

Post-Human Future, Post-Dasein Therapy

“coming soon to a world near you ...”

Greg Madison

The most recent Institute of Ideas debate, *Post-Human Future*¹, was a thought-provoking insight into the likely impact of human innovation on the nature of human being itself. Jonathan Dibleby chaired the exchange between the cautious philosopher Francis Fukuyama, author of *Our Posthuman Future*, and the more zealous scientist Gregory Stock, author of *Redesigning Humans*. There was also a panel of discussants, Bryan Appleyard from The Sunday Times, Mike Dexter, Director of the Wellcome Trust, and Raanan Gillon, Professor Emeritus of Medical Ethics at Imperial College, London. The capacity crowd were entertained, frightened, and quite mesmerised by imaginings of the effects of biotechnology and genetic engineering on the meaning of human life.

As a typical philosopher, Fukuyama feels we need to begin to think carefully about our technological advances before we find ourselves in a world we no longer recognise. He is concerned that we are developing control technologies as a medical shortcut to moral dilemmas and social issues. His answer is to have international regulations agreed regarding the types of genetic research that can be done and to what purposes resultant techniques can be put. He is certain that our future abilities will confront us with fundamental questions; Do we want to change human nature? What makes a human being ‘better’? If we alter the basis of human nature, what effect will this have on human rights? How do we balance what is beneficial for the individual (life extension for example) with what is best for society (productive young work force)? Do we want a world where the genetically have-nations are populated with ‘enhanced humans’ while technologically poorer nations have ‘rudimentary humans’? We need to face these fundamental questions now, and develop safeguards to maintain what we value about ourselves.

Stock, on the other hand, while agreeing that the ramifications of biotechnology will be immense, displays a more laissez-faire attitude and cautions against regulating medical research. He says we must be realistic that there is no way to slow down ‘progress’ in this area and it is inevitable that human cloning will occur, and likely before it can be done safely. He believes that technology will address real suffering and that in one or two generations we will, for example, be able to retard aging and prolong vitality, manage emotions precisely, test embryos for personality and temperament. He agrees that the interests of parents and individuals will need to be balanced with the interests of society but points out that this will be impossible to monitor, even with strict regulations. Parents will want children with the highest potentials and if the UK, for example, prohibits certain procedures, couples will travel to America or the Far East to avail of the most advanced technologies. Basically,

¹ May 30, 2002, Institute of Education, London. Contact Institute of Ideas for upcoming public debates: www.InstituteOfIdeas.com A transcript of the above debate is available in their book series *Debating Matters*.

Stock sees the clear benefits of future medical advances and downplays any dangers or utopian nightmares.

There are of course substantial benefits from this type of research. We could eradicate many if not all human disease and degeneration. We could, in principle, achieve open-ended lives (though we would still be mortal and *able to die*, just not condemned to it). On a more fanciful note, Professor Gillon points out that we could possibly introduce chlorophyll into our genes and produce our own food as well as choose our own pretty colour. Or maybe we could develop wings. Gillon asks ‘what is it about human nature that we want to protect?’ Certainly our lack of wings or inability to be green is not crucial, but what is? Brian Appleyard similarly asks, ‘What constitutes an improvement in the human being?’ And what will happen to biodiversity in the human species? He believes that ‘how to live life’ is our proper question, not how to prolong or improve it. Appleyard remains understandably anxious about what’s to come. He is afraid that the creation of just one ‘superhuman’ will affect the foundations of the whole human community.

Impact on existential therapy

If philosophers, scientists, and theologians are taking these issues seriously enough to embark upon cross-disciplinary dialogue, shouldn’t we? Certainly we already deal with fundamental human questions. Should we not begin to contemplate what effect genetic engineering will have on our understandings of our own concerns and those of our clients? I would like to outline just a few possible questions that occur to me as an existential therapist. And perhaps we may have a unique role to play in this unfolding future.

1. The debate made frequent references to ‘human nature’. What do we mean by ‘human nature’ and is there such a thing? If not, what are we trying to protect? Is it our nature to be in a process of constant change, always exceeding our own understanding? If so, is a client who wants to shoot out the gene that regulates aging, expressing his nature or challenging it?
2. Existential thought arising from current phenomenology may (who knows) become out of date. We have no guarantee that Heidegger’s description of Dasein will pertain to a new sub-species. Will future humans be-towards-death? Will they have other aspects of Dasein such as being-with, authenticity/das man, will they inevitably be intersubjective, social, and cultural beings? Or will they become lonely subjects drifting endlessly along their individual way, asking themselves ‘what’s the meaning of all this’? The therapists of the future may finally be *forced* to work phenomenologically, in a complete state of not-knowing with each client, discovering together, literally, their way of being. Of course it is also possible that future ‘humans’ will lose any sense of personal identity and become Borg-like zombies in a human hive.
3. Do human suffering, limitation, and death, have enough value that we will want to challenge attempts to eradicate them?
4. All genetic counselling will become existential counselling (if it’s not already). Parents deciding to engineer their child’s emotional life will be expressing, quite explicitly, what they see as valuable in human existence and what they see as negative. Future existential therapists could have an impact

on the field of genetic counselling, but will they resist that role, seeing it as the handmaiden of a technology that objectifies human being?

5. As culture is man-made, man's nature may also, at some future point, be man-made. What role would existential therapy have in exploring a 'nature' that is continually re-constructed? There is no reason to suggest that existential therapy, or any form of therapy, will even make sense at such a point in history. But surely someone will have the role of seriously questioning the choices being made by individuals and human communities?
6. We have no idea what immense impact 'the dying of death' may have on the human life-world. Future therapists may be in a role of exploring with their clients, for the first time, a real choice between life and death. But will our ability to even understand such a choice evolve as quickly as our ability to be faced with the decision? Death would presumably remain a possibility (mortality), just not an inevitability (moribund).

Of course this will not happen in my lifetime, or, you may be sorry or relieved to hear, in yours. However, these questions give me something to think about, as well as a new perspective from which to view my present existence and work with clients.

Greg Madison, June 10, 2002