Lecture 10 – The Lived-Body and Medicine

Drew Leder – “Medicine and Paradigms of Embodiment”
Agenda

1. The Cartesian Body
2. The Lived-Body
3. The Lived-Body and Medicine
4. Questions
The Cartesian Body

• How does Descartes conceive of the body?
• What consequences (good and bad) does the Cartesian conception of the body have?

“By purging the body of spontaneity, willfulness and occult desires, Cartesian dualism did away with all properties which might have impeded mathematical-causal analysis of physical functioning. Viewed as a machine, the body can be tested experimentally and blueprinted in detailed anatomical study” (Leder 30).
The Lived-Body

- Leder draws on phenomenology to develop an alternative conception of the body that isn’t Cartesian.

- **Phenomenology** is the study of the structures of experience and consciousness from a first person point of view. (Comes from Greek *phainómenon* ”that which appears” and *lógos* ”study”.)

- Maurice Merleau-Ponty was a French phenomenologist and philosopher (1908-1961).

- Erwin Straus was a German-American phenomenologist and neurologist (1891-1975). Straus helped pioneer more holistic and less reductionist approaches to medicine and psychiatry.
“[T]he Cartesian categories lead to systematic misdescription of human activity. Bodily acts are not merely mechanical. Nor are all acts with cognitional and volitional status truly mental, as Descartes envisioned them, arising out of explicit judgments and acts of will. Rather, an examination of experience reveals that it is the body which first understands the world, grasping its surroundings and moving to fulfill its goals. In phenomenological terms, the body is not just a caused mechanism, but an ‘intentional’ entity always directed toward an object pole, a world” (31).

The concept of the lived-body attempts to give an account of human experiences—our embodied existence—that circumvents the Cartesian dichotomy of a mechanical body and mental thoughts.
The Lived-Body

• An argument for conceiving of human existence—our being-in-the-world—via the lived-body and for rejecting the Cartesian body:

• “Ultimately the lived-body constitutes our being-in-the-world. It is through our capacities of sensing and moving that we first acquire and inhabit our surroundings. Even the Cartesian world of fixed objects originates as a set of unifications and stabilities in our lived perception. Within such a world even the body itself can come to be seen as a mere physical object. However, the ‘object body’ of Descartes always remains derivative, arising secondarily out of the experience of the lived-body” (32).
Is the Lived-Body a Physicalist Notion?

• The concept of the lived-body rejects Cartesian dualism. So is it a physicalist view?

• How is the lived-body similar to, and different from, Ryle’s behaviorism or Churchland’s eliminative materialism? Is it more like one rather than another?

• Whether or not the lived-body is a physicalist notion probably depends on what you take ‘physical’ to mean. If ‘physical’ is understood broadly to include embodied being-in-the-world, then physicalism might include the lived-body. On the other hand, perhaps the distinction between physicalism and dualism already takes on implicit Cartesian categories that the lived-body criticizes.
The Lived-Body and Medicine

• How do the ways in which we view the body affect medical practices and institutions?

• How do philosophical views affect the real world? How are concrete and practical issues—people’s lives—structured by ideas?

• How should we conceive of the body so that medical practices can be improved?
The Lived-Body and Medicine

“[I]t could be said that the patient presents the lived-body for treatment while the doctor treats the Cartesian or object body” (32).
The Lived-Body and Medicine

“The patient as well may have come to regard his/her body in an objectified mode. This process is often begun by the illness itself. ...when suffering the body can come to appear as Other. The painful body is experienced no longer as the immediate agent of our desires, but as an alien presence we would be rid of.... the unity of the lived-body begins to fall apart in disease as our stomach cramps, our breathing emerges in dyspnea.... Thus the Cartesian body, interpreted as ‘thing’, a mechanical collection of parts extrinsic to the self, is itself brought to the fore as a latent experiential possibility rooted in the illness of the lived-body.” (33)

“This objectification of the body is often sought for affective reasons by patient and doctor alike. The attitude of clinical detachment may help the patient to remove the self from experienced suffering and attendant fears. Similarly, the doctor may need distance.” (34)
The Lived-Body and Medicine

• What implications do the previous passages have for Leder’s view? Does it undermine his claim that we should not view the body in Cartesian categories?

• For Leder, sometimes we do view the body as an object or a machine. And sometimes there are benefits to relating to bodies (your own or others) in this way. However, such Cartesian conceptions are ultimately derivative from the lived-body and cannot be the only or primary way in which we understand human existence and experiences.

• “The doctor remains a paradigmatic instance of the lived-body in praxis. Nor will the patient ever escape the lived-body” (34).
The Lived-Body and Medicine

Topic sentences of four consecutive paragraphs in Section IV: The Limits of Medical Intervention:

• “When the body is not thought of as the essential self, but a machine placed at the disposal of the will, it can be overlooked when it is functioning well” (35).

• “Furthermore, when our body is attended to in illness this attention usually consists in handing it over to the doctor” (35).

• “Yet this disease-orientation and professionalization typical of Western approaches to health care have recently come under criticism in the popular and medical press alike” (35).

• “The paradigm of the lived-body could help to reorient health care in such directions” (36).

• So how might the lived-body change our society’s approach to health-care?
The Cartesian metaphysics implicit in medical practices may be reductionist or dehumanizing:

• Doctors neglect personal communication.

• Patients seen as object interchangeable with others. Doctors too, as scientist-technicians, are regarded as interchangeable.

• “When unfamiliar with the patient's being-in-the-world, i.e., history, general functioning, life-style, habits, home and work environment, symptoms may be misinterpreted and inappropriate treatments proposed” (37).

• Subjective and emotional factors are ignored.

“The paradigm of the lived-body effects a reunification” (37).
Questions

1. Might property dualism also lead to the negative consequences for medicine that Leder suggests Cartesian dualism engenders?

2. How should medical practices be changed in order to take seriously the fact that people’s existences are experienced through lived-bodies?

3. How are Leder’s criticisms of Cartesian dualism’s effect on medicine related to Overall’s criticisms of Cartesian dualism’s effect on transgender identity?