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Defeated Bodies: Ontology of the Self and Illness

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Abstract:

the human being within the framework of social interactions, relationships, and the suffering of the afflicted with themselves and outside the self, and the stigma and abandonment they face, and what prevents them from achieving the activities or desires they aspire to. That broken and defeated body becomes subject to oppression, prohibition, and isolation. This aggravates difficulties and pressures on the ego and its relationship to life on a daily basis, leaving the person within health institutions frustrated and motionless, to the point of surrendering to reality. It is the harshest image of the relationship of the defeated body to the self, desires, society, and institutions that expose the reality of humanity, especially in advanced stages of life where the only voice left is that of theorists such as Erving Goffman or Michel Foucault, and that philosophical sensibility that accompanies human beings ontologically at all times and moments.

Keywords: illness; Self; Health; Aging; Stigma.

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1. INTRODUCTION

At the present time, and with what humanity has experienced with the coronavirus pandemic, man's struggle with illness has made him live through the harshest manifestations of existential states ever. He has leapt from cases of death in time to cases of death before time, or death while still alive, at a period when humans denied man the extent of the pain he endures and disowned him at the moment of his need or request for help. The humanitarian call for rescue may be met with neglect and denial. The inability of the afflicted or sick to find something or someone to rescue them from their situation doubles their suffering, leaving them nothing but a defeated body, a self-indifferent to pain, life, and incapacity, haunted by the feeling of social rejection and of being a burden on others. How, then, can a human live with their defeated body, inside and outside the self, and what is their final choice—if there is any choice?

2. Laws and health system

Laws permit escape from humanity when disease, pandemic, and weakness are surrounded by ambiguity, death, and contagion. It becomes a fait accompli when violating rights by depriving the afflicted of their full social security rights to care, treatment, and medical accompaniment becomes accepted. Laws then permit escape from responsibility as a type of escape from punishment or contagion. At that point, the health system, humanity, and society place responsibility on the patient, who faces contagion on their own, with only their mental and physical capacity, contagion inherited from certain circumstances. They bear the struggle alone against what makes them a danger or burden to others, relying on their awareness, which keeps them before themselves as a self that has not yet stripped itself of human capacity in a situation that has forced humanity to flee from its own humanity out

of fear of infection. The strongest stance of all is when a person prevents their own hand from touching themselves, monitoring their movements and behaviors, unusually cautious, whether by reviewing and controlling their conduct toward others or themselves, or by their extreme vigilance in all patterns of cleansing and sterilization.

In this ambiguous situation with the pandemic, when the matter pertains to philosophy and wisdom, it is wise to avoid giving the impression that everything we experience (science, laboratories) can be understood. There is much uncertainty and ignorance in the situation—storms of epidemics, viruses, and the spread of contagion. Perhaps the first thing a philosopher, rather than a doctor, must do is to be understanding of the human dimension and the magnitude of the pain that some decisions may cause, more than the illness itself.

2. Ethics and health crises

At present, philosophers may not need to deliver moral lessons, but rather to analyze the phenomenon of "moral panic," which arises particularly in moments of crisis, whether natural disasters, the negative consequences of technological development, or certain chemical and biological sciences, and all the disastrous repercussions that evil has inflicted on the world.

In this crisis, there are ethical questions surrounding the issue of resuscitation decisions and "triaging" patients. There are also significant ethical questions regarding the practice of therapeutic experiments and the legitimacy of providing treatments believed to be effective without undergoing controlled clinical trials. Yet these questions have a long history related to the issue of (triage of patients), which is part of war medicine and emergency medicine. Disaster medicine is considered a subspecialty of emergency medicine, which means dealing with the event when it occurs with full preparedness, professionalism, and organization, and treating the consequences of the event (Al-Ain News, 2020). Their

epistemological and ethical issues have been analyzed.

It is ironic to pretend that these questions emerged with the pandemic, raising them in the media endlessly in the form of disputes, petitions, conspiracy theories, and dramatized information handling. Thus, it is useful and necessary to have rigorous thought that connects epistemology, history, and ethics in a situation where it is difficult for everyone to form an opinion. Hence, what philosophical questions does this pandemic raise?

Is it important not to restrict thought to ethics, but to have a broader approach to the situation we are going through? Can we not also ask in this crisis about mental health, working conditions in our society, the political choices made, and the social, political, and economic model we have?

Excessive confidence in science has deceived man, who became accustomed to considering himself immune from this type of health catastrophe, which can lead to denial. Therefore, it is very necessary to ask in the current crisis about the concept of medical progress itself and the challenge posed by situations where patients must be treated in the absence of resources and in emergency conditions, while we are uncertain about the nature of the disease, treatments, and possible vaccines. The failure to provide adequate preventive options may be a difficult decision when a vaccine could prevent a serious, untreatable, or fatal infection.

3. Health and insurance law

1-The laws of health insurance, the global health system, and the emergency law applied in hospitals—such as rescuing patients and providing younger patients with treatment and oxygen in intensive care units at the expense of the elderly—conflict with the laws of respect for life. The right to life, enshrined in paragraph 1 of Article 6 of the International Covenant on Civil and Political Rights, is the highest right that may not be derogated from,

even in times of public emergency. The right to life itself is also enshrined in Article 3 of the Universal Declaration of Human Rights, adopted by the United Nations General Assembly on 10 December 1948. This right is the foundation upon which all human rights (political) are based. Yet there is a conflict between many bioethical discourses and human life (*la vie humaine*) and the person (*la personne*), as if supporters of respecting human life—almost known as vitalists—are at the same time supporters of respecting the person. For example, if a cancer patient in the penultimate stage, requiring costly treatments that have become useless, is considered, should we not ask here: "Should we respect life, or the person?" It is a paradox that places us between the necessity of protecting life and respecting freedom, because life (*vie*), like *liberté*, is among the attributes of the person, values inherent to the concept of the person, and there may be others such as individuality, rationality, equality, sociability. This is the least of questions posed, and it seems inappropriate to oppose life (*vie*) and person (*personne*). The goal of all is respect, protection, and the promotion of individuals, which passes through respecting the individual and their nature (Guy, 2015).

In the philosophical field, the person refers to equality, value, and dignity for every human being, as opposed to other creatures. It may also point beyond rights, beyond legal recognition, calling for the value of every human being even if not legally recognized. Thus, in the Middle Ages, for example, the person was defined as every individual of a rational nature. The matter became important when it concerned determining rights: whether civil, recognized or to be recognized, or basic rights, that is, ethical requirements. Thus, the principle "Never kill" is understood as "Never kill a human being." And so Kantian ethics, which has had great influence in Western civilization, contains among its first principles: always treat the person as a subject and never as an object (Guy, 2015).

Contrary to some topics that attracted researchers' attention, we wanted to deepen the issue and give voice to the elderly, paying attention to their reality in laws, their relations with

doctors and hospitals, and in the eyes of society, especially in the present situation with the pandemic and cases of aging and physical incapacity. With the elderly considered as persons of "undesirable age," aging has become a stigma, regardless of the stigma of infection with the pandemic. "Thus, research in the social sciences on the subject of stigma has increased greatly during the past two decades, particularly in the field of social psychology, where researchers have shed light on the ways in which humans assess cognitive categories and link these categories to stereotypical beliefs. Amid this growth, the concept of stigma has been criticized for being too vague in definition and too individual in focus (Phelan, 2020; Phelan, 2020)."

4- Desire and cases of social stigma

In this regard came the book *Stigma* by the sociologist Erving Goffman. According to him, there is an important precedent that finds the meaning of stigma in the relationship between concepts, such that stigma can be seen as the relationship between "attribute and stereotype." Stigma, as we understand it, exists when the following components are interconnected: the first component is identifying differences among humans and labeling them; the second component is the existence of prevailing cultural beliefs linking the labeled persons with undesirable traits or negative stereotypes; the third component is placing labeled persons into distinct categories to achieve a certain degree of separation between the "us" and the "them"; the fourth component is that the labeled persons experience loss of status and discrimination resulting in unequal consequences; and finally, stigma entirely depends on the possession of social, economic, and political power that allows the definition of difference, the construction of stereotypes, the isolation of labeled persons into different categories, and the exercise of complete denouncement, rejection, exclusion, and discrimination.

This means we use the term stigma when the elements of labeling, stereotyping, conceptualization of stigma, isolation, loss of status, and discrimination combine in a balance of power that allows the components of stigma to be revealed. Against this backdrop of a brief account of the concept of stigma (Phelan, 2020), what then is its relation to persons in situations of incapacity, illness, and advanced age?

The defeated body, the undesirable body, here imposes itself as a particular element distinct from aging and from the social perception of the elderly person. Both are precious indicators of the modern condition of the body, allowing refinement of earlier analyses, especially the subject of the body and the epidemic or the present situation. Thus, the definition Goffman gives of the stigmatized does not encompass the elderly person: "An individual who may easily make themselves acceptable in the circle of ordinary social relations, possessing a peculiarity that imposes itself on the attention of those who meet them among us, and diverts us from them, thereby destroying the rights they possess toward us because of their other attributes." Indeed, we discern in the decorated social negation, to some extent, what characterizes aging and places it before ordinary social life—the social work of a distinctive mark. The person afflicted with the epidemic, like the elderly person, sometimes carries their body as if it were a stigma whose resonance is alive to some extent, depending on the social class to which they belong. There is a strong hypothetical case of stigma occurring in the case of contagious illness and aging (Le Breton, 1997).

It is impossible to distinguish a human being from the body that gives him the depth and sensitivity of his existence in the world. Today's defeated bodies "are the possible gray issue" that besiege a segment of the population—ambiguous, imaginary, faint, and lost in modernity. The time is no longer for experience or memory, nor for the damaged body. The elderly—plagued—slowly slide outside the symbolic field and breach the central values of modernity: values of seduction, youth, vitality, and work. He is an embodiment of the

repressed and a reminder of the incidental and fragile nature of the human condition. He represents the face of absolute otherness (Le Breton, 1997; Le Breton, 1997).

As for those who have reviewed Kaufman's ideas in his book *Stigma*, they will surely notice the extent of the conformity of his theory with reality. In this book, he spoke about social transactions and the critical value-laden gaze of individuals toward the disabled, which does not differ from the current transactions with those infected with epidemics, patients, and the elderly, by using stigmatizing attributes that leave upon the stigmatized bad imprints and marks that damage his reputation and distort his image and self in the eyes of the other. This forces the interacting parties to reduce contact with him, if not to avoid him entirely. Although Kaufman belongs to the paradigm of symbolic interactions, this is what justifies the intersections between him and Becker—the founder of labeling theory—close to Kaufman's theory, which arose in the mid-sixties of the last century in the United States of America, at a moment of great political and cultural conflict, where the most prominent theorists of the theory placed the role of governmental bodies and social processes as essential in creating deviance and crime. In the context of the study of symbolic social action, Howard Becker considered that the researcher's path must always go beyond what the immediate manifestations of truth suggest, meaning that the researcher's approach is an effort to reveal the mask behind the curtain we see, and the application of a set of rules on individuals who step outside these rules, then, as a result, they are labeled as outsiders (Badis, 2018).

The elderly are reduced in common perception to their bodies only, and especially, of course, in institutions—banished bodies, hidden, then forgotten—aged bodies, that have become useless, that once worked but are no longer able to do so. They are bodies we do not know what to do with, and we place them there awaiting the fulfillment of—their desire for death.

The meaning often proposed in the medical context includes a value judgment on individuals, as the idea of quality of life goes back to a judgment about the value of an individual compared to others, his relative utility. It questions the equality of life for each one based on his attributes or circumstances. It may be understood at the ethical level that some incapacitated patients do not have the right to resources of the environment and medicine in the same way as others, because they are unable to contribute to the building of society. Thus, sometimes, it justifies the elimination of a life deemed worthless or, in the case of choosing between two patients, preferring the one of greater value and importance. This meaning directly contradicts the concept of the sacred nature of life. While some receive it enthusiastically (Guy, 2015), others strongly denounce it.

In most institutions, human depth and individual privacy are erased under the sole banner of the damaged body, the body that should only be tortured and washed. For the elderly, their history is gone, they are no longer active persons. They are defeated bodies whose health and survival must be cared for. Their defeat expresses the moment when the repression of the body is no longer possible, the moment when the body presents itself to the gaze of the other at an inopportune time.

In the past, people grew older while feeling they were following a natural course that led them to increasing social recognition. But the modern man constantly fights against every trace of his age, fearing growing old, lest he lose his professional status or his job. This indicates the gradual denigration of the body and a kind of submission to a duality of conflict between the actor and his body, making him subject to the latter. Illness and pain are two others—but temporary—examples of the duality inherent in the human condition. This age stage or difficult health condition is linked here to a final duality, because the person in this case will be reduced in social perception, reduced to his body: "Look at the man fading, he is dying in detail, all his external functions are ending... the multiple causes of sensations

pass over him without affecting him" (Le Breton, 1997).

Kaufman's study almost expresses the situation of the human being in hospitals as he suffers from the most severe and harsh epidemic—COVID-19. Perhaps what Kaufman mentions from the statements of some hospitalized women, "Here people's dignity is mocked, and they are not cared about at all, and that is all." Such is the situation in long- and medium-term care centers. In most institutions, people are defeated by their bodies, in a way that abandons the self and the activities inherent in daily life, which are now considered without horizon. This is well expressed by many individuals. When abstraction reaches its peak and the person is no longer reduced only to his body, and if he has not died, then a kind of symbolic death is what he gradually internalizes through increasing submission to those who care for him. It is a withdrawal into a self that is ever more diminished and devalued, and it can reach the point of twisting or lying-in bed when all bodily activities are delegated to caregivers. It is another way of ceasing to exist there and escaping from awareness (Le Breton, 1997).

The poor management in institutions, whether nursing homes, shelters, or hospitals, is very far from all moral and human values. It is a condition that reflects humanity in its worst images. Perhaps what a nurse's assistant recounts about one of her working days is an example of this: "She does not speak at any moment about the people she was assigned to. Apparently, all her work, or at least the work she talks about, seems to be limited to a mandatory set of movements of care for neglected bodies... preparing the cart, cleaning... And because she is chased by time and by what she must do, she only gives the impression that she is constantly running. The testimony seems to us revealing of what actually happens in many institutions" (Le Breton, 1997).

4. CONCLUSION

Finally, the question of the nature of diseases, especially the so-called "emerging" diseases, is also a subject that must be questioned philosophically. Multidisciplinarity in research must be strengthened, even if this work, in the form of scientific dialogue, takes time to be achieved. The work of doctors in a short time, the time of medical emergencies, and the work of researchers in the humanities and social sciences for a longer period are needed to stimulate critical thinking about medical practices and biomedical research, to understand the scientific issues of research programs, and to cooperate with specialists from other disciplines, searching for new horizons to live within a health care system in which "health democracy" becomes a tangible reality as fundamental stakes that give meaning to life.

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