

## TOWARDS AN ETHIC OF “INESCAPABLE SITUATIONS”

### The presence of the *other* as “face” in Emmanuel Levinas

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No time in History has conquered so much and so diverse knowledge of man as ours... Nevertheless, in no other time has man become as problematical as in ours.

M. Heidegger, *Kant und das Problem des Metaphysik*

#### From *egology* to interpersonal ethics

The Prometheic temptation of today’s technoscience seems to be constantly trying to extend the limits of what is considered “human”. Nevertheless, in spite of such development, this “egological myth” has not been able to provide an answer for problems such as poverty, violence, and wars...

This self-sufficient ego, which is oriented towards scientific knowledge and technical dominance of the world –imposed with an unquestionable certainty–, has finally imprisoned man in *ipseity*. Thus, the existence of the *other* is only known in an indirect way, through analogy. This is the reason for Levinas’ radical criticism to this *egology*, based on the Cartesian *cogito: it has been affected by the will of power and the vice of the totality.* (Levinas, 1992)

The ideas of this author show, in fact, an ethical comeback of contemporary thought. This *ethical turn* aims to moralize the dialogue so that both interlocutors can participate –as Habermas states– and have the possibility of

defending their interests (Rawls) in order to achieve a knowledge based on a minimum consensus.

Levinas understands Ethics as a first philosophy, an ethics that takes for granted and stems from the meeting with the *other*. But this *other* emerges as a *face*. «In the proximity we hear a command which comes from a sort of immemorial past, a past that has never been present and has not originated in any freedom; this way of the fellow man is the other» (Levinas, 1974a, 150).

In this first and original experience of *alterity* there is no place neither for negotiations nor for strategic agreements. On the contrary, the bare relationship with no intermediaries gets the self out of the inertia to refer it to the other in whose domain a meaning is found. «My fellow man situates me before I designate him...» (Levinas, 1974a, 110). Nevertheless, integrating the other through a deduction, an identification or explanation does not discover meaning. Meaning becomes explicit in the ethical meeting, where both sides are independent and do not remain unconcerned. What is “human” is not expressed in the deployment of my possibilities or in the being for death (Heidegger), but in the commitment and obligation towards the other, which awakes the ethical conscience.

Historically, there have been many attempts to solve the antinomies and conflicts of human life through common ethical principles, which are used as “referential frames” (Taylor) to decide what is right, permitted, advisable, compulsory, correct, moral... But the bioethics that has arisen from these principles –beneficence, non-maleficence, autonomy and justice– converges in a procedural paradigm that shows what Broekman calls a “juridification” of bioethics. Therefore, we wonder whether these principles would enable us to understand the primary experience of the meeting between the person who takes care of somebody and that who is being taken care of (*soignant-soigné/e*) and the family in the terminal ill. We also wonder whether it is not necessary to take a step back (*Schritt zurück*) in order to find “that inescapable principle that leads and inspires the application of the others”. We are not trying to deny objective and universal norms but to add a new one: the specific demands and invitations that are made to the individual person, the community, the nation, a certain time in history.

Before ethics becomes a concept we find a *face-to-face* situation that resists the anonymity of universal principles and rules. Indeed, it is the *other* through his face who imposes himself onto us with his own strength as an actual ethical being. When facing his presence, the only answer is to recognize him as essentially indigent.

As a hostage of the other, “those adjectives –unconditional, irrevocable, absolute– acquire meaning in the responsibility towards the other” (Levinas, 1974a, 159-160). The ethical experience is the experience of the other’s primacy, in that we listen to him, get closer to him, and imagine what it is like

to be in his place. Coexistence becomes the last criterion for the determination in the *must be* of any possible human relationship (Bellino, 77).

Ethics demands a commitment of the whole person, a radical commitment of reason, will and feelings. Beyond the universality of reason and will<sup>1</sup>, it is upon this primary basis of affectivity that all the aspects and manifestations of people appear. These will play a central role in the development of personality and interpersonal, the essential elements of moral life (von Hildebrand).

As Heidegger points out, the existence reveals itself as *affectivity* rather than knowledge or will. All the time and in every situation we experience a certain mood, and this shows us the *affective condition of our being-in-the-world*.

### Ethics as a commitment

Even though man possesses independence and possibilities to act, he is always limited by certain frontiers. Situations do not only refer to things but also to the *meaning* that is presented by them. Every experience, perception and action among human beings always involves a significant meeting.

The situations in life through which meaning is realized fall into two categories. The *typical situations* have to do with everyday life, such as, for instance, chance, occasions, and fate, and these could be used for good or neglected. In contrast, *inescapable situations* refer to what man *is* and *can become* and depend on the way in which he experiences and seizes the opportunity.

Jaspers understands that man suffers or enjoys *typical situations*, and that these can be transformed. But the others, the "*inescapable situations*", cannot be changed – the only thing that can be changed is the way in which they present themselves – because there is a definitive side to them. Although they seem opaque for the *empirical glance*, we cannot elude but only enlighten them. These situations are freedom, pain, guilt and death.

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<sup>1</sup> Even though Aristotle recognizes that happiness takes place in the totality of life, he neglected the role of affectivity. It is not enough to look for general rules of ethics; each one must discover what unique and personal things they have in their personality and life. Moreover, when making decisions, one has to consider the actual situation as well, for this bears its own ethical call as regards its individual conscience, to which every person must respond on their own.

It is precisely in the domain of "palliative measures"<sup>1</sup> that we can talk about *inescapable situations*, for now the defining acts become definitive. It is precisely because of this unavoidable essence that these situations call for a commitment of the whole person and make us think once again about new therapeutic guidelines. But these guidelines are not to be drawn from a theoretical or conceptual frame; they will arise from the "face of the other", that metaphor through which Levinas tries to show the founding centralization of the human being as a "fellow man".

As Paul Ricoeur emphasizes, the fellow man is the axiological object that suffers; he is the "little", not the great leader of human events, but he might be the flesh that "provides the portion of suffering needed for the greatness of authentic human events".

The fellow man is, indeed, the behavior of becoming present. Man has no fellow man: I become a fellow man for someone. Thus, this concept has to do with the idea of "proximus", not "socius". "Socius" is the person I meet through social functions, in a mediated relationship that affects man as such. (Ricoeur, 1986, 34-35).

When "healing" is not possible anymore, "looking after" these patients appears as an ethical challenge and an invitation to develop a new type of attention. The "palliative" measures are an *answer* of every person when facing the needs of the most vulnerable ones, and at the same time it is a commitment with ourselves which confronts us with our finitude and forces us to come to terms with it.

Before any other theory or any other argument, the other appears *face-to-face* in front of me as "freedom impossible to grab and exigent" (Levinas, p. 47). Its presence shows by itself the existence of his acknowledgement; it is a call and an appeal to a "*responsibility without escape*". "*Being me means, therefore, not to be able to escape responsibility, as if the whole world of creation lay on my back*" (Levinas, 1974b, 62).

The relationship with an ill person cannot be regarded as an objective relationship where the therapist will only register data in connection with an "event". A look which seems to be the most neutral one may become an intrusive action on the patient's condition.

Taking into account the risks of modern technomedicine, whose unlimited power seems to wish to master life, this "palliative" modality constitutes

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<sup>1</sup> The World Health Organization defines "palliative measures" as "the complete and active care of patients whose disease does not respond to healing therapeutics. It is grounded in pain relief and other symptoms. It takes into consideration the psychological, social and spiritual problems. The aim is to achieve the best quality of life possible for he patient and his family. Palliative measures are also applicable in previous phases of the disease together with other specific cares."

an optional proposal between the temptation of the therapeutic "cruelty", on the one hand, and the option of active euthanasia or "assisted suicide", on the other. "Palliative" measures do not just add another complementary technique to the various means of medicine but also enable us to give the other permission to speak and thus accept to listen to the person who is going to die (Dijon).

The relationship between the person who looks after the other and the one who is being taken care of, as well as the environment, are enhanced by certain attitudes such as availability, calm, ability to listen, strength (controlled spirit) and patience; that is to say, when the fellow man is given time and one gets used to his rhythm, when patience is accompanied by caution to prevent him from suffering any possible future damage, when it is also accompanied by a smooth behavior or an indulgence that does not take into account mistakes, when it brings about hope in front of an unforeseeable time that seeks to hide from the general view and calculation, or when a person opens up to the other with generosity and solidarity (Bollnow).

The therapeutic knowledge is somehow an anthropological knowledge, that of man as a subject of illness, the *homo patiens*. "Pain and suffering are not only 'pathos' but also 'logos'", says Lopez Ibor, but these do not produce knowledge only in the suffering person, but also in the ones that want to accompany someone in his suffering. The phenomenon shown by this situation is the expression of this understanding, i.e. the way and the manner in which we find the person who takes care of someone and the one who is being taken care of. We think a relation should be established that is expressed as "*Miteinander-sein*", the "being-with-an-other", that could also become a "putting-oneself-in-the-other's-place" (*Einfühlung*). It is not enough to speak in a "clear, understandable" way; it is all about learning how to listen to the other. This will be possible only if a place is created between equals.

When I speak, I do it for me as much as for the other, I address the other so as to make myself understood, and in order to make this possible it is necessary for my language to be his and for my words to be backed by a community that, when speaking and listening, co-participates of the same means of expression (Rovaletti, 1985, 108).

The patient has then the certainty that, even as an ill man, he is worthy of a dialogue, that up to the end of his days he can be the *subject* of a meeting and not only the object of care. We should privilege listening skills, be ready to generate a space so that, when there is much to talk about, it can be expressed, and when there is a lot to keep to oneself, one can seek refuge in silence.

Listening skills, eloquent silence in the reception and the posterior confirmation of the thought of the interlocutor is already an answer, a way to meet in the word (Binswanger, 512)

Illness makes me painfully aware that also this body-object, body organism (*Körper*) escapes control and scientific and technical availability, thus facing me with the fragility and expiration of my bodily existence. If we go beyond an anatomical and physiological reading, "the body I am" is the territory where different fights are carried out; that is why the suffering goes beyond the organic perspective of pain.

Suffering implies a certain withholding of time that somehow suspends the plans of the world to turn on itself looking for a reconciliation with itself and the others. It is a time for interchanging in which we find memories shared by the patient and his dear ones; one remembers and opens up to the possibility of forgiveness.

Medicine as a scientific speech only works within the option "pathological time" of the illness and "the time of the corpse", where life can be no longer threatened. Through "palliative" measures, on the contrary, one tries to respect the time of "assignation to the other": you neither speed up death nor make life last too long.

I am suddenly my fellow man's servant, always delayed and guilty of that delay. (Levinas, 1974a, 110)

Instead of fighting against the *vital time* and make it last longer, we should try to value our own time in the complexity and singularity of its needs and expectations. Faced with the "time for conquest", which is a characteristic of the will to dominate shown by technomedicine, the "other" addresses me and throws me out of the "time of exodus", of my self-referring world, and he assigns me to him. In its vulnerability, the "face" becomes, paradoxically, an expression of human dignity, in spite of its dependence and its weakness.

For a medicine without limits, death is a defeat in which it is rather difficult to find any sense. Preserving life as a "value", technomedicine makes death an absolute "otherness". As Cecily Saunders states, death is a certainty that we all share, but a good death is hard work on oneself. And the one who obtains it is not so much the "patient" that has given up his will to the hands of others to become, because of passivity, a mere object, but the "im-patient" ill person, who tries to take part in the decisions and builds his freedom of being on that basis, that is to say, that unique way of constituting oneself.

Nobody dies but his own death. This adjective does not indicate a mere possession, but that man dies suffering a helpless and great loneliness. However, speaking of the loneliness of dying is not making man an impenetrable

monad that cannot be communicated, but to highlight that death, as the last figure of his being, becomes a real decision and personal responsibility. It is not the soul that goes away with death, but the world, which is no longer there and takes us in and covers us. (Rovaletti, 1998, 34)

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## ABSTRACT

### Towards an ethic of "inescapable situations" The presence of the *other* as a "face" in Emmanuel. Levinas

In connection with the traditional principles of Bioethics, we wonder if they are able to make us understand the terminal patient and those who look after him and his family, or if it will be necessary to "go backwards" (*Schritt zurück*) –to speak in Heidegger's terms– up to reach that unavoidable principle that guides and inspires the application of the others. The thought of Emmanuel Levinas can place us near an answer. In fact, he insists that it is the "other" in his *face* the one that it is imposed with its own strength, as a being essentially ethic and before its presence the only response is to recognize him/her as constitutively "indigent". Precisely, before any other theory or any other argument, the "other" is presented to me face-to-face, his own presence is already existence of his acknowledgment, it is a call and a appeal to responsibility.

Since Ethic demands primarily a complete dedication of all the person, that is to say a radical commitment of reason, will and feelings, we ask ourselves in front of these patients to get for them a new shelter. *Serenity, availability, comforted mood* among threats, *patience, gratitude* and *hope* may become founding virtues of interpersonal relationships (Bollnow).

### Hacia una ética de las situaciones límites La presencia del otro como "rostro" en E. Levinas"

Frente a los tradicionales principios de la Bioética, nos preguntamos si ellos permiten comprender el encuentro entre el paciente terminal y aquellos que cuidan de él y su familia, o si será preciso dar "un paso atrás" -para hablar en términos de Heidegger- hasta alcanzar ese principio ineludible que guíe e inspire la aplicación de los demás. El pensamiento de E. Levinas puede acercarnos una respuesta. En efecto, él insiste que es el "otro" en su rostro el que se nos impone con su propia fuerza en tanto ser esencialmente ético y ante cuya presencia la única respuesta es reconocerlo como constitutivamente indigente. Precisamente, antes de cualquier teoría o cual-

quier argumento el otro se me presenta cara a cara, su misma presencia es ya existencia de su reconocimiento, es llamada y apelación a la responsabilidad.

Como la ética exige primariamente una entrega de toda la persona, es decir un compromiso radical de la razón, la voluntad y los afectos, nos interrogamos ante estos pacientes como lograr para ellos un nuevo amparo. La serenidad, la disponibilidad, el ánimo consolado en medio de los acechos, la paciencia, la gratitud y la esperanza pueden constituir virtudes fundantes de las relaciones interpersonales (Bollnow)