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

common to view the issue of bodily integrity against the background of the question of possession. Indeed, should not the (legal) owner of a body decide about his or her own body? As we know, however, the idea of possession is not a straightforward one. Differences in religion or in worldview cause different conceptions of possession and, subsequently, different ideas of bodily integrity (Zwart and Hoffer 1998). For instance, whereas a liberal may claim that she/he is the owner of her or his body and may thus treat it any way she/he likes, a Christian may believe that her or his body—the temple of the Holy Spirit—is only given to him or her on loan. Although these two views can lead to rather different moral deliberations and choices with regard to issues such as organ donation or circumcision, they both presuppose that one's body is something that can be described in terms of possession or loan, and thus as something on which one has an external and rather instrumental view.

Because of this external view, most ethical deliberations about one's body in terms of possession boil down to the question of self-determination and autonomy. This is exactly the reason why in current bioethics respect for bodily integrity is often identified with respect for personal autonomy. Based upon respect for autonomy, respect for bodily integrity, in fact, implies a person's consent is needed prior to any intervention in his or her body, or to usage of his or her body material (such as DNA, organs, tissue), i.e. to interventions in or usage of one's body as *object*. Indeed, the one (or the I-self) who is consenting is the autonomous (and perhaps rational) subject who decides about his or her body, the body that he or she owns. Zwart (2000) convincingly argues that the current identification of bodily integrity with autonomy effectively wipes out the ethical dimension of bodily integrity as a normative principle in its own right. Similarly, we suggest that to protect the integrity or wholeness in vulnerable bodies, we should not just invoke the principle of autonomy. As we see it, to grasp the idiosyncratic normative dimension of embodiment, we should not only look at bodily wholeness such as it can be pointed at in an objectified body or a body as object. According to a phenomenological view, we experience our body not only as an object, but also as something different than an object, something that can be seen as the condition of possibility for the experience of objects and could therefore be called subject.

3 The Body as Subject

The French philosopher Merleau-Ponty became famous for developing the idea of the body as incarnated subject. For this he also used the terms *corps sujet* and *corps propre*. Before we present his ideas and his influence on the current debate, we will first briefly discuss some aspects from the work of his predecessors to explain the genesis of the notion of the embodied or incarnated subject.

In fact, the notion of the embodied subject is an ambiguous one. In modern philosophy the term subject refers to the disembodied Cartesian *Cogito* or Kantian *Ich denke*. In this sense, the subject is radically opposed to and distinguished from anything embodied. One of the first post-Kantian philosophers who criticized the

idea of such a pure disembodied subject was Maine de Biran (1766–1824). To our knowledge, he was also the first philosopher who used the term *corps propre*. In his eloquent essay on Biran, Huxley (1950), makes clear that Biran's philosophical ideas on embodied subjectivity had their origin in his day-to-day worries concerning his own body. Sickness was a "poltergeist" in Biran's life: he suffered greatly from his weak and unstable nervous system. His physical suffering was also very well documented since he kept a *Journal intime*, in which he entered reflections on his state of mind, which was often instigated by the condition of his body. "Having caught a cold I am in an uncomfortable situation which increases my incapability, my unwieldiness, and my self-distrust. I am dissatisfied with everybody because I am not satisfied with myself" (1814, p. 155).[2] Still following the vocabulary of Descartes and Lammetrie, he refers to his own body as a "machine": "With a vulnerable machine which is nearly always sick, I can hardly go out and see other people. I am thus turned inward onto myself, surveying the vicissitudes at the heart of my own existence" (1794, p. 133). These reflections on himself and his vulnerable "machine," however, do not result in an external instrumental view on his body. His distressing body propelled him to constantly explore his own existence, leading to a rather introspective psychological analysis of himself. Unlike Descartes' introspective meditations, Biran's self-reflections do not retrieve the realm of the mind, the *res cogitans*. They rather lead to a sort of theory of embodied self-consciousness.

Biran's later philosophical work centers around the question of self-consciousness (Maine de Biran 1812 [2001]). According to him consciousness is constituted by the sentiment or sensation of one's own existence, and we experience ourselves because we are a "*force agissante*"—an acting power; our existence consists of the fact that we always have the possibility to act, and to act does not only imply physical actions, but also intended agency. Hence, the act of willing something is already an expression of our being as "*force agissante*." Biran thus transforms Descartes' ego from an "I think" (*je pense*) into an "I will" (*je veux*). As Maine de Biran knew all too well, the force of the will always met with the resistance of the body resulting in the sensation of effort in which we feel our own existence. Human existence consists, in essence, of doing or willing something and of the will meeting resistance: it is activity and relation. Self-consciousness is therefore consciousness of one's own activity, or it is the sensation of effort (*sensation d'effort*). And this sensation is not just a mental feeling, rather it is an embodied one, a physical feeling: it is like the sensing of oneself while one is sensing something. The body is not only sensing something, rather it also senses its own sensing.

The 20th century phenomenologist and existentialist Sartre (1943) provided a critique of Biran's idea of the "sensation of effort." As he puts it: "It is true that I can see and touch my legs and hands [...] but I cannot 'see the seeing' [...] Similarly I see my hand touching objects, but do not *know* it in its aspect of touching them" (329). The rejection of the "feeling of feeling," or the "sensation of

[2]A selection of entries from the *Journal Intime* is included in Naville's study (1857). Fragments are translated by JS.

effort" is inherent to Sartre's idea of consciousness. According to him consciousness is not something, not an object of reflection; it is nothing or, as he puts it, "nothingness" (*néant*, and therefore it is not possible to be (explicitly) conscious of consciousness. The usage of the French present participle form—*ant*, underlines that *le néant* involves an activity, more precisely, the activity of negation (in a Hegelian sense).

In a nice example Sartre (355–360) provides a phenomenological description of what happens if one turns one's conscious reflection from the world outside to one's own body. While reading a book, the object of one's consciousness is this book and its story. The moment one feels pain in one's eyes, consciousness shifts from the book to one's own body. While being absorbed by the book one had no reflexive consciousness of one's body or oneself; at that point one's body was only present to oneself in an un-reflexive and non-thematic way. Pain disturbs this. However, the experience of pain does not yet objectify one's body, since pain is not intentional. In the experience of pain, there is no distinction between the act of experience and the object of experience. It is also therefore that we say that "my finger hurts" and not that "I have a pain in my finger." Sartre would say: my finger is pain. Like the experience of nausea, the experience of pain is part of our existence without distance (*sans distance*) toward our consciousness.

A distance between one's existence and one's consciousness is created at the moment that experience of pain becomes more explicit or, as Sartre says, when it becomes reflexive. Pain becomes discomfort (*le mal*). By means of this experience the body becomes objectified, it becomes an intentional *object*. The transition from pain to discomfort is caused by reflection. Consciousness of pain is still an un-reflexive consciousness; this means that consciousness has not taken itself as an object of consciousness. So according to Sartre, the difference between pain and discomfort is that in the latter one not only experiences pain, but also explicitly experiences that it is oneself who is having this experience. This reflexive consciousness differs radically from Biran's "sensation of an effort": whereas Biran presupposes that we can be conscious of our own consciousness as an activity, Sartre claims that the reflection of one's own consciousness cancels out consciousness as an activity—it turns oneself into a thing or object.

In fact, Sartre's analysis follows the Husserlian logic that consciousness involves transcendence, meaning that consciousness is always directed to something else than itself, that it is always "going somewhere else"—which is indeed the literal translation of the Latin verb *transcendere* (Levinas 1965 [1988]). It is exactly this transcendence that is lacking in Biran's idea of consciousness. The "sensation of an effort" implies immanence: a total coincidence of consciousness with itself. One of the few philosophers who have taken up the idea of consciousness as immanence is Henry (2000). Following Biran's philosophy, he claims that embodied self-consciousness is constituted by consciousness that ceaselessly affects itself (*s'auto-impressionner*) (231). This means, in fact, an exclusive first person perspective on or a pure introspection of one's own bodily being. As we will explain in the next section, such an account of embodied self-experience cannot allow for the body's double-sided ontology.

Although Sartre's idea of transcendence still remains rather disembodied, for it is consciousness that does the transcending and not the body, his phenomenology of the human condition does teach us some interesting things about the body. His reflection on embodied self-experience makes visible two different modes of experience: one experiences one's own body either as something implicitly conscious (as in pain), or as something explicitly self-conscious (as in discomfort). According to the first mode, the body is not experienced as an object; according to the second mode, it is. For Sartre the objectifying mode has a negative undertone because it is a form of self-alienation. The objectified body is separated from the self or self-consciousness for, indeed, self-consciousness is the opposite or negation of an object. Although Sartre introduces two different kinds of embodied self-experiences, his strict dialectics between object (*en soi*) and consciousness (*pour soi*)—i.e. that they mutually exclude each other—makes it impossible to understand how these two experiences relate to each other. Merleau-Ponty, by contrast, claims that our existence should not be understood in terms of a strict negating dialectics between consciousness or subject (*pour soi*) and object (*en soi*), but in terms of an incarnated subject, which involves being both subject and object at once, yet without a total coincidence between to two. Merleau-Ponty thus declines both Biran's and Sartre's view. To make clear this position, we will first draw on Husserl's analysis of embodied self-experience, which forms the basis for Merleau-Ponty's idea of *corps propre* or *corps vécu*.

4 The Body as Subject and Object

Husserl (1912 [1952]) claims that if one touches one's left hand with one's right hand, the left hand can be experienced in two different ways. Firstly, it can be experienced as a thing with a certain extension and with certain properties. In this case, the left hand is the physical thing: a *Körper*. It is the intentional objective correlate of the right hand's touching. In fact, *Körper* coincides with the idea of the body as an object, a thing extended in space (*res extensa*), as described in the first section. But secondly, the left hand is also experienced as the localization of sensations. The moment one touches one's left hand, one finds a series of touch-sensations in this hand, and since these sensations do not constitute physical properties such as smoothness or roughness, they do not constitute the physical thing "left hand." Rather, they constitute the experience that one feels in one's left hand that it is touched.

Husserl coins the term *Empfindnisse* (sensings) to indicate a typical form of sensations (*Empfindungen*), i.e. localized sensations. These specific sensations include touch sensations; sensations of hot and cold, of one's posture (proprioception) and of one's movements (kinesthetic sensations) as well as pain sensations. And it is by means of these *Empfindnisse* that the body is experienced as a *Leib*. We call this the experience of "me-ness," or "own-ness." The localized non-intentional

sensations affirm that this is one's own body. Yet, this experience of own-ness does not necessarily mean that one "agrees" with one's body; the experience of pain, for instance, is often considered as an experience that may lead to alienation of oneself, and is often seen as a "negative" or "bad" experience or appearance of one's body—a *dys*-appearance (Leder 1990; Zeiler 2010). What we mean by own-ness, however, is that it is by means of these kinds of localized sensations that we cannot but affirm that it is *my* body that is affected; it is my body that I experience from a first person perspective. In this respect it is interesting to refer to Cole's study on people who suffer from tetraplegia (paralysis of arms, legs and trunk due to a spinal cord injury). These people do not feel their bodies; it is as if their heads are floating, but they do have experiences of pain, due to spasms and dysreflexia. Although these pain experiences are really troublesome and in the case of dysreflexia, potentially life-threatening, some of the interviewed people say that they prefer this experience over the experience of feeling nothing, since it "anchors" them in their body (Cole 2004). One interviewee says pain is "almost my friend," because "it puts me in touch with my body" (89). In these cases, pain thus reclaims the absent body.

The *Leib* experience, the experience of "this is my body, this is me," does not automatically go together with an instrumental and objectified view on one's body (Legrand 2006; Slatman 2009b). The sense of ownership involved in this experience therefore differs from the form of possession in terms of *having one's body*, discussed above, since it cannot be equated to being the governor of one's body. Because of its typical spatiality, the *Leib* is not just a thing amongst other things and property.

The body's spatiality should be understood against the background of the idea of adumbrations (*Abschattungen*) that lies at the heart of the phenomenological theory of appearance. Phenomenal reality appears as a reality with real properties. It is not given at once; rather, it is always given through a manifold of adumbrations and sensuous schemes. This means that one and the same thing is presented in different horizons and perspectives, and that no single perspective can exhaust its possibilities of appearing. If we perceive, for example, a table, there is always one of its sides that we cannot actually perceive, and yet we still perceive one and the same table (Husserl 1950, pp. 92–93). The perceived table is never fully present to consciousness: its rear sides are what Husserl calls co-present to what is given intuitively and immediately in the flesh of an actual perceptual adumbration. The same holds for one's hand. If one's left hand appears as the thing, left hand, it appears through the constantly changing manifolds of adumbrations.

The sensings (*Empfindnisse*) of one's left hand, however, are not given through adumbrations or schematization. This means that one's body as one's own, as *Leib*, is given without any perspective, and is thus entirely present. Consequently, the *Leib* bears in itself the "zero point" of all orientations (Husserl 1912 [1952]). It is thus not an intentional object; rather it is pre-intentional, pre-objective or non-intentional, or even a "non-thing" (Waldenfels 1989). It is therefore not surprising that it is hard to find a proper translation of the German word *Leib* that emphasizes the lived-through experience of oneself instead of one's physical appearance.

In his influential study *Phenomenology of Perception* (1945), Merleau-Ponty uses the terms *corps propre*, *corps sujet* and *corps vécu* to translate *Leib*. He defines the *corps propre* first of all while exploring the ontological presuppositions of the characteristics provided by classical psychology: (1) permanence; (2) double sensations; (3) being an affective object; and (4) self-movement (90–97). In his discussion of the double sensations and the body as affective object he refers, implicitly, to the specific localized sensations which constitute the body as an embodied experience of here and now. While discussing the body's permanence, he writes that because "my body is never absent to me," the body is a condition of possibility for the permanence of other things. The permanence of the body is therefore more fundamental than the permanence of other things. Also, while discussing self-movement Merleau-Ponty in fact refers to the transcendental status of the body. One's own body is not moved by something else, but is moving itself. It is exactly in this self-movement that it opens up a field of orientation in perception and action. The body, therefore, is not just a thing amongst other things, but it is the condition of possibility of the appearance of other things. "The body is our general medium for having a world" (Merleau-Ponty 1945, p. 146).

Merleau-Ponty's analysis of embodiment in *Phenomenology of Perception* notably consists of exploring the meaning of the body as incarnated subject, as a transcendental condition of possibility for perception and action. A key issue in his analysis is the idea of motor intentionality. It is not so much by thinking or contemplating, but by moving one's body that one endows one's world with meaning. And most of these intentional actions—such as grasping a cup, kicking a ball, driving a bike or using an instrument or tool—take place at a preconscious, pre-reflective level. If incorporated in one's habitual body, one does not need to "think" in order to perform intentional actions. Motility should be understood as "basic intentionality," and therefore Merleau-Ponty claims that the Cartesian "I think" should be replaced by the "I can" (*je peux*) (137).

In his later work, Merleau-Ponty (1964) became more interested in the complexity of so-called double sensations. He no longer stressed embodied subjectivity and agency, but rather emphasized that the body (as subject) always remains entangled in the world because of its own "thinghood": the body may be a subject, but at the same time, it always remains a certain object or thing. He therefore replaced the term *corps propre* by the term *chair* (flesh), which denotes at once "being part of the world" and "being a certain perspective in this world." As we have explained elsewhere, this idea of being both embodied subject and object can be understood on the basis of the difference between, and the mutual independence of *Leib* and *Körper* (Slatman 2005).

At first sight, Husserl's analysis seems to head straight for a new kind of dualism: the experience of *Körper* versus the experience of *Leib*. However, if we look closer at the example of the two touching hands, we see that things are more complicated. As said, the experience of *Leib* is constituted by localized sensations, which means that the touched hand feels itself being touched. Feeling one's own touchability is only possible if the hand is also experienced as something that can be touched. And this is only possible if the hand is also experienced as a touchable

thing or *Körper*. Hence, the experience of *Leib* presupposes *and* affirms the experience of *Körper*. What Merleau-Ponty calls flesh in his later work can be interpreted as the *Leibkörper*: the experience that the body one is—the body as subject—is directly related to the body one has—the body as object.

Resuming the example of the two touching hands, Merleau-Ponty claims that we are *touchant-touché* or "sensible sentient." This view, however, does not imply a sensing of one's sensing, as Biran would have it. Although there is a reversibility between touching and being touched, they will never fully coincide:

> My left hand is always on the verge of touching my right hand touching the things, but I never reach coincidence; the coincidence eclipses at the moment of realization, and one of two things always occur: either my right hand really passes over to the rank of touched, but then its hold on the world is interrupted; or it retains its hold on the world, but then I do not really touch *it* – my right hand touching, I palpate with my left hand only its outer covering. (Merleau-Ponty 1964, pp. 147–148)

There always remains an *écart* or difference between touching and being touched, between sensing and being sensed. This idea of the "sensible sentient" (or the *Leibkörper*) eventually implies that the experience of one's own body always entails some degree of distance and strangeness, since the *Leib* experience goes together with the *Körper* experience without coinciding with it (Slatman 2014).

In short, Merleau-Ponty's philosophy of embodiment has provided us with two —related—ideas of the body. In his early work he presented the body as subject (*corps sujet* and *corps propre*), mainly as the source and origin, or the condition of possibility for perception and action. In his later work he emphasized the double-sidedness of the body, the body as both subject and object. Phenomenological analyses of medical practices often endorse his idea of the body as intentional subject to deal with the question whether specific interventions are desirable or not (Leder 1999; Toombs 1999, 2001; Slatman and Widdershoven 2010b). We believe, however, that his idea of the body as double-sided, as both subject and object, as both *voyant* and *vu*, or *touchant* and *touché* can also be helpful for normative evaluations. In certain cases, it is important to take into account that the experience of one's body as subject cannot be separated from the experience of one's body as an object. In the remainder of this paper, we will therefore present two phenomenological conceptions of bodily integrity: one that is mainly based upon the idea that body is a subject, and one that is based upon the idea that the body is both subject and object, that the experience of our own body is principally double-sided.

5 Bodily Integrity and Bodily Intentionality

On the basis of a phenomenological approach to embodiment we can distinguish two conceptions of bodily integrity which both differ from the currently dominant conception according to which respect for bodily integrity is identified with respect for autonomy: (1) integrity in terms of embodied subjective capacities; and (2) integrity in terms of bodily identity or embodied self-identification. Most

analyses that provide a phenomenological approach to health care and medicine, point at the first conception. Various interpreters draw on the idea that human existence implies simultaneously having (embodied) possibilities of being engaged in one's world ("I can") and being limited in one's possibilities because of one's vulnerable body. Zeiler (2009), for instance, claims that not just any physical change will threaten the integrity of one's body. One's bodily integrity is only affected if a physical change perturbs one's engaging in the world. In the same vein, Bergoffen (2009) argues that one's bodily integrity is threatened, if one's embodied possibilities are frustrated or annulled. Leder (1992), while criticizing medicine's narrow view on embodiment, stresses motor intentionality, in terms of having possibilities in relation to one's situation or life world.

It is not surprising that many interpreters emphasize the role of embodied capacities since the "I can" forms a central idea in Merleau-Ponty's early work, and his own analysis heavily draws on a case of a person (the famous case of Schneider, a brain damaged soldier documented by Kurt Goldstein and Adhémar Gelb) who had specific brain damage which caused a loss of motor intentionality. Importantly, motor intentionality should not be identified with physical motility as such. Schneider was, for instance, very well capable of touching his nose when it was itching, but he was not able to point to his nose at someone's command. From a physiological view, both movements are virtually the same, but from a phenomenological view, they are different, since they constitute a different meaning. For Schneider the decrease of his "I can" implies a lessening of his possibilities to endow meaning to his world.

Although Merleau-Ponty does not use the term, we could say that Schneider's bodily integrity is disrupted. This idea of integrity cannot be traced back to the intactness of an "objective" body, or to biological functionality. Here the rupture of bodily integrity has to do with the breakdown of bodily intentionality, i.e. the possibilities of being engaged in projects, of initiating new projects, and thus of transcending one's actual situation. Schneider, Merleau-Ponty (1945, p. 135) writes, 'is "tied" to actuality, he "lacks liberty," that "concrete liberty which comprises the general power of putting oneself into a situation". Employing an idea of bodily integrity along these lines can provide insight into the way in which a change or loss of physical functionality can affect a person's life world.

Interestingly, this idea has been taken up by disability studies to stress the other side of the coin, i.e. that biological and functional "defects" do not necessarily lead to a rupture of one's sense of bodily integrity. Scully (2008), who has a hearing impairment, for instance, describes that her spatial orientation in the world qualitatively differs from that of hearing people (97–98). She suggests that a phenomenological approach can help us to understand the differences and variances in being in the world, instead of labeling some as normal and some as inferior. Similarly, we should not simply say that using a wheelchair impairs one's being in the world. The wheelchair may indeed go together with all kinds of hindrances, but in the intertwinement of body and assistive device also new possibilities of action can emerge (Winance 2006).

6 Bodily Integrity and Self-identification

Next to this conception of bodily integrity that emphasizes embodied subjectivity and agency, a phenomenological approach of embodiment also yields an idea of integrity that additionally accounts for the body's object-side. This conception of bodily integrity is especially relevant in cases in which diseases (and their treatments) not only cause functional changes but also changes in appearance. A change in physical appearance, such as a scar or other visible blemish, first of all implies a change in how the body appears as an *object* to oneself and to others. And this (undesirable) change may disrupt one's experience of wholeness and integrity in another way than physical changes that primarily affect one's bodily intentionality or "I can." It is interesting to see that appearance related issues of embodiment are hardly considered from a phenomenological perspective. The only phenomenologists who seem to be interested in the external manifestation of bodies tend to be concerned with issues of gender or race (e.g. Diprose 1994; Grosz 1994; Alcoff 2005). Visible bodily difference in the field of health and illness is mainly explored by researchers in the field of social sciences such as medical sociology and disability studies, and habitually not by phenomenologists.

These studies discuss the social value that is inscribed into visible bodies, especially the value of bodies that deviate from prevailing socio-cultural norms, e.g. the body that is not able, the body that is not healthy, the body that is not slim and muscled, the body that is disfigured. And it is from this perspective that social mechanisms like exclusion, discrimination and stigmatization can be articulated (e.g. Goffman 1963). Although it is extremely important to reveal these kinds of mechanisms, we think that it would be interesting to go one step further and explore how the social dimension of embodiment is related to an individual's bodily intentionality, an individual's embodied "I can," an individual's life-world. Social studies often explain the meaning of embodiment in terms of social construction while stressing the social context of the body. This has as a result that they tend to ignore individual embodied subjectivity and agency. Phenomenology can take into account both the individual and the social dimension of embodiment since it—especially in Merleau-Ponty's later philosophy—allows for the double-sidedness of embodied self-experience (Slatman and Yaron 2014).

As described earlier, the body in the sense of "flesh" or "sensible sentient" involves the reversibility between the experience of *Leib* and the experience of *Körper*, without a coincidence between these two. This difference or *écart* at the heart of embodied self-experience is the reason that we cannot speak of an experience of bodily wholeness or integrity in terms of an undividable wholeness. More likely, experiences of wholeness can come into being through processes of self-identification.

In previous work we have described what these kinds of self-identification processes entail in cases of Body Integrity Identity Disorder (BIID), i.e. people who have a strong and persistent wish to have one of their healthy limbs (mostly a leg) amputated since they experience it as not belonging to their own body (Slatman and Widdershoven 2009) and allograft hand transplants (Slatman and Widdershoven 2010a, b). These rather extreme and rare cases indeed invite us to reflect on bodily integrity in terms of identity. To illustrate that the issue of identification is always at stake in changes of appearance we will now focus on a more common and less extreme case: post-surgical breast cancer. As discussed elsewhere, body restoring medical interventions such as a breast reconstruction or an external breast prosthesis do not automatically restore a mastectomized woman's experience of bodily wholeness and completeness (Slatman 2011, 2012) To verify whether interventions and devices that primarily have a cosmetic purpose add to a restoration of a person's experience of wholeness we need to look at the various ways in which people respond to a physical change or the usage of a certain device. In fact, we need to explore how a change in the visible (and touchable) body (the body as object) affects the body as condition of possibility for perception and action (the body as subject).

From an interview that one of us had with a woman who has undergone breast surgery, it became clear, for instance, that the usage of a silicone external breast prosthesis incites a multiplicity of embodied self-experiences.[3] The respondent, with the fictional name "Janet," is 62 years old, single, and has had a mastectomy of her left breast. She always uses an external prosthesis, even when she is at home alone. The reason for using it is twofold: she does not want others to see her as a single-breasted woman, and she does not want to be reminded of her loss. She really dislikes not wearing her bra (for instance, at night after having taken a shower), and she literally feels the empty space at her chest when she is for instance reaching with her right hand for something at her left side. She only feels complete while being dressed and wearing the prosthesis. One could say that in her case the prosthetic device perfectly serves its purpose. It conceals her disfigurement.

But the device does more than that; it also facilitates her being in the world as a social being. And therefore we could say that it recovers her embodied "I can." This might sound a bit strange since the prosthesis is only cosmetic and has no motor function. But as Young (1990) has aptly described, our embodied intentionality or "I can" is not only dependent of motor intentionality (as Merleau-Ponty describes in the case of Schneider). It is also because of social and cultural body norms that one's "I can" can turn into an "I cannot." Janet says that she thinks that women who dare to go out without their prostheses are very powerful and strong (since they seem to resist the disapproving gazes of others). She also admits that that is something she also would like to do, but she adds, "I think that I am not able to do so"—"I cannot" she says. It is thus therefore that the prosthesis recovers her "I can." With her prosthesis she can go out and see other people.

[3]The first author has been conducting a qualitative empirical study in which she follows for approximately 10–12 months women who have undergone breast surgery [either mastectomy (N = 11) or breast-saving surgery (N = 9)]. All respondents were interviewed twice or three times with an interval of 4 months. This study aims at making explicit the various ways in which these women habituate to their changed bodies.

Although Janet is in general satisfied with her prosthetic device, she also experiences shortcomings. In fact, she is rather angry and offended about the way breast prosthetics is put in practice (in the Netherlands). If you need a breast prosthesis you have to purchase one in a specialized lingerie shop. She contends: "Don't you think it is ridiculous that you have to *shop* for your breast prosthesis? If you need an artificial leg you won't go shopping but you will be referred to a specialist in the hospital." Her surprise and dissatisfaction about the normal procedure of purchasing a breast prosthesis points, in fact, to some typical presuppositions concerning the female breast. The breast, so it seems, is considered more like an ornament or decoration than a functional integrated part of the body. Also, nearly all breast prostheses are ready-to-wear mass produced devices. Only in very rare cases breast prostheses are tailor-made. This indeed sharply contrasts with the manufacturing of limb prostheses that are always made-to-measure, and that are fitted by a medical professional, instead of a commercial shop assistant.

The most important thing about a limb prosthesis is that it facilitates one's motor intentionality—this is most successful if the device can be incorporated in one's body scheme, and this in fact means that one forgets about the device while wearing it. This functional aspect is often not taken into account in breast prosthetics, because the breast is not an acting body part like an arm or leg. Yet, it does move while "following" the movements of arms, shoulder and trunk. As Janet makes very clear: the most important feature of a well-fitting prosthesis should be that it does not bother you, like your own breast does not bother you. In that sense, the breast prosthesis should not only support a woman's "I can" in the sense of being able to face the normalizing gazes of others; it should also enable to forget about one's body all together. For indeed, the less one needs to pay attention to one's body or is distracted by one's body, the wider one's scope of agency, of possible actions, or as Merleau-Ponty would say; the stronger one's intentional arc.

Janet says that most of the time the prosthesis is satisfactory in the sense that it does not bother her. But sometimes it is not. She recalls that at a certain point when she was busy cleaning her house, only wearing a singlet because it was hot, and she was leaning down to reach for her cleaning cloth in the bucket, her bra with prosthesis did not remain attached to her body: "well, I could just look through this hole, this empty place at my chest, straight to my belly button, yeah, well these are moments that you are really aware of having lost something, then you are reminded of not having anything there anymore...." These are moment at which the prosthesis does not satisfy; it then loses its meaning of supporting one's embodied capacities, one's "I can." If the prosthesis slides off the body it in fact reinforces the feeling of being incomplete.

The way in which Janet has to deal with her prosthesis illustrates how experiences of her body as subject and as object intertwine and are interdependent. Her agency and subjectivity, i.e. her possibility to act within the world, to go out and see other people is dependent of the usage of a prosthesis, and thus dependent of how others perceive her, and thus of an external view on her body, her body as object. Conversely, the degree to which the prosthesis is able to fix her body as an object is dependent of the degree to which it is not explicitly noticed and thus to the degree

to which it does not disturb her daily dealings and actions. Self-identification thus entails Janet's concurrence with her "prothetized" body, both in its appearance and its functioning.

7 Concluding Remarks

This example makes clear that a pluralistic view on the body may facilitate better care. For Janet, a prosthetic device should not only look good, but also fit well. Since these devices are primarily considered as cosmetic, much emphasis is put upon how they look, but as Janet's story shows this is not enough. She regrets it that she has not been referred to a specialist who could have designed a made-to-measure device for her. It is very likely that her experience of being whole and complete could have gained significantly from a tailored device. Janet's account, obviously, does not serve as a prototype for all women who have had a breast amputation. The most important thing a phenomenological approach on embodiment teaches us is that we have to listen carefully to each individual's multifaceted body story.

What medical professionals can learn from this is that adequate treatment of the body—subject and object—calls for multilateral attention and care. Medical practices might be improved if medical professionals would incorporate a wide range of questions about embodied self-experiences in their patient interviews, and if they subsequently would use patients "body-stories" while counselling them. We hope that our currently on-going research on disfigurements will result in findings that can serve as handles for medical professionals to accurately inform patients about the variety of impacts that a disfigurement can have, and about the possible benefits and shortcomings of different interventions and prosthetic devices.

In this paper, we have thus argued that a phenomenological approach to embodiment can provide an ethics that goes beyond present mainstream medical ethics, which puts a strong emphasis on patients' autonomy, sometimes to the detriment of other aspects of (embodied) well-being. On the basis of our analysis of how the body can be experienced, we have identified three different notions of integrity. The first one, based upon the "body as object" ontology, corresponds to the nowadays prevailing idea that bodily integrity can be respected through autonomy and thus through informed consent. If the body, alternatively, is considered as subject, respect for bodily integrity involves respect for and empowerment of people's embodied agency. The third notion of bodily integrity entails recognition of the body's double-sided ontology of both being object and subject, and as such it requires attention to on-going processes of embodied self-identification.

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Chapter 7
Conspicuous, Obtrusive and Obstinate: A Phenomenology of the Ill Body

Havi Carel

1 Introduction

Phenomenology can be used to describe the experience of illness by focusing on first-person accounts of what it is like to suffer from a particular illness.[1] On Merleau-Ponty's view, our experience is first and foremost an embodied experience, an experience of fleshly sensual existence (2012). Any change to the body would lead to far-reaching changes to one's experience. Thus phenomenology seems doubly suited for describing the experience of illness, which often includes a radical shift in one's embodiment: first, it provides a framework that enables detailed attention to experience; second, it takes as its starting point the centrality of embodiment and of perception. However, such an analysis is a challenging undertaking. The experience of illness is diverse and constantly changing; it is bound with cultural and personal meaning; it can be radically subjective and difficult to describe, or even unshareable, as S. Kay Toombs claims (Toombs 1993, p. 23; Carel 2008, 2013a).

And yet, such an analysis seems essential to our quest to understand illness. When we think about a phenomenological description of illness, immediate questions arise: do illness experiences share certain general features? Are these features

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[1]It can be used to understand any type of bodily experience, e.g. Young's phenomenological analysis of the embodied experience of pregnancy (Young 2005).

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