


SYMPOSIUM

The healing body: Replies to Symposiasts
Drew Leder^(a)

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FEATURES OF EMBODIMENT:		I HAVE (A BODY)	I AM (A BODY)	I CAN('T)	I'M TIME	WE INTER-ACT	
HEALING ORIENTATION:		Escaping the body	Embracing the body	Remaking the body	Re-timeing the body	Reconnecting the body	
		Ignoring	Accepting	Restoring	Remembering	Being-objectified	
		Refusing	Listening	Transforming	Anticipating	Communing	
		Objectifying	Befriending	Incorporating	Presencing	Receiving	
		Transcending	Witnessing	Imagining	Re-envisioning	Giving	
							

^(a) Philosophy Department, Loyola University Maryland, 4501 N. Charles Street – 21210 Baltimore MD (USA)
E-mail: dleder@loyola.edu

I WOULD LIKE TO EXPRESS my appreciation to the journal, its editors, and to all the respondents for their close and intelligent reading of my work. In these days of social media and hyperlinks, human attention is a priceless commodity (or a commodity with a price?) and I am privileged to have had my book receive so much attention.

Over half of the book is devoted to a “chessboard of healing strategies” that individuals can and do employ when dealing with bodily breakdowns. This is designed not only to further the phenomenology of embodiment and the philosophy of medicine, but to be “news you can use” that is of practical value to those facing chronic illness or the challenges of aging. To that end I have even turned that chessboard into an interactive web-based game for use by patients and clinicians (cf. <https://www.drewleder.com/>). Perhaps it is because of its practical focus that the respondents, with the exception of Fredrik Svenaeus, have relatively little to say about this part of the book, and focus on more specialized subjects treated in the later chapters – breathing, interoception, “embodied injustice”, and the like.

Concerning the latter topic there was an interesting division. Hannah Bacon and Michelle Maiese seemed to find it of particular value; Fredrik Svenaeus, somewhat distasteful. This notion of “embodied injustice” may not be one of the more original themes in the book – some of what I say is simply a condensed overview of what others, for example in critical race theory, feminism, disability studies, etc., have developed in greater depth – nonetheless, it has proven a provocative section. Both in the broader culture, and in philosophy, we are conflicted between overarching “humanist” sentiments, and a desire to attend to the particularities of bodily differences lived out in the context of social positioning and prejudices.

Yet I find it difficult to make too many overarching observations. Each respondent went in very specific directions, at times commenting directly on my book, at other times using elements from it to provoke and present their own original work. To me, this format feels less like “an author meets his critics” and more like a collaborative conversation with some great colleagues. I think that conversation will now best proceed in an individualized fashion as I address, one by one, each of the essayists in this volume.

1 Hannah Bacon

I am very appreciative of, and for the most part in sympathy with, Bacon’s eloquent presentation of the body as inherently porous, vulnerable, open to the world, and thus the basis of our rich intersubjectivity. She points out a number of ways in

which this can go awry: for example, a Cartesian disassociation, as exemplified in much of philosophical theory, and even academic practice (I write this while hunched over my computer). Moreover, not only the body per se may be depreciated, but also particular types of “non-normate” bodies, for example, those that are not male, thin, white, etc. Other types of bodies stand out, provoking a self-awareness of themselves as visible, different – hence the “absent body” can be a privilege accorded to few.

In dialoguing with Bacon’s work, I’d like to both respond to and elaborate on a few of her points. I think the best way to do this is as a series of separate comments, though they conceptually intertwine.

1.1 *The already self-aware body encounters illness and aging.*

Bacon makes the point that due to what I term “embodied injustice”, certain bodies are viewed as different, problematic, and therefore objectified, forced into a kind of self-awareness. However, she points out a potentially positive side to this:

If many of the strategies for healing have to do with finding one’s way back into one’s body, those who have a shorter distance may be more equipped to inhabit the body in modes of awareness. (BACON 2024, p. 113)

I think there are at least three different possibilities when “embodied injustice”, interacts with illness and healing. First there could be, as Bacon says, “a shorter distance” to travel for those who have always had corporeal self-awareness, even when it has been thrust upon them by social injustice. Perhaps they are more in touch with their embodied wisdom, as well as less likely to turn their body over to “experts”, and this orientation might assist their healing.

However, secondly and conversely, there could be a synergy of harm. If someone has come to dislike their body (for example, it is judged the wrong color or size) when they fall ill it may seem a double-assault: *again, my body is somehow wrong, defective on the outside and inside*. This may impede boldly self-care and healing.

A third possibility is more neutral: the kinds of alienation brought about by “embodied injustice”, and by illness are simply different and not necessarily interactive. For example, we might say that a woman sexualized by an intrusive male gaze feels her body to be “objectified, dispossessed”. If she develops a chronic illness, say irritable bowel syndrome, we might use similar terminology – her painfully out-of-control body surfaces as “an object, dispossessed”. And yet *these modes of objectification are very different*. Objectification-from-without, as in the sexual-

ized gaze, is quite distinct from the interior self-awareness provoked by IBS. Perhaps there is no meaningful synergy, either helpful or harmful.

My tendency is not to label any of these three options “correct” or “incorrect”, but to say they remain existential possibilities. Which of these is realized for a given individual will depend on complex situational factors such as the nature of the illness, the personality of the sufferer, and the helpful or harmful social network they have available.

■ 1.2 Trauma and the disassociation from the body

Bacon mentions in a suggestive but somewhat throwaway line:

I described this Cartesian bifurcation to a friend, an embodied somatic therapist, and she stated this dualism and lack of identification with the body resembles the trauma response of disassociation. (BACON 2024, p. 115)

I think this is a thought well worth developing. However, I want to suggest a bi-directional causality. Not only can trauma cause disassociation from the body but the reverse is true: disassociation can lead to trauma, and this is characteristic of modern Western history. When disassociated from the body we are less likely to feel empathic identification with animals, trees, the natural world as a whole. This paves the way for heedless environmental destruction. And if, as Bacon and I agree, intersubjectivity has a strong basis in intercorporeality, we are also more likely to engage in warfare, demonizing and killing the other, and to disregard those harmed by embodied injustice within our own borders. Separated from our body, com-*passion* (etymologically, “to feel or suffer with”) is reduced.

This can ultimately lead to self-reverberating feedback loops of trauma/disassociation. For example when, through disassociation with nature, we cut down trees to put up another parking lot, this barren world fails to invite our sensuous involvement, further increasing disassociation which then can lead to further destruction.

■ 1.3 The deeply embodied nature of subjective interconnection

Bacon is eloquent concerning her embodied relation with her daughter, and the way in which the porous, penetrable, vulnerable body subtends interpersonal relations. The act of breathing is taken as an exemplar for this exchange, as I do as well in the penultimate chapter of my book. There I quote from Shunryu Suzuki (1970): «the air comes in and goes out like someone passing through a swinging door». (p. 29) As Bacon points out, though we may «fear being imprisoned by the body [...] (a) prison is a prison because the

door is locked, but the body is necessarily open to the world». (BACON 2024, p. 115) This image of the body-as-prison can be found in Plato’s *Phaedo*:

when philosophy first takes possession of their soul it is entirely fastened and welded to the body and is compelled to regard realities through the body as through prison bars. (82 d-e)

Ultimately, Plato suggests that only in the philosopher’s death (the cessation of breathing) is he fully freed from this prison. Bacon takes the opposite view: giving birth, and life-sustaining breath, shows us that the body is *not* a prison.

She thus poses a challenge to the notion of “healing *from* the body”, and suggests that her work as a birth and death doula, and her personal experiences with birth and death, have made this unavailable. If a friend or loved one dies, she writes,

[...] I cannot miss her without missing her body, and I cannot experience her now that her body is no longer alive. (BACON 2024, p. 117)

While this is often the case, I want to suggest different permutations. My long-time colleague and friend, Richard Boothby, has written eloquently concerning the suicide of his only child:

Everything I ever expected about the experience of death is upside down. He’s dead but in death memories of him assume shocking force [...] in his absence, Oliver seems – impossibly unthinkably – more vividly present than ever before [...] stolen from us by death our loved ones become incomparably more vibrant to memory and imagination, in a weird way even more insistently real than they were when they were alive. (BOOTHBY 2022, pp. 96-97)

For others, the sense of the presence of the dead may not be as embodied through memory and imagination as is here described – there is simply a sense of the other’s voice, “spirit”, or “essence” as ever available. Just as there are many different healing strategies (which I avoid arranging in a hierarchy), I think the understanding of death, the healing processing of grief, and the possible sense of presence-after-death, differs markedly among individuals.

■ 1.4 What is the “transparent body”?

Bacon makes the valuable distinction between my use of the term and that of Havi Carel, who associates it more with the absence from reflective self-awareness characteristic of a healthy body. Exploring that kind of theme was, indeed, a major focus of my previous book, *The absent body*, but at

its end I pivoted to a neo-Confucian idea: that in its “ecstasy”, projecting beyond itself, as well as in its recessive viscosity, we “form one body with the universe”. Here, I think Bacon and I are in agreement.

However, there may be a difference in emphasis. She focuses much on the particularities of intercorporeality, for example in her experiences as a mother. My “metaphysical” side draws me to explore the farthest extension of this sense of intimacy. To quote Spira, as I do in the book,

[...] unlimited, ever-present consciousness wears the universe as its body [...] Our body loses its feeling of contraction and limitation, it expands to include everything. (LEDER 2024, p. 205)

Hence, the “transparent body” I speak of is not simply a divestment of bodily identification (though that is often a stage in one’s practice, characterized by asceticism and withdrawal from the world) but also a sense of expanded embodied interrelation.

1.5 The disregard for the body in academic practice

Finally, Bacon begins and ends with a personal reflection on the unhealthy nature of academic life. I’m sure our students would agree, forced to sit still on uncomfortable chairs for hours at a time – not the most congenial setting for free-flowing thought and conversation. Ah, the delights of the occasional outdoor class!

Yet the latter suggests possible “healing strategies” beneficial to both the lived body and philosophical work. Personally, I find I do better work while in motion. I will think through a class-plan or philosophical issue while swimming, or more frequently when I take my dog for long walks on woodland or urban trails. I love moving; playing stick with my joyful, four-legged partner; being out in a natural setting whatever the season; and yes, getting in the “step count” that helps keep me healthy (“motion is lotion” my physical therapist says) – but also *this is where I do my best thinking*.

If Cartesian dualism is untrue, mind and body one, it makes sense that physical movement can facilitate mental agility. Viewing the woods and paths as “my office”, I make voice memos to capture thoughts and experiences which I can later type up. In fact, I close *The healing body* with the phenomenology of a metaphysically-tinged walk.

I am not alone. At least in legend, Aristotle gave lectures while walking, inaugurating the “Peripatetic” school (those who walk or wander). Well-known phenomenologist Edward Casey – coincidentally, the dissertation director for both Bacon and myself – has a forthcoming book on how thought is stimulated even by passive movement,

as when riding a train or ferry. (CASEY & CRAIG, unpublished manuscript) So enough sitting and reading. Let’s head for the hills!

2 Michelle Maiese

However, we are on to Michelle Maiese’s piece on depression. It is quite cohesive, well-argued, and convincing. I am glad my own work, particularly on “embodied injustice”, and the strategies one uses in healing from illness, has helped provide analytic tools that are of value to her research. I decided to focus *The healing body* on cases of physical, not “mental” illness and incapacity, in order that the project not become too sprawling, and exceed the level of my own competence. Nonetheless, I am happy to see it extended to disorders such as depression.

Here, Maiese invokes the destructive power of *two kinds* of embodied injustice. The first results from social-structural causes (for example, associated with racism, sexism, economic inequality and lack of opportunity) that can bring about or exacerbate the phenomenological changes associated with depression. Secondly, embodied injustice comes into play through a health care system that (a) pathologizes the condition; (b) personalizes it, such that the individual, not the larger society, is the locus of disorder, and (c) is reductionist insofar as it makes brain biochemistry the culprit, thereby distracting attention from the individual’s own experience, testimony, and agency. Taking these concerns in turn, let me share some thoughts provoked by Maiese’s astute analysis.

First, I will note that when embodied injustice is radically disempowering it calls into question whether the diagnosis of depression, a mental-health pathology, is even appropriate. Without going into the intricacies of DSM-V diagnostic criteria for depressive modes, most people would think of the disease as involving “distortions” of thinking, a term that Maiese also uses. (MAIESE 2024, p. 123 and 125) To employ a metaphor, one who is unaware that they are wearing green sunglasses may see all the world, including white surfaces, as greenish. Similarly, a depressed person may feel convinced that “the world is going to hell”, and “there is no hope for me”. That is, everything is tinted green. But is that always distorted thinking?

In some cases, for example, someone growing up in an inner-city environment where schools are chaotic, jobs few, drug addiction and violence pervasive, young friends dying all around them, and facing a future life characterized by racist and socio-economic disadvantage, may conclude there is little reason for hope. Yet one might wonder whether this thinking represents “realistic pessimism” rather than depressed mentation. That is, perhaps this lifeworld is *actually green*, not simply a distortion from green sunglasses (e.g. having de-

ficient serotonin uptake in the brain).

I think when we thus move beyond the biomedical model of depressive disease, we approach relocating disease, or at least “dis-ease”, within the society at large. This would speak to certain other psychological disturbances, for example the prevalence of “post-traumatic stress disorder” (PTSD) among military combatants, or the way “anxiety disorders” are spiking at a time of catastrophic climate change and economic and political destabilization. Sometimes “dis-ease” may say more about warfare, climate change, rips in the social fabric, that about brain chemistry disorders. I think this also helps us understand differently the drug addiction prevalent in many communities, often pathologized and criminalized. Rarely do we ask the question, “why would their experienced reality be so painful that large numbers of people turn to drugs as a way of coping or escaping?”

That said, there are clearly individuals who, whether due to personal or collective trauma, or simply to brain chemistry differences, do experience depressive suffering that may be excessive, unrealistic, and beneficially addressed. However, Maiese’s phenomenology suggests some reasons that depression can be difficult to reverse. Because depressive thinking forecloses the future, the anticipation of positive change, it can be difficult for the depressed individual to engage in healing activities. One may be told to get plenty of sunlight, exercise, and healthy food, but the combination of bodily heaviness, and mental skepticism – “this won’t work”, and “I’m not even worth it” – can make follow-through difficult. This can then lead to yet “another failure” which reinforces one’s hopelessness and inertia. Thus, though there is said to be a particular category known as “treatment-resistant depression” (for example, that not resolvable through SSRI medications, etc.), one might say that all serious depression is almost by definition “treatment-resistant”. The phenomenology of constricted self and world can tend to foreclose the sense of hope, even desire, for healing, since the struggle for relief may seem a set-up for let-down.

While Maiese’s phenomenology helps to clarify this dilemma, it also suggested to me the possibility of *using this phenomenology itself as a healing practice*. I think it might be beneficial to a depressed person, not just an academic or clinician, to become aware of, even actively investigate, the phenomenology of their illness. Often, a depressive (or anxious, or paranoid) world-view seems to totalize itself, enclosing and defining one’s world. To use a previous metaphor, the world *simply is green and I am too*. However, to become acquainted with the phenomenology of depression is to realize at least the possibility that “*Oh, perhaps I am wearing green sunglasses!*” – that is, I am experiencing symptoms of a disease which is non-identical to who I am as a person, and non-veridical about

the world. Am I really worthless? Is everything really going to shit? Or is that the disease speaking? There is then a part of oneself that is examining the depression from outside, not simply trapped within its logic.

Perhaps the closest correlate is cognitive-behavior therapy [CBT] which assists individuals to track and correct their cognitive distortions, and it has been found to have treatment efficacy on a par with medication. Nonetheless, Maiese is no doubt correct that such mind-work can best be reinforced by social assistance, empowering communities, and the body-based practices that can help us break through inertia, despair, and loneliness.

However, the more usual avenue of treatment is through the biomedical system. I turn now, albeit briefly, to Maiese on the “embodied injustice”, enacted through the stigmatism, dehumanization, and restriction which this system evokes, potentially worsening rather than relieving depression. I am largely in agreement with her excellent analysis, except I might emphasize a bit more a point she also recognizes: receiving the diagnosis of depression can actually be a relief, even a sort of *legitimation* of one’s struggles. Alcoholism was largely viewed as a grievous sin, involving a lack of self-control and callous disregard of others, until it was recognized within Alcoholics Anonymous, and the medical community at large, *as an illness* rather than a personal failing. Similarly, one’s feeling of being lazy, stupid, even a waste of human flesh – and the attacks posed by others along similar lines – can be relieved when one is diagnosed as having a medical disease. This may bring with it greater understanding and empathy on the part of others – after all, we try to comfort and support the “sick” person – and perhaps may invoke more self-compassion on the part of the sufferer.

I use words such as “may” and “perhaps”, because accusations will not always disappear but can shape-shift into a new form. “Why aren’t you *treating* your depression properly? You know you need to get plenty of exercise. You know you need to regularize your sleep. You know you shouldn’t look at awful news on Internet. But you stupidly do all the wrong stuff!” Thus, the patient may feel scolded by others or self not so much for their susceptibility to depression but from failing to take the obvious measures to prevent or treat it – even if this lethargy is itself part of the depression.

I have little to add to Maiese’s survey of suggested treatment modalities that break free of the biomedical model, emphasizing the validation of one’s experience and voice; communion with others; personal empowerment; bodily therapies; and broader social change. I will only close with an example of the import of change enacted in “the social imagination”. I think we live, at least in many contemporary “advanced” societies, in *depressing times*. The Medieval assurance of heavenly conso-

lation, even the Enlightenment sense of rational progress, has given way to a pervasive nihilism. There is a feeling of despair in the air, a doubt that climate change and the destruction of the natural world; or political fracturing, incompetence and corruption; the corrosive effects of capitalism and authoritarianism; the spread of war; misinformation on social media and now AI; can really be successfully addressed. Thus, the foreclosure of optimism affects many of us, especially if we pay attention to the news (which I do only sporadically, my own anti-depressant measure). Yet hope for beneficial change is essential, or else our pessimism becomes a self-fulfilling prophecy.

Anthony Weston (2012), creative environmental philosopher, pushes back against the emphasis in environmental discourse on provoking fear and anger, crisis and desperation. Ultimately, this can be demotivating; the “best case” is simply a forestalling of the worst outcomes. But the negative of a negative does not equal a positive. He calls instead for a creative vision of an environmentally-sensitive future that is exciting, life-enhancing, better than the world we now live in.

Or to take another example, in a class on philosophy and film after studying the destructive effects of racism we also watched *Black Panther*, a wildly popular example of a movement called Afrofuturism. The film focuses on a fictional black African country, Wakanda, that has successfully hidden away from colonialism, is diverse in its cultural traditions, wealthy, healthy, and technologically advanced. From a *New York Times* piece:

It’s the first time in a very long time that we’re seeing a film with centered black people, where we have a lot of agency”, says Jamie Broadnax, the founder of Black Girl Nerds, a pop-culture site focused on sci-fi and comic-book fandoms. These characters, she notes, “are rulers of a kingdom, inventors and creators of advanced technology. We’re not dealing with black pain, and black suffering, and black poverty” – the usual topics of acclaimed movies about the black experience [...] The artistic movement called Afrofuturism, a decidedly black creation, is meant to go far beyond the limitations of the white imagination. It isn’t just the idea that black people will exist in the future, will use technology and science, will travel deep into space. It is the idea that we will have won the future. There exists, somewhere within us, an image in which we are whole, in which we are home. (CARVELL 2018)

I think all of us, and particularly groups that are the targets of embodied injustice, are in need of these collective anti-depressants. Enacted within the social imagination, they help restore the phenomenological future, the possibility of positive change, that sense of hope, home, and healing.

3 Shaun Gallagher

Gallagher’s fascinating essay takes on many domains of evidence as he puzzles through the role of interoception vis-a-vis one’s sense of self, world, and the body-world interaction. Despite the problems inherent in abstraction, he writes that:

It may be, however, that one can gain insight into interoceptive embodied processes only by engaging in certain practices – phenomenology, meditation, philosophical thought experiments, scientific experiments such as sensory deprivation experiments, and so on, all of which unavoidably involve some degree of abstraction. (GALLAGHER 2024, p. 132)

In his own essay he moves between a variety of these modalities. Rather than focus exclusively on interoception, about which he and I both have had our say, I will engage in some meta-reflection on such methods of self-exploration, with a particular focus on non-Western perspectives.

First, I note that Gallagher is masterful in bringing phenomenology in contact with the cognitive sciences. As someone trained in both phenomenology and biomedical science, I am sympathetic with this crossover work, even if some might object. Phenomenology, at least as originally conceived by Husserl and followers, involves a “bracketing”, a putting out of play, of all metaphysical and scientific explanatory modes. This enables the structures of originary experience to be explored without constricting preconceptions. One must be cautious, for example, of reducing or replacing first-person interoceptive experience with an account of chemoreceptors, neural fibers, and the like, as described by the laboratory scientist.

However, as Husserl himself explored in a late work, *The crisis of European sciences and transcendental phenomenology* (1970), the scientific perspective, like all others, originates in life-world experiences. When an astronomer explores the nature of black holes, inherently invisible and billions of light-years away, she draws upon technologically-expanded sensory experience, machine-mediated data-collection, as well as interpretive models adopted by the scientific community. She thereby becomes capable of “perceiving” a black hole in a galaxy’s center using inferences based on gravitational effects and the like. This is a specialized kind of perceptual/conceptual experience unavailable to the untrained observer. Nonetheless this scientific awareness arises from lifeworld experience, albeit carefully curated such that it is both extended and reduced.

I believe phenomenology can thus legitimately grant a meaningful place to scientific phenomena – as long as this specialized domain is not seen as metaphysically determinative, the one “true” ac-

count of *what is*. Scientific materialism has become so ascendent as a contemporary world-view that one must be alert to any attempts to totalize it as metaphysics. Such “scientism” can render interoception, and even consciousness itself, as but peripheral epiphenomena.

Thus I find it salutary that Gallagher begins instead with the consciousness-oriented thought experiment of Avicenna (Ibn Sīnā), the 10th-11th century Muslim philosopher and physician. Avicenna conceived of the “flying” or “floating” man, an idea which suggests to him that

[...] the alert person has a way to be advised concerning the existence of the soul [or self] as something distinct from the body. (quoted according GALLAGHER 2024, p. 131)

This of course anticipates the famous thought experiment of Descartes often held to inaugurate modern Western philosophy. (DESCARTES 2017) Seeking to build knowledge on a solid foundation by first discarding all that is uncertain, he ends up provisionally eliminating both body and world. After all, he could be dreaming, having a madman’s hallucinations, or be deceived by an evil genius. (LEDER 1990, p. 139) Similar to Avicenna he too, at least initially, concludes that all he knows for certain is his existence qua consciousness.

By the end of the *Meditations* Descartes’ has reaffirmed the existence of body (albeit as substance distinct from mind), and of world (albeit as described by a mathematico-scientific account of primary qualities). Yet in addition to seeking a way to ground the sciences, Descartes also had a psychospiritual agenda. Ever afraid of personal death he wished to not only delay it through an improved scientific medicine, but also to demonstrate the soul’s immateriality and immortality.

What to make of such thought experiments? Perhaps surprisingly I will turn to a Hindu taxonomy to help situate them. *Jnana yoga*, the path of knowledge, is distinguished from *raja yoga*, the path of “meditation”. In the former case, rather than silencing the mind in meditative trance, the intellect is used to actively probe and reveal the true nature of Self. In this context, Descartes’ *Meditations* would thus not constitute “meditation” qua *raja yoga*, but is more characteristic of the *jnana yoga* path. However, when Descartes uses thought experiments to uncover the cogito, or Kant deduces the transcendental unity of apperception, there is little emphasis placed on deepening these insights into transformative experiences. Rather, they enter the philosophical canon and life goes on much the same. In a Hindu (or Buddhist) setting, wherein philosophy is not clearly divided off from religion, conception is often used as part of, or to stimulate, spiritual practice. “Thought experiments” thus are part of an aspirant’s deep and

personal journey. Sometimes existential revelations and revolutions are the result of long years of practice; in other cases there are sudden unaccountable breakthroughs. I will share the example of a *jnana yoga*, Ramana Maharshi, a world-renowned contemporary of Gandhi, and how he first awakened. Instead of Avicenna’s “flying man”, we might call this the “dying man” experiment conducted by a then-17-year-old:

I was sitting alone in a room on the first floor of my uncle’s house. I seldom had any sickness, and on that day there was nothing wrong with my health, but a sudden violent fear of death overtook me ... It did not occur to me to consult a doctor or my elders or friends; I felt that I had to solve the problem myself, there and then. The shock of the fear of death drove my mind inwards and I said to myself mentally, without actually framing the words: “Now death has come; what does it mean? What is it that is dying? This body dies”. And I at once dramatised the occurrence of death. I lay with my limbs stretched out stiff as though rigor mortis had set in and imitated a corpse so as to give greater reality to the enquiry. I held my breath and kept my lips tightly closed so that no sound could escape, so that neither the word “I” nor any other word could be uttered. “Well then”, I said to myself, “this body is dead. It will be carried stiff to the burning ground and there burnt and reduced to ashes. But with the death of this body am I dead? Is the body “I”? It is silent and inert but I feel the full force of my personality and even the voice of the “I” within me, apart from it. So I am Spirit transcending the body. The body dies but the Spirit that transcends it cannot be touched by death. That means I am the deathless Spirit”. All this was not dull thought; it flashed through me vividly as living truth which I perceived directly, almost without thought-process ... Fear of death had vanished once and for all. Absorption in the Self continued unbroken from that time on. (MAHARSHI 1996, pp. 9-10)

This thought experiment involves an existential plunge into the infinite, transforming the course of Ramana Maharshi’s life. One may be unpersuaded that this an effective “argument” – it seems more a subjective, perhaps irreproducible event, that may have been conjured up by an active imagination. However, it presented itself to the experiencer as convincing truth. His life transformation was undeniable. Many others have reported the powerful effects of simply being in the presence of Ramana Maharshi. Moreover, spiritual traditions do view the *yogas* (Hinduism) or the eightfold path (Buddhism) as methods which, when rigorously followed, give rise to reproducible results. In such ways there are similarities to scien-

tific experimentation, methodology and expertise. I am not here arguing for the truth of “revealed wisdom”. I am simply suggesting phenomenology take account of the specialized domain not only of scientific, but of mystical, training and experience.

Here it may sound like I am referring to extraordinary experiences, and ones that reveal the true self as disembodied. Neither need be the case. In the last chapter of *The healing body* I focus on experiences that are quite ordinary, and yet whose significance, for precisely that reason, are often overlooked, as a movie viewer fails to notice the white screen on which a film is projected. Rather than have recourse only to flying men, brains in a vat, or even Ramana Maharshi’s atypical “dying man” breakthrough, we can investigate our own experience at any moment, conducting thought experiments. For example, I find it strangely compelling, as a challenge to mind-body, and self-other dualisms, the simple experiment I’ll call “floating consciousness”, with homage to Avicenna’s “floating man”. (This investigation was suggested by a contemporary teacher, Rupert Spira). I notice that I can focus attention on interoceptions, like the stomach queasiness Gallagher describes; but then I can float awareness to focus on the thoughts taking place in my mind; and then switch to looking at or hearing objects and events in the “outer world”. As I thus float around my field of awareness, interestingly I don’t encounter boundaries between “inner” and “outer”, “self” and “world”. (Try this oneself – the experiment is more interesting when actually performed). I thus find that everything, including my body, mind, and its surrounding world, seem to be embedded in a nondual field I will call *Aware Presence*, the ever here-and-now of lived experience.

Nor need this deny that embodiment helps to shape the field as lived and investigated. Nondual traditions sometimes work less with “thought experiments” than techniques that help one escape restless thoughts, returning to the lived body. For example, in Buddhist *vipassana* (“insight”) meditation one often focuses deeply on elements of the interoceptive field, choosing particular inner sensations, or functions like respiration. This helps with developing one-pointed attention, mindfulness of one’s psychophysical state, but also to dissolve the belief in a static, separate self which is said to be the root of delusion and suffering.

I will take another example, this from a contemporary teacher, Eckhart Tolle, author of *The power of now*, a best-selling book which presents sophisticated teachings in an accessible form. He writes of a variety of “portals” to realizing more fully what I have called *Aware Presence* – that place *where we always already are* but often unknowingly. One of these portals is the inner body:

Underneath your outer form, you are connected

with something so vast, so immeasurable and sacred, that it cannot be conceived and spoken of – yet I am speaking of it now [...] simply take the focus of your attention away from thinking and direct it into the body, where Being can be felt in the first instance as the invisible energy field that gives life to what you perceive as the physical body [...] Can you feel the subtle energy field that pervades the entire body and gives vibrant life to every organ and every cell? [...] The feeling of your inner body is formless, limitless, and unfathomable. (TOLLE 2001, pp. 111-112)

Gallagher closes his essay with reference to the possibilities of intersubjective, interoceptive attunement, for example that of expert musicians. Tolle here suggests a possible basis for, and extension of, this principle insofar as the inner body reveals our deep interconnection with Being as such. In fact, I close *The healing body* with my own experience of interoceptive attunement extending beyond the human realm. Using a simple method from Chinese *qigong* which employs perception, imagination, respiration, I breathed in the *qi*, vital energies, from trees, river, ground, sky, and directed it toward a chronically painful injured nerve. It proved surprisingly and rapidly helpful, assisting me to avoid surgery. If not Avicenna’s “flying man”, at least I was again the “walking man”, and my dog has reaped the benefits.

Ramana Maharshi experiences the limitless through a sense of separation from the mortal body. Tolle goes in what seems an opposite direction, plunging into the inner body. I used a kind of outward-inward *qigong* breath. Yet curiously we seemed to emerge in something like the same place. I appreciate that Gallagher engages a series of thought experiments, but also shies away from a definitive summation concerning what they demonstrate. In appreciation of his work, and of the reader, I will do the same.

4 Fredrik Svenaeus

I am very appreciative of the close and comprehensive reading that Dr. Svenaeus has given not only this book, but its place in my larger *body of work* (pun intended). I have reached that point in life where a retrospective survey of “what I have said, or at least been trying to say” seems appropriate, but one is rarely blessed with this level of assistance – fundamentally sympathetic, but also with a useful critical edge. His attention both to detail and to the larger picture extends even to noticing the Magrittean progression of my book covers; I have long thought of covers as something like the “body” of the book, insofar as the text is more its “mind” – and bodies are important!

I would like to pay back the compliment more fully since Svenaeus’ work is so important to the

field, but will content myself by pointing readers toward his *Phenomenological bioethics: Medical technologies, human suffering, and the meaning of being alive* (2017). He suggests how the attention to lived experience is crucial not only to enrich medicine but the discipline of bioethics as well.

In parsing my own work Svenaeus finds it useful to figure out who my “enemy” is in different books. For example, in *The absent body* he suspects dualism and materialism as the villains – though I might add that I was also trying read Cartesian dualism sympathetically, not as metaphysics but as phenomenology, insofar it arises from experiential sources. Of *The healing body*, he writes,

[...] I have also found an answer to the question of who is now the main culprit in comparison with the two earlier volumes in the trilogy. I think it is no longer merely dualism, materialism, industrialization or capitalism, but rather Western culture as such. This is what is common to the two ways in which Leder now aims to transcend phenomenology; identity politics and eastern philosophy both portray the lifestyle and history of the West as the enemy and disease of our contemporary situation. (SVENAEUS 2024, p. 109)

I think there is some truth to this, but only with caveats and explanation. As a contemporary Westerner I am most drawn to a critical examination of the world in which I am embedded. This may lead me to underplay its benefits. My wife and I have been rescued time and again by modern medicine; I enjoy pleasures and comforts from our material advances; in writing this, I am supported by the Enlightenment tradition of free thought, and the technological advances embodied in my computer. However I, like many others, are equally aware of the shadow-sides of our Western world-view and practices. These include global climate change and environmental destruction; the dehumanization characteristic of modern biomedicine; the eradication of meaning and spirituality that has accompanied the ascendancy of scientific materialism; racial and colonial subjugations, including the evil of U.S. mass incarceration; etc. I do believe the “public philosopher” should seek to say meaningful, hopefully helpful, things in response to one’s world; this would be equally true of Socrates as the “stinging fly” of Athens, or Confucians and Taoists seeking a way out of the horrors of the Warring States period. But do the horrors of our time that I mention above have anything in common? Who is “my enemy”?

As an alternative to Svenaeus’ proposal that it is the modern West, I would focus on the tendency toward *totalization* and thereby *reductionism*, which characterizes many a social or conceptual system. For example, it makes sense that a species, like human beings, would be first and foremost

concerned with its own welfare. But when this is *totalized* through the logic of anthropocentrism (only human benefit matters) and capitalism (only profit matters) environmental destruction ensues. When the paradigm of the mechanical object-body, so useful to diagnosis and treatment, *totalizes* itself within biomedicine it can eradicate the lived experience of the person who initiated the clinical encounter. Dehumanization, misguided treatments, and non-compliance can result.

More generally, as I discuss in my response to Gallagher, when the scientific mode of gathering, analyzing, and interpreting data is illegitimately (by its own rules) totalized into a metaphysics, a soul-crushing “scientism” takes over, even rendering consciousness itself but an epiphenomenon. Or, to take a social issue I focus on, mass incarceration results when there is a totalizing of one solution, caging people, as the response to a complex array of social problems. That over 2/3s of U.S. inmates are Black or Latino is one offshoot of a racist totalization, where non-white skin color leads to increased levels of suspicion, surveillance, and punishment.

I think phenomenology has tools to counter these totalizations. It reminds us, for example, that non-human bodies (e.g. animals) have diverse and fascinating life-worlds worthy of respect. And so too do the persons who seek help from the medical system. They are lived bodies, not just diseased organs, diagnostic codes, or income-generators. Then too, phenomenology challenges the metaphysics of materialistic monism, reminding us that even scientific knowledge grows out of the life-world of conscious experience, albeit both extended and reduced by technological, conceptual, and methodological tools – and so has limits of application, becoming paradoxical when it seeks to negate consciousness itself. Critical phenomenology also calls attention to the diversity of human experience, including how one’s treatment is often culturally conditioned by one’s position vis-à-vis the social hierarchy. This includes, when addressing bodily experience, attention to race, gender, age, sexual orientation, standards of beauty, ability, and the like. But here Svenaeus believes I fall into a facile, if trendy, identity politics. In responding I am tempted to use his own probing question: who is Svenaeus’ enemy?

The answer seems to be, in his words, the “trap of Foucauldian metaphysics” which he associates with a pivot from humanistic analysis to one excessively focused on politically repressive systems (e.g. white power and privilege subjugating those who are Black).

I don’t believe this is fair to the complexity of Foucault’s analysis, but I leave that to dedicated scholars of that terrain. I can say I do not feel it would be a fair characterization of *The healing body*. Svenaeus is particularly critical of discussions

concerning “embodied injustice” in which I emphasize the ways in which bodies are idealized, or conversely demeaned and constrained, relative to issues like race, gender, sexual preference, age, etc. I think this is important material in a book on healing – our search to recover “wholeness” is often vectored or impeded by our social identities. In other essays, both Bacon and Maiese find it a useful launching point for their own thinking. That said, this is a primary focus of but one chapter out of ten in my own book. Much of the book’s analysis, for example of the twenty healing strategies, deals with generalizable aspects of the lived body (true across boundaries of race, gender, etc.). This is similarly true of the later portions of the book focused on interoception, breathing, and the “transparent body”. If anything, I worry that in my desire to uncover phenomenological invariants I undertreat socially-constructed differences. As Svenaeus (2024) writes, «it is often more philosophically productive to disagree», (p. 109) so here we have one. As is said in the U.S.; “different strokes for different folks”.

However, I note that Svenaeus charges me with a version of what I said I most wanted to resist: *totalizing* an explanatory model in a way that leads to *reductionist* implications. For example, he writes,

Taking a closer look at the 20 healing strategies presented in *The healing body*, one realizes that if “embodied injustice” is taken to be a form of “socially caused chronic illness”, political action will always trump the other strategies as an ultimate cure for suffering. (p. 108)

I write most specifically about how incarceration – far more repressive in the U.S. than in Svenaeus’ Sweden – mimics the embodied disruptions typical of chronic illness. However, here I think Svenaeus states, or attributes to me, a kind of logical fallacy. I don’t see that if a political phenomenon (like incarceration) evokes suffering similar to illness, this implies that «political action will always trump the other strategies as an ultimate cure for suffering». (SVENAEUS 2024, p. 108)

I don’t believe that. As Svenaeus notes, I am largely interested in the healing work accomplished by individuals independent of larger social structures, including that of the health care system. I would see such healing work as both existentially and in a sense politically meaningful: the individual is not bowing to the totalizing logic of biomedicine wherein power largely resides in medical experts, technologies, and insurance systems. The resistance to totalization and reductionism takes place not only on the level of theory but in the ways in which we live out our body, including our approach to illness, aging, and death.

Earlier I mentioned “different strokes for different folks”, but let me end with another expression; “the enemy of my enemy is my friend”. Though we

have productive disagreements it seems that Svenaeus and I, at least to a degree, share a common “enemy” insofar as we both wish to resist reductive totalization. For Svenaeus, that comes in the form of Foucauldian metaphysics and facile identity politics; for myself, I resist the “-isms” he identifies well: dualism, materialism, unfettered capitalism, and biomedical reductionism. Knowing his work I am confident that our intellectual kinship far outweighs these differences of emphasis.

Again, I close by simply thanking the journal, its editors, my great collaborators, and now most of all, any readers who have made it this far!

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