

# Phenomenology in clinical practice

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# Why philosophy?

- The natural attitude
- The Fall of Man – reflection
- Not just perceiving the world – knowing one is perceiving
- Not just knowing – knowing one is knowing
- Knowing as questioning

# The questions

- What is "being"? (metaphysics, ontology)
- How do we make correct propositions/gain valid knowledge about aspects of being (epistemology)

# The positions

- Idealism/rationalism - ideas are the supreme/divine reality and/or bears true knowledge
- Scepticism/empirism – only perceptions (impressions) give true knowledge

# Phenomenology – position in between

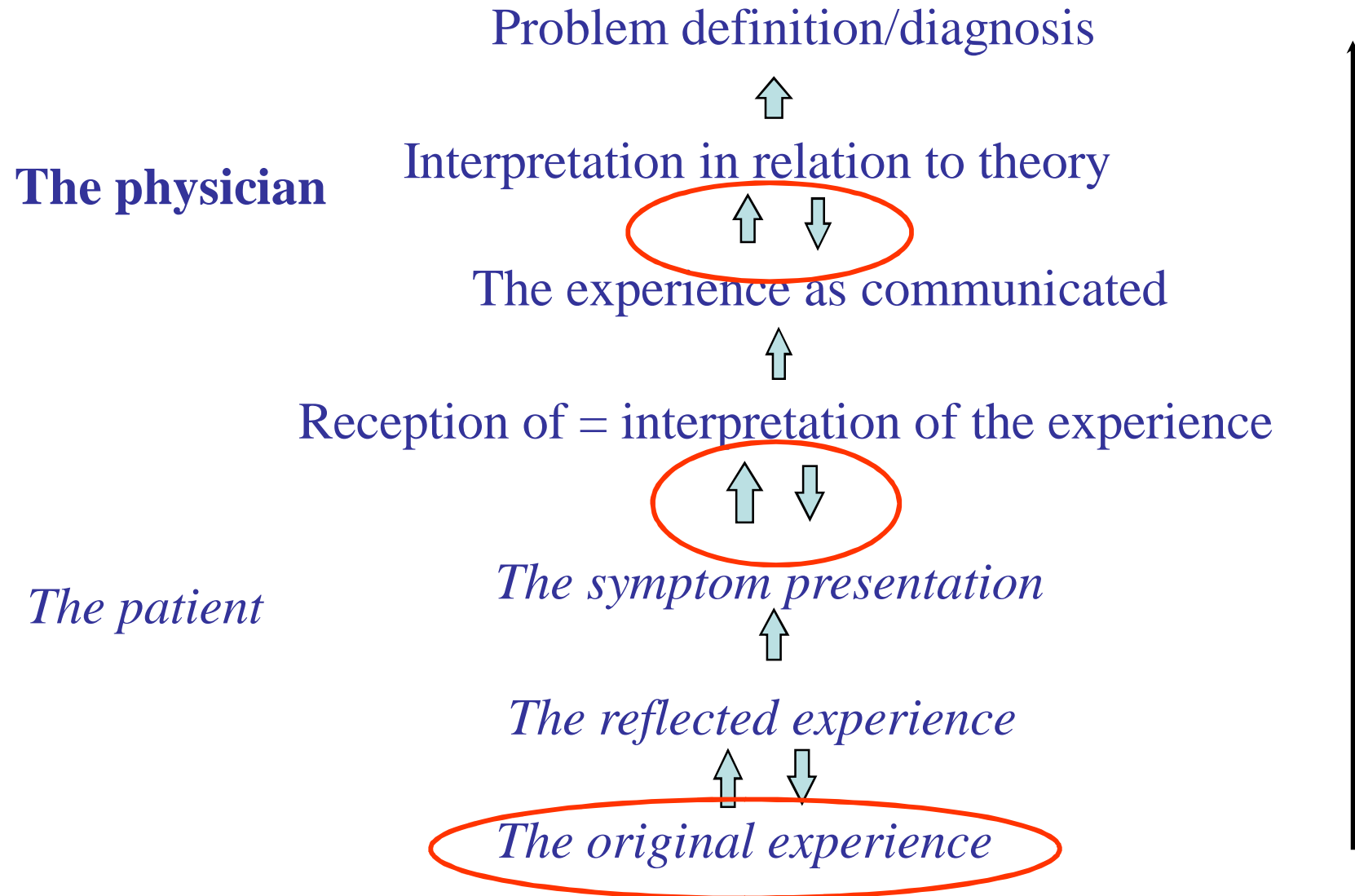
- Philosophy of experience
- Realism and the bracketting of the real
- The phenomenon
- The directedness of consciousness
- Vision is more than vision, hearing more than hearing
- The reduction – ”to the things themselves”
- The life-world

# The natural attitude in contemporary clinical practice

- Symptom - diagnosis - therapy: that's it
- The humanly as an adding or noice
- The "reality" of experience: Central pain sensitisation, serotonin levels, oxytocin, mirror neurons

The phenomenological reduction  
– To clinical practice itself

# The reality of the diagnosis





# The symptom presentation

- The experience
- The interpretations
- The feelings
- The expectations

# The experience

- The self as body
- The existential anatomy
- The body as "other than me"

### **The heart**

The heart beats in the chest, in the depth of the heart but still vulnerably close to the surface. One feels its steady rhythm, it is life, no more, no less, that moves in there. In excitement and strain, the heart takes over the whole chest, almost the whole body.

The heart is the heart of will and decisions, and the sensible target of critical remarks. It bears the emotions that withstand the reasonable: love heats, grief aches, happiness jumps, fear squeezes.

The heart divides the time given to each one of us. One of those beats will be the last. That is impossible to deny, yet it often is.

# The physician's two epistemological questions

## The intersubjective question

*How can I be sure enough that the patient experiences what I believe her/him to experience?*

## The biomedical question

*How can I find the objective correlate of the experience?*

# On empathy

With inspiration from Edith Stein 1917

- The intersubjektive touch – the ”field of gravitation” of the other
- Empathetic imagination and creative cooperation
- Perception-emotion-cognition
- Yours is yours and mine is mine
- Is not about analogy or association
- Impossible to avoid – impossible to perfect
- The ethical implication

# The dimensions of a physician's bodily empathy

- General – that which anybody has but developed through practice
- Specific – integrated patient experiences
- Biological – knowing the facts as a ground for understanding

# The empathetic fields of a GP

- The existential anatomy
- The self experience
- Vulnerability and suffering
- The unfathomable other