Some thoughts on phenomenology and medicine

Miguel Kottow

Published online: 4 March 2017
© Springer Science+Business Media Dordrecht 2017

Abstract Phenomenology in medicine’s main contribution is to present a first-person narrative of illness, in an effort to aid medicine in reaching an accurate disease diagnosis and establishing a personal relationship with patients whose lived experience changes dramatically when severe disease and disabling condition is confirmed. Once disease is diagnosed, the lived experience of illness is reconstructed into a living-with-disease narrative that medicine’s biological approach has widely neglected. Key concepts like health, sickness, illness, disease and the clinical encounter are being diversely and ambiguously used, leading to distortions in socio-medical practices such as medicalization, pharmaceuticalization, emphasis on surveillance medicine. Current definitions of these concepts as employed in phenomenology of medicine are revised, concluding that more stringent semantics ought to reinforce an empirical phenomenological or postphenomenological approach.

Keywords Lived body · Living body · Phenomenology · Health · Sickness · Illness · Disease

Introduction

Body awareness as the experience of our own body in health and disorder has been one of phenomenology’s primary concerns, mainly based on Merleau-Ponty’s studies of clinical cases such as phantom limb, where an amputee painfully feels the presence of the missing limb, or patients with anosognosia who do not acknowledge their neurological anomalies and dysfunctions. Le corps propre, our own body according to Merleau-Ponty, has an inner image, the lived body, presented to the world as an objectively perceivable living body, a distinction Sartre had mentioned in *Being and nothingness* first published in 1943. The clinical provenience of phenomenology’s early analyses helped develop a productive branch of thought linking phenomenology and medicine.

From its very beginning, phenomenology availed itself of the semantic distinction between *Leib* and *Körper: Leib* is the body as experienced, aware of itself, perceiving the world and acting in it by means of its organic, living *Körper*. These somewhat polysemic philosophical concepts were promptly applied to medical practice engaged in psychosomatics, anthropological medicine, and clinical neurology (Plüger 1967). Translations into English waytered between “physical body”, “body as lived”, “animated organism”, or “simply “Body”” (Toombs 2001a). Whereas lived body became the accepted term for *Leib*, the living body or *Körper* is diversely referred to as thingy, casagistic, organic, physical, material body (Spicker 1976). Despite such semantic vagaries, phenomenology has insisted that these are aspects, or facets, of the human body, decidedly not the two distinct primary substances—a rational or res cogitans and a mechanical part or res extensa— as postulated by Descartes. Phenomenology consistently dismisses mind/body duality, and yet, “modern medicine is profoundly Cartesian in spirit” (Leder 1992), unyielding to critical non-naturalistic perspectives provided by phenomenology, bioethics, narrative approaches, and patient-centered practices.

Major publications presented in this field for the past two decades, have especially focused on clarifying notions of health/illness, the conceptual distinction between illness and disease, the experiences of patients with chronic conditions and severe bodily malfunctions,