Published in: Loyola Journal of Social Sciences. 24(2); 2010; 187-197

Abstract
Illness : A Phenomenological Perspective

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Phenomenologically viewed, biomedical paradigm of disease (which focuses on the dysfunction of the biological organism) does not provide an adequate account of illness. Hence, illness must be understood not merely in terms of clinically definable disease states but in terms of illness-as-lived or illness as experienced.

The living body is an integration of corporeality and subjectivity and hence illness has both a physical and an existential significance. In order to treat the patient, the physician should not only focus on the patient's sensory experience of illness but pay attention to the patient's apprehension of illness at the reflective level namely his evaluations, expectations etc. Phenomenologists focus on the patient as an embodied person in a life-world, in Husserlian terms, or as being-in –the- world, in Heideggerian terms.

The pertinent question is whether the phenomenological model or the bio-medical model which is prevalent in modern western medicine better addresses the patient's problems and provides the care that he deserves. In the western scientific medicine it is the biomedical model of illness which is most prevalent. The biomedical practitioners assume that only "objective" facts constitute the reality of illness. In the biomedical model, the human body is viewed as a material, mechanised object consisting of a number of physical parts which can be fixed or replaced with new ones when broken or lost. Vis-à-vis the phenomenological model, illness is not so much the dysfunction of the mechanised body or body part but rather a disruption of an embodied person's life world. The patient exists as an integrated body, not simply as a collection of separate body parts. Thus the phenomenological model of illness enables the physician to provide the quality of care the patients deserve and expect from modern western medicine.

Keywords

Phenomenological analysis ,Illness-as-lived, Body, Physician,Patient, Biomedical model.

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Illness is one of the major issues in the field of medicine. Discussions on health focus mainly on two concepts namely illness and wellness. Wellness, the antonym of illness is "a state of optimal well-being, not simply the absence of illness, but an improved quality of life resulting from enhanced physical, mental and spiritual health". (Randall, Web Article). Illness and disease can be studied from varied perspectives. Disease, as viewed from an organismic point of view, is person centered, discontinuous and undesirable. Such a definition presupposes three conceptions of disease: (1) as a biological abnormality, (2) as a behavioral discontinuity and (3) as a phenomenological occurrence. In what follows, an attempt is made to understand illness from a phenomenological perspective.

Husserl defined phenomenology as "the science of the essence of consciousness, centered on the defining trait of intentionality, approached explicitly in the first person".(Husserl, 1983:33). Thus phenomenology is the study of consciousness as experienced from the first person point of view. We study different forms of experience just as we experience them from the perspective of the subject living through them or performing them. Phenomenological analysis of any given type of experience will feature the ways in which we ourselves would experience that form of conscious activity.

Phenomenologically viewed, biomedical paradigm of disease (which focuses on the dysfunction of the biological organism) does not provide an adequate account of illness. Hence, illness must be understood not merely in terms of clinically definable disease states but in terms of illness-as-lived or illness as experienced. The patient approaches a doctor to escape the lived experience of illness or disease that he or she does not accept. Phenomenon of illness-as-lived is different from the phenomenon of disease state and the two cannot be identified with one another. Illness is not merely a dysfunction of biological body, but disruption of lived body. Illness-as-lived is experienced as an ever present consciousness of disorder. For example, pain in the leg incorporates not just the pain felt at present but the pain experienced in the recent past which is retained in the person's mind as well as the future pain which is anticipated by the patient.

Health is a condition of being there (*Da-Sein*), of being in the world, of being in the company of other people, and of being actively engaged with things that matter in life. In contrast to this, illness is "dis-ability, the 'inability to' engage the world in habitual ways".(Toombs, 1993:62). With reference to Heidegger's being-in-the-world, illness is

experienced as not being at home in my own world. This is the a priori unhomelikeness of human existence. Unhomelikeness is the opposite of healthy being in the world. In this context, Fredrik Svenaeus points out that "healthy, homelike attunement of being-in-the-world gradually can be transformed into the unhomelike attunement of illness." (Svenaeus, 2000:11). To be attuned means to be "understanding" and this "understanding" is in the case of illness "out-of-tune", that is unhomelike. "Understanding" means performing meaningful activities in the world like getting up in the morning, going to work etc. These activities get diminished in illness. In illness the openness of the self towards the world is gradually eclipsed.

An ill person constantly experiences a sense of obtrusive unhomelikeness in one's being in the world. According to Freud, "illness (mental and psychosomatic) is due to previous experiences of unhomelikeness of traumatic nature which by the indirect way of repression make the present life of the patient unhomelike." (Svenaeus, 2000:11). If unhomelikeness is the essence of illness then the health care professionals must not only be concerned about curing disease but rather paying attention to the being-in-the-world of the patient, also opening the paths back to homelikeness. To accomplish this task it is necessary to acknowledge the importance of the meaning realm of the patient's life, the patient's lifeworld characteristics. The phenomenological model of illness enables the physician to explore this realm.

Illness also results in a change in temporal experience. In normal circumstances, we act in the present in the light of more or less specific goals which relate to future possibilities. To be-in-the-world is to be open to the future as a possibility of the past. Heidegger points out that "openness of the self towards the future in developing given possibilities of the past is that which is maintained in health and gradually lost in illness". (Svenaeus, 2000:13). Health is a rhythm of life. In illness this rhythm is lost.

The experience of being ill is closely connected to the lived body which is an important aspect of being-in-the-world. The body has its own nature, functions, structures, biological conditions, and it embodies me. We become aware of the body as an object, a material entity. In illness the body is similar to a "broken tool" which results in helplessness, lack of control etc. It is a machine like entity comprising of organs and parts, some of which can be removed, repaired etc. In illness, the body which acts as a channel of access to the world ceases to be so. The body in illness also interferes with our plans and it becomes very difficult to put an end to this interference.

The basic experience of being ill is tied to the body. My body is not just a place to dwell in but it is me. I am my own body. The body is alien, yet at the same time myself. My body undergoes biological processes which are beyond my control but at the same time these processes belong to me as lived by me. According to Fredrik Svenaeus, " Illness is an uncanny and unhomelike experience since the otherness of the body then presents itself in an obtrusive, merciless way." (Svenaeus, 2000:131). In illness the body is viewed as something other than oneself which has its own ways and has to be regulated in order to survive. The body which was mine ceases to be mine in illness. It is beyond my knowledge and control. The biological, pathological sense of the body is that of the body as other-than-me. The body in opposition of the self is emphasized in illness. The ill person dissociates the self from the malfunctioning biological body which results in loss of wholeness and bodily integrity. The lived body presents itself as other to the owner and this unhomelike experience is illness.

In illness the body is viewed as a malfunctioning physiological organism and as an obstacle which one has to overcome. In the clinical encounter, the body that is the malfunctioning neuro-physiological organism is objectified as a being for the other. The patient views his or her body as an object of investigation. In illness one cannot dissociate totally from the malfunctioning body. This sense of inescapability and limitation are intrinsic to illness-as-lived.

Mary C. Rawlinson describes illness as an experience in which our own everyday embodied capacities fail us. She writes "illness obstructs our ordinary access to the world and presents the body as a signifier for the way in which we are limited and can be impeded in our encounter with the world" (Rawlinson, 1982:74). While in health, the body is the channel for our worldly involvements, in illness the world becomes the background to the body. It is not possible for us to involve in the world and direct our own history. Our future appears to be closed and filled with pain and suffering. Illness deprives us of our self sufficiency and we require assistance for even performing our normal activities and functions like walking, eating etc. Drew Leder similarly characterizes illness as "a state where one is 'actively disabled'. The capacities that were once part of 'I can' repertoire have been lost or at least made unavailable." (Leder, 1990:81). This loss of capacity makes the experience of illness to have a negative impact. A phenomenological analysis holds that a study of the physiological body alone cannot be a basis for the judgement of health and illness. Health and illness are related to the individual's embodied wholeness. The living body is an integration of corporeality and subjectivity and hence illness has both a physical and an existential significance.

Illness is experienced by the physician and the patient in significantly different ways. Therefore illness in effect represents two distinct realities rather than representing a shared "reality" between them. Consequently, it is difficult to construct a shared world of meaning between the physician and the patient. The physician perceives illness as a collection of physical signs and symptoms which define a particular disease state. For example the physician views illness as a particular case of "hypertension", "brain tumor" etc. The patient however focuses on a different "reality". He does not see illness as primarily a disease process but essentially in terms of how it affects his everyday life. Hence, patients encounter illness in its qualitative immediacy. Physicians "categorize the patient's illness solely in terms of scientific constructs; that is, according to the prevailing 'habits of mind' of the medical profession that render the illness thematic in terms of 'objective' quantifiable data" (Toombs, 1993:12).

The physician and the patient are constituting the temporality of illness and disease state according to two different and incommensurable time dimensions. The patient experiences illness in terms of "lived" time. It is experienced as an ever-present enduring consciousness of disorder which cannot be measured in terms of objective time. However the physician uses the "objective" time to measure the biological processes which define the patient's illness as a disease state. The physician while attending to the patient focuses on the disease process and the clinical data. On the other hand the patient is more concerned about the effect the illness will have on his day to day life. The objective clinical data is not very significant to him. The physician focuses on diagnosis, treatment and prognosis. On the other hand, the patient focuses on explanation, cure and prediction.

Since the physician and patient understand the meaning of illness differently, it is difficult to communicate about the experience of illness on the basis of a shared set of assumptions. However, the patient and the physician assume that they are discussing a shared reality, a common object. In short, they are interpreting illness in an empirically identical manner. The patient assumes that the physician recognizes illness as primarily and essentially a threat to his or her personal being. The physician, on the other hand, assumes that the patient understands disease in terms of objective clinical data. These constructs of common sense thinking, tend to widen the gap between their separate worlds , thereby not enabling the patient and physician to share a common reality.

Jean Paul Sartre holds that illness is understood by the patient at both the pre-reflective and reflective levels. At the pre-reflective level, some unusual sensory experience such as pain, weakness or the appearance of a lump causes the patient to focus attention upon the bodily disruption. Once this immediate experience is thematised at the

reflective level, it is conceived of as "suffered illness". "Suffered illness" incorporates the immediate bodily sensations like pains and aches as parts of a larger whole and therefore is viewed as a synthetic totality. At a further interpretative level, the patient apprehends "suffered illness" to be disease. The lived body becomes objectified as a neurophysiological organism. The patient's conceptualisation of "disease" includes the bits of knowledge acquired from others and hence is different from reflective sensory experience and suffered illness. At the level of disease, illness is conceived as an object which is "being–for–others" and hence transcends subjectivity and no longer represents the lived experience of illness. The physician views illness as a "disease state" wherein illness is conceptualized in terms of the theoretical scientific constructs; that is the patient's understanding is subsumed under the categories of natural scientific explanation.

In order to treat the patient, the physician should not only focus on the patient's sensory experience of illness but pay attention to the patient's apprehension of illness at the reflective level namely his evaluations, expectations etc. Pain in the knee joints may be just a nuisance to one individual but however the same knee joint pain may be immense suffering to some other individual, say, an athlete. Therefore, the manner in which illness is apprehended will depend upon the life pattern of the individual. The patient's understanding of "disease" is significant and must be taken into account when the physician prescribes the treatment. Therefore, it is important for the physician to have some understanding of the patient's apprehension of illness in order to become a better therapist. Ignoring the patient's meanings could result in errors in diagnosis and therapy. The physician who does not pay attention to the patient's understanding of "disease" may miss crucial features of illness and may prescribe inappropriate treatment.

Phenomenologists like Fabrega are of the opinion that "the critical 'objects' that medical practitioners deal with, namely, persons and illnesses, are culturally constituted and epistemologically related. Viewed generically, illness is a state of social/psychological/moral disarticulation, and healing is the process designed to undo this." (Fabrega,1990:594-95). Fabrega, after conducting a comparative study of culture specific medical ethics observes that contemporary European societies are dominated by the biomedical theory of illness, identified as: "the real or possible existence of an underlying state of *disease* (disordered physical-chemical or physiological systems) ... all important in the professional conceptualization". (Fabrega,1990:609). In such a model of understanding illness, lay theories (what bioethicians will recognize as patient perception of illness) are neglected. Fabrega observes that, "physicians pursue their tasks by developing an alliance with the person ill and attempting to conduct a dialogue with him/her about a *disease*, which is seen as housed in the abstract and/or objective body. To the patient, on the

other hand, the behavioral and phenomenological illness is the key concern, and it is part of his/her subjective body". (Fabrega,1990:609-10). Phenomenologists focus on the patient as an embodied person in a life-world, in Husserlian terms, or as being-in –the- world, in Heideggerian terms. They do not reduce the patient's body to atomic elements. In other words, "the patient is physically embodied, for the phenomenologist, as a self in a unique life world." (Marcum,2004:315).

Having reflected on the phenomenological approach to illness the pertinent question is whether the phenomenological model or the bio-medical model which is prevalent in modern western medicine better addresses the patient's problems and provides the care that he deserves. Before arriving at the conclusion, let me briefly discuss the bio-medical model of illness. In the western scientific medicine it is the biomedical model of illness which is most prevalent. The biomedical model of illness which has dominated healthcare for the past century cannot fully explain many forms of illness. In this biomedical model, the illness is identified as a pathological or pathoanatomical fact. All illness arises from an abnormality within the body which may be either related to the function or the structure of specific organs. The biomedical practitioners assume that only "objective" facts constitute the reality of illness. For example, if the patients' complaints do not tally with the pathological tests, then they are not bonafide illnesses. A scientific diagnosis validates the patient's experience while the lack of such a diagnosis suggests that the patient is not really having any medical problem. The patient's experience is thus dismissed as not "really" illness. This assessment disappoints the patient as it contradicts his actual experience.

The fundamental entity for the physician is the disease-state, but for the patient, it is the body painfully-lived. In the biomedical model, the human body is viewed as a material, mechanised object consisting of a number of physical parts which can be fixed or replaced with new ones when broken or lost. Thus illness is viewed in terms of the diseased or dysfunctional body parts separate from the overall integrity of the patient's body and lived context. MacIntyre argues that by reducing the body to a collection of parts, the physician ceases to recognise the patient as a person. He further holds that "to view the human being as an assemblage of bodily parts and processes is to deprive the patient qua patient of every moral as well as every social dimension." (MacIntyre,1979:87). Today physicians are considered highly skilled body plumbers whose main concern is to attack a disease and kill it or to mend some body part. Advanced technology has transformed illness to be a technical problem faced by patients who are like malfunctioning objects or consumers.

With regard to the phenomenological model, R. J. Baron writes "if we can adopt a phenomenological perspective, we can try to enter the world of illness as lived by patients rather than confining ourselves to the world of disease as described by physicians." (Marcum, 2004:315). Vis-à-vis the phenomenological model, illness is not so much the dysfunction of the mechanised body or body part but rather a disruption of an embodied person's life world. The patient exists as an integrated body, not simply as a collection of separate body parts. The body is not experienced as molecules, cells, tissues etc. but as an integrated unity through which a person inhabits a life-world. Illness must be viewed not only as "the physical dysfunction of the mechanistic, biological body but as the disorder of the body, self and world (of one's being-in-the-world)" (Toombs,1993:81). In the phenomenological context, the patient is an object but one that is situated in a unique life world as an embodied person , while in the biomedical model the patient is an object located in a common machine-world as a disembodied person.

The phenomenological model of illness has important implications as far as the patient- physician relationship is concerned. The physician looks at the patient with empathic care which is not only directed to the patient's pain caused by a diseased body part but also to the patient's suffering. The physician is not only concerned with curing the patient's diseased part but helps the patient to resolve the anxiety associated with suffering from an illness. In order to fulfill this task the physician enters the patient's world of illness and understands what it means to the patient by empathically listening to him.

Modern science and technology has played a crucial role in the development of the biomedical model of illness in which the patient is reduced to a mechanized body. It is also responsible in part for the quality of care crisis in modern western medicine wherein patients are not treated in a compassionate manner which adds further to the patient's suffering. In contrast to this, the phenomenological model attempts to understand the patient as a lived body or as an embodied person within a lived context. The physician cares for the patient's health empathically and tries to understand the impact illness has on patient's daily life. Thus the phenomenological model of illness enables the physician to provide the quality of care the patients deserve and expect from modern western medicine.

References

Randall, D. “8 Steps to Achieving Wellness After 30.”. (http://www.ideamarketers.com/?8_Steps_to_Achieving_Wellness_after_30&articleid=42425&from= PROFILE). 20-6-2010

Husserl, E. 1983. *Ideas pertaining to a Pure Phenomenology and to a Phenomenological Philosophy*. Dordrecht and Boston: Kluwer Academic Publishers. [Kersten, F. (Trans.)]

Toombs, S. K. 1993. *The Meaning of Illness*. London: Kluwer Academic Publishers.

Svenaeus, F. 2000. “Das Unheimliche-Towards A Phenomenology Of Illness”. *Medicine, Health Care and Philosophy* 3 (1): 3-16.

Svenaeus , F. 2000. “The Body Uncanny-Further Steps Towards A Phenomenology Of Illness”. *Medicine, Health Care and Philosophy* .3(2): 125-137.

Rawlinson, M. C. 1982. 'Medicines Discourse And The Practice Of Medicine'. In V. Kestenbaum (ed.). *The Humanity Of The Ill: Phenomenological Perspective* (69-85). Knoxville: University Of Tennessee Press.

Leder, D. 1990. *The Absent Body*. Chicago: University Of Chicago Press.

Fabrega, H. 1990. “An Ethnomedical Perspective of Medical Ethics”. *The Journal Of Medicine And Philosophy* 15 (6):593-625.

Marcum, J. A. 2004. “Biomechanical and phenomenological models of the body, the meaning of illness and quality of care”. *Medicine, Health Care and Philosophy* 7(3):311-320.

MacIntyre, A. 1979. 'Medicine Aimed at the Care of Persons Rather than What…..?'. In J. Cassell and M. Siegler (eds.). *Changing Values in Medicine* (83-96). NewYork: United Publication Of America, Inc.