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Fick, Bazil

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THE IMPACT OF EMBODIMENT ON AUTONOMY

Bazil Fick

Student No. : 8303206

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Declaration

I Bazil Shaughn Fick declare that this research report The Impact of embodiment on Autonomy is submitted for assessment for the MSc Med (Bioethics & Health Law) course is my own unaided work except where I have explicitly indicated otherwise. I have followed the required conventions in referencing the thoughts and ideas of others. It is being submitted for the degree of MSc Med (Bioethics & Health Law) in the University of Witwatersrand, Johannesburg. It has not been submitted before any degree of examination at this or any other university.

Signature _____

_____ day of_____,_____

Dedication

To my wife Cazlian, my sons Andre and Adryan and most of all to my Lord and Saviour, Jesus Christ.

Abstract

The way bodies are perceived has not received much attention in ethical discourse. It has always been accepted that one of the fundamental principles in evaluating ethical dilemmas in bio ethics is the respect for autonomy. This notion has dominated medical ethics for several decades. Medical ethicists however have quite frankly forgotten about the perception of bodies. In this post modern era, ethicists and medical practitioners are challenging and considering in what ways the impact of disease has on an individuals “autonomous decision making”.
This discourse considers current and historical thoughts on autonomy and challenges its relevance in bioethics today. Autonomy is viewed from a genuine and an ascriptional perspective. By reviewing various arguments it is concluded that autonomy is still an important, but not an absolute, consideration in bioethics. Embodiment is discussed from a phenomenological perspective with the various notions of embodiment reviewed and evaluated. The impact that various states of embodiment have, from its normal physiological state that includes different ages, racial makeup and gender, to diseased states, on autonomy is reflected and discussed. This impact, it is argued, questions the role that autonomy plays in decision making. Emphasis is placed on respect for embodiment to seek a resolution to the impasse presented by certain ethical dilemmas where the respect for autonomy is found to be flawed.

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Preface

The practice of modern day medicine is fraught with ethical challenges. How medical practitioners are taught to deal with various disease processes is often bound in various protocols. Answering ethical dilemmas is often based on the same format. “What protocol should I employ to respect my patient’s wishes?” is a medical conundrum whose answer is sought by referring to some protocol or easy solution. Principlism has provided an often easy answer. “Let us consult the principles outlined by Beauchamp and Childress!!” This has however ignored the status of the patient, but it has provided the medical practitioner with a defence for her actions. What is wrong with this approach has seldom been addressed by teachers of medical ethics. The core to medical practitioners’ understanding of what patients want or need has been the respect for their autonomy. But people exist in this world because of their bodies. It is exactly these objects of matter that present first to medical practitioners with their frailties and incapacities and medical practitioners have chosen to ignore their presentation, choosing to accept the reasons for their presentation. Why exactly bodies have been ignored is the subject of much debate. Perhaps it has been the influence of modernist philosophical theories that have pervaded the practice of bioethics. After all it would be strange not to acknowledge the work of great philosophers such as Immanuel Kant and his theories of universalization and autonomy, especially in the art of medical practice, or now “the science of medical practice”. Embodiment has lagged behind in the pursuit of what the mind desires. This discourse has opted to put bodies once again at the forefront of bioethical decision-making.

Introduction

> The body is not something that I have, it is what I am in relation to objects and others….The body is not so much an appendage to the self but is itself the locus of subjectivity – the very fabric of the self. It is the locus of one's being-in-the-world. The distinction between the individual agent and the body over which she or he is sovereign – the distinction upon which the principle of autonomy is based – is a secondary and derivative mode of being in the world…The body we are with is a kind of sign out there in the world inviting interpretation by, and response from, others…Any practice that perpetuates that alienation apparent in the distinctions between self and body, self and world, is unethical (Diprose, 1995: 202-221).

Beauchamp and Childress identify respect for autonomy as one of the major ethical principles that should be upheld when evaluating any ethical dilemma, especially in the practice of medicine. This principle has endured criticism and praise over the years. At a Hastings Centre conference in 1985, entitled Autonomy-Paternalism-Community, the concept of autonomy was even rejected (Childress, 1990). However, if one were to ask any undergraduate medical student to list any ethical principles which play an important role in the practice of medicine, she would undoubtedly mention Beauchamp and Childress' theory of Principlism which embodies four basic principles: benevolence, non-maleficence, justice and respect for autonomy (Beauchamp and Childress, 1994).

Of these four principles, the concept of respect for autonomy forms an inherent part of every aspect of medicine from the notion of informed consent for a surgical procedure to the care of the elderly or neonate. Thus, any challenges to the principle of respect for autonomy could have grave implications for the practice of medicine. It would revisit the very core of medicine, particularly in that of the doctor-patient relationship.

In this postmodern era, some medical practitioners (as well as ethicists) are challenging and considering the ways in which the impact of disease affects an individual's autonomous decision-making. Ethical discussions surrounding e.g. 'personhood', 'rationality and 'reason' are generally considered as external

concepts removed from embodiment *per se* which has resulted in some phenomenologists such as Shildrick (2005: 1) writing:

"Bioethics is out of touch… with bodies themselves, in the phenomenological sense in which the being, or rather the becoming, of the self is always intricately interwoven with the fabric of the body."

I suggest that Shildrick's observation has merit and in this study I will grapple with the idea that the psychological state of being "ill" (arising from the brain and body's physiology or embodiment), which is also well described by Pellegrino (1979:44-45), affects his / her autonomy.

The study is divided into four chapters. In chapter one I will discuss various interpretations of the concept of autonomy by tracing its original concept, asking if it could be considered as an absolute principle and discussing what current thoughts are present in ethics literature concerning autonomy.

In chapter two, I will introduce the concept of embodiment as viewed in a phenomenological perspective.

In chapter three, I will consider if there are degrees of severity of embodiment that affect autonomy differently. I will present particular cases in which I suggest that consideration of the psychological processes and a person's physiological state do influence their "autonomous" decisions.

In the final chapter, I will evaluate arguments for and against the answers raised in my previous chapters. Here I will pursue the idea that, if autonomy is not absolute, then should we be considering it as an important principle when deciding on ethical dilemmas? I will present arguments that we should be considering other concepts such as embodiment and personhood, to explain processes that individuals undertake in decision making. I will also raise for consideration the

respect for embodiment as an ethical principle, arguing for its relevance as the most important consideration in dealing with ethical dilemmas. This in conjunction with recognising personhood and the respect for personhood could produce a challenge to the ethical principle of respect for autonomy.

Chapter one: Autonomy

Autonomy can be broadly defined as self determination, the ability to do what one does independently, without being forced to do so by some outside power (Boden, 2008). The literature describes various types of autonomy, however, the types that best describe autonomy as discussed here are exemplified by Kauffman (2003) who considers an autonomous agent to be a physical system that is able to act on its own behalf, capable of self-reproduction and at least capable of performing one thermodynamic work cycle; and, as Maturana and Verela (1992), who approach an autonomous agent without requiring it to possess self-reproductive and evolutionary capacities. These different types of autonomy can however co-exist: a persons autopoeitic identity, for instance, dies with him but some identity can be passed down by genetic and memetic inheritance mechanisms to his children.

Immanuel Kant, as defended by Korsgaard, argued that “our autonomy is the source of our obligation”. In determining one’s obligations by considering what a person with a practical identity can will as a law, one’s authority – “the authority of your own mind and will” – “is beyond question and does not need to be established” (Gowans, 2002: 546-570).

In biomedical ethics, one of the core principles in addressing a moral dilemma has been the respect for autonomy. Childress (1990:12-17), one of the strongest proponents and defenders of this concept after Immanuel Kant, argues that the principle of respect for autonomy is an important moral limit and it is limited. As a moral limit it, it constrains actions, but it is limited in its scope and weight and also complex in its application. He argues that the ideal of autonomy must be distinguished from the conditions of autonomy. Too often critics of the principle

target the controversial aspects of autonomy. They ignore aspects of first order autonomy and the yielding of decisions relating to that process. Abdication of first order autonomy suggests heteronomy, that is, rule by others, thus acknowledging that autonomy cannot be absolute. He argues further that respect for autonomy can be stated negatively as “it is wrong to subject the actions (including choices) of others to controlling influence”. This principle he says, provides the justificatory basis for the right to make autonomous decisions. This right in turn takes the form of specific autonomy related (if not autonomy- based) rights such as privacy and liberty. However, the principle also has positive implications, for example, in research, medicine and healthcare it engenders a positive or affirmative obligation to disclose information and foster autonomous decision-making. Childress seems to acknowledge the difficulty of autonomy or the autonomous processes of human beings. He raises these difficulties by examining issues such as temporality of a patient when making choices. Can we safely say, when acknowledging the complex processes of decision-making, that what a person decides now is a fixed decision? It is well described that consent is often given and later withdrawn depending on the changing of circumstances. He argues that those such as physicians, caring for patients should not just apply the principle of respect for autonomy mechanically but should employ good judgement. By accepting criticisms about the respect for autonomy, Childress concludes that we should go beyond the principle of respect for autonomy, in the sense of going beyond its misconceptions and distortions and in the sense of incorporating other relevant moral principles. He however pleads for us not to abandon this principle, but to recognise it for its value and its limits and complexity of application (ibid). We are therefore compelled to review the concept of autonomy.

Before we proceed with arguments for and against autonomy, we need to evaluate the origin of autonomy. With specific reference to biological agents, and humans in particular, the origin of autonomy could be placed at the beginning of time from either an evolutionary or a creationist perspective. If we look at various biological models of autopoeisis, then it becomes apparent that early chemical reactions had autonomic and self-perpetuating mechanisms that allowed continuation of a process. By looking at earlier autonomous processes, Fernando and Rowe (2008: 355-383), remark that on the primitive earth there arose a recycling-flow reactor containing spontaneously formed oil droplets or lipid aggregates. These droplets grew at a basal rate by simple incorporation of lipid phase material, and divided by external agitation. This type of system was able to implement a natural algorithm once heredity was added, producing a chemical matrix. Arguing that macro evolution became possible once an autocatalytic process occurred within the matrix, doubling probably as fast as the lipid aggregate, they claim that no nucleotides or monomers capable of heredity were required at the onset. By developing a computer model of this process, they showed that this process evolved increasingly complex self sustaining processes of constitution, thus arguing that autonomous processes existed from the beginning of time. So autonomy having been part of natural processes from the beginning of time is perhaps inherent in the very fibre of man's being. Our thoughts, physiological processes and human interactions all driven by autonomous chemical processes that interact in concert to produce an ability to co-exist with other similar or dissimilar concerts of chemical processes exhibited in the form of everything that is perceived by the senses. The world as we know it thus exists of autonomic

processes that do not die or end but continue into different states of matter. Each state of matter in turn possessing its' own autonomy and having the ability to produce its' own continuous processes.

The central theme throughout this discourse will be focusing on what controls this autonomic concert of chemical processes as displayed in one example, that of a human being, and her interaction with her environment. The concept of man being a person will challenge this chemical autonomic perspective of humans.

Moreno et al. (2008: 309-319) propose that autonomy should not be considered only in internal or constitutive terms but that the largely neglected interactive aspects stemming from it should be equally addressed. Autopoiesis, a naturalist conceptual theory, alluded to earlier, placed the notion of autonomy at the centre of the biological understanding of living beings in a particular moment when the atmosphere was probably more prepared for systemic developments than immediately before or after that, is challenged. It is too expansive in its definition because in fact the theory supposes that there is a recursive production of components that all have there own borders and only upon evolution do they interact to produce a self-maintaining dynamic, whose action brings about the constitution of the system as an operational unit (ibid). Contemporary naturalism aims to understand life and cognition as expressions of the autonomy of some material systems. This is in stark contrast to what we will examine later, where modernity places autonomy as a desired consequence of human faculty of reason. Life is intimately connected to autonomy, with autonomy being the main feature of life. Put conversely, if there is no autonomy then there is no life. Thus, for

example, artificial systems such as robots that are not regarded as autonomous cannot be seen to be alive.

The concept of the person has received much deliberation in recent discussion of liberal political theory. At the heart of this discussion is a perspective of the rational agent. In liberal theories, the rational agent that is able to reflect rationally on her desires, character, values and commitments and is thus capable of choosing principles of justice to determine her outcome. This rational agent epitomises the liberal autonomous self. This has placed the concept of autonomy at the centre of controversies, since for a variety of liberal views, the fundamental value to be assumed and protected in a just society is the autonomy of the person, in particular her ability to rationally reflect and revise aspects of the self that form one's identity and commitments. Thus, autonomy is placed at the core of liberal theory.

Christman (2001), challenges this liberal view of the autonomous agent. He argues that liberalism assumes that despite the fact that value orientations, commitments, and cultural identity often arise from factors outside an agent's control, everything is subjective to reflective revision. However it is also clear that even if some specific values and beliefs might be open to reflective revision, there are other aspects of our identity and selfhood that fundamentally orientate and shape those values that are not. These non-transformable aspects of the self are exemplified by the variation in each individual's bodily make-up and physicality. Background factors such as the contours of our physical frame, abilities involving movement, perception and personal interaction, and more general features of our physical existence structure our experience of both the world and our self-conceptions, and typically do not enter the field of consciousness. Therefore, they

are not subject to normal exercises of critical appraisal and self alteration, yet they affect our judgement and structure choice. The way most people construct their life plans, preferences, dispositions, habits and values is set against a background of his or her biological sex. Choices are made given that one is male or female, never in determination of it. Sexual orientation, for most people, is generally not a psychological phenomenon over which they have much ongoing control. While most will go through periods of searching and choice concerning the orientation of their sexual lives, and for such people choice may ultimately determine its outcome, there will be many others who will describe their sexual orientation as something discovered or assumed and psychologically unalterable.

Long-standing emotional ties and deep affective connections come in a variety of types and vary over time and are often subject to the deliberate control of their participants. However, many such emotional attachments are best described as a psychological fact of a person's life, as a set structure within which a person makes choices and guides her life but are not subject to ongoing reflective control (e.g. the love of a parent for a now adult child). It would be regarded by many as crazy to consider such love as subject to reflective control and possible disavowal or rejection).

Another non-transformable aspect that has to be considered is the cultural ethnic and racial orientation of an agent. While some agents may subject their cultural and racial identity to rational reflection, especially the meaning it has for them, and perhaps reject these meanings in the light of such an evaluation, many others would describe their relation to such an identity as an all-enveloping background

fact about their lives, an organizing matrix within which they choose and deliberate, not an aspect open to modification. These examples, Christman (2001) argues, show that if the capacity for reflection is meant to apply to any particular factor that shapes values and commitments, and a wide array of such factors are not subject to deliberate control, then insofar as autonomy requires such powers of self- modification, it applies more narrowly than is traditionally thought (ibid).

Schwartz (2004: 215-228) challenges Christman's argument by pointing out that such reasoning would result in many agents being regarded as non-autonomous. He argues that by distinguishing between normal and normative autonomy, which would entail recognizing personal autonomy as having degrees, the difficulty of non-autonomous agents and subsequent paternalistic approaches to agents would be avoided. He argues that the point presented is that autonomy is portrayed as something one either has or does not have. He states that a significant flaw in Christman's argument is that it masks levels of autonomy that individuals lack in relation to different aspects of themselves. Christman's model is an account of normal autonomy in that it requires only certain minimal capacities for autonomy and because it is constructed for the purpose of defining the threshold of autonomy through which a person must pass in order to be regarded as worthy of moral respect. A normative account, however deals with higher levels of autonomy that can serve other important social functions. Normal autonomy is to be regarded as the lower level of normative autonomy. The high point of normative autonomy is unattainable (ibid). In support of Christman's argument it becomes apparent then that if the minimal conditions of rationality are not achieved then an individual cannot be regarded as autonomous. This then would exclude all

individuals who do not possess the capacity for rational reflection. Schwartz realigns autonomy again as broader than Christman challenges it to be.

Varelius (2003: 363-379) argues that the traditional approach of autonomy to biomedical ethics has usually led to a subjective theory of well-being on the basis of commitment to the value of autonomy and to the view that well being is always relative to the subject. Subjective theories make our well being dependent on our attitudes of favour and disfavour. Objective theories would deny this dependency. Thus when we are tasked with assessing what is good for an agent, the subjective theories of well being will advise us to consult the agent whose well-being is assessed, to pay attention to her own preferences and attitudes of favour and disfavour. On the other hand, objective theories would maintain that an agent's well being is not decided by her own desires and attitudes of favour or disfavour, but often by a list of things that are considered to be good for a person. It would thus appear that objective theories of well-being would be incompatible with autonomy, because only subjective theories of well–being are capable of respecting an agent's own decisions in an appropriate way. Varelius (2003) argues that is false. If a person's decisions, beliefs, desires are due to such external influences such as unreflected socialization, manipulation, coercion and brainwashing, then they are not autonomous but heteronomous. If a person's beliefs concerning a particular matter are false, inconsistent with each other, or she is insufficiently informed about that matter, then she is not autonomous with respect to that matter. Autonomy, she also argues, admits to varying degrees and is a continuum. Thus an agent at different phases and with respect to different circumstances of her life can occupy different positions at different times. By giving

the example of an individual with terminal cancer who decides to commit suicide, she argues that the individual, by subjective reasoning, should be allowed to end her life, autonomously. However from an objective list theory, she would not necessarily be allowed to end her life if suicide was not regarded as a prudential act on the list. This would be regardless of whether she no longer wanted to suffer from her illness. The importance of autonomy on this objective list would weigh more than the individual's subjective reasoning, because autonomy would be regarded as an important "good" to have on this list. She concludes her argument by stating that objective list theorists would have to construct this list taking into account the various values individuals have and the relative importance these may have in their own right. By not excluding objective list theorists and the importance they may ascribe to autonomy, she argues that even though subjective approaches to autonomy are highly regarded, one should still consider alternate theories on the importance of autonomy.

Schiktanz (2007:30) argues that despite bioethics describing the body as material and distinct from mind or as dynamic and socially interconnected, we always deal with a value-laden phenomenon. The body is then not only the locus (where intervention or action takes place), because it is regarded as the carrier of, or vehicle for, the decisive wishes or preferences or interests of a person, but is also socially or culturally constructed. Four aspects of autonomy are presented. Autonomy, it is argued, is the right to bodily self determination primarily for the defence of one's own body against direct and indirect interventions by third parties; it is the respect for another person's bodily integrity, even if it conflicts with one's own preferences and aims of action; it is the self critical reflection that includes the fulfilment of individual interpretations of what the good life is and

includes a form of care and concern for the body and finally it is the opportunity and a capacity to develop a self that has the right to one's own social identity within the framework of group membership (ibid). Once again we see the different aspects of autonomy and how they are integrated into the perspective of what bodies are about. This exemplifies the notion that autonomy, either as ascriptional (the subjective ascription to an agent) or genuine (the fact that an agent is characterised by a certain property), is not absolute (Rohde and Stewart, 2008: 424-433).

In concluding this chapter it becomes apparent that embodiment as a concept has a significant role to play in the perception of man's autonomy. Although there are conflicting arguments as to its importance and the position it should occupy in the outcome of decision-making, it still posits itself as a concept to be contended with in any ethical dilemma.

Chapter Two: Embodiment

The concept of embodiment is a central tenet of phenomenology. The idea that our experience is not a private domain but a way of being-in-the-world draws on the tradition initiated with the work and school of Edmund G. A. Husserl (1895-1938). He attempts to overcome the Cartesian body-mind dualism that pervades Modernity by viewing intentionality as the distinctive mark of consciousness. He argues that a conscious experience is not only an element in a stream of consciousness, but also an aspect of an object. Consciousness is our access to the world. Husserl reacted against Hegel's dialectal pluralism; he did not see the world as a clash of conflicting visions, and believed that the world was constituted by consciousness. For him, phenomenology was the scientific study of the essential structures of consciousness, a method for finding and guaranteeing the truth (Blackburn 1996: 284-285). Phenomenology analyses whatever is experienced: thoughts, pain, emotions, memories etc (Dreyfus 1987: 254-277). As an object of our own awareness, we are merely an empirical self, a component of the contingent world, accidental like everything else. Husserl's *Dasein* is the self-conscious subject. Each of us must come to terms with one's own contingency and find a meaning in contingency itself. *Dasein* recognises others of its kind. In response, *Dasein* enters that condition called "being-for-others". One's life is transformed by the awareness of how one seems in the consciousness of others (Scruton 1997: 227).

In *Being and Time* (1928), Martin Heidegger (1889-1976), Husserl's student, is more concerned about the significance of morality, about how to live "authentically", that is with integrity, in a complex and confusing world. Heidegger rejects any body-mind dualism, any subject-object distinction, and the linguistic separation of consciousness/experience/mind. Dasein is being-in-the-world. The self is discovered in profound moments of unique self-recognition (Solomon and Higgins 1996: 266-304).

In *Phenomenology of Perception* (1962), Maurice Merleau-Ponty affirms that the body is the vehicle of being-in-the-world. It is to be intervolved in a definite environment to identify oneself with certain projects and be continually committed to them. In *Totality and Infinity* (1969), Emmanuel Levinas argues that the body is

deeply infused with questions relating to values rather than an inert object of scientific knowledge or therapeutic action. The body is the source of meaning and of meaning creation.

Against his teacher's, Heidegger's, view about the nothingness of being, and the stark divide between human beings and the rest of the world, Hans Jonas (2001: 282) alerts us to an ethical imperative emanating from the plenitude of being. Value is present throughout living nature.

The creation of human life, that which is perhaps most valued by humans, requires that a spermatozoon from the male species fertilizes the egg cell produced from the female. During copulation several million (in fertile men more than 100 million) spermatozoa are released from the male and compete to fertilise one egg cell. Only one spermatozoon will be successful in the fertilisation process. The rest will die off and be progressively discharged from the female's body. The union of the egg and spermatozoon (syngamy) then begins a process of cell division and differentiation, producing a human embryo. This human embryo will continue developing in the uterus until birth.

What a human body consists in from a metaphysical sense and what it means to be human has and always will be a subject of controversy and contention. Issues such as when can a human embryo be considered to be alive and the like abound in academic ethical discourse. For the purposes of this paper we need to consider that an embryo is in fact the early components of what we regard as the human body. It has the potential of embodying everything a human is and may someday desire and turn out to be.

There are three main arguments that broadly govern discussions on embodiment: monism, dualism and pluralism.

Monism deals with the concept that a human body consists entirely of matter and is part of the natural processes of life on earth. There is no soul or spirit and thus the human embryo is a mass of cells that eventually differentiates and develops specialized tissue and organs that work synergistically to eventually form a human being. This being has no pre-programmed mind. The mind develops as the infant develops and this is by and large a factor of its environmental interaction and stimulation of the sense organs.

Dualism presents an argument that a human body possesses a spirit or soul that attributes it its life and purpose. Pluralism defines a human body as consisting of several different substances from a metaphysical sense. If we are to pursue the two major views, namely monism and dualism, in the understanding of a human body then we will indeed arrive at two different positions when discussing moral issues surrounding human life. For example if we are to accept that humans have souls that are given from some external source, it could well be argued that when the human body that possesses that soul dies, then the soul may return to its source in whatever form. Thus the perception of the body in that context would imply that it was merely a vessel that housed the soul. This chapter deals with these challenges of what the body is or is perceived to be and, in our attempt to answer these questions, reviews concepts of embodiment.

The body has been traditionally viewed as either a physical object void of the influences of the mind or as a complex dynamic and socially interconnected phenomenon. If the body is viewed purely as a physical object then we can argue that from the time of fertilisation, the body is a mass of self-dividing and self-determining cells that are co-ordinated and governed by pure chemical and

physical reactions and principles. There are no other forces outside of these processes that direct the outcome of this body and its interactions with its environment. The development of the mind that controls this body would also be said to have spontaneously developed from the same or as yet undefined processes that produced the physical body. The body, so defined, would interact with its surroundings and so determine its own outcome. If it is exposed to carcinogenic agents it may lead to cancer which may determine its death. Once dead the body then in its decomposition process or other process of interment such as cremation will return to its various physical and chemical components. This view would hold that everything real and unreal would not be subject to the supernatural, everything would be natural or at one with each other (Chambers, 1935:113-119).

However, if we consider a dualistic approach to embodiment, we find that the body may indeed be host to a living “soul” or living mind. The human body, it has been argued by Descartes, is a living organism that embodies a living mind (Zaner, 1981: 30). How do humans progress from conception to being active, interactive, social and intelligent adult beings? There are many different answers. If we pursue the idea that a human body serves to merely envelope a different substance such as a soul, then we are bound to consider that the body is purely a vessel much as a boatsman is in a boat. When the boatsman leaves the boat and does not return, then that boat may be possessed or stolen by another boatsman. If there is no possession of the boat by any other boatsman, then the boat would essentially rot in the water and subsequently decay. This view would open arguments that would support theological views of demonic possession and so forth. The human body, it could be argued is then not an integrated part of the possessor, but merely

parasitized for the ultimate folly or use of the possessor. This view would have to accept the existence of “souls”, in a religious rather than an Aristotelian sense of the concept, that are waiting to inhabit human concepti perhaps from the moment of their formation. The “soul” would then be directing the outcome of the body. If the body and its interactions with its environment were not influential on the soul, the soul would thus have its own character and maintain that character until it decides to “leave” the body. However, if the body and its interactions with the environment were to influence the soul, then the initial character of the soul would be changed as the body progressed through life. The soul, then in this relationship with the body, may be said to be dependant on the body for its outcome. Thus we may explore issues such as to what extent does the interactive environment of the body affect the outcome of the soul. Here there are many unanswered questions. One particular bioethical conundrum would fit in very well with this perspective. If the body were to influence the outcome of the soul, then we would have to consider that the soul will be influenced and develop the character of what is “fed” in by the body and mind. Thus if the mind were to become schizophrenic or senile as in old age, would it be prudent to assume that the character of the soul would be schizophrenic and senile and if it were to be judged in some “here-after” by some “god” would it be judged as such? If we are to assume that the soul was to leave the body when these events occurred, then is the body still autonomous or to be deemed a person or human? Would we have a reason based on this to terminate these lives as they were no longer part of the human race? After all they would be soulless!

The existence of the mind and its relationship with the body presents another dualistic theory. The mind it is argued will develop according to its sensory input

(ibid). Thus the presence of sensory organs is vital for the development of the mind. If there are no sensory organs then there could be no mind. The human body would then be a shell, a mass of tissue with basic physiological functions unable to interact meaningfully with the world. It may then not even be considered a human being by some descriptions. This would then logically imply that a body without senses is not a human being. Autism constitutes a perplexing condition in this regard.

Zaner (1981:182-188) explores and argues that autistic children suffer from the consequences of having lost themselves, or of never having been able to discover themselves, since they were unable to establish contact with others. If the child ever does come to the point of attempting to interact with others, it is both agonizing and fascinating to witness the enduring fear she has that at any moment, she may disintegrate, disappear literally. These children often touch themselves frequently or do not sleep for weeks, almost in an attempt to reaffirm connection with their bodies (ibid). Dr Leo Kanner (1942:217-250) who first identified autism as a distinct clinical phenomenon presented an explanation of its signs and symptoms which included linguistic peculiarities such as echolalia, pronominal reversal, inappropriate talk, rote enumerations, and the peculiar way in which the child's relation to other persons is disrupted, and the unusual way of relating to objects. He argued that these symptoms could be explained by the child's characteristic isolation, aloneness and the powerful desire for the preservation of sameness. Invariably, they do not communicate with their surroundings. When communication with others is stopped, or never initiated, and when the very presence of the world is blocked in crucial ways, not only is the world impoverished, but so is the person and its embodied self. With the failure to

develop links with the outside world, there is a strictly correlated impoverishment and debilitation of mental life. In fact, their lives seem rigorously embedded in a very limited subjective sphere where feelings for the most part are extinguished, cognition is markedly missing, passion is apparently diminished or distorted, and there is little apparent volitional or valuational life (Zaner, 1981:186). The autistic child is not without senses but it's expressional behaviour in the world renders it far from being independent. Is it to be regarded as a true human being? Its mind may not be able to be interpreted but indeed it is housed within a human body that has the characteristics of the human family. Thus the body minus the mind or rather the absence of the mind could still be considered human. This is a direct challenge to the way the body has been viewed traditionally. Only in recent times has the body been afforded the due respect that it had prior to the modern analytical philosophical treatises which were founded on the assumption that concepts, propositions, logical forms, functions and all the basic functions of thought had virtually nothing to do with the nature of our bodies. Consequently this dominant philosophical tradition simply ignored the body (Johnson 1999: 82-101). The mind held utmost importance and the effect of the mind in determining the outcome of the body was regarded as supreme. What would a reasonable person do under certain circumstances pervaded most instances of our moral behaviour. It is obvious that to be reasonable one has to have the faculty of reason. This is a basic and inherent function of the mind.

Embodiment may also be viewed at the following three levels: neurophysiological, cognitive unconscious and phenomenological. Neurophysiological: - our experience, conceptualizations and thought are realized neurally. That is they are

embodied in neural assemblies and their interactions. The human neural network develops through interactions with the physical, social, moral and political environment, and is thus integrally linked to other physical attributes of the body. Cognitive unconscious: - the vast majority of our concepts, syntactic mechanisms and other cognitive structures operate for us automatically and unreflectively. For the most part our conceptual systems operate beneath the level of consciousness. Our cognitive mechanisms and structures are grounded in patterns of bodily experience and activity, such as our spatial and temporal orientations, the patterns of our bodily movements, and the way we manipulate objects. Mental images, image schemas, metaphors, concepts and inference patterns are all tied, directly or indirectly, to these bodily structures of our sensorimotor activities. Phenomenological: - this concerns the felt quality of our experiences. Embodied description at this level seeks to bring us to awareness of how our experience subjectively feels to us and how our world reveals itself. An important task in such a description is to recover the ordinarily submerged presence of our bodies in what we experience, feel and think. The goal is to uncover the tacit, background dimension of experience that is mediated by our embodiment and without which we would have no meaningful thought or symbolic expression of any kind (ibid). In this discourse these levels will converge and evolve simultaneously as we describe various states of embodiment. In the next section I will present case studies to demonstrate the effect that these views of embodiment have on autonomy.

In this section human physiological, psychological and disease states will be presented to show the impact that embodiment has on autonomy.

From syngamy the zygote considered a “pre- embryo” needs to implant into the uterus for further development. This discourse proposes an argument that this early life form possesses some sort of inherent value that needs to be respected. In its own right the “pre-embryo” may be considered to be autonomous yet dependent on its host for sustenance and development. If the pregnant woman consumes excessive amounts of alcohol or other toxins that will affect the development of the embryo/foetus, the resultant infant will be significantly disadvantaged in a world of “normal” people. It will not be able to reason effectively if it does not possess a “sound” mind or be able to compete effectively on the sports field if it has, for example, a spastic paresis. These forms of embodiment may limit the expression of any autonomous process that seems to be a function of the mind exemplified most often in the action of the body.

Females, throughout history, by virtue of possessing the human characteristics that make them female, have in many cultures been denied the dignity of being human let alone autonomous. Some African cultures do not allow women to become economically independent and they are thus subject to the dominance of the spouse. Cornwall (2007:149-168) argues that female solidarity and female autonomy are two closely held ideals. Ideas about female solidarity and female autonomy appear in many gender and development interventions. By getting women into groups, they may be transformed into social, economic and political stakeholders. These notions are further expounded to the extent that if women get into parliament they will represent women’s interests and if they have access to independent incomes they will be freed from dependency on men. By interviewing and having focus group discussions, Cornwall, discovered contradictions to this

notion. In Ado-Odo, a village in Nigeria, she observed that the cultural traditions did not allow women to necessarily share the same solidarity. The women in this village appeared to be the dominant sex in terms of trading. They essentially ran the market place and by and large interacted only with other women. Despite appearing to be in solidarity with each other, they were instead making the lives of other women within both their social network and same household a nightmare. These relationships are often not spoken about in feminist literature, as they affront the very notion of feminism. The women were establishing hierarchies within their social networks that were no different from how men were behaving towards them. What surprised Cornwall even more was that despite many of these women being financially independent and economically powerful, they still appeared not to be autonomous. They had to consult their husbands or sons regarding day to day issues. It became apparent that women sought personal wealth so that they could be more “attractive” to their husbands. Stories were told as to how husbands varied their treatment of their wives depending on their wealth. Women, it would appear, were still slaves to their husbands and other men. It was as though a woman has to “work” her way into the heart of her spouse. African feminist writers criticise this “Western” feminist perspective of African women. Ogundipe-Leslie (1994:251) contends that all African women have multiple identities evolving and accreting over time, enmeshed in one individual. Yet African women continue to be looked at and looked for in their coital and conjugal sites which seem to be a pre-occupation of many Western analysts and feminists. She argues that this misunderstanding does not address the role of women in African culture and in the stability of African families.

Thus it appears that not only is it difficult to be autonomous as embodied with female attributes, but it also depends on the land of your birth, your culture, sexual orientation, religion and perhaps even the colour of your skin.

In the South African apartheid years, the colour of your skin determined your right to be fully autonomous. If you were black you generally could not reject any advances by a white person. For example women in Black academic maternity hospitals could not reject the treatment from a White physician based on race, whereas a White woman could refuse treatment on race if care was offered by a Black physician.

Fessenden (1999: 23-40) echoes this sentiment. In the United States of America, she argues, the problem with trying to think about whiteness as a racial category, is that whiteness, in film as in other forms of cultural representation, seems not to be there as a subject at all. Whiteness seems to stand for so much more than race: safety and radiance for example, as opposed to danger and darkness. White racism she argues trades on an invisibility that makes it difficult to analyse whiteness. By recalling the atrocities of America's own racial past, she defines the difficulty of being embodied within the body of an African American. Negroes were regarded as a lesser rung on the evolutionary ladder. They did not possess the capacity of thought and were even soulless, as the God of the white man was white and man was made in His image and likeness. This racist ideology was so pervasive that it defined African Americans, irrespective of their colour, as lesser beings not capable of defining their own future by self-determination. The white man had to think for them and decide their future. When more liberal views of race gained momentum and African Americans were eventually given equal status, those who had defined and propagated the inferiority of the African American were

already well on their way to redefining race. The rendering of newer ways of viewing the soul, such as defining that souls of different race groups having different outcomes in the hereafter, were proselytized so that whites were still differentiated from blacks and blacks were still labelled as being lesser beings (ibid).

One's sexual orientation, in particular homosexuality, also comes into the debate. If you are homosexual, then you too may suffer severe criticism and punishment for being embodied this way. At one point in history, to be homosexual was to be deemed suffering from a psychiatric disorder that required intensive intervention, even institutionalization. Homosexuals were, and in some countries still are, regarded as being incapable of possessing autonomy (O'Connell, 1999: 62-63).

The religious persuasion of individuals has also impacted on autonomy. In the war against terrorism the United States of America has waged war against Islamic fundamentalism. Indeed here we find a liberal Western culture violating that which they most respect; the rights and the autonomy of an agent. Because many Muslims adhere to a particular dress code and many if not most have certain "stereotypical" physical features (Arab), the American Department of Homeland Security has utilised these criteria to risk stratify individuals who live and enter the United States of America. They may even arrest you without trial on suspicion of terrorism and imprison you at Guantanamo Bay (Foley, 2007:1009-1070). Thus being Muslim in a country such as the United States of America may limit your autonomy.

Likewise Islamic fundamentalists inhibit, often viciously, the autonomy of Muslim females. Women are often killed for violating the code of conduct that befits a righteous Muslim woman, often by the men in her own family.

The latter discussion presented the challenges that particular bodies face in the “healthy” discourse of life. How differently are diseased bodies viewed?

Chapter three: Diseased bodies and autonomy

This chapter deals with examples of how diseased bodies are challenged to exercise their autonomy. It explores practical dilemmas to emphasise the impact that embodiment has on autonomy.

Moser et al (2006: 357-365) reviewed the challenges nurses face when dealing with nurse-led shared care. Shared care models define needs-based care for chronically ill people. In these models, specialist nurses play a significant role because they are the main professional caregivers for people with chronic conditions which require continuing care. One of the key aims of this type of care is encouraging patients to take an active role in management of their condition. They argue that patient autonomy is a cornerstone of nurse-led, shared care. This autonomy they argue is reached by both positive and negative freedoms. Patients, they stress, cannot make self determined decisions without the support of others. They also conclude that nurses cannot rely on only one exclusive model of autonomy, but that they should provide a combined approach, which according to this study, was preferred by patients. It appears from this study that a chronic disease seems to remove a component of the process of autonomous functioning. Nurse-led shared care seems to fill that gap and thereby restores autonomous function. This then begs the question that if an agent does not have a nurse, their completeness to function autonomously is significantly limited.

Grootenhuis et al (2006) examined the outcome of children with end stage renal disease with regard to their developmental milestones and functioning in adult life. They found that adults with end stage renal disease since childhood achieved developmental milestones much later in life. Patients achieved fewer milestones

than their peers with respect to autonomy development, social development and psychosexual behaviour. They displayed less risky behaviour and those who achieved fewer social milestones exhibited more emotional problems and less vitality and had a less overall mental quality of life. They explain the impact that the disease has on the patient's development of autonomy. The disease requires that children be dialysed. The result of this is that children do not interact socially with their peers; their parents may become over protective and make decisions for them. The parents are reluctant to discipline or have expectations for the child. This attitude inhibits the child from developing the personal skills needed to cope with the extra challenge of the disease. There is also delayed sexual development and sexuality is closely linked to a person's self-concept and self esteem. As adolescents they become marginalised by their peers, rejected at a time when body image and identity so largely depend on conformity. Having a chronic disease further complicates the transition to full independent existence. The adolescent often struggles to cope with tertiary education and fulltime employment (Grootenhuis et al, 2006:538-544). All these factors limit normal and developmental processes that are essential for the development of an autonomous adult being.

Mentally ill patients are a group of patients who are commonly treated as though they are not autonomous beings because of their inability to reason for themselves. This ability has generally been assessed using the so-called test of capacity. Chiswick (2005:1469-1470) raises concerns over this test of capacity in mentally ill patients. Traditionally mental health laws protected those mentally ill patients who through the lack of insight are a danger to themselves or others. He argues that these laws may however not be relevant in modern society where

there are contemporary concerns over patient autonomy. The test for decision making capacity he argues is important, but not enough to over-ride all other considerations. Capacity he states has not earned this pivotal status for the following reasons: it is a poorly defined concept; it is consequentially difficult to assess; its assessment adds little of practical benefit when considering the clinical grounds for compulsory treatment; and its alleged presence will be used as a convenient device to legitimise rejection and delay in treatment of mentally ill patients. Furthermore he argues that the Scottish legislature recognizing the difficulty of the test for capacity uses “decision making ability”. There is no real difference between these concepts because despite the claims that decision making ability is in the mind and capacity a function of the brain, they depend on the ability to understand, reason, make an informed choice, and communicate. Capacity is a fluctuating commodity. The state of mind of a patient fluctuates, often resisting treatment but hoping that someone will intervene. It is known that it is easier to assess capacity in patients with chronic but stable conditions such as a learning disability than in those with acute mental disorders, in which fluctuations in capacity are the rule rather than the exception. Criticising the Scottish criteria for compulsory medical/psychiatric treatment he argues that in a study conducted on mentally ill patients, it was shown that patients perfectly understood an explanation that they were mentally ill but did not accept it; they fully appreciated the importance of information given to them, but they reasoned that treatment would be harmful. They expressed the choice not to have treatment, even if left homeless. Thus capacity had nothing to do with the fact that they lacked insight into a harmful dangerous mental illness that would mandate compulsory medical treatment (ibid). Mentally ill patients thus seemingly possess capacity but not

autonomy. Professionals who treat mentally ill patients may feel that their professional autonomy is undermined when suggestions that what has been traditionally been a cornerstone in psychiatry, capacity, is threatened by challenges to the concept. A review examining the impact of a multidisciplinary approach to the management of mentally ill patients showed that professionals felt their autonomy less challenged when there was a family participation in the management of these patients (Truman, 2005: 572-575).

Patients who suffer from a terminal illness and wish to die by either refusing life sustaining treatment or requesting the assistance of a physician face denial to their requests in many countries. The request is often based on the mind agonizing over its diseased body and wanting to be relieved of the burden, this embodiment, that it finds itself in. Thus the mind is driving this autonomous pursuit of death, yet if it is unable to convince the body or other thinking bodies that it wishes to depart, it will remain entrapped within an ailing body. The bodies around the diseased body could, from a respect for autonomy perspective, not recognize that the diseased body's mind was making a rational decision, because the body in which it was embodied had influenced it to the extent of irrationality.

These clinical examples demonstrate the difficulty of implementing the principle of respect for autonomy in making ethical decisions. It appears that a broader principle should be presented that would look at the body as an all encompassing entity to deal with ethical dilemmas. Such a principle could be the respect for personhood. The next chapter explores this concept.

Chapter Four: Respect For Embodiment

I have shown that respect for autonomy is not an absolute principle. By this I mean that absolute principles cannot conflict, and if they cannot conflict then a vital aspect of our moral lives (that is, conflict) has been left out. By dissecting what autonomy and embodiment means, I have shown that there are significant flaws in marrying the concepts as they are perceived practically. Different views of embodiment challenge the way we see bodies and thus the way we understand the embodied mind. The functioning of the mind has been regarded as supreme by modernist philosophical theories and quite frankly these theorists forgot about bodies. The complex nature of modern human existence demands that we view bodies differently.

Thus a proposal for a concept, the respect for embodiment, would not be out of place in this discourse.

Physicist John Polkinghorne claims that a grand unified “Theory of Everything” must include and reconcile quantum mechanics, general relativity theory and the personhood of human beings (Sullivan, 2001: 177-186). A person, Polkinghorne, defines is a self conscious being, able to use the future tense in anticipation, hope and dread; able to perceive meaning and to assign value; able to respond to beauty and to the call of moral duty; able to love other persons, even to the point of self sacrifice (ibid). This concept is not shared by all however. Sullivan (2001), reviews personhood from a “pre-Roe” and “post-Roe” (referring to the landmark USA Supreme Court’s Roe v Wade decision of 1973) perspective. Before this landmark case a strong Judeo-Christian influence defined a person. The human body was regarded as a person that possessed a soul from the time of conception.

Abortion was regarded as killing a human person irrespective of the age of the foetus. The courts ruled that a human foetus was not an autonomous being and the autonomy of the mother trumped that of the non-autonomous foetus. There was no consideration for the personhood of the foetus. This decision set the precedent in bioethics as to how we would view bodies' post 1973.

Earlier I alluded to bodies that are deemed to be without autonomy such as the person diagnosed with schizophrenia, senility, autism and perhaps the comatose, and yet we see them as having value, to be counted as part of the human race. To kill them would be taking human life and that would be murder. A utilitarian argument that supports abortion would not view the survival of foetus as being for the greater good, if it resulted in psychophysical trauma to the mother or an increase in the world population with limited resources. It would condone the killing of a foetus but not necessarily the senile. These ethical dilemmas could not be adequately answered if we continued the support for the respect of the autonomy of a human being. We would therefore have to relook at what personhood is and define it such that it would transcend deontological or utilitarian arguments.

In earlier arguments, the way the body is perceived was discussed from monistic, dualistic and pluralistic viewpoints. The common factor in all the views is the respect shown for the existence of not only the mind or the soul but also for the body. Without the body these other entities would not exist. That is they may exist elsewhere as metaphysical concepts but not embodied.

A human body then would essentially require a body and something within it that gave it life and value. However we could also argue that it is of value in itself and requires no other metaphysical attribute to possess value. As some are not comfortable with the concept of souls and as we cannot explore the internal

machinations of certain bodies, we cannot just abandon the concepts of the mind and the soul if we are attempting to propose a principle that should have universal implications. We could instead call everything that is not seen or perceived other than the body, yet acutely aware that there is something, that others believe to be present, simply “the other”. The evaluation of this other in terms of defining the outcome and action of the body would not be possible because this other would be manifest in various ways. It may be non expressive as in the autistic child, delusional in the senile or dormant in the comatose. This otherness that inhabits the body would not necessarily be void of any religious affiliation, philosophical predilection or political affiliation. The character of the other would be defined by a reciprocal relation with the body. It is this concept of the other integrated with the body that would constitute the person. Respect for the personhood so defined would result in a respect for bodies irrespective of the desires of the mind. The body then would not be seen to be driven by the autonomous mind, but be seen as a whole and not parts of a whole. Zaner (1981: 27) however challenges that the body is a biological affair and as such properly the concern of the biological and medical sciences and practices. Ethics and values like “persons” and “souls” are unscientific and properly metaphysical and not physical, and the metaphysical cannot be considered as dependent upon the physical. A rebuttal would declare that the other, even though a metaphysical concept is integral to the body it is interdependent on the physical.

The respect for embodiment thus proposed would have significant consequences for many practical bioethical applications. Consent and confidentiality, two of the most important bioethical concepts, would be challenged. Consent to medical intervention holds that a person understands what they are consenting to. It bases

its strength on the respect for autonomous choice. This discourse has highlighted that certain forms of embodiment may not be in a position to decide their own outcome. They needed a next of kin or other authority to decide this for them. We then have to follow a bureaucratic process that would essentially absolve the person giving consent from any procedure or intervention that is to be done. The assumption is often that the person who is unable to give consent, and if they were they able to reason, would have decided that the intervention or procedure is in their best interest. The dilemma that arises often is, and barring a living will, what would the comatose person wish for her body in this state of an “absent mind”. Medical practitioners practicing in a modern environment and with significant technical modalities are able to keep a body alive despite some of the most challenging afflictions. The question is should they be doing this when they do not know what the embodied person really would like to happen to it. If we are to assume a utilitarian outlook, then we could in circumstance of different resource availabilities, decide what would be in the interest of the greater good. Deontologists on the other hand could support the preservation of the body in that the body should not be seen as a means to an end but as an end in itself. So how would the respect for embodiment resolve this dilemma? An embodied being possesses “the other”, and as such it should be respected. The collective desires of “the other” and the body and as expressed through the body should be respected. If the aim of the embodied other from conception was about life, and we have observed that process through scientific studies, then when the body, in all its different forms, cannot express itself, then we should preserve life, irrespective of the quality, because that is the aim of “the other”. The respect for embodiment would allow the wishes of those bodies who cannot express

themselves not to be subjected to tests of capacity regarding their decisions. The terminally ill who wish to die, would have their requests granted and no consideration to their states of mind would have to be considered. There are many other more contentious ethical dilemmas that would have to be waded through in determining their outcome, but at least we would have to consider the body and rely on the respect for autonomy when we cannot find any within a body.

Concluding remarks

> Various approaches exist outside the utilitarian and Kantian mainstreams of normative ethics; some of these draw on phenomenology, some on the Marxian tradition, and some on the revival of the ideas of Aristotelian ethics…The role of reason, in its hypostatised Enlightenment form, is taken for granted, and the possible foundational role of the virtues, or the fact of embodiment or sociality, is excluded from consideration as a matter of principle (Komesaroff,1995: 8).

The body in all its forms is the subject of bioethics. Without the body there would be no debate around medical and psychosocial ethical dilemmas. There would be no need to discuss aesthetics or fashion. Its presence is beheld by the five physical senses. It is interpreted within its social and cultural environment, but its actions, the culmination of its interconnectivity with everything else is measured by philosophical discourse. The how and why it behaves in different circumstances are judged to be correct or appropriate by theories that govern the ultimate destiny of its very existence.

Autonomy has been the key aspect of how its intent or actions have been measured over the past half century. This concept I have shown has ignored the form and function of the body. Bodies were dependent on independent observers for their outcome. If the body fitted into a description of being self conscious, it was ascribed autonomy. Yet its actions needed to fit in with a favourable outcome, often for the greater good. It was deemed to be an end in itself yet often the means to an end. Autonomy has failed the body in many instances. These have been described and the examples presented, have revealed its inadequacy in dealing with several forms of embodiment.

The different forms the body takes, diseased or not, has shown that the impact on the principle of respect for autonomy needed to be revisited. The other and its otherness, the very substance embodied in each one of us needs to be respected.

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