INTRODUCTION: PHENOMENOLOGY AND MEDICINE

I. INTRODUCTION

As the fields of philosophy of medicine and bioethics have developed in the United States, the philosophical perspective of phenomenology has been largely ignored. Yet, the central conviction that informs this volume is that phenomenology 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 nature of the body – and the relationship between body, consciousness, world and self; the structure of emotions; the meaning of health, illness and disease; the problem of intersubjectivity – particularly with respect to achieving successful communication with another; the complexity of decision-making in the clinical context; the possibility of empathic understanding; the theory and method of clinical practice; and the essential characteristics of the therapeutic relationship – i.e. the relationship between the sick person and the one who professes to help.

A. A Phenomenological Approach

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 most important is derived from Edmund Husserl’s injunction: “to the things themselves.” That is, the phenomenologist is committed to setting aside his or her taken-for-granted presuppositions about the nature of objects or "reality" in an effort to begin with what is given in immediate experience, the phenomena as encountered, precisely as they are encountered. One of the primary aims of an explicitly phenomenological approach is to let what is given appear as pure phenomenon (the thing-as-meant) and to work to describe the invariant features of such phenomena.

A phenomenological approach thus involves a type of radical disengagement, a "distancing" from our immediate ongoing experience of everyday life in order to make explicit the nature of such experience and the essential intentional structures that determine the meaning of such experience. As such, phenomenology is an essentially reflective enterprise.
The common sense world itself (and our experiencing of it) becomes the focus of reflection. Our attention shifts from that of engagement in the world to a focused concern for the sense and strata of the very engagement itself (Zaner, 1970, p. 51). The task is to elucidate and render explicit the taken-for-granted assumptions of everyday life and, particularly, to bring to the fore one’s consciousness of the world. In rendering explicit the intentional structures of consciousness, phenomenological reflection discloses the meaning of experience (Toombs, 1992, pp. xi-xvi).

In order to describe phenomena as they are encountered, the phenomenologist attempts to effect a systematic neutrality. That is, in the phenomenological attitude “one places in abeyance one’s taken-for-granted presuppositions about the nature of ‘reality,’ one’s commitments to certain habitual ways of interpreting the world” (Toombs, 1992, p. xii). In particular, one sets aside any theoretical commitments derived from the natural sciences in order to describe what gives itself directly to consciousness. As Merleau-Ponty (1962, pp. vii-xxi) notes, this radical reflection does not deny the existence of the physical, social and cultural world. Rather, it reveals the “prejudices” and taken-for-granted presuppositions that are not explicitly recognized in our spontaneous, unreflective experience. Thus, the phenomenologist adopts a particular kind of attitude (“stance”) towards inquiry and the objects of inquiry.

B. The Domain of Medicine

In turning attention to the field of medicine as the focus of inquiry, a phenomenological approach is particularly helpful in the following ways: (1) phenomenology provides an explication of the fundamental and important distinction between the immediate pre-theoretical experiencing of the world of everyday life and the theoretical, scientific account of such experience. This distinction is particularly important in furthering our understanding of the relation between medical science and clinical practice, as well as in recognizing the differences between, say, the immediate experience of illness vs. the conceptualization of illness as a disease state, and the body-as-experienced vs. the body as the object of scientific inquiry; (2) phenomenology provides a method for engaging in the radical reflection on experience – the phenomenological “reduction” or epoché. As noted above, the phenomenological “reduction” not only attempts to “bracket” (set aside) hitherto unquestioned assumptions, but simultaneously to clarify (and render explicit) the taken-for-granted presuppositions that “color” our experience. In the process phenomenology reveals the extent to which theoretical, social, cultural, and professional “habits of mind” influence our understandings and