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VISCERAL LIFE**

TOWARDS CONCORPOREAL BIOETHICS

Submitted: Aug. 31, 2023. Reviewed: Oct. 24, 2023. Accepted: Oct. 28, 2023.

Abstract: This paper explores the relations between embodiment, environment, and affectivity in the context of posthumanist theories of the body, mainly the immune, cardiovascular, and nervous systems, bridging the visceral with the existential. Centering on the philosophy of auto-hetero-affectation, the paper challenges traditional notions of selfhood, advocating for an understanding of the self as fluid, continuously reshaped through interactions with alterity. A critical tension arises when juxtaposing the empirical methodologies employed in healthcare, which often reduce the body to mere biomedical mechanics, against the rich phenomenological experiences of the lived body. Through the narrative from Malin Kivelä and the theories of Francisco Varela, Natalie Depraz, and Catherine Malabou, the paper underscores the body's inherent vulnerabilities, urging a shift from biomedical discourses to a more holistic appreciation of human experiences. This exploration further interweaves themes from phenomenology, biomedicine, and bioethics to prompt discussions on human existence, emphasizing the need to appreciate biological mechanisms and the narratives and vulnerabilities shaping our shared reality. The conclusion draws upon the sentiment of fragility during the global pandemic, encapsulating the balance of our understanding and innate vulnerabilities. The discourse thus calls for a reimagined perspective on embodiment, health, and the human experience, foregrounding the intertwining of cognitive and affective domains.

Keywords: Embodiment, Auto-hetero-affectation, Cardiophenomenology, Epigenesis, Ecosoma, Vulnerability, Bioethics, Viscerality.

DOI: 10.17323/2587-8719-2023-4-173-198.

The great contradictions which man discovers in himself – freedom and necessity, autonomy and dependence, self and world, relation and isolation, creativity and mortality – have their rudimentary traces in even the most primitive forms of life, each precariously balanced between being and not-being, and each already endowed with an internal horizon of “transcendence.”

Jonas, 2001: XXIII

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Indeed, the paradigmatic activity of the body-in-action is not observation, but metabolization. [...] One of the crucial steps in acquiring self-awareness is the ability to differentiate between self and other, between who one is from the inside and what, because it is outside, one is not. However, for the metabolic body, inside and outside are not so stable. Metabolism, after all, is about eating, drinking and breathing; about defecating, urinating and sweating. For a metabolic body incorporation and excorporation are essential.

Mol & Law, 2004: 53–54

Each respective *referent-we* draws attention to the ways in which subjective experience is *extrahumanly mandated* yet experienced, reflexly, as though it is *normally human*. This is how both the Pygmy and the French bourgeois subjects would, individually, have reflexly subjectively experienced their differential *normalcy of being human*.

Wynter & McKittrick, 2015: 57

In literature, the human body often emerges as a metaphorical surface, reflecting deeper existential, emotional, and sociological concerns, a place for locations, peaks, hollows, and contours: places of special significance and intensity. Malin Kivelä's work, *The Heart*, explores into this relationship between the corporeal and the emotional, weaving reflections on the physicality of the body with deep themes of motherhood, loss, fragility, and the ephemerality of life (Kivelä, Starodubtseva, 2021).

Published in 2019, *The Heart* takes readers on a journey set six years prior as Kivelä recounts the events surrounding the birth of her third son. With the diagnosis of a congenital heart defect known as aortic coarctation, Kivelä navigates intensive care, heart surgery, and emotions accompanying the reality of a life hanging in the balance. However, the narrative is not merely a chronicle of events but a deep introspection into the porous boundaries of the body and the mind. Kivelä's text is punctuated by an intense awareness of the body, not as a fortified entity but as a permeable structure susceptible to wounds, aches, and the relentless procession of time. Her affinity for sores and bruises underscores an intense realization of the self — these markings affirm her existence in their pain and temporality. This existential affirmation becomes complicated with the birth of a child. His diagnosis triggers in her an intense feeling of detachment, as if a part of her own being, once so integrally connected, now stands estranged and vulnerable. This sense of vulnerability is heightened by her inability to recall

the exact medical term for her son's condition, symbolizing a dissonance and a grappling with the overwhelming weight of the diagnosis.

Central to Kivelä's narrative are the reflections on mortality. In its fragility, the human body becomes a reminder of the inevitable—the presence of death in life. "One day, a new wound will appear, and it will not heal," Kivelä reflects, evoking the inescapable truth that death is woven into the very essence of our existence. The realization of one's blood flowing through the veins, as depicted in *The Heart*, is emblematic of life's fleeting nature and its vulnerability. *The Heart* emerges as a narrative of maternal love, the trials of illness, and a meditation on the fragile boundaries of the body and the psyche. It is a testament to the interconnectedness of life and its other and the revelations that arise when one confronts one's vulnerability.

The intertwining of human existence is woven with embodiment and identity, bound by biomedical norms "rigidity and lived experiences" fluidity. As the contemporary discourse on embodiment and biomedicine evolves, so do our conceptions of the self and its interactions with internal and external environments. This paper investigates the complexities of the 4EA approach, which emphasizes human existence's embodied, embedded, enactive, extended, and affective nature. We confront the biomedical paradigms that often attempt to circumscribe this dynamic. Drawing from various theories, I engage with the conceptual complexities surrounding extended cognition, enactive incorporation, and the challenges of technological and biomedical interventions. Central to our exploration is the tension between the lived experience of embodiment and the norms of biomedicine, a *dialectic* illuminated through recent global events, such as the COVID-19 pandemic, and the subsequent discourses on herd immunity and vaccination.

Upon surveying the vast area of embodiment and biomedicine, it becomes evident that the human experience is far from a static construct. Instead, it is a dynamic juncture between biological, social, cultural, and technological forces. The 4EA approach underscores the interconnectedness and interdependence that characterizes human existence, challenging reductive biomedical paradigms often prioritizing symptom control over holistic understanding.

THE CLEAN AND PROPER BODY: A CRITIQUE

The living individual is considered metabolically for the 4EA approach (Froese & Di Paolo, 2011; Khachouf et al., 2013; Kirchhoff & Froese, 2017; Varela et al., 1991). This means that the enaction of autonomous self-monitoring, control of internal regulation, and external exchanges maintain

the vitality of an individual. They eat, drink, breathe, and rid waste, incorporating and exorporating resources and processes beyond their biological body through its semi-permeable boundaries. The living individual is compositionally plastic, which means they can constitutively include resources and processes beyond what their body can generate. The lived body, then, is never self-complete or secured against the elements of the environment—whether molecular, corporeal, technological, or social-institutional. The body tends to *incorporate*—to take into itself—processes, tools, and resources intimately connected with its vital functions (Thompson & Stapleton, 2009).

Here, it is important to stress two versions of this idea. The first version is entitled extended cognition. It states that the functional extension of the physiological body only matters in evaluating the blurred boundaries of biomedical hybrids (Clark, 2007) and is based on the functionalist understanding of cognitive agency, reducing it to the unconscious operations within the objectively considered body. In the idea of enactive incorporation, the lived body is at stake. The autonomy of the living individual is predetermined by its openness towards otherness and incorporation within the body schema. Hence, the references “lived technologies,” “living media,” new organs, prostheses, and bodily extensions (Froese, 2014).

Both extension and incorporation question the notion of individuality as a self-enclosed originary body. Their difference is that, while extended cognition stresses the objectivist view of the body similar to the scientific image of the human in modern biomedicine, the enactive incorporation emphasizes the lived, phenomenological dimension of this openness of the body.

One of the exciting features of this approach is its emphasis on the graduality of norms of vitality: health, sickness, stress, and fatigue. However, this position still needs both theoretical and empirical validation, especially in the context of biomedicine. One can even claim that enactivism misses life’s pathological and destructive aspects, paying much more attention to growth, animation, development, aging, and vigor as the marks of living beings. To use Kristin Zeiler’s term, enactivism stresses the “eu-appearance” of the embodiment, which refers to the good, strong and automatic functioning of a healthy body (Zeiler, 2010). Incorporation instantiates this vitality and empowerment of the living. In various medical conditions, though, one can consider the impossibility of completing or restoring a healthy, able, and normative body. The re-establishment of habitual activities is unattainable due to the dependence on caregivers, pharmaceutical drugs, regular procedures, life-supporting technologies, and permanent monitoring of the organism’s internal states.

In the current discourse on embodiment, a crucial concern arises regarding the ontological implications of bodily incorporation. This concern gains relevance when we explore the modalities through which technological interventions, particularly those derived from biomedicine, challenge our traditional conceptions of a unified, healthful, and untainted physical existence. I assert that the analytical tools afforded by theories can deliver crucial insights into this matter (Aristarkhova, Zhayvoronok, 2017; Alaimo, 2010; Grosz, 1994; Haraway, 1991; Shildrick, 2023). Their intrinsic separation from conventional norms surrounding human existence propels these theories to dissect the plethora of technologies, practices, and processes that obscure the established peripheries of corporeality.

Central to this interrogation is a critique of compulsive normalcy. Here, the norm does not just signify the absence of deviation but embodies a thriving, vibrant, and, most crucially, predictable corporeal existence. This predictability attaches to trajectories set by phylogenetic history, delineating a foreseeable arc from birth to death as an inevitable process of biology. However, this notion of an untouched, cohesive corporeality is arguably an illusion. From the very onset, each body is extended, augmented, and intertwined in many ways—a reality illuminated by cultural narratives, bioscientific studies, and social practices.

Drawing from recent global events, the culmination of the COVID-19 pandemic, as declared by the WHO, serves as an appropriate model. Following this pandemic, the rhetoric of herd immunity emerged as a critical biopolitical conduit, guiding healthcare directions. Conspiracy theories notwithstanding, the discourse surrounding mandatory vaccination and its portrayal as chipping illuminates a profound ontological difficulty. In receiving a vaccine, one arguably welcomes the foreign, the other, into one's corporeal domain. This dynamic reverberates with the ontological ethics propounded by Levinas, encapsulated in his assertion that the radical alterity (*Autre*) is the Other (*Autrui*) (Levinas, Lingis, 1969). To truly comprehend oneself, an openness to the alterity, the non-self becomes urgent. Such an embracing of radical alterity, even if it culminates in one's dissolution, highlights the ultimate act of hospitality towards the other.

Within the purview of evidence-based medicine, the experience of illness requires seeking medical consultation and surrendering one's dysfunctional body to the medical professional's expertise. This paradigm largely sidelines the patient's engagement and neglects the subjective and axiological drives that underpin one's individual experience of illness. Instead, it contextualizes

the illness within broad social frameworks, largely devoid of the patient's unique narrative.

This transfer of trust and control to medicine primarily affirms what George Engel, the forerunner of the *biopsychosocial* model of health and illness, termed biomedicine (Engel, 1977). As delineated by Engel, biomedicine is constructed upon three foundational tenets: the dualism of body and mind, materialistic reductionism, and objectivism. Within this framework, aspects that cannot be elucidated through physiological correlations and processes are irrelevant to medical inquiry. Such an orientation tends to encourage paternalistic conduct toward patients. For biomedicine, the human body is perceived as a universal entity, mainly impenetrable to socio-cultural nuances, warranting standardized therapeutic interventions. Consequently, this institutionalized narrative of evidence-based medicine often starkly contrasts the subjective experiences of patients, especially those in painful and distressing conditions. This sketch brings an inherent and irreconcilable dualism endemic to biomedicine. On one hand, the patient's body is envisioned as a mere object for therapeutic manipulation. Conversely, the body also emerges as a sentient subject, a locus of pain and emotions ranging from hope and anxiety to an array of speculative considerations, particularly in medical uncertainty.

Biomedicine, for all its progress, often manifests a constrained view that places a premium on controlling symptoms through modern scientific and technological avenues. However, this view risks sidelining the patient's experiences, the nuanced backgrounds of diseases, and the contextual history that underscores every condition. Paternalistic bioethics, which emphasizes autonomy and individuality, simplistically models the doctor-patient relationship as an interaction. In doing so, it inadvertently smoothes over critical elements like the socio-cultural dynamics and the diverse biological specificities inherent in individuals, such as the vast range of microorganisms that populate our bodies or the varying patterns of neuroplasticity influenced by different environments.

Whether rooted in deontological or consequentialist principles, normative bioethical frameworks promote an oversimplified notion of interaction between two pure, autonomous entities. Within this model, both entities are presumed to possess the capability for rational thought and decision-making. This defensive posture, which views the body as a vulnerable citadel requiring defense from hostile external invasions, tends to elicit militaristic metaphors. There is an underlying assertion that the sanctity of the body's boundaries can only be upheld through aggression. Such a view, conjoined

to ableist understanding of bodymind, displays negative ramifications at broader levels (Shildrick, 2023). From a conflict with our internal microbiome to the rising global resistance of pathogens to antibiotics, this narrow lens affects the individual and has cascading implications. It enables an aggressive posture toward both our internal and external environments, culminating in the erosion of diverse ecological habitats around the globe.

The narrative surrounding the human body and its inherent incorporations provides fertile ground for philosophical contemplation. We can follow Elizabeth Grosz's notion of "detachable, separable parts of the body — urine, faeces, saliva, sperm, blood, vomit, hair, nails, skin" (Grosz, 1994: 81). Through this paper, I analyze three specific physiological systems — immune, cardiovascular, and nervous — as frameworks that enable a deeper understanding of Kivelä's discourse on the heart and elucidate the broader existential inquiries related to the inhuman constituents of the human body.

Francisco Varela, Natalie Depraz, and Catherine Malabou have tackled this intersection of natural science and philosophy, undertaking multi-layered deconstructions of our embodiment. These methodologies, aptly described by David Roden as *naturalized deconstruction* (Roden, 2005),¹ present convincing arguments against the traditional notion of an isolated body. Instead, they highlight the symbiotic relationship between the body and its environment. The human body is intrinsically tied to entities it is seemingly unrelated to. Whether the molecular guests engaged by immune system, the unexpected affective events that punctuate the cardiovascular narrative, or the contingent traumas that reshape the brain, the constant connection between the self and the Other becomes evident.

Such dynamism disrupts conventional understandings of ontogenesis and individuation, questioning the concept of a predetermined developmental trajectory in organic life. Life, as we understand it, is not a mere linear progression or an unceasing proliferation of forms and functions. Instead, it is a continuum fraught with interruptions, lapses, and disruptions (Malabou,

¹It is important to note that in this paper, I do not aim to follow any predetermined methodology; instead, I allow the conceptions I analyze to lay their own theoretical path in reflecting on viscosity's various dimensions. In this sense, my point of departure is the phenomenology of reflexive and pre-reflexive embodiment. However, I do not enforce interpretations of the analyzed texts that would fit them into unambiguously defined traditions. This dictates my choice of authors and fragments of their conceptions to the extent that they touch upon the problem of viscosity. That is why I started with Kivelä's work to show the inevitable emotional-affective involvement in this topic. We can never stay away from our incarnation and the possibilities it opens for us.

2009a). Every phase of life encapsulates its core, from illnesses and traumas to the inevitable aging and death. In facing sickness, one confronts the inherent vulnerability of existence. It underscores the ontological fragility of life, reminding us that, regardless of the body's distinctive self-sustaining mechanisms, there exists an ever-present potential for system breakdowns leading to disintegration.

The praxis of medicine is often embedded in the foundational belief of patient safety. However, the reality of illness challenges this perception, ushering the patient into uncontrollable events and processes. Such a state evokes what is phenomenologically termed the *pathic* experience (Maldiney, 2007). It denotes an intimate experience of auto-affection, where the individual continually steers and redefines the boundaries between the self and the other.

In this context, the conventional understanding of the body as an intact entity, confined within the boundaries of the skin and protected from external threats such as injuries, viruses, or harmful habits, proves overly simplistic. This notion, commonly emphasized in the Global North's health-care paradigms, prioritizing health and quality of life, misconceives the body's functioning as an ontological singularity.

Instead, life is characterized by its inherent plasticity, implying a potential for constructive and destructive metamorphoses. Life continually evolves, transforming into arrangements starkly different from its previous state. For instance, an individual grappling with post-traumatic stress disorder (PTSD) emerges altered from their pre-trauma self. Such transformations reiterate the need for medicine to broaden its perspective, recognizing the fluidity of the human condition and the relations between the self and the external forces it continually interacts with.

The modern bioethical notion of the body as an intact, autonomous entity envisions it as a cohesive unit, always geared towards self-preservation, resisting alien influences, and remaining impermeable to external vulnerabilities. However, the reality of trauma, as highlighted by Catherine Malabou, challenges this paradigm. Her concept of *destructive plasticity* draws attention to the inherent fluidity of life, underscoring its capacity to evolve and devolve or lose form (Malabou, 2009a,b). This transformative capacity of life, as seen in the shifts experienced by Alzheimer's patients, underscores the presence of otherness in personality and its transformative potential.

The overarching argument is not to view life's modifications, especially the traumatic ones, as mere disintegrations or decompositions. Instead, it

is vital to recognize that life's trajectory accommodates mutations, transfigurations, and shifts in form between birth and death. These processes, often anonymous and beyond the complete grasp of the psychosocial self, challenge traditional philosophical positions that tether the body and mind as a harmonious unit adaptive to its environment.

The fundamental task is to propose a shift in bioethics. Instead of placing primacy on individualism and the ideal of an untainted body, it is crucial to champion *bio-ethics* that celebrates life in its multifarious forms (Thacker, 2004: 189; Zylinska, 2009). This unexplored bio-ethics should not just focus on human life, but also embrace non-human forms, stepping away from a necropolitical stance that threatens life in its entirety. Such an approach celebrates vulnerability not as a defect but as an inherent aspect of existence, embracing the notion of applied deconstruction or posthumanism.

Living diffuses and deviates from norms, mutating and transforming according to unique logic. This view sees life as a pursuit to fill the void. Life's vitality is rooted in what it is not: its deviations and vulnerabilities. Contrary to the extension, which assumes an underlying bodily wholeness, this perspective identifies a foundational lacuna that catalyzes vital organic processes of incorporation and metabolization.

THE VULNERABLE ECOSOMA

Within the outlines of contemporary philosophical inquiry, it is necessary to articulate the interrelation of the self with the other. In this context, three frameworks merit attention: Francisco Varela's immunological theory, Natalie Depraz's cardiophenomenology, and Catherine Malabou's exposition on brain plasticity. Each scholar postulates that the self, far from isolation, is inextricably bound to its non-self-component. The core of self's activity carries an inherent passivity — not equivalent to inactivity, but delineating an inner receptivity. Such receptivity articulates the embodiment of organic life, emphasizing its symbiotic interrelation with both external and internal milieus.

Depraz identifies the archaic affective bond between an infant and maternal figure, a biological and intersubjective connection. For her, this connection delineates several instances of intersubjective reciprocity: the intimacy of sexual union, epitomized by mutual submission; the tonglen practice in Tibetan Buddhism, symbolizing a transformative exchange of places; the theological representation of the triune god in Christian doctrine, illuminating the model of reciprocal relationality. Such exemplars disclose

the constitution of the self, shaped in its dialectic with otherness. This otherness emerges as a contingent catalyst in ontogenesis.

Affectivity further accentuates this discussion. It motivates beings in their fundamental instincts to either approach something or to avoid it. It embodies what can be termed “responsivity,” a defining characteristic of life itself. Coupled with this is the micro-bodily generation of intersubjectivity, particularly evident within our most archaic bodily domains: the subpersonal neuro-vegetative system. Governed by primal, involuntary attractions and repulsions, this system offers a glimpse into the primal instincts that drive us.

The overarching narrative is that the self is perpetually in communication with the other, with the latter serving as a catalyst for ontogenesis. This realization challenges the existing convention, suggesting that our sense of self, rather than being an isolated construct, is shaped by subpersonal processes. It thus becomes a call for phenomenological studies to redirect their focus, delving into the knotty material-discursive dynamics that shape our being.

THE IMMUNE ENCOUNTERS

We begin with the immune system. It has traditionally been conceptualized as the body’s defense, protecting it against external threats. As famously proposed by the immunologist Frank MacFarlane Burnet, this system operates based on suspicion, where everything alien or unfamiliar is perceived as an inherent threat and is promptly dealt with. Burnet’s perspective suggests that the immune system is ever-watchful, ready to discharge its defensive arsenal even when confronted with elements resembling the body’s own. This stance views the body as a sovereign entity with established boundaries that must be protected.

A significant counterpoint to this conventional belief is the unexplainable and remarkable phenomenon of maternal-fetal tolerance during pregnancy. Why does the mother’s immune system, typically aggressive against foreign entities, refrain from attacking the fetus – a distinct organism with a unique genetic identity? The fetoplacental barrier prevents mixing maternal and fetal blood, but this suggests a more nuanced role for the immune system, encompassing acceptance and cooperation. As Irina Aristarkhova compellingly posits, this exception indicates that immunity may have capabilities for negotiation and even the formation of beneficial alliances with foreign entities (Aristarkhova, Zhayvoronok, 2017: 136).

Niels Jerne, a Nobel prize laureate, introduced a departure from the traditional militaristic imagery of immunity. Rather than viewing the immune system as a linear mechanistic defender, Jerne likens it to the brain—dynamic, interconnected, and capable of information processing. In his perspective, the immune system is a vast network of cells that can interact, adapt, and evolve. According to Jerne, this adaptability is fueled by the endogenous activity of the system. He hypothesizes that the immune system perceives foreign agents through various internal images.

These images, formed during ontogeny, produce many antibodies, each tailored to distinct antigenic forms. Rather than being strictly reactionary, these antibodies suggest a proactive readiness—an anticipatory stance poised for engagement with the environment. These emerging perspectives urge a paradigm shift in conceptualizing immunity—from a rigid defense mechanism to a dynamic, adaptive, and engaging system. This new view recognizes the immune system's capability beyond rejection and defense and for discernment, adaptation, and collaboration.

Within the annals of immunological research, Élie Metchnikoff stands out not merely for discovering phagocytes, often construed as attentive defenders of somatic integrity, but for his stance on immunity's role in maintaining an internal symbiotic harmony. A shift in perspective emerges, necessitating a departure from the typically aggressive portrayal of the immune system. Instead, there is a necessity to recognize the philosophical and scientific paradigms that champion a pacifist interpretation of immunity, where the body's defenses are not merely warriors but ambassadors inclined towards negotiations, alliances, and strategic compromises with their molecular interlocutors.

The Chilean biologist and philosopher Francisco Varela is pivotal in this reconceptualization. At the heart of enactivism lies a principle underscoring the manifold pathways of cognition and action. This transforms the immune system not as an uncompromising citadel but as an adaptive, interactive entity capable of balanced coexistence. In exploring immunological dogma, Francisco Varela's introduction of *ecosomatics* emerges as a framework (Varela et al., 1988). Grounded in the symbiotic relationship between the immune system and the somatic milieu, Varela hypothesizes the body as both a product and an interactive milieu for leukocytes. This ecosomatic network, capable of mutating and generating novel antibodies, lymphocytes, and cellular molecules, opens the conviviality between genetic predispositions and the body's epigenetic history. This dialectical interaction accentuates the significance of actualizing the virtual. How this actualization unfolds hinges

upon an organism's genesis and epigenesis, accentuated by the integration of ingrained qualities and individual experiential acquisition. As elucidated by Catherine Malabou, epigenetic trajectory deviates from deterministic pathways, embracing an element of contingency (Malabou, 2016: 172). This is reminiscent of the enactivist outlook:

The molecular world we inhabit, thus, is not pre-given, and then inhabited *post facto* by our immune systems through some optimal adaptation. It is rather laid down as we walk in it, it is a world brought forth (Varela et al., 1988: 373).

A departure from traditional immunological concepts is evident in Varela's rejection of the immune system as a mere reactive entity to external intrusions. For Varela, the immune system's interactions are mostly self-derived, collapsing the duality of organism and environment. This self-referential system sets novel encounters, such as viruses, against its ontogenetic archives. The entanglement of the lymphatic system, represented through markers in the thymus and lymph nodes, offers measures for such evaluations.

A critical discourse emerges regarding the distinction between "noise"—the unintegrated and hence insignificant—and "signal"—the relevant triggers for immune activities. It echoes ideas in Cecile Malaspina's cybernetic communications (Malaspina, 2018) and Quentin Maillassoux's conceptualization of virtual hyper-chaos (Maillassoux, 2011). The domain of internal imagery occupies an abstract, multidimensional space for an existence shaped by morphogenetic fluctuations within the attractor-repeller landscape (Depraz, 2008: 241–242). Varela's arguments hinge upon the immune system's enclosed nature. As evidenced by the cyclical and autopoietic production of antibodies against both antigens and themselves, the immune system operates recursively, emphasizing interactions within its ecosomatic domain and affecting itself via its own internal agency—or, as Karen Barad would say, *intra-activities*. *Intra-agency* is an action devoid of an actor, that creates one during the interaction process. It generates micro-movements of the system or the shift that informs the initial self-other fold, the coupling of the organism and its environment. Barad emphasizes the interconnect-edness of creatures and their environments. Instead of viewing entities as pre-existing and then interacting, Barad introduces the term *intra-action* to exemplify the mutual constitution of entangled agencies. There are no separate entities before they *intra-act*; differences emerge through continual *intra-active* processes. Knowledge is seen as a direct material engagement with the world, stressing that knowing and being are intertwined material practices. As Barad states, the world is not merely an idea, and the mind

is a specific material configuration of the world, not necessarily coincident with a brain (Barad, 2014).

Such a perspective necessitates a re-evaluation of immunological terminology. Antigens, defined in this framework, can infiltrate and recalibrate the network, contingent on their resemblance to the system's molecular determinants. The system's internal activities, producing these guiding images, define the parameters of what is deemed an antigen and what remains relegated as noise. In the philosophical thinking of Emmanuel Levinas, as highlighted by Aristarkhova, the inherent nature of hospitality antecedes all forms of hostility. In this perspective, immunity is an active player in generating alliances and ecological coexistence. As Aristarkhova delineates, the environment and organisms are symbiotic; the former molds the latter, reshaping them and enabling a sense of self-awareness and tolerance. This relationship resembles developmental psychological theories that posit the emergence of a child's individuality as co-dependent on an "evoked companion," to use David Sterne's term. A psychological "self" takes root and flourishes through this relational other. Aristarkhova's analogy of the hematoplacental barrier during pregnancy is a poignant illustration. While ensuring the fetus's blood remains distinct from the mother's, the placenta also inhibits specific maternal immune reactions to fetal components. Such a scenario foregrounds the concept of self-affection as a primordial passivity, transcending intentionality. This is not mere inactivity but a nuanced receptivity — openness to the alterity, laying the groundwork for self-recognition distinct from the overarching environment. The lexicon of immunology introduces self as the symbolic landscape demarcated by macromolecular profiles that reside on cellular surfaces, underscoring tissue specificity during developmental phases. We each bear an exclusive ecological signature — ecosomatic markers that differentiate us. The dialogue between the immune system and bodily tissues shapes this embodied selfhood, challenging our conventional understanding of bodily boundaries. Far transcending the limitations of our skin, this self-defining molecular matrix outlines our corporeal borders. The body's boundaries are a perpetually shifting shield of self-generation, anchored not in spatial consciousness but in relentless molecular engagements. As Varela put it, based on his experience of liver transplantation:

The boundaries of the self undulate, extend and contract, and reach sometimes far into the environment, into the presence of multiple others, sharing a self-defining boundary with bacteria and parasites. Such fluid boundaries are a constitutive habit we share with all forms of life: microorganisms exchange body parts so

often and so fast that trying to establish body boundaries is not only absurd, but runs counter to the very phenomenon of that form of life (Varela, 2001: 263).

It is not the body-technology that introduces the alterity in my lived body as a radical innovation. That technology widens and slips into what is always already there. The alien and the foreign of the transplantation gesture is not a sharp boundary marker for how my body holds its place as the locus of intimacy (ibid.: 266).

This elusive embodiment rearticulates itself through reflections of shifting centers, each echoing a self, an experiencing subject. This entity undergoes a blending of intimacy and estrangement. The selfhood, which the organism perceives as a continually evolving somatic home, feels dislocated, invoking archaic mechanisms rooted in the primal milieu of its cellular surroundings. An abrupt introduction of a completely new organ proves overwhelmingly rapid. Such a process initiates extensive tagging of alien-marked cells, which are then obliterated by T lymphocytes, leading to the gradual dematerialization of the new organ.

THE HEART OF THE HEART

Cardiophenomenology, as conceptualized by Depraz, transcends the heart's conventional knowledge as merely an organ responsible for blood circulation. Drawing inspiration from Maurice Merleau-Ponty's phenomenological perspective of the body as flesh — the palpable embodiment of consciousness in the world — Depraz presents the heart as the symbolic center of an alternative model of consciousness (Depraz, 2008; Depraz, Desmidt, 2019).

In cardiophenomenology, the heart becomes a junction of intersubjectivity, exemplifying *generative concorporeality*. This concept embodies the interconnectedness of beings, the shared rhythms and pulsations that bind entities together. As the heart simultaneously encompasses non-intentional domains of consciousness and cultural sedimentations, it occupies a dual role: it is neither a biological pump nor solely a spiritual or mythological metaphor but a convergence of both.

Depraz's vision of the heart, integrating the biological and phenomenological, echoes with its remarkable capacity for *self-transcendence*. This is the heart's inherent ability to renew, risk into the unknown, and encounter contingency and alterity. Affective states, emotions, and feelings are intertwined with the heart's rhythms, with each beat a tangible articulation of our internal emotional landscapes. Such a conceptualization suggests an

intimate connection between affective states and cardiac rhythms, indicating that the heart's alterations in rhythm — its palpitations, accelerations, and decelerations — signify a corporeal anticipation of experiences yet to come — literally, experiences of the virtual. Furthermore, the heart's unique temporality elucidates its anticipatory nature. Even before an anticipated event occurs, the heart might already hasten its pace or leap from the chest, anchoring and expressing a bodily foreshadowing of imminent experiences. From a cardiophenomenological perspective, affect is thereby reconsidered as a modulation of heart rhythm and an openness to the virtual — the realm of possibilities, the threshold of what might occur. Drawing on Eastern Christian thought, Depraz recognizes the heart as the “innermost body.” This insight affirms that one's experience of having a heart — the essential core of one's being — underpins our existence as animate, breathing creatures. This breathing existence entrenches us in an expansive world overflowing with other beings, other rhythms, and shared pulses:

According to this line of thought, self-transcendence corresponds to the dynamic of the bodily self as a self that contains the inherent ability to create new events from itself. We contend that, more than the brain, which only materially rules the body and its immediate context and supports a formal-functionalist approach of cognition, the heart, as the “body of the body,” gives us the most basic and global experience of ourselves as embodied self-present subjects, that is, as subjects enacting cognition. By attending to the physiology of the heart, we aim to undo the remnant dichotomy between mind and brain, that is, the residual discontinuity between the phenomenal and the biological levels (Depraz, 2008: 243).

The idea that neuro-reflex regulation guides blood circulation outside of conscious volition has important implications. These autonomic processes, while automatic, play a decisive role in shaping our lived experiences. We might not be actively controlling these processes, but we certainly experience their consequences. Depraz's insights are particularly notable when she draws parallels between the physiological manifestations of the heart and the subsequent feelings and emotions these evoke. Just as we recognize two modes of body access, *Leib* (lived experience of the body) and *Körper* (the physical, objective body), Depraz proposes a dual approach to understanding affectivity through *Herz* and *Gemüt*. While *Herz* signifies the objective, physical heart, *Gemüt* symbolizes the personal, innermost domain of emotional and affective experiences. This duality offers a more affluent, layered understanding of emotional lives.

A considerable advantage of the heart, as highlighted by Depraz, is its innate dual accessibility. In contrast to the brain and nervous system —

which remain elusive and intangible — the heart provides direct feedback. We might not *feel* our brain, but the heart's rhythm resonates vividly with our emotional experiences. Whether it is the pulses we feel during moments of excitement or the slowed beats in moments of calm, our heart offers an immediate, tangible link to our inner emotional world:

The pendular physiology of the heart, as a ruler of bodily vitality, attests to a specific phenomenality: the lived rhythm we are able to capture when we sensorially feel the beats of our heart with pressure of our hand being placed either on our chest or on the chest of our child or of our beloved. We sense its growing quickness after a long run or when we are stressed or emotionally moved; we sense the way our face blushes when we feel shame, pleasure or jealousy, or the way it pales when we feel fear or anxiety. In short, there is a strong continuity between the physiological appearance of the heart — its holistic bodily function as an integrated, circular blood network — and its lived manifestation with respect to concretely expressed feelings, emotions, and affects. What is indicated in the dictionary as (so it seems) a sheer metaphor — i. e. “the heart is the seat of the emotions” — exists in direct continuity with the physiological dynamic between the heart and the body as a whole (Depraz, 2008: 243).

While the brain, often anointed as the command center, determines a vast display of our experiences, our direct engagement with it remains intangible. We are often mere recipients of its outcomes, such as the resultant feelings of a dopamine deficit, rather than being in touch with its ongoing processes. The brain, therefore, remains an object — distant, though intimately tied to our conscious experiences.

In juxtaposition, the heart offers a more immediate experience. This is where Depraz's recourse to Husserl's concept of *Triebintentionalität* becomes illuminating. Drive intentionality, or instinctive intentionality, as it may be translated, vibrates with the heart's unique way of being in the world. Unlike the traditional forms of intentionality that aim at an external object, the heart's intentionality is devoid of such an external orientation. It is not geared towards an external object, but is instead a reflection of an inward, self-enclosed, autopoietic existence. This coincides with the principles of Michel Henry's material phenomenology. For Henry, life itself is the agent, and its only action is self-living, a kind of auto-affection, an immanent self-movement that is self-contained and not directed outward. Similarly, for Depraz, the heart's rhythmic beating and its correlation with emotional experiences exemplify this inward intentionality — a consciousness of oneself without being directed at an external object.

Depraz formulates an alternative framework for understanding the mind-body relationship by positioning the heart as such. It starkly contrasts traditional psychophysical models that often struggle with the dualism of mind and body. Instead of dissecting consciousness and body into separate entities, Depra's cardiophenomenology offers a dynamic, intertwined model. The heart becomes emblematic of this unity, integrating the temporal and affective dimensions into the very structure of our being. The heart is not just a mere organ in this framework; it becomes the epicenter of lived experiences. It transcends its biological functionality, bridging the physiological and the phenomenal. Its rhythm embodies emotional states, anticipations, anxieties, and joys:

The pre-consciously lived, recurrent regularity of the organic beating of the heart intrinsically includes an emotional component that contributes to the way it is subjectively thrown in relief as lived. The heart quickens while one is expecting news, it slows down when one gets bored, it flutters when one experiences strong emotions (such as those related to trauma). Indeed, through its rhythms, the heart functions as an organic, pre-conscious recorder of every emotional fluctuation of my inner psychic life. The temporal fluctuations of the heart-rhythm range from "normal" speeding or slowing; to pathological arrhythmia, bradycardia, tachycardia, tachyarrhythmia (seizures); to the liminal rhythms of fainting, cardiac arrest, or heart attack. The notion of a non-precarious, absolutely regular heartbeat — though sometimes considered "normal" — is completely idealistic; it is as abstract and fictive as the idea of an un-affected self. As lived temporality is intrinsically valence-laden, so the heart is immanently permeated with an always potentially self-altered rhythm. In that respect, the temporal rhythm of the heart is immanently "self-previous": it is open to the possibility of alteration due to unexpected (i. e., surprising) emotional events, while basically remaining within a temporality composed of awaited regular recurrences (Depraz, 2008: 253–254).

The temporality of the heart produces a cardio-subject as an effect of the physiological processes of cardiac homeostasis. Just as an ecosomatic self arises through molecular intra-action in immunity, in the cardiovascular system, the constitution of the subject occurs through a dynamic processual distinction between the self and the environment. Outside of cardiac activity — self-previousness and self-transcendence — the self does not arise; it exists as an effect of an unexpected event — surprise, as Depraz calls it, or contingency. An unforeseen event triggers an emotional response, causing the heart to beat faster. The actual comes to reality from the virtual, following the unpredictable logic of surprise. Self-previousness means that

the heart works as an open system, ready for affection and aware of itself as a whole and integral only in such events.

This account attempts at the deep integration of the physiological and experiential dimensions, emphasizing the heart's centrality in mediating and reflecting our emotional and affective states. Cardiophenomenology explores how the heart's uncontrollable, rhythmic physiological processes shape our connection with the world. These processes, which we can term *visceral*, pertain to preconscious bodily functions. While seemingly unrelated to high-level cognitive abilities typically associated with the brain, recent studies suggest a significant role in shaping psyche and social self (Shildrick, 2023). Viscerality has two connotations: unconscious processes in our body perform vital organic functions like digestion and respiration, maintaining our body's equilibrium, or the regressive states patients enter during certain illnesses or deep comas, especially around the diagnosis of brain death. These states lack mental self-awareness and are viewed as regressions from standard brain activity. The first interpretation connects with the second, suggesting that these inherent bodily processes can surpass consciousness and advanced neural functions during severe illnesses. Potential events and emotions it has not yet experienced guide the heart's rhythm. The deconstructed subjectivity, represented through cardiovascular activities, shows that the self relies on external factors and the potentialities of the future manifesting in the present.

THE AUTO-HETERO-AFFECTIVE BRAIN

Homeostatic functions can be performed by the immune system or blood circulation and the brain at a higher level of the organism's emotional self-regulation. Depraz introduces a specific map of affects, which she calls the rainbow of emotions (Depraz, 2008). This map distributes the various states in the spectrum as a scheme of possible states of the organism. However, it is still unclear how the heart and emotions relate and what role the central and peripheral nervous system plays here. The human brain's operation, characterized by its distinct temporal, spatial, and energetic principles, fundamentally differs from our regular sensorimotor experiences. For Maxine Sheets-Johnstone, the neuronal activity dynamics starkly contrast with any motion we can comprehend or perform. This difference emerges more distinctly when considering the inherent challenges in envisioning the motion of neural firing. Our attempts to visualize this are limited by our bodily experiences, conflating visual images with kinesthetic experiences. Furthermore, the very essence of life is imbued with affectivity, driving

organisms towards attraction or repulsion. This foundational responsiveness aligns affectivity with movement, a relationship that Sheets-Johnstone has explored (Sheets-Johnstone, 2011).

Affect, while rooted in the heart, also finds a significant place in the brain. The cerebral domain plays a crucial role in affects, transcending the traditionally assumed boundaries. Drawing from the theories of neuroscientist Antonio Damasio, Catherine Malabou advances the notion that liaison exists between neuronal metabolism and emotional dynamics (Malabou, 2009b: 4). These dynamics encompass not merely the mechanisms integral to internal regulation and the homeostasis of the embodied system, but also incorporate an underlying unconscious drive. This drive, rich in affective features, functions at the juncture of cerebral and corporeal dimensions, constituting a psychosomatic unity.

Instead of proposing a substantial vision of subjectivity, current neurobiology is exploring the absence of the self to itself. There could be no power of acting, no feeling of existence, no temporality without this originary delusion of the first person. such a position might help in radicalizing the notions of heteroaffection, the nonhuman, or the death drive, which remain, in their actual state, remnants of the metaphysical tradition because of the contempt that both philosophy and psychoanalysis have expressed with regard to the biological in general and the brain and the neurosciences in particular (Johnston & Malabou, 2013: 72).

Within this framework, affects emerge as foundational elements in a living system's homeostasis, potentially displacing the roles played by the cognitive unconscious processes, thereby producing a unique *affective economy*.

This position implies that cerebral dynamics undergird cognition and consciousness and influence the affective, sensual, and erotic aspects of conscious existence. The brain, conceptualized as an auto-affective system, navigates with internal and external stimuli, establishing a "cerebral economy of emotions." As Damasio elucidates with his somatic markers, these interactions inform the brain of the body's states, thus regulating the feedback loop encompassing the brain, body, and environment. It is noteworthy that while Malabou's perspective resonates with certain aspects of traditional cognitivism, it also aligns with an enactivist perspective, particularly when cognition is viewed as an embodied action. Malabou's endeavors to knot intersubjectivity into this cerebral model present a compelling vision of consciousness's affective, intersubjective dimensions, harmonizing with core 4EA tenets.

Malabou delineates affect as a modification or perturbation that infuses dynamicity into subjective existence. This encompasses transformative events that mark an individual's life trajectory indelibly. Drawing upon Henri Maldiney's work, affect can be perceived as pathic immanent experiencing activity, which consists of revealing one's own area of receptivity, placing a spotlight on the experiential over the merely reactive. This orientation suggests that a pre-existing *pathos* is essential for meaningful interpersonal engagement. Contrasting with Michel Henry's position on affectivity as a conduit for life's self-revelation, Malabou, taking cues from Jacques Derrida, postulates that the self lacks an inherent substantiality. Instead, it discerns its existence predominantly through its inner affective sensations or *auto-affection*:

The very structure of subjectivity, within the metaphysical tradition, was one and the same with the structure of autoaffection, that is, as this kind of *self-touching* through which the subject is feeling its singular presence (Johnston & Malabou, 2013: 6).

An exploration of Malabou's interpretation of Derrida reveals that pure auto-affection remains an elusive construct. The phenomenological consciousness is not merely a product of selfless processes; it exists as a persistent presence that invariably punctuates every act of cognition, ubiquitously influencing a meshwork of cognitive acts unified under a singular, holistic subjectivity:

The subject can only represent itself as affected—altered—by itself. The self has access to itself through its *own* otherness or alterity. The self-representation of the subject is thus always an *autoaffection* (ibid.).

The activity of the neurovegetative system that lays the basis for cognition and consciousness is itself based on the affective, sensational and sexual drives. These drives constitute the neuronal system as the auto-affective system interacting with the exogenous and endogenous processes and events, which, including the initial encounter with the other, can trigger the system's affective reactions, predetermining its further behavior. Thus, affection is always an auto-affection, informing the neurovegetative system about the interaction dynamics between the brain, body and environment. Hence, the originary relationality here is the dynamic interrelation between the self and the events which modify it.

The topography of phenomenology, traditionally embedded in the perspective that affectivity is a foundational condition for life's self-disclosure,

encounters a substantial reconfiguration in Malabou's works. Taking cues from Derrida, Malabou challenges the deeply held belief of the self's capacity for self-cognition, possessing a substantial, static essence. Instead, Malabou advances the view that the self's knowledge is intrinsically bound to its capacity to affect its inner sense. Through Derrida's critique of Husserlian phenomenology, Malabou emphasizes the impossibility of pure auto-affectation. Consider a canonical phenomenological example of one's left hand touching the right to elucidate. While phenomenology might perceive this as an epitome of auto-affectation, Malabou, echoing Derrida, discerns this act as underpinned by an inherent self-modification, even a form of estrangement. Thus, it is not the unity or seamless self-contact that facilitates this touch; instead, the very dynamics of self-differentiation and subtle alienation render auto-affectation possible:

Cerebral auto-affectation is the biological, logical, and affective process by which finitude is constituted within the living core of subjectivity without ever being able to become the knowledge of a subject. The cerebral self represents itself without presenting itself (Malabou, 2009b: 44).

Against this background, Malabou introduces *hetero-affectation*. She conceptualizes it bifurcately as the affect of the other with two implications. At its core, the notion of being affected intrinsically posits the other as an integral aspect of one's internal constitution, distinguishing it from the conventional self. Drawing parallels with enactivism, the self, as socially discernible, emerges as a sophisticated, chemically mediated constellation of sub-systems. This synthesis of multifarious somatic processes — the others — results in the emergence of the self as a distinctive byproduct. A balanced amalgamation of "low-level" somatic and high-level socio-cultural cognitive processes underpin the evolution of a distinct, recognizable subject. Crucially, these selves culminate in intersecting somatic and cognitive trajectories rooted in pre-reflective, selfless events. As Malabou points out, a pivotal distinction exists between the other residing within and the external other affecting one (Malabou, 2009a: 113–114). Affectivity, thus, manifests as an internal event, positioning the self as the other to oneself. This complex interaction between the *affected* other and the *affecting* other signifies the coupling of two distinct living systems. This primary axis of affectivity, stemming from the conjunction of self and other, highlights an elemental reliance on the latter, excavating an inherent alterity within. Such a discovery prompts a reconceptualization of the self as an evolving trajectory of *auto-hetero-affectation*, where the affective self is characterized

by fluctuations between internal vulnerabilities (auto-affectation) and external impulses (hetero-affectation). Consequently, the subjectivity of the living system emerges as a domain brimming with potential transformations, reactive to the lifeworld occurrences. The foundational event in this odyssey is the engagement with the other, a revelation that emphasizes the interrelational composition of the inter- and concorporeal plastic self:

We must all of us recognize that we might, one day, become someone else, an absolute other, someone who will never be reconciled with themselves again, someone who will be this form of us without redemption or atonement, without last wishes, this damned form, outside of time. These modes of being without genealogy have nothing to do with the wholly other found in the mystical ethics of the twentieth century. The Wholly Other I'm talking about remains always and forever a stranger to the Other (Malabou, 2009a: 1–2).

The brain's dynamics, particularly the intertwining of auto-hetero-affectation, offer the brain not merely as an organ of cognition but as a nexus of self-touch. Drawing inspiration from Merleau-Ponty's conceptualization of chiasm, the brain, through its plastic epigenetic development, embodies this intertwining, marking the convergence of self and otherness at the very juncture of their encounter.

Such an approach can be likened to the hand's act of touching itself. In this act, both the touching and the touched are simultaneously embodied, articulating a dialectical knot hidden in the uncertainties of micro-movements. This self-affectation introduces a nuanced depth to the brain's functionality; it now emerges as a reservoir of affects and drives. This transformation is primarily engendered by its entanglement with the "other," an encounter fraught with contingencies and unpredictabilities. This inherent openness of the brain — its susceptibility to pressures, traumas, and contingencies — accentuate its vulnerability. Nevertheless, it is precisely this vulnerability that demarcates its ontological core. In the auto-hetero-affectation paradigm, this porousness, or capacity to be affected and affect, delineates the brain's ontology.

CONCLUSION

I conclude with a fragment from Natalie Depraz's narrative about her mental state during the coronavirus pandemic and lockdown:

I will speak here of fragility. You may have other words to name this feeling of absolute distress, of immersion in a situation where the unpredictable disorients all control. You may prefer to speak of "vulnerability," "precariousness," or even "submission." In all these terms resonates something of our extreme passivity, of

our being-affected, of a form of undergoing. I prefer the term “fragility” because it reflects the fundamentally friable nature of my being (Depraz, 2021: 249).

In recent discourses on embodiment, health, and the human experience, there arises a deep tension between the complications of the lived body and the empirical methodologies that aim to understand it. The body, a nexus of experience, often gets reduced to mere biomedical mechanics in healthcare discourse. While such reductions have their worth—offering clarity, precision, and insights—they also invariably eclipse the phenomenological richness that characterizes human life. A pivotal question stands at the heart of this connection between objective medical understanding and subjective lived experiences.

In *The Heart*, Malin Kivelä’s portrayal of her porous body offers a reflection on this tension:

I love when there are wounds in my mouth. Tiny, aching sores: on the gums, sometimes on the inside of the cheek. I love bubbles on the skin, bruises. They probably let me know that I am me. I know how my wounds sting, exactly like this, exactly on me. They’ve been with me all my life (Kivelä, Starodubtseva, 2021).

Her depictions, steeped in the realities of childbirth, motherhood, and the anxiety surrounding her son’s ailment, are a powerful testament to the body’s inherent vulnerability, permeability, and openness. Deviating starkly from fortress-like, militaristic, and aggressive metaphors often employed in medical discourse, her narrative prompts us to reconceive our perceptions of physical boundaries and internal defenses. By emphasizing the body’s inherent vulnerability and permeability, Kivelä’s narrative becomes a critique of traditional biomedical frameworks, urging a move towards a more holistic, integrated understanding of the human experience.

The approaches I have interpreted in this article offer a non-aggressive picture of the processes that generate both sides of the interaction. At the same time, the appearance of the perceiver and the perceived, the touching and the touched, the knowing and the known, is triggered by an extraneous phenomenon—the other, or alterity—that brings to life subjectivity, which directly allies with its counterparts, whether molecular, emotional, or social-institutional. The themes tackled in this paper, drawing from diverse fields such as phenomenology, biomedicine, and bioethics, intend to foster a dialogue on the nature of human existence. Navigating the terrain of embodiment, disease, technology, and ethics, we undertake an exploration that interweaves the cerebral with the visceral, the empirical with the existential, and the objective with the subjective. A central premise

guides this paper, leading our exploration of three theories of viscerality: in understanding the human condition, we must not just consider the biological mechanisms, but also embrace the narratives, vulnerabilities, and interconnections that shape our shared reality.

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Получено: 31.08.2023. Рецензировано: 24.10.2023. Принято: 28.10.2023.

Аннотация: В этой статье рассматривается взаимодействие между воплощением, средой и аффективностью в контексте постгуманистических теорий тела, главным образом иммунной, сердечно-сосудистой и нервной систем, соединяющих висцеральное с экзистенциальным. Сосредоточившись на понятии автогетероаффективности, автор статьи бросает вызов традиционным представлениям о самости, выступая за понимание «я» как текучего, постоянно изменяющегося в результате взаимодействия с инаковостью. Критическое напряжение возникает при сопоставлении эмпирических методологий, используемых в здравоохранении и часто сводящих тело к простой биомедицинской механике, с богатым феноменологическим опытом живого тела. С помощью художественного повествования Малин Кивели и теорий Франсиско Варелы, Натали Депра и Катрин Малабу в статье подчеркивается присущая организму уязвимость и формулируется призыв к переходу от маскулинизированных медицинских дискурсов к более целостному восприятию человеческого опыта. Это исследование переплетает темы феноменологии, биомедицины и биоэтики, побуждая к многогранным дискуссиям о человеческом существовании, подчеркивая необходимость оценить биологические механизмы, а также нарративы и уязвимости, формирующие нашу общую реальность. Идеи статьи основаны на общем чувстве хрупкости во время пандемии, отражающем шаткий баланс нашего познания себя и своей уязвимости. Таким образом, дискурс призывает к переосмысленному взгляду на воплощение, здоровье и человеческий опыт, выдвигая на первый план переплетение когнитивной и аффективной сфер.

Ключевые слова: воплощение, автогетероаффектация, кардиофеноменология, эпигенез, экосома, уязвимость, биоэтика, висцеральность.

DOI: 10.17323/2587-8719-2023-4-173-198.