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TRANSHUMANISM IN PERFORMANCE ART

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Abstract

Medical biotechnologies have developed as a result of man's desire to increase his abilities and to improve his lived experiences. The individual can target, as part of the improvement of his existence, interventions on his body or on his mind. Regardless of how biotechnologies are used, the interface through which the individual benefits from them is his corporeality. Transhumanism can thus aim the improvement of the typical abilities of the human being or the development of atypical ones. At the body level, it is about practical and non-practical purposes, such as those of performance art. Moreover, art states its amoral and non-utilitarian character, the only declared value being the artistic one. In the contrast, the medical practice was, from its beginnings, governed by ethical principles and values. Nowadays, the principle of autonomy is in a favoured position, giving the right to choose interventions that do not represent a medical necessity. But how does favouring the principle of autonomy change the limits of morality in clinical practice? The vanguardists of performance art are vectors in the development of transhumanism in experimental ways. The patient can ask the doctor for interventions on his body that defy the principle of improving typical human characteristics. Thus, if transhumanism has brought us to a posthuman era, it also places us, from the ethical point of view, in a postmoral time when the moral values are replaced by other value categories. So who decides what medical intervention is acceptable and how far transhumanism may arrive?

Keywords: autonomy, performance art, postmoralism, transhumanism

Introduction

The transhumanism is a concept introduced in our society to describe the status of the humanity in relationship with the new biotechnologies. Nowadays, the concept of being human is questioned by the biotechnological advancement. But how exactly is defined the transhumanism? „The transhumanism could be defined simply as an intellectual movement and a way of thinking about the future, based on the idea that the human species in its current form does not represent the end of our evolution, but a comparatively early stage.”(Brudar & Perić, 2021, p. 119) Therefore, Daniel Estulin sees the transhumanism as „a high-tech dream of computer scientists, philosophers, neuroscientists and many others” (Estulin, as cited in Gavriluță, 2018, p. 159). The purpose of this biotechnological improvement of the human being is to ““augment the human body and mind and ultimately the entire human experience”. People with augmented bodies and brains will no longer be people, but superhumans, basically, *posthuman* entities.” (Estulin, as cited in Gavriluță, 2018, pp. 159-160)

As we said, the transhumanism is foremost a philosophical theory. However, there are a lot of debates around transhumanism because of its impact in the evolution of the biomedical interventions on human body. If we try to make a classification of transhumanist interventions, it is necessary to mention that those could aim finalities on body or mind. No matter what kind of intervention it would be, this one will have as interface the corporeality. Even if we talk about an intervention that aims the mind, this one will also interfere with the brain/body which stands as a support for the mind. Other criteria for classification may aim the specificity for the humans to have or not that trait – therefore the interventions would be

typical – concerning the improvement of an ability present in human beings – or atypical – the development of an ability that is not present in human beings. By putting together the two mentioned criteria, we will have the following classification of the possible transhumanist interventions:

- Typical mental finalities: Improving emotional instability through the use of biotechnologies (Gavriliuță, 2018, p. 165);
- Atypical mental finalities: Transposing the human brain with all the information into a computer (Gavriliuță, 2018, pp. 165-166);
- Typical corporeal finalities: The use of biotechnologies in improving physical disabilities (Gavriliuță, 2018, p. 160);
- Atypical corporeal finalities: Implantation of a sensor for the perception of earthquakes – Moon Ribas (Joosten, n.d.).

In our paper, we intend to focus on the corporeal finalities which may be classified as practical (e.g. therapeutic clinical interventions) or non-practical (e.g. Performance art).

The non-practical intervention on the human body raises the most of the ethical questions. However, because of the supposed transition toward something new – a different kind of life experience, the transhumanism raises some questions concerning the moral aspects of so called “*evolution*”. The aim of our paper is to analyze the answers given by the transhumanism to the following four questions: Do we become more or less human through transhumanism? From a moral approach, would we consider this evolution to be one with positive or negative consequences for humanity? Does artistic performance with medical interventions make us more human? Who decides what medical intervention is acceptable and how far will go the transhumanism?

What is it to be human?

As we see, the transhumanism poses itself as a stage in the evolutionary process of the humanity toward the posthumanism. Therefore, one important question is: What make us human? Francis Fukuyama mentions about X Factor (Fukuyama, 2002, p. 175) which results by removal of unforeseen and accidental human features. It is about the possession of a set of unique traits, specific to the species. In the case of the human being, we may mention the following ones: reason, the ability to make moral decisions, the possession of a range of specific emotions, the possession of specific physical abilities. The individuals belonging to the human species possess, to a higher or lower degree (Fukuyama, 2002, p. 176), its specific features and, based on them, they will benefit from certain rights (Fukuyama, 2002, p. 179).

“*Humanism* is a broad category of ethical philosophies that affirm the dignity and worth of all people, based on the ability to determine right and wrong by appeal to universal human qualities—particularly rationality.[...] Humanism entails a commitment to the search for truth and morality through human means in support of human interests.” (Wolfe, 2009, p. xi)

Performance art: toward experimental intervention on the human body

Performance art has its origins in the futurism of the 50s (Gompertz, 2014, p. 281), being developed in parallel with body art, having reciprocal influences. This artistic intervention involves time, space, the artist and the body. Moreover, it is a happening art which concerns to build a relationship between the artist and the audience (Taylor & Fuentes, 2011, p. 26): “Performance is the guerrilla branch of art, having a habit of appearing out of nowhere, making its presence felt and then disappearing into the dubious annals of rumour and legend.” (Taylor & Fuentes, 2011, p. 282) Later, the performance art interventions were documented through photography and video materials.

Among the pioneers of the performance art we can mention Marina Abramović (Marina Abramović, official website: <https://mai.art/>), born in 1946, and Ana Mendieta (Ana

Mendieta, official website: <https://www.anamendietaartist.com/>), 1948 –1985. Marina Abramović has a performance art intervention *Rhythm 0* (MOMA, 1974), the purpose was to expose the violence on the human body. In this context, she decided to let herself unmoved at the disposition of the public: she was letting them doing whatever they wanted to her body by taking one instrument from the table. At the end of the six hours she walked around the room looking at people who had an intervention on her body. This last moment of her performance was unexpected for the public. In the same year, 1974, Ana Mendieta has realised the performance *Blood and Feathers* where she intends to represent the violence against the female body by covering her body with blood and feathers.

The performance art was introduced in the clinical space by Orlan (Mireille Suzanne Francette Porte), a French artiste born 1947. She realizes the performance art intervention series *Manifeste de l'Art Charnel* (Carnal art manifesto) between 1990 and 1993 (Orlan, 2001). She had a series of atypical esthetic interventions on her body. Therefore, she introduced the concept of *carnal art* offering the dimension of a modified *ready-made* to the body (Jeffries, 2009). In this context, Orlan was the promoter of a new attitude towards the human body by an approach – named carnal art – that remove the suffering aspect from the performance art intervention. Her approach to the human body as a modified *ready-made* reached later the public through transhumanist and posthumanist philosophers. The movement initiated by the artist aims to denounce physical violence. In 2018 Orlan came with an important transhumanist work: *LA et ROBOT ORLAN-OÏDE* (Orlan, official website: <https://www.orlan.eu/>).

A better representative of the transhumanist performance art is Stelarc, born in 1946 as Stelios Arcadiou. His entirely work is focused on transhumanist art, for exemple *Extended arm* (2000) and *Ear on arm* (2006). (Stelarc, official website: http://stelarc.org/_.php) Some of his works are performance. One of the most important is *The third hand/Involuntary body* realized in 1980 (Stelarc, 2014). In the mentioned art intervention, Stelarc performed having attached a third hand controlled by sensors; in the same time his left hand became involuntarily moved by the attached electrodes. The artist tried to express the positive and negative impact of emerging biotechnologies on the human body and society. Hence, we may consider Stelarc as a vanguardist of performance art by being a vector of the development of transhumanism in experimental directions.

Ethical debate

The ethical debate may be focused on the justification of an atypical and non/practical medical intervention on the human body. Talking about the ethical issues led by the performance art interventions on the human body, we should consider the different kind of values and principles involved in someone's decision: moral, medical, intellectual, artistic and economic, etc. (Teodorescu, 1996) Concerning the moral values established in the medical field, we may mention the following ones: fidelity to trust, compassion, phronesis (practical wisdom), virtue, justice, fortitude, temperance, integrity, self-effacement. (Pellegrino & Thomasma, 1993) The mentioned values should characterize the behaviour of the physicians in their relationship with the patient; those were drawn for the therapeutic clinical interventions. Beauchamp and Childress (2013) talk about discernment which is considered, by some theoreticians to be the same as *phronesis*: "The virtue of discernment involves understanding both that and how principles and rules apply in a variety of circumstances." (Beauchamp & Childress, 2013, p. 39) The same authors established four principles for medical decisions: autonomy, beneficence, nonmaleficence and justice. (Beauchamp & Childress, 2013) Those principles aim the fact to have a positive impact on the health of the patient by a certain medical intervention. There is no question about an atypical and non-practical intervention.

Three decades ago were mentioned as established a few criteria for deciding if a certain medical intervention should be performed or not. First of all, we should remember that statistical assessment does not always equate to individual assessment. In any case, it was assumed that the medical intervention should solve a problem of medical necessity. The other few points to be accomplished aim the risk: the risk must always be accepted only in the patient's interest; the risk must be freely and clearly accepted by the patient, not so much to cover the doctor, but to respect the patient's sovereign right to his body; accepting the risk of not having foreseeable negative human effects; the risk should having utility and to be socially justified; the risk is accepted in the absence of any alternatives. (Terbencea & Scripcariu, 1989, p. 277) Jean-Baptiste Fressoz defines the risk as being an applied calculus, of the probabilities, to the life, death, health affairs (Fressoz, 2012, p. 27). As we may observe, the mentioned criteria could be applied to consider a therapeutic clinical intervention but how has postmodernism changed the decision-making approach regarding interventions on the body?

Features of postmodernism

The postmodernism came with a certain number of changes at the societal level. The French philosopher Jean-François Lyotard described it as being an “untrust on the great narratives”. (Gompertz, 2014, p. 313) The postmodernism was opposing to the modernism which is considered to be possible to find an all-encompassing solution to humanity's problems. The theory of the postmodernism was reflected through its actions in the changes of the society's morality: fragmentation of moral values (Engelhardt, Jr., 1996., pp. 78-83), relativization of moral principles (Gray, 1999, p. 1550), favoring the principle of autonomy (Samuels, 2008, p. 221). In bioethics, the autonomy overrides the other principles. (Sandu, 2012, p. 180-181)

The fine arts field is an area where the postmodernism is manifested through reaffirming the amoral (Soffici, 1981, p. 338) and non-utilitarian character (Soffici, 1981, p. 323), but also of the purely artistic value of the art (Soffici, 1981, p. 319). Therefore, the principle *art for art* was established regarding the transmission of an artistic-message impression through it. But, in the same time, the mentioned features of an art intervention are in accord with the tendency to give a voice to social problems (Elsen, 1983, pp. 335-336) by using an artistic jargon (Soffici, 1981, p. 343). Another challenge produced by the postmodernism in the world of the arts was the apparition of anti-art as a shock phenomenon. (Argintescu-Amza, 1973, p. 204)

As we believe, medicine is a field in which postmodernism has also had influence, as long as medical institutions should meet the needs of today's society. Today, the patient is able to inform himself by accessing evidence-based information from online medical libraries. Two of the features that appeared in the context of the postmodern medicine are: an ambiguity regarding the conduct the doctor must adopt, but also a greater concern for risks than for benefits. Moreover:

“To cope, postmodern health will not only have to retain, and improve, the achievements of the modern era, but also respond to the priorities of postmodern society—namely: concern about the values as well as evidence; preoccupation with risk rather than benefit; the rise of the well-informed patient.” (Gray, 1999, p. 1551)

Life in a postmodern society where transhumanism makes its place larger gave birth to posthumanism which came with a few features concerning the human existence. Its presumption is there is no human essence (Fukuyama, 2002, p. 187) – we call the features of a certain evolutionary moment (Fukuyama, 2002, p. 189) to be the human essence. Unfortunately, the human body and the mind are in a state of being outdated (Günter, 2002). Posthuman man is portrayed in this way: from being a slave, man becomes the master of genes (Gavriliuță, 2018, pp. 194-195); lacking human emotions and empathy (Fukuyama,

2002, p. 187); able of prolonging his life and improving his quality of life to any extent (Gavriliuță, 2018, pp. 197-198), increasing his physical (Gavriliuță, 2018, p. 172) and mental capacities (Gavriliuță, 2018, pp. 177-178). In this context, there is a need for a new approach and new criteria for the evaluation of a medical decision.

If we mentioned about postmodernism and its impact on morality, we cannot overlook the fact that performance art which involves medical interventions came with a huge impact on the morality of the medical act. Therefore, the performance art may be involved in the passing from the moralist view to the postmoral age. To understand the last one, we remember the features of the moral approach in bioethics: it has a teleological orientation, it is in the search for absolute truth, and it has well established sets of moral values and clear limits concerning the intervention on the body. In contrast with this one, the postmoral perspective in bioethics came with the following features: it has an orientation toward the here and now, truth is seen as relative (to something), there is an orientation towards other categories of values (economic, intellectual, cultural, artistic) instead of moral ones as a source of truth/good, it dissipate the limits of interventions on the body. (Olaru, 2007a, 2007b)

As we mentioned, in postmoralist age, the autonomy principle is favoured and this aspect come with a few changes for the clinical environment and of the physician - patient relationship. The first understanding of the autonomy principle concerns the ability of individuals to give law to their own person (Sandu, 2012, p. 178). A second approach on the autonomy describes this principle as being the ability of the individuals of making their own choices by not following the rules. Therefore, "Those who make controversial choices are much more autonomous than those who obey uncritically to habits and status-quo". (Sandu, 2012, p. 179) The improvement of the autonomy in the clinical space comes with two positive effects. First of all, the patient can choose the medical interventions according to his own preferences and values and this will lead to the second one: it will improve the authenticity and the quality of the patient's life. (Gray, 1999) Unfortunately, the primacy of the autonomy will also have a few negative consequences. The clinician becomes just a technician and a source of medical information. It will also produce a proliferation of the habit to search for information from unauthorized sources which will come with a proliferation of controversial choices. (Sandu, 2012, p. 199) In this context, the question is if the controversial choices are indeed in the best interest of the patient or not.

Taking into account the aspects mentioned above and the theories from the field, the transhumanism that represents the passing from humanism toward posthumanism may offer, in our understanding, the following answers to the questions formulated in the introduction. First of all, the transhumanism does not influence the human character of man, but the way we relate to this quality. The transhumanist Christians even say that the use of the biotechnologies enhances our humanity. (Gavriliuță, 2018, pp. 166-167) As an answer to the second question, the transhumanism may be seen a normal – natural, as Orlan says about transhumanism (Museum TV, 2021) – human evolution with a decisive impact on the moral values of the medical act. And specifically about the medical intervention that aims to be a part of a performance art intervention, it may say that the artistic performance through medical interventions has the ability to reveal the evolving human nature of our species. And this aspect implies that the patient – the customer – decides which medical intervention is acceptable and if there will be limits in the development of transhumanism. In this question the physicians may claim an issue of medical conscience.

Conclusion

Taking into account the involvement that performance art has in the context of transhumanism upon the perception of the medical act; we may develop a short debate

concerning the fact that there is a risk of the *slippery slope effect* regarding the transformation of the concept of being *human*. The *slippery slope effect* aims to the phenomenon of entraining new changes in a certain area by accepting some minor moral changes. Therefore, the perception, at the social level, of the medical interventions once considered unacceptable may be changed by accepting the intrusion of the performance art in the clinical space.

In conclusion, we may see the intersection of performance art with transhumanism as a topic of interest in bioethics in order to not let becoming pointless the debates regarding the trinomial: *corporeality*, *human specificity* and *identity*. In this context, identity refers, in fact, to a feature that is repeated in someone's behaviour. (Clear, 2019, p. 50)

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