

Medicine of the Person  
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**Who am I ?**  
**The identity of a person in a world**  
**focused on technology, achievement, and its own image**

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**Introduction**

When I announced my decision to end my medical practice at the end of the year, my colleagues suggested that I should deal with the theme “Work, identity, health”, and this at a time when the identity I had been given by my function was to fade away, at least theoretically. Taking up this theme at that point of my life forced me to ponder over it by implying myself personally in a very concrete way.

Work, identity, health : three words, three sets of factors, that interact into all possible combinations. Work contributes to defining one’s identity and influencing one’s health ; identity gives direction for the choice and the practice of work and plays a role in preserving health ; health opens or limits the access to certain types of work and gives colour to one’s identity.

**Objective identity and subjective identity**

Our current society tends to identify a person by his or her social role. Being unemployed often means no longer being anything in the image that society projects on the individual, and this is most probably what the unemployed must feel.

Our identity is therefore first of all being a social item, defined by the place we hold in society, by our sex, our physical and psychic capacities. But somehow we know that all these features are just identification marks and that our true identity, the one that makes each of us unique, is much more fundamental.

Is identity then something biological or genetic ? Homozygous twins who are genetically identical are different personalities, shaped by the course their lives have taken. Were they two identical personalities at their birth ? They too have however been shaped already by the numerous influences they have been exposed to during the pregnancy and at the moment of birth, and we know the role such influences can play for the future individual.

Edgar Morin says (1) : Homozygous twins can have everything in common, except the ego. The ego cannot be shared. It is the fact of being a subject that makes each twin unique, and not his or her specific features.



So there is, on one side, my objective identity, that of the social item I am, defined by the sum of the images those around me have of me and which I make mine, and on the other side, there is a much deeper and subjective identity, that which makes me be conscious and feel that I am a unique subject, a person.

This deeper identity, together with my being conscious of my uniqueness, is not a personal construct either, made up of my physical, psychic, and professional capacities, but is the result of an encounter with somebody else who has addressed me as a unique being.

This is what Montaigne means when he speaks of his friendship with La Boetie : *because it was him, because it was me* ; this is what Martin Buber means by the distinction he makes between the *dialogue 'I – this'* and the *dialogue 'I – you'*, and it is the latter that reveals the person. Meeting the other in his or her total freedom is giving him or her the quality of a unique person, and, says Buber (2), *'I – you' can only be pronounced by the whole being.*

For a Christian, the *You* which made the human being a person was pronounced by the all-in-all being, that is by the totality of God the Unique. The specific feature of that “personifying encounter” which engendered true identity, is that of the breath of life, as expressed already in the story of creation : *Then the Lord God formed a man from the dust of the ground and breathed into his nostrils the breath of life. Thus the man became a living creature* (Genesis 2, 7). The life of a person is the extension into the matter he is made of the breath of life he has received.

What do we see when looking at a person ? First, his or her envelope, his or her mask, his or her personality. “Persona” comes from the Latin, per-sonare = speaking through. It is the mask of the actor, through which his words, his messages, come forth. The real person is not the persona, the human being one sees, but the life-giving breath, the life that comes through it and allows him to play his part. The mask, the carnal envelope, is not really alive ; that which lives, that which makes a person what he or she is, is his or her specific breath coming through the mask, is the manifestation of the forces that are in him or her.

This breath of life is first of all something that is received personally and then transmitted. The identity of a person is therefore made up first of his or her belonging to the breath of life, which defines his or her nature, and then of his or her uniqueness, which is both the quality of and the condition for a personal encounter.

This perception of belonging to the flow of life is not exclusively a Christian feature, it is found in Buddhist spirituality, which has often been wrongly considered as negating the reality of the person. Buddhism does not deny the reality of matter and of the person, it denies the representation we have of them as “permanent” realities, solid realities as it were, whereas they are finally only conceptualisations of our psyche ; reality is something quite different, it is the reality of the spirit which we are part of. The Buddhist spiritual reasoning aims at becoming conscious of that reality and of its real nature, and hence not trying to remain in a state of static bliss, but to stir the need of showing love and compassion in the encounter with the other.

Let us quote Matthieu Ricard (3) : The relationship between the continuum of the conscience and the ego is the same as that between the river and its name, which is but a conceptual designation without any existence of its own. What is perpetual is a function and not a concrete entity. A specific flux of consciousness is marked by features that come from acts, words, and thoughts, from its state of ignorance or knowledge, which distinguish it from another flux of consciousness. It could be compared to the propagation of a wave on the surface of water without moving the water itself.

Coming back to the image of the river, we can say that our personas are as it were locks placed all along the river of life. Their *raison d'être* is to be filled not in view of remaining full, but to let the water flow out again slowly not in gushes, cataracts, and whirlpools, and to fertilise the earth while running calmly towards the sea.

The ideas of belonging and individuality are also expressed by C.-G. Jung in *Les Sept Sermons aux Morts* (4) (The seven sermons to the dead) ; they come back from Jerusalem and ask Basilida of Alexandria : “*Where is God ? Is God dead ?*”, and Basilida answers : “*God lives, God is creatura (we could say : a person), for he is defined, and thus differs from the pleroma (plenitude). God is only a characteristic of the pleroma, and all that I have said about the creatura is also true of God. He is different from the living (human) being in that he is more indefinite and imprecise than the living being. He is less distinct than the living being since his being is based on real and true plenitude. It is only by his being defined and distinct that he is creatura ; and in the same way he is a manifestation of the perfect pleroma.*”

Our belonging to the flow of life that has engendered our identity is also the best guarantee of our immortality. J.-Y Leloup in his *La Montagne dans l'Océan* (The mountain in the ocean) (5), p. 100 says : *If there was not something not-born, not-made, not-created in us, there would not be any way out for what is born, made, created, we would be beings destined to death, the end of all. Because there is something in us that is not 'composed' and therefore will not be 'decomposed', because there is something in us that is not created, there is a way out for us in this world destined to death.*

Belonging and relationship therefore are the specific features of identity. And if a person is given his or her deep and subjective identity by the encounter with another person, his or her specificity is to promote similar encounters. The breath of love that has been received flows through the persona, identifies the one behind it as a person, and then can only flow to encounter another person. This is the source of happiness, and, as the Dalai Lama says (6) : *If one's happiness did not depend on somebody else, if it existed by itself, love would not have any *raison d'être*.*

But our objective identity is also our belonging to a reality outside of us and to our encounter with it (encounter I-this). It has to do with knowledge, which will always remain fragmentary and fallible, but it is a manifestation of our person and must therefore not be pushed aside. In this respect, the locks we are must always be in good repair. Their gates must be watertight, the opening and closing devices must not be rusted, the lock must be looked after and repaired if necessary. To prevent our bodies from falling into disrepair, to look after them when they

are ill, is the essential task of the medical doctor. But healing is more than just taking care of the body

## Health

The French phrases for : How are you ? – *Comment allez-vous ?* and for the reply : I'm alright! – *Je me porte bien !* convey, through the verbs *aller* (go) and *porter* (carry), a dynamic connotation, which the WHO definition of health (the condition of being sound in body, mind, or spirit) does not.

In German, *Wie geht es dir ?* corresponds well enough to the French phrase, but the answer *Es geht mir gut* does not contain the idea of the French word *porter*. A better phrase would be perhaps : *Ich Sorge für mich* (I take care of myself).

In English, the phrase *How are you ?* is quite static ; *How do you do ?* would be somehow more dynamic. *Where and how are you going ?* would be more appropriate. And *I am well, I am feeling well*, do not convey the connotation of the French word *porter*. Literally it would be : *I am carrying myself well*.

To have 'health' is therefore 'to go somewhere' and to 'carry', to go towards a goal by assuming one's self. The goal is to transmit the breath of life, the breath of love. If God has "flooded" us with love, it is not to drown us in a possessive and harnessing love, but to reveal us his dynamics. Assuming one's self is taking up all the necessary conditions for attaining the goal. Receiving the breath of life is receiving a capital health, which we are called to 'carry' and to build up.

To recover health implies getting rid of a disease, as much as possible, but it means also "getting back into the stream", into the breath of life.

The breath of life, which is also the breath of love, is therefore the breath of health, and, when John Young explained us that there are two English verbs to translate the French word "guérir" : *cure* which means 'to eliminate illness' and *heal*, which means 'to recover a lost condition', he clearly indicated that the role of the medical doctor is both to use all the means that medical science provides in order to eliminate illness, and to put the patient back into the current of life, that is into the flow of the spirit.

In his mission which is to restore health, the medical doctor can therefore also be in charge of establishing a link with the divine, that is of a priestly role.

## The archetypical image of the doctor

At all times, man in his suffering has had in mind a person who is capable to restore health, and in all societies there have been people vested with such a function and a power considered as being divine and holy. This image was projected on Aesculapius, the god of medicine, and on Hygieia and Panacea, his daughters, on the healers and the sorcerers, and still is nowadays on the doctor. Its root is seated in the inmost depths of the human soul. The archetype of the

physician is an unconscious and primordial projection with the various images with which man has come to express it.

To-day this image has lost its sacred aura, but the graduate doctor cannot get rid of the archetypical image a patient projects on him and which he endorses willingly without realising that it implies the idea of infallibility and almightiness, which are divine features, and that he represents and conjures up ideas that are actually not his. He therefore runs the risk of being taken for a god, though, by his function and the projection made on him, he can sometimes help the patient to come closer to God.

## **Identity and health in today's world**

The danger inherent in modern society, focused on technique, efficiency, competitiveness, and semblance, is that it ignores and stifles the subjective identity of a person and puts his health at risk. How ?

Work reveals the "marketable" value of an individual, his efficiency, his potential income giving him a more or less brilliant social standard. This identity leaves him a certain freedom of action in his life and will affect his health more than what one normally imagines, as evidenced by the research made by Marmot and al. with 15,000 English employees (6.9).

All were paid by the government, all had access to the national health service, but the inquiry showed 4 distinct categories whose morbidity rate during a period of 10 years varied from 1 to about 3.5.

The difference between these 4 categories was not their cholesterol level nor their addiction to smoking, but only their hierarchical position in society : the top level administrators had the lowest morbidity and mortality rate, then came the professionals, the junior employees, and ...others lower down. Actually, the less possibility a subject has of coming to terms with himself, the less "decision latitude" he has, the greater the risk of morbidity and mortality.

A disturbing experience has revealed moreover a similar situation with animals, with a population of monkeys fed with a hypercholesterolisng diet : the risk of coronary atheromatosis was inversely proportionate to the hierarchical position they occupied in the group (7.9).

Thus the objective, professional, and social identity plays an important role in the physical and psychic health of an individual. This raises the question about the consequences the loss of a job, redundancy, unemployment, may entail on the future health of those affected. Our societies spend fortunes for the medical care of diseases they cause themselves and the bills will be even heavier in the future. They have health ministries, but instead of focusing their attention on the promotion of health and the prevention of diseases, they worry about how to treat illness most economically.

But conversely, it is quite obvious that the health situation of an individual can influence his or her social and professional future. Everybody agrees about this when having in mind the situation of the physically or mentally disabled, but what about the potential disability pointed at by the predictive analysis of genetics ?

## **Potential health**

The idea came up when, some years ago, the HLA (Human Leucocyte Antigens) groups were discovered, associated to various degrees of rheumatic and often rather disabling pathologies. A journalist of a well-known weekly newspaper wrote at that time : "We at last have now a scientific method for steering the career of people". Poor Beethoven and poor us, if he had been discouraged from studying music because statistically he ran the risk of becoming deaf.

At present, every day we hear about a new gene being associated to an existing pathology, and insurance companies are already allowed to make their insurance depend on the results of genetic tests. And if this method is generalised, whole categories of people may be deprived of the possibility of getting loans or an insurance.

And what about a person who, at the age of 20, would know that there is a risk, statistically established, for him to develop any kind of pathologies ? Life feeds on projects, far away goals to be reached, nearer objectives to be achieved, and these projects, goals and objectives might be jeopardised for statistical reasons, whereas for the person himself the risk is perhaps nil.

And what about such predictions coming true ? Anne Ancelin-Schutzenberger gives numerous examples in her book (10) of people who were "waiting" for a predicted illness or accident to happen and for whom the prediction came true even at the predicted date. You too in your practice may have come upon such meaningful coincidences, when an important event that happened as predicted modified the course of a life, sometimes in a good sense.

Society would like to define the potential objective identity of a person as early as possible in order to make *statistically* the best use of an individual as of an object. But the identity and the health of a human being are quite different from that displayed on his or her "genetic identity card and his or her health record".

Let us therefore not be fooled by the message of society which takes only the objective identity in account. Our real identity is that of being subjects, integrated actively into the flow (breath) of life, which is the breath of love.

To promote health is therefore first and foremost to promote love, on the individual level, and then to fight all the factors that threaten it in society.

During her pregnancy, a mother should be surrounded by a peaceful and calm atmosphere, so that she can give her joy of soon giving life ... and health free course ; and then everything should be done to help her cradle the new-born child in love and thus provide him or her with a good start to build up his or her health.

To create and promote a warm and trustful atmosphere in the working context even by sacrificing some of the competitiveness in favour of good co-operation. To promote fair trade, avoiding exploitation and frustrations. To learn how to fix limits to oneself and avoid fixing limits to others. This may seem somehow utopian, but these are necessary conditions and they have proved efficient.

Science itself has confirmed the validity of such objectives, numerous studies have shown how positive emotions, the feeling of love, are beneficial to health and how feelings of frustration and despise have short term and long term negative impacts. In his book "Guérir" (Healing), especially in the chapter "L'amour est un besoin biologique" (Love is a biological need) (10), D. Servan-Schreiber discusses this point.

But in the modern world there are still other dangers threatening identity and health.

### **Transparency !**

Transparency as praised by the media when they peep into the intimacy of a man or a woman or as asserted and claimed in politics and in enterprises is a real danger for the personality of a person. J.C. Guillebaud demonstrates it in his book "Le goût de l'avenir" (The flavour of the future) (11) : *Transparency as an absolute principle carries an indefinable threat, for it may well dissolve that which makes us free subjects, interiority. Interiority is the essence of the person, its irreducible subjectivity. The principle of transparency, when aimed at or imposed on, compromises interiority and contributes to creating a human being without substance, his interiority being gradually replaced by procedural forms. The modern subject is constructed by reflection procedures which never refer to an inner substance since interiority has become the mere managing of these procedures.*

The tendency is that the identity of an individual is reduced to what he or she is able to think and to do, to his or her social functioning which he must adapt to what society demands.

And Guillebaud adds : *The inner life of the human being is replaced by a merely informational conception of his conscience. The individual is reduced to a mere informational "difference". The human being who has lost his inner substance is helpless, he is a prey to all possible manipulations.*

### **What is the identity of the "cyborgs" (the machine-men) ?**

This informational identity is also the identity foreshadowed by the dazzling progress of computer science. Ray Kurzweil, the author of "The Age of Spiritual Machines" (13) predicts that *in the coming 25 years the progress will become more important than during the past 20,000 years. Beings will be created, who are not only intelligent, but who will be more conscious than human beings : new entities who will have all the information data a human being possesses, not only his knowledge, his learning, but also his emotions, his spirituality. Must one necessarily be a biological organism to be conscious ?*"

When asked do you see yourself becoming immortal ?, he answers : "What are we actually ? Information of which our body is just the support, the hardware. Our biological cells are renewed every two years. What is lasting in us is information. So, finally, this information can be separated from its support and be recreated in other forms. The day will come when one can perpetuate oneself indefinitely. It will be somehow as when one buys another computer : one saves the data and transfers them : the spirit, the intelligence, the emotions, the spiritual life of each one of us can be saved indefinitely."

What a marvellous prospect : the assurance of being saved on a new hard disc ! But apart from the fantastic idea of a kind of immortality, conceived here as endless life, the question : *"What are we actually ? Just information for which our body is just a support, the hardware?* must challenge us, for according to St. John : *"When all things began, the Word already was, information already was, as we would say now.*

The information which, at the Big Bang, launched the organisation of the matter, against the law of entropy, and then its evolution until the apparition of the free human being conscious of his freedom, is what has made us a person. Therefore Kurzweil's question, *Must one necessarily be a biological organism to be conscious ?* entails another question : *"Is it enough to be conscious to be able to become a person ?"* If the answer is yes and if computers can be built that are not only intelligent but also conscious, which is not completely impossible, the challenge is relevant.

If indeed we are only information, a sum of data transmitted and acting from our birth on, and if a conscious computer generates love one day, this human prolongation realised by man will be the fruit of the love inherent in him, of the breath of love he has received and which he has accepted to transmit through his deeds in this world.

God is Love, and he manifests himself among human beings through their deeds of love accomplished with the tools they use for that. He will therefore also be present in a computer capable of expressing love. This brings us back, actually, to the old conflict between materialism and spiritualism. Are conscience and the spirit outcomes of matter or is matter a concept created by the spirit ? Do we have to choose between the two or are these complementary insights ?

Conscience is the experience of the objective and subjective realities as reflected in the mind. With the scientific methods conscious beings have developed on the basis of the law of causality, they are able to analyse intelligibly the objective reality perceived by their senses and to act upon it. The experience of subjective reality, which is as real for them as objective reality, analysed with the intuition of transcendence which has been inherent in them throughout their life, makes them discover its meaning. Both go together, neither excludes the other, both are necessary. The scientists should not take offence, they have discovered that light and matter manifest themselves, according to the way they are observed, either as corpuscles or as waves, and that one manifestation does not exist without the other.

Since his coming on earth, man has manufactured tools with which he has expressed his love or his hate, peace or violence. When he handles them with love, God is present in what he does. But if God can be present in a tool, he is not the tool itself. He can be present in the powerful tool that an intelligent and conscious computer developed by man will probably be, when used as "an instrument of love", but the tool, however good, and generous, and compassionate it may be, will never be Love. What will lack in this tool, is the experience of subjective reality, since it will remain a manufactured object and not a "YOU" encountered personally.

## **Conclusion**

Identity is both objective and subjective, it is belonging and relationship. Illness can modify the objective identity, therefore health is a harmonious insertion into the flow of life. And so the endeavour of a doctor must be not only to fight illness but also to promote health.

The immense potentialities of science must not let us fall into the Promethean trap which since Adam has been lurking behind man. The techniques he can develop to tend the patients and improve their quality of life as he sees it may be tempting, but he must not forget that he will never know how to use them perfectly. Today as on the first day, he eats the fruits from the tree of knowledge in an egocentric way, often forgetting that he could also feed on the tree of life beside it, which gives him a theocentric perspective.

Nor can man make a computer a person, for the unique identity of a person is not a fabricated identity, but is received with the breath of life.

We belong to the reality of a unique breath of life, the same for all, which is breath of love, it has engendered our identity, it has been given and is at work in all human beings, though often masked by violent and selfish behaviour ; being conscious of this can and should inspire feelings of genuine fellowship, across all political, ideological, and religious barriers. The God of Love does not belong to the Christians, but they belong to Him, as well as all those who recognise him under other names or have other representations of Him in the various spiritual traditions.

### **Some bibliographical notes**

E. Morin. *La Méthode, 5 : l'humanité de l'humanité. L'identité.* Edition du Seuil.

Martin Buber. *Je-Tu.* Edition Aubier, Montaigne.

Matthieu Ricard. *Renaissance,* dans *Himalaya Bouddhiste,* p. 352, Edition La Martinière.

Carl.Gustav Jung. *Les Sept Sermons aux morts.* Edition Confidences, l'Herne.

Jean-Yves Leloup. *La Montagne dans l'Océan.* Edition Albin Michel Spiritualités.

Matthieu Ricard. *Un entrelacs de Perles,* dans *Himalaya Bouddhiste,* p. 233. Edition La Martinière.

Marmot M.G. et T. Theorell (1988). *Social Class and Cardiovascular Disease : The contributions of Work.* International Journal of Health Services 18, 659-74, (quoted in 9).

Kaplan J.R., Manuck S.B., Clarkson T.B. and R.W. Prichard (1985). *Animal Models of Behavioral Influences on Atherogenesis. Advances in Behavioral Medicine 1 :* 115-63 (quoted in 9).

*Why are some people healthy and others not ? The determinants of health of populations.*

R.G. Evans, M.L. Barer and T.R. Marmor Ed., Aldine de Gruyter, New York.

Anne Ancelin-Schutzenberger. *Aïe, mes Aïeux.* Edition La Méridienne, Desclée de Brouwer.

Jean-Claude Guillebaud. *Le Goût de l'Avenir,* p. 164 et 171. Edition Le Seuil 2003.

David Servan-Schreiber. *Guérir.* Edition Robert Laffont, Paris 2003.

Ray Kurzweil. *The Age of Spiritual Machines.* Edition Phoenix, 2003.

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