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"Imperfect piety or love on the part of the dying person necessarily brings with it great fear; and the smaller the love, the greater the fear."[1]

(*Imperfecta sanitas seu charitas morituri, necessario secum fert magnum timorem, tantoque maiorem, quanto minor fuerit ipsa.*)

Five hundred years have passed since Martin Luther proposed an academic discussion of the practice and efficacy of indulgences in his *Ninety-five Theses* of 1517. In October of this year, 2017, in Lutherstadt Wittenberg, the annual convention of the Viktor von Weizsäcker Society was held. The title of the conference was "The Participation of Death in Life."

We could readily appreciate Luther's Thesis No.14, even without a grounding in Christian doctrine. The great fear of the dying is one of the fundamental predicaments in the life of a human being. Viktor von Weizsäcker called such a predicament "*Not*" in German.

"The actual essence of illness is a *predicament* ('*Not*', in German) and expresses itself as an appeal for help. I call the person ill who appeals to me as physician and in whom I as physician acknowledge the predicament. ... Our theses maintain that the primary phenomenon of a medical anthropology ('*das Urphänomen einer medizinischen Anthropologie'*, in German) and the main object of its knowledge is this: the ill person who is in a predicament, needs help, and appeals to the physician for it." [2]

Illness, fear of death, insult, and scepticism are four typical human predicaments, with which human sciences have developed methods of response. Historically, medicine, theology, jurisprudence, and philosophy are disciplines that have developed systematic ways to respond to the appeals of the person who is in one or more of the predicaments mentioned. Von Weizsäcker, however, says that behind these specialized disciplinary approaches, a primitive unity is hidden. Therefore, the ill person and the physician have to fix their eyes on the unity and to weave together an original story, discovering the negative presence of an unlived life or a hidden history, through dialog.

The following articles in this issue show some attempts to assist the ill person, medical staff, and the other persons concerned in weaving such narratives.

First, Makoto WADA discusses how a psychiatrist or a healthcare professional interacts with a patient fearing death. Mainly from the perspective of *Gestaltkreis* described by von Weizsäcker, Wada tries to deepen the meaning of his clinical experience. Through the practice of *Gestaltkreis* in psychotherapy, by honing her/his senses to face and accept what is expressed by the patient/client, the psychotherapist can experience the common landscape that unfolds spontaneously between the patient/client and the therapist/physician. Relying on his own clinical experience, Wada carefully describes in detail the moment when the therapeutic *Gestaltkreis* takes place.

Through the ideal use of narrative in the healthcare setting, Shunichi MIYAJIMA insists that not only the care recipient, but also the care giver can experience a new self-understanding or spiritual re-birth. Creative spiritual care extends the possibility of a new relationship and the birth of solidarity. By joining spiritual care with the narrative approach freed from any specific religious tradition, Miyajima explores a new possibility of spiritual care in the clinical setting.

Hitoshi ITO examines von Weizsäcker's theory of *Gestaltkreis* in order to understand Life writ large and unconceptualized. Following Husserl's mereology, Ito clarifies the figure-ground relation, that is, the mutual hiddenness between a living thing and its environmental world in a novel and original way. Ito suggests that we cannot grasp the *Gestaltkreis* as a whole, but we can experience it only practically. In a medical context, we can get a more profound

understanding of a life, listening carefully to the negative presence of an "unlived life" or "hidden past."

In the history of biological dispute between mechanists and vitalists, Aristotle has been treated a standard-bearer for vitalism. In opposition to this way of thinking, Shino KIHARA tries to understand the concept of 'innate *pneuma*' as a substance playing an essential role in physiological processes, positioning the concept precisely in the history of ancient Greek medical thought. We should radically rethink the 'twisted cofrontation scheme' between vitalism and mechanism on a more profound understanding of Life itself.

Last, Sylwia Maria OLEJARZ considers the moral dynamics of Poland's decade-old baby hatch program of approximately 60 facilities vigorously defended by Polish society and the Catholic Church. As a method of last resort and under the veil of anonymity, a distressed mother may surrender her newborn to trained, on-duty medical staff. However, as Olejarz insists, there is a deep gap between the public and the private spheres of the baby hatch and the abandonment problem generally. On the basis of a wide range of views described in the public debate within Polish society, Olejarz examines how the public system of support must be improved. Her sequel study relating to similar cases of relinquishing newborns in Japan is planned and anticipated.

Endnotes

1 http://www.luther.de/en/95thesen.html
2 Viktor von Weizsäcker, "Der Arzt und der Kranke (The Physician and the Ill Person)," 1926, in: *Viktor von Weizsäcker Gesammelte Schriften (Collected Works of Viktor von Weizsäcker)* 5, Suhrkamp 1988, S.13, 1987 (in German).