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What It Means to Be Human: Anthropological and Ethical Reflections on Navigating the Vulnerability and Fragility of Human Existence During Times of Illness

People normally experience the effects of illness as something negative¹: as suffering and a restriction of well-being, as a limitation in mastering daily tasks or even as a real attack on their physical integrity. If one reads bio-ethical or general writings in the area of the humanities over the past years on the topic of “illness,” one can often note that the goal of the reflections consists in gaining something positive out of the illness or the fact of being ill.² Usually the issue is about seeing a meaning in the illness or about presenting the fundamental anthropological fact of vulnerability, including being prone to illness, as part of what it

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¹ Cf. Gernot Böhme, *Leibsein als Aufgabe. Leibphilosophie in pragmatischer Hinsicht* (Zug: Die Graue Edition, 2003), 235.

² Cf. Ulrich H. J. Körtner, *Leib und Leben. Bioethische Erkundungen zur Leiblichkeit des Menschen* (Göttingen: Vandenhoeck & Ruprecht, 2010), 132; Dietrich von Engelhardt, *Mit der Krankheit leben: Grundlagen und Perspektiven der Copingstruktur des Patienten* (Heidelberg: Fischer, 1986); Farideh Akashe-Böhme & Gernot Böhme, *Mit Krankheit leben. Von der Kunst, mit Schmerz und Leid umzugehen* (Munich: Beck, 2005); *Krankheitsdeutung in der postsäkularen Gesellschaft. Theologische Ansätze im interdisziplinären Gespräch*, ed. Günter Thomas & Isolde Karle (Stuttgart: Kohlhammer, 2009).



means to be human. This is meaningful—to discover a positive value from a negative condition of illness—and not obvious.

Thus it requires previous intensive meditation on the human condition while, at the same time, personal confrontation with the situation of being ill in order to discover an existential significance or meaning. This can ultimately only be done by the persons themselves, even though the help of family members, caring personnel, doctors or pastors is certainly to be desired so as to look at the whole of human life.³

This contribution is intended to consider whether human vulnerability as manifested in the situation of being ill can perhaps be accepted as a profound human limitation in life that contributes to a deeper understanding of what it ultimately means to be human—to learn not only to live with suffering but to live through it. A further horizon, which will be looked at more closely from philosophical and theological points of view, is to be drawn by understanding one's own being as gift.

Facing Illness and Suffering: A Challenge

When a person becomes seriously ill or suffers from a chronic disease, the person is faced with the direct challenge of “dealing” with this situation. Of course, it is possible to try to ignore the suffering into which one finds oneself, at least until the confrontation becomes inescapable. However, it surely always requires personal strength and honesty to face what is happening, especially when, for example, an irre-

³ Cf. Viktor von Weizsäcker, “Stücke einer medizinischen Anthropologie,” in his *Gesammelte Schriften* 5 (Frankfurt: Suhrkamp, 1987), 66. For List, this means at the same time “a bit of work on oneself.” E. List, “Behinderung als Kontingenzerfahrung,” in *Entgrenzung des Menschseins? Die christliche Antwort auf die Perfektionierung des Menschen*, ed. Gebhard Fürst & Dietmar Mieth (Paderborn: Schöningh, 2012), 112. G. Fuchs maintains that illness can even develop a “healing” effect. Gotthard Fuchs, “‘Diese Krankheit ist nicht zum Tode’ (Joh 11,4). Theologische Überlegungen in praktischer Absicht,” *Impulse für die Pastoral* (Sonderausgabe, 2012): 13.

versible degenerative illness hardly seems to permit any hope of improvement or survival. For long-term or lasting illnesses that do not threaten life, the wide-spread attempt at “coping” as a strategy for coming to terms with the illness has in the meantime proven to be effective. As regards chronic illness with which a patient is frequently confronted throughout his or her life, this way of proceeding with one’s own illness is meant to make possible “a successful, positive and not only neutral reaction to problems and crises.”⁴ For von Engelhardt, precisely the look at the whole of life, independently of health and illness as absolute criteria, opens up a chance to experience one’s own life as successful in spite of the illness and even as a result of it.

The search for meaning in the illness is, however, something that the patients must do themselves, and it usually remains inconclusive. This cannot be required by the doctor, by family members or by a pastor as a prescribed way of dealing with illness, nor can it degenerate so far as to make the person who is ill feel that he or she is now under the additional pressure of having to look for the (mostly hidden) positive value of the illness. Correspondingly, the coping strategy at times really does look like a “tyranny of the successful life”⁵ by threatening to intensify even more the burden presented through the illness. “With the demand to give meaning, dealing with illness comes under the pressure of being successful, and people who are ill are burdened with what no healthy person would accept regarding illness, namely that meaning can be gained from it.”⁶ For this reason, Viktor von Weizsäcker already highlighted that “the meaning of illness” can “only be seen by the per-

⁴ Engelhardt, *Mit der Krankheit leben*, 9.

⁵ “(Gegen die) Tyrannei des gelingenden Lebens”—so the subtitle of G. Schneider-Flume, *Leben ist kostbar. Wider die Tyrannei des gelingenden Lebens* (Göttingen: Vandenhoeck & Ruprecht, 2008).

⁶ *Ibid.*, 97.

son who is ill; the doctor may not require it.”⁷ Truly, one must not encourage a trivialization of the suffering of others through a rush for solutions from the outside to the problem of illness.⁸ Nonetheless, heavy demands made by the reality of being ill require sensitive, appropriate support; otherwise, “support” may make the situation worse.

Sick People as Models in the Art of the Good Life

Even though people who are ill are limited in their bodily and sometimes also in their mental strength, they may become models for how to deal with adversity. “Successful” dealing with illness most often calls forth deep admiration on the part of outsiders. The German writer Reinhold Schneider, for example, was considered on the one hand to be a “difficult patient,” and at the same time he impressed people by the “patient way in which he bore his suffering.”⁹

The German-Jewish philosopher Franz Rosenzweig (1886–1929) can also give stimulus through the way he confronted illness, since one can see in him how the sick person does not remain exclusively passive in the process of the illness, becoming merely the object of therapy and medical care, but rather can behave actively despite illness. Rosenzweig became ill in 1921 at the age of thirty-six with amyotrophic laterosclerosis (ALS). Progressive paralysis of all muscles is the consequence as well as the loss of the ability to speak. In spite of the limitations, Rosenzweig continued to work, first still using his own strength, then later

⁷ Weizsäcker, “Stücke einer medizinischen Anthropologie,” 66. Viktor von Weizsäcker (1886–1957) was a physician and founder of “medical anthropology.”

⁸ Cf. Marianne Gronemeyer, *Das Leben als letzte Gelegenheit. Sicherheitsbedürfnisse und Zeitknappheit* (Darmstadt: WBG, 2009), 69. According to Schockenhoff, this is particularly true regarding religious reflection on illness, which can only be done by the person who is ill. Cf. Eberhard Schockenhoff, *Ethik des Lebens, Grundlagen und neue Herausforderungen* (Freiburg et al.: Herder, 2009), 339.

⁹ Fritz Heinrich Ryssel, *Große Kranke* (Stuttgart/Berlin: Kreuz-Verlag, 1974), 84–85.

with the help of people who wrote for him and above all with the support of his wife, who by reading eye signals, made it possible for him to communicate with the outside world until shortly before his death. Nevertheless, Rosenzweig did not describe his illness as a detriment but rather neutrally as a “condition,” and in this condition he said that it was possible to experience not only suffering but also joy. “A condition into which one has gradually slid and to which one has therefore become accustomed is not a suffering but precisely a condition. So something in which there is room for suffering and joy, as in every other condition.”¹⁰

This way of seeing his illness made it possible for him not to despair in spite of the hopelessness of his situation, but rather to continue working intensively and to take his illness with the greatest possible calm.¹¹ Above all, something positive about his illness opened up to him. While some people turned away because too much was asked of them, others with whom there had been no previous contact were now drawn to him and wanted to be with him, so that Rosenzweig, who in the meantime was completely paralyzed, commented:

Thus life does not become poorer. That is my strangest experience. Just as much as is taken from a person is given. That is not a law, one cannot count on it beforehand, it does not remove fear and hope from the heart, but one has experienced it; after the event it is an infinite consolation and an inexhaustible reason for giving thanks.¹²

¹⁰ Franz Rosenzweig, *Briefe und Tagebücher. 1918-1929*, ed. Rachel Rosenzweig & Edith Rosenzweig-Scheinmann, col. Bernhard Casper (Haag: Martinus Nijhoff, 1979), 1187f [trans. K. W.].

¹¹ *Ibid.*, 1128: “If I didn’t work at all, I would simply be horribly bored.” Cf. also *ibid.*, 1187.

¹² *Ibid.*, 1129.

Contingency as Part of the *Conditio Humana*

If one approaches in a more fundamental way the question how the human being can stand up to illness and suffering, looking at “contingency” can open up a first horizon that gives meaning. Philosophy and theology have always recognized the fact that the human being can become ill, can suffer and even die, not only as a consequence of a “coincidence,” but of the “contingency” of human life. According to the classical definition, contingency has to do with the domain of what is not necessary (*nec necessarium*) or with what could always be different (*quod potest aliud esse*), and thus contingency becomes the “variable” of what is possible.¹³ Accordingly, contingency in human life means all unforeseen, not necessary events, as well as conditions that can be found both at the beginning and at the end of life. It is about the non-availability of the conditions and of the arrangement of situations that on the one hand, the human person both finds through his and her ability to reflect, and that on the other hand are at the same time given to the human person.¹⁴ Already by his and her existence, the person is given the task of reflecting on what happens to him and her in life and somehow

¹³ Cf. Arno Anzenbacher, “Aufhebung der Kontingenz? Implizite religiöse und anthropologische Leitideen der bioethischen Diskussion,” in *Körperlichkeit – Identität. Begegnungen in Leiblichkeit*, ed. Thomas Hoppe (Freiburg: Herder, 2008), 17. However, in the meantime, “contingency” in the ethical discourse also means the whole complex of increased possibilities of choice in human life, which often “is experienced” not as an enrichment, but also even as an “overtaxing force to be free.” Hans Joas, “Glaube und Moral im Zeitalter der Kontingenz,” in *Ethik im Konflikt der Überzeugungen*, ed. Andreas Lob-Hüdepohl (Fribourg: Universitätsverlag / Freiburg: Herder, 2004), 11. Cf. Also the current contribution Hans Joas, “Das Zeitalter der Kontingenz,” in his *Glaube als Option. Zukunftsmöglichkeiten des Christentums* (Freiburg et al.: Herder, 2012), 106–128.

¹⁴ Cf. Heinrich Lübke, *Religion nach der Aufklärung* (Munich: Fink, 2004), 127–218. Friedrich Rapp, *Destruktive Freiheit. Ein Plädoyer gegen die Maßlosigkeit der modernen Welt* (Münster: LIT, 2003), 177–186.

to make these events fruitful.¹⁵ “The contingency of human life and the experience of it, as well as the task of coping with it . . . represent . . . an anthropological constant.”¹⁶ Life’s circumstances, the unforeseen, catastrophes and accidents belong in the domain of contingency and are perceived as such above all when they cannot show a “happy end,” so did not “end well,” but on the contrary, became a source of pain and suffering or imposed themselves through the approach of death.¹⁷

Modern Medicine and One’s Own Contingency

The new techniques in modern medicine are also not able to get rid of human contingency but attempt to make everything that is contingent available and autonomous, and they give rise to new contingencies, so that it is possible to speak of a dialectic regarding the “areas having to do with birth and mortality.”¹⁸ It must be seen as an accomplishment of modern medicine that in the meantime many diseases can in fact be “healed” or avoided (e.g., through vaccination or prevention) and have thus lost their life-threatening nature. Thus the attempt is fre-

¹⁵ Cf. Böhme, *Leibsein als Aufgabe*, 211.

¹⁶ Carl Friedrich Gethmann et al., *Gesundheit nach Maß? Eine transdisziplinäre Studie zu den Grundlagen eines dauerhaften Gesundheitssystems* (Berlin: Akademie Verlag, 2005), 14.

¹⁷ Cf. Johannes Brantl, *Entscheidung durch Unterscheidung. Existenzethik als inneres Moment einer medizinischen Ethik in christlicher Perspektive* (Münster: LIT, 2007), 237. Interestingly, the experience of positive contingency, for example of *fortuna* in winning the lottery or of coming to an improved living situation with the help of a lucky coincidence, leads far less frequently to reflection on the fundamental facts of human life than is the case in times of need, illness and suffering.

¹⁸ Anzenbacher, “Aufhebung der Kontingenzt?,” 26. Cf. also *ibid.*, 29.—“Because the consequences of one’s own planning and acting cannot be made available, people must try to keep up with . . . the progress of making and must develop techniques for living with newly produced experiences of contingency.” Ulrich H. J. Körner, *Unverfügbarkeit des Lebens? Grundfragen der Bioethik und der medizinischen Ethik* (Neukirchen-Vluyn: Neukirchener, 2001), 31. Cf. also Brantl, *Entscheidung durch Unterscheidung*, 220.

quently made to give the impression that the total liberation of human beings from suffering is only a matter of time (or of sufficient money be made available to research).¹⁹

“It is the task of science to offer the prospect of getting rid of a suffering, and in no time, the suffering becomes a scandal, ‘meaningless suffering’, the removal of which is ethically commanded for the sake of human dignity. This philanthropical hypocrisy encourages the lack of moderation in striving to take control.”²⁰ Thus, in spite of great efforts, overcoming the *insecuritas humana* as a fundamental fact of human existence has not yet been successful. Accordingly, Gethmann gives the diagnosis for our time: “Behind the hopes and visions guiding the efforts to overcome illness, there is often more or less explicitly the idea of a human life without the need even to bear and to deal with experiences of contingency.”²¹ So it seems that unconsciously many not only want to experience relief from concrete suffering, but ultimately to eliminate completely from human experience the shock of the first sign of mortality. Thus, “overcoming death or at least delaying it as long as possible . . . [becomes] the goal of medico-technical activity.”²² The climate of society also seems to be marked more and more by the perspective of being able to make things happen, whereby the gift-character of

¹⁹ On the other hand, on the part of the patients, excessive demands can be observed: “With the expanse of the possibilities of medical intervention and of the claims of competence, the demands made of medicine by the individual and by society at the same time also increase. Today, health . . . is considered to be life’s highest good.” Körtner, *Unverfügbarkeit des Lebens?*, 41. According to Körtner, giving too much value to health goes even further: “In modern society, health is really a religious value” (*ibid.*, 41f).

²⁰ Gronemeyer, *Das Leben als letzte Gelegenheit*, 70.

²¹ Peter Wust, *Ungewißheit und Wagnis*, ed. Werner Schüßler & F. Werner Veauthier, int. & n. Werner Schüßler (Münster: LIT, 2007), 37.

²² Körtner, *Unverfügbarkeit des Lebens?*, 43. Cf. Leon R. Kass, “L’chaim and its limits: Why not immortality?,” *First Things* (May 2001): 17.

human life threatens to be entirely lost from sight.²³ Thus, for instance, in the discussions around State rulings regarding assisted suicide, a certain suppression of contingency can also be observed.²⁴

Here, let us now ask whether the present tendency to ban illness and suffering as far as possible from human life in order to be able to live without suffering and ever longer, possibly prevents a positive-creative dealing with the fragility of one's own existence, and thus causes one to overlook the positive potential of the experience of contingency, especially contingency experienced as suffering.

Regarding the Desire to Live without Suffering

The idea that one day the human being will have gained complete power not only over nature, but also over his and her own body seems at first glance to be exaggerated. However, if one looks more closely, present-day developments on the medical "market" show that it is clearly a matter of reaching this aforementioned goal, when the human being has enough control over his and her life and environment so that life is no longer dependent on outside influences, but only on their will and life plans.

The discrepancy can be seen particularly clearly between the desire to have control over one's own life and the experience of the actual

²³ Cf. Rapp, *Destruktive Freiheit*, 83–89. Körtner, *Unverfügbarkeit des Lebens?*, 31f. "In the extreme case, we are approaching a model which wants to totally control vital functions that can be controlled and repaired like those of a machine. Servicing this machine depends on the availability of money, competence and technology and is thus a matter of the power to decide." Walter Lesch, "Mit Grenzen leben. Anthropologische Hintergrundtheorien bioethischer Konzepte," in *Theologie und biomedizinische Ethik: Grundlagen und Konkretionen*, ed. Adrian Holderegger et. al. (Fribourg: Universitätsverlag / Freiburg: Herder, 2002), 197.

²⁴ List calls wanting ultimately to remove this "typical modern strategy for dealing with contingency," and therefore speaks of the "denial of contingency." List, "Behinderung als Kontingenzerfahrung," 110.

circumstances at the beginning and then above all also at the end of life.²⁵ This can be seen for example regarding the possibilities of prenatal diagnostics and the selection through PID that is often connected with it, as well as above all through the new blood tests for trisomy 21. Like a symptom, these possibilities betray the desire behind them not only to avoid suffering (one's own or that of the child), but also to "correct" life in its lack of clarity, to make more "security in planning" possible for the individual for the insecure moments in life, and thus perhaps to be able to turn away the unexpected, that which overtaxes a person.²⁶

The Response to Contingency: Understanding Being as Gift

In spite of all threat and fragility of human life, it is entrusted to the human person as gift, since it comes from Another. Whether the individual person experiences themselves and their life concretely as a gift in the fateful experiences at the beginning and end of life, or he and she experience their life's circumstances as overtaxing, depends fundamentally on their understanding of what it means to be human. The understanding of being as "gift" is to be found above all in the philosophy and theology of the 20th century and is inspired by dialogical philosophy.²⁷ The fundamental idea that his or her life is entrusted to the

²⁵ Cf. Katharina Westerhorstmann, "Wie weit reicht die Verantwortung? Zur Ambivalenz eines ethischen Begriffs," *Ethica* 20 (2012): 335.

²⁶ Cf. Michael J. Sandel, *Plädoyer gegen die Perfektion. Ethik im Zeitalter der genetischen Technik*, int. Jürgen Habermas (Berlin: University Press, 2008), 110f.

²⁷ Cf. among others Ferdinand Ulrich, *Homo abyssus. Das Wagnis der Seinsfrage* (Einsiedeln: Johannes-Verlag, 1998); Stefan Oster, *Mit-Mensch-Sein. Phänomenologie und Ontologie der Gabe bei Ferdinand Ulrich* (Freiburg/Munich: Alber, 2004); Kurt Wolf, *Philosophie der Gabe. Meditationen über die Liebe in der französischen Gegenwartsphilosophie* (Stuttgart: Kohlhammer, 2006). Later, this can also be found in its beginnings with Sandel, *Plädoyer gegen die Perfektion*, 123.

human person as gift and task can imply understanding of the gift as a fundamental anthropological constant: the human person comes to himself or herself and “forms” his or her own being only in receiving the gift—accordingly, gift is to be understood ontologically—and the gift shows a personal (dialogical) content, which connects the giver of the gift and the one who is given the gift.²⁸ “Thus, because the human being is the goal of the event of giving being, and because at the same time it is given him as task to subsist, which is to say, to carry out the ontological difference as person, everything now depends on *how* he interprets being, which is to say, *how* he experiences and receives himself in it and thus lives freedom.”²⁹

This makes it possible to understand life phenomenologically as gift and to say “yes” to life (which assumes contingency).³⁰ In order to receive the gift, the active acceptance of (passive) receiving is necessary in the human person, which presupposes trust in the goodness of what is given.³¹ The question regarding the giver of the gift remains central, as all the contingent individual gifts cannot otherwise be grasped in a total meaning. However, such “total meaning” of the being that is given usually becomes accessible to the human person only in faith or through a trusting “leap” from “existence to transcendence” (Ricoeur), which is to say to the (wholly) Other.³² Basically, recognizing one’s own life as a gift is above all a matter of being humble as regards oneself and of acknowledging that which is greater and in which one trusts as regards total meaning. The Creator as infinite and perfect being brings other being into existence and thereby gives it a limited part in His own fullness of being. Acknowledging one’s own life as an

²⁸ Cf. Ulrich, *Homo abyssus*, 28f. Cf. Oster, *Mit-Mensch-Sein*, 210f.

²⁹ Oster, *Mit-Mensch-Sein*, 223.

³⁰ List, “Behinderung als Kontingenzerfahrung,” 112.

³¹ Cf. Wolf, *Philosophie der Gabe*, 103f.

³² *Ibid.*, 104.

undeserved gift and thereby taking on responsibility for a life that is good according to the given possibilities, on the one hand exonerates the individual, and on the other hand places him or her within the larger frame of reality as a whole.

So either human persons already know in faith that he and she are in relation with their Creator, or it is necessary that he and she embark on a personal-divine encounter, face to Face. This leap into “being a creature” brings things that are deliberate and that are not deliberate, things that are sought and things that are given in the “gift” of being, which can be taken and recognized (with gratitude) as “task” and response to a call.³³ Thus the phenomenological starting point for “being as gift” can be appropriate for bringing into balance modernity’s one-sided orientation toward the subject. However, not only understanding being fundamentally as gift but ultimately also really accepting death can probably only succeed by looking with hope toward a coming better life or by giving oneself for the life of another.³⁴

Being as Gift: A Theological Entry?

Understanding being as “gift” not only presupposes that the human being cannot give himself and herself life, but that there is always Another who is the giver of that gift of life.³⁵ The attempt to take hold of the gift, to use it for oneself and to control it must therefore fail.³⁶ A

³³ Cf. *ibid.*, 105.

³⁴ Cf. *ibid.*, 109.

³⁵ For Körtner a necessary “contribution of Christianity” correspondingly consists in “pointing towards another possibility of dealing with contingency . . . It is the ethos of letting be that is based on the fact that the human being does not owe himself to himself or bring himself into the world.” Körtner, *Unverfügbarkeit des Lebens?*, 31.

³⁶ “Today, living unrestrainedly is considered to be the highest goal, whereas in reality, only meaningful self-limitation and the acceptance of boundaries can lead to real fulfillment.” Rapp, *Destruktive Freiheit*, 187.

theological entry to this reality allows one to deal with illness in a way that goes beyond the anthropological starting point. The meaning of existence as such can only become apparent to the human being in relationship with God as the fullness of being. Thus already in the Old Testament, there results “through the efforts of Israel’s faith to accept the decrease of life in suffering and death, a new possibility on the background of this relationship with God *also to give meaning to suffering and death*, the horizon of which is not simply identical with the limitations of life on this side of the boundary of death.”³⁷

Also, according to the Old Testament testimony, the God of Israel has compassion with human beings (cf. Macc 6:34), so that the promised Messiah is at the same time someone who suffers, who is in solidarity with every individual human person. “He bore our infirmities and carried our diseases.”³⁸ In Christianity, the human being then encounters in the Messiah the incarnate God who “took upon Himself this suffering.”³⁹ By the fact that in Christ, God took upon Himself the contingency even to its ultimate consequence—even unto death—the believer’s own experience of illness and suffering changes.⁴⁰ Because God reveals God’s own self as Love, and because God invites human beings to eternal communion with God (cf. 1 Jn 4:16), in the resurrection of the Son the final horror is finally taken from death. The incurably ill or dying person can entrust him- and herself in their fragility and limitation to the infinite God, and thus find consolation in illness and approach death through the suffering of Christ, faith in an ultimate mean-

³⁷ Bernhard Fraling, “Leben und Freiheit vor dem Horizont der Endlichkeit,” in K. Hilpert & D. Mieth, *Kriterien biomedizinischer Ethik. Theologische Beiträge zum gesellschaftlichen Diskurs* (Freiburg: Herder, 2006), 116.

³⁸ Isa 53:4.

³⁹ Brantl, *Entscheidung durch Unterscheidung*, 238.

⁴⁰ Cf. *ibid.*, 237f.

ing of existence and hope for an indestructible future with God.⁴¹ According to Fraling, this means concretely: “Where human life comes up against its boundaries, for the believer the *chances of going beyond* gradually open up . . . of a hope in the future.”⁴² The Christians may know in his and her experience of suffering at the same time that he and she are in communion with the crucified Christ, and they for their part receive a share in the saving suffering of their Lord.⁴³ In his second encyclical, *Spe Salvi*, Benedict XVI impressively summed up this connection:

It is not by sidestepping or fleeing from suffering that we are healed, but rather by our capacity for accepting it, maturing through it and finding meaning through our union with Christ, who suffered with infinite love.⁴⁴

For Reinhold Schneider, illness therefore became the experience of God’s concrete turning toward man and of God’s care. “The glory of God is to be revealed in the sick person: the miracle that God works in him. Illness is the visitation of grace.”⁴⁵ Without faith in a personal and loving God, this thought is more difficult to comprehend. Nevertheless,

⁴¹ “In Jesus, the ‘yes is realized’ . . . fullness of life is promised for the future.” Fraling, “Leben und Freiheit vor dem Horizont der Endlichkeit,” 117.

⁴² *Ibid.*, 119.

⁴³ “Every man . . . is also called to share in that suffering through which the Redemption was accomplished . . . Thus each man, in his suffering, can also become a sharer in the redemptive suffering of Christ.” John Paul II, *Salvifici Doloris* (Rome 1984), #19. Christian pro-existence and representation can thus be expressed in suffering. Cf. Alfons Nossol, “Christsein als radikale Proexistenz,” in *Person im Kontext des Sittlichen. Beiträge zur Moralthologie*, ed. Joachim Piegsa & Hans Zeimentz (Düsseldorf: Patmos, 1979), 29. So for mystics, suffering also reveals itself as a “school of true love. It is the living language of love and the great educator of the human race.” Marthe Robin, cited in Theresia Westerhorstmann, *Passion für die Priester. Die besondere Sendung der Marthe Robin* (Heiligenkreuz: Be&Be, 2012), 47.

⁴⁴ Benedict XVI, *Spe salvi* (Rome 2007), # 37.

⁴⁵ Reinhold Schneider, *Verhüllter Tag. Bekenntnis eines Lebens* (Freiburg et al.: Herder, 1959), 122. Cf. the Old Testament texts that testify to God as the healer and the “physician:” Wis 16:12 and Ex 15:26.

on the background of being as gift, the possibility of dealing with illness and suffering in accordance with the being of the human person can open up for the non-believer as well, even when the question regarding the giver of the gift remains ultimately unanswered. Various forms of constructive stimulus from theology certainly also offer enrichment for a modern philosophical image of the human being:

Being in the image of God thereby becomes the idea of a divine core of being in every human person: the idea of his immortal soul. Being the child of God becomes the idea that our life is a gift from which, as with every gift, obligations flow that limit our being able to dispose of ourselves. Of course, the soul is thereby also thought as gift; it is not acquired by the human being, but rather created by God and “breathed into” the human being.⁴⁶

This starting point thus makes possible a “new articulation of this idea [of gift] for everyone, believers as well as non-believers.”⁴⁷

Understanding Oneself as Constituted Bodily

There are times when our physicality as such only becomes an object to be dealt with personally when it so to speak draws attention to itself through complaints. “Illness and handicap are events that inevitably confront one with the fact of being a body. It is they that make us realize that our way of being is to exist bodily.”⁴⁸ Gadamer calls this the “hiddenness of health,” which only becomes conscious the moment it is lacking.⁴⁹ Otherwise, the human being in his and her nature is always

⁴⁶ Hans Joas, *Die Sakralität der Person. Eine neue Genealogie der Menschenrechte* (Frankfurt: Suhrkamp, 2011), 210.

⁴⁷ *Ibid.*

⁴⁸ Böhme, *Leibsein als Aufgabe*, 235.

⁴⁹ “I know only too well how illness can make us insistently aware of our bodily nature by creating a disturbance in something which normally, in its very freedom from disturbance, almost completely escapes our attention. Here it is a matter of the methodological primacy of illness over health. But of course it is the state of being healthy which possesses ontological primacy, that natural condition of life which we term well-

already in a body, even if they do not reflect on this. Thus, becoming ill as well as suffering because of this means becoming conscious that as persons who are constituted bodily we must face the unavoidable fact that there is illness. Also, it means being confronted with “an important stimulus to become conscious of one’s own bodiliness, weakness, neediness, finiteness.”⁵⁰ Thus, illness can be taken by the human person as an opportunity to look more deeply at questions concerning what it is to be human “and thereby perhaps even forms one of the essential origins of philosophical thinking as such.”⁵¹

Using Illness to Reflect on One’s Priorities and One’s Own Temporality

At first glance, this of itself does not necessarily suggest that illness can also be a point on the way toward the human person’s “healing.” When a person suddenly experiences being torn out of his or her professional life through an acute serious illness such as a stroke or a heart attack, and perhaps not only for a few weeks but many months of rehabilitation and convalescence, the fact of being placed into such a challenging new living situation can open up entirely new perspectives for shaping one’s life. For instance, at times a perfectionism that is lived in one’s professional or private life is corrected and life is no longer judged according to criteria of accomplishment or success. For such a new orientation to succeed during an illness, various factors are necessary such as the fundamental willingness to look at the time of illness as

being, in so far as we register it at all.” Hans-Georg Gadamer, *The Enigma of Health: The Art of Healing in a Scientific Age*, trans. Jason Gaiger & Nicholas Walker (Cambridge, UK / Malden, MA: Polity Press, 2004), 73.

⁵⁰ Ralf Stoecker, “Krankheit – ein gebrechlicher Begriff,” in *Krankheitsdeutung in post-säkularer Gesellschaft. Theologische Ansätze im interdisziplinären Gespräch*, ed. Günter Thomas & Isolde Karle (Stuttgart: Kohlhammer, 2009), 38.

⁵¹ *Ibid.*

a “total loss of function” and to accept one’s own limitations. However, not only the person who is ill needs to be open as regards the physical limitations that life brings with it. The surroundings in the family, the employer, simply society as a whole can only do justice to the human person and his or her well-being when the individual’s limitations are respected by them.

Similarly to old age, which demands that the human person slow down in his and her life’s processes and which limits mobility, illness also frequently forces the human being to go more slowly. But constant speeding up is also not automatically a characteristic of good health; rather, it certainly includes characteristics that make one ill, so that many people in Western societies suffer from various physical symptoms due to the constant shortage of time, the excessive amount of work and the over-exploitation of one’s own strength. A manual advises tersely, “More time for the essential” in the sense of a cleverly devised management of time, as well as a “slowing down” in all areas.⁵² This is particularly important in dealing with older people, since these usually need help in accepting both their own situation and the ambivalent sense of time. On the one hand, in old age, time feels like it goes by even faster than before. At the same time, one’s own ability to move and one’s time to live is in fact decreasing; mobility also diminishes. Thus, in a society that is primarily oriented toward work, accomplishment and success, the buzzword about “slowing down” applies both to the fact (for people with limitations) and to the need to maintain “spaces” for personal development, to take time for relationships, cultural offerings and gratuitous experiences of nature.

Deeper encounters between people who are ill and those who at present are not ill, between people with special needs and those who are

⁵² Fritz Reheis, *Entschleunigung. Abschied vom Turbokapitalismus* (Munich: Goldmann, 2006), 75.

not handicapped (inclusion) are also made possible more simply on the basis of a common social foundation, so that those who cannot keep up with the speed of working life are no longer excluded.

Illness as “Motor” for Solidarity and the Humanization of Society

The growing individualization of human beings, which in political debates is usually spoken of as “autonomy” and judged to be positive, often goes together with isolation and growing loneliness. At times the human person as subject of his or her decisions and desires experiences only through situations of limitation, of special needs, or illness the fact that he or she is not sufficient unto himself or herself. This is where the relevance of personal relationships becomes manifest, so that illness in the best case also means a social challenge.

Therefore, when a person experiences during times of illness that he or she has limited mobility or a decreased ability to take things in mentally, this can be not only painful for the person himself or herself; at the same time, it can sharpen his or her sense of the situation and condition of other people who are ill, as well as of people with special needs.⁵³ The normal experience of the suffering of others usually remains more external, and even with real commitment, it leads only to a very limited sense of what is happening to the sick, the handicapped or simply the old person.⁵⁴ The needs of people in a condition that is generally limited by illness, special needs or old age suddenly become plausible for the person who himself or herself has become ill, even though

⁵³ Cf. List, “Behinderung als Kontingenzerfahrung,” 112.

⁵⁴ On the possibility and the limits of “feeling into” the emotional situation of others, cf. Edith Stein, *Zum Problem der Einfühlung* (Freiburg et al.: Herder, 2010), particularly 79–105.

the difference between individual perception still represents a limitation in feeling with the other.

Thus, an illness that is accepted as part of human life can open the eyes for the needs and circumstances of the life of those who cannot participate in what society has to offer in the same way as healthy people do. Therefore, effort is needed to foster understanding and to humanize society by means of growing sensitivity for those who are at a disadvantage. Not only those who are ill need healthy people at their side who support them; the healthy also need those who are ill, so that it is really a matter of reciprocity and of being with one another and not exclusively a question of being for one another, the one (who is healthy) for the other (who is ill). Society as a whole also cannot go without those who are ill, the elderly and those who live with a special need, as well as their contribution, so as not to risk what is human, but rather to maintain this and at the same time to keep alive the memory of specific needs and of what is needed as means of support.

“The measure of solidarity that a society brings to the weakest of its members is the decisive measure of humanity. The real dangers emanate not from genetic defects, but rather from moral defects, one of which is the emptying of the concept of solidarity. What we need is not an ‘anthropo-technology’, but the renewal of a culture of solidarity.”⁵⁵

Dealing in this sense in a positive-creative way with illness that occurs and is limited in time or with a special need can thus—understood as a fundamental human attitude—contribute to greater solidarity. If fostering the understanding of the vulnerability and susceptibility of human beings is successful, this could contribute to a mental “climate change” in which illness is interpreted not only as a “curse” but as a help toward an indispensable feeling of solidarity.

⁵⁵ Körtner, *Unverfügbarkeit des Lebens?*, 33. Cf. also Sandel, *Plädoyer gegen die Perfektion*, 111.

Conclusion

No one has succeeded “in understanding suffering as a whole.”⁵⁶ And yet it has been possible to show a strange connection between the experience of one’s own vulnerability and what can be given to the human person in it and through it. Being thrown into illness and suffering challenges people to turn to what is essential in life, to reflect about being human as such, to recognize the value of solidarity and of relationships between human beings, and also to follow the path of the metaphysical circumstances of life. Life as such manifests itself in this dialectic of longing for a secure existence on the one hand, and the need to remain on the journey on the other hand, so that illness can at times become the catalyst for really finding oneself as a human being. “Thus one may perhaps . . . rightly say that the same human person who is seeking his or her happiness must under certain circumstances break through the protective circle of daily security in order to expose himself or herself to the risk of external insecurity.”⁵⁷ For those who are healthy, this means at the same time the necessity to develop sensitivity for the needs of people who are ill, to form solidarity and a sense of being a fellow human being, and not to determine the value of a human life too quickly based on the person’s lack of good health.

Even if the sick person lacks the strength to reflect on his or her situation, the human person keeps the original feeling of a longing for meaning and for answers. It could unquestionably not be the goal of these reflections to give a simple solution to the great question concerning suffering, the meaning of illness and pain. Nevertheless, it perhaps becomes clear that perspectives can be shown for a “successful,” mean-

⁵⁶ Mieth Dietmar, “Die Sehnsucht nach einem Leben ohne Leiden. Ein Recht auf Nicht-Leiden?,” in *Kriterien biomedizinischer Ethik. Theologische Beiträge zum gesellschaftlichen Diskurs*, ed. Konrad Hilpert & Dietmar Mieth (Freiburg: Herder, 2006), 144.

⁵⁷ Wust, *Ungewißheit und Wagnis*, 31.

ingful dealing with illness, which can contribute toward a healing of the human being as human being, and that can give society a more human “face” in solidarity.



**What It Means to Be Human:
Anthropological and Ethical Reflections on Navigating
the Vulnerability and Fragility of Human Existence During Times of Illness**

SUMMARY

This paper is intended to consider whether human vulnerability as manifested in the situation of being ill can be accepted as a profound human limitation in life that contributes to a deeper understanding of what it ultimately means to be human—to learn not only to live with suffering but to live through it. Also a further horizon, which is looked at more closely from philosophical and theological points of view, is drawn by understanding one’s own being as gift.

KEYWORDS

human being, human person, vulnerability, illness, suffering, being as gift, solidarity.

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