PERSONHOOD: AN ETHICAL UNDERSTANDING.

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Abstract

Jean Georges Daou

In the study, I examine the concept of personhood in light of developments in the practice of medicine during the latter half of the twentieth century. To this end, I offer a brief historical examination of medical practice during this time with a special focus on the relationship between a physician and a patient. I also consider some of the main contemporary legal and philosophical notions used to characterize personhood today. Subsequently, I conclude that most fail to sufficiently consider the person, as a being, in its entirety.

I suggest the human person is created to be in relationship. It is within those bonds that connect us to each other that persons come into being as unique individuals that act in the world, or more precisely, as beings being-in-the-world. Therefore, I suggest that identity and relationality are essential components of personhood. Consequently, I propose is that a model which would allow for the narratives and personal relationships that act in defining who we are as persons is necessary, and that to deny the narrative is to dissociate the person from his identity.

Properly framed, such an existential discussion is at once psychological, sociological, historical, philosophical, theological, religious and spiritual. It necessarily requires a framework within which this dialogue can occur. I draw this structure from the writings of Bernard Lonergan.
Dedication

In loving memory

Vaughn Thomassin

(April 4th, 1965 – November 2nd, 2009)

We can't anticipate the obstacles that might arise

And yet I see the sun still shines as I look in your eyes

We may have to push harder, or wait, unexpectedly

But we keep on moving nonetheless, like waves upon the sea

The journey isn't over though the train has been delayed

There is still life within our dreams and all the plans we've made

Don't let the current circumstance tell you that hope is gone

For when the sun does rise again, our life will still go on

Thinking of you!

V. (February 24th, 2009)
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Chapter 1:

Introduction

"Ethics concerns the needs and values of human persons. Health is a vital human need; nothing is more human, more personal, and must always be one of the main concerns of any human community. To develop an ethics of human care, therefore, we must have an accurate notion of what it means to be human and what it means to be a healthy human." 1

In the following, I outline a brief history of the transformations that have occurred in the practice of medicine during the second half of the twentieth century and how they may have affected the personal relationship between the personal physician and a patient, as well as the relationship between the field of medicine and society as a whole. I also examine some of the prevailing contemporary concepts advanced to define personhood in traditional ethics. I conclude that none are adequate in explicitly considering the whole person, and I propose that what is needed is a concept that would allow room for the narratives and personal

relationships that go a long way in defining who we are as persons. In fact, to deny
the narrative is to dissociate the person from his identity.

In the second half of the twentieth century, the practice of medicine
experienced a significant transformation which has profoundly affected the
relationship between doctor and patient and, by extension, between medicine and
the society it serves.\(^2\) The character of this transformation is exemplified in the
changes that have occurred in the medical decision-making process, which has
been summarized as: "[...] the discretion that the profession once enjoyed has
been increasingly circumscribed, with an almost bewildering number of parties and
procedures participating in the decision making."\(^3\)

Prior to this transformation, decisions about medical care were largely the
exclusive domain of the individual physician, even when they raised vital ethical
and social concerns. For the most part, it was physicians who deliberated

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questions concerning the morality of withholding or withdrawing treatment, experimenting on human subjects or the allocation of resources. More often than not, these choices would be made in the privacy of the bedside or hospital room without the scrutiny of other physicians, legal experts or professional philosophers. Moreover, decisions would be made on a case-by-case basis with the physician reacting to each specific case as they saw fit, disinclined to formulate or hold to guidelines or rules.

In concrete terms, it was the physician at the bedside who would: decide to withhold a course of antibiotics, and allowing pneumonia to serve as an old man's best friend; consider an infant born with serious defects as a stillbirth, thus sparing the parents the distress of choosing between allowing their baby to die or a lifetime of burdensome care; experiment on institutionalized mental patients to learn more about hepatitis; or decide who will or will not have access to an iron lung when the machines were in short supply.

This customary image of a physician alone with a patient and all that it entailed, has been replaced by a space, both real and metaphorical, so crowded with: technicians, and specialists, with their equipment and technology; and lawyers, judges, legislators, academics, ethics committees and hospital administrators with their rules, regulations and laws governing practice, that the personal physician had difficulty squeezing into the room of a patient surrounded by strangers. However appropriate the restructuring of the patient-doctor relationship may be, it has also served to distance the patient from the traditional
personal connection to the health-care system. The effect is a depersonalization of the system and the persons whom it serves. This depersonalization has also affected the way persons are viewed, characterized and understood, shifting the locus of thought on the subject from the religious/theological to the legal/medical. As the title of this paper suggests, what I am advocating here is an ethical understanding of the person.

As I began this thesis, I intended to examine the ethical issues that surround the end of life. As I researched, I began to realize that isolating the final episode in a human life from the entirety of that life is not only difficult, but also not very helpful. The turning point was when I came across an article entitled "Some must die" in which Stuart J. Youngner discusses the difficult ethical and psychosocial issues that arise in the context of “controlled” death for the purpose of organ transplantation, including the distortion of boundaries between life and death, self and other, healing and harming, and killing and letting die. In this article, Youngner recounts the story of an eighteen year-old woman, Janet, who was twenty-two weeks pregnant when she suffered a spontaneous ruptured cerebral aneurysm. She was admitted to an ICU, where an unequivocal diagnosis of brain death was made within twenty-four hours.

Here, nurses and physicians cared for dead mother and living foetus. Eight weeks later, a healthy baby was delivered by cesarean section, following which the young woman’s heart, liver, pancreas, and kidneys were removed and transplanted into four waiting
patients, three of whom were cared for in the same ICU that had maintained the dead mother.

Because the care of Janet was going to be both clinically and emotionally challenging (the first such case for the ICU), a small group of nurses volunteered to provide it. Heavily identified with the tragedy, they became very attached to both the dead mother and the living foetus, who had already been named. For many of the staff, taking care of the patient was a religious experience. Its mystical nature was enhanced by the fact that Janet had anticipated her death a week before it occurred, when she told her family that “if anything happens to me, I want them to do everything to save the baby.” The ICU staff’s mission was to bring a healthy baby out of the tragedy, and they constantly watched and worried over it. But they were also preoccupied with the baby’s mother.

One nurse described what the day-to-day care of Janet was like: “We kept her immaculately clean and neat, even had her mother bring in a silk robe in which to dress her. I washed her hair every week. It was long, beautiful red hair, and it grew for eight weeks. I could sense the presence of her soul in her body.” Another nurse sensed the presence of a soul hovering over the body, “watching us.”
The nurses developed rituals, including putting a picture of the dead mother on the wall. They played music in the room, “for the baby,” but were convinced that the mother’s heart rate changed in response to it. The physicians, who spent much less time with the patient (the nurses worked one-on-one with the patient in ten-hour shifts), were less emotionally involved, although one of the obstetricians was clearly convinced that “the whole thing [had] a preordained purpose.”

Not surprisingly, the medical staff constantly used speech indicating that the patient was alive. “Our job was to keep the mother alive until the baby was born,” one physician told me. A nurse said, “We all knew she was dead, but we felt she was alive.” The patient’s mother told a physician, “Every time I leave, I think she is going to finally die, and each time I return to the ICU, she is still with us.”

What is reality for family members who watched the living body of a dead girl nurture, grow, and issue forth a healthy baby? While Janet’s hair grew longer and the nurses washed and combed it, was
she really alive or dead to them? They could rationally say that she was dead and explain why; the signs of life told another story.⁴

I found this story both intriguing and disturbing. I was intrigued by the responses Janet evoked in those involved in her care, by the compassion that the caretakers demonstrated towards a person who was officially declared dead. The experience of caring for a deceased person who is warm and pink led to what Youngner refers to as the problem of cognitive dissonance which is brought about by the overpowering signs of life in a deceased patient: those involved in her care were intellectually cognisant of the fact that she was a legally dead person carrying a living foetus inside of her, however both mother and foetus radiated such life that their caregivers continued to speak of them as though they were alive.

I was disturbed by its possibilities. The article does not offer substantial details pertaining to the process of deliberation that led to the decisions and subsequent actions of the medical professional who cared for Janet and her unborn child, so I can only speculate. Generally, health care professionals have an obligation not to treat the dead. Here we have a dead woman whose body is kept alive to serve as an incubator to her unborn child. In light of this, what was Janet's

ethical and legal status? What was the foetus' standing? Unborn children have very limited rights, but in this case the rights of a living foetus obviously supersede those of a dead mother. How was risk to the future-child assessed? Were there any new technologies used and were they experimental in nature? The article does not mention a father, and has Janet's mother making decisions. Giving the tragic circumstance of a parent losing a child and the complexity of this situation, was she fit to act as a surrogate decision-maker? Whose best interest was she protecting, her daughter's, her grandchild's or her own? Was consent truly informed?

Advances in diagnostics and medical technology force us to constantly keep up with changing definitions of death as medical professionals are faced with the ethical dilemmas of determining who is dead and who is not. Janet's story is not unique. Peter Singer offers several examples of similar situations where a tragic event leads to a pregnant woman's admission to an intensive care unit, her body warm, her heart beating, a respirator supporting her breathing, and brain dead. He uses these instances to pose the many ethical questions that are raised because of medicine's new found ability to keep a brain dead body functioning for an extended period of time.

When does one become a person? Who confers personhood? When and how is it bestowed? Is it at conception? When a mother becomes aware of the pregnancy? At birth? When the law allows? In a very real sense, the answer is all of the above.

When a woman discovers that she is pregnant, she does one of two things. She either rejects it and has the pregnancy terminated, never fully acknowledging the foetus as a person, or she fully accepts the foetus as a child – a person – growing within her and she nurtures and cares for it. At this stage, barring any natural termination of the pregnancy, whether a person is allowed to exist or not is really the mother's choice. In other words, if a child is born depends, to some extent, on whether it is wanted. The mother-to-be enters into a relationship with a being which has within it the potentiality of full personhood. She may even name it \textit{in-utero}. The mother confers moral personhood on the child, bestowing upon it the basic right to life with the duty that ensues from it, and taking upon herself the responsibility of seeing that right realized. In short, she enters into a relationship with the foetus.

The acceptance by the parents and, to some extent, by society itself is necessary: the foetus is not a child until the decision of the parents intends the human person to come and names it as a subject. In this way, the characteristic of
relationality is important in determining the rights and dignity of nascent human life.\(^6\)

This relationship between a woman and the human foetus inside of her is apparently unreciprocated. She will nurture and care for her future child, and the foetus will grow and flourish. Since individuation has yet to occur, the foetus is unaware of its mother as a being independent of its self.\(^7\) However, the foetus carries with it a potentiality, which is inferred from its actuality – its existence, forming the foundation of any relationship entered into before birth.

Generally speaking, initial relationships are defined by blood. The foetus will be the son or daughter of those who will be its mother and/or father. Brother and sisters, aunts and uncles, cousins and grandparents define their relatedness to the developing foetus long before the foetus becomes aware of their existence. In defining those relationships, the foetus’ identity begins to form - as son, sibling, nephew, grandchild, etc. Although contact with the foetus is necessarily less than that with its mother, these relationships are no less defined. They are the first


\(^7\) In this context, individuation is a process of development from a life centred on the ego to a life centred on the self. I also discuss this briefly in the section on Human consciousness.
steps in creating those connections that identify us within and as part of social groups.

The law

The Criminal Code of Canada states that,

*A child becomes a human being within the meaning of this Act when it has completely proceeded, in a living state, from the body of its mother, whether or not (a) it has breathed; (b) it has an independent circulation; or (c) the navel string is severed.*

Canadian law does not recognize an unborn child as a legal person possessing rights. Legal recognition requires that a child be born, at which point the child enters into a legal relationship with society, progressively assuming all rights, privileges, and responsibilities prescribed by law. It is also at birth, and not before, that a new parent/child relationship crystallizes from which flows a legal duty on the part of the parents towards the child.

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8 Part VIII of Canada Criminal Code: Section 223 (1)

9 In terms of legal personhood, it is interesting to note that women were not considered persons before the law in Canada until 1929. Before that, women were considered persons in matters of pains and penalties, but not in matters of rights and privileges. Therefore, women could not vote or hold public office. Apparently the unborn do not possess even that minimal level of protection.
In August of 1996, a drug dependant, pregnant 22 year-old Manitoba woman was brought before the courts by the Winnipeg Family and Child Services claiming that her addiction to solvent sniffing (glue, nail polish remover, and paint thinner) may damage the nervous system of the developing foetus. As a result of her addiction, two of her previous children were born permanently disabled and are permanent wards of the state. On a motion by the appellant, a Superior Court judge ordered that the respondent be placed in the custody of the Director of Child and Family Services and detained in a health centre for treatment until the birth of her child. One of the grounds for the order was the court’s parens patriae jurisdiction. The Superior Court judge, while acknowledging that the courts have never exercised this power on behalf of an unborn child, saw no reason why the power should not be extended to protect unborn children. The order was later stayed and ultimately set aside on appeal. The Court of Appeal held that the existing law of tort and of parens patriae did not support the order and, given the difficulty and complexity entailed in extending the law to permit such an order, the task was more appropriate for the legislature than the courts.

Child Services maintained that the twenty-two year old woman should be forced into therapy, as her drug dependency was harming her foetus. By the time the courts had made the decision to pass this onto the Supreme Court, the baby
had already been born. By October of that same year, the Supreme Court of Canada ruled that "the courts cannot force a pregnant woman to undergo treatment to prevent harm to her foetus" thus reaffirming that "a foetus does not have legal rights".\textsuperscript{10} Canadian law dictates that a person has full autonomy over her body and her life, a potential person does not. The legal rights of a living mother precede those of an unborn child. How are we to understand this?

\textbf{Statement of the Question}

In a medically simpler time, separating the living from the dead was a fairly straightforward process. If one has a heartbeat and is breathing, then they are alive. The absence of breath and a heartbeat would lead to a determination of death. It was a common sense determination based on observable evidence. With advances in medicine, establishing whether a person is dead or alive is no longer a simple matter. Today, medical professionals are faced with the ethical dilemma of determining who is dead and who is not by using an ever-changing set of attributes or criteria. Medicine's newfound ability to keep the body of a brain-dead person functioning for an extended period of time poses many ethical questions. As one explores the possibilities of medical science, both actual and potential, one

cannot help but stand in awe of the promise that these new technologies possess. However, when a human person encounters modern technology at the most liminal moments of one's life, birth and death, tensions are inevitable.

How ought we to treat someone who is brain-dead, but whose body is still warm and breathing? Is a foetus the kind of being whose life we should make great efforts to preserve and protect? I believe that the ultimate question one should ask is: When does one start or stop being a person?

Given that persons constitute a basic category of entities to which ethical concern or moral consideration is directed, the concept of personhood is foundational to ethics. Still, bioethicists need to invoke various notions of personhood when deliberating medical issues concerning the beginning and end of life. Despite the fact that the body of literature on personhood is considerable, consensus on the meaning of the concept of personhood or a practical criterion for its application remains elusive. Ruth Macklin offers a reason for this; the values underlying the authors' positions determine the outcome. "This is true no matter which values underlie the author's position, no matter which definition of personhood is adopted, and no matter what the context in which the discussion
takes place.” A feminist bias, for example, may cause one to take the stance that at no time should a foetus be legally deemed a person, thus affirming a woman's full autonomy over her body and her right to choose; while a writer from a particular religious tradition might argue for a criterion of personhood that a zygote can meet, thereby asserting the sanctity of all life. The complexity of these determinations is further exasperated but the fact that they are specific to a given context and offer little direction should the context be different.

The same types of arguments are found at the end of life, as seen in the euthanasia debate, where a person asserting their right to choose whether to live or die is pitted against those who maintain that all life is sacred. Thus, deliberate action with the primary intent of ending a life is unacceptable. These debates become even more complex when, in concrete situations, a surrogate is acting on behalf of a person unable to speak for themselves.

Most of the literature on the topic examines the question within a specific context and generally produces an outcome that is difficult to apply elsewhere. The primary aim of this literature is not to offer a set of determinant or sufficient conditions of personhood, but to respond to a specific need in a particular context.

Although helpful, this approach does not really answer the question. What is a person? Is it possible to arrive at a concept that is acceptable to all? Is arriving at such a concept desirable?

Such questions have also long preoccupied the imagination of philosophers. Enlightenment thinkers maintained the roles of the rational and self-aware in defining personhood. In Meditations, Descartes states "I am, I exist, is necessarily true every time I conceive of it."\(^{12}\) Locke maintained that, "A person is a thinking intelligent being, that has reason and reflection, and can consider itself as itself, the same thinking thing, in different times and places; which it does only by that consciousness which is inseparable from thinking, and, as it seems to me, essential to it".\(^{13}\) Kant added to Locke's characterization the role of intelligence in enabling one to act morally. In his words, "[...] every rational being exists as an ends in himself and not merely as a means to be arbitrarily used by this or that will... rational beings are called persons inasmuch as their nature already marks them out as ends in themselves".\(^{14}\) A more contemporary characterization is offered by


Daniel C. Dennett who adopts earlier notions of intelligence and self-awareness and adds the capacity to view others as having intentional mental states, to use language and to be “conscious in some special way” not shared by other animals.\(^\text{15}\)

The history of thought on the human person is long and varied, and generally proffers two models for exploring personhood at the margins of life: physicalism and personalism. Which position one chooses would have important consequences when deliberating such contentious issues as abortion and euthanasia, given that they view marginal human life – namely embryonic, foetal, or that of a patient in a persistent vegetative state – very differently.

Physicalism, originally formulated by Thomas Aquinas, maintains that human beings are structurally constituted to live according to a pattern that is both essential and natural. Aquinas was strongly influenced by Aristotle’s belief that by carefully studying human life we could discover its proper end, its telos. Thus, Aquinas held that life’s natural purpose was to live, reproduce, and to worship God. This notion would form the foundation of his doctrine of Natural Law which, in the Christian tradition, would become an absolute norm. In short this doctrine holds

that God created rational human beings to live in a particular manner, and that the knowledge of "natural" life was available to all honest, rational thinkers and that to follow natural law is a moral imperative. In considering every facet of the human being as partaking of the commonsense pattern as revealed by nature, Traditional Roman Catholic moralists pressed Natural Law to its natural conclusion. An example of this is the Church's stance on human sexuality and reproduction. The natural purpose of the reproductive system is human reproduction; therefore it is sinful to deliberately impede this function. This led to a proscription of sexual activity for purposes other than procreation, use of contraceptives and humanly devised forms of reproduction.\(^\text{16}\)

Personalism focuses on the concrete human being as a feeling, thinking subject who is of highest moral value. Personalism, and its roots, can be understood as a post-Enlightenment development which affirms "self-conscious experience to be the irreducible synoptic key to reality and defines value as of, by, and for persons-in-community. The person is the ontological ultimate, and personality is the fundamental explanatory principle."\(^\text{17}\) In the contemporary


context, personalism is characterized by several traits: a belief in reason, an appreciation for interdisciplinary studies, a commitment to theism, a non-dogmatic view of moral truth, a belief in freedom and a passion for the experience of the individual person. Although radical in their day, these notions have prevailed in the modern consciousness forming part of the contemporary Western intellectual worldview, influencing more contemporary schools of thought such as existentialism, phenomenology, and anti-foundationalism.

Personalism in North America is best understood in light of the English who settled in the New World and their hunger for a new perspective on the human individual. Puritans, the first English settlers to the New World, found themselves in increasing disagreement with the High Anglican Church. The early Puritans, confident in the belief that they were the elect of God, found sustenance in the doctrine of election during their difficult struggles. As the new settlements became more self-sufficient, the Puritan emphasis on divine power and control held little sway over colonists who had grown to cherish the freedoms of frontier life. Preaching of repentance, divine sovereignty and human inability was met with apathy. The Dutch, who would later also settle in the New World, brought with them a new theology which emphasized a focus human free will as opposed to divine sovereignty; and that a belief in Jesus Christ's death was universally
efficacious as opposed to divine predestination of only the elect. This more
democratic theology would later have a significant influence on Methodism and its
strong emphasis on human responsibility. 18

Although philosophically divergent, physicalism and personalism both have
theological foundations. Physicalist thinkers would be critical of a more personalist
view that would define persons in terms of their unique capacities as opposed to
their biological and rational natures. What is valued is not simply humans
displaying rationality, but the substance which possesses this nature. The
parameters marking rational beings are identical to those of humanity itself.
Personalism, on the other hand, values the human person, freedom, rationality
and responsibility. Fundamental to some thinkers is the distinction between
potential persons and actual persons since only actual persons can speak, reason
and judge between right and wrong. Therefore, a human foetus or someone in
advanced dementia are not fully persons.19

18 James W. Walters, What is a Person?: An Ethical Exploration. (Chicago: University of Illinois Press,
1997), 19 - 23.

19 Hartshorne Charles, “Concerning Abortion: An Attempt at a Rational View.” In The Christian
Century 98 (21 Jan. 1981): 42-45, as cited in James W. Walters, What is a Person?: An Ethical
Exploration. (Chicago: University of Illinois Press, 1997), 22. Also available at: http://www.religion-
online.org/showarticle.asp?title=1724.
Methodology

In the following discussion, I examine the prevailing contemporary concepts advanced to define personhood in traditional ethics. What I intend is an examination of what it is to be a person as it applies to the field of clinical ethics and that necessarily requires a framework within which a dialogue can occur. As such, I will also be limiting myself to human persons. I will draw this framework from the writings of Bernard Lonergan.

In a short Christological reflection entitled Christology Today: Methodological Reflections, Bernard Lonergan contemplates the person of Christ and what it means to live a fully human life, while considering whether one can be a man without being fully human. In addressing this, he proposes three aspects or characteristics of the human person: identity, human consciousness and human subjectivity. Lonergan's depiction of what is, in Christian terms, the paradigmatic human person – Jesus of Nazareth – can suitably be used in formulating a context for this study.

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Within this framework, I will juxtapose Lonergan's characteristics with Daniel Dennett's six conditions of personhood which are representative of many contemporary notions: persons are rational, conscious, intentional, reciprocal, verbal, and self-conscious.
Chapter 2

Personhood.

“As humans, we’re both part of nature and part beyond nature – in our human spirit, our longing for transcendence and transformation.”

In our daily lives we have little difficulty in identifying those things which we would designate as persons. Generally, we would allow humans to this category while excluding all other things. We often hear the term ‘person’ being used as though it were synonymous with ‘human’ yet we know this not to be true. Few would argue that a zygote or a corpse are not human. A good case may even be made for the dignity of both in terms of the potentiality and relationality, the person they were, the person they could be, the lives they have touched, or will touch. However, it would be difficult to argue for their personhood, possessing all the rights and responsibilities allowed by God, nature and the law. We also recognise conditions that would exempt some human beings from some very important elements of personhood, i.e., humans with mental defects or who have been

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declared insane. Furthermore, the characteristics of relationality and self-consciousness are also important in determining rights and dignity of emerging human life. As I alluded to earlier, there is a need for an acceptance by the parents and to some extent by society itself. "The foetus is not a child until the decision of the parents anticipates the human form to come and names it as a subject."  

In the contemporary context, human personhood, its beginnings and endings is essentially a legal construct. However, the lived human experience of these events is rarely that simple. A child is not deemed a legal person until it is born, yet the community into which it will be born would treat it as though it were long before the child draws a first breath. Moreover, the story of Janet recounted at the beginning of the preceding chapter, expresses in a radical way the human response of those charged with the care of a person declared dead who is warm and pink, and the living foetus within her. The cognitive dissonance experienced by the caregivers demonstrates the sort of tensions that arise when one discusses the concept of personhood. Janet was officially declared dead, therefore human but no longer a person in the legal sense and the foetus that she was carrying —


human but not yet a person. However, Janet’s caregivers treated her and her unborn child with the respect and dignity consistent with recognizing their intrinsic worth as human persons.

The prevailing concepts advanced to define personhood fall into two opposing schools of thought: the physicalist or the personalist model of human life. The physicalist model holds that the embodied human being, because of their live physical presence, shares in the nature of human-ness and hence possesses the full moral standing of personhood. The personalist model maintains that certain rational and emotional capacities are necessary for an individual to be deemed a person deserving of full moral standing. The model one chooses can have important implications for decisions about such issues as abortion and euthanasia.24

The American philosopher, Daniel Dennett’s conception of personhood is, in my opinion, representative of the more contemporary notions of personhood. He is a noted atheist and secularist, so I thought that it would be an interesting exercise to juxtapose his work with that of Bernard Lonergan. In an article entitled “Conditions of Personhood”, he proffers six conditions for personhood, asserting

that persons are beings that are: rational; to which states of consciousness are attributed or to which intentional predicates are ascribed; have an attitude taken towards or a stance adopted with respect to it; are capable of reciprocating; are capable of verbal communication; and finally, are discernible from other beings by being conscious in some special way.\textsuperscript{25}

In a short paper entitled \textit{Christology Today: Methodological Reflections},\textsuperscript{26} Bernard Lonergan considers what it means for a divine person to live a fully human life while pondering the question – Can one be a man without being a human person? He speaks of the person of Christ as an identity that is eternally is the subject of divine consciousness and in time became the subject of a human consciousness. Under the heading 'Person Today', Lonergan devotes the last five pages of his essay to this very question, which he addresses by proposing five aspects or characteristics of the divine/human person: identity, human consciousness, human subjectivity, divine subjectivity and the compatibility of one identity with two subjectivities. Lonergan's characterization of what is, in Christian terms, the paradigmatic human person in the person of Jesus of Nazareth can

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properly be utilized in creating a useful framework for this study. These characteristics can be treated in two parts: the human encompassing identity, human consciousness, human subjectivity; and the divine comprising divine subjectivity and the compatibility of one identity with two subjectivities. Since the context of this discussion focuses on the human person, questions of divine subjectivity are beyond the purview of my study.

I understand that there are some inherent difficulties in using the term 'necessary conditions of personhood' since it infers an absolute criterion that must be met, but that is not my intention here. What I intend is an examination of what it is to be a person as it applies to the field of clinical ethics and that necessarily requires a framework within which a dialogue can occur. As such, I will also be limiting myself to human persons. I will draw this framework from the writings of Bernard Lonergan.
Fundamental Conditions

For Lonergan, person as a reality emerges from the potential of being human: being a person is primarily a question of human identity, human consciousness and human subjectivity. Although an obvious delineation of these three elements may not be possible, they are distinct components of the same reality. They are interconnected and a clearer understanding can be had insofar as each element builds upon and elucidates the other two.

"Man is an instance of human species; he is one as intelligible unity in an ongoing process; finally, he is one in the same, as identity, as one and nobody else." 27

Human Identity

Identity is a sense of oneness: one in the sense of an instance; one in the sense of intelligible unity; and one in the sense of one in the same; which Lonergan explicates by using the features of human knowing.

There is an evolution of our consciousness which moves from experiencing to understanding to judging to deciding. One experiences the oneness of a datum, of an instance of something, but what that thing is yet to be understood.

Understanding in turn leads to the oneness of an intelligible unity. Next, critical reflection seizes the correlation of that understanding with datum of experience, issuing a judgement which validates the intelligible unity as real, as in fact itself and nothing else. Identity, then, is the concrete existence of an actual individual, distinct from all others.\textsuperscript{28}

\textit{An instance of human species}

To affirm, as Lonergan does, that humans are instances of the same species is to make an empirical statement: a human being is a biologically-defined entity, an organism, possessing a body with specific traits and properties. As biological individuals, we share with all beings in the natural world, be they plant or animal, our most basic needs.

It is interesting to note that Dennett does not treat humanity as a determining element of personhood. Admitting that we recognise most human beings as persons, it is not inconceivable, for Dennett and others, to contemplate the existence of biological entities inhabiting other planets that are not human but persons nonetheless. By extension, we may even envisage, as some do, extending elements of personhood to earthly non-human creatures. He also

\textsuperscript{28} William P. Loewe, "Jesus, the Son of God." In \textit{The Desires of the Human Heart: An Introduction to the Theology of Bernard Lonergan}, Edited by Vernon Gregson. (Ottawa, ON: The Lonergan Website, 2004), 188-189.
reminds us that, as a matter of course, certain humans – human infants, mentally
defective humans or those declared insane, for example – are exempt from some
important elements of personhood. \(^{29}\) Simply put, all persons are not necessarily
human and all humans are not fully persons. In terms of the former, I reiterate that
my interest here focuses solely on human persons. As for the latter, responsibility
and the ability to discern and act ethically is an important element in Dennett's
thinking. To hold a person responsible for an action, that person must be capable
of forming the intent to act. However, I would argue that exempting certain
humans from important elements of personhood because of incapacity – be it
developmental as in the case of an infant or mental defect – is done so to protect
the very personhood we are discussing and ought not to diminish it.

Humans are the types of beings that are capable of perceiving and acting in
the world around them. We possess a stream of creature consciousness, a quality
we share with other sentient beings, which flows in a 'biological pattern' enabling
us to attain biological ends. As sentient beings, we experience the material world,
its sights, sounds, and smells. At this level, our consciousness is of 'already out
there now real'. In this context, 'already' refers to the consciousness that does not
create, but finds its environment fully constituted. 'Out' characterizes this

consciousness as oriented outwards — extroverted — to potential opportunities for satisfying needs. Although the object of this consciousness is distinct from itself, it is not a consciousness of the self. 'There' and 'now' point to the spatial and temporal determinations.

This consciousness is oriented towards biological ends, as well as anticipating means to those ends. Its reality converges in its significance to biological success or failure, pleasure or pain. It is a grasping intelligence; a biological, non-intelligent response to stimuli lacking in intelligent procedure: an elementary, non-conceptual type of knowing established totally on the level of sensory experience of the perceivable world. It is through our bodies that we experience the world. It is also through our bodies that we are individualized.

The body provides us with one element of identity: it allows us to relate to each other and the world around us. Much of who we are is inscribed on our bodies. At the most primal level, species, race and sex are imbued in the womb. It is at this point that we begin to distinguish the human from the non-human animal. Our bodies are circumcised and baptised, dressed and decorated, pierced and tattooed, allowing us to affirm, declare, integrate and differentiate the self and the

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other. They tell our story, our narrative. Not only do our bodies speak of where we come from in terms of the natural world, but also of who we are, who we see ourselves to be, and as whom we present ourselves to the world.

Furthermore, there can only be one person for each body. Aristotle argued that although the soul might have different parts and different functions that these parts perform, there is only one body that can be moved.\textsuperscript{31} Therefore, given that there is only one body that can be set in motion, there is one agent that can act. In order for one to be a person at any given time, one must be an embodied 'instance of human species'.

\textit{Intelligible unity}

Lonergan's second element is "one as intelligible unity in an ongoing process." There are two parts to this component: one as intelligible unity, and the other as an ongoing process.

Substantially, all organisms, be they plant, animal or human, possess an individual existing unity – one in the same intelligible unity which can be grasped intelligently and affirmed reasonably. Lonergan uses the example of the moon's many phases to illustrate this point. The moon's appearance changes nightly as it

\textsuperscript{31} Aristotle, \textit{de Anima} Book III Ch. 9-10.
goes through its phases, although there is but one moon. The human substance is unchanging. A human being is a human being at any age, whether awake or asleep, “sane or crazy, sober or drunk, a genius or a moron, a saint or a sinner”. These differences are accidental to the substance. “But they are not accidental to the subject, for the subject is not an abstraction; he is a concrete reality, all of him, a being in the luminousness of being.”  

A person is a being in process and, accordingly, its existence lies in development. Lonergan speaks of an ongoing process: “the same individual, existing unity developing organically, psychically and intellectually”. This development is a dynamic structure that advances over time. In Lockean terms, “[...] a participation of the same continued life, by constantly fleeting particles of Matter, in succession vitally united to the same organized Body”.

John Locke, in ‘An Essay Concerning Human Understanding’, also discusses the concept of sameness over time stating that, in living organisms, a


later being is identical to an earlier one if and only if it "partakes in the same life". Hence, my dog Monty today is identical to the dog he was a decade ago if and only if this later Monty is physically continuous with the earlier Monty and has remained the same dog throughout having the same functional organization and internal processes. The same applies to all living organisms. Therefore, a human being is identical to an earlier one if and only if the latter is physically continuous with the former, and has remained human throughout. The same physical object may satisfy different conditions of identity over time – an organism may still be made of the same material but cease to be the same organism if it dies, for example. Although it is still made of the same material, it is no longer the same organism since its functional organizational and internal processes are no longer vitally connected.

_ One in the same, as identity, as one and nobody else_

This third element presupposes the intelligible unity discussed above but adds the notion of identity. A being is a person at any given moment if that being is conscious of itself as itself. And what makes a later person identical to an earlier person is that they are subjects in time – having the same consciousness or the same self-conscious memories of the earlier person. Consciousness and

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intentional acts continuously shift making the present moment move out of the past
and into the future. The person, as an intending subject, is linked to the past
through memory and to the future through anticipation. We are, therefore,
products of our pasts which form the foundation of the person we will become. 36

There is an important distinction that Lonergan makes. By differentiating
human identity from personal identity, Lonergan distinguishes human species from
human consciousness – substance and subject.37 The former has to do with
bodies and substances partaking in the same life and persisting over time, while
the latter has to do with consciousness and awareness of one’s self over time.
Both are essential to personal identity in the moral sense, given that persons are
things about which we make moral judgements. Human beings that can be held
responsible for their actions must necessarily be the types of beings that are able
to perform actions. They must have some motor abilities. They must also possess
the ability to perceive, and it is in virtue of these perceptions and produced actions
that they are persons. Therefore, being that substance and subject are essential

37 —. "Existenz and Aggiornamento." In Introducing the Thought of Bernard Lonergan:Three Papers
from 'Collection" with an Introduction by Philip McShane. (London: Darton, Longman & Todd Ltd,
1973), 35-36.
elements, in order for one to be a person at any given time, they must be embodied a person – a unified person.

*Human Consciousness*

A person’s sensitive, intellectual, rational and moral operations have two separate but related characteristics; intentionality and consciousness. They are intentional in that they make objects present to the subject – ‘of a spectacle to the spectator’. Consciousness, on the other hand, makes the subject present to itself not as object but as spectator and subject. The distinction between object and subject is not innate in infants. In the adult consciousness, subject and object are distinct. However, in the nascent consciousness of the newborn the process of individuation is one of development from a life centred on the ego to a life centred on the self – from a consciousness of an ‘already out there now real’ to one of the self as distinct from that out there reality.³⁸

Daniel Dennett also considers intentionality and consciousness as elements of personhood. As a criterion of personhood, he maintains that a person must be an intentional system, which he defines as:

"[...] a system whose behaviour can be (at least sometimes) explained and predicted by relying on ascriptions to the system of beliefs and desires (and other intentionally characterized features – what I will call intentions here, meaning to include hopes, fears, intentions, perceptions, expectations, etc."

For something to be considered an intentional system, it must meet three conditions. The subject must be rational, must be a being to which intentional predicates are attributed, and they must be ones towards which you can adopt the intentional stance. These themes are mutually interdependent; being rational is being intentional is being the object of a certain stance.

The first and most obvious theme is that for a being to be an intentional system, that being must be rational. Simply stated, rational beings are the types of beings that are able to learn from past experience, and are able to perform

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complex tasks using this acquired knowledge. Kant and Rawls also maintain that humans are persons by virtue of their rationality.

Kant allows rationality in his characterization of the person for its role in enabling one to act morally. In his words, "[...] every rational being exists as an end in himself and not merely as a means to be arbitrarily used by this or that will [...] rational beings are called persons inasmuch as their nature already marks them out as ends in themselves."\(^41\) He grounds both personhood and his ethical theory in the rationality of humans. By being rational agents, we recognize the fact that we must act in accordance with the categorical imperative. John Rawls grounds personhood in rationality as well, and believes that it is this rationality that leads a person to recognize the principles of justice.\(^42\)

Next, the being must have intentional or psychological predicates ascribed to them - they are beings to whom you can attribute consciousness. This condition is linked to the next, since to make such attributions requires one to take an intentional stance.


Finally, in order to be considered an intentional system, one must be the type of being towards which we can adopt the intentional stance. One can explain this system’s behaviour by appealing to this system’s intentional states: acts, beliefs, goals, desires, thoughts and knowledge. If adopting the intentional stance towards a system proves to be useful in predicting its behaviour, then it is an intentional system.

“One predicts behaviour in such a case by ascribing to the system the possession of certain information and by supposing it to be directed by certain goals, and then by working out the most reasonable or appropriate action on the basis of these ascriptions and suppositions.”

Dennett distinguishes between intentional systems by offering the notion of a second-order intentional system which he defines as, “one to which we ascribe not only simple beliefs, desires, and other intentions, but beliefs, desires and other intentions about beliefs, desires and other intentions”. An example of this would be that Jack – a second-order intentional system – believes that Jill desires to go up the hill and fetch a pail of water. Or in the reflexive as in the case of Jill – a


second-order intentional system – who believes that she, herself, desires to go up the hill and fetch a pail of water. The latter infers self-consciousness, which we will discuss later.

At this point I would like to state that one need not necessarily agree with Dennett’s ‘attributivism’ about intentional states to find merit in his ideas, nor am I saying that we do not have intentional states. Rather, that both this ability to make such attributions and the fact that these attributions, predispositions or habits, and the actions that flow from them can reasonably be applied to persons making us the kind of beings that hold ourselves and others responsible for actions. In this context, having intentional states is a necessary condition for being a person.

However, Dennett’s stance does not require that the intentional systems actually have these intentional states. It simply holds that it would be reasonable to attribute certain states – that is beliefs, goals, and desires – to them when predicting behaviour and making moral judgments. I would also question the value of intentional states in predicting behaviour. “Whatever else a person might be – embodied mind or soul, self-conscious moral agent, ‘emergent’ form of intelligence – he is an intentional system, and whatever follows just from being an intentional
system thus is true of a person. However, I will concede that human beings do have intentional states. It is the acknowledgement of these intentional states that allow us to hold ourselves and others responsible as autonomous beings.

Lonergan writes:

"[...] it appears that deeds, discoveries, affect the subject more deeply than they affect the object with which they are concerned. They accumulate as dispositions and habits of the subject; they determine him; they make him what he is and what he is to be." Arguably, dispositions and habits, or intentional states can have a predictive or determinant element to them; however the human subject is a being becoming – a 'free and responsible self-constituting subject' that acts within his world, his socio-cultural context; and as the subject develops and grows through experience and understanding, so does his world. This is a dynamic process that, in my opinion, challenges Dennett's brand of predictability.

For beings to be persons, they must be capable of reciprocating in some way: to be a person is to treat others as persons. This is related to the previous

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point since for persons to be able to make such attributions, they need to have intentional states and must be able to attribute intentional states to others. In other words, one is not a person unless he recognizes others as persons as well. Persons are relational creatures. They enter into interpersonal relationships and develop in interaction with the humanly constructed world which they inhabit.

Dennett's next condition relates to the previous: the ability to communicate verbally. This condition excludes all non-human animals from full personhood and the attendant moral responsibility. According to Dennett, in order for one to be a moral agent one must be able to communicate, and this is implicit in all social contract theories. Again, this relates to the ability to assume or attribute an intentional stance. To attribute a notion, for example, to someone else, one must be able to represent this notion and to recognize it in another. Language is, at its very essence, a vehicle of communication – a conveyance of meaning. This requires a sophisticated conceptual framework which presupposes linguistic abilities. However, verbal communication is but one way of transmitting meaning. Symbols, be they in art or in the lives and actions of persons, are also means of expression.

The preceding two conditions, the ability to reciprocate and communicate, advert to Lonergan's notion of intersubjectivity - the immediacy of being with others and more specifically, to the intersubjective communication of meaning which is the embodiment of human intersubjectivity. I will return to this point in the section on human intersubjectivity in the next chapter.
This brings us to Dennett’s final condition: persons are conscious in some special way, they have self-awareness. Consciousness is implied throughout his conditions, if one were to treat them holistically rather than individually. The first three are interdependent: being rational is being intentional is being the object of a certain stance. These three together, which form an intentional system, are an essential but inadequate condition for exhibiting the form of reciprocity that is in turn an essential but inadequate condition for having the capacity for verbal communication, which is the essential condition for having a special sort of self-consciousness which is a necessary condition of personhood. In other words, they are emergent – each theme buttresses the next and completes the whole. It is the capacity for reflexive attribution or awareness which distinguishes persons from other living creatures. If a being can make itself the object of its own thinking, then that being is a person.

Lonergan’s cognitive operations provide valuable insight into his notion of consciousness. To be conscious is to be conscious of something—to intend an object. By seeing, there becomes present that which is seen, by hearing that which is heard, by imaging that which is imagined. There is also a distinction drawn

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between act and content, between seeing and colour, hearing and sound, and so on.

Furthermore, consciousness is a cognitional process which affirms not only a procession of content, but also a procession of acts which grows out of the experience of the subject being aware that it is conscious of an object. It is the experience of the relationship between ourselves as conscious and the object of which we are conscious. In terms of the operations, "the subject is aware of himself operating, present to himself operating, experiencing himself operating".  

Lonergan emphasized the distinction between the self-presence of the subject as subject and the intentional presence of subject as object, marking them as distinct yet inseparable aspects of consciousness. Self-presence differs from reflective or objective self-knowledge in that it is a matter of experience and not of understanding and/or judgement: self-presence precedes self-knowledge. The subject is present to itself in the act of gazing, hearing, imagining and understanding. The subject as object, however, is present in being gazed upon,

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heard, imagined or understood. In short, the subject is conscious of itself doing, it is self-conscious.

Human consciousness is also 'polymorphic', flowing in patterns which may be biological, aesthetic, artistic, dramatic, practical, intellectual or mystical. These patterns oscillate and are often in tension with each other; they converge and conflict, they can obstruct and assist; lose their way, break down and succeed.  


text continues

Human Subjectivity

"Substance prescinds from the difference between the opaque being that is merely substance and the luminous being that is conscious. Subject is the luminous being."  

Lonergan distinguishes the human subject from human subjectivity. The term "subject" denotes the identity we discussed earlier, that is a person is: one as

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an instance of the human species; one as an intelligible unity in an ongoing process; and one as one in the same, as oneself and nobody else. To paraphrase Lonergan, the subject is the emergent, luminous being that is conscious. Each is a distinct being which mediates its world by meaning in a process of self-realization through self-transcendence. Furthermore, a world mediated by meaning is not simply reality, but reality as known where the knowing is in continuous process. Given that a person’s self-realization is by self-transcendence and without difference there is no self-transcendence, then without identity it is not one’s self that is realized but that of another.\(^53\)

Human subjectivity, on the other hand, is the intelligible unity in the multi-manifold of the conscious events of a lifetime. It denotes “the intelligible that already is teleologically what it eventually is to become”.\(^54\) Authentic human subjectivity refers to a subject’s attentiveness to oneself experiencing one’s world; endeavouring to understand it; reflecting on that understanding; deliberating in

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\(^{52}\) Dennett does not explicitly discuss the notion of human subjectivity, although it is implied when he considers self-awareness and reflexive attribution. Therefore, for this section, I will rely solely on Lonergan.


search of, and judging, the truth; and acting responsibly in accordance with the truth that is affirmed.

Notice that the world of one’s experience is not ‘the world’, but rather ‘one’s world’. The world is that which is there to be known, but is unaffected by its being known. The subject’s world, however, is correlative to the subject: it is the ever expanding, always deepening world of experience – the world that the human person actually lives in and develops.

As the being of the subject is becoming, so is his world. From the world of immediacy, an infantile world of immediate experience which is unencumbered by insight, reflection or deliberation; to one mediated by meaning, known when the experiencing is amplified by understanding and judging; to finally a world constituted by meaning, the world of language, art and action. The world of human intersubjectivity.

Chapter 3

Human Intersubjectivity

"As man's being is being-in-the-world, his self-understanding is not only of himself but also of his world." 56

Human persons do not exist as individuals in isolation, or even as collectives of individuals, but are formed within socio-cultural contexts. The themes that Dennett presents as constituting a person: an intentional system which is rationality, intentional, intended, reciprocating, verbal and self-conscious; and those which Lonergan proffers: human identity, human consciousness and human subjectivity, have one important notion in common. The concept of intersubjectivity – the immediacy of being with others. It is at the heart of human existence and serves to connect persons to each other and to their worlds. Intersubjectivity or inter-relatedness takes on several forms: pre-intentional to intentional, emotional to cognitive. 57

We possess the capacity of intentional communication of meaning through language, symbols, art and action. Intersubjectivity also exists prior to this


capacity. There is a form of reciprocal human interaction that precedes self-consciousness: an intersubjectivity that is vital, atavistic or spontaneous, rather than deliberate or intentional. It is a 'we' that precedes the 'I' of the differentiated subject. A common consciousness of human beings as beings, it is the undifferentiated collective, pre-intentional consciousness which becomes apparent in spontaneous acts. Just as one reaches out when falling in the hope of breaking the fall, so does one reach out to save someone else from falling. The help given another is not a deliberate act, but rather a reflexive, intuitive, spontaneous act which is immediate and unpremeditated. "It is as if 'we' were members of one another prior to our distinctions of each from the others." 58

Another intersubjectivity that Lonergan points to is that of feelings and their communication. It is divided into four categories: community of feeling, fellow-feeling, psychic contagion, and emotional identification. The former two are intentional responses that advert to the object that arouse the feelings. Community of feeling points to two or more persons reacting in the like fashion to the same object, whereas with fellow-feeling a second person responds to the first person's reaction to the object. For example, community of feeling is observed in a family

grieving the passing of a loved one, while fellow-feeling would be the reaction to the grief felt by an outsider.

Psychic contagion and emotional identification, on the other hand, are spontaneous, vital responses. The former denotes a sharing of another's emotions without associating it directly to the object, as in the way that laughter is contagious even if one hasn't heard the joke or when one shares in the sadness of another without knowing the cause of their sorrow. The latter is apparent in the emotional identity of a mother and an infant where differentiation is either underdeveloped, as is the case of the infant, or retreated from, as it is with the mother. Here we experience a retreat from personal differentiation and a suspension of individuality, to vital unity and a single stream of instinct and feeling.59

Spontaneous intersubjectivity in all its forms is experienced in the bodily presence of another where we encounter the incarnate spirit of the other. That incarnate spirit is revealed and communicated in every motion of the eyes or the lips, the voice and its tone, arm movements, stance and facial expressions. "Such revelation is not an object to be apprehended. Rather it works immediately upon my subjectivity, to make me share the other's seriousness or vivacity, ease or

embarrassment, joy or sorrow, and similarly my response affects his subjectivity, leads him on to say more, or quietly or imperceptibly rebuffs him, holds him off, closes the door."  

Although Dennett does not overtly consider intersubjectivity as one of his conditions, he does make strong allusions to it when he attributes themes such as being an intentional system, reciprocal and communicative, to the person. The capacity to: intend another, to attribute intentional states, goals and desires to another; to be intended in the same fashion; to reciprocate or to enter into interpersonal relationships with another; or to communicate or to convey meaning to another; necessarily requires that one engage another – intersubjectivity. In order to engage the other one must transcend the self. The implication here is that Dennett would have to at least consider Lonergan’s notion that the person is a being that is self-transcendent. Furthermore, the attribution of particular intentional states to, communication with and reciprocity for a particular individual at a particular moment, speaks to Lonergan’s ideas around identity as being sense of oneness in time and space. This reciprocal or mutual identification of the other would support Lonergan’s assertion that identity is the concrete existence of an

actual individual, distinct from all others. Identity is contingent on the other, or in other words, without the other, there is no identity.

A person's self realization is achieved in self-transcendence: at the summit of authentic human experience is an intersubjectivity, an interrelation, a dialogue, a communion of spirit with others – with the ultimate Other. In community, we find ourselves not simply as members of a family, church, community or nation of our world, but also of a world, which at once incorporates and transcends race, religion and nation.

In the previous chapter, I referred to Jesus of Nazareth as the paradigmatic person. Jesus was human. A first-century Jew, he was born into a tradition, a race and a nation. He inherited a language and a religion. He was raised in a family and worked as a craftsman. Jesus attended synagogue and went to the Temple, where he prayed and participated in religious services. He joined in wedding celebrations and paid taxes. He mixed with rich and poor, clean and unclean, merchant, trader and fisherman. He sweated, hungered and thirsted. He experienced suffering and joy, friendship and animosity, loss and victory.

Jesus of Nazareth was there as a human person, that was the land and the people he knew. That was his world, his place and time. It is where he shared his friendship, his healing presence, and preached his message of the Father's Kingdom to come. Through the example of his earthly life, Jesus invited those he touched to be fully and authentically human through self-realization and self-transcendence.
The Trinity

The doctrine of the Trinity provides a theological foundation for the appreciation of an essential insight into the human person as a reflection of God. "To say that the human person is the image of God is first a theological statement before it is an anthropological one." In Genesis, the creation story tells us that we are created in the image of God, thus affirming the sacredness or dignity of the person. As a theological statement, this reveals something about our relationship with God, and what it means to be human. It tells us that since the human person will always remain God's image and enjoy a sacred dignity, we cannot be fully understood apart from God. This relationship, prior to any other, is nourished by the Divine's faithfulness and love. As an anthropological statement, *Imago Dei* declares that we all partake in a common human condition which has a common *telos* - God. Human dignity is independent of any human achievement or capacity, but is sustained by and flows freely from Divine love.

The doctrine of the Trinity is an intricate elucidation of the most fundamental Christian metaphor for God as represented in the Gospels and in Paul's epistles.

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62 In this section, I rely heavily on: Michael J. Himes and Kenneth R. Himes. *Fullness of Faith: The Public Significance of Theology.* (Mahwah, NJ: Paulist Press, 1993), 56-61; and Richard M.Gula,
God is agape, the pure self gift that is the “mystery which grounds and surrounds all existence”. This idea forms the foundation of the synoptic gospels’ linking the commandments to love God and to love the neighbour as being equal. In fact, we are charged to: “Love one another; just as I have loved you, you also must love one another” (Jn. 3:34).

The nature of divine agape is necessarily free and unconditioned. As pure self gift, God must eternally be the giver, receiver and gift. “‘God’ is the name of the relationship of an endless perfect mutual self gift: in our traditional imagery, the Father gives himself totally to the Son, the Son gives himself totally to the Father, and the Spirit, proceeding from both, is the bond of that pure agapic love.” God is the fullest expression of relatedness. The imperatives to be perfect as God is perfect, and to love one another as God loves us, indicate that being and loving are one and the same. To be, is to be in a matrix of relationships whose elements are spatially and temporally co-terminous with the universe. Being is to be somewhere at sometime. As Lonergan would put it, being is being in the world. To deny this relatedness is to flirt with non-being.

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The doctrine of the Trinity makes an important contribution to the notion of personhood. In speaking of the Trinity, Augustine used the Latin *persona* which he characterized as a person existing not as directed to self, but rather as directed to other. Aquinas taught that the term ‘person’ applies pre-eminently to God because relation is the divine essence. Implied in this is that no one exists alone, but rather in relationship with others. Being is relatedness: the individual and the community co-exist. “Humanity and relatedness are proportional so that the deeper one’s participation is, the more human one becomes.”

As we have already discussed, Lonergan’s notion of what constitutes the human person is an individual possessing: a human identity, which he characterizes as a unique instance of human species that is an intelligible unity in an ongoing process; human consciousness, and human subjectivity. A portrayal of Louis Janssens’ notion is:

“... that the human person is adequately considered when taken as an historical subject in corporeality who stands in relation to the world, to other person, to social

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structures, and to God, and who is a unique originality within the context of being fundamentally equal with other persons." 65

Furthermore, the person is concurrently and continuously – "always and at the same time" – each and every one of these dimensions acting together to form the unity which is the integral human person. Therefore, collectively these dimensions compose an integral, unified, and adequately considered person, and share in the creation of the human person as the image of God.

Jansenns largely agrees with Lonergan. As with Lonergan's components of personhood, Jansenns' are distinct and interconnected dimensions of the same reality. They are non-hierarchical: each component builds upon, and is elucidated by, the others. Jansenns' person is a unique, embodied and historical subject who exists in relationship with the other, the world, and with God.

Relationality, be it personal, spatial or temporal is at the very essence of the human person. In theological terms, this intrinsic value flows from the notion of Trinity and maintains that human beings are created in God's image; and since the very essence of God is relationship, then relationality is the very essence of the person. Human existence is not prior to relationship, but rather is born of it. As

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such, from the very beginning to be a human person is to be oriented toward the other. It is to be inherently communal, social, political, and inter-dependent. The human person is driven by a capacity for relationship, an innate need to engage the other, to love and to be loved. The ‘I’ does not exist without the ‘you’ or the intersubjective ‘we’.

The fundamental originality and uniqueness of, and equality among human persons, help us to understand the moral obligations which inform our common humanity. It speaks not only to the equality of persons, but also to the diversity among persons. It also tells us that as humans in the Trinitarian vision, each one of us is a unique reflection of the image of God. The expression of that gift is manifested in the dynamic movement towards living in full community with others. Our shared existence brings with it shared responsibility, and our interdependence leads to an awareness of justice. “Our pursuit of individual ends can be justified only to the extent that we respect the patterns of interdependence which make up our relational selves.”  

For that reason, our moral choices ought to promote true community as a value, and demonstrate the type of self-giving which maintains it.

The Clinical Implications

Scientific and technological advances in the medical field have served the good of life. This claim is statistically supported by the decline in infant mortality rates, the increase in life expectancy and in the control and eradication of many diseases which would once have been fatal. Today, medical science affords us a considerable control over life and death that was unimaginable a few decades ago. Conversely, these same advances have presented us with new dilemmas that would have been inconceivable then. Advances in the study of genetics make it possible to test and diagnose a foetus with a genetic defect, giving rise to the possibility of our deciding whether it should be born. Life-sustaining technology allows us to maintain vital bodily functions by mechanical means for progressively longer periods of time. New abilities compel us to pose new questions. Should we make great effort to preserve and protect the life of a newborn infant who suffers from physical or cognitive deficiencies, or that of someone who is terminally ill simply because we can? In effect, we are now forced to choose who should live and who should die, virtually determining which lives are worth saving and which are not. Medical science and new technologies may have radically changed the way the healing arts are practiced. However, the human will to health and happiness remains the same.

The particularly pressing problems of clinical ethics today are not merely technological or scientific, but also relational. Science and technology do play an important role in health care and do present complex and difficult challenges.
However, at their very core, these are the challenges of vulnerable persons in need and the persons that care for them. The challenge is in how to respond to an ever-changing world that respects the person and her humanity. The problems of birth and death, illness and injury are not just events that doctors attend to, but rather experiences in every person's life to which medical professionals bear witness. The doctor as an expert makes decisions with the hope of benefitting the patient, a human person coming to her birth, his death or seeking release from illness and injury.

Ethics, Lonergan reminds us, is knowing and doing the good: a knowing and doing which flows from being attentive to the data of experience; being intelligent in our drive to understand that which is experienced; being reasonable in judging the truth of what is understood; being responsible in deciding what ought to be done. Thus, a doctor in deliberating what is in the best interest of the patient, is attentive to the patient as one person to another. He endeavours to understand the meaning of the human life at whose beginning and end he is present, as he reflects on the treatment and acts in attending to its distress. He does not simply diagnose and treat disease, he heals persons.

Clinical ethics not only deals with medical problems, but also addresses the vital and moral human challenges of birth, life, suffering and death. It speaks to the universal human condition at its most vulnerable, and more so during the moments when our continued bodily existence is brought into question – when we encounter, face-to-face, our own mortality. In this wider context, the relationship
between patient as person and doctor as person is one which encompasses all who have had, or will have to deal with death and disease. Medical ethics, then, is consonant with the ethics of a wider human community. And as such, the ethical imperatives governing the relationship between doctor and patient are the same as those that govern any relationship between persons.  

Earlier in this study, we have established that human intersubjectivity is experienced in relation to the other, and within that relationship is the locus of our encounter with the embodied spirit. It is also there that we encounter the undifferentiated collective consciousness: the collective 'we' that precedes the individual 'I'. This collective 'we' is evident in the pre-cognitive, spontaneous intersubjectivity that the human person experiences, and out of which all intersubjectivities flow. It forms the foundation of all human relationships and is where the practice of medicine and its ethic can find direction.

There is no criterion or condition of personhood that is useful in determining what a person is without personal engagement. This adverts to a unique quality of our humanity, which is the ability to recognize and to know each other in a way that other creatures do not. We are essentially directed toward the other, and in our

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encounter with the other we encounter the embodied soul – the incarnate spirit – of the other.

This is true of all personal encounters and especially important when we are in the presence of the most vulnerable among us. For clinical ethics, this notion has far-reaching implications. The case of Janet that was recounted at the beginning of this study aptly demonstrates many of the complexities of the end of life decision-making process we might encounter. Apparently, Janet's capacity for relationship is irreversibly lost, therefore we can say that she no longer participates in, or enjoys human life in a personal way. However, she is pregnant at the time of her death, and for the next eight weeks her essential bodily functions were maintained so that her child could be born. Janet became a mother two months after being declared legally dead.

For her caregivers, the challenge of caring for Janet must have been significant. However, the humanity with which she was cared for points to the fundamental power of the human encounter with the embodied spirit of the other. Stuart Youngner speaks of the cognitive dissonance experienced by Janet's caregivers. Intellectually, they knew that Janet was deceased, but at a deeper level they felt she was alive: some even sensed the presence of a soul in her body. Janet was loved and cared for. Those around her spoke to her, dressed her and bathed her. Her family watched the living body of a dead girl nurture, grow, and issue forth a healthy baby. Janet's spirit was revealed in the miracle of birth. This
revelation 'is not an object to be apprehended', Lonergan tells us, but rather acts on our subjectivity.

As I stated earlier, the summit of authentic human experience is an intersubjectivity – a communion of spirit with the other. Although Janet was no longer capable of intentionally engaging the world around her for the last few weeks of her life, the world around her continued to engage her in her life-giving endeavour. This encounter is not unlike that of a mother and her unborn child. It may seem to be unreciprocated, but it is not. The mother cares for her unborn child, and the child responds by flourishing inside her. Janet had stated that should anything happen to her, she wanted the baby’s life spared. Janet continued to express that wish for the eight weeks that her body nourished the baby which flourished inside her. This elicited a response that I can only describe as a vital intersubjectivity which flows out of the common consciousness of human beings as beings.

During earlier discussion of this case, I asked, “What was Janet’s ethical and legal status? What was the foetus’ standing?” Brain death is a legal construct; therefore Janet was dead in the eyes of the law. Legally, she was no longer a person. However, through her bodily presence Janet continued to relate to those around her until she gave birth. At that moment she became a mother, her mother became a grandmother, and so on. The lives that she touched have been forever changed.
The law does not recognize the foetus as a person, but long before it was born those who would make up its matrix of relationships had already begun to define their relatedness. The early stages in creating the identity of a person within and as part of its emergent world are set in motion. As with Janet, when this baby came into being it changed the lives of those around it. Even though the legal personhood of Janet and her baby depended on their medical and legal condition, moral and ethical personhood is conferred by their relationality – their being.

The most vulnerable among us are those who cannot communicate in conventional ways. Those persons who are unable to convey their wants and needs – the infants, the cognitively impaired, the physically or mentally compromised, and the comatose. As with all persons, they are part of the collective ‘we’ which underpins all human interaction. We have the capacity to interact or enter into relationship regardless of how compromised or minimal a person’s consciousness appears to be.

Meaning is conveyed in the smallest touch, gaze, expression or sound. Volumes can be spoken to those who would take the time to connect, to relate and to engage. When we are attentive to the other, we allow ourselves to experience the other experiencing their condition, to arrive at a better understanding of that experience. It allows us to connect to the angst and the pain that the other is feeling in the hope of alleviating some of their suffering. That same connection that causes one to spontaneously reach out to prevent the fall of another can convey empathy, hope, and compassion. It can reassure and relieve.
Technology has well served the good of health, but not without challenges. Persons are created to be in relationships that nurture and define them. However, the direct human connection between physician and patient is slowly giving way to machines and monitors. Increasingly, technology mediates that connection, thereby further alienating the patient from the caregivers. One need only visit an emergency room or intensive care unit at a local hospital to witness this. The space around many patients is filled with equipment, and the care providers can often be seen entering that space, engaging the machinery and leaving without taking a moment to connect with the patient. The resultant physical and emotional distance isolates the patient.
Conclusion

"The sick person, however, does not exist in isolation: he or she is shaped by social, familial, religious or other kind of encompassing environment. If we want to respect someone's best interests, we have to consider the person in an integral way. This means we have to take a global approach." 68

One of the major differences that is apparent when comparing Dennett's fundamental conditions of personhood to Lonergan's characterization is in the language used. Dennett's fundamental conditions point to a list of criteria that are based on capacity. Dennett's conditions of personhood would have us believe that all persons are not necessarily human and all humans are not fully persons. I would argue that, as beings born in the image of God, we are relational human persons by our very creation. Responsibility and the ability to discern and act ethically is a central factor in Dennett's assessment and may be useful in legal matters. To hold persons responsible for their actions, they must be capable of forming the intent to act. In the clinical setting, certain persons are deemed incapable of making certain decisions with regard to their treatment, thus exempting them from an important element of personhood – autonomy and the

exercise of their free-will - because of a developmental or mental defect or incapacity. This is done to protect and enhance their personhood, and not to diminish it. However, the logical conclusion of Dennett's conditional model, based on capacities, is that it necessarily excludes certain persons from important elements of personhood. It effectively renders some among us less-than-persons. It is an approach which holds that a being is a person because they have certain capabilities devoid of any sense of personhood as an intrinsic value, independent of capabilities.

As recently as the twentieth century, we have seen abuses of similar capacity-based models that were used to justify involuntary sterilization of persons diagnosed as mentally deficient as part of eugenics programs. In Canada, between 1928 and 1972, citizens who were deemed to be "in danger of transmitting mental deficiency to their children, or incapable of intelligent parenthood" were sterilized by order of the Alberta Eugenics Board. Sixty-four persons received the same treatment in British Columbia. By 1960, more than 60,000 persons said to be either mentally retarded or mentally ill were sterilized for eugenic purposes in thirty U.S. states. Britain, Germany and other European nations adopted similar policies. This is one chapter in a chronicle of human fallibility, of societies which would resort to extreme measures in support of
extreme theories, with the conviction that they were justified. In the twenty-first century, the next chapter is being written as we realize the potential of new genetic technologies.\textsuperscript{69}

I am not asserting that eugenics of this type is likely to occur in our day. However, with the potential that genetics holds for the future, and the notion that a person need not necessarily be human, there is cause for concern. Simply put, a capacity-based model fails to adequately consider or fully define the person.

Lonergan approaches the subject from a different perspective. He speaks of persons as possessing certain attributes - human identity, human consciousness and human subjectivity. It is not because we possess certain capabilities that we are persons, rather we are persons who possess certain attributes. He also tells us that there exists a reciprocal human interaction or intersubjectivity that is vital, innate, or pre-intentional. He speaks of a person as a being becoming. A human being engaged in a dynamic process that is self-constituting and creative.

Relationality, and not rationality, is at the centre of our created reality and the essence of personhood. The patient, like all others, is a person being in the

\textsuperscript{69} Deborah C. Park and John P. Radford. "From the Case Files: Reconstructing a History of Involuntary Sterilization." \textit{Disability & Society} 13, no. 3 (June, 1998), 317-319.
world. Just as a person *is* in the natural or biological sense, a person *is* in the social or political sense. In order to consider the person in an integral way, one must acknowledge a matrix of relationships and narratives, be they personal, spatial or temporal that is at the very essence of the person's being. To deny this relatedness is to deny that person's very being.

In the clinical setting, the health-care providers are duty-bound to act in the best interest of the sick and vulnerable persons in their charge. Admittedly, it is not always easy to discern what the best interest of a particular person, in a particular situation, is. However, by adequately considering the dimensions of the person as a relational, embodied and historical being, we minimize the risk of dehumanizing the sick and vulnerable among us.

It has also served to distance the patient from the traditional personal connection to the health-care system. The effect is a depersonalization of the system and the persons whom it serves. The notion of patient-as-person is not a new one, but in today's world of market-driven healthcare, with all the stresses and strains that limited resources place on the systems that support it, the challenge is to turn the notion into a reality. A good place to start might be if within a supercharged system, we were to take a moment to be attentive to the experience of the bodily presence of another where we encounter the incarnate spirit of the other.
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