

Kratki znanstveni prispevek/Article (1.03)

Bogoslovni vestnik/Theological Quarterly 80 (2020) 2, 443—451

Besedilo prejeto/Received:10/2020; sprejeto/Accepted:10/2020

UDK/UDC:141.319.8

DOI: 10.34291/BV2020/02/Stivic

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Body in Temptation: An Attempt at Orientation in a Boundary Situation

Telo v skušnjavi: poskus orientacije v mejni situaciji

Abstract: In this article, author seeks a point of reference regarding the status of the human body in times of health crisis caused by the pandemic. He finds that point in the notion of the boundary situation and through it, from a historical perspective, emphasizes the social and epidemiological features of a pandemic. The author asks about the meaning of the term 'health crisis'. The author points out that this crisis is predicated upon a narrative predominantly about the body. Furthermore, the author sees the basis for this direction of the crisis narrative in the contemporary anthropological assumption about the body, which has the characteristics of Gnostic dualism. Finally, the author points out that this particular assumption can also become the guiding thread in devising the notion of a new normality through the way of permanent virtualization of real processes.

Key words: boundary situation, crisis, narrative, pandemic, body, new normality

Povzetek: V tem besedilu avtor išče referenčno točko glede stanja človeškega telesa v času zdravstvene krize, ki jo je povzročila pandemija. To točko najde v pojmu mejne situacije in skozi to z zgodovinskega vidika poudarja socialne in epidemiološke značilnosti pandemije. Avtor se sprašuje o pomenu izraza zdravstvena kriza. Avtor poudarja, da kriza temelji na narativu, ki se pretežno nanaša na telo. Poleg tega avtor vidi osnovo za to smer kriznega narativa v sodobni antropološki predpostavki o telesu, ki ima značilnosti gnostičnega dualizma. Na koncu avtor poudarja, da lahko ta predpostavka postane tudi vodilna nit pri oblikovanju pojma nove normalnosti s pomočjo trajne virtualizacije resničnih procesov.

Ključne besede: mejna situacija, kriza, pandemija, izolacija, telo, nova normalnost

1. Crisis during a pandemic

In 1919, the German philosopher Karl Jaspers introduced the term boundary situations (*Grenzsituationen*) into modern philosophical terminology.¹ It is one of the fundamental concepts of his philosophy, which characterizes situations in which man feels unconditionality, opens the boundaries of self-awareness and tries to understand his finitude. Jasper hints that boundary situations involve experiences of struggle, death, accident or guilt. In these situations, predominate feelings of fear, guilt and anxiety are essentially those that ‚shake‘ human existence. These experiences shed light on limitations, require more original knowledge, and have a formative character primarily for the individual, but consequently for society as well. (Grieder 2009, 331; 334)

The emergence of the COVID-19 virus has, in many aspects, created an atmosphere of boundary situation on an individual level as well as a mood of uncertainty on a social level. The virus itself is marked as *novum* in terms of cause, spreading and consequences. The World Health Organization (WHO) swiftly declared it a pandemic in early March. In search for a coordination point, there was an attempt to make a comparison with the Black Death and the Spanish flu, as something that remained deeply inscribed in the consciousness of humanity.

The first situation left us in *The Decameron*, a classic work by Giovanni Boccaccio, who in the very beginning describes a state of mind that we can use to understand social circumstances in our situation. »[I]n the minds of such as were left alive, inclining almost all of them to the same harsh resolution, to wit, to shun and abhor all contact with the sick and all that belonged to them, thinking thereby to make each his own health secure.« (2004, 5)

In this radical social change, the writer speaks of three kinds of people and one utter confusion among men. a) »There were those who thought that to live temperately and avoid all excess would count for much as a preservative against seizures of this kind. Where-fore they banded together, and, dissociating themselves from all others, formed communities in houses where there were no sick.« (5); b) »Others, the bias of whose minds was in the opposite direction, maintained, that to drink freely, frequent places of public resort, and take their pleasure with song and revel, sparing to satisfy no appetite, and to laugh and mock at no event, was the sovereign remedy for so great an evil.« (6); c) »Not a few there were who belonged to neither of the two said parties, but kept a middle course between them.« (7) The contagion brought disorder to interpersonal relations. Some good customs disappeared, and new, not so good ones arose. Society was in disarray.

The Spanish flu, which took 50 million lives at the beginning of the 20th century, is closer in time and comparisons with it were more important in epidemiological terms (Mussat 2020). However, there are currently just over fifteen million people infected in the world, of which more than six hundred thousand have died (Coro-

¹ The term is first mentioned in the chapter „The Life of the Mind“ in the book *Psychology of World Views* (ger. *Psychologie der Weltanschauungen*).

navirus 2020). The prevailing view is that this statistical difference can be attributed to better conditions than during the Spanish flu or earlier and better organization, which is linked to advances in science and technology. The pandemic has brought us into a crisis situation, which is described in medical conditions as a ‚health crisis‘. On the other hand, the pandemic has made us aware of the fact that people have always lived with viruses and faced the consequences of infection. (Mussat 2020)

It is difficult to talk about the duration of the crisis, given the meaning of the term health crisis. To understand its meaning, it would be necessary to look at the WHO’s definition of health: »Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.« According to the definition, it is obvious how the crisis is still ongoing and a postcoronary situation looms beyond our cultural imaginary at the moment, although the postcoronary situation will also belong to the discourse of this crisis.² Thus, the crisis situation, according to the official definition, affects much more than the state of the disease. Although based on the facts of the illness, the crisis narrative challenges the very paradigm of man that prevails in our time.

2. Narrative in the crisis

What makes this crisis visible is its narrative – as an outburst of its internal dynamics and that what concurrently setting up its external framework. This narrative, both medical and political, is focused on epidemiological measures, which have a social dimension that intends to combat the disease. Furthermore, the crisis as a boundary situation has shown that the prevailing concept of the human body is theoretically and practically insufficient in our new conditions.

At a time of the infection’s rapid spread, an isolation measure was introduced, historically known as *lazaretto*. The goal is to control the body for a prescribed time in order to monitor the outbreak of the infection and neutralize the spread. At some point, isolation becomes the same for an infected body as for a healthy body in danger from the outside. In such a situation, the body is a carrier of infection and, on a symbolic level, a carrier of danger - unwanted and unexpected. The body as a carrier of danger becomes the principle of perishability and fragility, in short, a burden to the flow of life. At the level of interpersonal relationships, the body of another becomes a threat to my own existence.

On the contrary, long-term isolation is gradually proving to be a burden on health (Singer 2018). Social isolation breaks the established physical connection with others. Some also experience a feeling of loneliness. These problems, although having been scientifically researched for a long time, are given special emphasis

² This definition is very questionable, as according to it, the slightest deviation from emotional well-being (comfortable, happy, health) could be considered as a disease (lack of health). Is it possible to determine an objective measure of well-being? This definition opens the door to the medicalization of human life not only at the individual level but also at the social level. The term ‚complete‘ is also indefinite, as it is not clear what it means to be complete.

in the health crisis, due to the character of forced isolation and the impact it has on the health of the individual.³

Rather than merely analysing the surface phenomena of medical symptoms and psychological indications, one should go back to the basic anthropological starting point conceptualized by Aristotle: *anthropos physei zoon politikon* (*Politics* 1.1253a). That concept implies that man is not only to be understood in the political sense as ‚being of the polis‘, but above all, that there is in man some inclination to step into a relationship with others, for only in this way can man be realized as a human. Isolation symptoms speak against the concept of isolation in the long-term (Petkovšek 2019, 22). More strikingly, this traditional anthropological conception stands in opposition to the idea of isolation as a new health paradigm.

The meaning of the human well-being or the meaning of the body cannot be exhausted by medical notions about physical health or infection. If the rhetoric remains superficial, then we are left with an unresolved paradox – isolation as help and harm at the same time. However, if the conversation scratches the surface to the level of the anthropological assumption about the human body, the current discussion can become clearer.

3. The image of the body

The predominant image of the body is associated with the predominant contemporary image of man. The latter is under the constant interpretive influence of contemporary technology. The internal dynamics of technology are reflected in techno-economic practice or economic interests. The prevailing techno-economic interests tend to establish absolute supremacy over life. Man is here only as a function of the broader designed frame. The world, man and life are already trying to be exhausted with techno-scientific methodology, which is at the core of totalization, the setting up of the world, man and life – the construction of *totalitarium* (Komel 2019, 5; 14; 16).

Modern man is ‚thrown‘ into the ‚technosphere‘, where clear boundaries between nature and culture, animal and man, world and machine are disappearing.⁴ It is not about a new dimension, but about narrowing everything down for easier surveillance. In this context, the common perception is that the body is the material or physical structure of man, and according to some, this aspect of man is contrary to the spirit and is a principle of disorder and evil. According to such an understanding of the body, it is possible to establish supremacy and ‚make it available‘; to surveil, adapt and refine it at all its developmental stages.

³ This is supported by a psychological study on lifestyle during the pandemic in Croatia, which talks about lifestyle changes and the occurrence of depression, anxiety and stress in a certain percentage of people, which is directly related to the new situation (Jokić Begić 2020). In addition, we refer to the instructions on the official WHO website on how to behave during isolation in relation to an individual's possible mental health problems (WHO Mental Health).

⁴ Žarko Paić introduces the terminus technicus ‚technosphere‘ in his five-volume book *Tehnosfera*.

This ingrained definition present in modern society contains an old and questionable image of man (and the world) which is otherwise present in its technological language. In principle, the consideration is that man is composed of a spiritual and a material principle which are in constant hostility. The set of views and beliefs that emerge from this reasoning are usually classified as gnostic dualism (Špelič 2019, 10–11).⁵

This gnostic attitude towards man is characterized by the perception of the body as a principle of decomposition. So, the body is a carrier of fragility, danger and insecurity. What follows is the conclusion that the body (matter) is evil. This relationship can be identified by two dominant views that follow technological practice.

According to the first view, man is only a body and the body is only matter. If we want to talk about the spirit, we should understand it as an emanation of biological processes. As a result, human life ends with biological death or the beginning of the disintegration of the body. Nevertheless, current technology and science can provide the conditions by which man can quicken death, prevent premature death, or prolong his biological life. Suffering and pain are part of physical life that man can overcome to some extent at this stage of technological development (Stegu 2019, 685). In a moral sense, they are evil, and as such they must be eradicated. Technology therefore confronts the imperative of removing the state of suffering and pain or providing a state of physical, mental and social well-being, at the curative level with medical intervention, and at the preventive level with techniques of positive thinking, orthorexia, physical exercise, etc.

These sets of opinions have two fundamental dogmas. First, hedonism as an ethical starting point. Second, the character of the laws of matter are mechanistic.⁶ Both assumptions are directed towards the fundamental goal of a happy and healthy life, and the criteria for such a life are somewhere in the subjective domain of the individual. Such a goal justifies the means used in establishing such a life. These include, among others, the uncritical psychiatrization of human emotional and mental states and the associated medicalization (Fukuyama 2003, 47–6; Torre 2018, 125). A society built on three principles is characterized by ‚wellness syndrome‘ (Cederström 2015, 4–8). The notion of health or disease, happiness or sorrow, man and the world, is proportional to the constellation of emotions.

Such an established anthropological image leads us to a fluid reality. This starting point cannot answer the fundamental borderline question of the importance of a healthy and happy life. Freedom is realized within the limits of subjective thought, desire and action, and it is responsible only to the subject of action. Con-

⁵ At the zenith of the pandemic there was only talk of the impact on the body – we would like to call this the first phase. The second phase is the prediction that the impact of the pandemic atmosphere will have on the state of mind – behaviour, the change in established life and psychological consequences.

⁶ Pearce is an advocate of the abolitionist project, which represents a strategy for resolving the fact of human suffering and suffering in the world in general. The very idea of man's ability to eliminate suffering is based on the assumption of evolutionary progress, which does not raise the question of whether this anthropological step is possible, but only ‚an explanation of progress‘, ‚how‘ and ‚when‘.

trary to the worldview of wellness, human life consists of joy, sadness, suffering, unhappiness, and it does not lose its meaning even in radical situations, which speaks precisely against the thesis that the meaning of life is in happiness and health (Frankl 1984, 88–89).

The second image of man turns out to be very similar to the previous one in terms of its effects. Yet here man is a spirit in a body. Body and spirit are in a caterpillar-butterfly relationship. The body does not matter much in this relationship, as it belongs to the world of matter, which is changeable, perishable, dangerous etc. The body as such is a carrier of suffering and pain. Technology as a product of the spirit has reached a high level so that it can bring victory over physical pain and suffering. This victory can mean changing or manipulating the body in order to resolve the disease and prolong life, and in the long run, to change or replace the body with some better materials. Finally, the body, as we know it, is a ballast and needs to be removed.⁷

Its consequences are very similar to those of the first position, wherein it claims that the approach to the body needs to be stronger and completely controlled, according to the spirit. Although present in transhumanist fictions, this dualism also prevails in technological practice. This assumption finds it difficult to answer the question of how the spirit would have developed if it were separated from the body. Is it even possible to talk about perception if there were no body? (Siegel 2012, 1–46)

In the age of a pandemic, man is viewed from the physical point of view as passive matter. Like any reductionism, these views ‚anesthetize‘ and make unanswerable issues irrelevant (Guardini 2002, 96). Thus, the human body, only as matter, can be subjected to disposition, recreation, and modification. Therefore, it is not surprising that in the world (man, existence, society) man has actually technicalized, in order to create new circumstances and arrange ‚objects‘ according to man’s own feelings. However, the crisis caused by the pandemic has shown that something is significantly eluding the process of technicalization in its unpredictability, as evidenced by human casualties. There is something that goes beyond the controlled framework of life, and it is life itself that is most evident in bodily presence.

4. Virtual body as a new normality

The abolition of social contact and physical contact with others has accelerated the digitization (virtualization) of a large number of processes in just a few months – schools, lectures, meetings, medical diagnostics, etc. The University of Cambridge has already announced its next online academic year. At the technical level, everything went without saying, as it was a ‚global crisis‘ that needed to be overcome (Klun 2019, 594). After several months of experience of the crisis situation,

⁷ Both attitudes towards man (body) clearly show why eugenics, abortion and euthanasia are in principle acceptable for modern man.

the concept of ‚new normality‘ was introduced into the public space. In new normality, it is necessary to ask about the human body, the co-carrier of intersubjectivity, and to critically evaluate the transfer of life to the Internet in the long term.

The prevailing ethical postulate of contemporary technology says that what can be technically done needs to be done. This postulate does not derive from the requirement of acknowledgment of reality, but from the fact of technical superiority over reality. The problem of digitalization (virtualization) needs to be addressed in the light of this ethical starting point. Thus, justifying the digitization of life with the phrase ‚new normality‘ is, due to the possibility of transferring life to the Internet, uncritical. There is a lack of an attempt to look at the whole and answer the far-reaching consequences of such processes. In short, the possibility of digitization is based on the experience of isolation, but it evaluates neither the negative and positive effects of the concept, nor the negative effects of technology on the health or transformation of the human body (Spitzer 2018, 67–91; 149–176).

If the new normality means the digitization of the body, the interpretation of such virtualization can acquire an unambiguous character. In this case, digitalisation only loses its characteristic of a technical tool (assistance) in overcoming a crisis situation, but becomes a surrogate, which in a crisis acquires the characteristic of a completely new reality. This empowered construct has no longer a reference point with reality. In this new reality, the body is an avatar and the digital body is its more sterile and resistant version. Such a human presence is purely verbal-auditory.

There are therefore two possible explanations. A digitized body can be a temporary substitute for a real presence and real interpersonal relationships – help in crisis situations to maintain the system. The second explanation is based on a technological imperative – that what can be done needs to be done - and says that the digital body is a permanent replacement for an unbearable material body. The latter is understood as a deviation from the material body, waiting for the long-term end of the body and futuristic ‚uploading‘ of the spirit to the computer (Bostrom 2014, 47–48).

Digitalization and virtualization of life are between two pillars on which further processes depend. First, the aforementioned technological imperative is based on the idea of progress, and the ideal of good is in technological progress itself. Each option takes precedence over the initial factual situation in a fundamental sense. The second and last in contrast is the demand for the acknowledgment of reality. It represents an obligation to examine the effects and consequences before realizing the technological possibility. Reality is the reference point for each possibility.

5. Conclusion

In the text, we tried to find a landmark regarding the status of the body during a health crisis caused by a pandemic. We found this point in the notion of the boun-

dary situation of the German philosopher Karl Jaspers. The medieval plague and the Spanish flu are the two most important examples from the past, which tell us about the possible scale of the pandemic. Very similar social proportions to today's can be found in the classical masterpiece *The Decameron* by Giovanni Boccaccio. The Spanish flu in epidemiological terms had a greater devastation than the current pandemic, because technical conditions are much better today.

These questions start from questioning the prevailing narrative, as an attempt at orientation. The resulting health crisis is composed and revealed by the prevailing narrative in which indirectly the body plays an important role. This narrative echoes the paradox, which is visible in an epidemiological measure, of the need for isolation to prevent infection but at the same time long-term isolation as a threat to health. In other words, the body is shown to be the carrier of the infection and at the same time the body as the bearer of sociability.

The direction of the crisis narrative is based on the contemporary anthropological assumption of the body whose fundamental feature is Gnostic dualism. Here we recognize two models. The first, in which man is only a body and the body is only a matter, and the second in which body and spirit are in a caterpillar-butterfly relationship. In both assumptions, the body is mere matter, and its technical improvement or overcoming is desirable. This particular assumption tends to become the guiding thread in devising the concept of a new normality. The notion of new normality is closely related to the possibilities of modern technology whose fundamental ethical postulate is what can be technically done needs to be done. However, problems arise because this technological principle is not interested in what reality is. Finally, the establishment of a new normality, on the principle of a technological imperative, is in danger of violating reality.

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