Introduction

How can we understand the influence of concepts of self on dynamics of organ harvesting and exchange? How is the self conceptualized in technoscience? Are different concepts more readily available in an Indian context? And how could the variety of concepts impact agency related to organ transfer? I have chosen to look at concepts of self as they exist across India, considering the vast radius of illegal organ trade – with organs taken from living donors – that is taking place in this country, combined with a general reluctance to accept organ harvesting from brain death patients (Shroff, 2008). Moreover, since the Indian government launched the Transplantation of Human Organs Act in 1994, the resolution of people's dual stance toward organ harvesting from living and brain death donors has become more pressing. After all, the Act was called into being to prevent the commercialisation of human organs, to accept the definition of brain death, and make it possible that organs are taken from brain dead donors (Shroff, 2008). I am aware of the extensive culture differences within India, as well as regional and legislative differences regarding the imbeddedness of the practice of organ trade and organ harvesting from the brain dead. Nonetheless I have chosen to acquire a more general approach in this paper, with the aim to outline themes of importance for further, and region-specific, research.

Based on the works of Libbrecht (2007), Balagangadhara (1994), and Bahm (1995), I discuss three main ways to understand the self: being, inter-being, and non-being. I propose, without any claim to being exhaustive, that all three are relevant to better understand the frictions that arise in situations of organ transfer. It is my contention
that the technoscientific discourse today gives prevalence to one of them, namely being. The patterns formed between meaning systems that respectively favor one concept of self or another, synchronize with powerrelations of socioeconomic benefit. Such configurations are based on cybernetic feedback-loops based on the reinforcement of successes as they are defined by the meaning system (Gershenson and Heylighen, 2005).

One area where power is intensely negotiated is the arena of medical tourism, where internationally the access to health care (and human organs) is uneven and challenged. Another area where power is negotiated came with the increase in the amount of organs taken from brain death patients as proposed in the Human Organ Transplantation Act (Shroff, 2008). This last battlefield, where the validation of concepts of self and assumptions of personhood are under discussion, then, is the space of communion between the living and the dying. The brain dead, who are on the edge of being a self or a non-self (here in the sense of a not-anymore-self), are fully occupying this transitory space (Lock, 2002). I will study the tensions that arise with organ transfer from the brain dead, dealing with the imaginary of symbolic immortality (Lifton and Olson, 2004) of the donor, and the idea of a 'residue of personhood' (Hogle, 1995). With the harvesting of organs from a brain death patient somatic death is arising in this 'the giver of life', which follows the death of consciousness, in turn equated with the brain (Lock, 2002). At the same time, the recipient is given a chance to rebirth (Sharp, 1995). This demonstrates the blurry divide between 'regeneration' and 'mortuary' praxis (Parry, 1994). Both forms of praxis become a dangerous blend with the crossing of the norms of initiatory ritualisation that otherwise accompany the transition from life to death.

**Prisms and patterns of self-understanding**

The “healthy” self in technoscientific discourse as we find it in hospitals and university campuses is dependent on a well-functioning brain, due to a primary valuation of reflexive consciousness, in combination with a general
scientific materialistic approach. I contend that this valuation relates to a specific way of learning that is characteristic of the technoscientific method; a method that enforces a process of collective learning based on a division between a studying subject and a studied object as the most credible one (Pinxten et al, 1997; Pinxten and Farrer, 1990). This method favors a rationale of being (Libbrecht, 2007) that is characterised by a language wherein a self is distinguished as having a unique core that can gradually be explored and that is different from a non-self – another self or an absence of self (Balagangadhar, 1994). The socially enforced self in the technoscientific community, therefore, is the autonomous self or the human being as a self-enclosed entity (Taylor, 2004). Personhood in turn depends on the presence of such a self (Balagangadhar, 1994), Singer even arguing for a 'cortical' definition of personhood (Singer, 1995). Based on Bahm (1995), Balagangadhar (1994), and Libbrecht (2007), I look at two other types of self-understanding that are more dominantly present in Indian society - enforced by a complex mixture of Buddhist and Hinduist meanings and aspirations - namely: inter-being and non-being. With 'inter-being', the relational qualities of the self are considered more important, as the self is mostly referred to as a derived representation. In the condition of 'non-being', consequently, abstraction is made from both one's own and others' representations of our actions and relations (Balagangadhar, 1994). Common to systems of inter-being and non-being is the misprizing of attachment to the ego or the individualized self. The common learning process involved in different possible ways to practice inter-being and non-being is one of disintention with the veil, built by the ego, that separates self and other as they exist in a system of being. The learning process of becoming that will eventually bridge a logic of 'inter-being' with a logic of 'non-being' consists of an endeavor to rid oneself of the factors (mostly perceived as mental illusions) that cause fragmentation of a unitary vision in which one in fact coincides with the other. Whereas inter-being rests on a conceptualization of the self only as an element in a network of relations, with non-being, the self dissolved in a unison with the network, to an extent of being conceptually empty. Whereas all three forms of being are
subcultural in the sense that all three can be found in one and the same culture context, the relative weight each one has as a part of the patterns that configure societal arrangements and the influence it exerts on the agency of actors, differs (Bahm, 1995). The fact that cultures show preferences in modes of self-understanding sometimes means that one discourse, of being, inter-being or non-being, rules also the language of the other two discourses. Instead of one merely being emphasised, two are in fact explained away by communicative means stemming from the dominant perspective on the self.

I will now investigate how these different ways to understand the self influence arrangements of organ transfer. Firstly, the interrelation between actors causes meaning systems to align with and perpetuate social stratification patterns, covering up areas of friction, and possibly leading to exploitation. The mechanism behind this is that groups of participants to a meaning system will strengthen the own categories of personhood, to the disadvantage of the recognized morality of an out-group (Winther Braroe, 1975). Secondly, the distancing mechanisms inherent to a philosophy of being can also be in tension with or disconnect from other experiences of practitioners involved in organ transfer. Hidden theories of affliction, I will look at when discussing the liminal state of the brain dead, are an example thereof. They show that the 'feeling' of personhood is less clear-cut than the conceptualizations we may find in a language of being.

**Interactional stability on the organ market**

In Buddhism and Hinduism, orthodox aspirations seek not to strengthen being as in science, but to transcend the subject and its possessions in a state of non-being - Nibbana or Moksha – often through a pathway of compassion or selfless service as expressed in forms of inter-being. The techno-scientific rationale on the other hand has largely invested its transcendence into immanence or, in other words, it has re-invested its observing
and interpretative function into the material world and the sustenance of the material foundations of being (Libbrecht, 2007). The interplay of these different aspirations cause specific patterns in organ exchange. In both Hinduist and Buddhist countries (see also Simpson, 2004), referral to the Dharma, and in extension, to 'selfless giving', is used to promote organ donation (Howitt, 2003). The question of relevance here is whether aspirations of non-being can become swallowed-up by an international capitalist discourse of law and demand that seems capable of 'colonizing' meanings into its structure of motivations based on gain and exchange between selves. Such an interaction pattern could then foster socio-economic inequalities, as it influences the mobility of organs. This becomes visible when looking at mobility patterns of medical tourism.

Organ transfer can be a means to respectively self, inter-self, and non-self acquisitiveness, mostly in the sense where one's aim is to acquire noble respect by following the ethical impulses given as publicity for organ donation. One may donate out of a motivation to be regarded as helpful, to practice one's non-attachment to the body, or one may see it as a means to preserve the self, for example. This in other words happens when an instrumental stance is taken towards the aspirations in a certain meaning system. Yet, elements can also be selected from a meaning system that could support a refusal of practices of organ transfer, depending on the motivations of the activist. For example, the argument is used in pamphlets that promote organ donation that for 'Hindus' the body is 'merely a ' for an inhabiting 'atman' or Self to be unleashed at the moment of death (Howitt, 2003). My observations in South India however also point to an important post-mortem role for the yogic body, as a means of communication with the divine or cosmic consciousness. Also, the total release from attachment with the individuated self and by extension the body that characterizes the transition from a logic of inter-being to a logic of non-being with the attainment of moksha or nibbana is not an experience accessible to all. We may have to take into account a logic of becoming (Libbrecht 2007), to account for culturally-enforced gradations on
the path towards liberation; a path that includes variations accounted for in a hierarchical format. It thus seems that, at different intersections, philosophies may connect or disconnect with technoscientific capacities. In India, groups of people differ in the access they have to (fragments) of such philosophies, the right and their interest to act accordingly, and the credibility with which to claim orthodoxy. In the process of selecting information, the meaning system becomes a technology in its own right, actors relate to in an actor-technology network (Latour, 2005). The question is then how and when a mechanisms of inter-linking operates. In my analysis, the communications that stem from a worldwide infiltration of technoscientific capabilities seem to rely on a narrowing down of cultural discourses to certain powerful excerpts that support a judgement with regard to organ transfer. The use of ethical publicity is exemplary: certain ideas of a rich and varied philosophy are selected and stressed to favour a certain stance (Cohen, 1999). Analyses of the interrelation of different specialisations, aspirations, and knowledges of actors, the actors' biosociality (Rabinow, 1999), and the selection and reproduction of cultural information through a study of mind-internal and mind-external factors (Sperber, 1996), then seems to be crucial to uncover the patterns through which the different stakeholders are united (Crignon-De Oliveira, 2004) – or not – in the arena of organ exchange.

**Cyborgs, symbolic immortality and residues of personhood**

Yet, some selves that are stakeholders in organ traffic have lost the medico-legal status of being a person, as is the case for the so-called 'brain dead' patients. I contend that in the interaction between the living and the 'brain dead' tensions arise from the construction of a symbolic immortality (Lifton and Olson, 2004) for the dying and their simultaneous instrumentalisation for purposes of organ harvesting. In technoscientific praxis, the brain dead figure is used for the somatic repair of another, and in the act, he meets with death a second time. Existing as a cyborg (Hogle, 1995), the donor transmits the life it still contains by means of machinal help. The organs of
the brain dead as a distinct non-self (here in the sense of other-self) are assimilated by the recipient. Hereby, the brain dead donor is gifted with symbolic immortality, since he or she is said to live on in the body of someone else through the transmission of his organs. This by the grace that the donor is, from another perspective, a beating-heart donor. This means that the heart is crucial for the capacity of regenerating the extended body of the donor's dead brain, when invading a host environment: the recipient. Soon the question arises who has the greatest need for transcending his mortality: the donor (and his/her family) or the organ-acquiring patient.

When exactly does a self become a non-self? Does this depend on an annihilation of the seat of the self in the body (and would the brain be the most suitable version of such a seat?), of a socially and culturally recognized personhood (Lock, 2002), or on a mental transcendence of the ego? Such a transcendence - and in Hinduism, the transition of the self to the Self whose heart beats the beat of the universe - is dependent on mechanisms of mind-control. Until liberation, that follows the logic of non-being, is achieved, existence shows some continuance from one reincarnation to the next. Because of the logic of reincarnation on the one hand and an ongoing connectivity of the living with the ancestral realm on the other, one might say that in India the recognition of the self as part of the logic of inter-being does not generally cease to exist at the moment of death. Yet, in technoscientific terms, the self dies with the body, and the person dies with the brain. If the cortex is really the seat of personhood, as technoscience has it, would brain transplantation then result in a full-on possession of the receiver's body by the donor-agent (Varela, 1997)? It seems that, whereas the dominant scientific view equates the mind with the brain and the person with the mind, as an intuition, people consider the body to be infused by a 'residual essence' (Hogle, 1995). Inversely, inspired by Eastern philosophies on the immanent in manifestation, one may ask what the 'implicate order in matter' is (Bohm, 2002). Transplant surgery challenges traditional notions of the relation of body parts to the whole (Schepers-Hughes, 2000). In representing
the dead person then, the symbolizing function of the transplant organ can be conceived of as holonomic (Wilber, 1982); a holon being an entity that is both part and whole at the same time. The body part then contains more than residue: it contains all that has ever been the donor-self. Both ideas are strengthened by the recitation that a person not only died a meaningful death as a savior of an organ recipient, but even that organ donation lets loved ones live on in someone else's body. This pressure on the body as a representation of two selves in fact mirrors the experience of spirit possession, an expression of affliction so often encountered in rural India.

**Experiences of affliction**

Even though organ transfer seems to facilitate a win-win situation, the recipient gaining life and the donor symbolic immortality, at times of crisis affliction may be experienced. Nancy Scheper-Hughes (2000) describes how the idea of organ harvesting bears resemblance to traditional witchcraft practices in Black townships. She quotes Awaya (1994) who says: “We are now eyeing each other’s bodies greedily, as a source of detachable spare parts with which to extend our lives.” Stroeken describes the growing vulnerability that comes with a quest for self-expansion through increasing connectivity. When connectivity increases beyond the control of a person, communication is no longer possible and the subject experiencing connectivity may enter a situation of bewitchment (Stroeken, 2008). The role of the witch is to claim a victim's life because of the latter's debt (Stroeken, 2008). By giving the gift of life, the brain dead patient induces a debt that cannot be restored. We can conceive of this situation as an 'intrusion complex' that characterizes the experience of bewitchment (Stroeken, 2008): as a residue in the organ, another person, an 'absolute outside' (Stroeken, 2008) enters the most intimate space of the receiver of the organ; a space that cannot even be negotiated by the skin or orifices. In India, the gift is often associated with being poisonous or sinful, as described by Raheja (Raheja, 1998; see also Simpson, 2004, and Parry, 1994), which may strengthen the idea of the permeable body being invaded by poison.
Caste-related factors may play a role here. Also, the donor desires to be seen and to acquire an identity, by claiming symbolic immortality, and thus survive death (Lifton and Olson, 2004; Luce de Aulniers on Radio-Canada.ca, 2008). Herein, I contend, lies the great potential for anxiety: the recipient may feel the presence of an “aspect of personhood” that is used to construct an immortal image of a hero one cannot recompensate. It is as if, following the logic of non-being that characterizes the brain dead donor, the "conceptually empty" ghost is "experientially full" in the recipient. It is the tension between the empty, referring to the incapacity for actual communication, but the pervasive experience of the presence, I believe, that gives rise to the experience of crisis. Accounts of personality changes in recipients after heart or lung transplantation (Pearsall et al, 2000), also called “post-transplant transformations” (McClain, 2005) may be one manifestation of such experiences.

The experience of an 'absolute outside' (Stroeken, 2008) that enters the body is strengthened by the rejection of the organ by the recipient's immune system. Technoscientific discourse has been obsessed with the concept of 'defence' and the notion of hostile penetration of the body, as well as of terrorism and mutiny from within (Haraway, 1991). Ironically even within technoscientific practice, with organ transfer, 'self and other have lost their rationalistic oppositional quality' (Haraway, 1991), a quality that is inherent to a system of being. Nonetheless the fact that the organ recipient experiences the threat of a residue of a 'non-self' (or foreign self) that the immune system guards against (Haraway, 1991), he or she also aims to incorporate the strange parts that have now become his own. The partly self-other that resides within has the capacity to transform into an horror autoxicus (Varela, 1997). Interestingly, technology has adapted to some of the complexities of inter-being that arise with the practice of organ transfer by the invention of hybrid organs, containing particles of both self and other (Times of India, 2008).
Normalisation of the marginal

Violent accident impairs the quality of death as an initiatory act wherein the dying person dies a 'Death that conquers death' (Parry, 1994). The initiation that transforms the logic of the self from a logic of inter-being to a logic of non-being makes no chance. It can be said that now that brain death is recognized to be a clinical death and thus institutionalised, the technoscientific community has normalised a 'bad death'. In Hinduism, a bad death is a death that is untimely or, in extension, an uncontrolled death, in contrast to a wilful release of life (Parry, 1994). In Varanasi – a city that is exemplary for orthodox Hindu mortuary ritual -, it is held that in the case of death by accident, the soul becomes a bhut-pret or a wandering ghost that is hungrily looking to enter a human body and find the things he desires but had to give up prematurely (Parry, 1994). Since the bhutpret is condemned to “earthbound wanderings and non-participant observation” (Strauss, 2004), he remains a source of potential danger. Whereas in mortuary ritual in Varanasi for example, it is of essential importance to get rid of all the belongings of the deceased so as not to attract the wandering bhut-pret to the world of the living, with organ transfer, a permanent seat remains preserved in the body of an other (Hogle, 1995).

Both the living and the dead fight to gain immortality, and both are hungry for a body. The brain dead become a source of sustenance whose dispersion is policed by the physician. But what happens in the psyche of people when the 'dead' are 'eaten' to sustain an other self? Do the living become like scavengers feeding on a forbidden fruit? The brain death figure assumes the role of life-giver, but as a transitory being, its organs also materialise a touch with death. Although the receiver escaped death through transplantation, nominally at least, death has now entered his body. The communion with the dead body that characterises Varanasi's aghori ascetic (Parry, 1994) then has symbolic parallels to organ harvesting and transfer from the brain dead. The aghori, disciple of Shiva,
aims to realize the primordial state of non-differentiation by embracing death and pollution through the practice of anthropophagy (Parry, 1994). Systematically combining opposites, his aim is to transcend death’s menace. As doctors magically handle the suspension or abruption of time and with it regulate the conquest of death, they too deal with generalised human sacrifices that converts them the power to restore life. Both the organ harvester and aghori thrive on the flesh of 'bad deaths'. The anomalous and marginal activity of the aghori that is a source of danger, pollution, but also, of power, is normalised in the physician\textsuperscript{ii}. Will humanity, much like the aghori, reach an eternal state in which death has no menace, technologically and consciously so?

**Conclusion**

In this paper, I have investigated the role of conceptualizations of self on interactions of organ exchange. I have argued that the 'socialized expectations' following a rationale of 'non-being', combined with the dominant status of a rationale of 'being' inherent in technoscience, may lead to rigid situations of power stratification. Hereby, there is a complex interplay between systems of meaning and agency. An agent can have different strategies and motivations, and a meaning system can be approached so that meanings are manipulated to match a certain aspiration. Both the attitude towards a meaning system itself and the selections of cultural meanings that are made to promote or block the usage of certain bio-technologies are therefore relevant. In further research, we may have to go one step further and investigate actor-technology patterns in relation to the relevant mind-internal and mind-external factors, without assuming the primacy of an autonomous self that is characteristic of a philosophy of being.

In this paper, I have proposed to include two other possible conceptualizations of self: inter-being and non-being. One of the factors that unite a rationale of inter-being and non-being is the element of 'becoming' This
element may involve hierarchical relations to knowledge and knowledgeable practice that are culturally
enforced, and may as such already diverge from the egalitarian discourse of technoscience. As such, we might
need to discuss the relation between orthodox and hybrid knowledges, and the embeddedness of technoscience
as a transnational discourse in local meaning systems. After all, whereas being transnational, the technoscientific
discourse nonetheless has roots in North-Atlantic culture and gives prevalence to a learning mode connected to a
philosophy of being. I have illustrated the tensions that may arise from frictions between the theoretical
assumptions of technoscience and peoples’ felt understandings, taking the example of the anxieties of those
involved in organ transfer to cross the boundaries between the living and the dead. Whereas people are careful
so as not to negate the wills of the estimated living, the example of organ transfer from brain dead patients
teaches us that we may also want to ask what the needs are of the dead. The poverty of the dead, and the brain
dead, to a great extent lies in the fact that in hospice settings care and consideration is withdrawn when
medically nothing more can be done.

This is not the case in a logic of inter-being that reserves a place for the deceased in the family network and has
ritualized regular interactions with the ancestral realm. From the perspective of a politics of inter-being, non-
being, and the gradual pathway of becoming that connects both, the death of the small self that highlights entry
into the logic of non-being (here in the sense of transcending both the logics of being and inter-being, since one
fully relinquishes any identification with the individuated self) may occur at a different time than death arising in
the physical body. It may occur for example at the moment of initiation or only after a series of "regeneration
deaths" over multiple reincarnations. The physical body may require different handling at death on a par with the
(presumed) occurrence of the death of the small self. Since brain death rests on a violent or "bad death"
occurring, people are certain that entry into the logic of non-being as a willful release of the individuated self
was not successful. The consequent attachment of the spirit to an earthly body constitutes an important source of danger. The spirit of the deceased remains captured in the logic of inter-being, which allows the agency of the spirit to permeate the realm of the living. The element of bad death distinguishes this spirit from the relatively benign ancestor, with whom interactions can be ritualized and regulated, and who faces a next rebirth at the horizon. After all, the shock of sudden death causes the spirit who died a bad death to want to reinvest his transcendence back into the logic of being, that is the immanent, material world, and it is exactly this aspect that causes the hesitations in survivors to maintain a seat of the ghost's body.

These distinctions, when one desires to understand the status of cadaveric organ harvesting in an Indian context, significantly add to the already complex relation between the 'double death' that is the condition of the brain dead (Lock, 2002).

References


Crignon-De Oliveira, Claire. (2004). À Qui Appartient Le Corps Humain? Médecine, politique et droit [to whom
belongs the human body? Medicine, politics and rights]. Paris: Belles Lettres.


i This analysis is inspired by the work of Winther Braroe (1975).
ii Based on Parry, 1994.