our view of ethical life and subjectivity. To take just one example, how might a phenomenological understanding of the lived-body help us to better understand the place – not just the physical geometric space – that is the seclusion room (solitary confinement) used in mental health care? What sorts of bodily memories and associations re-emerge when a body, perhaps one that has been the victim of sexual abuse, finds itself physically restrained as part of a 'treatment plan'? Who will listen to this body and how does such a body voice an ethical demand? Can we imagine an ethics that could respond to the effective and affective dimensions of a subject's place, treating that subject not just as abstract mind or abstract body? And how might this understanding figure in the transformation of ethical care?

Husserl claims that the life-world (*Lebenswelt*) and the lived-body (*Leib*) have been 'forgotten', 'surreptitiously substituted' (p. 48) by the historical sedimentations of technoculture and tradition, 'fashionable prejudices and their phraseologies' (p. 289). If the forgotten life-world and lived-body are themselves foundational, i.e. historically and ontologically prior to the fashionable prejudices and appearances that surreptitiously take their place – such as institutionalized biomedicine and bioethics – Husserl neverthe-

less acknowledges that a direct return to origins would be too onerous, if not impossible, to carry out (p. 363). We cannot simply reclaim the lived-body and the life-world. *Der Traum is ausgeträumt* – the dream of origins is over, dreamed-up, dreamed-out (p. 389). So, while he calls for us to 're-activate' and 're-vitalise' these origins, this activity can only occur *in medias res*, 'a praxis in which those imperfectly determining thing-representations make up the material' (p. 345). Husserl takes as his representative example geometry, which figures largely in *The Crisis* and in its famous appendix, 'The Origin of Geometry'; this text has been the subject of numerous commentaries, including Derrida's (1989). Husserl's guiding question is: 'how does geometrical ideality (just like that of all sciences) proceed from its primary intrapersonal origin, where it is a structure within the conscious space of the first inventor's soul, to its ideal objectivity [*ideale Gegenständlichkeit*]?' (pp. 357–358). In other words, how is the original 'intrapersonal' idea transmitted historically, how does it become 'objective' for us, and furthermore, how can we locate this epistemic 'object' as it has become increasingly abstract and disembodied across the course of history – much as 'crisis' itself has lost its body? Husserl argues that it is the duty of the *community* of scientists to carry out this task, reflectively, philosophically.

While Husserl does not use the term, I would call this a *rhetorical* and ethical appropriation of the tradition, resisting the blind application of ready-made rules, concepts, and theorems that are transmitted through the 'seduction of language' (p. 362). This is a properly rhetorical endeavour because it is in the midst of linguistic representations that the ideal objectivities are to be found: 'it belongs to their objective being that they be linguistically expressed and can be expressed again and again; or, more precisely, they have their objectivity, their existence-for-everyone, only as signification, as the meaning of speech' (p. 357n). And it is rhetorical because we must attend to *how* meaning is transmitted through speech, 'in the "how" of the manners of givenness and in the *onta* themselves, not straightforwardly but rather as objects in respect to their "how" . . . throughout the alteration of relative validities, subjective appearances, and opinions' (p. 144). The 'how' is the work of

textual 'explication': 'extracting one by one, in separation from what has been vaguely, passively received as a unity, the elements of meaning, thus bringing the total validity to active performance in a new way on the basis of the individual validities. What was a passive meaning-pattern has now become one constructed through active production' (p. 364).

At this juncture in his discussion, Husserl introduces the concept of the *Sprachleib*, a neologism that might be translated as the 'linguistic living body', the 'lived-body of language', or even as the 'lived-body of speech'. Here we touch on the ways that a body might 'speak', and how its voice could convey an ethical demand. It is in language that ideal objectivities and history come together, a sort of suprasensible signifier that is established through a 'linguistic community' (p. 358), not something that seeks recourse in the private language of an autonomous subject. Here, in the power of language, meaning is constituted through the shared horizons of civilization and history. Husserl's metaphor of the *Sprachleib* figures as a chiasmus between the lived-body and language: we can never be certain whether it is the body that speaks in and through language or language itself that speaks in and through the body. It is through language that the body is animated, as a lived-body, not a mere *Körper*; but conversely, it is in the lived-body that language finds its home, its mode of expression, its meaningfulness (*Sinnhaftigkeit*). While any given signifier will never quite match up with the signified (i.e. the ideal objectivity in question), the *Sprachleib* ensures that they appear together for us – not in static concepts, but in living, bodily significance, within a meaningful life-world and a dynamic history, in a *place* rather than in the abstract coordinates of geometric space. While a detailed examination of Husserl's last great phenomenological treatise is beyond the scope of this paper, with the figure of the *Sprachleib* I believe we can begin to reorient ethics toward the body in crisis, toward the address of a body that speaks. It is hoped, then, that with such a figure we might begin to break free from the ossified language of institutional bioethics, with its relatively static principles, to invent a language for ethics that makes sense of lived-bodies, and that animates them ethically. It is time, perhaps, to say farewell to 'autonomy' and 'reason', to figure

ethical subjectivity in terms that speak to and from the lived-body, and that will ensure that its speech, in turn, can be heard as an ethical claim.

Phenomenological researchers in nursing and health sciences have already made an ethical choice in their research methods and the kinds of relationships these methods find valuable. While Interpretive Phenomenological Analysis (IPA) is a qualitative method originally developed for studies in health psychology (Colaizzi, 1978; Smith, 1996, 2004; Reid *et al.*, 2005), in recent years it has become increasingly popular in the human, social, and health sciences (Benner, 1994; Cohen *et al.*, 2000; Larkin *et al.*, 2006; Smith *et al.*, 2009; Chan *et al.*, 2010). Focusing on the body and its perception, IPA offers an alternative to cognitively oriented health psychology, 'by looking in detail at how individuals talk about the stressful situations they face, and how they deal with them, and by close consideration of the meanings they attach to them' (Smith, 1996, p. 270). In the field of nursing, Oiler (1982) considers phenomenology to be a good way to understand individuals' lives and experiences. Using a phenomenological research design to study seclusion in psychiatric settings, Holmes *et al.* (2004) conclude that not only do patients experience seclusion as a punitive measure, but patient narratives also highlight their intersubjectivity, suggesting that the lack of patient-nurse contact negatively impacts their experience. However, what is missing from the literature, with few exceptions (e.g. Thomasma, 1994; Shildrick & Mykitiuk, 2005), is a robust *ethical* analysis of bodily perceptions and interpersonal relationships. Rather than seeking recourse in the principle of rational autonomy, phenomenology allows us to locate ethical agency and comportment as relational, incumbent upon the ways that bodies and places interact, informing one another, to provide insight into 'the structure of subjectivity' (Malpas, 2003). It might be worth noting, most emphatically, that this research does not imply an ethics of emotions or 'feelings', as it does for Kass and Somerville. When Kass (1997) argues for an ethics based on 'repugnance' and Somerville (2006, 2007) implores us to heed our 'yuck reaction', calling it a 'moral intuition', we have entered dangerous and irresponsible territory. An ethico-phenomenological analysis will interrogate the

'naturalness' or 'biological' basis of these so-called moral dispositions and feelings; it will expose the political, institutional, and economic investments that underwrite such prejudice.

With Heidegger (1971), we might speak of 'dwelling' when we consider the life of the body; we might follow Varela (1999), and reflect on an embodied 'ethical know-how', rather than follow 'rational' ethical concepts and rules; or we might invoke Latour's (2004) understanding of 'matters of concern', sharply distinguished from 'matters of fact'. These thinkers are attuned to the life-world, offering strategies – and a language – to resist the abstract coordinates of bodies and minds, as well as the 'misguided rationalism', as Husserl calls it, which is rooted in these abstractions. By affirming its place in the life-world and its vital intimacy with the lived-body, Husserl's *Sprachleib* is an antidote of sorts to language increasingly conceived as code, and to bodies and life itself conceived as DNA – where 'nature itself becomes – to express it in a modern way – a mathematical manifold' (Husserl, 1970, p. 23). Rather than a model of autonomy, then, the lived-body ought to be understood as a site of 'agency' (if this is still a viable ethical metaphor – we will need others). We might begin to reorient the body on the plane of significance, as subjects *for* the world, not merely as objects *in* the world. This in no way is to suggest that we jettison the technological achievements of biomedicine or rush to the embrace of 'alternative' therapies, but that we seriously consider the purpose of our medical technologies, *how* they both presume and serve to (re)constitute particular understandings of bodily life. For an ethics reflecting on the *Sprachleib*, the chiasmic relation between lived-body and language makes clear that meaning cannot proceed in any straightforward sense from the linguistic ability of an 'individual' or 'autonomous' subject who speaks. The tremendous challenge will be to imagine an ethics that does not seek recourse in the Cartesian principle of autonomy, which has become the veritable fetish of institutional bioethics, 'empty speech' in the most profound sense. We need different terms to conceive – a different way of speaking – of ethical problems. The rhetoric of extreme individualism, 'reason', and autonomy fuels a genuine crisis that is difficult for

many to comprehend. And yet this crisis seems to be met with an obdurate confidence in increasingly untenable structures, as if science and crisis were in the end no more than a test of inner faith, a belief in things unseen, and a righteous repudiation of the body itself.

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