

Open futures, human finitude

Martyn Evans

Frail as summer's flower we flourish
Blows the wind and it is gone
Yet while mortals rise and perish
God endures unchanging on.

Henry Francis Lyte

In the long run we are all dead.

John Maynard Keynes

Introduction

'Looking forward' is an ambiguous state in which to find oneself, as ambiguous as that future reality of which the looking-forward is a presentiment. Anticipation can be eager and excited (cats are said to enjoy the prospect of food as much as the food itself), but it can also be fearful (for instance, contemplation supplies the frightened soldier with full dress-rehearsals of his death). For context is all. Prognosis usually concerns where illness may take us and where it may leave us. Often this can be entirely happy: the full recovery with years of active future life restored or confirmed. Or it can be sombre: striking the tempo of the introductory bars to an elegy for life diminished, darkened or soon-to-be-lost altogether.

Prognosis is a coolly anticipatory dipping of the toe into time's cold stream, best-guessing what the full plunge will be like. Of course its roots proclaim prognosis as *fore-knowing*. But there is something bordering on the contradictory in that idea: We know backwards; we rarely know forwards. More modestly, as a form of attempted *fore-seeing*, prognosis searches out glimpsed stages in the lived measures of time: becoming, fully being, diminishing, finishing. Its assumptions place disease, illness, recovery or

decline within the usual course of uninterrupted life; and that course in turn consists in the single stanza of an imagined chorale, whose individual lines vary with our lives, but whose line-endings are ordinarily the same:

Furnish: Relish: Languish: Perish

Later on, I will return to the musical metaphor; but in introducing it one may be tempted to remark, as does Fingarette, that 'Confucius's vision of human life may be helpful to us because it compensates for a characteristic blindness from which we modern Westerners suffer – our blindness to the ceremonial dimension of social existence'.¹ This is perhaps not entirely fair; in Western Christendom chorales have for centuries expressed the measured tread of worshippers' relationships with one another as well as with the eternal. But while our ceremonial forms, such as they are, aspire us to make selected words in some sense more present to us through music, those words' meanings are typically attenuated rather than vivified in the process. The body – and let us not forget for a moment that prognosis is more securely tied to processes written within the body than it is to our experience of those processes – responds to and exhibits music more readily than words. One is reminded here of Wackenroder's observation, quoted by Spitzer, that:

Seasons, times of day, lives and destinies, are all, strikingly enough, thoroughly rhythmical, metrical, according to a beat. In all trades and arts, in all machines, in organic bodies, in our daily functions, everywhere: rhythm, meter, beat, melody.²

But whether in prose or in music, the scale of our line-endings is normally too large for us to take in; instead we mark out the ground-metre of ordinary living in more manageable and prosaic ways. Often words do this well enough. Recall our patient Jen through the calendar she kept, upon which a chorale might readily be hung:

Siskins today. Saw the wren! Visited Geoff.
Hospital today. Dr Friend.
Woodpecker. First this year.
Woodpecker. First this year.

Whatever their scale, the watermark of mortality runs through these plangent lines, through every event, every heartbeat. But mortality also implies life in every heartbeat. Perhaps it is just as well that it does. For whether by

temperament, or because life has to be lived in the present, we are generally only dimly aware of the larger stanzas, or of the life-celebrating chorale as a whole. In this chapter I would like to indulge our being thus ‘dimly aware’, for a little while.

I The openness of the future

We cannot see the future, although we can peer towards it. This is important for our present reflections because prognosis is, after all, future-orientated. We expect that, in the most general terms concerning the way the material world behaves, the future will resemble the past. Reasonably so. However, this expectation is limited in two ways. First, our understanding of the material world is highly incomplete, and the gaps affect our understanding of disease processes, of the full range of factors at stake in giving rise to them, and of different human bodies’ sometimes bafflingly variable responses to them. Second, our understanding of the material world can take only limited account of how our own actions and intentions and purposes affect future events – not least because we ourselves do not know precisely what we will do. My intention this afternoon was to complete a substantial portion of this very chapter during a period of time I had scheduled to devote to the task, and at lunchtime that prospect seemed a real one. It was overturned the moment that an unexpected knock at the door brought an equally unexpected problem with which I had to deal. Of course, this is the stuff of daily life: negotiated action, deferred intentions, unanticipated joyful encounters, the springing up of hidden obstacles or dangers, the fallibility of our bodies, our seemingly infinite distractibility. It has been said that the past is ‘another country’. Perhaps the future, so far as we can peer into it, is a land of possibilities of which some will come to pass in ways that we can deliberately influence – but can rarely control.

The future is underdetermined by the past, then, and also by the present: It is ‘open’ in a way that the past is not, nor even the rolling present, in which we continually act only to see those actions become instantly irretrievable – for all that we can often amend or mitigate their consequences. But the future is not *boundlessly* open. There are some things that simply cannot happen; there are some possibilities that are forever excluded. Jake can recall the moment at which his relationship with his first love, Carol, stood on a cusp – to bond, or to fissure – but he cannot *retrieve* it in order that he may now choose differently. I can never again lead the life of a young enquirer still at the point of discovering philosophical reflection with its entire repertoire of investigations, among which I could choose my speciality; I can never again look into a mirror and see the reflection of that hirsute, awkward youth whose cocky spirit somehow still ‘inhabits’ me in pale and complicated ways. (Or as

Joni Mitchell famously observed, no-one could ever say to Van Gogh, 'Paint A *Starry Night* again, man.'¹) This at least we can know of the future.

And some things cannot happen *yet*. Processes of maturation – physical and existential alike – cannot be rushed, even when we can see to what they will lead. Patients may surprise us in the rate, as well as the extent, to which they can recover or be rehabilitated, but physical recovery takes time and emotional recovery may be circumscribed. If Rachel's becoming a mother is really ever to stabilise her self-management of her insulin it will be from a future perspective that we can know it, not from the present.

Prognosis has an intriguing relationship with hindsight. It is based (loosely, and with awkward philosophical reservations concerning induction³) upon our accumulating experiences, and particularising upon a known individual the general expectations arising from collectedly observed patients in the past. In that sense it rests upon hindsight. At the same time it defies hindsight because it gazes ahead, in either hope or discouragement as the case suggests. We can 'read' the patient's life backwards, guessing at the causes and the reasons, the genes and the choices, that led to the present diagnosis – and to the need for the present prognosis. We cannot similarly 'read' the patient's life forwards, except possibly in the most grievous cases where the clockwork of life's end-stage is already running down (or running awry) beyond the point of meaningful intervention.

Hindsight, moreover, is the reading of a history of possibilities foreclosed. 'With hindsight we might have acted differently,' we commonly say – but it is never true in any meaningful sense, because *at the time* what we needed was not hindsight at all, but foresight. The fact is that we begin life with possibilities that, for the most part, diverged precisely because they excluded one another. One cannot be both the child who took up piano lessons and the child who did not. There was a point in time from which even to take up lessons a single week later is to become a different child: the child whose previous week has an irretrievably different history – and a different future influence – from the child who began at once. The differences may be indiscernible yet they accumulate. Our possibilities are added to as life proceeds: Opportunities come our way and we take them or decline them as the case may be. We enact a growing, and bewildering, variety of new potentials – physical and social and intellectual and emotional.

And yet every choice and every 'enacting' excludes some other choices and acts; the 'road not taken' is testament to the road we actually chose. Our lives' futures begin as, seemingly, illimitably broad potential and at a distance that from the child's perspective appears unattainably distant. Yet a long heartbeat later and we are already looking back on a life largely accomplished.

¹ In a recorded aside between songs, on her live album *Miles of Aisles*, Warner Music: Elektra/Asylum Records, 1974.

There are many tracks we may trace across our futures, but there can be only one track that, in the event, we did trace. Walking past what she takes to be the accusatory gaze of others, Rachel's conviction that 'she'd never escape the curiosity in those eyes' is itself a kind of existential prognosis arising from her dawning sense of responsibility, one tied to her actions in the moment quite as securely as her medical prognosis is tied to her diabetes. And from that moment forward she carries both with her. Our present moments are the convergences of all that we in fact did – but also the divergences of all that we yet may do. The present is a lens, magnifying a moving point across a map: in front of it, a conjectural plot; behind it, an ineradicable trace. The future both opens out to us and closes upon us; over time, the closing down, the subtraction, can seem to dominate us. As we grow older, and as less time remains to us, then the convergences increasingly outweigh the divergences. Habit's hand grasps us more tightly; shaking free (perhaps even wanting to shake free) becomes steadily less possible.

But perhaps this is true more in a quantitative sense (the number, extent and duration of distinct opportunities) than in a qualitative sense. The moments remaining to us may become individually richer, more nuanced and more meaningful as they dwindle in sheer number. The musical phrasing of our lives begins in crescendo, and at some later time ends in diminuendo; yet life, like music, can intensify in the quietening simplicity of a coda's concluding bars, and there are some very long and rich codas in music and life alike.

II Defying our finitude

The constraints upon the openness of the future are doubly poignant. Every choice taken is a multitude of other choices foregone, but in an illimitable ocean of lifespan this may not matter: The chief decision facing us would concern the order in which to undertake things, rather than which things we had time to undertake. But that possibility is denied us by our own finitude – the unpredictable yet unopposable limitations upon both our powers and the time available to us in which to exercise them. Acknowledging our finitude is the first step on the path of coming to terms with it, and prognosis in illness is an effective prompt to do so.

Now the acknowledgement of finitude may confront many facets. Most obviously, there is the finitude of our just *being* – of our essential mortality (which prognosis always implicitly attempts to meter). Because mortality is essential to us, it is part of the meaning of 'being human'. Thus it is more than simply our vulnerability: Some humans are more vulnerable than others, but none is more or less mortal than anyone else. This finitude in turn points to others. Our material being is certainly delimited, but it is imperfectly defined; the space our bodies occupy is co-inhabited, by ourselves and by the countless

microorganisms that live on and in us.⁴ We metamorphose continuously – gently over a day or a week, brutally over a lifetime. Even within its general envelope, our spatial finitude is malleable in detail – malleable by ourselves (as when by effort and will we purposefully develop our muscles) and malleable by disease processes of atrophy or neoplasia (as when cancer replaces cells that are ‘us’ with cells that are ‘not-us’).

Of course, it is a difficult thing simply to *be*: Generally we *are* through how we engage with the world, be it actively or in contemplation. So (particularly in Western culture where our instincts for action ahead of contemplation form something of a fetish) it is salutary to remember the finitude of our *acting* – our portions of strength, stamina, talent and fortitude that will all one day run out and that must somehow be expended adventurously while also husbanded against the foreseeable needs of our later decline, what Larkin calls ‘the coming night’.⁵ The fatally unadventurous Jake has plenty of time for contemplation and action alike. He is a prisoner, not only (as he imagines) of his psoriasis, but (in truth) of his habits – ‘His hands were good now, but old habits died hard’ – in which habits of self-loathing and self-deprecation the particular forms of his finitude are largely self-generated. ‘What if [the treatment] stops working?’ he types, with shaking hands, daring prognosis to turn uncertainty into despair rather than into hope. Doubt is a fearful form of finitude if it is unreasoned and self-fulfilling.

There is also the finitude of our *spectating* – our judging, enjoying, waiting and suffering. We are subject to finitude in them all, and that finitude is even merciful in some respects: It puts a limit upon suffering, such that the very things (the reality and symptoms of physical and mental frailty) that remind us of our finitude also constitute it and, in the end, relieve us through bringing it fully upon us.

And, painfully, there is the finitude of our *separation*. We are of course social creatures – doubtless irreducibly so in language as well as in conduct⁶ – and yet we are still the individual loci of our own experiences of a notionally shared world. Hence the importance of both the fact, and the fragility, of our attempts to capture, express and convey our first-person experiences so that we are confident of being understood and recognised for who we are: whether we are falling in love, accounting for misdeeds or seeking support on the illness-journey. We continually ‘frame’ the world from a perspective that, at the time, no-one else can precisely occupy. The frame itself is a form (and indeed an archetype) of finitude, never precisely aligned with any other frame. Metaphors can enliven our descriptions, but they succeed only if they are grasped in something like the way we ourselves coined them. (And what is our criterion for knowing when *that* has happened? Merely prosaic agreement will never quite suffice.) We hope that what we say connects sufficiently well with another’s experience for them to recognise that

experience – or something like it – in us. A prognosis informed by shared experience may be no more certain than one that is not, but it may have additional resonance for the patient looking ahead at the very same uncertainties. We are meaning-making creatures and we try – perhaps because we need to try – to make some kind of meaning out of every experience. But we can be no more confident that others grasp the meanings that we make than we can be confident of grasping theirs, and that is a sobering thought.

Most obviously of all, perhaps, is the finitude of our *knowing*. Prognosis, both a defiance of uncertainty and an attempt to map how far the future is open, perfectly exemplifies this finitude even in defying it. It may be true that ‘we know more than we can tell’,⁷ but it is also true that we know less than can be told. This is true in what I may call a ‘domestic’ sense, in the ordinary recognition that we cannot know beyond what we (or, via report, others) happen to have experienced. But it is true also in, for want of a better term, a more existential sense. The conditions under which it is possible for human experience to come about and be sustained, the general circumstances of our nature and the material reality we inhabit, are opaque to us. Too large, perhaps too terrifying, to do normal business with, such circumstances must be relegated to poetic and philosophical speculation in order that the ordinary conduct of ordinary life and ordinary illness and death may proceed. But given a moment’s respite from the routine, we sometimes sense that something is needed to lend meaning to the otherwise preposterous accident of human experience arising unbidden in a once-sterile material universe. Rachel’s having the child that she is determined to carry to term will challenge her management of her diabetes (amid much else, as every parent knows), and we do not know whether she will succeed. Liz, more timidly, contemplates pregnancy in the improbable company of an Internet forum – a near-perfect metaphor for our age of uncertainty. She will search in vain online for the prognosis she really wants, since her self-doubts have had longer to mature and they go deeper than her epilepsy. But even so, what is true for Rachel can be true for Liz, too: bringing into the world a new life is a peerlessly vivid – in all senses – route to defying finitude, for a time.

Prognosis, by reminding us of our fleshly finitude, reminds us too of our existential finitude. Thus it sharpens our need to know that there may be something beyond or behind our existence (or at least our need to believe in it) – a need that is, of necessity, ‘unconsummated’ in ordinary life. Especially when a prognosis is unfavourable or grave, it sharpens our similarly ‘unconsummated’ desire to *transcend* our circumstances. Perhaps it is above all in this sense that prognosis as fore-knowing is a kind of defiance of finitude. In his *Summer Meditations* Vaclav Havel suggests that it is actually rational, and intrinsic to human experience, to hope that there is more to life, and hence to reality, than the world of experience as we know it.⁸ If this be

true in general, how much more true is it when either natural age or prognosis in serious illness paint the nearness of approaching finitude? As Raymond Tallis puts it:

The sense of finitude animates a desperate desire to make a deeper, more coherent, sense of things, to seize hold of it in its greatness, to be equal in consciousness to the great world on which we find ourselves, of which we are conscious in a piecemeal, sequential, fragmented, small-world way. The idea of death is a threat, a goad, and an inspiration. And its power is available to all of us who aim to live abundantly.⁹

III The idea of the noumenal

Recently I sat on a park bench in the sunshine in the otherwise almost deserted College grounds where I work, rued my torpid middle age (and the bones that no longer clamour for physical challenge but are disappointingly contented by the prospect of inactivity) and settled down to watch a tiny beetle crawling laboriously up a twig, over the edge of a leaf and along the leaf's underside. It occurred to me that had I time, patience and refreshment, and were I to sit and watch for long enough, I may plausibly witness such a creature's entire course of birth, life and death, and observe its every action – with little understanding on my part, of course, but with a certain existential sympathy that would outlive its six-legged object. Compared to my own consciousness, the beetle's consciousness is not only more limited but vastly more fleeting. Such an ephemeral 'consciousness' would arise and disappear, vanishing forever in any subjective sense (if we can speak of a subject here): Vanishing as though it had never been, its only continued validation subsisting in the mind and continuing consciousness of the watcher.

But, in the long run, it is the same for us, too. One day our consciousness will be as though it had never been, for all that our deeds may outlive us: Only the consciousnesses of those who survive us will validate the claim that behind our deeds lay not automata but thinking, experiencing, willing subjects as well.

Bizarrely, we can glimpse this for ourselves at first hand in special circumstances, of which an example known to me personally produces what I will call the 'midazolam problem'. Midazolam, a sedative/hypnotic from the benzodiazepine group of drugs, is notorious as Rohypnol, the 'date-rape drug,' for its memory-suppressant effect. Fortunately that very effect, so despicably used in sexual assault, is in other contexts therapeutically valuable. In particular it is invaluable in helping patients to endure unpleasant procedures

that require from them sufficient consciousness as to be able to cooperate with the clinicians. Now I use the word 'endure' but this is problematic: For to endure something is, among other things, to experience it, and an important question arises over the status of *experience* in regard to any portion of conscious life of which no subjective trace remains. This is important in thinking about death, for in death, so far as we can tell, all subjective traces are removed of not just a portion but the entirety of a given conscious life.

A personal clinical anecdote may bring out what is at stake. I was a few years ago obliged to have my insides explored by an endoscope (a flexible and steerable optical tube inserted into the body). It is a procedure that no-one could relish, but unfortunately it is one that requires an aware patient to respond to instructions, and hence is incompatible with anaesthesia in the ordinary sense. Pain-relieving drugs may also be offered as an adjunct, but sedation and amnesia are the primary comforts aimed at through midazolam.

My encounter with this much-feared procedure, once I had somehow dragged my shivering green-gowned self onto the operating table, was in the event an entirely untroubled one, although baffling. The ensuing experience consisted wholly of conversation *and nothing else*: Lying on the table, I asked the surgeon whether he had administered the sedative sufficiently early for it to take full effect, and he replied that he certainly had, for it was being delivered intravenously. A nurse then *immediately* asked me whether I would like tea or coffee with my biscuit. I politely pointed out that this seemed very premature, and she politely rejoined that it was nothing of the kind since I was in the post-operative recovery room. And, unbelievably, I was – with the endoscopy apparently completed. (Moreover, within half an hour my wife and I were in a restaurant enjoying a hearty lunch.) Somehow this absurd suturing of a gash in time struck me in the moment of re-arousal as being amusing rather than shocking, and it took a little while for the philosopher in me to creep out from his trauma-evading refuge.

I have since thought long and hard about what one can say of such a seamless 'book-ended' gap in life – an 'experiectomy', as one may call it surgically. Subjectively, the inaccessibility to me of anything that happened while I was sedated is total, full-stop. Anything that I may have appeared to experience, to participate in, to respond to, while under sedation is now, and (I am convinced) was then, an appearance only for others, in their memory and in whatever other traces may persist of those events. Events are not in themselves experiences. Responses and behaviours are not in themselves experiences. My memories of what happened under sedation have not so much been washed away: Rather they were never laid down. And this complete inaccessibility of 'what happened' seems to me to be radical and significant. For me, subjectively, 'what happened' is now either a mere third-person report – as though of an event not involving me, and that I never

witnessed – or it is *annihilated*, inasmuch as it was void from the outset. No continuing *me* was there to validate it. The only *me* involved is so completely sliced-off from the *me* of events before and since, that it may as well never have existed; indeed in no accessible sense did it ever exist. The sedation marks a perfect absence from the continuity of *me* – so thoroughly absent, so thoroughly without subjective validation, that what ‘happened’ under sedation never happened.

It seems to me that death is like that with regard to the temporary bubble of conscious experience that we presently inhabit. Our traces will, for a while, constitute events remembered by, or later reported to, others, but that is all. In the vast eternity of darkness, experience flickers briefly: And during the flickering we can realise and articulate this conundrum, but we will be extinguished and the interruption to the darkness will be so completely annulled that it will be as if the flickering never happened. Indeed if *all* other flickerings – each capable to a small extent of recording and recalling the fact of neighbouring, overlapping flickerings of others – came to an end (And why should they not? Why should the phenomenon of organic consciousness persist indefinitely?) then its having happened will be indistinguishable from its not having happened. The distinction will have no meaning.

I realise how pessimistic, how nihilistic, this sounds but it is not meant like that. I am not lamenting any of it; I am merely recognising it in that minor herald of individual annihilation that I met in my temporary self-interruption by midazolam. Death finds only a poor metaphor in sleep, as Fingarette has pointed out.¹⁰ But it seems to me that in chemical oblivion it finds a genuinely powerful one. That procedure’s importance lies in presenting to anyone who has undergone it *without leaving any experiential trace*, as in my own case, a vivid illustration of what the annihilation of experience actually means. Whatever ‘happened’ to me, however I responded (Was ‘I’ brave? Did ‘I’ cry out in pain or distress? Could the surgeon secure ‘my’ cooperation?) ‘happened’ in no enduring sense except in the acts and the recollections of those around. The only guarantor of the events in question is the consciousnesses of others who were there; the ‘I’ who was there, *if* indeed ‘he’ ever existed in any sense other than a purely behavioural one, was obliterated.

Thus the ephemeral nature of my own conscious experience is made vivid and acute for me – without sadness or regret, but certainly as an object of wonder. So long as I am alive and conscious I can continue to assure and validate the reality of my subjective existence; but if there was a time before my conscious life and if there will be a time after it, it is assured and validated only in the consciousnesses of others. Hence, perhaps, our desire to think that a consciousness larger than our own could solve the problem of our own ephemeral nature. As individuals, we like to think that in some attenuated

sense we can exert our presence, even our will, beyond our material existence – in the memories of others and in the carrying out of our wishes, in the funeral rites and the reading and execution of our Wills, in our letters and writings and in any other traces that we may leave and that may have influence on the lives of others after us. Of course the consciousness of a collective of others who are like us, and whose memories embrace us, is not always enough for us. Indeed, unless entropy can be indefinitely postponed, collective consciousness and shared memories will in the long run not be a sufficient guarantor of *anyone's* ever having existed as a subjective reality. So some people imagine God, whose omni-consciousness covers every gap, now and always. Others imagine something else, through a kind of personification in art, philosophy, books and music, although these too would in the long run need an imprint on some eternal realm. At any rate it seems that it is the imagination that is our present refuge from finitude – an existential prognosis of the most speculative and supplicant kind.

Of course even in writing this I am to some extent imagining here. Perhaps – even in philosophical conjecture – we are all compelled to imagine. Perhaps imagination is a condition of learning, which in turn requires our mastering the prognostic as well as descriptive and retrospective roles of language, grasping that what is properly said now can also properly be said, in the right circumstances, in the future. As Wittgenstein realised, we are marked out as language users proper when we can learn and take hold of the meaning, the coherent possibility, of the intensely prognostic phrase ‘and so on’.¹¹ Often we appeal to the imagination to offer a glimpse beyond what we can know. Prognosis, too, is an act of imagination – a projection beyond what we immediately know, but based upon what we (and others) have known. It challenges a contingent type of finitude – we happen not yet to have seen where an illness is going to lead, but if we wait patiently we will do so, and the moving curtain that clarifies the extent of our finitude will roll onward a little way.

But what of a projection beyond all that we could ever know, and based upon nothing we have ever known but merely upon the fact that we can know anything at all: a projection challenging a finitude that is total? Such conjectures, articulated or not, hover around us when we contemplate death as the only certainty in a future that is otherwise more or less open, depending upon the nature and confidence of our prognosis. The thought of complete finitude tempts us to suppose that something unknown, unseen, underlies the existence that is ours and with which we suppose we are familiar. We yearn to connect with something that will transcend our finitude, something whose power as Larkin put it ‘outbuilds cathedrals’;¹² and if we cannot connect with it we nonetheless yearn to posit it and give it a name.

In fact this yearning is not without philosophical support. Kant¹¹ and, later, Schopenhauer¹² breathtakingly realised that since we know the world only through experience, the spatial and temporal and causal forms taken by that experience are a feature of our minds, not of the world itself independently of us. (As they appreciated, space, time and causation are the conditions of our experience and are found only where experience is found: that is, subjectively. See Magee for a beautifully accessible explanation of their thought.^{13,14}) Necessarily, we cannot experience the formative processes and constraints themselves, only their consequences.

Equally our daily experience of our own free will discloses an aspect of our own nature that can never itself be part of the empirical world described by science – there is no experience, no part of the observable world, that is ‘the willing’ or ‘the deciding’ to do something. We know that we *do* will and decide, but we cannot catch ourselves willing or deciding; all we can know are their observable consequences in the world describable by science. The world is, in short, only partially revealed to us in experience. Some part of it underlies that experience and, in underlying it, is beyond all possibility of being itself experienced. Astonishingly we ourselves, as willing agents capable of acting in the world, simultaneously inhabit both the empirical world of science and the larger reality that underlies the empirical world yet is not itself bounded by space, time or causal connection. That larger reality must be there – logically must – but we can never know it directly, although we can reason our way towards acknowledging it.

In close (although not identical) progression of thought, Kant¹³ and Schopenhauer¹⁴ called this unknown the *noumenal*; although neither of them associated it with any kind of personal existence, the noumenal occupies a philosophical place that somewhat recalls the idea of an eternal realm familiar in religious thought, a realm that in some sense answers to our yearning for there to be something that transcends our own finitude. (The noumenal, incidentally, offers neither proof nor disproof of God’s existence.) We may or may not take comfort from the answer; notoriously, Schopenhauer himself did not. But if we do take comfort from it, that comfort is supported by philosophical reasons to regard the idea of the noumenal as logically more compelling than mere psychological palliation.

Somehow as we get older, or as we brush more closely against illnesses that could one day be serious, we become more conscious of our finitude; we have more reason to wonder whether that finitude is total; and we become more conscious that the story of existence is our story, too, and not simply the story of those choirs of the dead who have preceded us. And this is a consequence not merely of serious prognosis: *Any* prognosis, even a happy one, is nonetheless a reminder of the continuity of our fleshly frailty and vulnerability; we are, after all, born with an indeterminate sentence of death.

When we reflect on this, the conjecture that reality may be somehow veiled starts to haunt us – whether we believe on the one hand that, on lifting a corner of the veil, we will glimpse the noumenal or, on the other, that we will confront nothing more than ‘the solving emptiness that lies beneath’.⁵

IV A coda: echoes in music

In this chapter prognosis, the medical act, has fallen into the role of flag-bearer for how we look at, and face, future uncertainties of other kinds: Our finitude is guaranteed by our mortal nature, even while it is defied by our imaginations, so it is natural for medical prognosis to become almost a metonym for looking forward in an existential sense.

Lakoff and Johnson, in their celebrated and now-classic study *Metaphors We Live By*,¹⁵ envisage the linguistic inevitability of structuring our depictions of the world around a framework of metaphor largely rooted in physical, spatial, experience. The level(!) on which metaphors operate(!) determines their visibility(!) (to use three more metaphors). The metaphorical uses of orientational terms such as ‘up’ and ‘down’ to refer to changes of extent, value, frequency, volume, intensity and so forth are so embedded (metaphor again) as virtually to merge (and again!) into the literal: They are simply unavoidable. But we can use metaphors and tropes more consciously than this, and sometimes we do so when literal descriptions are either dry to the point of futility, or imaginatively inaccessible. In our first Volume in this series, I drew on music and musicality as metaphors for the ordinary conduct of a modestly flourishing life.¹⁸ The ready availability of musical metaphors in many aspects of lived experience rests in part on the intense relationship between musical experience and embodiment (something that Mark Johnson draws out in some detail,¹⁹ true to his general grounding of metaphor in physical experience). I would like to return briefly to music-as-metaphor now in closing these remarks on prognosis.

But first, a prefatory note. Music’s rich metaphorical resources have long been recognised, seized-upon, exploited and cultivated: Rhythm, harmony and melody all lend themselves readily to the task of characterising both what life is and what it may be, and in contexts ranging from the banalities of greeting-card doggerel to the rarefied nuances of cultural history,² as well as to the small change of lived experience (witness Anne Macleod’s memorable characterisation of Jen’s last hours ‘fighting that rasping symphony of failing breath’). In my own case I find music almost to out-grow its metaphorical role; to become at times almost the dominant partner, such that life’s events take on for me a quasi-musical form – life’s rhythms and developments and exigencies becoming forms of expression, among many other possible forms, of musical possibility. Indeed – however strange it may seem when written

down – I find it difficult to shake off the conviction that life, human-ness, human embodiment, are themselves forms of musicality amid the endless musical variety of the material Universe. (In partial defence, related convictions explosively animated some important philosophical reaction to the emergence of ‘absolute’ music in the nineteenth century, in the writings of Schelling, Schopenhauer, Nietzsche and Novalis among others.²) At any rate, it was in this spirit that I tried to convey the experience of serious illness in Volume 1, and try now to offer a few figurative thoughts on futures and finitude.

First, I have noted more than once that the idea of prognosis – *forward* looking – reminds us of our mortality even when a given prognosis is friendly. Our declining years, in an ordinary life-span and given averagely satisfactory health, mark an autumnal period that can be thought of as either a cadence to a theme, or as the coda to that musical movement in which our life more largely consists. In our maturity we may expect to have become settled to the point of predictability in identity and purposes, habits and beliefs. Thus we depart from the settled notation of our lives either by way of a temporary, improvisatory diversion, a riff; or more extendedly, discovering or experimenting with previously unsuspected ideas and goals. New stories may emerge, unexpected insights and blossoming (although it is also true that, in improvisation, themes can also dreadfully unravel, before we realise it or can respond).

Prognosis implies neither definite ending nor definite limitation – it does not ‘wrap life up’ as Jane Macnaughton has put it – and we are normally able to keep open the possibility of new branchings, new ways of flourishing, even in our last years. A musical coda can be improvisatory; it does not, or at least need not, settle finally and fixedly the fate of the music’s *motifs*. From Beethoven’s innovations onward (fully half of the fourth movement of his Eighth Symphony is devoted to an extended and exploratory coda), the great symphonists would often experiment as much in a coda as in that same movement’s ‘official’ development section, and there is something infinitely rich about both musical and biographical subject-matter that defies the expectation of ordered closure that a coda, even a long coda, ordinarily brings. A coda can be a variation upon an existing theme within our lives; occasionally it can, almost experimentally, introduce new and wholly unexpected material. This is difficult to do convincingly; perhaps it is difficult in life, too – here, it may even be made possible by the provocation of an unexpected provocation, bringing the resources of a resolve to make the most of a lifespan that turns out to be foreseeably shorter than one had hoped.

Now music relies on the openness of the future, and in a way that is almost playful. The structures of repetition and rhythm, and of established consonance and harmony, provide the stable backdrop across which melody is

drawn out. At the most basic level of listening, melody's capacity to satisfy us, no less than its capacity to surprise us, relies upon our anticipating its direction ('co-composing' as we listen²⁰) and having our expectations fulfilled or evaded as the case may be.

Curiously, even repeated listenings, even to music that we know well, retain a reference to – or, better, a reliance upon – an open future. This is not simply because different performances or interpretations of the same work can produce substantially distinct listening experiences, but (I think, more fundamentally) because 'the same' music is always what it is against the backdrop of unnumbered alternative possible pathways through the same marvellous matrix of other possible harmonies, melodies and rhythmic complexities. Western diatonic music has been exploited abundantly for more than four centuries and yet it is still capable of new possibilities; an obituary for the late Benjamin Britten praised him for his capacity to write original tunes 'in C major' (standing for music's most well-ploughed furrow); Jason Robert Brown's contemporary musical *The Last Five Years* is musically fresh and inventive within a harmonic vocabulary that would still have been found recognisable by Bach and comfortable by Schumann. Music continually suggests the re-opening of the future.

But music is not boundlessly open (indeed it has even been suggested, apocryphally, that 'All great music is inevitable'). In this sense music relies also upon important finitudes – those necessary for the stability of recognisable forms, genres and traditions, and necessary for the boundaries and framing that are entailed by the very notion of structure, musical or otherwise. Complex structures such as sonata form rely on future expectations that are partially bounded because we know in advance the general sort of things that we should expect if the music is to count as sonata form. Not boundlessly open, then – yet still substantially open because there are indefinitely many different ways in which those expectations can be met, or flouted. Indeed one of the most satisfying moments in a sonata-form movement, the arrival of the recapitulation after the development section, is psychologically powerful to the extent that we are both prepared for it and yet surprised by it.

It is also crucially true that music begins and ends in silence (as, presumably, does conscious life) and this 'framing' silence marks the very finitude that gives a piece of music its very identity, let alone its value. I suspect that the idea of unending music would be meaningless or at best pointless; music's finitude is essential to its having, in the case of any given piece of music, either direction or completeness. One is tempted to feel that this is true of a life, too – whether it be one that flourished or one that languished. We cannot really imagine what an unbounded life could mean; still less can we imagine living it.

Spitzer reminds us that melody was for Nietzsche 'primary and universal'; that Novalis conceived the soul as 'acoustic'.²¹ But in noting that Schopenhauer saw melody as 'linking man and nature' he seriously understates the case. Schopenhauer, as Magee makes clear, regarded music as

a direct manifestation of the noumenal. Just as the phenomenal [familiar, material] world is the self-manifestation of the noumenal in experience, so is music. It is the voice of the metaphysical will.²²

It is perhaps tempting to dismiss this as meaningless, as bizarre, or as unmanageably obscure. Schopenhauer himself knew that he was condemned to use language somewhat figuratively. I have already admitted that music's relation to life is for me more than metaphorical – or that the metaphor's direction does not lead necessarily from music to life, but rather that life sometimes seems to me to be an instance of music's possibilities. On first hearing, at the age of 54 years, the opening bars of Bach's 'St Anne' Prelude for organ I realised that all of the elements of diatonic music, which have for my whole life been the constituents of my inmost strainings and struggles, my regalings and revelries, were being properly disclosed, announced, to me for the first time. It was as if light had *de novo* fallen upon an open book, in which the workings of an ordered Universe were vouchsafed. There was nothing personal in this – in that sense this was no individual prognosis. And our individual finitude – a fleeting spark of awareness-of-being, wholly adventitious in a material Universe, validated by nothing, un-extendable, ultimately un-shareable – was no less incomprehensible or absurd. The absurdity seemed, however, less important. The future was indeed open, its terms drawn in musical possibility.

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