

## **What is the role of phenomenology in the phenomenological approaches to medicine?**

The last decades have seen the development of phenomenological approaches in the philosophy of medicine: “phenomenology of medicine,” “phenomenology and medicine,” as well as “phenomenology of illness” are also found. These phenomenological approaches to medicine – PhenoMed, for short – have introduced traditional phenomenology in the field and have grown quite popular. In 2015, Jonathan Sholl published a paper titled “Putting phenomenology in its place: some limits to the phenomenology of medicine”, where he criticized some aspects of the approach. However, one crucial question has been omitted. Let us put phenomenology in its place, but what exactly is its place? More precisely, what is the role of phenomenology in PhenoMed? I argue that decades after the introduction of the phenomenological approach into the philosophy of medicine, this question has not been answered. This problem is of course related to the difficulty of providing a definition of phenomenology itself. Even without tackling such a controversial topic straight-on, it remains important for PhenoMed to account for the role of phenomenology within their approach, because it is also asking about the very goals – indeed – of their approach. In brief, in this paper, I ask what are the philosophical goals of PhenoMed and what is the role given to phenomenology in the pursuit of these goal. Indeed, a survey of the field leaves one with an inflation of goals: phenomenology is argued to be useful both for analysing the concepts of health and illness, providing a definition of health and disease, describing illness experiences, and humanizing medicine. I review these goals – which depends on the authors, although some are pursued at the same time by the same authors – with a focus on two goals: the analysis of health concepts and the description of subjective experiences. I argue that these goals are unlikely to be compatible with phenomenological endeavours. For this purpose, this paper is both critical and historical.

I start by reviewing how analysis is usually understood in traditional phenomenology and how different it is from other types of analysis (for instance, conceptual analysis). I first argue that S.K. Toombs (1987) and F. Svenaeus (2001), two proponents of PhenoMed, misrepresent phenomenological analysis and give weak reasons to think their version of it is efficient for defining or analysing health and disease. For instance, Toombs’s interpretation of Husserlian analysis makes it akin to providing necessary conditions for  $x$ , which is both a misrepresentation of Husserl’s view and a problematic case for her own attempt at defining illness (as it makes it vulnerable to counter-examples).

I then turn to consider the claim that phenomenology’s task in PhenoMed should be the description of subjective illness experiences. This is notably the position defended by H. Carel in her most recent works (2016, 2017). I argue that it is controversial whether phenomenology’s purpose

may indeed be understood as the study of subjective experiences. The issue is two-fold: first, can phenomenology be stripped out of its transcendental nature without incoherencies arising in one's approach? Second, may phenomenology be defined as a method to study idiosyncratic subjective experiences? I will argue that these two issues are tightly connected: phenomenology's fundamental transcendental nature, which may not be simply brushed away, makes it unfit for the study of the ordinary every day and subjective experiences. Overall, I argue that in its current state, PhenoMed mostly misrepresents and misuses phenomenology. The consequence is not only a historical mismatch with traditional phenomenology, but deep-rooted theoretical problems for PhenoMed. As I stress such problems, I hope to bring a focus on important questions for the field. For instance, what place should be given to idiosyncratic subjective experiences in the philosophy of medicine? Why does the subjective experience of illness seem important for the field? I argue that putting aside wobbly phenomenological frameworks will prove useful to answer these questions. In the end, it may be that the goal of PhenoMed (whether it is construed as the analysis of health and disease or the description of illness experiences, or both) is in a better position to be tackled outside traditional phenomenology, hence leaving PhenoMed with a methodological conundrum.

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