Introduction: Care and Self-Care

In contemporary societies the most widespread mode of work is care work. The securing of human lives is regarded by our civilization as its supreme goal. Foucault was right when he described modern states as biopolitical. Their main function is to take care of the physical well- being of their populations. In this sense, medicine has taken the place of religion, and the hospital has replaced the Church. The body rather than the soul is the privileged object of institutionalized care: 'health replaced salvation'.[1] Physicians assumed the role of priests because they are supposed to know our bodies better than we do – much as the priests claimed to know our souls better than we did. However, the care of human bodies goes far beyond medicine in the narrow sense of this word. State institutions do not only care for our bodies as such, but also for the housing, food and other factors that are relevant for keeping our bodies healthy – for example, public and private transportation systems take care of the passengers' bodies being deliv- ered to their destinations undamaged, while the ecological industry takes care of the environment to make it more fitted for human health. Religion cared not only for the life of the soul in this world but also for its fate after it had left its body. The same can be said about contemporary, secularized institutions of care. Our culture is perma- nently producing extensions of our material bodies: photographs, documents, videos, copies of our letters and emails and other arte- facts. And we participate in this process by producing books, artworks, films, websites and Instagram accounts. All these objects and docu- ments are kept for some time after our death. That means that, instead of a spiritual after-life for our souls, our care institutions are securing the material after-life of our bodies. We take care of cemeteries, muse- ums, libraries, historical archives, public monuments and places of

1 Michel Foucault, *The Birth of the Clinic*, London: Routledge, 1973, p.198.

historical significance. We preserve cultural identity, historical memory and traditional urban spaces and ways of life. Every individual is included in this system of extended care. Our extended bodies can be called ‘symbolic bodies’. They are symbolic not because they are somehow ‘immaterial’ but because they allow us to inscribe our physical bodies into the system of care. Similarly, the Church could not care for an individual soul before its body was baptized and named.

Indeed, protection of our living bodies is mediated by our symbolic bodies. Thus, when we go to a physician, we have to present a passport or other identity papers. These papers describe our bodies and their history: male or female, place and date of birth, colour of hair and eyes, biometric photographs. Beyond that we must indicate our postal address, phone number and email address. We must also present our health insurance card or arrange to pay privately. That presupposes that we can prove that we have a bank account, a profes- sion and workplace, or a pension or some other relevant social bene- fits. Not accidentally, when we go to see a physician, they start by asking us to fill out a huge mass of different documents, including a history of our previous illnesses, and sign our consent to eventual disclosure of our private data and waivers concerning all the conse- quences of our treatment. The doctor examines all this documenta- tion before examining our bodies. In many cases, physicians do not examine our physical bodies at all – the examination of documenta- tion seems to be sufficient. That demonstrates that the care of our physical bodies and their health is integrated into a much bigger system of surveillance and care that controls our symbolic bodies. And one suspects that this system is less interested in our individual health and survival than in its own smooth functioning. Indeed, the death of an individual does not change a lot in its symbolic body – it leads only to the issuing of the certificate of death and some addi- tional papers related to the funeral procedure, positioning of the grave, design of a coffin or urn and other similar arrangements. There are only slight changes in our symbolic bodies that turn them in symbolic corpses.

It seems that the system of care objectifies us as patients, turns us into living corpses and treats us as sick animals and not as autono- mous human beings. However, fortunately or unfortunately, this impression is far from the truth. In fact, the medical system does not objectify but rather subjectifies us. First of all, this system begins to care about an individual body only if the patient appeals to this system because he or she feels unwell, sick, ill. Indeed, the first question that one is asked when one goes to a physician is: What can I do for you? In other words, medicine understands itself as a service and treats the patient as a customer. Patients must decide not only if they are ill or not but also which parts of their bodies are ill, because medicine is highly specialized and it is the patient who has to make the initial choice of the appropriate medical institution and type of doctor. Patients are the primary caretakers of their bodies. The medical system of care is secondary. Self-care precedes care.

We seek salvation through medicine only when we feel ill – but not when we feel well. However, if we do not have any special medical knowledge we have only a vague understanding of how our body works. Indeed, we do not have any 'innate' ability 'internally', through self-contemplation, to establish the difference between being healthy or sick. We can feel unwell but be actually quite healthy, and we can feel OK and yet be terminally ill. The knowledge about our bodies comes from outside. Our illnesses also come from outside – as geneti- cally predetermined or produced through infections, bad food or climate. All the advice about how to improve the functioning of our bodies and make them healthier also comes from outside – be it sport or all possible kinds of alternative therapy or diet. In other words, to take care of our own physical body means, for us, to take care of something we know more or less nothing about.

As with everything in our world, the medical system is not really a system but a field of competition. When one informs oneself about the medical treatment that is good for one's health, one discovers soon enough that the medical authorities oppose each other on all the important issues. The medical advice that one gets is mostly contra- dictory. At the same time, all this advice looks very professional, and

so it is difficult to choose a course of treatment without having any special medical knowledge and professional background. The seriousness of the choice is stressed, though, by the obligation of the patient to give consent to a particular treatment – taking into consideration and accepting all the possible negative consequences of this treatment, including death. This means that, although medicine presents itself as a science, the choice of a particular medical treatment by the patient presupposes an irrational leap of faith. It is irrational because the basis of medical knowledge is the investigation of corpses. One cannot really investigate the inner structure and workings of the living body. The body must die to become really known. Or at least it should be anesthetized. Thus, I cannot know my body because I cannot investigate myself as a corpse. And I cannot simulta- neously anesthetize and operate on myself. I even cannot see the internal condition of my body without using X-rays or CT scans. The doctor's medical knowledge is transcendent to my knowledge of myself. And my relation to the transcendent can be only faith – not knowledge.

The proposals concerning the state of one's body come not only from medical schools but also from the various alternative healing practices, including sport, wellness, fitness, yoga and tai chi, as well as different types of diet. All of them require from us a leap of faith. In this respect, it is interesting to watch advertisements for prescription drugs on American TV. These advertisements are mostly truly myste- rious. One sees happy couples, often with children, eating together and laughing, playing tennis or golf. From time to time, one sees a strange-looking word that is probably supposed to be the name of the advertised drug. But it is mostly unclear what kind of illnesses is cured by this drug and how that drug should be used. The whole advert looks totally improbable because all the people showed in the video are obviously in good health. It might seem that the only thing that can make them ill is the advertised drug itself. Even if it is not quite clear what this drug is good for, at the end one sees a short list of its side effects. Usually, the list runs from dizziness and vomiting to blindness and occasional death. After a couple of moments, the list

disappears and the video shows the happy family again. The viewer is relieved that this family has remained healthy and happy – probably because it has decided not to take this drug after all.

We are accustomed to equate knowledge with power. We think that the subject of knowledge is a strong, powerful subject – a poten- tially universal, imperial subject. But as a caretaker of my physical and symbolic bodies I am not a subject of knowledge. As I noted earlier, I do not have knowledge of my physical body. But I also do not have full knowledge of my symbolic body. At the origin of my symbolic body – of my identity – is the birth certificate that informs me of my name, the names of my parents, the date and place of my birth, my citizenship and other details. It is the basic document that later gener- ates all other documents, such as my passport, different addresses and educational certificates. All these documents, taken together, define my status and place in the society – they reflect the way in which the society sees and appreciates me. And they define the way in which I will be remembered after my death. At the same time, I did not experience my conception by my parents, the event of my birth, the time and place of my birth and the act of receiving my citizenship. My identity is the work of others.

Of course, I can try to change my symbolic body in different ways – from changing my gender to writing the books that explain that I am, actually, quite different from how I appear to others. However, to change gender, one has to go to surgeons, and to publish books one has to present them to editors and ask for their opinion. Or one has to put these books on the internet and ask for the opinion of users. In other words, one cannot obtain full control over the changes of one's own symbolic body. Additionally, symbolic bodies go through a permanent process of re-evaluation. What was symbolically valuable yesterday can become devalued today and revalued tomorrow. In the role of caretaker, one cannot control or even influence these processes. Beyond that, in our current civilization we are permanently surveilled and recorded without our knowledge and consent. The symbolic body is an archive of documents, images, videos, sound recordings, books and other data. The results of the surveillance are a part of this archive

– even if these results are unknown to the surveilled. This archive is material – and exists even if nobody, including the surveilled, has access to it or is interested in it. In this respect, it is very informative to watch what happens when somebody commits a crime – especially a politically motivated crime. Suddenly, one finds the images of the suspected criminals as they buy food in a food store or take money from an ATM – together with written manifestoes or a collection of arms. This example shows that the emergence and growth of a symbolic body is a process that is relatively independent of social attention and takes place mostly beyond the control of the primary caretaker of this symbolic body. After the death of the primary care- taker, the machine of caring does not stop. And this machine demon- strates that the efforts of the primary caretaker to shape the symbolic body has had only limited success. The inscription on the grave mostly reproduces the birth certificate plus the date of death and only cursory information about the ways in which the caretakers tried to become what they were not – like writer, painter, revolutionary. The re-evaluations of symbolic bodies continue after the death of their caretakers – the monuments are erected, destroyed and re-erected, the books are published, burnt and then republished, new documents emerge, other documents are lost. The care continues – but, in a strange way, the responsibility for posthumous changes in the re-eval- uations of the individual's symbolic body remains attributed to its primary caretaker. And, indeed, the care for the symbolic body presupposes the anticipation of its fate after the death of the physical body – as the care for the physical body presupposes the expectation of its unavoidable death.

It is this combination of the physical and symbolic bodies that we call our Self. As a caretaker of the Self, the subject takes an external position towards it. The subject is not central, but is also not decen- tred. It is, as Helmuth Plessner rightly says, 'eccentric',[2] I know that I am the subject of self-care because I have learnt it from others – just

2 Helmuth Plessner, *Levels of Organic Life and the Human*, New York: Fordham University Press, 2019, pp. 267ff.

as I learnt my name, my nationality and other personal details. However, to be a subject of self-care does not mean to have a right to decide about the practice of care. As a patient, I am required to follow all the instructions of the doctors and endure passively all the painful procedures to which I am subjected. In this case, to practise self-care means to turn oneself into an object of care. And this work of self- objectification requires a strong will, discipline and determination. If I fail to fulfil all my obligations as a patient, this is interpreted as a lack of will, as weakness.

On the other hand, the decision by a healthy person to ignore all reasonable advice and to take the risk of death is admired by our soci- ety. The sick are supposed to choose life, but the healthy are welcomed to choose death. That is obvious in the case of war. But we also admire intense work effort that might damage the health of the worker. And we admire the practitioners of extreme sports and adventures that can lead to their death. In other words, what is favourable for the symbolic body can ruin the physical body. To enhance the social status of our symbolic bodies often means an investment of our life energy that potentially ruins our health and even involves a risk of death.

Thus, the eccentric subject of self-care has to take care of the distribution of care between physical and symbolic bodies. For exam- ple, the health criteria appropriate for a professional athlete cannot be applied to somebody who is not involved in professional sport. The same can be said about other professions that are dependent on physi- cal or manual work. But the so-called intellectual professions are also dependent on the health of their practitioners – not everybody is able to sit many hours in an office, not everybody can stay focused on a certain problem for a long period of time. In this sense, we never know what is truly good for our health – to choose a treatment that fits our needs dictated by our symbolic status or to change this status, to choose a different profession, different country, different identity, different family, or no family at all. All these choices are interrelated – and all of them can be helpful or damaging to our health.

Of course, the solution to this problem is often seen in the search for the ‘true Self ’ that is supposed to be situated beyond our physical

and symbolic bodies. However, here again one is confronted with different and often contradictory advice and methods – from Cartesian doubt to transcendental meditation. The subject of self-care is constituted through the mode in which we are addressed by society, including the institutions of care. The subject cares for its physical and symbolic bodies because it is required to do so. The requirement to be healthy is the basic and universal requirement directed towards the contemporary subject. Of course, human bodies have different char- acteristics depending on sex, ethnic origin and other factors. But the requirement to remain healthy applies to all these bodies to the same degree. Only if a body remains healthy can its subject contribute to the well-being of society – or to changing the society. The investment in health is the basic investment that one makes to be able to partici- pate in social life. That is why society tends to reject all forms of deca- dence, passivity, cultivation of one's own illnesses and unwillingness to practise the usual work of self-care.

In fact, the work of care, including self-care, is always hard work and one is always happy to avoid it. Basically, it is Sisyphean work. Everybody knows that. Every day, food is prepared and then eaten, and then one has to begin to prepare food again. Every day, the room is cleaned – and the next day it should be cleaned again. Every morn- ing and evening, one should brush one's teeth – and the next day, repeat the same ritual. Every day, the state has to protect itself from its enemies – and the next day the situation is the same. A pilot success- fully delivers passengers to their destination – and then has to fly back. And, yes, every patient who is treated by the medical system inevitably dies at some point, and so the system begins with the next patient and then comes to the same result. The work of care and self- care is unproductive, remains forever unfinished, and, thus, can be only deeply frustrating. However, it is the most basic and necessary work. Everything else depends on it. Our social, economic and politi- cal system treats the population as a source of renewable energy, like the energy of the sun or of wind. However, the generation of this energy is guaranteed not 'naturally' but through the readiness of every individual in the population to practise self-care and to invest in their

health. If the population began to neglect this requirement, the whole system would collapse. The eccentric subject of self-care takes a meta- position in its relationship to the social system and in doing so discov- ers its power. By disinvesting its energy and health, the individual lowers the energy level of the society as a whole. And this metaposi- tion is a universal position: the eccentricity of an individual subject of self-care makes it universal because all the subjects of care of all the Selves find themselves in the same position.

Medical care is often seen as having as its goal the repair of our bodies – to make them able to work and thereby ensure the smooth functioning of society. But our contemporary system of care also treats the bodies that will never be economically functional again and were perhaps not ever functional. In this case the subject is no longer the private owner of its body, who is free to use this body as property and tool. The body becomes fully socialized, bureaucratized and politicized. All its most private, intimate functions, including its reproductive functions, become matters of public interest and politi- cal discussion. This is the end of privacy as it has been understood for a long time. But also the subject of self-care is only a participant in the process of political and administrative decisions concerning its own body. The public, symbolic, mediatized body begins to coincide with the physical, private, intimate body. One can see this equation of public and intimate in contemporary social media and, in general, on the internet. The internet functions as a medium of satisfaction of our most everyday and intimate needs and desires and, at the same time, as the medium of their inscription in digital memory – making them potentially publicly accessible. This loss of privacy provokes calls for its restoration. However, a return to privacy – that is, a return to the unrestricted private ownership of the body – would be ruinous for the system of care.

The active participation of the subject of self-care in the medical, political and administrative discussions concerning its body presupposes its ability to judge the knowledge about that care, including the medical knowledge, from a position of non-knowledge. Different scientific schools are competing for recognition, influence,

fame and power. All of them claim to care about an individual from the position of knowledge. The individual subject has to make a choice among them without having the knowledge necessary to make this choice. That makes it feel weak and disoriented. But this weakness is, at the same time, a strength, because every kind of knowledge becomes powerful only if it is accepted and practised. The philosophical tradition can be understood as the tradition of reflection on this ambivalence of weakness and strength. The different philosophical teachings suggest the different types of relationship between care and self-care – between dependence and autonomy. Let us undertake a short survey of these teachings to better understand the genealogy of the contemporary state of this relationship.