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The relationship between the self and the body forms the basis of many philosophical speculations throughout history. This thesis investigates the self-body relationship in a modern medical context, connecting abstract ideas about the mind and embodiment with ethical decision making in healthcare. Naturalist, Feminist and property conceptions of the body are formulated from research of bioethical and philosophical writings and critiqued with regards to advantages and disadvantages each model provides for understanding medical practice. The three models are then applied to concepts of disease, illness and disability so that the connections between ideas and medical practice are made explicit. Ultimately, investigating and explaining these models offers nuanced and insightful ways to understand healthcare in a variety of situations, but no one model offers a fully comprehensive explanation of the medical self-body relationship.

Key Words: body, self, biomedical ethics, healthcare ethics,

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Intersections and Implications Between Medical, Philosophical and Moral Understandings of the Body and the Self

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I understand that my project will become part of the permanent collection of Oregon State University, University Honors College. My signature below authorizes release of my project to any reader upon request.

Natalie Laine Rich, Author

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Introduction

"Breast cancer isn't something I have, but something my body is currently doing," reads Xeni Jardin's Twitter biography. Jardin, who is a founder and co-editor of the popular science and culture blog "Boing Boing," has also changed her avatar from one displaying her signature curly, platinum blonde hair to a shorn facsimile. Cancer both is and is not part of her identity; she considers it a bodily problem, not part of her self, but cancer is clearly implied in her changed physical and virtual appearance.

Jardin's statement illustrates one common way we understand the relationship between the self and the body; the body is separate from the self and sometimes does things beyond our control. Her modified virtual representation of her face, however, says, "I am a cancer patient." It combines her experience of cancer with her appearance, the only way most of the thousands who read her work will imagine who she is. The body and the self are united in physical and digital appearance.

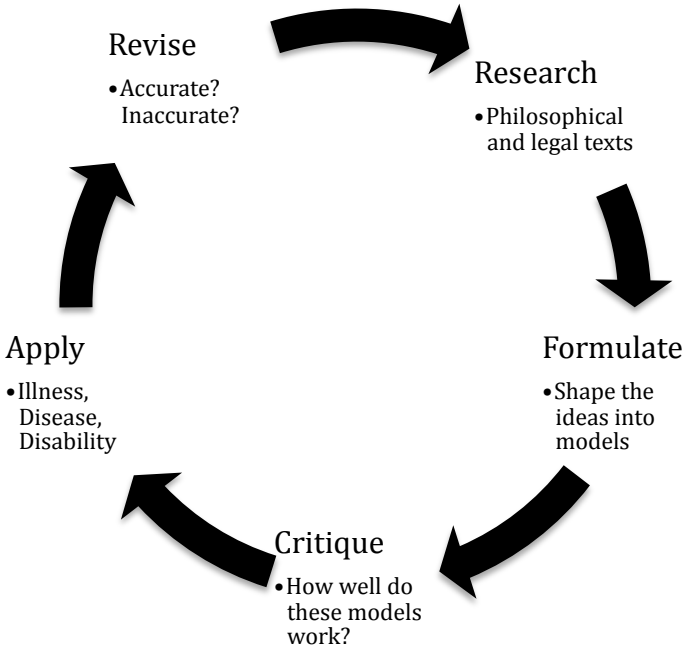
Investigating the different ways we understand the relationship between the self and the body can be interesting and enlightening for our own self-understanding. It can help us understand ourselves better and provide a fundamental piece of a coherent worldview. Considering this relationship in the specific context of healthcare reveals unique insights into who we are and how we treat problems. Illness, disease and medical treatment impel us to stop and pay attention to our physical existence, which is often otherwise so easily ignored. We become uniquely aware of embodiment when

experiencing pain or awkward movements and look to medicine for ways to resolve tensions between the body and the self.

I became interested in the topic of medical embodiment because it directly connects abstract concepts concerning bodies and humanity with pragmatic medical interventions. Theories of embodiment matter, and making these theories explicit rather than implicit will expose weaknesses in the theories and offer new ways to understand bodies and healthcare. Good healthcare should use models of the body that are both physiologically sound and most representative of patients' lived experience. The topic of medical understandings of embodiment has implications beyond self-understanding and can illuminate ways in which our understanding of the body changes medical practice.

This thesis will examine naturalist, feminist and property conceptions of the body in the context of medical practice. Each model will be examined and critiqued on its own merits and implications, revealing unique advantages and disadvantages for medical understanding from each perspective. The models will be critiqued with regards to consistency, internal coherency, inclusiveness and correspondence with lived experience. Concepts of disease, illness and disability will then be incorporated into each model and explained, illustrating the way in which our conception of the body has consequences beyond self-understanding and into practical details of medical diagnosis and treatment.

Methods



The methods used to construct this thesis are described in the figure above. Philosophical and legal texts formed the basis of my literature research. I abstracted ideas found in these texts and formed them into models of the body that are consistent with the ideas and values presented in the primary source work. I then critiqued each model with regards to concepts such as internal cohesiveness, coordination with lived experience, and inclusiveness. Each model was subsequently applied to understandings of disease, illness and disability. Revisions took place along every step of the process to ensure accurate representations and clear presentation of ideas.

A Naturalist Perspective

In *Toward a More Natural Science*, Leon Kass critiques current medical practices from the standpoint that certain practices are irreverent or compromise human dignity, generally speaking. Part of this critique focuses on understandings of the body, specifically the relationship between the human being and the body. Kass addresses the relationship between the human being and the body as a way to develop a biology or anthropology of the body that does justice to the meaning of bodily life, not necessarily as a normative model of the body for use in ethical deliberation regarding medical practice. This biological and anthropological approach is intended to create a model that integrates the human being with the body. Integrating the self and the body allows Kass to develop a model that covers a middle ground between a strictly materialistic conception of human life and a kind of "consciousness only" idealism.

Kass' position on the role of the body in human experience centers on a combination of rational and reverent conceptions of the body. He introduces and develops this idea by contrasting the scientific presumption that "the subconscious living body, not to speak of nature in general, is utterly without dignity or meaning of its own" with the hesitant reactions of first year medical students presented with their first human cadaver dissection (277). This dissonance drives Kass to think more deeply about the body. He examines linguistic and experiential examples of body use and both positive and negative perspectives of embodiment to develop his integrative view of the body as both rational and animal.

Before exploring the everyday use of the word "body," Kass writes that two of the universal truths of the body include the fact that everybody dies and every culture has a way of dealing with dead bodies (281). These facts serve as the basis of Kass' position. They appeal to both the physical and spiritual universalities of death, regardless of culture. The presence of practices that involve reverence for the body of the deceased is especially important for justifying Kass' opposition to some kinds of physical manipulations. Kass analogically argues that engaging in practices of cosmetic surgeries and surrogate mothers displays as much irreverence as leaving the bodies of your ancestors in the open for dogs and birds to destroy (297-298).

Investigating the use of the word "body" in everyday speech and experience leads Kass to observe that we talk about ourselves as both subjects and objects, and often regard our bodies as tools of our wills (282-283). These observations bring up issues of possession and property as well as Cartesian understandings of mind-body dualism. However, Kass does not believe that Cartesian dualism presents a problem that should be solved by philosophers, but rather a way of understanding the way we relate to the world. He dislikes the model of the body as property but only argues against it analogically in the conclusion of the paper. Kass seems content to leave our possessive use of the word body as only a convention and not as indicative of the body's status as property.

Instead of developing an argument from language and conventional use of the word "body", Kass develops a theory of the body based on bodily experience and observations about bodily form. He begins his discussion with inward perceptions and the formulation of speech but develops the theory more fully by considering the body

taken as a whole, bounded form. This theory relies on looking upon the body holistically and describes what Kass considers dignifying and grounding aspects of embodiment. The first section describing this theory, "Looking up to the body," focuses on the form of the body itself as separating humanity from the other animals, creating reason and our "special way of being in this world" (289). Parts of this theory are developed from the work of zoologist Adolf Portmann and the neurologist-psychologist Erwin Straus. Portmann considers the location of the human head as above the rest of the body a distinguishing characteristic of humanity compared to other animals, while Straus connects rationality itself to the posture and layout of the human body (286). Kass particularly relies on Straus to develop his own theory. Straus connects uprightness of posture with dignity, the ability to point with our capacity to relate to others and see things beyond our self, and the perpendicular orientation of our digestive system compared to our movement to the existence of human interests beyond eating (286-288).

Kass uses these analogies to conclude that "We are rational animals down to and up from the very tips of our toes" (289). The body is not just a tool for our wills, but the very reason for reason itself. Studying the bounded, whole form of the body reveals a capacity for reason as well as aspects of human nature; our broad range of vision, upright posture and capacities for speech can lead to a sense of awareness of who we are. The rational self and the body are integrated and inseparable for Kass. The body is a unified whole, separate and capable of becoming aware of the outside world as well as our situation within it. A sense of bodily unity and completeness even comes before understanding the body as upright and dignified. Understanding oneself as an

individual, separate being is a background condition necessary for understanding particular capacities useful for relating to others or developing rationality. Disrupting or circumventing the unification of the whole with invasive medical procedures changes the sense of wholeness and bordered separation revealed by a holistic understanding of the body. Thus, certain kinds of medical body manipulations are problematic because the body is not a house for reason that can be remodeled at whim but the very property of reason itself.

Humbling, animalistic aspects of the body are explored and developed in the section "Looking Down on the Body". In this section, Kass explains that bodies are isolated, unshareable, privatizing, concealing and often serve as obstacles for our wills to overcome (290). Drawing heavily on the biblical account of the Fall of Man, he describes man's acquisition of reason as leading to the knowledge that, as bodies only, we are naked, shameful and vulnerable (290-291). Reason eventually results in shame after gaining knowledge of our nakedness and vulnerability because nakedness and vulnerability imply that we are exposed, incomplete and fallible. People are not self-sufficient but rather rely upon others to bring us into the world; we are less than whole and need others to survive and thrive. Shame is a result of the knowledge that we depend on others outside of ourselves. Self-consciousness, vanity and self-loathing are all consequences of our vulnerability, which itself is a consequence of reason and autonomy.

Kass uses human sexuality as a reminder that we will perish and must create new life, as well as an example of the body's incomplete nature (291). Humanity is reliant on a complementary "half" to realize its complete sexual nature. The body is less

than whole, and we are unable to fulfill our animal natures completely on our own. He also describes humanity's sexual nature as having an uncontrollable rebellious will, which parallels with the Judeo-Christian view of man's rebellion against God. Bending to this will is both necessary for new life and an implicit surrender to mortality (293). Animalistic desires and forms for reproduction ground the rational and transcendent self in the physical world. This results in a kind of "doubleness" or division between physical, animalistic desires and the rational self that emerges from the holistic unity of the body. The realization that physical desires are not uniquely tied to humanity but are present in all animal forms of life grounds and humbles our understanding of our selves. This realization allows us to recognize our dependency on others and stirs us into a mental awakening. Recognition of dependency can lead to ingenuity, creativity and a deep understanding of our need for relationship and other people. Overall, looking down on the body and finding it shameful and incomplete allows us an understanding and awareness of our physical, animal nature. It helps us find our place historically, realize our weakness, and create capacities for creativity, ingenuity and other specifically human capabilities. Understanding the human being as a mental entity only ignores the uniquely human capabilities that come from a humbled grounded knowledge of the body.

Kass' overall philosophy of the body combines the body's ephemeral nature and physical weakness with its capacity to contemplate and create ideals beyond itself. The body itself is rational, and thus dignified and is deserving of respect. The body is not fully separable from our rational selves and is deserving of reverence. He arrives at this conclusion through analogies about our uprightness and posture and by tying reason to

the vulnerability inherent in autonomy or free will. The deeply entwined nature of the rational and physical selves within the body forms the basis of Kass' opposition to "irreverent" bodily manipulations. Organ transplantation, laboratory fertilization and cadaver dissection all demonstrate a willingness to provide "little respect for the nature and meaning of bodily life" (298). These practices are problematic because they do not recognize the human dependency described in "looking down on the body" and champion autonomy and independence. The practices show that we are losing our understanding of our place in history and strip bodily life of its gravity and dignity. However, Kass is ambivalent about his opposition to cadaver dissection; he ends the story of the medical students' first encounter with a cadaver by describing the students as understanding that they were "engaged in something fundamentally disrespectful-albeit in a good cause" (278). The ends almost justify the means for Kass and the medical students, but not enough for Kass to vindicate the act entirely. Ultimately Kass would like current medical and scientific practices to be both rational and reverent and sees the current path of medicine to be disrespectful of the dignity of the body.

Kass' understanding of the self in relation to the body can perhaps best be characterized as being an emergent property that results from the particular layout and organization of the body. Though the posture and orientation of the body may be deeply entwined with our understandings and development of rationality, it does not make sense for the particular growth cycles of a fingernail or workings of the liver to be rational in the same sense. The metabolic functions of the liver and details of cellular growth are certainly aspects of embodiment that contribute to the overall layout of the body, but rationality is understood as a product of approaching the body as an

overarching whole, not a collection of individual parts. The self emerges from the harmony of the body in action. The organization of the body results in reason and autonomy, while reason in turn exposes the inherent vulnerability and isolation associated with body. The self emerges from the body but creates a grounded understanding of embodiment.

Considering the self an emergent property of the body also helps explain the reverence associated with rituals for the dead. The body and self are integrated and inseparable during life, but the feelings of loss and separation associated with the death of a loved one clearly indicates that a person is not just a body but an animated and integrated body. The body and self are "dis-integrated" at this point, though the body from which the self arose may be perfectly intact.

This model of the body is most useful for understanding and explaining rituals involving death; understanding the body as a necessary and integral component of reason, selfhood and other highly valued intellectual qualities implies that we should treat the body with some of the reverence and respect generally given to those intellectual qualities. It also explains the medical students' aversion to working with cadavers and Kass' own conviction that cadaver dissection is prima facie disrespectful. However, this model does not adequately examine or explain practices involving the body during life or issues involving disability.

Considering the self an emergent and integrated aspect of the body as a whole does not necessarily imply that manipulating parts of the body is a fundamentally disrespectful act. Though kidneys and livers are necessary for human life and bodily functions, neither removing a kidney nor pieces of a liver change the emergent

properties of selfhood and reason. The workings of the body can continue with these procedures, and reason and other intellectual qualities are unscathed by the removal of these internal organs. Emergence does not necessitate unchanging integration but rather harmony of the body as a whole. Changing a part of a body does not imply changing the overall emergence of the self any more than changing the strings on a guitar changes the overall structure and quality of a song.

General medical practices using this model of the body could be interpreted as similar to tuning a guitar to restore the harmony of the instrument as a whole. Sickness describes instances in which the body is not working well as a whole; bronchitis makes breathing and communication difficult, while pneumonia can knock out our capacities for upright posture. Illnesses make it very difficult to maintain a dignified form and maintain or develop our human nature. Medicine attempts to restore the lost wholeness created by illness. Antibiotics fight against the invasions of the body caused by infection, while pain relievers circumvent the separation of the body and the self caused by the body's own response to injury or illness. An emergent understanding of the self can explain Kass' lack of concern over these kinds of relatively non-controversial medical practices and assuage his aversion to more manipulative and intrusive procedures.

Moral issues with organ transplantation and cadaver dissection can be similarly resolved with the understanding that the self is an emergent aspect of the body rather than present in the parts themselves. The body and self are no longer integrated after death, and though the organization and layout of the body suggest prior capacities for reason and selfhood, the absence of animation dissolves the integration. Furthermore, dissection of cadavers and organ transplantation from the recently deceased need not

display irreverence for the body's prior capacity for reason. It is at least theoretically possible for the overall layout and organization of the body responsible for the capacity for reason to be preserved and respected during a dissection. Similarly, transplanting an organ from the deceased to the living does not necessarily imply any more disrespect than removing parts of a liver from a living person; the self is emergent from the body and is not found in one organ but in the harmony of the body as a whole.

Kass' argument that surrogate motherhood and in vitro fertilization show as much reverence for the body as leaving the bodies of your ancestors out to rot is also problematic and does not necessarily follow from his model of the body. Each of his examples shows a particular kind of domination of the self over the body that may lead to further irreverent practices, but none show deep disrespect of bodily life. For example, some uses of surrogate motherhood and in vitro fertilization could imply a greater capacity for understanding the weakness, vulnerability and sense of incompleteness associated with embodiment than that associated with pregnancy. Difficulties with conception could certainly be alienating experiences that lead to understanding the inherent weaknesses of the body in a deeply personal way and result in reverence for the body. Both in vitro fertilization and the use of surrogate mothers imply a hope for new life achieved in "dis-integrated" ways, but they do not entail a lack of reverence for bodily life.

Features of disabled embodiment may relate well to understandings of the body as grounded and vulnerable but do not fit into Kass' overall understanding of rationality as a product of our posture and physical situation in the world. Connecting expansive capacities for vision and upright posture with the emergence of rationality does not

fully include those who are blind or bound to life in a wheelchair. Understanding the self as an emergent property of the body working as a whole presents similar challenges for including the disabled; blindness might be an example of the body not functioning holistically but rather functioning with some parts missing. However, rationality is unaffected by the change in posture and functioning. Including disabled humanity presents a difficult challenge for a model of the body built on an idealized universal form.

As a whole, the integrated model of the body Kass puts forth sufficiently explains attitudes toward the body after death but does allow for manipulations that change the body without damaging the integrity of the body and the self. Considering the self a kind of emergent property of the body as a result of the layout, orientation and harmonious cooperation of internal systems of the body is consistent with his view that the body and self are an integrated whole but also allows for the possibility of organ transplantation and other manipulations without compromising the body-self relationship. This conception of integration is consistent with Kass' argument that we are rational because of our overall orientation and organization, while an argument against an emergent conception of the self resulting from the body taken as a whole would have to hold that the self is identical or entwined with fractionalized parts of our bodies in ways inconsistent with our bodily experiences and with his own argument that we are rational animals because of our orientation toward the world.

A Feminist Perspective

In the previous chapter, Leon Kass' emergent understanding of the self from the body as a unified whole formed the basis for his recommendations and prohibitions of certain kinds of medical practice. This section also starts from a unified, holistic understanding of the body but finds the female sense of wholeness compromised and weakened via sexist society. Although both Kass and Iris Marion Young, whose model is described in more detail below, refute reductionist or non-unified understandings of the body, they arrive at different conclusions as to what the proper understanding of the body should be. This difference is due to fundamental differences between feminist philosophy and the traditional philosophic understanding of the primacy of reason and individual autonomy. In contrast, the feminist tradition begins from concepts such as the oppressive and hierarchical social context of patriarchy, the importance of embodied experience synthesizing reason and emotion, and fundamental interdependence and relationship rather than individual autonomy. These essential changes in assumptions and methodology shift the center of the problem of fractionalization and alienation to broader social contexts than medical reductionism.

The feminist perspective of the body presented in this chapter focuses on women's experiences as alienated or fragmented from their bodies as a result of oppressive and hierarchical social conditions and aims to replace that alienation with an integrative perspective of the body and the person. Of course, this perspective does not and cannot represent all feminist views; it would be possible for a feminist to prefer the protections of autonomy offered by a property model of the body. The authors

referenced in this section specifically come from the liberal and social feminist traditions. The perspective presented in this chapter offers an overview of some of the common ideas presented in several feminist publications and is relevant to feminist goals such as furthering opportunities for equality and inclusivity, but does not purport to speak for all feminists.

Common themes presented in feminist perspectives of the body identify an alienation, fragmentation or disconnect between the woman's self and her body. Understanding this alienation as a result of oppressive social conditions is crucial for properly understanding a feminist perspective of the body. For example, in her article "Throwing Like a Girl," philosopher Iris Marion Young states, "women in sexist society are physically handicapped," clearly defining the problem as social and not inevitable or essential (146). In this essay, Young identifies ambiguous transcendence, inhibited intentionality and discontinuous unity as socially imposed modalities for female movement (147-149).

"Ambiguous transcendence" refers to the relatively choppy way many women engage parts of their bodies, rather than their entire bodies, when performing actions such as throwing. They do not fully transcend their bodies for the sake of action when engaging physically but instead remain somewhat "stuck" within the body (148). For example, a woman who only uses her arms to swing a baseball bat rather than twisting her arms, torso and legs in one fluid motion is exhibiting ambiguous transcendence; the act is confined to her arms and does not flow with the grace of complete bodily engagement.

"Inhibited intentionality" refers to a woman's self-imposed doubt of her own capabilities that weakens her ability to perform the action she intends, for instance, reaching for an object with only her arm instead of by stretching her entire body and legs, or intending to lift a heavy object while simultaneously being undermined by a self-imposed feeling of inability (149). Her desire to reach the object is limited by her own underused and unacknowledged capacities.

Finally, "discontinuous unity" describes the way in which Young observes women isolating motion in one part of the body only, rather than with the body as one unified whole (149). In the example of the woman swinging a baseball bat described above, the experience of discontinuous unity is that of a compartmentalized body that does not twist as a unified whole. The parts of her body that swing can be considered mobile and subjective, while the parts that stay still are immobile objects. The existence of both mobile and immobile body parts in the same bounded body is thus discontinuous. None of these dichotomies present feminine movement as integrative of the body and person but rather make explicit ways movement itself is fragmented due to current oppressive social influences that restrict female engagement in physical activity.

Focusing on feminine body movement in these ways may be revelatory of experiences of feminine existence much in the same way that Kass considers uprightness of posture revelatory of the inherent rationality of the body. Young also incorporates uprightness of posture to explain fractionalization of the body but does so through experiences of the body in motion rather than as an abstracted form separate from action. Starting from examples of action reveals a kind of "doubleness" and

experience of the body simultaneously as a subject and as an object rather than as an integrated whole. The action is carried out in the subjective parts of the body and inhibited in the objective parts, hampering opportunities for unity and integration. Kass too perceives a kind of created "doubleness" in his model of the body, but considers the doubleness between animal features and rational features. He also does not discuss motion when developing his model of the body, starting from detached rationality rather than observation of action. Young's perspective explains fractionalization and duality from lived experience and social conditions, while Kass intends to integrate rational and animal natures from a detached view of the bodily form.

Metaphors in medical discourse involving the female reproductive system can also be used to explain female alienation and fractionalization from feminist perspectives. Early medical descriptions of women's bodies characterized the female body as being a lesser, inverted analog of the male form. As experimental science became more refined in the 19th century, metaphors used to describe bodily processes included the ideas of production, spending and saving, and a hierarchical system of control (Martin 34). Industrial metaphors are used to describe menstruation and menopause in terms of wastefulness, lack of production and, in the case of menopause, a failure to obey authority (45). Emily Martin identifies defining the scientific understanding of the female processes of menstruation and menopause in terms of failure as contributing to negative views of those processes (45). She also believes that identifying production as the goal of the process of menstruation may be at odds with the woman's own goals (53). The disconnect between the scientific understanding and

language of menstruation and menopause and women's own desires for their lives may also contribute to alienation between women's selves and bodies.

In addition to her analysis of metaphors concerning menstruation and menopause, Martin identifies sources of alienation found in metaphors used to describe birth as well. The prevalence of the machine metaphor, the use of the word "labor" and the constructed role for the doctor as the manager of the "machine" all contribute to a fragmented, Marxist alienation between the woman as laborer and child as product (62). For example, the phrase "bun in the oven" identifies a woman's womb as a machine used for cooking. The idea of a body as a machine also connects back to Young's emphasis on body movement; machines do not move but are instead manipulated by others. These metaphors contribute to the "doubleness" and separation of the body into subject and object, as previously described. Considering part of a woman's body an object such as an oven fragments the relationship between a woman's body, self and child.

The disconnect between women's selves and their bodies illustrated by observations of bodily movement and metaphors of production are results of social conditions that dictate rigid, non-athletic roles for women in society as well as language that subtly divides the self and the body. Restrictive clothing during childhood, social conditioning that portrays the female body as weak and fragile, and wasteful and mechanized metaphors for female processes all contribute to a fragmented understanding of the self from the body. In light of the described negative effects of alienation between the self and the body, a constructive feminist perspective of the body could seek to integrate and unify the self and the body to create a whole person.

This integration need not be an integration of the rational with the physical, as Kass imagines, but rather an integration that respects the role of emotions and appearances as important components of the whole person and of the subjective experience of embodiment.

The development of this integrative view comes from a particular kind of perspective of bodily experience. In "Respect for Bodies," Judith Andre describes personhood as neither fully spatial nor intellectual, but rather an integration of both areas of existence (10). She believes body parts are parts of a person, not objects, and describes the combined physical and emotional experience of fear to show that the two realms of existence are not clearly separable (11). For Andre, forgetting that "every aspect of a body is part of a person" is a form of objectification (17). This perspective opposes the industrial metaphor of the body as a machine because it ignores and separates a person from her body, and implies the female body is an object for manipulation by others.

Andre's integrative view of the body also incorporates the relationship of the body's physical appearance to the person as a whole. Appearances can divulge a person's age, social standing, valuation of beauty and other aspects of his or her life, and thus have an important role for an complete understanding of a person's self expression (14). This perspective is decidedly more social than previously described perspectives of the body that focus on the individual as separated from society; appearances are related to connections with others and how we would like others to perceive us, while self-conceptions of the body are necessarily more separate and individual.

The integrative feminist perspective described thus far does not describe female embodiment exclusively and can be used to describe male embodiment as well; men too have emotional and physical experiences of fear and relate to others through a chosen kind of physical appearance. However, this does not preclude the possibility of unique male and female experiences of embodiment. A feminist integration of the self and the body that focuses solely on female embodiment could also involve an understanding of pregnant embodiment and "breasted experience," as described by Iris Marion Young in her essay of the same title. For Young, female objectification, sexuality and motherhood are all inextricably linked to breasted experience. Confronting sexist cultural expectations surrounding breasts as a breasted individual will thus result in different understandings of the body than those developed from a specifically male perspective. Ideas involving bodily manipulation in particular will be different for women, who routinely receive messages rooted in patriarchal oppression that parts of their bodies should be treated like objects, than it will be for men, who receive different cultural dictations. Breast implantations, for example, separate and highlight the breasts as objects for sexual pleasure, not as a link between a mother and her child or part of a person. No part of the male body is isolated and objectified in such a pervasive, public way.

A feminist perspective of the body will understand the relationship between the person, self and body in integrative and social ways. It starts from women's alienated experience due to social inequities, mechanistic metaphors and inhibited spatial motility and aims to unite the self and the body to overcome this alienation. Though the

ideas described start from the experience of women, the perspective is not necessarily essentialist and can be accessible to men as well.

Although a feminist perspective of the body has some clear advantages associated with combining the self with the body in a broad, social way, this model poses some difficulties with regards to disease and alienation. The alienated experience of inhibited action Young describes in "Throwing Like a Girl" could be challenged through examples of graceful gymnasts or soccer players, while replacing alienating mechanistic metaphors for childbirth and menstruation with affirming, restorative metaphors does little to alleviate alienation that results from pain, illness and disease. Experiences of pain jar us out of our typical daily routines in much more shocking ways than the usage of metaphors that do not match our hopes or ideals; pain quickly separates a unified understanding of self and body. Despite these difficulties, the model could be very useful for guiding medical treatment that aspires to restore wholeness to the entire person, socially, physically and mentally.

As mentioned in the previous paragraph, Young's description of alienation and inhibition in sports does not account for observations of gracefulness in women's sports. The fluid teamwork and tactical ingenuity found in women's soccer, for example, directly contrasts the emphasis on speed and force found in men's soccer at almost every level of the game. The form of the female body might preclude some of the sprinted speeds found men's soccer, but it does not result in inhibited action or discontinuous unity, as Young believes should result from women's restricted social upbringing. The athleticism and agility present in women's gymnastics also directly contradict Young's description of fragmentation; gymnastics requires complete, unified

physical engagement in order to properly execute flips and spins. Isolating a motion in only one part of the body would be nearly impossible in this sport.

The current cultures of competitive gymnastics and soccer actively work against the restrictive social conditions discouraging women from completely engaging their bodies, decisively separating women's social expectations in the 1970s from recent relative acceptance and support of women in sports. The prevalence of women who show grace and agility in athletics who were raised within these cultures shows that the problem is decidedly social and not essential, as Young maintains in her article. In light of examples of cultural changes positively influencing the ways women move their bodies, further support and encouragement of women in athletics will further relieve the fragmentation described in Young's examples.

Problems with understandings of alienated experience extend beyond observations about athletic movement into medicalization of natural processes as well. Though using machine and production metaphors to characterize these processes certainly can separate a woman's understanding of her self and her body, changing the descriptions and associations with the processes cannot change the physical sensation of pain inherent in the processes themselves. Associating menstruation with wastefulness or pregnancy and childbirth with machine production exacerbates alienation that can sometimes be more related to the sensation of pain tied to the process. Incorporating pain in addition to production and control metaphors as causes for alienation complicates understandings of fragmentation and makes separation a problem for medical practice as well as medical description. However, incorporating pain as a cause for alienation also runs dangerously close to labeling processes such as

menstruation or childbirth diseases or ailments instead of natural functions. Overcoming alienation may mean interpreting painful aspects of physical embodiment as necessary and fundamentally human, as well as dismantling and replacing fragmenting metaphors.

Though interpretations of estrangement and alienation complicate ways to achieve an integrated model of the body, understanding a person as a combination of appearance, emotion and reason can be very useful for medical practice. For example, treating someone with cancer holistically under this approach would mean taking into consideration changes in their appearance caused by chemotherapy or surgery and emotional upheavals due to increased feelings of vulnerability, not just treating the cancer itself. Providing prostheses, wheelchairs, wigs, support groups and comprehensive treatment programs can be said to restore wholeness to the combined body and self. Treating the body and treating the person would be combined in theory and in practice. Incorporating appearances and emotions as integral to a person as well as parts of the body allows for a wider interpretation of bodily wholeness than reducing the body to pieces and parts and separating the self entirely.

This integrative feminist perspective of the body differs from other models because of its emphasis on the relatedness of emotion and appearance to personhood and embodiment. It starts from the perception of culturally caused objectification and separation of the self and the body and incorporates the value of image and emotion to physical and mental identity. The body and the self are linked through feelings and appearances, not through the emergence of a rational self from an archetypical form or from a self-owned property in the body.

The Property Model of the Body

In contrast to the previously described naturalist and feminist perspectives of the body, which primarily address the problem of self-body unity, the property model of the body addresses the problem of self-other relationships and forms bases for freedom of choice and protection from intrusion. While the feminist model and the property model both aim to prevent oppression and treatment of the body as property by others, they approach the problem of mistreatment differently; the feminist perspective focuses on personal internal dissonance created by widespread societal inequalities, while the property model grounds protections and freedoms for the individual person and body in society. The models may likely have areas of overlap when concerning individual freedom from oppression, but may conflict with regards to what kinds of bodily practices can be justified.

The property model of the body is fundamentally based upon the principle of autonomy and implies the possibility of a separation between bodily tissues, the body, and the self. The model can be used to justify legal protections for one's body against unwanted medical procedures, as well as protections that keep the bodies of the deceased free from desecration. Critics of the model focus on its implications for human dignity and the privileging of autonomy over all other values.

Autonomy is the most central feature of the property model of the body. Placing individual control at the forefront of bodily medical ethics protects people from having many decisions about the role and value of the body imposed or taken from them by physicians, religious leaders and government officials. The model allows people to treat

their bodies however they see fit, as long as their choices do not impinge on the freedoms of others. The property model of the body can be seen as a broadening of usual western conceptions of autonomy and personal rights into the body itself. Of course, John Locke articulated a particular conception of self-ownership in the Second Treatise of Government, stating, " . . .every Man has a *Property* in his own *Person*. This no Body had any Right to but himself" (Ch 4, Sec. 23). However, the property model of the body expands this definition. It separates the body from the person, allowing rule not just of the self, but also over the vessel for the self as well.

Developing Locke's conception of land ownership to explain a property model of the body sheds light on some of the key rights and liberties this model assigns to individuals. Ownership of land gives the owner disposal over just about anything that can happen to that land. The land can be sold, gifted, left to sit or plowed and tilled for agricultural production. Ownership involves protection from intrusion and invasion by others as well; an owner is free to place a "No Trespassing" sign and exclude others from using the land regardless of the presence or absence of a physical barrier such as a fence or locked gate. The owner of the land also has discretion over the fruits of the land, which can likewise be sold, gifted, destroyed or consumed by the owner. Land in and of itself is not valuable in this traditional, Lockean understanding, but is useful for producing goods or securing freedoms from others. Rights and liberties associated with the nearly complete control of the land rest in the hands of the owner, not in the state or any other overarching power.

Applying these concepts to the body results in a general overview of a property model of self-ownership. Considering the body property in the same way land is

property will result in similar rights and liberties for body ownership. A person is free to cultivate his or her body with exercise and careful consumption, give the body rest and sleep or stay awake for long periods of time, decorate it with tattoos or keep it free from needles, share the body with others or keep it separate from unwanted intrusions. A person would also have similar discretion concerning the fruits of the body such as germ cells, tissues, organs, and, perhaps contentiously, fruits of reproductive labor. Considering the body to be only instrumentally valuable and comprised of manipulable parts, like land, places this model in direct contrast to the previously described holistic models that consider body parts "parts of a person" or inherently rational. However, considering the body property grounds the idea of consent and protection from medical intrusion in the compelling justification of self-ownership.

The concept of consent applied to instances such as a physician's touch as well as much more invasive medical procedures provide examples of the property model of the body at work in medical practice. A patient listens to a description and overview of a surgical procedure and chooses to formally consent to the procedure before a surgeon can justifiably intrude through the physical boundary of his or her body. This situation may be analogous to listening to an overview of a plumbing procedure before allowing a plumber to enter a home and manipulate the owner's property. Neither the surgeon nor the plumber would be justified in fixing the problem without the consent of the patient or owner; personal protections from invasion trump others' desires to heal or solve problems.

The example of organ transplantation can be used to further clarify distinguishing characteristics of the property model of the body in practice. For

posthumous donation, consent is the main determining factor for which viable bodies will be used for transplantation. Emphasizing the importance of consent respects the wishes of the deceased and is based on the principle of autonomy. If we as a society were to emphasize social need and take organs from all useable cadavers or if we were to prohibit any sort of manipulation on cadavers at all, we would be appealing to moral ideals that center on justice and human dignity and are unrelated to the choice of the deceased individual. Making autonomy central gives the individual the freedom to decide if organ transplantation is a just and important contribution to society or if it violates their conception of the dignity of the dead human body.

Considering the possibility of live organ donations more clearly involves the importance the idea of property has for this understanding of the body. Posthumous donation is a matter of respecting the wishes of the dead as well as the wishes of the bereaved. The person who chose the outcome of his or her body after death is most often believed to be absent from the body when the donation takes place. For live donations, however, the choice to donate is much more obviously in the hands of the donor rather than the donor's family. In the case of live donations, the body of the donor is controlled much in the same way one controls property; body parts can be transferred, gifted, or destroyed without interference from others. The difference between live and posthumous donations is that the live donor is still present within the body and is obviously able to more freely choose to donate than the deceased. The live donor must consider existence as a person as separate and above existence in the particular organ being donated. The body, or at least the parts of the body that may be considered for live organ donation without resulting in death, must be seen as

fundamentally different from the agent making the choice in order for the donation to be a donation of property. It is not necessary for the deceased donor to consider the living body as separate from a person because the donation occurs posthumously, after life is no longer present in the entire organism or the donated organs.

One important and major difference between control of property and control of one's body is the prohibition on selling organs. This prohibition will likely be understood as unjustified by proponents of a solely instrumentally valuable, property conception of the body but exposes a societal reluctance to classify the body identically with property. Perhaps the tension can be resolved within this model by separating the body into intrinsically and instrumentally valuable organs, some necessary for functioning as a rational being and some fulfilling only auxiliary purposes. Integrative views of the body will address the issue of selling organs from the perspective of the person as a whole and will likely not consider the option of selling one's organs an attempt to harmonize the relationship between the self and the body.

The separation between person and body is an implicit understanding necessary for the property model of the body. Though having a body is a necessary part of being a person, the model does not focus on the idea of a "person" as property, just the physical body itself. Cartesian dualism between the mind and the body provides a strong philosophical influence for this model in addition to Lockean notions of property. The separation of the body part or organ in question from the agency deciding the outcome of the body is necessary for this model of the body to be fully a property model of the body, rather than one focused on manipulating and removing parts of a person. Personhood and agency would not be understood as existing self-sufficiently in a

particular organ being donated; this would imply that a part of a person's self would be transferred to another during the act of donation as well as a partial, fractionalized autonomy present in the organ itself. Because this model emphasizes the importance of autonomy of the person or self, considering the body property must mean that the body itself, or at least the body parts in question, does not have intrinsic value. Otherwise, the intrinsic worth of the body could be seen as being violated by the autonomy of the person. Though we often talk of our bodies as being separate from our selves in casual conversation, such as when we say "my leg hurts" or "my stomach is acting up again," this model formalizes the separation and makes the self, or person, the owner of the body. Liberty expands inward and divides the person from the organic material of personhood while expanding outward to protect the person from unconsented assaults on their body.

Ultimately, the property model of the body extends the value of autonomy into the body itself. The model must consider the components of the body in question as having no intrinsic worth in order to extend autonomy in this realm without resulting in conflicting values between the workings of the body and the desires of the person or self. This model allows for the possibility of live organ donations and has no implicit argument against selling organs. Though this paper has focused on the example of organ donations as a way to illustrate features of the model, the property model of the body is not limited to the realm of organ donations but can be found in arguments concerning genetic enhancements, reproductive technologies and other emergent biomedical fields. It can be used to justify protection from unwanted impositions of

others upon people's bodies in addition to the expansion of individual liberty into one's own body.

The property model of the body shares the extension of autonomy into the body itself and the justification for protection from unwanted impositions with other models of the body described in other chapters. However, unlike integrative or feminist perspectives of the body, this model starts from understandings of property and ownership rather than problems created from separation or alienation between the body and the self. The model does not aim to integrate or restore harmony between the self and the body but rather to justify protection from unwanted intrusions and allow for personal control from a philosophical grounding of individual freedoms. It does not preclude possibilities for personal integration but rather addresses problems concerning relationships between individuals instead of the relationship between the self and the body.

Beginning from resolution of problems regarding relationships between individuals does not intuitively seem to fit with an understanding of medicine as a process of restoring health and wholeness within a particular person. However, dividing the body into individual, manipulable parts and analyzing the relationship among those parts can help physicians identify and remove dangerous and harmful parts for the sake of the body as a whole. Considering donations a way to restore wholeness and health to others also explains the property model of the body as a medical model when understood in a greater societal context. Reductionism of the body, though it may be intuitively dis-integrative and possibly aiming against holistic understandings, is medical because it is intended to restore wholeness to another. For

example, blood transfusions restore the health and integration destroyed by severe blood loss, while organ transplantations restore functioning of the body as a whole by replacing a faulty organ with one that works.

Though considering medical reductionism as part of a delayed or transferred integration of another makes this model more appropriate for some medical contexts, it does not fully vindicate reductionism as an adequate description of the relationship between the self and the body. As described in previous chapters, separating the body from the self does not account for ways that appearances, disability, gender, and physical weakness or vulnerability can fundamentally change one's understanding of the self. Personal separation may contribute to overall health, but the instrumental view of the body implied by this fractionalization is not entirely accurate or adequately justified.

An ecological analogy describing the relationship between fractionalized land use on private property and greater effects on the ecosystem as a whole may be useful for describing problems with separating the body from the entire person. Land manipulation can be self contained and have limited consequences, such as picking apples from an already established apple tree or casual fishing in a small pond, or it can be expansive and change the functioning of the environment as a whole, such as intensive tree removal, erosion, overuse and overfishing. Similarly, bodily manipulation can be fairly self contained and have limited effects on the overall functioning of the body and self as a whole, such as blood or sperm donations, or it can be expansive and change one's self understanding, such as limb amputation, drastic changes in appearance or the loss of an integral organ. Understanding land and the body as

property that only has instrumental use and is not an integrated part of a greater whole considers both kinds of manipulations equally justified, or at the very least, does not promote restrictions on the second kind of manipulation. Taking property ownership and fractionalization as a default way of understanding our relationship to the environment and to our bodies makes further manipulations the solution to faulty or harmful changes; overfishing is solved by breeding more fish, while negative changes in appearance due to medical procedures are met with further manipulations.

The problem with this understanding of land and the body is not tied to the changes themselves but rather to the ignorance of the relationship between individual changes to the workings of an overarching whole. Targeting erosion as a self-contained problem that has no effects beyond an individual plot of land will ultimately lead to more and worse problems other places in the ecosystem because the manipulation was undertaken without considering effects to the overarching whole. Similarly, treating a cancer or faulty kidney as a self-contained problem that does not affect a patient's self understanding or functioning as a complete integrated person with feelings of fear, isolation and vulnerability, as well as family obligations and conceptions of value and meaning, will lead to healthcare outcomes that do not restore wholeness but instead leave someone in a worse state than they would have been without treatment. Aiming for wholeness does not preclude manipulations but guides them, while only considering the body an instrumentally valuable piece of property leads to endless and aimless changes.

Overall, the property model of the body allows for the most individual control of body parts but does not provide guidance for distinguishing between better and worse

kinds of actions one can take to change the body. The model allows for intrusions and separations of the body for the sake of integrating others but needs further justification for separations and intrusions into the body of the donor. Finally, this model also ignores several of the important ways embodiment leads to self-understanding, as described in other chapters of this thesis.

Illness, Disease, Disability

Each of the three previously described models of disease offers specific advantages and disadvantages regarding perspectives used to understand the body and their respective medical outcomes. Understanding the body and self as an integrated whole provides for a more nuanced and comprehensive view of the healing process than considering the body one's property, while property conceptions afford the person more control and choice over how the body should look and feel than integrated models that consider aesthetic bodily manipulations desecrations to bodily unity. A feminist model of the body that considers oppressive patriarchal conditions a central cause for alienation of women's selves and bodies can look to future social changes as helpful for relief and harmony, but will have a difficult time distinguishing between some particular ailments that could be symptoms of sexism or symptoms of bodily malfunction. Applying these models to understandings of disease, illness, and disability will yield insights into how conceptions of the body influence ideas about the value and status of bodily processes, ailments and abnormalities. For the sake of consistency with other uses of the words "disease" and "illness" in bioethical discourse, "disease" will be understood to refer to pathological and medical understandings of disorder, while "illness" will refer to personal experiences of bodily discomfort. Disability will refer to deviations or limitations regarding typical bodily functioning.

The naturalistic, integrated view of the body could understand disease as aberrations regarding physiological and psychological "functions that are integral to being human" and thus avoid medicalization of cultural differences or abnormalities

that do not affect one's viability (Engelhardt 1078). Conditions that threaten heart and lung functions would clearly be considered diseases, while shorter than average height or difficulty recognizing melodies and singing on pitch may be culturally disvalued conditions but not diseases. This understanding of disease relies on an understanding of the body as made up of integral and non-integral functions and defines health as proper functioning of the organism as a whole. Disease disrupts self-body integration; it prevents a physiological system from correctly performing its function and can leave a person bedridden and unable to think clearly.

This understanding of disease clearly incorporates life-threatening conditions as a relevant realm for medical practice, but downplays the importance of personal experience of disease and has interesting consequences for understandings of infertility and disability. Personal experience of chronic pain or bodily malfunction is secondary to an overarching understanding of the body as a certain kind of holistic organism. Experiences of chronic pain often do not disrupt the physiological organism of the body in quantifiable ways but can cause much more agony than heart attacks or strokes (Thernstrom 45-47). These experiences do not fit into a conception of disease that focuses on the functioning of the unified organism but can be clearly disruptive on a holistic level.

Infertility could have a somewhat ambiguous status under a naturalistic understanding of disease. Being able to reproduce is certainly integral to being a human with regards to the survival of the species, but infertility does not necessarily disrupt the physiological functioning of the individual. Reproductive functions expose a grey area regarding essential human functions for this model; malfunction may be

physiologically neutral and non-disruptive of holistic functioning, such as in cases involving low sperm counts, or it may be considered a fundamental loss of the human capacity for reproduction. Techniques for overcoming infertility, such as in vitro fertilization, can be understood as being disrespectful of the dignity of the body from a naturalistic perspective, leaving the infertile in a moral bind.

As briefly mentioned in chapter one, incorporating an understanding of humanity and the body as integrally rational because of uprightness of posture, an expanded field of vision and capabilities for pointing and extending comprehension into far away areas automatically defines those who are wheelchair bound, blind, or have difficulty with intentional muscular control as diseased or even not fully human, regardless of their own experience of the world. Defining a human as a rational animal with a particular bodily definition of rationality compromises the humanity of the disabled, and defining disease as affecting the parts that are integral to being a human, such as speech and posture, makes disability a disease. This understanding of disability as disease classifies disability as something that should be cured or treated, potentially through the most efficacious means of pre-implantation genetic diagnosis and eventually genetic enhancement. Kass believes these means compromise human dignity, while his definition of embodiment compromises the dignity of the disabled. Though this model aims to define disease without cultural bias, the understanding of humanity implicit in the definition of disease ignores the experience and culture of those with disabilities. The universalized notion of functionality used in this definition also ignores personal experiences of pain or alienation, thus defining disease without considering subjective experiences of suffering or relief for the patient.

In contrast to the universalized view of humanity presented in the naturalistic understanding of disease, a feminist view of disease will center the definition of disease in the patient's own experience and understanding. A feminist view of disease could start from Susan Sherwin's observation in *No Longer Patient* that medicine pathologizes women's typical bodily states (179). In the chapter titled "Ascriptions of Illness," Sherwin outlines historical understandings of menstruation, ranging from an indication of women's inability to maintain a properly hot bodily temperature in ancient Greece to a demanding monthly ailment in the mid-nineteenth century (182). In each instance the classification of menstruation as problematic served the political purpose of defining women as lesser than men; hiring an employee who is "disabled during menstruation and probably also for a week or so before its onset" would be seen as a huge liability and harmful for the woman and thus justify keeping women out of the workplace (182). Considering typical female functions diseases and temporary disabilities makes being a woman a state of compromised or ambiguous health.

In contrast to medically imposed definitions of disease that characterize being a woman as inherently problematic, a feminist understanding of disease and illness will begin from conversations involving experience of the community experiencing the function in question and society as a whole. Developing an understanding of healthy or normal menstruation would come from the experience of women as an overarching community, not from a medical community comprised primarily of men. This process helps solve problems of alienation described previously by having women create understandings of female functions that match their experience. For example, interpreting menstruation as normal and proper human functioning rather than

wastefulness and machine failure integrates a woman's self with her body and makes it possible for her to feel less at odds with her body. Disease or illness with women's health issues become associated with "unquestionably harmful" instances of pain or irregularity under this model, not descriptors for functions that characterize the lives of half the population of the planet.

This account of disease more adequately addresses the experience of people experiencing the ailment in question than separated, universalized understandings of disease, but will have difficulty navigating diseases that are both socially contingent and unquestionably harmful. Beginning from disabled experience will yield more insight into understanding specific disabilities than starting from a universalized view of humanity; experience of blindness or deafness is not considered unquestionably harmful by many blind or deaf communities and thus, blindness and deafness will not be defined as diseases or illnesses using this model of bodily understanding.

Beginning from the experiences of those with eating disorders, on the other hand, may also result in the understanding that an obsessive approach to food is useful for maintaining control, while those without eating disorders will understand that approach to be unquestionably harmful and a symptom of societal dysfunction. Diagnosis and treatment of eating disorders will be often be at odds with the desires and understandings of those with the disorder. The appropriate community for determining how to understand eating disorders will not be those with eating disorders but rather those who have come to an understanding of the socially contingent nature of the disease, making the appropriate response and classification regarding the disorder decidedly paternalistic. Reconciling eating disorders within the democratic,

community created understanding of disease provided by the feminist model of the body requires a nuanced understanding of the causes of harm beyond the realm generally determined to be appropriate for medical consideration. In general, this model focuses less on what should be considered a disease from a universal or detached standpoint and more on who has the procedural authority to make value judgments about bodily functions.

Understanding the body as property will have distinctly different implications for conceptions of disease and illness than the two previously described models. Disease and illness may be understood as property that is not functioning as it is supposed to function, like a field that is unable to grow crops. Treatment would be understood as a strategy for perfecting production, whether that be the microscopic production of proteins or production of a child, perhaps one in which the physician has tools for diagnosis and alteration that the patient cannot access independently. Deciding when to seek help for the illness or disease will be clearly completely under personal discretion; no one can force a farmer to plow or fertilize a barren field.

The metaphor of the body as a machine also works well for this model of understanding disease. Advanced machines are comprised of many complex, interconnected parts that wear out or need replacing and require expert advice for understanding which piece is causing the malfunction. Disease thus could be understood as a malfunctioning piece or set of pieces, like a clogged exhaust system in a car or missing wires in a radio.

A third conception of disease and illness for the property model of the body could incorporate the metaphor of disease as an invasion of one's property by an

unwanted force, justifiably combated by painkillers and antibiotics. The problem is separated from the person, free to be treated or left to its own devices, dependent on the person's wishes. Overall, the property understanding of the body leaves the ultimate classification and guidelines for treatment of the disease up to the physician, but requires the cooperation and consent of the person who owns the body.

Understanding the body as property allows patients the most freedom for determining to seek treatment, but the least amount of freedom for determining if a bodily function is harmful or benign. For example, blindness and deafness would be understood as deprivations of property within this model and thus be considered problematic, or at the very least, deeply unfortunate, from a medical perspective. A person may be able to decide to undergo treatment or abstain, but medicine determines the positive or negative coloring of the bodily function in question. Disease is material and detached from personal evaluation.

Similarly, considering the body a kind of machine medicalizes the aging process in a way that is not implied by the other two models of the body. Bodies and machines both inevitably deteriorate with age. While the naturalist and feminist perspectives of the body are able to interpret this process as natural and unproblematic, conflating the idea of disease with "inefficient machine" makes aging a process of becoming increasingly diseased and thus, increasingly subject to medical intervention. Growing old becomes negatively valued and feared rather than accepted or revered.

This fully separate understanding of the self and body may also result in compromised health outcomes that privilege the consideration of the health of the body at the expense of the holistic well being of the person. Healing techniques that take into

account mental functioning, such as incorporating meditation or group therapy in addition to purely physical forms of treatment, often result in more positive, measurable health outcomes than simply materialistic forms of treatment. Understanding mental illnesses using this model will require a nuanced understanding of the brain, including separating material and deterministic brain functions from ones that are subject to directed cognitive shaping and evaluation. This division would be necessary for determining which diseases are properly treated with mechanistic interventions and which are possibly outside of medical boundaries.

Each model of the body evaluated in this chapter is confronted with reconciling idealized notions of health and dysfunction with practical questions of treatment and personal experience. Beginning from universal notions of functions that are integral to being human inevitably creates problems with defining humanity, while models that start from personal experience have issues with recognizing and creating proper realms for medical authority. Furthermore, strictly separating the self from the body makes mental illnesses particularly difficult to classify and resolve. Becoming aware of ways in which understandings of the body influence conceptions of disease could perhaps offer new ways to create relief from bodily anxieties or enhance existing forms of treatment. Making bodily models found in background conditions used to determine disease and illness states explicit can also offer new paths for understanding healing and wholeness that better fit with our intuitions and desires for defining health.

Conclusion

As illustrated in the previous four chapters, different understandings of the self-body relationship can result in very different interpretations of the causes of disease, tactics for treatment and the bounds of medical practice. Identifying the self with the body, fundamentally separating the two as "owner" and "property," and starting from personal experience rather than universalized notions each have advantages and disadvantages and will be more or less potent depending on the patient and illness or malady in question.

Making these understandings explicit rather than implicit can offer nuanced ways for both patients and physicians to understand the ultimate goal of health after treatment. For example, treating cancer only as a biochemical problem that should be solved with physically manipulative treatments such as radiation and chemotherapy can and will often have desirable outcomes, but adding therapy and personal support for the patient has been shown to improve the efficacy of the treatment (Spiegel). Alternately, understanding anorexia or bulimia as illnesses that are only the result of chemical imbalances or personal preferences developed in isolation does not adequately explain the prevalence of the illness nor offer insight into prevention. Allowing reflexivity between patient experiences of wholeness or alienation, quantified physical understanding and social critique as components of disease creation will allow for the most flexibility, choice and effectiveness of treatment plans.

Whether the illness is cancer or anorexia, our understanding of the self-body relationship fundamentally changes medical practice. Ignoring this relationship may be

expedient but will hide areas for healthcare improvement and self-understanding. Ideas have important implications; exploring and explaining them will lead to better ideas and better consequences. Considering menstruation natural or disability as illustrative of the diversity of human experience will lead to more satisfying healthcare outcomes for women than previous, restrictive understandings. Continuing to critique medical models of the body can help us refine and further improve these ideas.

The previously described models are enlightening, but are not fully comprehensive ways to account for the medical self-body relationship. Mental illnesses and developmental disorders, for instance, are particularly challenging concepts to incorporate into any of the three models in this thesis; they both involve atypical functioning that is often neither clearly harmful nor clearly harmless. Future research will be required to determine a model of the body that incorporates concerns for cognitive diversity while still aiming to relieve experiences of suffering.

Future research regarding medical understandings of embodiment would also be enhanced through examining religious and non-Western conceptions of the body. Other limitations regarding the scope and content of this thesis include the lack of a primary philosophical source describing the status of the body as property. Legal sources explaining the idea of body as property generally focus on ideas of property as a protected legal entity rather than on ontological justifications. Finally, the use of language such as “integration,” and “function,” when describing aspects of embodiment imply an unintended reduction of the body to mechanical processes. Developing new language will no doubt lead to better future models and understandings of the body.

Ultimately, investigating medical understandings of the body-self relationship can yield insights into unexplored concepts implicit in medical practice, exposing concepts and problems we might not have otherwise considered and offering new areas for healthcare research. A more ethical and reasoned framework for understanding the body in medical practice may not keep us from experiencing bodily alienation as found in the phrase, "cancer is something my body is currently doing," but addressing and exploring body-self relationships can help heal and relieve suffering better than ignoring the idea altogether.

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