Defending Havi Carel's Phenomenological Theory of Health

Mary Lihong Peng

Introduction

In the philosophy of health, phenomenology, which emphasizes the first-person lived experience of the body, is often opposed by naturalism, which focuses on objective third-person accounts of the biological body. In this paper, I seek to discuss and defend Havi Carel's phenomenological theory of health in particular against the overarching naturalist attack on its priority of subjective experience and lack of objectivity. Ultimately, this paper attempts an analysis of why the critique on subjectivity does not undermine the value of the phenomenological theory in enriching people's understanding of medical practices and the experience of illness. This paper contains the following three sections. In section I, I map out the premises and conclusion of Havi Carel's phenomenological theory, thus elucidating Carel's argument that health is individuals' first-person experiential state of the unity of the lived body and the biological body. Employing Christopher Boorse's normal function theory of health as an example, section II presents a naturalist objection on the lack of objectivity in Carel's phenomenological theory of health. Lastly, in section III, I defend Carel's view against the naturalist critique. Specifically, I argue that subjectivity is not intrinsically detrimental or inferior to objectivity in the field of medicine and health. The value of subjectivity and objectivity arises from the goals that theories of health intend to achieve. The subjectivity embedded in Carel's first-person view of health does not undermine its capacity to function critically as a theory that is meant to address the dimension of health concerning how human physiological states are lived meaningfully in an environment.

Section I. Havi Carel's Phenomenological Theory of Health

Carel argues that health is essentially the first-person experience of the unity between the lived body and the biological body; illness, the disunity between the two. The premises and conclusion of Carel's view are listed as follows:

1. The body consists of the biological body and the lived body.
2. When someone feels ill, they feel a noticeably disrupted harmony between the biological body and the lived body.

C. Therefore, being ill is not just an objective dysfunction of the biological body part, but a subjective fist-person experience of the disharmony between the lived body and the biological body. Health is thus the experience of the harmony between the two bodies.

Now I will elaborate on each premise and the conclusion. The first premise situates our body as the core of our existence. As articulated by Carel, "the body is our general medium for having a world" (2008, 25). We interact with the world through our body, during which our body simultaneously plays the role of the object that passively experiences the world through bodily reactions to external stimuli, such as coldness, hotness, hunger, and satiety, and the role of the subject that initiates original experiences, feelings, thoughts, reasoning, and actions about our bodily experience, such as happiness, sadness, content, and disappointment. Thus, our body consists of both the biological body, the physical and material body, as the object, and the lived body, the first-person experience of the biological body, as the subject of our experience of the world. The biological body and the lived body constitute the entirety of our body and bodily experiences.

The second premise states that when a person is ill, the lived body and the biological body experience a disunity. "The harmony between the biological and the lived body is disrupted and the difference between the two becomes noticeable" (Carel 2008, 26). For example, normally we do not consciously notice the functioning of our pancreas. However, when someone develops pancreatic cancer, he might experience abdominal pain, loss of appetite, and depression. The lived body, the first-person experience of pain and discomfort, brings to our attention the physical existence of the malfunctioning pancreas.

Given the centrality of the body in our embodied existence (premise 1) and how illness is felt and made noticeable by our body (premise 2), Carel argues that illness is not just an objective constraint imposed on a biological body part, but "a systematic shift in the way the body experiences, reacts and performs tasks as a whole"(2008, 29). Carel shifts the definition of illness from the objective functions or dysfunctions of the biological body to the lived body's subjective experience of the biological body. Carel's phenomenological theory thus defines health from the first-person perspective as a subjective and experiential state of alignment where the lived body does not experience any constraints imposed by the objective state of the biological body. Carel

further illustrates the state of harmony using the example of digestion, fluid balance and muscular performance, where a healthy biological body exists silently as a background for the non-disrupted experiences of the lived body, such as enjoying delicious food and hanging out with friends.

Section II. The Naturalist Objection to the Subjectivity of Carel's Phenomenological Theory

Contrary to phenomenology that concentrates on direct experiences from the first-person point of view, naturalism strives to define health from an objective third-person point of view that focuses on the biological and physical functions of the body. The objection to Carel's phenomenological theory that I will discuss here is from the naturalist standpoint that the emphasis on the lived body's first-person experience lacks objectivity in the process of defining health and illness. Christopher Boorse' normal function theory of health will be used as an example to illustrate why naturalist opponents to Carel's view believe that subjectivity poses a problem for the practice of medicine.

Naturalism examines health and diseases as objective physical phenomena independent of individuals' subjective experiences. The naturalist approach to understanding health and disease is empirically interpretive and rooted in the examination of objective states of the physical body. For example, Christopher Boorse's normal function theory of health, a fundamentally naturalist concept, defines health as species-typical normal functioning for age-matched and sex-matched comparison classes. Statistical typicality defines norm, and negative departures from norms demarcate health and diseases. For example, an abnormally low level of red blood cells causes anemia, thus making one feel tired and weak. An excessive level of cholesterol could cause coronary heart disease which in turn induces feelings of pain when heart attacks occur. The naturalist theory of health classifies these conditions as diseases according to scientific interpretations of the objective existence of biological conditions. Thus, the objectivity prioritized by naturalism could create empirically verifiable frameworks for identifying and treating objective biological conditions. As explained in section I, Carel's phenomenological theory is predicated on individual's subjective experience, interpretation, and evaluation of his situation and not only on a biological investigation of his body. The naturalist objection to Carel's view could thus be that the high degree of ambiguity and subjectivity in individual's first-person experience of his body undermines the success in studying, identifying, standardizing, and thus treating the biological causes for the experience of disrupted harmony between the lived body and the biological body.

Carel's theory is highly descriptive but not sufficiently and objectively interpretative. The primary means for others to understand one's first-person experience is through description, and before conveying the experience to others, the person also needs to self-perceive what kind of experience he or she is having. Different people's experiences of the same physical conditions could be very different. In other words, different people's lived bodies could experience their biological bodies differently even if their biological bodies were in the same condition. Hypothetically, when doctors ask people who experience headaches to identify their level of pain on a scale of one to ten, people who experience the exact same kind of headache that has the same cause and symptoms could rank their pain levels very differently perhaps due to their different prior experiences of pain that they use as thresholds for ranking their current pain. This further accounts for how subjectivity arises from the two premises of Carel's view. The subjective lived body leads to subjective experiences of disharmony, and thus subjective experiences of health and illness. Communication and description of the already subjective experience of illness further complicates the issue. Variance and fluidity in language and non-verbal body language could be influenced by many personal, social, and cultural factors. For example, autistic people might not possess the necessary communication skills to successfully communicate the nuances of their experiences, thus resulting in inaccurate understanding of their lived experience.

The naturalist objection would emphasize that as a result of the lack of objective interpretability, investigation, identification, and treatment of biological conditions could be inaccurate and even dangerous. On one hand, different biological conditions could be wrongly treated with the same method. For example, Lupus and chronic fatigue syndrome both induce the feeling of fatigue, itchy skin, and joint pain, but their causes are drastically different. Lupus occurs when one's immune system attacks healthy tissue in the body. Chronic fatigue syndrome is a complicated disorder characterized by extreme fatigue and amplified pain sensation that is yet to be explained by any underlying medical condition. While individuals with lupus and chronic fatigue syndrome may experience their biological bodies in similar ways, the biological causes of their experience are different. On the other hand, the same biological condition could be confused with other conditions and thus mistreated. Many people have the experience of trying to use the internet to self-diagnose when they feel sick. They would find a myriad of potential explanations for sore throat ranging from common flus to throat cancer. It'd be absurd and dangerous to treat a person who has a cold

with chemotherapy. Therefore, reliance on subjective experience as basis for understanding, identifying, and treating diseases could lead to tremendous risk of misdiagnosis and waste of resources.

To summarize, the naturalist objection attacks the subjectivity of Carel's phenomenological theory of health because subjective first-person experiences of health and illness cannot establish a reliable framework for the identification and treatment of physical conditions.

Section III. Defense of Carel's View---a Contextualized Discussion of the Value of Subjectivity and Objectivity

In this section, I argue that the abovementioned objection does not necessarily undermine the value of Carel's phenomenological theory. My argument proceeds as follows:

1. Subjectivity is not intrinsically bad or inferior to objectivity.
2. The contexts for subjectivity and objectivity determine their value.
3. The naturalist objection discussed above misinterprets the context in which Carel's view uses subjective first experience as a criterion for understanding health and disease.

C. The naturalist objection does not invalidate the value of Carel's view due to its subjectivity.

Subjectivity and objectivity do not possess intrinsic superior or inferior value. They are simply ways to convey variating circumstances' influence on perspectives. Subjective perspectives are heavily influenced by changes in external circumstances, whereas objective perspectives are considered independent of such influence. Therefore, I argue that subjectivity and objectivity are not intrinsically value-laden terms. Their values arise from the understanding of circumstances, which could include causes, consequences, intentions, and goals, that they interact with. With that said, the objection to subjectivity itself is not enough to devalue a theory.

The naturalist objection above criticizes the subjectivity of Carel's view in the context that phenomenology cannot establish a reliable framework for the interpretation of biological conditions. The context in which the objection is situated pertains to the intentions of phenomenological approaches in the field of medicine. However, I argue that the context is wrongfully understood. Firstly, Carel's view does not advocate for the abandonment of natural and

physical facts in understanding health and illness. Carel writes that her "main discomfort with the orthodox concept of illness is that it originates in a naturalistic approach…that excludes the first-person experience and the changes to a person's life that illness causes" (2008, 9-10). Phenomenology brings humans' variated lived experiences to the forefront of the discussion of health that was once monopolized by accounts of objective physical conditions. The subjectivity in Carel's view is thus a means to expand on and complement the view that human experiences can be exhaustively accounted for by objective physical states alone, rather than to invalidate and exclude objective interpretations from the discussion of health.

The objection also suggests that subjectivity compromises the reliability of interpretive frameworks for identifying and treating diseases in the field of medicine. Here exists another incomprehensive understanding of the context of medicine. I argue that the field of medicine consists of both medical sciences and clinical practices. While medical sciences require empirically and objectively verifiable accounts of biological conditions, clinical practices often deal with first-person experience of suffering. Given the context of medicine as a combination of fact-centric empirical sciences and experience-centric clinical practices, Carel's view could in fact contribute to a more reliable framework for understanding and treating diseases. It humanizes the practice of medicine specifically in the field of clinical practices that start with and ultimately return to individuals' embodied suffering, which inevitably requires doctors to recognize illness as a lived experience that extends beyond the biological body in a physical and objective sense. The goal of phenomenology is not to change and correct empirical sciences and create an isolated reference framework for health and disease. Indeed, no reliable scientific investigations can be made solely from first-person perspectives. Carel's view does not intend to give a causal explanation of health in the context of empirical medical sciences like its naturalist counterparts do, but aims to generate a "shared meaning of illness" (2011, p. 42) that could "augment the naturalistic account of illness" (Carel, 2008, p. 10). Clearly, the objection wrongfully homogenizes the contexts, including intentions and boundaries of medical practices, in which Carel's view and naturalism are grounded. As a result, it does not necessarily undermine the value of the phenomenological theory of health.

Conclusion

In this paper I explained Carel's phenomenological theory of health and identified a naturalist attack on the theory's subjectivity. Having illustrated how the discussion of subjectivity and objectivity must be contextualized for value-laden judgement, I argued that the objection that devalues subjectivity is misconstrued due to the confusion of the context in which Carel introduces subjectivity as a value-adding criterion for understating health as a lived human experience.

Bibliography

Carel, H. (2008). *Illness: the cry of the flesh*. Stocksfield: Acumen.

Carel, H. (2011). Phenomenology and its application in medicine. *Theoretical Medicine and Bioethics*, *32*(1).