

From the Guest Editors – Vulnerability & Integrity

This special issue of “De Ethica” comes in two volumes, which both contain papers presented at Societas Ethica’s annual conference in 2022 in Zurich on the topic “Vulnerability & Integrity.” The conference was originally scheduled for the year 2020, but it had to be postponed due to the coronavirus pandemic. During these years of the pandemic, we all have learned a lot about how vulnerable we as human beings are to certain viruses and how vulnerable our societies are in the situation of a pandemic, yet also how resilient they can be. Individuals and societies have shown how much they care about protecting themselves and others. Does the experience of vulnerability push us to maintain or restore integrity? Is integrity a longing of human life that is challenged by the presence of vulnerability? How do the two condition each other? In order to answer these and similar questions and examine the relationships in more detail, it is first necessary to clarify what is meant by vulnerability and integrity and how they are related.

Yet the pandemic is not what inspired the topic of this conference in the first place because the topic was already considered in 2019 when various moral dimensions of vulnerability in the wider context of medical ethics were discussed in a series of small workshops with a group of inspiring researchers from philosophy, medical ethics, and theology.¹ The field of medical ethics is still dominated by discussions on the right to individual autonomy, although there has been some change going on during the last few years.² Nonetheless, there are abundant discussions on why and to what extent we do have a duty to respect the autonomy of others. We have discussed these questions now for some decades – and we and those before us have done so for very good reasons! But, at once, there has been no doubt that there are also other morally relevant principles, like beneficence, non-maleficence, and justice – just to take the four principles promoted by the concept of principlism.³ And while there are a lot of academic discussions on autonomy and justice, astonishingly little work was done on why, and in how far, we are obliged to avoid suffering, to not harm others, or why we are obliged to help others.⁴ This might have to do with the fact that the Latin phrase “Neminem laedere” (“harm no one”) expresses an obvious and intuitive moral claim. Arthur Schopenhauer famously claimed that this is the

¹ Results are published in Coors, Michael (Ed.). *Moralische Dimension der Verletzlichkeit des Menschen: Interdisziplinäre Perspektiven auf einen anthropologischen Grundbegriff und seine Relevanz für die Medizinethik*. Berlin/ Boston: De Gruyter 2022 (<https://doi.org/10.1515/9783110734522>).

² Questions for alternative approaches tend to come up regularly, and some of them have certainly taken impact like, e.g., Care-Ethics (cf. Fn. 6).

³ Cf. Beauchamp, Tom L. and Childress James F. *Principles of Biomedical Ethics*, 8th edition, New York/ Oxford: Oxford University Press, 2019 (1979).

⁴ Cf. first considerations on the topic in the much earlier written but only recently published paper: Coors, M. ‘The argument of “suffering“ in the opinions of the German Ethics Council (2007-2016)’, in: Christof Mandry (ed.) *Suffering in Theology and Medical Ethics*, Paderborn: Schöningh 2022, 61–74.

cornerstone of every moral rule system, which we do not need to argue for.⁵ On the other hand, we all know that it very often is far from obvious what the negative duty not to harm others and the positive duty to help others really entails and how it is, e.g., to be related to questions of justice.

Searching for philosophical and theological approaches on how to reason for negative and positive duties to care, what first comes to mind in the context of healthcare ethics is the concept of the ethics of care, which famously tries to argue for caring relations being fundamental to human morality.⁶ For this approach to ethics, which has gained some influence in the field of healthcare ethics in recent years, the concept of vulnerability is crucial. The intuitive connection made here is the connection between human vulnerability and an ideal to care for those who are vulnerable.⁷ As every human being in a certain sense is vulnerable, the ideal is that a humane way of living relies on caring relations that enable us to live with our vulnerability. Thus, care ethics – at least a large extent of its literature – refers to the intuition that the vulnerability of the other is an argument for an ideal of caring or even for a moral duty to care for each other.

The ethics of care, though, is not the only strand of ethics referring to the concept of vulnerability. Another prominent philosopher working on vulnerability is Emanuel Levinas, whose writings have influenced the work of Judith Butler, who also refers to human vulnerability as a central moral category.⁸ But also Alasdair MacIntyre needs to be named here,⁹ and also feminist philosophers, who cannot simply be all subsumed under the headline of an ethics of care.

These approaches deal with the concept of vulnerability in a broad sense: They consider vulnerability to be a general trait of human nature. Thus, vulnerability here is not immediately a moral concept: there is no duty of vulnerability,¹⁰ nor is vulnerability a good in itself or a virtue. Yet it is constantly used as a point of reference in ethical reasoning, e.g., in order to argue for certain moral duties, goods, or virtues of caring. As vulnerability is considered to be something that applies to every human being, this allows us to argue for care being a universal moral good. Yet the crucial ethical question that remains is how this connection between the anthropological concept and normative reasoning really works.

A second important ethical tradition referring to the concept of vulnerability is medical research ethics, which made a very different use of this concept. Starting with the

⁵ Cf. Schopenhauer, Arthur. 'Preisschrift über die Grundlagen der Moral', in: Arthur Schopenhauer. Zürcher Ausgabe. Werke in zehn Bänden, Vol. VI, Zürich: Diogenes 1977, pp. 147–317, p. 176f.

⁶ Cf. Gilligan, Carol. *In a different voice. Psychological theory and women's development*, Cambridge: Harvard University Press, 1982; Nodding, Nel. *Caring: A feminine approach to ethics & moral education*, 2nd edition, Berkley: University of California Press, 2013 (1984); Tronto, Joan. *Moral Boundaries. A political argument for the ethics of care*, New York: Routledge, 1993; Held, Virginia. *The Ethics of Care. Personal, Political, and Global*, Oxford: Oxford University Press, 2006.

⁷ Cf., e.g., Tronto, *Moral Boundaries*, pp. 134f.

⁸ Cf. Pistol, Florian. 'Vulnerabilität. Erläuterungen zu einem Schlüsselbegriff im Denken Judith Butlers', *Zeitschrift für Praktische Philosophie* 3 (2016), pp. 233–272.

⁹ Cf. MacIntyre, Alisdair. *Dependent rational animals. Why Human Beings Need the Virtues*, Chicago: Open Court, 1999.

¹⁰ As was famously claimed by Rendtorff, Jacob Dahl. 'Basic Ethical Principles in European Bioethics and Biolaw. Autonomy, Dignity, Integrity and Vulnerability – Towards a Foundation of Bioethics and Biolaw', *Medicine, Healthcare and Philosophy* 5 (2002), pp. 235–244.

Belmont Report in 1978¹¹ there has been the idea of especially vulnerable groups that are entitled to special protection in the context of medical research. The “Council for International Organizations of Medical Sciences” (CIOMS) and the Helsinki Declaration picked up this idea.¹² Yet, in the course of the ongoing use of this concept, the word “especially” in “especially vulnerable groups” somewhere got lost, and so we ended up with the concept of “vulnerable groups” that need to be protected in research or during a pandemic. The danger of this loss of the word “especially” is that you end up with an opposition between those who are vulnerable and those who – presumably – aren’t. While originally, the concept of *especially* vulnerable groups suggests a continuity between a general vulnerability of all human beings and some human beings who are especially vulnerable due to circumstances and individual disposition, the framing of “vulnerable groups” versus the rest of the population does indeed suggest a problematic concept of vulnerability and was therefore rightly criticized.¹³ None the less, the important insight of the concept of “especially vulnerable groups” or – as we would suggest – of “especially vulnerable persons”¹⁴ remains, that vulnerability is not distributed equally within a society and therefore is also closely related to questions of justice – as Henke ten Have has rightly pointed out in his important work on vulnerability.¹⁵

So, we have at least two traditions of using the term vulnerability, which both notably originate in the 20th century and not before: We have, on the one hand side, an anthropological or even an ontological concept of general vulnerability, and on the other hand side the concept of “(especially) vulnerable groups.” These concepts are closely related to each other: The first is about a general human condition – it is, as a matter of fact, a condition of every living being and not only humans – while the latter is about the unequal distribution of this general vulnerability in human societies. Most importantly, both concepts agree on the moral function of human vulnerability: Talking about vulnerability in both traditions is about helping and caring for those who are vulnerable.

This claim that there is a duty to help those who are wounded and protect those who are in danger of being wounded seems to be as old as ethical reasoning. It is, nonetheless, far from self-evident. We all know that there always are other options all too often made use of – options like using the vulnerability of others for one’s own benefit, e.g., by attacking a presumably weaker country with large force (and then finding out that this country is much more resilient than thought before) or the option of taking advantage of persons who are vulnerable, e.g., due to illness or old age. And although we are pretty sure we all agree on this being morally bad options, the ethical question is: Why do we agree

¹¹ Cf. National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research. The Belmont Report. Ethical Principles and Guidelines for the Protection of Human Subjects of Research, Washington: DHEW Publication, 1978, 14, 17, pp. 19f.

¹² Cf. Council for International Organizations of Medical Sciences (CIOMS). International Ethical Guidelines for Biomedical Research Involving Human Subjects, Geneva: CIOMS, 2002, p. 18.

¹³ Cf., e.g., Levine, Carol et al. ‘The Limitations of “Vulnerability” as a Protection for Human Research Participants’, *The American Journal of Bioethics* 4 (2004), pp. 44–49; Luna, Florencia. ‘Elucidating the Concept of Vulnerability’, *International Journal of Feminist Approaches to Bioethics* 69 (2014), pp. 640–649.

¹⁴ Cf. Coors, Michael. ‘Alte Menschen als Risikogruppe in der Corona-Pandemie. Zur ethischen Kritik des Konzepts vulnerabler Gruppen und seiner Nützlichkeit in der Pandemie’, in: *Öffentliche Gesundheit (Jahrbuch Sozialer Protestantismus Vol. 14)*, edited by Thorsten Moos and Sabine Plonz, Leipzig: Evangelische Verlagsanstalt, 2022, pp. 188-203.

¹⁵ Cf. Ten Have, Henk. *Vulnerability: Challenging Bioethics*, London, New York: Routledge, p. 398.

on this? Why is it more desirable to live in a society where the vulnerable are protected than to live in a society where the strong take advantage of the vulnerability of others?

These questions are enforced by the observation, that it is far from irrational to desire overcoming one's own vulnerability. In a certain sense, the whole history of medicine is a history of overcoming vulnerability and protecting or restoring integrity. Recent movements like transhumanism are driven by the idea that human vulnerability can and should be overcome. This raises important ethical questions: It seems obvious that, in most cases, we do not desire to be wounded, but is it also self-evident to desire not to be vulnerable at all? Is the Christian hope for a world in which "death shall be no more, neither shall there be mourning, nor crying, nor pain anymore" (Rev 21,4) a hope for an invulnerable life, and does this hope inspire a moral desire to overcome vulnerability? Is vulnerability an evil, or is it still a – highly ambiguous – good, because without vulnerability, there would probably be no moral sense for the value of care? Is it a virtue to accept one's own vulnerability, or is the virtue rather to overcome vulnerability?

Discussing these evaluative and normative questions of human morality is always closely related to conceptually clarifying what vulnerability is about. So far, we have made use of an understanding based on the Latin etymology of the word: Vulnerability is derived from the Latin word "vulnus" for "wound." The term "vulnerability" refers to the possibility of being wounded – or, in a more general sense: the possibility of being harmed. Being harmed, though, is normally understood by reference to the concept of integrity because being wounded or harmed is defined as an infringement of someone's integrity.¹⁶ Thus, how we understand integrity and how we understand vulnerability seems to be closely related. Do we need a concept of integrity to understand the concept of vulnerability? At first sight, this seems to be obvious – and one could argue that a large part of our metaphysical and ethical traditions relies on this prerogative of integrity before vulnerability. Yet, what if we turn this relation just around trying to understand integrity by reference to the danger of being wounded, i.e., by reference to vulnerability? Is integrity that which is desired if we desire to avoid being wounded? In how far can the desire for integrity include the reality of vulnerability, or does it necessarily result in the already-mentioned desire to overcome vulnerability? Is a non-vulnerable integrity at all thinkable, or isn't rather every integrity a vulnerable integrity?

It seems that clarifying the relation between vulnerability and integrity might help to deepen the understanding of vulnerability, not only conceptually but also from a normative perspective. Yet, clarifying what vulnerability is and how it relates to integrity does not in itself answer the question for the moral dimensions of these concepts. It is the moral dimension, though, that ethicists should be interested in: What do the anthropological or ontological concepts of vulnerability and integrity tell us about what we are obliged to do, about what is a desirable way of living and of being as a person? The papers published in this special issue deal with those questions from different perspectives, ranging from fundamental questions on defining vulnerability and integrity and better understanding their normative impact to questions of different fields of applied ethics.

Based on the above-mentioned critique of the overemphasis on autonomy in the field of medical ethics, there is a danger of normalizing vulnerability in a way that overemphasizes the positive consequences of vulnerability, e.g., sensitivity and connectedness. Hille Haker takes the Russian war of aggression as an opportunity to look

¹⁶ Cf. Coors, *Verletzlichkeit und Autonomie*, pp. 96f.

critically at ethical designs of vulnerability and to examine their suitability for political ethics. The called-for openness may not be a helpful concept when one is affected by oneself. Therefore, Haker strengthens the understanding of vulnerable agency as a dialectic of vulnerability and agency. As an alternative, she develops a triadic figuration that complements the dyadic relation of self and other. The Third comes into view within the political-ethical context as the possibility of a “moral world” of nonviolence and respect. In this sense, ethicists have the moral task of bystanding and witnessing.

Cristina Traina’s paper is concerned with a deeper understanding of the concepts of vulnerability and integrity. In an autobiographical manner, she illustrates an understanding of vulnerable integrity and inductively argues that human integrity involves vulnerability, which is amoral inviolable to others. Living in interdependent relationships enables us to develop or sustain our selves. Traina takes Augustine’s remarks on memory, time, and the narrative self as the starting point for her reflections and complements them with considerations on an understanding of continuity through change and feminist theories of narrative, which provide theological and philosophical justifications for this vision of integrity. This leads to an assurance of its relevance in a pluralistic culture.

Turning to applied ethics, the paper by Tabea Ott and Peter Dabrock redefines integrity as an open-ended, non-isolated quality arising from an individual’s relational connections. Integrity violations can result from misconceptions about integrity and the protective measures in place. This new perspective is crucial for governing emerging health technologies, such as Digital Twins. Human integrity remains intact when viewed as open to relational development, expressed through mutual support and self-expression.

In another field of applied ethics, Sarah Jäger interprets the concept of integrity in reference to Axel Honneth’s considerations on recognition. Bringing up the not only in protestant sexual ethics controversial topic of sex work, she considers various forms, from coerced prostitution to self-determined sex work, and focuses on an understanding of it as labor within our economic system. Jäger suggests an understanding of sex work as care work, where integrity is seen as self-realization or autonomy.

Hansjoerg Schmid’s study places a particular emphasis on the concept of vulnerability and how it relates to the interventions of Muslim chaplains in the context of refugees who have experienced the loss of their homes. Drawing from definitions in social work and anthropology, the study defines “home” as a fundamental anthropological need with multiple dimensions. By examining the practices of Muslim chaplains working with refugees, the study investigates the variations in their chaplaincy styles and assesses the impact of their interventions. These empirical findings are then integrated into a theoretical framework to explore the link between counseling and vulnerability.

How art and cultural representations can question themes such as vulnerability and integrity is shown by Stephen Bush’s article. He questions the vulnerability of the anthropocentric worldview and the artistic tradition. The questioning of this superiority and the incomplete or partial representations of portrayed subjects can be seen as a form of vulnerability in anthropocentric thinking. Alice Neel’s portraits, though human-focused, maintain this by being partial and unfinished. Traditional portraits often provide a complete and idealized representation of a person, whereas Neel’s portraits offer an imperfect and unvarnished view of the subjects. This could be viewed as a challenge to the conventional notion of integrity as a complete and unblemished representation.

Michael Coors & Lea Chilian, guest editors