

Living in Front of Face of Medical Catastrophe: Life-Long Diagnosis

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Abstract

Spreading of the COVID-19 posed a life-threatening challenge, drawing attention to human physicality, which was actively considered by the French phenomenology of 20th century (G. Marcel, E. Levinas, M. Merleau-Ponty). However, the problem of living in a situation of medical disaster has always existed, since humanity always has a number of non-curable diseases. Nowadays a significant part of the population constantly lives in front of the threat of death.

First and foremost, these are cancer patients, since the modern treatment of oncology has a severe effect on the body and psyche, and its irreversible consequences pose a threat of relapse. And there are other categories of people who have a lifelong diagnosis, for example, autistic people whose number are steadily increasing (according to US statistics, 15% among the youth generation). They do not have social protection enough for social realization and therefore face a threat of degradation of personality.

However, if we consider the ideology of incurable diseases philosophically, as it is displayed in the article, they signal, albeit negatively, about eternal questions and future prospects for the human development.

The current situation with the virus that has gone out of control does not pose some exceptional new challenges. It draws attention to the problems have long been faced in everyday life, but have not still solved, because the public consciousness prefers to ignore them. These are the challenges of isolation and self-isolation, fear of the future, guilt and discrimination, considered in the article as the root socio-psychological causes of the catastrophic nature of the diseases considered. It is also a requirement of awareness of death and minimization of suffering as a norm, which implies attention and respect for a person, a higher ethical and financial level of care for those in need and ethical values such as quality of life and compassion.

Keywords: *Medical Disaster; Pandemic; Oncology; Autism; Ideology of Diseases; Philosophical Ethics*

Living in front of face of disaster: Oncology and autism

Spreading of the COVID-19 posed a life-threatening challenge, drawing attention to human physicality, which was actively considered by the French phenomenology of 20th century (G. Marcel, E. Levinas, M. Merleau-Ponty). However, the problem of living in a situation of medical disaster has always existed, since humanity always has a number of non-curable diseases. Nowadays a significant part of the population constantly lives in front of the threat of death.

First and foremost, these are cancer patients, since the modern treatment of oncology has a severe effect on the body and psyche, and its irreversible consequences pose a threat of relapse. (For example, the destruction of bone tissue that adversely affects the production

of blood cells; impaired liver and heart function as a result of chemotherapy, which leads to obesity; pulmonary fibrosis as a result of radiation therapy, leading to asthma and making the lungs similar to those of a heavy smoker, all these preconditions leads to oncology). Medicine could not overcome the consequences of oncological treatment. Thus, having started even successful oncological treatment, the patient falls into a vicious circle. He has no guarantee to health and quality of life after recovering.

Also, there are other categories of people who have a lifelong diagnosis, for example, autistic people whose number are steadily increasing (according to US statistics, 15% among young the youth generation). This is not surprising. Firstly, a common virtual computer life contributes to the development of autistic inclinations. Secondly, the age of parents over a century has shifted significantly: from 18 - 30 to 30 - 45 years, and autistic manifestations of the child bearing at an elder age, appeared more often.

Families with special children, as they say today, also live in disaster situations. Medicine does not know how to help them: the drugs here are ineffective and, as in the case of oncology, have implications for health and quality of life. The network of psychological assistance to autistics and their families is not developed. It is difficult to find effective psychotherapeutic help, which is required for such children (first of all, behavior correction), especially for the teenagers. The problem of autism is not framed socially: today upon reaching adulthood a majority of the diagnosis of autism tends to change to schizophrenia, since there are protocols for its treatment, and there are a number of drugs that sometimes give a positive effect. Although not always, and they are poorly suited for autistic people. With this diagnosis, there is no mental distortion of reality, and IQ is often above average, although it is difficult for autists to show it in a standard situation because of poorly developed social communication skills.

Thus, if a family that faces oncology is threatened with the death of a loved one, a family with an autist faces an even greater risk to survive the degradation of the child's personality, if, with his weak communicative ability, he is not able to realize in society. Both oncology and autism leave to the relatives the role of the patient caregivers for the rest of their lives, accompanied by fear that without support they will not survive. Although there are hospices for the former, if a person is already close to death and for the second psycho-neurological hospitals (PNI), if the degradation of a mentally normal person in a psychiatric patient has already occurred.

It is clear that such social assistance is resorted only in the extreme case because for a modern person the criterion for the quality of life is no less important than life itself. Death seems more preferable to the loss of personality, which your home as your personal space helps to preserve. (Imagine how a person with normal intelligence can live in a psychiatric hospital where one is not only have a computer and a phone, but even a pen).

As the modern philosopher M. Mamardashvili points, behind acts of human dignity one can find metaphysical states, and life without them would be so sad that even not worth to be survived: "What is the most important human quality, that we must deal very cautiously and carefully with? This is <...> our capacity to recognize human dignity around us" [6, p.595].

Unfortunately, ethics in nowadays society, in contrast to personal philosophical ethics, has not yet risen to the criterion of life quality. Constant malaise can be considered the norm (for older people), and recognizing only life as a priority value, social ethics allows people to be condemned to a life that is worse than death. While the statistics shows that oncology can affect any elderly person, and the problem of autism any married couple in middle age.

Significance of body

Having outlined such a gloomy prospect, we will try to understand the ideology of these increasingly widespread diseases. A better understanding of it can attract social attention to them, as modern world is trying to disown death, illness and what considered a social abnormality, relying only on youth, health and the ability to create an impression and competitive success. That is why it turns to be taken aback by events such as the covid-19 epidemic, which shows that these values are far from the most fundamental in human life.

A person's physicality, attracting the attention of the twentieth century, is not only youth, health and self-representation. It has the depth that philosophers saw behind it - the expression "I" as a will (A. Schopenhauer), the base of mind and psyche (G. Marcel), the natural "I" as a subject of perception (M. Merleau-Ponty) and the dark foundation of unconscious spiritual freedom rooted in it (N.A. Berdyaev).

French phenomenology affirmed the ontological significance of the body. G. Marcel formulated the concept of body as an existential basis for existence: "It is impossible to separate existence, consciousness of oneself as existing and consciousness of oneself as clothed with a body, as embodied" [7, p. 9].

For E. Levinas, transcending has a basis in body movement [5, p. 602]. The body is the experience of freedom, since the freedom of the subject is, first of all, the freedom of his body, its orientations and movements. Perception precedes the sphere of thinking, where a person does not recognize, but experiences the sensory properties [4, p. 153]. Trough that body proves to me my own existence: "This end of the world, the universe of my existence, the city or the quarter, the street on which I grew up... justify me. I accept them without hesitation" [4, p. 156].

For M. Merleau-Ponty the perception of the world is also preceded by its acceptance through physicality that is perceptual faith which is more ancient in origin than defined understanding: "... particles of matter, words, events are spiritualized by meaning, contours of which they outline, but do not contain, and mainly, the meaning of the world given to us with the most insignificant of all our perceptions" [9, C.33]. The body is an open integrity and therefore opens up access to the integrity of the world. It is an anchor, fixing the human consciousness in the world.

A thought addressed to the sphere of pre-predicative, is embodied cogito, bodily ego, not canceled by conscious ego. In modern philosophy consciousness is usually defined through intentionality (focus on an object). Merleau-Ponty believes that the movement of intentional orientation is first inherent in the body, and then only in consciousness: "Consciousness is initially not "I think", but "I can"" [14, p. 54].

The disease focuses on the weaknesses of the body, but also helps to understand the strength and significance of the body for the perception and awareness of phenomena. Physicality with its problems of diseases reflects the fundamental problems of being and points to the challenges of modern being. It tells us how to live - and how we are not able to survive. In this sense, the disease has ethical significance.

Ideology of diseases and their positive evolutionary trend

Oncology

So, what is oncology? Firstly, cancer cells (otherwise they are called young or immature) arise daily in every person, but when the immunity is normal, they are naturally destroyed. Thus, this is a disease associated with loss of force. That is why it more often occurs in the old age, and the intense rhythm of modern life increases the risk of cancer.

Secondly, wounds, cuts, bruises and other tissue disorders give an impetus to oncology. Therefore, operations that are so popular with advanced modern surgery can provoke oncology, including operations recommended to prevent oncology "just in case". This draws attention to the problem that western medicine is the successor of war-oriented one. Since humanity has realized perniciousness of wars, it is time to take a step from extreme medicine to ecological one, which does not remove organs from the body, but treats the body in its entirety.

This raises the question of the ecology of body. A surgery is undoubtedly a desacralization of body. An ecological attitude to body is recognition of its integrity as sanctity in a certain sense. Sacredness of the body as the basis of freedom and the foundation of higher human functions, as mentioned above, which encourages one to refrain from unnecessarily penetration into it.

Thirdly, oncology is considered as an overreaction of our defense system and, in this sense, its malfunctioning, which helps to understand why it often arises as a reaction to a stress or to an extreme influence (for example, radioactive). As well as to the disturbance of the natural or habitual rhythm of activity, why it often occurs during alteration of organism in elderly age (menopause of women), but it can also occur, for example, during pregnancy and feeding.

Philosophically, we can here accentuate, on the one hand, the idea of excessive defensive reaction. This idea is undoubtedly inherent in modern civilization. What civilization is sick of as a whole, people have in specific manifestations of illnesses. Having overprotected themselves from nature (including viruses and bacteria), people forgot how to interact with it. It is one of the latent possibilities of the death of civilization. Excessive immune response is also typical for some other, autoimmune diseases, when the defense mechanism works when it should stop.

We are sometimes inclined to absolutize the perfection of bodily processes and their highly reasonable mechanisms, which allows the 20th century even to speak of the mind of cells. However, our body is most often directed unconsciously, especially in such cases as fear or stress. Philosophically, the case of a disease calls upon to control your mind, so that it does not at least stimulate the disease, as religions teach. Apparently, humanity has already prepared for this consciousness, as a century ago, Husserl defined consciousness through the concept of intention (consciousness is its orientation), and today this definition has become the leading one in the philosophy of consciousness.

On the other hand, the wisdom of nature is manifested in the fact that the non-stop cell renewal that leads to the appearance of a tumor is the same mechanism that could give us immortality, if the cells could fulfill their functions, not remaining undifferentiated. Can we expect nature ever come to use this mechanism as we wish? Of course, there is no guarantee. Our body is a store of opportunities, but they appear only as they can manifest in the given conditions. However, evolution is constantly looking for ways to create something new, though it can be seen only on the millions of years scale.

This is a generalizing philosophical view of the problem. More specifically, doctors tend to admit that they unite a large group of various diseases under the label 'cancer', so they can never find a panacea.

We see that the challenges revealed by oncology are in many ways the same that arose in connection with the COVID-19. That is the fear of lack of immunity and excessive protection. (As for the treatment, even the same medicines for colds and flu do not help everyone without exclusion, but we do not need to emphasize the problem. It becomes evident when dealing with serious illnesses, where lethal end is admitted. Since the organisms are different, and individual approach now is excluded and typical protocols are dominated, the urge to find a coronavirus vaccine that helps everyone is just as utopian as a panacea for cancer, but faith turns into a myth in this case, and the idea replaces reality).

Autism

Let us now turn to the problem of autism. Although congenital problems are usually reduced to genetics, autism arises not due to genetic changes in DNA (unlike, for example, Down's disease). There is a hypothesis that the cause of autism lays at the level of ancient genetics, in RNA, that initially was the carrier of genetic information. (Unlike DNA, it could reproduce itself autonomously, because it is also a reaction catalyst, like as proteins, that after took this role upon themselves. However, ancient RNA was not so reliable a guardian of memory as DNA). So it is unclear whether autism is a congenital problem. Autistic children sometimes start and then stop talking, and they can lose the other skills. The reason is autistics learn language and behavioral reactions spontaneously, unconsciously, as the most of children, but only consciously. Hence the small number of words and social skills acquired by them, they need to be trained, and autistic children often learned them even too firmly and formally.

We are used to dumping the information received from random access memory (consciousness) into long-term (unconscious) one, i.e. neuron network of operative rest or passive brain function), there processing it and send the answer back - as the swings sways, but in the case of autism they stay, unconscious processing used feebly [8]. Autistic people don't used the high speed of the hidden, unconscious processing of information, and in the attention of RAM, which we usually call the mind, a person cannot hold many factors at once. From here comes the general slowdown of thinking and reactions. However, from here comes the intellect, if we consider the classic case of highly functional autism, since autistics use to operate consciously with more factors.

It is easy for us to see selectively, with intuitive unconscious choice, but not for an autist who sees so many details. It takes him time to choose. His choice is not spontaneous, when we even do not notice the procedure of selection, it is conscious. Conscious choice for every person is difficult.

Details can overload perceptions, especially emotional ones, when emotions are rude and worthless, except for a social habit that the autist does not own. After communication, an autistic needs to relax. In order to unload emotionally, autistics can fiddle with water for a long time. If he is tired and no longer able to choose, then he rejects everything, and then he seems not perceiving anything. This is not so, his perception is more subtle and non-standard than of the most peoples, but he faces the difficult task of apprehending everything perceived and translating it into standard words so that he becomes able to share it adequately.

The slowness of the response and the retardation of the reaction do not mean that the autistic does not want to communicate: he simply does not know how to do correctly in the current situation. Nothing tells him it, unless something strongly affects him, being vitally important. Since he does not acquired spontaneously social habits, he tends to doubt in them. Therefore, autistics often develop behavioral rituals for themselves in order to gain confidence in their actions. These rituals can become mandatory, characterized as obsessive-compulsive disorder (OCD).

A question arises: if we discard autism spectrum disorders (ASD), such as OCD, is everything else in autism bad?

Would we like to be conscious about everything? - Of course. After all, mind creates a human being.

Should we get rid of bad patterns of social behavior that we uncritically learned from childhood? - Sure. It is the only way to build a new, better society.

Does empty chatter irritate us and do we strive to make every word meaningful, with acting behind it, and not with a lie covering up our unwillingness and inability to do anything? For autists, there is an act behind the word. They are not able to lie. It turns out that it is not so easy to assimilate the social habit of lying. It does not contain anything except the difficult skill to build cunning social moves for your own benefit, and you still need to understand how others will react to it, calculating every reaction! The sense of humor is much easier to assimilate: it has an easily sifted logical changeling and an elementary sense of fun.

The slowness and complexity of communication makes autistic persons uncompetitive in today's society, and this is their main problem. However, this does not hurt him like a person who used to depend on society and cannot overcome this dependence, which causes sociophobia. Autism is what overcomes social phobia. A sociophobe is afraid of patterns of social behavior that he cannot accept for some reason. The autistic simply does not perceive them. Indeed, through the mind he assimilates only "right" (and social manifestations causing fear are wrong). We can assume that the parent-sociophobe child is more likely to be autistic.

This is the third reason, besides the two mentioned above, for which the number of autistic people is growing today: that is the sub-conscious desire to isolate oneself from undesirable social phenomena. From childhood, it can be unconsciously absorbed from the environment, as well as serve for defense of psyche: autistic people are often people with a delicate sensitivity and low pain threshold. Loud

sounds, sharp emotions, flashy acts for show (catchy advertising) and other similar manifestations accepted in modern society, which we would characterize ethically as a lack of culture, are painful for them.

The concept of autism has appeared recently: only in our days it was paid attention to and called with a word. Before we accustomed to consider there are introverted people who join society with difficulties, or there are people with speech disorders for various reasons (for example, respiratory stutter: the difficulty of saying a long phrase due to lack of breathing). However, autism is neither one, nor the other. This is a different way of the brain working.

It is truly hard to communicate with an autistic because it is difficult to draw an analogy with oneself. As Husserl concluded, the consciousness of "I" recognizes itself through the image of the Other. Through the image of an autistic person, our usual mind does not recognize itself.

Ancient Sumerians wrote: "My mouth equals me with people" [10, p.323]. Hundreds of thousands of years of evolution followed the path of speech development, and J. Habermas believed that evolution itself is based on the development of communication skills. The current information society is a peak of this. However, according the dialectic, after a top, a descent begins. The computer, which simplified communication, becomes a cause to ever a greater loss of communication skills and the progression of autism.

The computer was created to accelerate the supposedly too slow mental processes of human being, but the interaction with a computer, displaying our thoughts on the screen and fixing them, slows them down, compared with a flight of thought not associated with a device. The information society is restricted by the anthropological limit to the perception of information. Therefore, approaching this limit, the development of society and human consciousness should turn to a different direction.

Through the phenomenon of autism, we can partly understand which direction it is turning to. As we see, in the computer age, thinking is slowing down to become more conscious and detailed. If more and more children cannot perceive the existing social rituals and models of behavior and communication, we can conclude that these social models have been radically outdated.

When a psychic overload arises from perception of the current speech and socially accepted emotions, this can mean that they should be replaced by more subtle ones. Now in speech we often repeat the same thing in different ways, emotionally convincing the interlocutor. For example, in popular science Western programs, they repeat each fact four times, in a different emotional presentation. However, if each word is conscious, the language should become more concise. Perception from the first phrase should develop.

Lies played an interesting role in the ancient world, where intelligence was initially manifested as the ability to break the old taboos, and cunning and deception was a sign of superior mind (the myths about Hermes, who stole a herd of cows from Apollo, or about Isaac, who received from a stupid Brother Esau's birthright in exchange of lentil stew). However, today, no matter how nice such images of ancient trickster are in myths, we would not admire them in reality. Lie has ceased to be a criterion of innovation. Following Hermes, who eloquently convinced Zeus that he had just been born and therefore could not steal the cows, people have long learned to tell lies convincingly. Now we want to return to the sacredness of the word, which is both a deed and comes from the very core of the soul. Lies have outlived their pragmatic significance; for business, we no longer need in it. Nevertheless, since nothing that has arisen in the world of human consciousness disappears without a trace, its role is to serve mental shifters in humorous utterances.

In the professional sphere, people should not be valued for words, that is, for the ability to establish contacts and present themselves, which has now come to the fore, but for the real achievements.

Autistic persons are often talented in a narrow area of activity selected by them, though it is difficult to recognize to neurotypical chiefs that must give them way. Here the image of genius like as illness after Tomas Mann, which was popular during the whole XX century, is

actual. Genius cannot be typical. Since consciousness bases on the bodily process of perception in its very gist, as works of G. Marsel, M. Merleau-Ponty and E. Levinas prove, persons with non-standard thinking have their original bodily processes. So, they naturally have their own behavior, breaking social models in a strange way - for their possible replacing in the future.

What seems due or undue, as ethical categories describe, is a reality of consciousness that not only is adapted to life, but also adjusts life to fit itself. Therefore, what should be, according our opinion or desire, with high probability will be. Diseases also reveal this in a negative way: as examples of compensation for that having already become obsolete, but having not yet left the arena of history. Therefore, it is worth regretting the social insignificance of autistics or cancer patients: both of them play an interesting evolutionary role, although it is manifesting in a socially unsightly form.

Ethics of diseases: Minimizing the disaster situation

What can be done in the field of consciousness in order to minimize the situation of catastrophe associated with the lack of medical care in these areas?

The problem of isolation and guilt in oncology

The main problem that one needs to overcome here is social exclusion. The news of cancer often causes the horror of death, which makes people shun communicating with cancer patients. In the public mind, they get an imprint of death, associating with the world that one strives to avoid in every possible way. This fear is largely due to the fact the last century has taken the challenge of death "out of the brackets" and significantly reduced the culture of dealing with dead compared to previous millennia, where relatives had to stay with the dead and perform many hours of collective rituals that have now remained formal, and sometimes practically nullified. Under social ideology, when a person is obliged to be young, healthy and successful, no place remains for the phenomenon of death. Death is taboo, and its sacred (spiritual) meaning and respect for the processes of dying are almost lost.

In the twentieth century of mass deaths, only philosophy supported an interest to death in culture, trying to stay "close to the bizarre vegetation of these areas", according to Albert Camus, it is the true effort of cognition. Insofar we possess "the other world", we recognize our own, as Camus writes: "I am afraid of death to the extent that I separate myself from the world. <...> To create people who die consciously means to reduce the distance that separates us from the world" [1, p.85].

Now the "distance from the world" is increasing, as the human consciousness is adapting to the society becoming more and more virtually formal. Acting according to patterns of rules in all areas of life (even those where it becomes harmful and dangerous, in medicine and education), the individual is increasingly unlearned to penetrate into the problems and take responsibility for his work and for another person.

(In oncology, a paradoxical situation arises, when the cancer patient after surgery or chemotherapy is send from the cancer center to local policlinic "under the supervision" of doctors that, in order not to take responsibility for consequences of the treatment, tend to send the patient back to the oncology center, which don't deal with these consequences).

In this situation, people tend to isolate themselves from everything that bears the imprint of the problem. They do not want to know that the problem is walking nearby and can affect them. Therefore, society as a whole prefers to pretend that there is no oncology or autism, and if it arises, it is because of something reprehensible, abnormal and criminal, from which one must step aside.

Cancer patients themselves are inclined to self-isolation due to their malaise. Though at the beginning of treatment, the cancer patient feels healthy and only stress associated with the fear of death, the social feeling of abnormality and his guilt, as well as with the interaction with bureaucracy, that actually requires more physical and mental efforts than the treatment itself, disturbs him. Then the consequences

of treatment gradually accumulated, and when a 50-year-old person begins to feel like an 80-year-old, their social contacts of course reduced. Rehabilitation could help this situation, but it is only on paper. Problems of this sphere were described in more detail in my article [13].

Ethically, chronically illness should not make people outcast. The attention of medical staff can help it, but in our medical field, on the contrary, any person now runs the risk of running into humiliation and insult. This is one of serious social risks in our country, causing stress. In theory, the communication between a doctor and a patient should be based on the model of joint problem solving, but now the patient's participation in solving his medical problems is excluded, the doctor obeys the protocols, following the financial order. Therefore, in the medical field, the patient acts only as a supplicant, as if he went to court, and asked to solve the case for him, at the risk of being guilty.

This enhances the guilt from the illness itself and from awareness that a person can become a burden to his family, that is, does not give them a "normal", comfortable, joyful and successful existence. On the one hand, this consciousness is new, inherent in the current ideology of health and success; on the other, a very old one, inspired by the Christian morality of retribution for sins.

It is the fault for something that has not yet accomplished, which would be more correctly called fear. Guilt necessarily implies something conscious. Fear of the future contains an unconscious component.

Christian fear of retribution is projected onto the suffering that the disease brings with it. In the field of oncology, there are ways to remove them, and people in European hospices live and die in the company of their own kind relatively joyfully and easily. In Russia, not enough funds are allotted for this, and suffering is inevitable, both with successful treatment and before death. Fear of them nourishes the myth of guilt and retribution.

In many ways, current pandemic caused similar manifestations. On the one hand, there was a panic dictated by fear of death and coming primarily from those categories of the population, who used to feel socially protected. On the other hand, a negative social attitude towards risk groups, pensioners who could be fined, as if they were to blame for what happened. Moreover, it was the pensioners who turned deprived of medical care, that they constantly need, since specialist doctors did not work, according the order of powers.

If we return to oncology, the question arises: if the allocation of funds for medicine does not depend on us, what can an ordinary person do to reduce the catastrophic nature of the challenge?

It is in our power to change the attitude, both on the personal and social level of the institute of medicine. First of all, treat cancer patients as sane and responsible people (the above-mentioned cooperation of a doctor and patient), suffering from the usual serious illness, and not from some special one (in some respects, all diseases can have lethal consequences). The moment of isolation, and a special niche of doomed and "untouchables" undoubtedly enhances the feeling of catastrophe and the risk of death, preventing treatment and recovery.

Secondly, to understand that the consequences of modern cancer treatment are hard, and this is the reason for the manifestation of mercy as an ethical norm, necessary and laudable for many centuries - and only recently forgotten. This ethical attitude could restore the ability of medics and relatives to penetrate into the real problems of a cancer patient.

Thirdly, in situations of a medical catastrophe, measures dictated by fear are often aimed more to overcome fear than to treat the disease. Fear and guilt are factors of a social myth that prevent seeing the situation concretely. Only when a way out of such a negative myth has been found (panic paralyzes), it is possible to move forward to a solution of the problem. As Hegel wrote, it is a housewife who may think abstractly, but a scientist must think concretely [2, C.387-394] - This applies to COVID-19 as well as to oncology.

The problem of social disorientation in autism

It is difficult to solve a problem when it is initially declared unsolvable (for example, there is no panacea for cancer, or immunity to the COVID-19 is not produced). Even harder - when at the social level the problem has not yet posed at all and only enthusiasts try to attract attention to it.

Our society would also probably shun autists not only as physically weak (such an impression creates slowness), but also as mentally abnormal (lack of reactions and excessive laconicism of speech), although neither one nor the other is true. Besides, autistics tends to isolate itself due to the frequent problem of emotional overload. However, in a civilized society, neither reserved behavior, nor even the absence of speech should make people outcasts. What could reduce here the risk of social exclusion?

Now a discussion started, copying the Europe and USA, that autists, like other categories of special children, should study with neurotypical children. This usually happens because there are no special schools for autists, and for them, as well as for children with other mental specifications, the only alternative is home schooling. However, teachers usually do not yet have even basic information that an autistic is often not able to give quickly an answer, he needs a pause to recreate all the specifics of the problem and chose the maximum accurate solution. He does task too slowly, but he does not need multiple repetitions (solving typical problems according the scheme), to understand once properly is better for him, etc.

What should teachers take into account here? Do not put negative marks for a non-response and an assignment not delivered on time. Since officially an extra hour and a half for the written exam and extra half an hour for the oral part is allocated, why do not also give extra time for the semi-annual and annual tests? Certainly, this will require additional work from teachers, and perhaps they do not consider it necessary. Until there is no official order for it, paragraph two of the previous chapter remains - the ethical norm of mercy.

It should be understood that common things for neurotypical children could cause challenge for autistic. It is objectively difficult for them to study in schools designed for standards of a different perception than theirs. They are making much more efforts to be on par with others. One must understand that their non-standard perception can benefit society. Therefore, one should not underestimate, but rather overestimate them in order to increase their self-confidence, which is usually low, due to their social disorientation. It is necessary to give them a chance to become full members of society, and to prevent their social burnout, ASD, OCD and other medical problems associated with the stress they experience in school and in society at whole. In this ethical norms of mercy and mutual assistance are concluded, which played a strategic role in the evolution of mankind, as P. Kropotkin and even C. Darwin wrote¹.

In general, with their good IQ, high functional autistics are able to graduate from school, though not excellent, which one would expect from students with higher than average intelligence, but at least satisfactory, due to social disorientation, difficulties in reaction and irritation of teachers, which autists bring on themselves with it.

In adulthood, it is more difficult to solve the problem of social adaptation. An autist can prove himself in solving non-standard complex tasks - where no one can cope, he can be at his best. However, first, he must bypass social discrimination: that is, be able to successfully

¹"Necessary for the preservation, prosperity and progressive development of each species, the instinct of mutual assistance has become a constant instinct as Darwin called it, which is always in effect in all communicative animals, including humans. Having arisen in the initial state of the development of the animal world, this instinct is, no doubt, as deeply rooted in all animals, lower and higher, as the maternal instinct. Darwin was therefore absolutely right, asserting that the instinct of "mutual sympathy" is more continuously manifested in sociable animals than purely selfish instinct of personal self-preservation. He saw in it, as it is known, the rudiments of moral conscience, that unfortunately Darwinists too often forget" [3, p. 33].

complete higher education and get a job. This is almost impossible in the situation of concurrency, when society has no idea of autism as a non-standard way of mental activity and a growing problem.

From the very beginning of their conscious life, autists have a philosophical task to assert their vision, their perceiving. That is a difficult task even for neurotypical persons but it is sine qua non - as M. Mamardashvili writes, "Individuals have only one duty: not to give themselves entirely to something that moves according their own other laws" [6, p.568].

To enlighten this duty, spreading of information is required. Then, over time, fear of parents of such children for their lives disappear, as well as stress of adult autistic, often living in a state of catastrophe, because today they are socially vulnerable.

Conclusion

Supports of survival

In conclusion, I would like to return to the fact that the current situation The current situation with the virus that has gone out of control does not pose some exceptional new challenges, it draws attention to the problems that have long been faced in everyday life, but are not still solved, because the public consciousness prefers to ignore them. These are the challenges of isolation and self-isolation, fear of the future, guilt and discrimination as the root socio-psychological causes of the catastrophic nature of the diseases considered. It is also a requirement of awareness of death and minimization of suffering as a norm, which implies attention and respect for a person, a higher ethical and financial level of care for those in need and ethical values such as quality of life and compassion.

Formal measures, as self-isolation, allowing move to other cities that pose a risk of spreading the disease, when closing parks and sports grounds as sources of health, of course cannot become the basis for overcoming the catastrophic situation. We hope that human body is sufficiently resilient to find a solution for the problem created by human mind. However, the materialistic habit of faith to the body is less and less justified in the modern conditions, when nature often does not cope with the onslaught of environmental disturbances caused by human activities.

In a situation of medical catastrophes, when body cannot cope, we begin to realize the simple old truth that a person is not only a body and to look for other pillars of survival, which primarily lie in the social character of human life and its centuries-old standards of ethical laws. A serious situation of a medical catastrophe is conducive to manifest their contemporary specifics and the eternal foundation (author's articles were devoted to this problems [11,12]). It is necessary to move to a higher level of civilization and its features: respect, honesty, justice and others - which imply the moral strength of the individual, archetypically opposed to brute, primitive physical strength [12], which shows all its weakness and failure in the complex risks of human being.

Our society today lives as if the threat of catastrophes was a necessity: risk does not allow stagnation, and when it does not exist, a situation of risk and catastrophe ripens and even artificially creates in a current too regulated society. It is not the only way for development of the society, but it conducts it to a boundary condition when every habitual and ordinary thinking destroyed, according the definition of Mamardashvili [6, c.104]. And it make us recognize tasks neglected in more quiet and happy times.

Bibliography

1. Camus A. "Brachny pir. Iznanka i litso. [The Wedding Feast. Wrong Side and Face]". Kharkov, Folio (1998): 864.
2. Hegel GWF. "Kto myslit abstraktno? [Who Thinks Abstractly?]. Works of different years, in two volumes. M., Mysl, 1 (1972): 387-394.

3. Kropotkin PA. "Etika [Ethics]". M., Izdatelstvo Politicheskoy literatury (1991): 363.
4. Levinas E Izbrannoye. "Totalnost i beskonechnoye. [Selected works. Totality and Infinity]". Transl. by I.S. Vdovina, B.V. Dubin. M.; SPb., Cultural Initiative: University Book (2000): 416.
5. Levinas E and Izbrannoye. "Trudnaya Svoboda [Selected works. Difficult Freedom]". M: ROSSPEN (2004): 752.
6. Mamardashvili M. "Ocherki sovremennoi evropeiskoi filosofii. [Essay on Modern European Philosophy]". SPb., Alphabet (2012): 608.
7. Marcel G. "Byt i imet. Metafizicheskii dnevnik [To Be and to Have. Metaphysical Diary]". Transl. I.N. Polonskaya. Novocherkassk: Saguna (1994): 159.
8. Men EE. "Autism vchera I segidnya: chto govorit nauka. [Autism yesterday and today considered by science]" (2020).
9. Merleau-Ponty M. "V zashchitu filosofii. [In Defense of Philosophy]". Transl., comment and afterward by I.S.Vdovina. M., Publishing house of humanitarian literature (1996): 248.
10. Ot nachala nachal. "Antologia shumerskoi poesii. [Initial Sourse. Anthology of Sumerian Poetry]". St. Petersburg, Petersburg Oriental Studies (1997): 512.
11. Shchepanovskaya EM. "Nravstvennost kak osnova tvorchestva i vzaimopomoshch' kak osnova tsivilizovannosti. [Ethics as a Ground of Creativity and Mutual Aid as the Essence of Civilization]". Natsional'naya stikhiya tvorchestva: vremya i transgressiya. Ed. Alyaev G.V., Masloboeva O.D. SPb., Publishing house of Saint-Petersburg State University of Economics 412 (2017): 313-324.
12. Shchepanovskaya EM. "Kulturnoe vzaimodeistvie: rol biologicheskikh teoriy. Mif o borbe za suschestvovaniye i simbioz kak veduschiy factor evolutsii. [Cultural Interaction: the Role of Biological Theories. Myth of the struggle for Existence and Symbiosis as a Leading Factor in Evolution]". Values and Meanings, M., ANOO "Institute of Effective Technologies" 2.11 (2011): 97-105.
13. Shchepanovskaya EM. "Sovremenny meditsinski diskurs i psihoterapevticheskie problem onkologii. [Modern medical discourse and psychotherapeutic problems of oncology]". Medical Psychology in Russia: electron. scientific journal 10.4.51 (2018): 8.
14. Vdovina IVM. "Merleau-Ponty: filosofia ploti i problema sotsialnogo. [Philosophy of Flesh and the Problem of Sociality]". History of philosophy, edition. I.I. Blauberger. M., IFRAN 13 (2008): 49-68.

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