Holding the Body of Another

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In *The Sovereignty of Good*, Iris Murdoch describes love as a non-distorting, non-cooptive gaze that does justice to the reality of the beloved. This gaze involves a progressive focusing of attention that allows one to see the other clearly; it strives painstakingly for a "refined and honest perception of what is really the case, a patient and just discernment and exploration of what confronts one, which is the result not simply of opening one's eyes but of a ... kind of moral discipline." In contrast to traditional romantic pictures of love, Murdoch insists that the loving gaze does not strive for an erasure of boundaries between self and other. On the contrary, in love, "the direction of attention is ... outward, away from the self which reduces all to false unity, towards the great surprising variety of the world." This directing of attention away from the self is crucial, for "the self is such a dazzling object that if one looks *there* one may see nothing else." The loving gaze does not appropriate the other to the self but rather clears the self out of the way, so as to allow the other to disclose herself as herself. Such an attentive, "just and loving gaze directed upon an individual reality ... [is] the characteristic and proper mark of the active moral agent."[1]

Murdoch's vision of loving as a non-appropriative letting-be is profound. However, in her emphasis on *perceiving* the other, she offers a contemplative, passive picture of the process of letting the other disclose herself. Indeed, her most famous example of loving perception is one in which the object of perception is dead, and the practice of attention is entirely internal.[2] This picture hides the enormous amount of concrete, active work that is often required in order to enable a loved one to be herself. Hilde Lindemann has argued that personal identity is an interpersonal achievement: "Even as none of us can *form* an identity without the help of many others, so none of us can *maintain* our identities all by ourselves."[3] In her language, we *hold* someone in personhood by helping her to be herself, to the extent that she cannot do this on her own. We all rely on others to hold us in personhood—to give uptake to our emotions, intentions, and speech acts, to play reciprocal roles (son, student, dinner guest) that make possible our core social identities (mother, professor, gracious host), and to participate coherently in our narratives.

Lindemann argues that while "under ordinary conditions ... competent adults can do the lion's share" of maintaining their own identities, in some cases, the need for others's help in holding us in personhood may be especially acute:

> Serious injury or illness, rape, assault, the death or divorce of a spouse, and other traumas can and frequently do play havoc with one's identity.... [One may be] uprooted from one's customary surroundings, denied access to cherished people, pets, and objects; and thrust into a milieu governed by insider understandings to which one isn't privy. All of this contributes to a disintegration of one's sense of self.... Torn out of the contexts and conditions in which we can maintain our own sense of ourselves, we run the risk of losing sight of who we are—at least temporarily—unless someone else can lend a hand.[4]

Indeed, she argues that sometimes—for instance, when one is very ill, severely impaired, very young, or descending into dementia—one may barely be able to participate in the project of building and sustaining one's own personhood, and the moral work of holding in personhood may fall almost entirely to one's intimates. Hence if loving is a matter of letting-be, as Murdoch suggests, we must understand this "letting" as not just a non-cooptive and undistorted *leaving*-be, but also as an *enabling*-to-be. In order to let a loved one show herself as herself, we often need to do more than perceive her as she really, already is; we need to offer material assistance and uptake that enable her to become and sustain who she is.

When Lindemann discusses holding in personhood, she does not explicitly distinguish between two conceptually separable projects: holding another in her generic status *as a person*, and holding her *in her particular identity*. Her phrase, "holding in personhood," suggests an emphasis on the first project, but her particular examples of identity-maintenance suggest an emphasis on the second. In practice, these projects are often, and perhaps always, inextricably linked. As a child struggles to emerge as a full-fledged person with a particular identity, or as an elderly person fights to hold onto her personhood in the face of dementia, it seems that the achievement of personhood is part and parcel with the sustenance of a particularized and reasonably constant identity. To succeed in being *a* person is to succeed in being *this* person. It is unclear how we can sustain or support someone's personhood except by giving uptake to her particular identity, and conversely, it is hard to imagine how someone can live through the disintegration of a particular identity without her coherent and competent personhood coming under siege. For these reasons, I believe Lindemann's equivocation to be mostly harmless, and I take the project of holding in personhood to encompass both its generic and its specific versions. However, my topic in this paper is *love*, and love, as Murdoch suggests and as I will

continue to argue, is essentially particularizing. When I love another by letting her be, I enable her to shine forth in her individuality; I do not love her merely as an example of a person. Hence this particularized holding will be my primary interest here.

This is not to say that our particular identities are or should be immune from critique or transformation. In comments on an earlier version of this paper, Hasana Sharp pointed out that in emphasizing the loving work we do to help others *constitute* and *maintain* their identities, one risks masking the extent to which an intimate relationship can *transform* identity. She argued that sometimes others are actually in need of transformation and boundary-challenges, and the most caring response to them is not one of pure preservation but of "interruption" and reconstitution.[5] I think that Sharp is exactly right. Indeed, one of the dangers of a contemplative picture of love such as Murdoch provides is that it seems to make room only for the disclosive rather than the transformative effects of a loving encounter. When the basic personhood and identity of the beloved is secure, loving encounters can push our boundaries and disrupt our identities rather than just preserving or solidifying them. But Lindemann takes as her starting point and central examples fragile selves in danger of disintegration. In such a brittle state, we generally need others to constitute and preserve our identity, not to challenge it.

Jonathan Franzen begins his novel, *The Corrections*,[6] by introducing us to Enid and Albert. Albert, once a formidable physical presence, has Parkinson's disease, and though he is not yet severely incapacitated, he cannot move or talk quickly enough or with enough confidence to fend off Enid's humiliating appropriations of his will. She finishes his sentences, announces his likes and dislikes, and plans activities for both of them under the purported banner of his tastes and desires. During the novel we witness the slow draining away of his remaining personhood. This loss of self is due not only to the biological ravages of the disease, but just as much to the incremental process by which those around him cease to hold him in personhood. As Albert grows sicker, it takes more and more work and time to enable him to speak in his own voice and to help him preserve bodily autonomy and privacy, and we witness his family acquiesce in Enid's replacement or "correction" of his identity in keeping with her own fantasy, as she gains physical power over him.

For Lindemann, particular personal identities are primarily narratively defined: "They consist of tissues of stories and fragments of stories, generated from both the first- and third-person perspectives."[7] Likewise, for her, holding another in personhood is first and foremost a matter of working to give uptake and coherence to a narrative of personal identity.

However, our lived sense of self is not merely narrative, but also bodily. One of the most important ways in which others hold us in personhood is by sustaining and protecting our bodies, as distinctive and bounded centers of need, privacy, pleasure, desire, personality, meaning, and activity. Of course, as Lindemann recognizes, we live out our personal narratives with and through our bodies, and hence holding someone in personhood by sustaining her narrative identity is a project that intimately involves the treatment of the body. She writes: "Personhood just *is* the expression on a human body of the feelings, thoughts, desires, and intentions that constitute a human personality, as recognized by others."[8] However, I want to claim that holding someone in embodied personhood is a project that extends beyond the narrative and intentional domain that Lindemann considers. Our self is not merely incarnated in or expressed upon our body; it is delineated and sustained by our bodily integrity and boundaries, our distinctive ways of moving and gesturing, our bodily pleasures and desires, our sensory responses, and our sense of privacy.

We may respect and enable someone's narrative integrity while failing, at a basic, visceral level, to respect and properly respond to the constellation of her bodily boundaries, desires, rhythms, and sense of self. Those who love us well—whether sexually, affectionately, or assistively—hold us in personhood by respecting and sustaining our bodily integrity and giving uptake to our bodily gestures and presence. The project of properly caring for the body of another, especially a vulnerable and highly dependent body, is complicated and fragile moral work. Care can be intrusive and cooptive, just as much as lack of care can be abandonment. Cooptive caregivers may project desires and feelings upon their charges, address them using "we" rather than "you" ("Are we doing well today?"), and interact with them in a way that is not particularly tailored to their interests, history, or identity. Harder to describe, but sometimes easy to spot, is the way that some caregivers approach the bodies of those they care for and with too unilateral of an agenda, without sensitivity to these bodies's distinctive rhythms or senses of personal space.

We are all, I suggest, morally charged with holding one another in personhood at the level of our sub-discursive bodily interactions. Appropriate holding supports the body of the other, attends to her embodied desires, protects and respects her bodily boundaries and privacy, and adjusts its touch to the rhythms and particularized sensibility of this other body. When we interact with a stranger or an acquaintance with no special bond to us, this requires little of us beyond basic respect for boundaries and responsiveness to gesture and intention, as well as our willingness to adjust our pace of speech, motions, and bodily contact in

small ways that accommodate the routine differences between bodies. However, with those with whom we have intimate bonds and duties, the project of sustaining and enabling the personhood of the other at the level of the body can be much more complex and labor-intensive.

Lindemann writes:

> Maintaining another's identity, especially when the person can't do it for him- or herself, is morally valuable work.... At the same time, though, it can confer on those who engage in it a tremendous amount of power over the other, whether at the bedside, in a boardroom, or on the phone with a friend. That we have this power over others and they over us shouldn't frighten us, I think, despite the fact that, badly wielded, it turns into tyranny. It's merely a humbling reminder that, in both the short and the long run, we are all at each others' mercy.[9]

In any intimate relationship between persons, there exists the constant potential for the sustenance or the violation of selfhood through proper and improper holding. From sexual relationships to friendships to professional relationships, our bodies ask for uptake, protection, privacy, care, and pleasure from one another, and we constantly risk violation, appropriation, and failures of attention as we interact.

Let us explore two types of cases in which the task of holding another in personhood is especially important and complex, and failure is especially easy. First, consider what is involved in caring for an infant. Pregnant women are gorged to the point of nausea on images of mother-infant love as an erasure of boundaries—a joyous union of bodies joined at the breast. "Nursing is a sort of marriage, an intimate bond between two separate beings", glows an article in *Parenting* magazine.[10] Object-relations and attachment parenting theories treat the "mother-child dyad" as a single being, and interpret any separation between mother and child as the mark of bad mothering. It can be a visceral shock to a new mother to discover that the infant she loves so intensely is not only separate from her but often has a bodily agenda antagonistic to her own. Babies spit and scream, arching their backs in frustration, often flinging themselves away from your breast in a violent fury when you most desperately want them to eat, and clinging and sucking when you most need your body to yourself. Their rhythms are not yours. They are awake when you need to sleep; they shit all over themselves just as you are rushing out the door for an important appointment. In the most literal sense, *holding* them can be hard work. Caring for an infant involves the devoted negotiation of difference, and women who have

been spoon-fed myths of the natural unity of mother and child can be forgiven for sometimes spiraling into postpartum depression.

Yet one cannot parent an infant by respecting its independent personhood, for that personhood is nothing like fully formed and self-sustaining. Parenting is always a constitutive project as well as a preservative one. In order to hold my child in personhood I must walk a fine line: I cannot just make the child into who I want him to be, nor can I simply respect and acknowledge who he already is. Rather, through my care, I must *let* the child be, or become, herself, where this "letting" is active and labor-intensive. It requires that I attend to my child's attention, twigging onto what catches his interest and sometimes helping shape that attention into a focused passion. It requires both creating and respecting his bodily boundaries and privacy. Parents must both give uptake to and help shape and solidify their children's pleasures, interests, and goals; they must delight in their children's choices and personality while helping to determine them at the same time. During the infant stage, unlike later, this process is almost entirely physical—a matter of both teaching the practices of bounded bodily personhood and learning how to read and respond to this particular body.

Consider, in contrast, what is involved in caring for an adult who is a fully developed self, but who finds himself especially physically dependent upon others due to illness or disability. In this case, *letting* this person be himself is an active project with a very different shape. In our culture, with its intense revulsion at disability and its tight association between full personhood and independence, disabled adults can be at risk of losing not only their physical self-sufficiency but their entire identities. Those who become dependent upon the care of others often find themselves with a body that is no longer socially marked as belonging to a bounded, dignified, private self with a distinct voice and will. This can be as basic as losing control over when one sleeps and wakes, what one eats, and where one goes, as well as over the interpretation of one's mental states. (Think of nursing home residents who have it announced to them that they are "in the mood for a little walk" as their wheelchairs are pushed outside.) Or it can be as subtle as having one's intimates cease to understand and take pleasure in the rhythms of one's conversation, gestures, and touch. Caregivers are often repelled or frightened by the dependent bodies of those for whom they care. Even when well intentioned, they treat those bodies as no longer the vessels of self-determining selves, or as zones of privacy and intimacy, or as capable of giving and receiving pleasure. While most caregivers are neither abusive nor callous, affection and good intentions are by no means sufficient to

guarantee that a caregiver will succeed in holding someone whose body she cares for in personhood.

In the course of arguing against the legalization of physician-assisted suicide, Ron Amudson writes:

> I began to notice that when assisted suicide advocates really wanted to scare their audience, they didn't use unremitting pain to do it. They used disability. The need for help to go to the toilet was the big stick. Wouldn't you rather die than have someone else wipe your butt? It never seemed to cross these advocates' minds that thousands of people in the United States get help to wipe their butts every day.... I began to see the smug slogan 'death with dignity' in a new light: It hid the assumption that dignity was forever out of the reach of people who were disabled.

Indeed, he points out, the executive director of the Oregon organization, "Compassion in Dying" says that "The number one reason given to me [for seeking physician-assisted suicide] is: I don't want to have anyone wipe my rear end." Amudson rightly asks, why in the world should such a common and trivial need for help be seen as enough reason to want to die? The answer Amudson offers is oddly psychologistic: Of the non-disabled advocates of physician-assisted suicide, he writes, "In their ablest pridefulness, many people are convinced that death is better than the loss of what amounts to their self-image."[11] As for the disabled who seek death, he claims they are motivated by their shame at needing help, spurred by their internalized hatred of disability. But by describing the supporters of physician-assisted death as motivated by pride or shame, Amudson ignores the possibility that they are instead motivated by an utterly realistic recognition of the fact that in our culture, those who need help wiping their own butt find themselves at serious risk of not having their personhood sustained by those upon whom they are dependent. Amudson is certainly right that as a culture we are repulsed by dependence. But this puts those who are dependent at risk of much more than the internalization of this repulsion. Being unable to wipe one's own butt, in and of itself, makes one no less of a person. However, in a culture marked by ideals of self-sufficiency and a loathing of disability, this inability can indeed result, through a complex causal chain, in a devastating loss of one's identity.

Eighty-four percent of those who seek physician-assisted suicide in Oregon cite loss of autonomy as their primary motivation; only a small minority of patients mentions unbearable pain as an important motivator. Amudson reads this statistic as showing how pervasive our hatred of

dependence is. But it is unclear that the loss of autonomy at issue here is simply a loss of self-sufficiency; it may instead be a loss of socially sustained personhood. I think that Amudson is exactly right to criticize our cultural exaltation of self-sufficiency, as if anyone is self-sufficient in our radically differentiated division of labor. Self-sufficiency is a quixotic ideal, and indeed when disability activists emphasize it, they not only reaffirm a dubious goal but they also help to entrench an overly sharp distinction between disabled and so-called able-bodied people. Those who are especially dependent do not necessarily need freedom from the need for care; instead, they may need the type of care that holds them in personhood. Without this, controlling the time and manner of one's own death may become an important final act of self-determination indeed.

I want to propose, as something of a conceptual experiment, that appropriate, identity-sustaining care between intimates requires and is founded upon an *erotic* relationship to the body of the other. In doing so I am not trying to give a systematic theory or definition of the erotic; instead I am suggesting the fecundity of the notion of eros for helping us think through the kind of bodily relationship I have in mind.

In the case of a sexual relationship, lovers who touch and hold one another appropriately pay attention to the rhythms and expressions of one another's bodies and chart their boundaries and zones of privacy. They not only take pleasure in one another's bodies but take the time to discover what gives the other pleasure, and find value in giving that pleasure. This is true regardless of what sorts of pleasures and boundaries these bodies happen to enjoy, however kinky or unusual. A sexual encounter in which one party lacks such responsiveness to the other's body is both objectifying and unerotic. Sharp points out that erotic encounters do not only involve "discovery" but also transformations, in which "pleasures and private zones" do not simply "belong to individual bodies" but rather "erupt between them, forming and reforming in response to one another."[12] I agree, but any erotic encounter must maintain a basic sensitivity to and respect for the specificity of the other's bodily needs, rhythms, pleasures, and boundaries, even if these very things will be challenged and transformed in the course of the encounter.

While this point is perhaps familiar in the sexual domain, I think it transfers quite powerfully out of this domain. Parents of infants manifestly take pleasure in their children's bodies, but one of the most labor-intensive and important parts of caring for a new baby is slowly learning not just how to meet its basic needs but how to give it bodily pleasure, how to adjust to its rhythms and read and respond to its

movements. This bodily play and respect is the material substratum upon which parents build a relationship with their children that both constitutes and sustains their individual personhood. When we care for an adult with disabilities or special physical dependencies, we sustain personhood only when we take their bodies not merely as needy but as valuable and distinctive centers of mutual pleasure and meaning. Care that sustains personhood responds to the body of the other as one that is capable of both experiencing and offering pleasure. A tragedy that sometimes befalls those who are old, ill, or in pain is that those who care for them no longer see those bodies as organs of potential pleasure. Not only are their discomforts read as obliterating their possibilities for sensual enjoyment, but even more, their bodies are no longer seen as appropriate *sources* of pleasure. But when the body of someone we love is no longer seen as even a potential source of pleasure, then we are no longer reading it as the actual incarnation of that loved one.

As my brilliant and articulate philosophy-professor father progressed into Parkinson's disease and his speech became quiet and halting, my affection for him and my concern for his welfare were unaffected. However, it was challenging to learn to adjust the pace and rhythms of my conversations with him so as to give him the right kind of opening to speak in his own voice. This was not just a matter of giving him time to formulate his speech, of allowing much longer than usual silences in the conversation, although this is itself more challenging than it sounds. For instance, it also involved becoming attentive to when speech was too difficult for him, and a conversation was better dropped, rather than putting him on the spot for a response. It was dangerously easy just to leave him out of the conversation, leaving him a mere bystander, or directing only trivial, easy-to-answer comments at him that did no justice do his enormous intelligence, humor, and wisdom. Not surprisingly, he often found it easier simply to back out of the conversation. After a year or two, it became clear to me that given who he had been all his life, his exclusion from serious conversation was the most severe loss of identity that he could undergo. This exclusion was not just a matter of those around him ceasing to *acknowledge* him as a distinct person; rather, it literally rendered him unable to continue to exist as himself. For my father, rigorous and penetrating conversation had been an identity-defining project for over half a century. When he fell silent, the problem was not that others ceased to have access to who he was and what he was thinking; rather, he was actually in danger of ceasing to be himself. Since he was understandably complicit in letting himself recede in this way, I realized that it was important moral work on my part to develop the ability to let him into the conversation. Now, several years later and

with his illness having progressed further, the depth and rigor of our conversations have returned almost to what they were before his illness, though with an entirely different bodily dynamic.

New conversational skills were not the only bodily capacities I needed to develop. I found myself clumsy at first in the face of his needs for physical assistance. His limitations necessitated his loss of a certain kind of privacy. Slowly I learned how to establish new boundaries by keeping any assistance I could offer matter of fact and contained, so that it did not dominate or detract from our main conversation or activity. This probably sounds painfully obvious, but actually learning to do it was difficult, at least for me. As these skills improved, I became more and more able once again to take physical pleasure and plain old joy in his embodied company, which is quite different from pity-drenched and fearful concern for his welfare that dominated my response to him at the start of his illness.

Surely I will create shivers in some by describing the relationship between my father and myself as erotic. However, I think that this complex bodily combination of attentiveness, co-ordination of rhythm and gesture, and mutual valuation of mutual pleasure lies at the heart of eros, and good sexual relations are just one example that has cultural primacy. A small version of this—an ongoing erotic current—holds together our everyday casual interactions, as we touch, attend to, preserve, and respect the boundaries of others, and take pleasure in one another's bodies, while moving through social and physical space. We might contrast the relevant conception of eros here with that of agape: the type of love characteristic of caretakers who sustain and protect the bodies and identities of others is typically cast as self-sacrificing, verging on unconditional, and not necessarily reciprocal. In contrast, I am claiming that the most effective and ethical form of identity-sustaining care is particularizing, passionate, and demanding of reciprocal pleasure.

Murdoch writes: "The chief enemy of excellence in morality is personal fantasy: the tissue of self-aggrandizing and consoling wishes and dreams which prevents one from seeing what there is outside one." Surely one of the easiest ways to fail to hold another in personhood is to impose one's own fantasy version of that other upon her. It is dangerously easy to project our own desires and sensibilities onto the bodies of others. We often presume that our understanding of our own body and boundaries, combined with our willingness to "identify" with others, is enough to give us an understanding of the bodily experience of these others. This is a threat in all our interactions, but when someone's body is in our care, he is particularly at the mercy of our fantasies. We have all witnessed people caring for imaginary versions of their elderly relatives,

children, or lovers. As Murdoch reminds us, "Real things can be looked at and loved without being seized and used, without being appropriated into the greedy organism of the self."[13] Such non-usurious love is an essential condition of love that holds the beloved in selfhood.

However, when Murdoch talks about how to clear away the distorting fantasies of the self, she talks in terms of detachment, and the "suppression" of the self, or elsewhere of "unselfing."[14] This advice to suppress the self is noticeably unerotic. I have emphasized that in the case of an intimate in particular, an integral part of personhood is taking pleasure in the embodied presence of the other. I have also focused on how such holding involves attentive interaction at the level of gesture, touch, and rhythm. While I think Murdoch is right about the threat of fantasy in these interactions, I do not see how we can suppress our own self or take up a detached stance without also losing the capacity for these same interactions, for they are inherently dialogical. Only a self—and indeed a desirous, interested, involved self—can take pleasure in another's embodied company, learn the rhythms and boundaries of the body of this other, and give uptake to her meanings, gestures, and desires. It is precisely the erotic dimension that seems missing from Murdoch's picture of love as purely other-directed. We do sometimes see people who care for others "selflessly," with no thought to their own pleasures or needs. But I suggest that while these people make effective stewards of others's bodily safety, they are not our best examples of caregivers who tenaciously hold those they care for in their distinct personhood. The best caregivers are those who learn how to caress and hold the other properly, because they passionately crave the pleasures that only that other, in all of her embodied individuality, can provide.[15]

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Notes

1. Iris Murdoch, *The Sovereignty of Good* (New York: Schoken Books, 1971), 38, 31, 34.

2. Ibid., 16–37. Murdoch asks us to imagine M and her daughter-in-law D. M dislikes D, seeing her as an "undignified," "vulgar," "silly girl." After D's death or permanent absence, M decides to focus her attention *internally* on D in a way that enables fairer perception, allowing D to disclose herself free of the baggage of her personal relationship with M. Through attending in this way, M's perception of D transforms, so that D is disclosed instead as a "refreshingly simple," "youthful," free spirit.

3. Hilde Lindemann, "Verdi Requiem," forthcoming in *Naturalized Bioethics*, eds. Hilde Lindemann, Marian Verkerk, and Margaret Urban Walker (New York: Cambridge University Press, 2008).

4. Ibid. I am not sure what share belongs to the lion, but I would perhaps go farther than Lindemann. While I agree with her description of the conditions under which our dependence on others to hold us in personhood can be particularly acute, it seems that both basic personhood and particular identities are massively dependent upon the uptake of others.

5. Hasana Sharp, comments delivered at the "Feminist Symposium on Eros," McGill University, April 2007.

6. Jonathan Franzen, *The Corrections* (New York: Picador, 2001).

7. Hilde Lindemann, "What Child Is This?," *Hastings Center Report* 32, no. 6 (2002), 29–38, 30.

8. Hilde Lindemann, "On the Mend: Alzheimer's and Family Caregiving," *Journal of Clinical Ethics* 16, no. 4 (2005), 314–20, 318.

9. Lindemann, "Verdi Requiem."

10. Quoted in Linda Blum, *At the Breast* (Boston: Beacon Press, 1999), 4.

11. Ronald Amudson and Gayle Taira, "Our Lives and Ideologies: The Effect of Life Experience on the Perceived Morality of the Policy of Physician-Assisted Suicide," *Disability Policy Studies* 16, 2006, 53–57, 54, 57.

12. Sharp, op. cit.

13. Murdoch, *The Sovereignty of Good*, 59, 65.

14. Ibid., 84 and elsewhere.

15. I am grateful to Hasana Sharp and Chloë Taylor for organizing the Feminist Symposium on Eros at McGill University in April 2007, which is where this paper was first presented. I also owe thanks to Hilde Lindemann, Hasana Sharp, Amy Mullin, Howard Brody, Richard Manning, and André Kukla for conversations that played a key role in shaping this paper.