

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 dysfunctional 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-

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

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