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## Symbolic Palliatives or Biotechnological Interventions? Responses to Illness, Pain, and Suffering

**Abstract:** My study examines two divergent modes of conceptualizing illness, pain, and suffering, each grounded in distinct philosophical horizons. Phenomenological and hermeneutic traditions (Maurice Merleau-Ponty, Paul Ricœur, David Le Breton, et al.) regard these experiences as existential events that inscribe meaning upon the lived body; pain here emerges as a liminal phenomenon that discloses vulnerability and opens a symbolic space for reinterpreting the self. By contrast, transhumanist discourse (David Pearce, Nick Bostrom) construes pain as a design flaw – an intolerable biological defect, epistemically reduced to neurochemical dysfunction and technologically destined for eradication, stripped of emotional and symbolic complexity. This opposition highlights broader questions of finitude and the salvific aspirations projected by contemporary technological imaginaries.

**Keywords:** Body; Illness/ Pain/ Suffering; Phenomenology; Identity; Symbolic Palliatives; Transhumanism; Biotechnology.

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Pain, illness, and suffering are decisive sites where the meaning of human existence is negotiated and transformed. Far from neutral, they intrude upon lived experience, fracture its continuity, unsettle identity, and confront individuals with the inevitability of mortality. This study considers two paradigms of response to such existential threats: phenomenological and hermeneutic traditions, which propose symbolic redefinitions of the self, and transhumanist discourse, which envisions the complete eradication of pain through technological means. By juxtaposing these paradigms, the analysis interrogates the epistemological, ontological, and ethical stakes that shape contemporary imaginaries of pain and its overcoming.

What is pain? Any attempt to answer this question is mediated by the ontological and epistemological framework within which the body and its modes of experience are conceived. If the body is defined within the disciplinary logic of classical medicine, pain is interpreted as a biological phenomenon, circumscribed to the somatic and explainable in terms of nociceptive stimuli, lesions, inflammations,

or identifiable pathologies. Within this framework, pain is understood as a measurable, quantifiable, and treatable condition – an imbalance to be corrected, an anomaly to be suppressed. If, however, the body is regarded as a palimpsest inscribed with sociocultural meanings, pain acquires a radically different epistemological status: no longer a mere somatic manifestation with a clinical label, it becomes an over-coded, socioculturally mediated experience that profoundly shapes identity. The very delineation and legitimization of categories such as illness, symptom, pain, or treatment emerges from within a complex discursive and institutional apparatus; these categories are normative constructions, at once indexing the material reality of the body and inscribing it within configurations of power, epistemic hierarchies, and taxonomic regimes of knowledge. In contrast to the biomedical model, philosophical traditions conceive of the body as a site of inscription of meanings, a text that testifies to social, cultural, and historical norms. Within this perspective, pain and illness emerge as totalizing experiences, affectively and symbolically charged, irreducibly complex, often ineffable and unspeakable. Illness is a moment of crisis that unsettles both personal identity and social order, provoking renegotiations of the self and of the relationship with one's own body. Pain, in turn, manifests beyond physiology, entangled with language, memory, and the symbolic structures through which the human being represents its body and its suffering.

In her influential book *The Body in Pain*, Elaine Scarry analyses the phenomenology of physical suffering, identifying its defining characteristics – aversiveness,

the dual experience of agency, the collapse of private and public boundaries, the destruction of language, the obliteration of consciousness, and finally its terrifying totality; synthesized in this way, the defining dimensions of pain provide a coherent framework that will serve as the conceptual reference points for the present study. Elaine Scarry begins with the foundational fact that pain is defined by its aversiveness: unlike other sensations, its very content is negation. Pain feels radically alien, hostile, demanding immediate expulsion:

pain is a pure physical experience of negation, an immediate sensory rendering of 'against', of something being against one, and of something one must be against. Even though it occurs within oneself, it is at once identified as 'not oneself', 'not me', as something so alien that it must right now be gotten rid of<sup>1</sup>.

Closely tied to this is pain's double agency. Pain is felt as both an internal force – one's body turning against itself – and as an external assault, even when no weapon is present. The boundary between inside and outside dissolves, producing a grotesque conflation of private and public: the absolute solitude of pain combined with merciless exposure. The sufferer is forced to attend to the most intimate functions of the body under surveillance, stripped of any protective privacy or meaningful community. Scarry underlines that "in the utter absence of any actual external cause, there often arises a vivid sense of external agency, a sense apparent in our elementary, everyday vocabulary for pain: knifelike pains, stabbing, boring, searing pains"<sup>2</sup>. Another

central feature is pain's assault on language. At first it monopolizes speech, reducing it to complaint, then destroys coherence altogether, regressing to cries before language; pain thus undermines the very medium through which it is communicated and recognized. Pain also obliterates consciousness, progressively dismantling perception itself until the world is dissolved. These features culminate in pain's totality. What begins as an alien intrusion eventually consumes everything, erasing distinctions between self and other, private and public, body and world. It displaces all else until it becomes the sole, overwhelming fact of existence: “[p]ain begins by being ‘not one-self’ and ends by having eliminated all that is ‘not itself’”<sup>3</sup>. At first occurring only as an appalling but limited internal fact, it eventually occupies the entire body and spills out into the realm beyond the body, takes over all that is inside and outside, making the two indistinguishable.

Consequently, pain is a profound unmaking: of the body, of language, of consciousness, and of the shared world. The characteristics of pain mapped by Elaine Scarry – aversiveness, agency, boundary collapse, linguistic destruction, consciousness obliteration, and totality – will constitute the conceptual matrix through which this study reconsiders and reconfigures the phenomenon within wider theoretical debates.

We will engage in exercises of imagination, working with two divergent scenarios of meaning: one grounded in a humanist horizon, the other in a transhumanist vision marked by exalted salvific aspirations. In the first scenario – closely resembling what (medical) reality currently offers – pain can be alleviated up to a

certain point; beyond that threshold, the only available responses are symbolic palliatives, which remain unsatisfying for many. Yet we might hypothesize that pain, as one of the accidents of existence, can teach us something: that the experiences of illness, pain, and suffering may become liminal events – thresholds of passage and transformation – in which, confronted with our own vulnerability, we interrogate and reconfigure our identity, we mobilize the resources of mind and symbolic systems.

In this sense, we may recall an observation by Maurice Merleau-Ponty and take it as our premise: as he argues in *Phenomenology of Perception*, we are our body; we live with and through our body – or, more precisely, we live it from within, as the unique mode of our being-in-the-world. In the important chapter entitled “The Theory of the Body is Already a Theory of Perception”<sup>4</sup>, Merleau-Ponty asserts that “[o]ur own body is in the world as the heart is in the organism: it keeps the visible spectacle constantly alive, it breathes life into it and sustains it inwardly, and with it forms a system”<sup>5</sup>. For Merleau-Ponty, the body is the very medium through which our relations with the world unfold: it grounds both perception and action, functioning as the texture that sustains objects and as the fundamental instrument by which the world becomes intelligible. But what happens when the body malfunctions? Like an old machine, it begins to fail, suddenly becoming uncomfortable, even intolerable, demanding attention and expense. Under the pressure of pain, the human being is compelled to confront its own vulnerability, the opaque materiality of its flesh.

For Paul Ricoeur as well, the body is the primordial site of our being, the

ontological anchoring point through which existence is both suffered and interpreted; it is the embodied ipseity that mediates between identity and alterity. Citing P. F. Strawson, Ricoeur defines the body, in *Oneself as Another*, as a “basic particular”<sup>6</sup>, an originary locus of identity. Bodily well-being represents the primary form of equilibrium, the *princeps* experience of unity between self and world. When this equilibrium deteriorates, what the self knows of itself through its body is likewise disrupted. We recall that Ricoeur articulates a fundamental conceptual distinction within personal identity, opposing *idem-identity* and *ipse-identity*. *Idem* refers to the dimension of sameness – the continuity of stable traits and characteristics that ensure a person’s recognizability across time. *Ipse*, by contrast, designates the reflexive and ethical dimension of selfhood: the capacity to maintain fidelity to oneself and to weave a coherent narrative of one’s life, even in the face of rupture, change, and transformation. The intrinsic tension between these two levels of identity becomes acute in limit-experiences of suffering, pain, and illness. Somatic disruptions reverberate through the fragile fabric of selfhood, obscuring the individual’s capacity to say who he or she is, while at the same time diminishing – even annulling – the power to act, to sustain initiative, to confer meaning, and to uphold the temporal continuity of existence.

In the wake of phenomenology, David Le Breton likewise conceives of the body as a mediating space between self and world, inscribed with codes, norms, values, and relations of power. For Le Breton, the human being *is* body, and it is through the body that one inscribes oneself into the

world – both literally and metaphorically. Pain, for him, is a sign: human beings do not merely *feel* pain, they signify it, discharge it into language, interpret it, stage it, or repress it, always in relation to codes and values. David Le Breton’s insistence on the intrinsic bond between pain and its expression in language has become a common point of reference within the field of Critical Medical Humanities; this is exemplified in *The Edinburgh Companion to the Critical Medical Humanities*, where Suzannah Biernoff argues that “pain is never just what is spoken of, but how it is spoken”<sup>7</sup>.

Pain is both content and form, its significance inseparable from the ways in which it is articulated. Each culture elaborates its own discursive and performative scenarios of pain. There are cultural contexts in which stoicism is valorised; in others, public lamentation holds crucial social and religious functions. Moreover, the semiotics of pain is distinct in that it does not rely solely on verbal signs: the suffering body becomes a semiotic surface, a site where gestures, facial expressions, and postures communicate together within the symbolic economy of illness. For pain is, in its essence, polyphonic: it is word, cry, moan, scream, grimace, gesture. Even the decision to remain silent is socially and culturally overdetermined, explicable in terms of norms, gender, status, or individual histories. It is unfortunate that such ideas have not yet been fully integrated into classical medicine, which tends to overlook the symbolic dimension of the body. In *L’Homme douloureux*, co-authored with physicians Guy Simmonet and Bernard Laurent, David Le Breton criticizes the grave depersonalization of illness, observing:

In the gradual elaboration of its knowledge and practices, medicine has neglected the subject and his history, his social milieu, his relation to desire, to anxiety, to death, to others, the conditions of the emergence [of illness], the meaning of illness in the eyes of the affected individual, in order to focus instead on a bodily mechanism declined in various forms<sup>8</sup>.

The emergence of the Medical Humanities and of Narrative Medicine may begin to address these shortcomings. But what remains to be done here and now, when medicine itself so often appears powerless and when pain, illness, and suffering seep through every layer of being? Philosophers and anthropologists point to resources of symbolic resistance – palliative strategies that, though never definitive solutions, provide a symbolic resolution that helps sustain life. These forms of symbolic palliative care demand sustained spiritual labour, reflexive and affective efforts; yet their very imperfection renders them precious, for they endow suffering with meaning and preserve individual experiential and affective heritage.

Paul Ricoeur, for instance, sees as a response to illness and pain the necessity of initiating a labour of narrative reconfiguration of the self. Narrative transposition is a hermeneutic challenge: it compels the individual to confront the images reflected in the mirrors of language, to reflect and to choose forms of expression never previously attempted, precisely because the brutal experiences of suffering had never before been endured. Ricoeur speaks of the need for a clarification of the self – through the mind, which must assist a suffering body,

preparing the being for the discomfort of being thrown into the world and for the possibility of non-being. Illness issues many demands. To use, for the sake of traditional metaphors, the dualism of body and mind: illness, pain, and suffering oblige us not only to administer a body but also to restrain a mind – one that, invaded by dysphoric emotions, fears, and sadness, must simultaneously serve as witness and caregiver, as support and symbolic mediator, helping the being to negotiate a new relationship with the world, to learn the lessons of resilience and of balance. Pain has a revelatory function: it dissolves the ordinary horizons of meaning, obliging a rewriting of self-representations and the integration of suffering into one's own life-story.

From this perspective, pain becomes the very condition for the emergence of the self in its fragile truth. Thus, Ricoeur provides conceptual tools to problematize crises of identity within a hermeneutic framework of existential resilience – not *sub specie aeternitatis*, but as promise and fidelity to the self in a state of vulnerability. The response to illness, pain, and suffering calls for a hermeneutic commitment: however difficult it may be to accept, these experiences become occasions for the symbolic reconstruction of the self, precisely because the otherness that suffering introduces into being cannot be ignored. Illness teaches that clinging to the illusory stability of identity is impossible; what is required instead is the acceptance of change, the confrontation with one's symbolic wounds, and the recognition of them as one's own.

In line with Ricoeur, Le Breton insists that pain and suffering cannot be exhaustively explained through negative

categories alone. In spite of the alienation it entails, suffering and pain constitute some of the most authentic expressions of being, for they bring to the stage of life vulnerability, finitude, and the reality of embodied existence. Identity is not defined *in spite of* pain, but often *through it* and *because of it*. Pain is not merely something we *have*; it is something we *are*, something we *become*. It would be a profound loss, I believe, to preserve within our identity only what was lived in moments of well-being, while expunging all that pertains to illness, pain, or suffering.

The intellectual and emotional strategies to which David Le Breton appeals have a carefully reasoned clarity: illness is already there – an incident that, however much we may wish otherwise, cannot be ignored; why then, the French anthropologist asks, should we not rewrite illness as we choose? Why not make of illness itself a ground of inner strength, of transformation, even of transcendence? If pain inevitably makes us into something we had not been before, why not allow suffering to generate new versions of the self – perhaps more lucid, more fully assumed? Even if this appears a poor consolation, the organs – or life itself – may be affected, yet the symbolic dimension is preserved.

In the transhumanist scenario to which I now turn, the proposed solutions operate on an entirely different scale. In contrast to the humanist scenario, where the burden of symbolic labour falls upon us, the transhumanist vision may pleasantly surprise us, for the good news is that nothing is required of us – the work will be performed upon us. The text from which I excerpt is *The Hedonistic Imperative* by the transhumanist philosopher David

Pearce. Together with another philosopher, Oxford professor Nick Bostrom, Pearce co-founded *Humanity+* (originally the *World Transhumanist Association*, WTA), an international non-profit organization that promotes transhumanism and advocates the rational and ethical use of technology to expand the physical, cognitive, and emotional capacities of the human being. *Humanity+* publishes *H+ Magazine*, a platform for disseminating ideas and research in the field of transhumanism, and organizes international multidisciplinary conferences bringing together leading figures from artificial intelligence, neuroscience, robotics, ethics, law, and other domains. The organization has contributed significantly to the legitimization of transhumanism as an academic field. The two founders now pursue different projects, Pearce devoting himself primarily to the abolition of pain and suffering.

For those acquainted with the contemporary landscape of cultural ideas, the contours of the ontological optimization contract proposed by transhumanism are already broadly familiar. I will mention only in passing its ambitious promise of immortality: the elimination or radical suspension of biological aging and age-related decline, without abolishing the possibility of death from other causes. Ultimately, what is proposed is the eradication – or, at the very least, the radical deferral – of what is construed as the biological design flaw we call death, even if, as Heidegger observes, the human condition has been defined as *Being-towards-death*<sup>9</sup>. What once appeared as ontological certainty is reframed as technological contingency, subject to indefinite deferral through interventions that eliminate the wear of components. If

amortality – perpetuity in a bodily state – is indeed desirable, then illness, pain, and suffering acquire a new meaning: illness becomes, in short, a system error; pain, an obsolete biological signal; suffering, an affective dysfunction. In the transhumanist register, to die is a failure, to be ill a deficit of efficiency, and to suffer pain an extravagant expenditure of energy.

Pearce's manifesto, *The Hedonistic Imperative*, proclaims that illness, pain, and suffering are phenomena that can be completely eradicated – and that this is not merely a possibility, but a moral obligation. What is envisioned is, on the one hand, the elimination of all forms of emotional, physical, and psychological suffering, and on the other, a paradisiacal engineering: the intensification of pleasure and well-being beyond their current limits. Absolute pleasure, zero illness, zero pain, zero suffering – these are the ideals of this utilitarian transhumanism. Hedonic engineering mobilizes diverse instruments: chip implantation, personalized psychoactive therapies, genetic editing, brain-computer interfaces, and more. The goal is to construct a hyperthymic humanity, in which all individuals will be endowed with an innate, stable, and resilient positive disposition. Admittedly, occasional mood errors may still occur – such as sadness or melancholy – but these evolutionary relics will be identified and corrected through neurotechnological interventions. Adaptive behaviours such as prudence or empathy will remain, yet stripped of their accompaniment by pain or anxiety. In other words, we may preserve “good” behaviours without “bad” emotions. For Pearce, the commandments of *The Hedonistic Imperative* are ethical urgencies. It is our duty, if we can transcend

the biological limits imposed by evolution, to become the architects of our own well-being.

Let us allow Pearce's own words to speak here, drawn from the web pages devoted to his transhumanist project:

### **0.1 The Naturalisation of Heaven.**

This manifesto combines far-fetched utopian advocacy with cold-headed scientific prediction. *The Hedonistic Imperative* outlines how nanotechnology and genetic engineering will eliminate aversive experience from the living world. Over the next thousand years or so, the biological substrates of suffering will be eradicated completely. “Physica” and “mental” pain alike are destined to disappear into evolutionary history. The biochemistry of everyday discontents will be genetically phased out too. Malaise will be replaced by the biochemistry of bliss. Matter and energy will be sculpted into life-loving super-beings animated by gradients of well-being. The states of mind of our descendants are likely to be incomprehensibly diverse by comparison with today. Yet all will share at least one common feature: a sublime and all-pervasive happiness. This feeling of absolute well-being will surpass anything contemporary human neurochemistry can imagine, let alone sustain. The story gets better. Posthuman states of magical joy will be biologically refined, multiplied and intensified indefinitely. Notions of what now passes for tolerably good mental health are likely to be superseded. They will be written off as mood-congruent pathologies

of the primordial Darwinian psyche. Such ugly thoughts and feelings will be diagnosed as typical of the tragic lives of emotional primitives from the previous era. In time, the deliberate re-creation of today's state-spectrum of normal waking and dreaming consciousness may be outlawed as cruel and immoral. Such speculations may currently sound fantastical. Yet the ideas behind this manifesto may one day be regarded as intellectually *trite* – albeit today morally urgent. For as the genetic revolution in reproductive medicine unfolds, what might once have been the stuff of millennialist fantasy is set to become a scientifically feasible research program. Its adoption or rejection will become, ultimately, a social policy issue. Passively or actively, we will have to *choose* just how much unpleasantness we wish to create or conserve – if any – in eras to come<sup>10</sup>.

We may observe that, from the status of a personal philosophical option, hedonism is transformed into a universal moral imperative – equivalent, let us say, to the abolition of slavery or of torture. Like any effective manifesto, it calls not merely for “dreaming” but for action – making the eradication of illness, pain, and suffering into a moral priority. At the conclusion of this passage, the immense weight of decision is placed upon our shoulders: should we persist in choosing biology as destiny, should we resist these developments, it is as though we had chosen to preserve all that is worst for future generations.

A number of Pearce's further formulations call for closer critical examination. Pearce denounces natural reproduction as

the very source of an affective epidemiology of suffering: severe traumas, chronic stress, latent anxieties – all of these, within this framework, are not exceptions but inevitable and systemic. To live naturally is, in fact, to be condemned to a biochemistry of compromise. We are reminded that natural selection has never been concerned with the happiness of the individual, but solely with the efficiency of genetic replication. Hence, it becomes difficult to understand any refusal to embrace the transition to a post-Darwinian level of existence, in which beings are preconfigured for happiness. One further observation is crucial: access to paradise, to a state of hedonic homeostasis, is guaranteed *within life itself*, since death no longer arrives. Everything depends upon our willingness to accept chemical optimization.

### 1.3 The Civilising Neurotransmitter.

[...] As hedonic engineering develops into a mature biomedical discipline, the generic modes of paradise we opt for can be genetically pre-coded. Native-born ecstasies will flourish. All the wonderful models of mental superhealth discussed in this section of HI may come to be viewed as simple-minded prototypes. The innovative, high-specification bio-heavens beyond will be far richer. We lack the semantic competence to talk about them sensibly. Yet however inelegantly our goal may be accomplished at first, the ultimate strategic objective should be the neurochemical precision-engineering of happiness for every sentient organism on the planet<sup>11</sup>.

Pearce's speculative projections sketch a catalogue of sensory, affective, and aesthetic

intensifications that would accompany the neurochemical redesign of human experience: an exalted contemplation of nature, an unprecedented deepening of musical and artistic perception, erotic pleasure liberated from jealousy, and even the promise of new taxonomies of language. The rhetorical movement of these passages rests on hyperbolic contrasts – between medieval mystics and posthuman musicians, between the “toy-town lexical tokens” (as Pearce puts it) and the future vocabularies of bliss, between present erotic life and the intoxicating intensities yet to come. Yet precisely this exuberant register invites scrutiny. By translating symbolic, existential, and intersubjective dimensions of human life into matters of neuroengineering, Pearce risks dissolving the very ambivalences and tensions that make them meaningful. The imagined “recrystallisation” of self-esteem and universalized love may offer the language of redemption, but it also reduces fragile, historically situated modes of selfhood to technical malfunctions awaiting repair.

Here again are Pearce’s ideas, expressed in his conceptual idiom:

### **1.7 How Could Anything Be So Good?**

Perhaps a few examples of early post-Darwinian life are in order.

The Nature-lover, for instance, will be able to contemplate with awe-struck reverence scenes of overpowering sublimity eclipsing the superficial prettiness on offer before.

A musician may wish that those of his functional modules which mediate musical appreciation should receive especially rich innervation from his freshly amped-up pleasure system. (S)he might then hear, and have the

chance to play, music more exhilarating and numinously beautiful than his or her ancestors ever dreamed of; the celestial music of the spheres heard by privileged medieval mystics will be as a child’s toy tin-whistle in comparison. The sensualist will discover that what had previously passed for passionate sex had been merely a mildly agreeable piece of foreplay. Erotic pleasure of an intoxicating intensity that mortal flesh has never known will thereafter be enjoyable with a whole gamut of friends and lovers. This will be possible because jealousy, already transiently eliminable today under the influence of various serotonin-releasing agents, is not the sort of gene-inspired perversion of consciousness likely to be judged worthy of conservation in the new era.

A painter or connoisseur of the visual arts will be able to behold the secular equivalent of the beatific vision in a million different guises, each of indescribable glory. The toy-town lexical tokens we permute today will by then be an archaic residue of little use in evoking their majesty. As language evolves to reflect and navigate ever more exalted planes of being, fresh taxonomies of pleasure-concepts will be pioneered to help define newly-discovered modes of awareness.

As an exercise, the reader may care briefly to summon up the most delightful fantasy (s)he can personally conceive. Agreeable as this may be, states of divine happiness orders of magnitude more beautiful than anything the contemporary mind can access will pervade the very fabric of reality in

generations to come. Even the most virile of imaginations can apprehend in only the barest and formal sense the ravishing splendour that lies ahead.

### 1.8 All We Need Is Love?

Still in a personal vein, fragile self-esteem and shaky self-images will be beautified and recrystallised afresh. For the first time in their lives, in many cases, human beings will be able wholeheartedly to love both themselves and their own bodily self-images. Bruised and mutilated egos can thus be strengthened. They can be regenerated anew from the wreckage of the Darwinian past. Love will take on new aspects and incarnations too. For instance, we will be able, not just to love everyone, but to be perpetually in love with everyone, as well; and perhaps we'll be far more worth loving than the corrupted minds our genes program today<sup>12</sup>.

The language of transhumanism engages pain only to redefine it as something to be eradicated, erasing every negative category and inscribing discourse with the promise of an ideal yet implausible happiness marked by a utopian resonance. Even for those who resist the technosuprarealist vision of transhumanism, it remains impossible to ignore the profound and unavoidable questions it raises. In situations of vulnerability, individuals often turn to compensatory imaginaries – sometimes of a Faustian nature – shaped by the hope of restored health. Likewise, in contexts of pain and suffering, the longing for deliverance is anything but unintelligible. Yet this same horizon provokes critical inquiry:

what would human existence become if illness, pain, and suffering were abolished, and death itself was rendered optional? What form of life might unfold within an eternal present? What spiritual or existential costs would accompany the condition of unbroken ecstatic health? And, more urgently still, would anything of our present self-understanding survive under such circumstances?

A further interlocutor in the transhumanist debate – introduced here for the sake of dialogical balance – is Nick Bostrom, Professor at the University of Oxford and one of the most influential contemporary thinkers on human enhancement through technology. His most widely disseminated programmatic text, *The Transhumanist FAQ*, articulates the philosophical foundations of transhumanism: life extension, the management of suffering, and the technological augmentation of human biology as presently constituted. Bostrom's subsequent works – *Anthropic Bias: Observation Selection Effects in Science and Philosophy* (2002), *Superintelligence: Paths, Dangers, Strategies* (2014), and *Deep Utopia: Life and Meaning in a Solved World* (2024) – offer metacritical analyses that are both conceptually eclectic and marked by a tension: they interweave euphoric promises of transformation with more sober reflections on the potential loss of meaning that may affect the spiritual trajectory of humanity.

Here is the definition with which *The Transhumanist FAQ* begins:

Transhumanism is a way of thinking about the future that is based on the premise that the human species in its current form does not represent the end of our development but rather a

comparatively early phase. We formally define it as follows: (1) The intellectual and cultural movement that affirms the possibility and desirability of fundamentally improving the human condition through applied reason, especially by developing and making widely available technologies to eliminate aging and to greatly enhance human intellectual, physical, and psychological capacities. (2) The study of the ramifications, promises, and potential dangers of technologies that will enable us to overcome fundamental human limitations, and the related study of the ethical matters involved in developing and using such technologies<sup>13</sup>.

For Bostrom, humanity is an open-ended project, one that transcends biological limitations. It is noteworthy that the future of the species is envisioned under the sign of reason, mediated by technology as the constitutive environment of the human condition. Implicitly, the teleological tradition of Enlightenment origin – valorising rational progress, perfection through knowledge, and human dignity – is articulated with a transhumanist teleology, pursued through biotechnologies and artificial intelligence. Whereas David Pearce's prophetic pronouncements at times verge on the caricatural, Bostrom underscores not only the promises but also the limitations of transhumanism – limitations that, if left unresolved, may assume catastrophic proportions. In his vision, transhumanism does indeed promise liberation from illness, bodily decline, pain, and suffering, yet its scope extends well beyond curative medicine to the optimization of psychological and behavioural traits such as intelligence, extraversion, and conscientiousness.

Emerging technologies – molecular nanotechnology, brain-computer interfaces, and neuropharmacology – are thus imagined not merely as remedies for corporeal degradation but as instruments for reorganizing mental attitudes and capacities. Far from being presented as simple tools, they function as vehicles for a profound reconfiguration of the human condition, with consequences for health, longevity, affectivity, and cognition. The central claim is that, through fine-grained control of biochemical and cognitive processes, humanity may radically reengineer its future. This metacritical perspective on evolution as a process open to deliberate amelioration introduces a series of epistemological and ethical tensions: Which traits ought to be enhanced? Who determines the criteria of “normality” or “superiority”? What social and political risks may arise from a possible genetic standardization of performance and personality? Might these promises conceal a form of *soft eugenics*?

Traditional philosophical remedies for “repairing” the inner life – self-scrutiny, self-modelling, the various impulses toward individuation – may be acknowledged as slow to yield results, or arduous to sustain under conditions of bodily trial. Yet they at least preserve the ontological dignity of the species, refusing to reduce human existence to a mere biological reservoir. By contrast, when confronted with transhumanist proposals, one cannot help but ask how personal identity would still distinguish itself, and what would remain of biography, of memory, or of free will. Bostrom, however, emphasizes that life itself is a fundamental value. From this perspective, the use of emerging technologies for its preservation and indefinite prolongation appears not

only legitimate but morally compelling. Yet this very affirmation sharpens the paradox: if the sanctity of life authorizes unlimited technological intervention, what becomes of those dimensions – identity, freedom, vulnerability – that have traditionally given human life its existential depth?

Transhumanists insist that whether something is natural or not is irrelevant to whether it is good or desirable<sup>14</sup>. [...] Average human life span hovered between 20 and 30 years for most of our species' history. Most people today are thus living highly unnaturally long lives. Because of the high incidence of infectious disease, accidents, starvation, and violent death among our ancestors, very few of them lived much beyond 60 or 70. There was therefore little selection pressure to evolve the cellular repair mechanisms (and pay their metabolic costs) that would be required to keep us going beyond our meager three scores and ten. As a result of these circumstances in the distant past, we now suffer the inevitable decline of old age: damage accumulates at a faster pace than it can be repaired; tissues and organs begin to malfunction; and then we keel over and die. The quest for immortality is one of the most ancient and deep-rooted of human aspirations. It has been an important theme in human literature from the very earliest preserved written story, *The Epic of Gilgamesh*, and in innumerable narratives and myths ever since. It underlies the teachings of world religions about spiritual immortality and the hope of an afterlife. If death is part of the

natural order, so too is the human desire to overcome death<sup>15</sup>.

Bostrom denounces the hypocrisy of those who normalize death as a natural destiny. Between us and indefinite life extension, there would appear to stand only a biological barrier, for when faced with the prospect of remaining healthy alongside loved ones, the instinct of self-preservation would prevail, and few would in fact choose death:

Espousing a deathist viewpoint tends to go with a certain element of hypocrisy. It is to be hoped and expected that a good many of death's apologists, if they were one day presented with the concrete choice between (A) getting sick, old, and dying, and (B) being given a new shot of life to stay healthy, vigorous and to remain in the company of friends and loved ones to participate in the unfolding of the future, would, when push came to shove, choose this latter alternative<sup>16</sup>.

Biotechnological rectification thus appears to be the most accessible, the most common option. In his most recent book, *Deep Utopia: Life and Meaning in a Solved World*, Bostrom undertakes the laudable exercise of imagining a solved world, in which artificial superintelligence, having reached technological maturity, has found solutions both to biological impediments and to the profound problems of the world. In envisioning a world where biotechnology fulfils every desire, Bostrom gestures toward experiences of a spiritual order – outlined schematically, almost in the manner of a handout – that might safeguard a personal sense

of meaning and prevent existence from collapsing into the condition of the philosophical zombie. These states of being, however, are only enumerated; Bostrom does not subject them to further explication:

Virtual reality & computation. Realistic simulations (of realities that to human-level occupants are indistinguishable from physical reality, or of rich multimodal alternative fantasy worlds). Arbitrary sensory inputs. Computer hardware of sufficient efficiency to enable terrestrial resources to implement vast numbers of fast superintelligences and ancestor simulations. Medicine & biology. Cures for all diseases. Reversal of aging. Reanimation of cryonics patients. Full control of genetics and reproduction. Redesign of organisms and ecosystems. Mind engineering. Cognitive enhancement. Precision-control of hedonic states, motivation, mood, personality, focus, etc.<sup>17</sup>

In conclusion, it seems necessary to pause for a brief (meta)reflection on the imaginative exercises undertaken here, whose limitations I readily acknowledge. I have juxtaposed two modes of survival in the face of pain, illness, and suffering: one that appears spiritually emancipatory and attentive to our – at least for now – irremediable yet differentiated imperfection; and

another that I cannot help but regard with a measure of suspicion. I have sought to suggest that, within the phenomenological and hermeneutic tradition – from Maurice Merleau-Ponty and Paul Ricoeur to David Le Breton – a central intuition is that the limit-experiences of illness, pain, and suffering are, at their core, events of meaning: by disclosing the constitutive vulnerability of the human being, they become symbolically inscribed within existence itself. In contrast, the transhumanist project advances a radically different agenda – an emancipatory program that envisions liberation from illness, pain, and suffering, extending further to a more sweeping purification from all forms of negativity. The theoretical hiatus between these two scenarios is considerable: it lies in our very nature to understand that life in the body is also a process of degradation; the dream of a body that functions perfectly is a utopian dream, still remote. Perhaps the confrontation with pain through reflection and acceptance is itself tormenting – a hard to choose path, a resolution too frail to satisfy. Yet I do not know when or how these salvific scenarios, promising our redemption through technology, might be realized. What I do sense, however, is that the pursuit of this phantasm of eternal life, sustained by a perpetually optimized organism, could become the last thing that will ever happen to our spirit.

## BIBLIOGRAPHY

Biernof, Suzannah, "Picturing Pain", in Anne Whitehead, Angela Woods (eds.), *The Edinburgh Companion to the Critical Medical Humanities*, Edinburgh, Edinburgh University Press, 2016, p. 163-186.  
Bostrom, Nick, *Deep Utopia: Life and Meaning in a Solved World*, Washington, Ideapress Publishing, 2024.  
—, *The Transhumanist FAQ*, 2003, <https://nickbostrom.com/views/transhumanist.pdf>, last accessed on 19 Aug. 2025.

Heidegger, Martin, *Being and Time*, translated by John Macquarrie & Edward Robinson, Oxford UK/ Cambridge USA, Blackwell, 1962.

Merleau-Ponty, Maurice, *Phenomenology of Perception*, translated by Colin Smith, London / New York, Routledge & Kegan Paul, 1958.

Pearce, David, "The Hedonistic Imperative", <https://www.hedweb.com/hedethic/hedonist.htm>, last accessed on 14 Sept. 2025.

Ricœur, Paul, *Oneself as Another*, translated by Kathleen Blamey, Chicago/London, The University of Chicago Press, 1992.

Scarry, Elaine, *The Body in Pain: The Making and Unmaking of the World*, New York/Oxford, Oxford University Press, 1985.

Simmonet, Guy, Laurent, Bernard, Le Breton, David, *L'Homme douloureux*, Paris, Odile Jacob, 2018.

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## NOTES

1. Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World*, New York/Oxford, Oxford University Press, 1985, p. 52.
2. *Ibidem*, p. 53.
3. *Ibidem*, p. 54.
4. Maurice Merleau-Ponty, *Phenomenology of Perception*, translated by Colin Smith, London / New York, Routledge & Kegan Paul, 1958, p. 236-239.
5. *Ibidem*, p. 236.
6. Paul Ricœur, *Oneself as Another*, translated by Kathleen Blamey, Chicago/London, The University of Chicago Press, 1992, p. 30.
7. Suzannah Biernof, "Picturing Pain", in Anne Whitehead, Angela Woods (eds.), *The Edinburgh Companion to the Critical Medical Humanities*, Edinburgh, Edinburgh University Press, 2016, p. 182.
8. Guy Simmonet, Bernard Laurent, David Le Breton, *L'Homme douloureux*, Paris, Odile Jacob, 2018, p. 16, my translation.
9. Martin Heidegger, *Being and Time*, translated by John Macquarrie & Edward Robinson, Oxford UK/ Cambridge USA, Blackwell, 1962, p. 9.
10. David Pearce, "The Hedonistic Imperative", <https://www.hedweb.com/hedethic/hedonist.htm>, accessed on 14 Sept. 2025.
11. *Ibidem*, <https://www.hedweb.com/hedethic/hedon1.htm#biological>, accessed on 16 Sept. 2025.
12. *Ibidem*, <https://www.hedweb.com/hedethic/hedon1.htm>, accessed on 16 Sept. 2025.
13. Nick Bostrom, *The Transhumanist FAQ*, revised Version 2.1, World Transhumanist Association, 2003, p. 4, <https://nickbostrom.com/views/transhumanist.pdf>, accessed on 20 Sept. 2025.
14. *Ibidem*, p. 31.
15. *Ibidem*, p. 36.
16. *Ibidem*, p. 37.
17. Nick Bostrom, *Deep Utopia: Life and Meaning in a Solved World*, Washington, Ideapress Publishing, 2024, p. 78.