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Understanding the mistrust of naturalism in the phenomenological approaches to illness

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Abstract

In some quarters within philosophy of medicine, more particularly in the phenomenological approaches, naturalism is looked upon with suspicion. This paper argues, first, that this mistrust of naturalism takes on two distinct forms of disapproval, epistemological and ethical; and second, that both forms are to a large extent confused. It then offers some proposals for clearing up this mistrust and setting up an agenda for future collaboration.

Key words: naturalism; anti-naturalism; phenomenology; medicine; health and illness

1. Introduction

Voices are often raised against what is called the biomedical model. In 1977, for instance, George Engel raised concerns over the biomedical model of disease, and argued for a model considering psychological and social, rather than exclusively biological features of illness (Engel, 1977). This kind of critique is sometimes aimed at naturalism, sometimes at science in general, and it is characteristic of several fields in and outside the philosophy of medicine; for instance, narrative medicine, psychology, and nursing studies. The concern expressed in these various fields is often similar. As James Marcum asked, “[w]hy should modern medicine provide such competent technical care and yet fail to provide the humane care patients also need?” (Marcum, 2008, p. 393). Phenomenological approaches to medicine and illness are one of the more recent approaches characterized by the same defiance against naturalism. They have been featured in recent handbooks of philosophy of medicine (Schramme & Edwards, 2017; Solomon, Kincaid, & Simon, 2017) and monographs from the field have just been published (Carel, 2016; Svenaeus, 2017). Key proponents of what is sometimes called the “phenomenology of medicine,” or “phenomenology and medicine,” include S. Kay Toombs (1987, 1988, 2001), Fredrik Sveaneus (2000, 2001, 2009, 2013, 2014) and Havi Carel (2008, 2011, 2012, 2016); “phenomenology of illness” is also used as a label. Phenomenological approaches to medicine or illness, henceforth *PhenoMed*, have by now secured a widespread appeal in the philosophy of medicine landscape. Despite this popularity, there is little work engaging critically with the main claims of this relatively recent trend. This paper is a contribution to of this kind of critical examination (in the line of, for instance, Sholl 2015) by addressing one important aspect of the PhenoMed approach: its

deep-rooted mistrust of naturalism. Commenting on the recurrent attacks on naturalism in general, Daniel Andler has pointed out that “everybody targets or figures she’s targeting something precise, has made up her mind long ago, and doesn’t care much for entering again that same old never-ending debate” (Andler 2016, 11). This diagnosis fits well with the current mistrust of naturalism in PhenoMed. The aim of this paper is to take this mistrust – the scepticism as well as the lack of trust towards naturalism – at face value and try to characterize it. Phenomenology indeed is probably one of the most convincing standard bearers of the mistrust of naturalism in medical humanities. Furthermore, at a time when the debate between naturalism and normativism in the philosophy of medicine seems to be moving beyond its former cartoonish stage (see for instance Kingma, 2014), it seems important not to let this mistrust hover over the conversation. To quote Ernest Nagel,

the conception of philosophy as a struggle between competing systems is especially sterile when the “ism” defended or attacked covers as miscellaneous an assortment of not always congruous views as fly the banner of naturalism. (Nagel, 1954, p. 5)

After a brief overview of the main claims of PhenoMed, where I distinguish between descriptive and prescriptive claims, I turn to identify what I call a mistrust of naturalism in this literature. I argue that this mistrust may be spelled out in two important ways. First, it can be understood as a form of scepticism regarding a series of philosophical claims ascribed to naturalism. In an attempt to clarify this scepticism, I argue that several claims are ambiguously attributed by PhenoMed to naturalism and become possible targets for their mistrust. I review several such plausible targets: general epistemological or metaphysical naturalist claims, reductionist naturalism, the biomedical model and the scientific approach. I argue that on top of this ambiguity, each target faces some argumentative limits.

In the second part of this paper, I argue that there is a more interesting way of spelling out the general defiance towards naturalism in the PhenoMed literature. I argue that it is best understood as an imputation of moral failure. In this debate, naturalism becomes a thick concept (Foot, 1958; Ryle, 1968; Williams, 1985; Andler, 2016),¹ i.e. a concept featuring both descriptive and evaluative traits. Characterizing PhenoMed’s mistrust of naturalism in this moral or practical way, also helps to understand the motivations of PhenoMed for introducing phenomenology in the field of philosophy of medicine, and it usefully emphasizes PhenoMed’s prescriptive goals.

¹ Foot has introduced the idea that some concepts have both evaluative and descriptive traits; Williams has coined the term “thick concept” drawing from Gilbert Ryle’s notion of “thick description”; Andler has referred to naturalism as a thick concept.

Finally, in the last part of this paper, I hope to foster a dialogue between PhenoMed's proponents and naturalism by suggesting how PhenoMed, depending on its official goals, could go beyond – or clarify – its mistrust of naturalism. I suggest several options for PhenoMed to move forward.

2. A few words about PhenoMed's descriptive and prescriptive claims

PhenoMed offers a series of claims about illness and medicine, some of which are prescriptive, some of which are descriptive. Although this paper will not argue directly against these claims, it is useful to give a brief overview of the literature. Among the proponents of PhenoMed, it is often argued that phenomenology should be used to describe the subjective experience of illness. For instance, the distinction between the physical and the lived body (found in Maurice Merleau-Ponty's phenomenology) is crucial for Havi Carel, who argues that in illness, it is not only our physical body that is at stake, but our whole world. She explains that in illness, our social world, our perceptions, and our habits are disrupted. This description is then sometimes used to give a definition of illness as a disturbance in one's lived experience. The proponents of the approach go on to argue that this phenomenological description will provide a new and better basis for medicine and clinical practice. This is the prescriptive part of their claims: phenomenology is believed to be able to improve medicine. This belief takes different shapes. First, there is the idea that health professionals will understand their patients' experience of illness better thanks to its phenomenological description. It would create, according to Carel, a "shared understanding of illness" (2011, p. 43). Second, there is the belief that phenomenology should also help patients to describe and understand their own illness better, which in turn, should help practitioners come to know their needs and offer them "better benefits" (2011, p. 43). Overall, with this focus on the illness experience and the patient, phenomenology is believed to lead to the humanizing of medicine. A lot could be said about these various claims; however, this is not the purpose of this paper. What matters here is *why* phenomenology is argued to be useful for humanizing medicine, or in other words, what phenomenology brings to the philosophical debate which other approaches do not and therefore, why it is distinguished among other approaches. The proponents of PhenoMed argue that phenomenology is crucial for enabling one to go beyond the biomedical model, also called biomedicine or more simply, naturalism. Take, for instance, what Havi Carel writes at the beginning of her book:

I found phenomenology – the description of lived experience – to be the most helpful approach to augmenting the naturalistic account of illness. (Carel, 2008, p. 10)

In other words, many proponents of PhenoMed seem to have chosen to embrace a phenomenological approach because of their mistrust of naturalism. If phenomenology is valued for being able to go

beyond naturalism, it is mainly because naturalism is argued to be at the root of many problems, and as such is undesirable. Indeed, the defence of phenomenology typically begins by spelling out a certain opposition – varying in strength – to naturalism. Although taken for granted, this mistrust of naturalism works as the foremost justification for the introduction of phenomenology in the philosophy of medicine. It is therefore a cornerstone of their approach and is key to understanding the general relevance of their approach; this is why understanding and characterizing this mistrust of naturalism in PhenoMed is crucial.

3. PhenoMed’s mistrust of naturalism: an epistemological disagreement?

Given the rhetorical importance of this mistrust of naturalism for the proponents of PhenoMed, it is unsurprising to find it recurring like a leitmotiv in the literature. For instance, Kay Toombs declares that humanizing medicine “can only truly succeed if the anatomical/pathological model of illness (the biomedical model) is superseded by a paradigm which incorporates an understanding of illness-as-lived” (Toombs, 1987, p. 235). Carel writes that her “main discomfort with the orthodox concept of illness is that it originates in a naturalistic approach” (2008, 9), while Fredrik Svenaeus is arguing for “a focus on the ways of the lived body, in contrast and in addition to the biological ways of the body (...)” (Svenaeus, 2009, p. 55). This scepticism of naturalism comes in varying strengths. As we shall see in more detail, Carel’s work, for instance, shows more of a “discomfort” – or a mild mistrust of naturalism – whereas Svenaeus, in his most recent work, describes the phenomenological approach as a vehemently “anti-naturalistic” project (Svenaeus, 2017, pp. 2–3). However, as the above quote by the same author shows, the strength of this mistrust may vary from publication to publication and remain ambiguous. Indeed, what exactly is naturalism and what are its shortcomings? A clarification is needed to understand what the mistrust – whether mild or strong – is about.

The most obvious way to characterize this situation is to understand PhenoMed’s mistrust of naturalism as being akin to an epistemological or philosophical disagreement. Quite simply, it seems that PhenoMed does not agree with whatever naturalism’s philosophical claims are, whether these are general or particular claims. Before trying to spell out this disagreement, it is necessary to turn to understanding how naturalism is defined by PhenoMed proponents. The first problem is that this definition is largely ambiguous, mostly because, as often when it comes to naturalism, its meaning is taken for granted. In what follows, several conceptions of naturalism, as plausibly targeted by PhenoMed, are detailed and reviewed.

3.1. The distinction between metaphysical and epistemological naturalism: a black box for PhenoMed

As Jonathan Sholl (2015) has argued, although it is common in philosophy to distinguish between different types of naturalism, such distinctions are not found in PhenoMed literature. It is especially customary to distinguish between two kinds of naturalism: a metaphysical naturalism, or the thesis according to which nothing exists in the world such that it could be left unexplained by science; and epistemological naturalism, or the thesis according to which science has a priority in the knowledge and the explanation of the things in the world. In the case of medicine, metaphysical naturalism could, for example, claim that only disease as a biological fact exists; epistemological naturalism, by contrast, could claim that science (in our case, biology) has the priority in the explanation of disease – in other words, as Sholl has suggested (2015), that science can demarcate between health and disease. This standard distinction, however, is not addressed by what is probably the most precise definition of naturalism one can find in the PhenoMed literature. Havi Carel writes that naturalism is

a label for a broad spectrum of views saying, roughly, that natural or physical facts are sufficient to explain the human world. On a naturalistic view, illness can be exhaustively accounted for by physical facts alone. This description is objective (and objectifying), neutral and third-personal. Naturalistic descriptions of illness exclude the first-person experience and the changes to a person's life that illness causes. (Carel, 2008, p. 9)

It is not clear whether this quote describes a metaphysical or epistemological position. For instance, “physical facts are sufficient to explain the human world” seems to describe an epistemological position, although the repeated mention of physical facts tilts the balance toward metaphysical naturalism. Furthermore, it is not clear why naturalism is defined as “neutral” or as ignoring first-person experiences. Looking at the other proponents of the phenomenology of medicine doesn't help clarify the overall understanding of naturalism in that literature. For instance, when Toombs writes that “the traditional biomedical model focuses on the disease process. Illness is conceptualized as an objective, abstract entity, in some way separated from the one who is ill [. . .]” (Toombs, 1987, p. 235), she seems to be defining naturalism as a position that focuses on entities, pushing therefore the definition towards a metaphysical one. At the same time, she refers to “an abstract entity”, which implies something different. When Carel writes that “generally speaking, the clinician understands illness as a biological process” (Carel 2013, 12), she seems to lean towards an epistemological definition of naturalism, but when she writes that “illness is not merely a suboptimal dysfunction of a body” (Carel, 2011, p. 10), she seems to talk about a metaphysical (biological?) state of affairs. As for Svenaeus, he seems to equate both sides of the question when writing that “[his] body is examined and understood as a malfunctioning biological object by the doctor” (Svenaeus, 2009, p. 56). A first problem in trying to identify the philosophical naturalist claims criticized and targeted by PhenoMed is thus that the very nature of these claims – metaphysical or epistemological? – is not clear. However, it should be noted that it is not always clear either, on the naturalist side, whether and when

epistemological or metaphysical claims are put forward. Furthermore, in any case, it is possible to find PhenoMed's mistrust a more charitable target.

3.2. Reductionist physicalism, a better target?

Proponents of the phenomenology of medicine often write that naturalism "reduces" illness to something physical, or that naturalism only cares for the "purely" biological aspect of illness. On the basis of these recurrences, Sholl (2015) has suggested that what seems to trigger PhenoMed's criticism is not any type of naturalism, but something like reductionist naturalism. More specifically, they appear to be targeting reductionist physicalism, the thesis according to which nothing exists in the world that cannot be explained and reduced to physical facts (here, biological facts). For instance, Carel seems to target such a reductionist thesis when she writes that illness is not "only physical but also psychological, social" and so on (Carel, 2011, p. 12). When Svenaeus writes that according to naturalism, "there will consequently be no illness, no medical suffering so to say, without a disease", he's targeting a textbook definition of reductionist physicalism. Such a physicalist approach would claim that there *is* no such thing as a disease or illness without a biological dysfunction that explains it. Here is the full quote:

if a claim of a certain diagnosis does not have any demonstrable [...] link to a specific biological abnormality, doctors will generally resist admitting it is a real disease. In this sense many, maybe most, doctors are, I think, naturalists [...]. For the standard doctor there will consequently be no illness, no medical suffering so to say, without a disease, even though the whole story of the illness in question cannot be solely determined by biological factors. (Svenaeus, 2013, p. 223)

Sholl points out that the proponents of PhenoMed, although right to argue that this type of naturalism is implausible regarding health and disease, end up making a strawman of naturalism, i.e. a convenient caricature of naturalism which is easy to target. Indeed, naturalism needs not be stuck with an old fashioned mechanistic or biological-only approach, improper for the study of human beings, their experiences and behaviours. Several scientific approaches study those human aspects. For example, in the field of medicine, public health, while naturalistic and statistical, takes into account social and economic health determinants. Naturalism needs not amount to reductionist physicalism, and proponents of PhenoMed seem to be ignoring this. Missing the distinction between epistemological and metaphysical naturalism may be a possible cause of that attitude.

However, there could be a more charitable interpretation of this situation, in which proponents of PhenoMed are led to targeting reductionist physicalism. This interpretation echoes the degree of strength that characterizes the mistrust of naturalism in PhenoMed. Recall that some proponents of PhenoMed do not wish to reject naturalism completely, but solely to amend it (notably,

this seems to be the case for Carel). Criticizing reductionist physicalism might be a way to endorse a more modest type of naturalism, for instance epistemological naturalism, and accept the scientific approaches that study human aspects. On this more charitable interpretation, Havi Carel's position, notably, does not completely reject naturalism. The general atmosphere of mistrust of naturalism might be why this modest form of naturalism is not explicitly endorsed or acknowledged as constituting a valid naturalist position. It is true that in the end, consistently maintaining this general mistrust of naturalism forbids PhenoMed's proponents to endorse straightforwardly a modest form of naturalism, which in turn leads them, as Sholl rightly points out, to paint a strawman of naturalism. This is the case for Svenaeus, who explicitly declares his approach to be anti-naturalistic. However, although a slippery strategy, targeting reductionist physicalism will not be a major problem for the PhenoMed proponents who seem ready to endorse a modest form of naturalism. It will be quite simple to set things right. Nonetheless, if one wishes to retain a global opposition to naturalism, i.e. if one truly believes that even a more modest form of naturalism is untrustworthy or false, it will have to be spelled out in different terms to avoid targeting a strawman. This will be addressed at the end of this paper.

3.3. The third-person perspective, another target?

Reductionist physicalism isn't the sole plausible target for naturalism that we find in PhenoMed. Looking at what PhenoMed proponents offer by opposition to naturalism helps us spell out such plausible targets. They often write that the naturalist approach forgets the "subjective experience" (Carel, 2011, p. 6), the "lived experience" (2011, p. 12), "the first-person perspective" (Carel, 2008, p. 13) or the "life-world perspective of the patient" (Svenaeus, 2009, p. 55). For instance, according to Carel (2008, p. 10), a naturalistic approach to depression would only describe depression in terms of neurological dysfunctions and neurotransmitters. Phenomenologists like her, on the other hand, would be interested in the subjective and psychological aspects of depression. Could it mean that according to the phenomenology of medicine proponents, a naturalistic approach would not account for psychological aspects but only for the biological aspects of illness? Would it be why, for Carel, naturalism is understood to be "neutral"? (Carel, 2008, p. 9). Yet Svenaeus insists that the difference between the phenomenological understanding of illness and the naturalistic understanding of disease is not a difference of depth but comes from the difference of perspective between the first-person and the third-person perspective (Svenaeus, 2013, p. 224). Could it be then that what defines a naturalistic approach, according to the proponents of PhenoMed, is that it is a kind of non-subjective third-person point of view? In his latest work, Svenaeus takes it further by defining the naturalistic approach as the "third-person (or, rather, non-person) perspective of science" (Svenaeus, 2017, p. 2).

The issue is that it is never clear whether PhenoMed’s proponents distinguish between the subjective experience and the psychological experience (likewise, whether they distinguish between the third-person point of view and the point of view of biological sciences). Both seem to be used in indistinguishable ways, such that when one refers to the subjective experience of illness, one seems to refer to the psychological, emotional and social aspects of a human life (Carel adds temporal and existential as well, see 2011, p. 12). In this context, it is not surprising that Kay Toombs explicitly targets Descartes’s mechanistic approach: she aims for the phenomenological approach to complete naturalism by bringing forward the “mind”-related part of illness. By opposition, the “third-person” point of view, or worst, the “non-person” point of view of science (Svenaeus, 2017, p. 2), is often conflated with the point of view of biological science. References to “biological functions”(Svenaeus, 2017, p. 2) or “causal assumptions” (Carel, 2017) are systematically presented as the main opposition to what the first-person subjective experience brings. For instance, Dorothée Legrand writes that “evidence-based medicine is thought to favour exclusively the body as object” by opposition to the phenomenological approach that focuses on the body as being “*distinctively subjective*” (Legrand, 2017, p. 464). Despite previous protestations voiced by Svenaeus who writes that “illness is not meant as a psychological characterization of the life of the person, in contrast to the ‘real’ diseases of somatics” (Svenaeus, 2001, p. 88), the ambiguity remains.

What we are left with is a dualistic picture: naturalism dealing with the bodily side of illness and phenomenology dealing with the psychological side of illness. This dualistic framework is problematic if it is a metaphysical dualism between mind and body; it is hard to square, for example, with Toombs’s criticisms of Cartesian dualism. It also contradicts the phenomenological tradition (most notably Martin Heidegger’s and Maurice Merleau-Ponty’s positions) which is endorsed by the proponents of the phenomenology of medicine (Carel, 2016, p. 7). Anti-dualism is also explicitly endorsed by Svenaeus (2017, p. 2).² In the introduction to his new book, in order to illustrate this anti-dualistic view, he writes that it goes against the “picture of a soul living in and directing the ways of the body like some ghost in a machine” (2017, p. 2) thus surprisingly echoing Descartes’s own famous comparison in the *Metaphysical meditations*.³ Nevertheless, a dualistic type of approach is explicit in Carel’s most recent book, where she argues that her topic is “about the experience of illness, not the facts of disease [which] falls within the domain of empirical science” (Carel, 2016, p. 17).

² “[P]henomenology, despite its anti-dualism, has also from its beginnings, been an anti-naturalistic project; that is, the phenomenologist would contest any attempt to reduce experience to material processes only.”

³ Indeed, even the reference to Ryle granted, isn’t strange to declare that the “transgression” of phenomenology (Svenaeus 2017, 2) consists in an argument made by Descartes?

In the end, once again, it is not clear whether the proponents of the phenomenology of medicine are targeting a metaphysical position (here the position reducing mind to body, experiences to biological facts), an epistemological position (the position ignoring the first-person perspective) or, alternatively, both. The issue of course is that this target is not properly sketched out. Failing to identify this target however isn't without consequence, since, in turn, it is difficult to understand what the proponents of the phenomenology of medicine wish to complement or bring forward with their own approach. In brief, is the phenomenology of medicine a metaphysical or an epistemological approach? Based on their critique of naturalism, it remains ambiguous.

3.4. The gap between philosophical and empirical claims

There is another way the naturalist target painted by PhenoMed may be akin to a strawman. Even putting the chosen depiction of naturalism aside, it is one thing to criticize and define a naturalist philosophical approach, but quite another to ascribe this position to physicians or to medicine. It doesn't seem enough to claim that "many, maybe most, doctors are (...) naturalists" (Svenaeus 2013, 223), that "generally speaking, the clinician understands illness as a biological process (...)" (Carel 2013, 12) or that "[m]edicine has, for the most part, adopted a "Cartesian" paradigm of embodiment" (Toombs 1988, 201). Ascribing a philosophical position to a whole field – and claiming for instance that medicine is physicalist and reductionist – seems unwarranted, especially if presented without argument. I take it that whether most doctors endorse reductive physicalism – or any other type of naturalism – is an empirical question, not a philosophical one. It is at best a slippery claim. On top of this methodological caveat, it seems strange to argue that nowadays medicine, in rich countries at least, merely cares for biological aspects of illness. For when there are no biological causes found or and no medical treatment possible, the physician is still meant to continue caring for her patient. Furthermore, many health professionals conduct psychological or social prevention. In her most recent book, Carel acknowledges that there are counter-examples to her description of naturalism in medicine, but sticks to her critique (Carel, 2016, p. 16), only adding that those areas of medicine that don't focus on the biological aspect of disease are "perceived (...) as less prestigious" by medical students and professionals. It is not clear why the fact that they are less prestigious – if it is indeed the case – implies that they are somehow outside of modern western medicine.

3.5. Yet another plausible target for PhenoMed: the scientific "biomedical model"?

It might be possible to reformulate once more PhenoMed's scepticism regarding naturalism, in the hope of avoiding a strawman target. In her most recent book, Carel seems to have a somewhat different target in mind (2016). Although she still talks about the need to complement "a naturalistic account of disease" (Carel, 2016, p. 1), her definition of naturalism and therefore her critique of the

position, seem to have shifted towards a critique of science. The problem of naturalism, she says, is that it views illness solely “as a subject of scientific investigation” (2016, p. 1). “It is not enough,” she says, “to see illness as an entity in the world that can be studied with the tools of science” (2016, p. 1). However, what we find next is not an argument against science or the scientific approach to illness and disease, which would have been akin to another critique of the third-person point of view of naturalism. What we find is a description of the “western dominant medical view” of modern medicine, which is described as “scientific and rel[ying] heavily on understanding discrete mechanisms and functions in a detailed, if piecemeal, fashion” (Carel, 2016, pp. 13–14).⁴ There is an important issue, here, in Carel’s picture of medicine: defining medicine as biomedical science only is begging the question of the definition of medicine. If one reduces, by definition, medicine to biological research, then it shouldn’t come as a surprise or that medicine only focuses on the biological mechanisms of disease. However, medicine is arguably not reducible to research focusing on biological mechanisms: medicine is also epidemiology (focusing on statistical data), public health (focusing on socio-economical determinants), evidence based-medicine (focusing on levels of evidence, most notably clinical trials and meta-analyses), and so on. Some have defined medicine as including the whole health system. William Stempsey writes, for instance, that “medicine” is akin to a shorthand for “healthcare” (Stempsey, 2008, p. 380). It is not even clear that biology is the main scientific framework for medical science: evidence based medicine – which could arguably be taken as better reflecting the western world’s overall medical outlook view – is scientific, but it does not focus on “piecemeal biological dysfunctions”, as Carel writes (Carel, 2016, p. 14). Furthermore, it is probably not a good strategy to base one’s criticism of naturalism on an abstract medical model that is detached from the way health systems are indeed organised. It is also problematic to assume that there is such a thing as a unified western medical model. For instance, does the French healthcare system, which funds homeopathic and other non-biomedical practices, exemplify a biomedical model solely focused on a scientific and biomedical model of illness? This is not trivial, especially if one wishes to focus on the experience of illness: is this experience the same in different western countries?

In hopes of clarifying the mistrust of naturalism found in the works of PhenoMed’s proponents, I have reviewed a number of plausible targets that can be identified in their writing. It is useful to refer to a “suspicion” for or a “mistrust” of naturalism, rather than a criticism of said naturalism, first because that criticism remains ambiguous. One issue is that by ignoring the important distinction between epistemological and metaphysical types of naturalism, PhenoMeds is risking making a

⁴ Carel describes a world view as a set of assumptions that drives our everyday understanding of medicine. I leave open the question of whether it is possible to determine such a world view from a philosophical point of view.

strawman out of naturalism. However, although slippery, picturing naturalism as an implausible reductionist type of physicalism, leaves the door open for endorsing a modest form of naturalism. Despite this possibility, PhenoMed proponents invariably continue to target other manifestations of naturalism, notably the beliefs of doctors, science and the biomedical model. These targets have all been shown to be problematical in some respect. The underlying reason for these difficulties is that it remains unclear to whom this critique of naturalism is addressed and with what goals in mind.

4. Mistrusting naturalism: a question of context

To whom is addressed PhenoMed's mistrust of naturalism? By this I mean, which philosopher? Is it Descartes (mechanism), as it is sometimes suggested by Kay Toombs (Toombs, 1988, p. 201)? Or is the critique addressed to the main proponent of naturalism in the philosophy of medicine, Christopher Boorse? In some places, Carel (2008) and Svenaeus (2013), indeed seem to situate their criticism in the main debate of the philosophy of medicine: the debate over the concepts of health and disease and between naturalism and normativism, where Boorse is a major actor. For instance, recall that Carel wishes to complement the "naturalistic account of disease" (Carel, 2016, p. 1). In her first book on the topic (Carel, 2008, pp. 9, 13), she also locates herself in the debate between naturalism and normativism (and criticizes both), writing that while "[n]aturalistic descriptions of illness exclude the first-person experience and the changes to a person's life that illness causes" (Carel, 2008, p. 9), the normativist position misses the same perspective by "se[eing] illness as something that must be socially evaluated as negative and not just a physiological process (...)" (Carel, 2008, p. 13). Engaging with and addressing their criticism to Boorse also means that the proponents of PhenoMed aim to locate – at least rhetorically – their position within the debate between naturalism and normativism about the definition of illness and disease.

4.1. PhenoMed's attempt at engaging with Christopher Boorse's naturalism

Does PhenoMed succeed in engaging with the naturalistic side of the debate about the concepts of health and disease? Answering this question is the first step in trying to contextualise the mistrust of naturalism in PhenoMed. When clarifying the overall feeling of mistrust towards naturalism in PhenoMed, I concluded that it was unclear whether its proponents were discussing metaphysical or epistemological issues, although the description of a metaphysical and reductionist approach was the most charitable and plausible target. This raises an initial problem: the canonical debate between naturalism and normativism in the philosophy of medicine is not a metaphysical debate about the reality of existence of illness and disease; rather, it is a debate about the concepts of health and disease and how to demarcate between the two. When targeting metaphysical questions, proponents of PhenoMed necessarily don't locate themselves in that debate. The second problem is that criticizing

reductionist physicalism fails to criticize Christopher Boorse's position, for the simple reason that Boorse endorses neither a metaphysical nor a reductionist position. It is just not true that according to Boorse's naturalism, there will be no illness if there is no biological dysfunction. Indeed Boorse's main theoretical move is to distinguish between disease (the scientific concept of a biological dysfunction) from illness (the practical and normative concept of the illness experience), not to reduce the second to the first (Boorse, 1975). Consequently, as Sholl has argued, the strategy of PhenoMed, to complement naturalism with phenomenology (the description of lived experiences), ends up looking very similar to the position of Christopher Boorse (Sholl, 2015, p. 392). According to Sholl, it goes even further than that. As he points out, the definition of what counts as "healthy" in the phenomenological literature is often based on what is "habitual" and "normal" (Carel, 2011, p. 39; Svenaeus, 2013, p. 98), which happens to be quite like the way it is defined in Boorse's approach. Despite its resistance to naturalism, then, PhenoMed ends up embracing a similar position to their naturalistic counterparts.

4.2. Engaging with naturalism and the goals of PhenoMed

So far, this paper has identified several issues with the epistemological scepticism regarding naturalism in PhenoMed. It is important to underline why these issues are a problem for PhenoMed. Recall that I explained that this mistrust of naturalism is useful in that it helps them justify the introduction of phenomenology in the discussion, its relevance and novelty. However, if this critique of naturalism is misplaced and/or ambiguous, then it can no longer work as a good justification for phenomenology. That is why proponents of the phenomenology of medicine will have to address this issue. It should be noted that the alleged inadequacy of naturalism is not the only justification for the relevance of phenomenology given by the proponents of the field (however it always seems to be the first). Notably they also argue that phenomenology has a special character as a philosophical method. The appraisal of this other justification, however, is beyond the scope of this paper.⁵

Now recall that the main claims of PhenoMed are not solely descriptive, i.e., they do not solely consist in describing or defining health, illness, their corresponding experiences, or singular illness experiences. There is a prescriptive or normative aspect to their claims, in that their philosophical work is meant to have a positive impact on clinical practice and medicine overall. The goal is for clinical practice to deliver better and more humane care as well as promoting empathy in medicine. It is important not to lose track of these prescriptive and normative claims because they help understanding the motivations and perhaps the reasons behind the mistrust of naturalism in the

⁵ I will argue elsewhere that proponents of phenomenology of medicine have ambiguous philosophical goals, while their use of phenomenology faces a complex methodological conundrum.

PhenoMed literature. In brief, the mistrust of naturalism in PhenoMed is better understood within the context of their normative project. In what follows, I argue that the disagreement over naturalism in PhenoMed is not solely epistemological but also ethical.

4.3. The root of the issue: the ethical mistrust of naturalism

In the beginning of his recent book on naturalism, Andler distinguishes two types of disapproval in the naturalism versus anti-naturalism debate: a theoretical type of disapproval and a practical type of disapproval (Andler, 2016, pp. 22–29). Both sides of this distinction can helpfully characterize our case at hand, the mistrust of naturalism in PhenoMed. The theoretical disapproval of naturalism is described by Andler as arguing that naturalist proponents are somehow misled by the success of science and tempted to apply its tools to expanding domains (2016, p. 24). Carel’s warning that “[i]t is not enough to see illness as an entity in the world that can be studied with the tools of science” (Carel, 2016, p. 1) is a good illustration of such a worry. But the crux of the issue is elsewhere, in the second type of disapproval described by Andler – the practical and ethical disapproval of naturalism. It is practical in the sense that it accuses naturalism of being responsible for certain consequences in the world. In the case of PhenoMed, the practical aspect of their critique is obvious: naturalism in medicine is accused of fostering inhumane (or at least, non-humane) clinical practices. Indeed, the prescriptive goal of PhenoMed is to replace these with more humane or humanistic care, notably by promoting empathetic practices. What is at stake, even in the more general debate between naturalism and anti-naturalism, as Andler remarks, is that “the anti-naturalist accuses the naturalist of anti-humanism, and see in her a real moral enemy” (Andler, 2016, p. 27);⁶ in other words, naturalism is accused of belittling and stripping humans of their humanity (2016, p. 27). I argue that this practical and ethical disapproval is the root of the mistrust of naturalism in PhenoMed. Understanding this mistrust as an ethical disapproval especially illuminates the prescriptive claims put forward by PhenoMed as well as the special methodological role that is devoted to phenomenology in its approach. It is because naturalism is believed to belittle humans by reducing them to their biological functions that PhenoMed urges the philosophy of medicine to focus on the multifaceted experience of illness. For instance, Carel argues that the sensitivity of the phenomenological method may “translate into an ethical sensibility: it may call on us to develop an openness to others grounded in a robustly critical self-reflective study of oneself” (Carel, 2016, p. 12). This ethical disapproval indeed reflects the values held by PhenoMed, which put the singular individual, with all its various aspects, on a pedestal, taking it as the basis to define what constitutes humanity. To a perceived reductionist view of humanity, proponents of

⁶ « Ce qu’il s’agit de comprendre ici, c’est le fait qu’Anat accuse Nat d’antihumanisme, et voit donc en lui un véritable ennemi moral. » (2015, 27)

PhenoMed respond with a comparatively inflationist approach, putting forward the “psychological, social, cognitive, emotional, existential, and temporal” aspects of humanity (Carel, 2011, p. 12). Moreover, the special aspect of the phenomenological method – the aspect that is believed to go past naturalism’s shortcomings – is directly linked to these prescriptive goals. Whether this role given to phenomenology is on par with the traditional phenomenological method is left opened to question here.

If PhenoMed proponents keep clear of endorsing a modest form of naturalism, it may be in the fear of giving in to a corresponding modest view of humanity. However, a modest type of naturalism does not necessarily threaten the integrity of an understanding of humanity. It isn’t clear why such a naturalist view would not also be in a good position to defend humanity’s own interests. Conversely, it is also possible for an anti-naturalist approach to be anti-humanist. For instance, a holistic non-biomedical view of medicine could also be very inhumane, in a way, if it were leading physicians to lie to their patients about the efficiency of their treatments. More simply, nothing in embracing naturalism in medicine logically implies inhumane medical practices. As Ernst Nagel wrote in 1954, in a more general context:

there is no incompatibility, whether logical or psychological, between maintaining that warranted knowledge is secured only through the use of a definite logical method, and recognizing that the world can be experienced in many other ways than by knowing it.
(Nagel, 1954, p. 16)⁷

According to Nagel, naturalism is in an even better position to deal with the “tragic aspects of life” (1954, p. 16). Indeed, although offering no “cosmic consolation” to the sufferings of human life, naturalism is not a philosophy of despair, precisely because, according to Nagel, it recognizes the limits of what can be remediable. In brief, humanism and naturalism stand in two different logical “boxes”, such that anti-naturalism and naturalism may both be anti-humanist or humanist positions. It could be that there are scientific naturalist movements in medicine that are anti-humanist – such movements do arguably exist outside medicine – however, whether this is the case in medicine hasn’t been properly justified by PhenoMed. Overall, if the ethical aspect of PhenoMed’s mistrust of naturalism helps understanding the shifting context of their arguments, as well as the practical aspects of their claims, it faces significant issues nonetheless, and I would argue that it is the least justified aspect of their mistrust of naturalism so far.

⁷ Nagel adds that “[i]t is a matter of record that outstanding exponents of naturalism, (...), have exhibited an unequalled and tender sensitivity to the esthetic and moral dimensions of human experience; and they have been (...) vigorous defenders of the distinctive character of these values against facile attempts to reduce them to something else.”

5. Minding the gap to move forward: an agenda for future debates

In what follows, I briefly lay out the possible ways by which PhenoMed may clarify their mistrust of naturalism. In doing so, I hope to give an agenda for future debates about naturalism in the phenomenology of medicine, but also more generally, in the philosophy of medicine and the medical humanities literature. Indeed, although this paper focuses on the case of PhenoMed, a similar mistrust can be identified elsewhere, such that the clarifications I offer may be useful to those other approaches as well. Think for instance of holistic or normativist approaches which proceed under a similar anti-naturalistic banner.

The most important way for the proponents of PhenoMed to clarify their mistrust of naturalism is for them to distinguish the types of disagreement I sketched out: the theoretical and ethical disapprovals. In what follows, I will concentrate on the theoretical side of their mistrust and the way it may be made clearer.⁸ There are two corresponding options for PhenoMed to move forward: clarifying their mistrust of naturalism by shaping a clearer critique of naturalism, or abandoning their mistrust altogether.

5.1. The first option: clarifying one's mistrust of naturalism

The most obvious way for the proponents of PhenoMed to address the issues surrounding their general mistrust of naturalism, is to present a clearer and better target for their criticism. They need to explicitly explain whose and what kind of naturalism – in the case of medicine or more generally – they aim to target and they need to do so in a way that doesn't reduce it to a strawman. They also need to lay out why criticizing naturalism is important for their position: do they criticize naturalism in the search of a new definition of health and disease? Or does their criticism have another purpose? Writing about the distinction between illness and disease, Carel discusses the “problematic tendency dominant in our culture of reducing the former to the latter” (Carel, 2016, p. 9). Here it could be interesting, for instance, for the phenomenology of medicine to reject this distinction, which is endorsed by normativists as well as naturalists.

Another interesting way for PhenoMed to clarify their mistrust of naturalism would be to target something like “scientific imperialism” or a tendency attached to a certain form of scientific naturalism. For instance, Dupré has argued against such a “scientific imperialism” (1994, 2001). Dupré defines scientific imperialism as “the tendency to push a good scientific idea far beyond the domain in which it was originally introduced, and often far beyond the domain in which it can provide much illumination” (Dupré, 2001, p. 74). Interestingly, one of the example studied by Dupré in his 1994 paper

⁸ It isn't clear to me how could an ethical disapproval of naturalism could be improved and maintained.

is medical, and refers to what Dupré calls the imperialistic economist approaches to the epidemiology of AIDS. While noting that there is nothing wrong with the use of economic sciences to study the epidemiology of AIDS, Dupré argues that there is an issue in that case in the way some economists study and conceptualize human behaviour (both at the level of the assumptions and of methodology). However, in what way could biomedical sciences – medicine or one specific medical science – be similarly said imperialistic? The example described by Dupré illustrates that parts of medical sciences themselves may be at the mercy of imperialistic approaches. Are there scientific imperialistic approaches regarding the experience of illness (what seems to matter the most to proponents of PhenoMed)?⁹ If so, this would be an interesting way to spell out a criticism of scientific naturalism. Note that this kind of criticism would be compatible with some form of naturalism. This leads me to consider what seems to me a more promising way for PhenoMed to deal with their mistrust of naturalism, simply letting it go.

5.2. The second option: giving up one's mistrust of naturalism

The second possible way of handling these issues surrounding naturalism is more convenient: giving up the critique of naturalism altogether and embracing some form of naturalism. As it stands, it does not appear to be crucial for PhenoMed to criticize and argue against naturalism. They can stand together with naturalistic (and normativist) proponents at their side. Claims about the importance of subjective experiences of illness are compatible with naturalistic descriptions of disease. This is unsurprising since many proponents of the phenomenological approaches explicitly aim to augment naturalism. Doing so, they may commit to a non-stereotypical and modest form of naturalism, avoiding the risk of criticizing a strawman or an arbitrary definition of biomedicine.¹⁰ Indeed, there is room to engage in dialogue with naturalism, notably for instance, by taking a pluralistic stance (I am thinking here of pluralistic approaches in the philosophy of science, such as Longino, 1990; Solomon, 2015). Doing so, proponents of PhenoMed could argue that phenomenology is one among other methods useful in medicine. The claim about the special character of phenomenology would be weakened, but less open to criticism.

Regarding the tendency of PhenoMed to locate their anti-naturalism in the context of the debate about the concepts of health and disease, solutions are also available. Very recent works in

⁹ A target could be biomedicalization, however it is not clear how the criticism of medicalization (medicalizing behaviours or deviations) would be compatible with the main claims of PhenoMed – for instance the definition of illness as the disruption of lived-experience -- or logically connected within them – for instance the urge for more empathetic care.

¹⁰ Epistemological naturalism could be a type of modest naturalism. Pluralistic types of naturalism are also a possibility.

that debate have steered away from the strict opposition between naturalism and normativism (see Kingma, 2014; Chin-Yee & Upshur, 2017), some have defended hybrid theories (Traykova, 2017), and finally some have argued in favour of redefining altogether what should count as a naturalist approach to health and disease (Lemoine, 2015). If this path proves unsatisfactory, there is also room to draw inspiration from the phenomenological traditions that engage with naturalism. Canguilhem's work, for instance, heavily inspired by Merleau-Ponty's phenomenology, is firmly naturalistic.¹¹ Although his work has been quoted in Carel's most recent book (2016), it hasn't been connected to its naturalistic grounding. In Canguilhem's approach, the experience of illness is described and understood from a biological, albeit normative, point of view. Canguilhem would be thus a good starting point to avoid falling unwittingly into embracing dualism once again. Sholl has thus notably offered a normative and biological understanding of function and health inspired by Canguilhem (Sholl, 2016), spelling out what he refers to as "surnaturalism." A similar proposition has been made by Luca Vanzago, in a review of Carel's 2016 book (Vanzago, 2017). According to Vanzago, more work needs to be done to "deepen the nexus between bodily experience and bodily life, along the lines suggested by Merleau-Ponty in his lectures on nature at the Collège de France in the mid-Fifties. Otherwise we risk remaining on the level of consciousness, no matter how embodied this is." Vanzago also suggests the works by Hans Jonas (Jonas, 1966), where biology is looked at from a phenomenological point of view.

Embracing a naturalistic philosophical approach could be useful in other ways: for instance, it would give their approach concrete targets in health systems, instead of descriptions of biomedical models prone to criticism. The targets then would not be a philosophical position or a philosopher, but the way health systems are organised in a country. Finally, these targets may prove useful in directing in a more straightforward way any type of ethical disapproval. These are only a few suggestions among the many ways the issues put forward in this paper could be tackled. Overall, I hope to have convinced the reader that PhenoMed has everything to gain in identifying their mistrust of naturalism as such and in starting a dialogue with the approach.

6. Concluding remarks: from PhenoMed to humanistic approaches in medicine

In this paper I identified what I called a mistrust of naturalism in PhenoMed's approaches. Having illustrated how important this mistrust of naturalism is for PhenoMed, I turned to argue that two distinct aspects of this mistrust should be distinguished, an epistemological and a moral disapproval of naturalism, both of which face issues. Having said that, I also illustrated how PhenoMed may clarify

¹¹ His work has been referred to as "anti-reductionist naturalism" (Giroux, 2010), "critical naturalism" (Sholl, 2012) and "surnaturalism" (Sholl, 2016).

their mistrust of naturalism, in particular by embracing some form of it, leaving room for a renewed debate with some parts of naturalism.

It was especially important to characterize and understand PhenoMed's mistrust of naturalism because it might be the main reason why phenomenology has been introduced in the field in the first place. Introducing phenomenology in a field because of one's anti-naturalistic feelings is done in many places (think of such fields as humanistic psychology, phenomenological sociology, phenomenological anthropology, phenomenology and psychiatry, phenomenology in nursing). As Tania Gergel (2012, 2013) has argued concerning phenomenology in nursing studies, quite often phenomenology in these cases, has been misshaped and watered-down to serve specific purposes (quite often, emphasizing subjective experience in a particular field), using the apparent complexity of phenomenology as a convenient argument to go around naturalism. Although the case of PhenoMed is considerably different, the context of the philosophy of medicine is important: PhenoMed is not the only approach mistrusting naturalism in medicine, it is but one part of a broader trend aiming at humanizing medicine. The wider mistrust of naturalism in this humanistic trend may be said to face similar issues, although of course, other works would be needed to make that argument. The mistrust of naturalism (i.e. the mistrust of the biomedical sciences as well as science in general) in the philosophy of medicine needs clarification. The purpose is not solely a defence of naturalism, but a clarification of what humanizing medicine could amount to. For instance, it doesn't seem that it could amount to morally disapproving naturalism, for that would risk falling into an ideological rather than philosophical critique.

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