INTRODUCTION

The present study, *Body and Medicine: A Phenomenological Critique*, attempts to have a phenomenological critique of the philosophical foundation of modern medicine. Modern medicine, as we argue, is founded on a specific philosophical concept of body, more precisely, on the Cartesian notion of body. Hence, body becomes the central concern of our study. Roughly, the thesis will have three aspects. Firstly, we try to develop an argument that Cartesian machine-body constitutes the paradigm of modern medicine. Secondly, we attempt to have an analytical exposition of the phenomenological account of lived body. This exposition is mainly based on Merleau-Ponty’s phenomenology of embodiment. Thirdly, we enquire into the implications of the phenomenological notion of the lived body for the medical theory and practice and this enquiry leads us to the availability of a phenomenological critique of modern medicine.

Why phenomenology? This is a possible question that could be raised especially with regard to the strategy of our enquiry in the thesis. We do believe outlining some of the basic concepts in phenomenology will suffice to answer this question. What the following attempts to convey is an introductory understanding of phenomenology and some of its central themes and how it is
different from other modes of philosophizing. As a matter of fact, it would be beyond the scope of this study to describe phenomenology in a comprehensive way. The aim will be to show the relevance and potency of phenomenology as a tool in understanding body which forms the central theme of the study.

What is called phenomenology is not a rigid school or uniform philosophic discipline with an undisputed set of dogmas. Rather, there is a great diversity in various points of view of thinkers and approaches who and which could be classified under the general rubric of phenomenology. Consequently, as a philosophical movement, phenomenology is marked by a variety of different forms, themes, ideas, problems, and issues. Therefore, the horizon of phenomenology cannot be taken in at a single glance or framed as one united school.

As a distinct philosophical movement, phenomenology emerged largely from the philosophical reflections of Edmund Husserl in Germany during the mid-1890s. As we know, within phenomenological inquiry itself there are differing definitions of its nature and tasks. But, it could be said beyond doubt that the concept of phenomenology and its approaches address the experiential realm of the individual, in the sense that it is quite ‘subjective’ when compared to the traditional modes of philosophizing.
Our study largely depends on the three key concepts that represent the very essence of the phenomenological approach, namely, life-world, bracketing and the thesis of intentionality. Undoubtedly, phenomenology seeks to describe the structures of the ‘life world’, the world as it is lived and experienced by conscious subjects. The life-world is the world as it is lived by the person in his/her everyday life. It is the realm where we share knowledge which is useful in its own way for daily practices.

In this sense, phenomenology is a philosophical approach that concentrates on the description of life-worldly experiences. However, supporters of this approach do not deny objective reality, but emphasize the importance of each person’s unique subjective experience of events in the way he or she reacts to the events. Phenomenology addresses cognitive experiences and events as they occur, without attempting to reduce these experiences to its component parts or apart from the individual who experiences, as such reduction will threaten the unity and integrity of the experience or event.

Bracketing or *epoche*, in its simplest terms, is the suspension of presuppositions. It arose historically as part of Husserl’s transcendental reduction, allowing the contemplation of detached consciousness. For Heidegger, Merleau-Ponty and others, bracketing became the resolve to set
aside theories, research presuppositions, ready-made interpretations etc., in order to reveal engaged, lived experience.

The underlying goal of bracketing, for a phenomenologist, is to understand essences or essential themes. However, knowledge of essences is only possible by suspending all assumptions about the existence of an external world and the inessential aspects of how the object is concretely given to us. This implies putting into brackets the pre-set framing that constitutes the omnipresent background of everyday life, that is, suspending one’s taken-for-granted presuppositions about the nature of ‘reality, one’s commitments to certain habitual ways of interpreting the world.

To be precise, what is needed for a phenomenological enquiry into the essences is an un-assumptive and non-intervening study of personally or socially significant phenomena, which are investigated as an experience, rather than as a ‘conceptualization’. By holding off pre-conceptions, personal knowledge and habitual beliefs the stage is set, as it were, for a phenomenological description and reflection of the relations that make up the life-world and its meanings. We find this to be extremely useful in understanding and critically engaging with the discourse of medicine.
Both the concepts of ‘life-world’ and ‘bracketing’ are grounded in a significant way on the Husserlian thesis of intentionality. According to this thesis, a person is conscious means he is conscious of something. So, consciousness is always consciousness of something. In other words, there is always something there for consciousness. Consciousness cannot be empty in the sense that it is always directed towards something. Every conscious experience has its reference or direction towards what is experienced. Phenomenological reflection is the reflection of the way something is intentionally correlated to experience.

In the light of the above account we may say that, although the interests and conceptions of phenomenology among particular phenomenologists differ in important ways, there are some commonalities that allow one to speak of ‘a phenomenological approach’. The concepts of life-world, bracketing and intentionality, though they are interpreted and modified in different ways by various thinkers, seem to be providing the methodological framework for such an approach. That is, the phenomenological approach is the one by which we are committed to setting aside our taken-for-granted presuppositions about the nature of objects or ‘reality’ in an effort to begin with what is given in immediate experience, the life-world or the phenomena as encountered. One of the primary
The aims of an explicitly phenomenological approach is to let what is given appear as pure phenomenon.

When it comes to our topic of discussion, the perspective of phenomenology provides us with an extraordinarily fruitful framework for examining theoretical and practical issues in the domain of medicine and clinical practice. As we know, by and large the object of medical science is the body itself. Perhaps the most general and most obvious fact about medicine is that it concerns the body. Modern medical thought and practice explicitly focuses on the body as a type of mechanism, the body-as-machine. The body is considered to be a particular type of material object, one that can be observed, scientifically analyzed and understood exclusively in terms of its anatomical and physiological characteristics. This notion of body is profoundly Cartesian in spirit.

Although the mechanistic conception of body has given rise many advancements in modern medicine, it has also resulted in limitations and distortions in medical practice which are discussed in the fourth and fifth chapters of the thesis. For example, the focus of health care practitioners is almost exclusively on the body/object as a malfunctioning physiological entity. This means that they ignore the patient’s lived experience of illness. Resultantly,
important factors of illness such as interpretations, emotions, desires, worldly involvements, cultural background and so forth are ignored.

In contrast to Cartesian notion of body, phenomenologists like Edmund Husserl, Maurice Merleau-Ponty, Jean Paul Sartre, following them, Richard Zaner, Drew Leder, Erwin Straus, Stuart Spicker, Hans Jonas and S. Kay Toombs, to name a few, have focused on the phenomenon of embodiment. In setting aside the mechanistic interpretation of the body as-machine, they have distinguished lived body from the objective physiological body. In so doing, they have explored the nature of the living, experiencing body.

We do not attempt to give a detailed account of the phenomenological notion of embodiment here, because the same is attempted in the third and fourth chapters of the thesis. But, however, to throw some light on the conceptual background of our investigation, certain key features of the lived body may be identified as follow: Firstly, the lived body is not simply an item among other items in the world. It is not an object similar to other physical objects in the world but, rather, it is the medium through which, and by means of which, one apprehends the world and interacts with it. Secondly, in all its worldly involvements the lived body exhibits intentionality that reveals a dynamic relation between body and world- that is, lived body is an embodied
consciousness that simultaneously engages, and is engaged in, the surrounding world. Thirdly, lived body synthesizes the various senses and movements into a unity of experience. Finally, as the means by which one interacts with the world, the lived body makes possible the existential projects that are expressive of one’s personhood. Consequently, the disruption of bodily capacities has a significance that far exceeds that of simple mechanical dysfunction.

In the thesis, the relevance of phenomenology in the domain of medical practice is attempted, to a great extent, in line with Merleau- Ponty’s notion of lived body. Merleau-Ponty’s philosophy in general, as we have already mentioned, provides extraordinary insights into many of the issues that are directly addressed within the world of medicine. Such issues include: the nature of medicine itself; the distinction between immediate experience and scientific conceptualization; the meaning of health, illness and disease; the theory and method of clinical practice; the relationship between the patient and the physician etc.

In the first chapter, Body in Western Philosophy: A Survey, we deal with the question of the relationship between the concept of body and western thought. As we see, the relationship is a complex one. It is often argued that in the history of philosophy, the status of body has largely been one of absence or
dismissal. Body seems to have been dealt always with suspicion as the site of unruly passions and desires that might disrupt the pursuit of truth and knowledge. This is evident in the platonic formulation of the body-soul problem which has its continuation in the medieval thinking where body is treated as the symbol of moral corruption.

Descartes’ conception of body represents significant departures from that of the late scholastic thought. For him, human body is merely a machine determined by mechanical causality and susceptible to mathematical analysis. Roughly, there are at least three levels at which the Cartesian concept of body is being vehemently attacked in the recent philosophical debates: 1, Phenomenological; 2, Foucaultian; 3, Feminist. In this chapter, an attempt is made to have a survey of the history of the philosophical approaches on body from Plato to the recent Feminist thinkers.

Second chapter, *Cartesian Machine-body and Modern Medicine* deals exclusively with the Cartesian paradigm. For this purpose, we undertake a detailed study of Descartes’ writings such as *The Descriptions of Human body, Passions of the Soul, Treatise on Man, Discourse on Method* etc. Apart from this, we also undertake a comparative analysis of the Cartesian model and various medical perspectives on body of that time. To be precise, our concern
in this chapter is to closely look at the significance of the Cartesian revolution in theorizing body. We argue that Cartesian model is significant at three levels: anatomical, technological and philosophical. That is, as we see, Descartes’ understanding includes, one, the anatomical redefinition of body in terms of circulation of blood (Harvey’s model), two, the technological re-synthesis of body as a machine, and three, its philosophical reduction to a material thing.

We conclude the discussion of this section by pointing out the decisive influence of the Cartesian model on the development of the life sciences. The Cartesian view of living organisms as machines, consisted of separate parts provides the conceptual framework for modern biology. The perspective that all aspects of living organisms can be understood by reducing them to their smallest constituents and studying the mechanisms through which these interact leads to the development of the so called biomedical model. This model, as we see, constitutes the conceptual foundation of modern medicine.

A detailed discussion on the concept of lived body and phenomenology forms the content of the third chapter, *Phenomenological Concept of Lived-Body*. Merleau-Ponty’s *Phenomenology of Perception* is the main text which we deal with. As a prelude to this, we discuss the basic presuppositions of Husserl’s and Heidegger’s phenomenological thinking. In fact, Merleau-Ponty’s
concept of lived body is heavily influenced by Husserl’s distinction between
Leib and corpse and also by Heidegger’s existential analytic of Dasein.

We argue that Merleau-Ponty’s phenomenology suggests a fresh paradigm of body which radically challenges the biological account. It directly challenges the objectivistic understanding of science that distances the body by admitting as only phenomena that can be mathematised and ignores body as it is lived by each of us.

We focus our attention on Merleau-Ponty’s important concepts of sentience and motility. The most important contribution of Merleau-Ponty is, as we argue, the theory of body as the locus of intentionality. This theory puts pressure on any concept of mind as interiority. The basis of human thought, for Merleau-Ponty, is not some abstract mind; rather, it is the lived body and its accumulated actions. What objectivistic and the biological accounts of body fail to recognize is, what Merleau-Ponty calls, this ‘incarnate’ body.

In the fourth chapter, Modern Medicine: A Phenomenological Critique, we enquire into the availability of a phenomenological critique of modern medicine. Our enquiry, at this level, is based on Merleau-Ponty’s philosophy
of embodiment. We also depend on the crucial insights of the thinkers like Drew Leder who have contributed much to the critique of modern medicine.

We conclude the study by illustrating the implications of the paradigm of the lived body for medical theory and practice. The reductionist tendencies and the lack of emphasis on the aspect of embodiment could be identified as the important demerits of modern medicine. The reason behind these limitations is shown to be related to the exclusive use of the Cartesian model. As it is often pointed out, the western medicine’s theory of health looks upon human beings wholly as sophisticated machines and not as persons. We argue that Merleau-Ponty’s concept of ‘sentient body’ provides us with a new framework to redefine the whole notion of health and treatment.
I am body entirely, and nothing besides; and soul is only a word for something in the body

Frederic Nietzsche

Chapter 1

Body in Western Philosophy: A Survey