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Phenomenology of Illness and the Need for a More Comprehensive Approach

Lessons from a Discussion of Plato's *Charmides*

Søren Harnow Klausen

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ABSTRACT: Phenomenology informs a number of contemporary attempts to give more weight to the lived experience of patients and overcome the limitations of a one-sidedly biomedical understanding of illness. Susan Bradlau has recently presented a reading of Plato's dialogue *Charmides*, which portrays Socrates as a pioneer of the phenomenological approach to illness. I use a critical discussion of Bradlau's interpretation of the *Charmides* to show that the phenomenology of illness also has its shortcomings and needs to be complemented by still other approaches. While Bredlau does make a number of highly apt and relevant suggestions as to how a narrow biomedical approach to illness may be corrected, some (but not all) of which are related to phenomenology, the attribution to Plato's Socrates of a phenomenological approach is mistaken. Characteristically, Socrates shows little interest in the personal experience of a patient. He is more concerned with the patient's lifestyle and conduct, and so suggests an alternative or complementary perspective, stressing the importance of education and prevention to health care.

Phenomenology informs a number of contemporary attempts to challenge naturalistic accounts of illness and correct the health practices to which they have given rise. Proponents of the phenomenology of medicine seek to give more weight to the lived experience of patients and understand illness more in terms of how it affect this experience than in terms of physical dysfunctions (see e.g. Benner 1994; Cavel 2016; Aho 2018). This is an important and welcome contribution to both the philosophy of health and the attempt to improve medical practice. But we should be wary of expecting too much from phenomenology, which also has its limitations. In particular, we should recognize that a sufficiently comprehensive approach to illness must include still other perspectives than both the biomedical *and* the phenomenological. I will argue that this is the main lesson to be learned from ancient philosophy of health in the Platonic tradition.

In her insightful article "Illness as a phenomenon of being-in-the-world with others: Plato's Charmides, Kleinman and Merleau-Ponty" (Bredlau 2018), Susan Bredlau argues that Plato's early dialogue *Charmides* challenges common presuppositions about the body and illness. In the *Charmides*, Socrates champions the view that healing Charmides' headache requires understanding and, to a certain extent, healing, his soul. This is perhaps the earliest statement of the perennially popular, albeit still more or less "alternative", view that doctors should see and treat "the whole person". Since it also implies, as Bredlau rightly emphasizes, that mental and physical health may be more closely connected than is assumed by conventional biomedicine, it is also tempting to draw a parallel to contemporary phenomenology. For phenomenology is widely believed to have overcome the subject-object dichotomy and corrected the exaggerated objectivism thought to be characteristic of approaches to human affairs based one-sidedly on natural science. Bredlau relates Plato's *Charmides* to phenomenology by invoking the work of Merleau-Ponty, who is known especially for his phenomenology of the "lived body" (*corps vivant*).

I will argue, however, that the parallel between Plato's *Charmides* and phenomenology cannot be maintained. For all its emphasis on the importance of the soul, and of self-knowledge, the philosophy of Plato remains significantly different from the phenomenological approach. Socrates' position in the *Charmides* has very little to do with that of modern phenomenological approaches to illness. This does not affect the soundness of Bredlau's practical conclusions. She is probably right that more than physical interventions are often needed to treat even what seem to be rather trivial physical ailments. Her suggestion that illness should be understood in terms of person's being-in-the-world with others (Bredlau 2018: 1) is also interesting and well argued for, though perhaps more controversial. But by emphasizing, *pace* Bredlau, the difference between the Socratic and the phenomenological approach to illness, I hope to be able to show some of the shortcomings of the latter. Although sensitivity to lived experience is highly important to understanding and treating illness, it is far from sufficient. And the mind has other important roles to play than that of being the – embodied and intersubjectively engaged – locus of experience. It can, for example reflect on and attend to the body's needs and weaknesses, and influence and control behavior so as to support long-term health. It is the latter role of the mind, so I will argue, which Socrates stresses in the *Charmides.* Hence the Socratic and the phenomenological approach should be seen as complementary, rather than overlapping or converging, strategies.

SECTION ONE: THE SOCRATIC APPROACH TO HEALTH AND ILLNESS

Now let's turn to the *Charmides* in order to see which notion of illness, and which approach to the maintenance of health, Socrates advocates. On the face of it, it does indeed seem that Socrates champions what would in modern-terminology be called a "subjective" view of illness. He stresses the role of the soul in illness to such an extent that it could almost be taken as evidence that he subscribes to kind of general "psychosomaticism", that is, holds that bodily diseases have exclusively mental causes. Socrates quotes with approval the views of a Thracian doctor who once told him that

> the soul is the source both of bodily health and bodily disease for the whole man … So it is necessary first and foremost to cure the soul if the parts of the head and of the rest of the body are to be healthy … (*Charmides*: 153e)

Similar statements can be found in other Platonic dialogues. In the *Republic*, for example, Socrates speaks of a health as an aspect of a perfect condition of the soul, which is much more valuable than any bodily condition (Plato 2004: 591b).

There are, however, a number of reasons for resisting such an interpretation of Socrates' view. First, it should be borne in mind that the central topic of the *Charmides* is not health or illness, but *temperance* or self-control (*sophrosyne*; σωφροσύνη) (in their recent translation (Plato 2019), Moore and Raymond suggest that it should rather be rendered as "discipline"). It is the central importance of this virtue (the precise nature of which is left open, as the dialogue is of the open-ended, "aporetic" sort typical of Plato's early writings) that Socrates is out to stress. The "curing of the soul" with which he is initially concerned turns out to mean "inducing temperance". So it seems, on closer scrutiny, that Socrates is emphasizing the need for *preventive* measures, for locating the deeper causes of illnesses in the habits and lifestyles of patients, and for fostering metacognitive skills and dispositions that can help changing these habits, and so improve health in the long term. This is already hinted at in the passage following immediately upon the one quoted above:

> The soul is cured by means of certain charms, and these charms consist of beautiful words. It is a result of such words that temperance arises in the soul, and when the soul acquires and possesses

> temperance, it is easy to provide health both for the head and for the rest of the body ((*Charmides*: 153e)

Note that Socrates here speaks of "providing health". He does not speaks of "curing" in any direct or literal sense; he does not assume that he, or for that sake any other "doctor", is able to alleviate the physical sufferings of patients on the spot. And nothing indicates that Socrates takes the notions of magic and folk medicine seriously. I take it that the expressions "charms" and "beautiful words" are used by Socrates to denote (non-magical) communicative devices aimed at fostering a reflective awareness of one's condition and its possible causes, and an insight into how one should generally conduct one's life. There is, on the other hand, no indication in the *Charmides* (nor, for that sake, in any other part of Plato's work) that illnesses could or should be cured by attending to a patient's *experiential* states.

On a phenomenological approach, by contrast, the doctor or caretaker would have to inquire into Charmides' own experience, to employ empathy and understand how Charmides' headache appears to him from his uniquely first-person person perspective, and what it *means* to him. Socrates, by contrast shows little interest in how Charmides is doing, in terms of painful experience, or how he understands his situation. He does not adopt what Bredlau rightly assumes could also be an appropriate phenomenological attitude, viz. "turning towards the body understood as an experiencing subject" (2018: 4). Apart from the lack of concern for experiential states more generally, the very idea of the body as a subject seems alien to Platonic thinking; and Socrates does not assume that the mental capacities he would like to nurture are in any sense "embodied".

Socrates does suggest, though only implicitly, that the source of the problem lies in Charmides' social life – which Bredlau attempts to capture with the phenomenological notion of "being-in-the-world with others" (2018, 4f.; see also Section Three below). Yet Socrates is also markedly uninterested in Charmides' actions and social relationships as considered from a phenomenological standpoint – which would entail a focus on how he enacts his social self, how he understands and is understood by others, and on the specific meaning which his activities and goals have for him. Socrates effectively ignores all this and opts for a completely detached and general assessment of Charmides' condition, focusing much more on the *type* of the problem than its specific manifestations. It is quite striking, and, I think, also characteristic of the Platonic approach, that Socrates mostly talks *about* Charmides, from a distinctively 3rd-person point of

view, rather than *with* Charmides himself. As far as there is a real conversation between them, it consists in Socrates reminding Charmides of his family background (*Charmides*: 157d-158b) and asking for his view of temperance (Charmides: 159a-151a). Characteristically, Socrates does not ask for Charmides' subjective understanding of temperance as a phenomenon, but tries to elicit answers from him that correspond to generally accepted and objectively appropriate notions and ideas. In one place, Charmides brings up a suggestion, which he appears to have borrowed from one of the other participants in the dialogue. But Socrates and Charmides immediately agree that the personal or intersubjective genesis of a view should be discarded as irrelevant; the only thing that counts is whether it is true or not (*Charmides*: 161c).

Socrates does see a need for "curing the soul". Yet the doctoring he envisages consists not in any concern for Charmides' "concrete subjectivity", but in the application of general insights to his specific case, the concrete details of which are not considered important. Of course Socrates' approach is dialogical; but the aim of the dialogue is to arrive at general truths as to the foundations of health and illness, not to gain access to the perspective of another individual. And the cure that is discovered by means of the dialogue is a universal remedy, not a treatment that is tailor-made to meet Charmides' individual needs. In short, for all his emphasis on caring for the soul, Socrates' approach does not appear fundamentally different from that which is usually attributed to practitioners of conventional objectivist biomedicine.

SECTION TWO: SELF-KNOWLEDGE WITHOUT PHENOMENOLOGY

There are, however, some passages in the *Charmides* that might seem to suggest a closer affinity to phenomenology. Especially the requirement of *self-knowledge* (*Charmides* 165c) might be taken as evidence that Socrates is at least implicitly concerned with experiential states. For Socrates thinks that is not sufficient that Charmides builds up a set of more healthy *dispositions*; he must also have some kind of epistemic access to his own condition. If he possesses temperance at all, Socrates argues, then he must be aware of its presence and have at least an implicit knowledge of its nature (*Charmides*: 159a).

The self-knowledge requirement reflects one of the most fundamental and pervasive Platonic (and Socratic) doctrines, viz. the view that virtue is at bottom knowledge (see e.g. *Meno* 89a). It is also one of the most controversial Platonic doctrines; many think that it intellectualizes virtue to an unacceptable degree (e.g. Copleston 1993, 109; compare also Aristotle's *Nichomachean Ethics* 1145b). The question of whether knowledge is sufficient for virtue is

irrelevant to our present concerns, as the self-knowledge requirement could be maintained, and may seem plausible, independently of such a general and controversial doctrine. But the suggestion that virtue is more than a set of dispositions for acting well is not irrelevant. For if the expression "self-knowledge" were to be understood in the way typical of contemporary philosophy, as denoting the special, presumably immediate and privileged, knowledge we have of our own mental states (Gertler 2011), then we might be able to identify at least some kind of phenomenological dimension in the Socratic/Platonic approach to illness. For then illness and health would seem to be conditions which, while perhaps not completely transparent, would have to be reflected in the subjective experience of the person in question. It would also, by the way, make the Socratic/Platonic view less intellectualist, because the "knowledge" in question would be of an immediate, pre-reflective and possibly pre-conceptual sort, a kind of "knowledge by acquaintance".

But this is not how the self-knowledge requirement should be understood. This is best seen by considering how Plato treats self-knowledge in other places. While he does suggest, in the *Meno*, that we have some kind of implicit knowledge (or proto-knowledge), he also lets Socrates insist that true knowledge (*episteme*) must be obtained by a process of inquiry, and so is far from immediate (*Meno*: 85c-d). As the process of inquiry serves to bring one's prior, implicit knowledge into consciousness, it is doubtful whether Plato conceives of it as being conscious in its own right, and not just a set of dispositions. Importantly, Plato conceives of the *self* as something that can in reality be quite different from what it appears (see Kamtekar 2017), which is why it makes sense to demand (as does the Delphic maxim famously adopted by Socrates) that one should come to know oneself – it is a task, and not an easy one. Moreover, the method for obtaining self-knowledge does not consist in reflection on one's current mental states (or their content), but rather of one's character and dispositions, together with what is objectively good or bad. Though Plato does occupy a rather unique position in ancient philosophy by insisting on a sharp distinction between body and soul (something which, as already noted, makes it difficult to square his view with contemporary phenomenology in other respects), he still roughly follows the ancient Greek tradition of conceiving of the mental in broadly functionalist terms: The soul is defined by what it does or is disposed to do.[1] Knowing what it is in general, as a type, consists in

[1] This is one of the ways in which Plato's view of body and soul seems to differer from modern (i.e. Cartesian) dualism. The soul is not distinguished from the body by being more transparent or otherwise epistemically privileged. It is actually similar to the body in that both are characterised in broadly functionalist terms; this might be said to be another way of bridging the gap between mind and body than

knowing what its general, essential functions are; knowing what it is in one's own particular case, i.e. knowing oneself, consists in knowing one's particular inclinations and dispositions. And to obtain such knowledge, one has to cross-examine oneself, which means treating oneself more or less as the interlocutor in a Socratic dialogue (Kamtekar 2017). This is very different from contemporary notions of self-knowledge as immediate and authoritative, and also very different from the basic aim of phenomenology, viz. to uncover and describe what is experienced from a first-person point of view.

SECTION THREE: BEING-IN-THE-WORLD, HEALTH AND THE *CHARMIDES*

Now, it must be said in fairness to Bredlau that she does not commit herself to – or ascribe to Plato – any strong phenomenological views as to immediate or privileged self-knowledge. In fact, most of her specific observations are consistent with the view I have ascribed to Plato. She rightly points out how Socrates diagnoses Charmides with a lack of sufficient self-knowledge and draws a distinction between *how he appears to be* (including how he appears to *himself*) and how his condition *actually is*:

> In talking with Charmides, then, Socrates has the opportunity to discover whether Charmides has other symptoms, symptoms that, unlike his headaches, Charmides is most likely unaware of and thus unable to tell Socrates about directly. […] Critias' belief in Charmides' temperance only conceals from Charmides what most needs to be revealed to him: that his soul is, in fact, far more unwell than he realises … (Bredlau 2018: 6).

From this it is clear that neither Bredlau, nor Socrates as she interprets him, is interested in the immediate content of the patient's – *in casu* Charmides' – experiences. Yet it raises the question how phenomenology could enter the picture. It is probably to be explained in part by Bredlau's reliance on Merleau-Ponty, who is less explicit or pronounced about the "subjectivist" or antirealist[2] implications of phenomenology than were his phenomenological predecessors Husserl

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that of modern phenomenology. A further difference from modern dualism is Plato's subdivision of the soul in three different parts (*Republic* (Plato 2004). 439e-440c), which again suggests a less categorical distinction between the mental and the bodily realm.

[2] By "antirealist" I mean the view that the world does not exist (or cannot be understood to exist) independently of some kind of conscious experience (Author 2004). While the early Husserl remained agnostic as to such metaphysical questions, the antirealist tendency seems quite strong in Husserl 1983 – see e.g. §49. Though it is not quite clear to what extent she adopts the view herself, Carel does read Husserl as an antirealist in this sense (2016, 19f.). This is compatible with Husserl's well-known maxim

and Heidegger. In any case it is noteworthy that she does not herself suggest that we should rely particularly on empathy, which is otherwise typical of phenomenologically inspired approaches to illness. In fact, she does seem to follow Socrates' approach, inasmuch as she focuses mainly on Charmides' ways of conducting his life and interacting with others, and allows herself to assess it from a more detached standpoint.

Bredlau might of course reject my assumption that phenomenology is wedded to notions of immediacy, first-person authority and subjective experience. She might object that phenomenology is not subjectivist, but rather an attempt to overcome the very subject-object dichotomy. Now I do in fact think that phenomenology, in almost all its dominant versions, including that of Merleau-Ponty, is committed to giving some kind of priority to first-person experience. Arguing conclusively for that view would be way beyond the scope of the present paper, although crucial textual evidence can be found in e.g. Husserl 1983: §31ff. and Merleau-Ponty 1962: p. xv. It should also be noted that the current wave of phenomenological studies of illness is centered on the idea that we should attend to "pre-reflective, subjective human experience as it is lived prior to its theorization of science" (Carel 2016: 2). But fortunately, I do not have to make any controversial or even substantial assumptions about the nature of phenomenology. In order to bring out the essential difference between a phenomenological approach and that of Socrates in the *Charmides*, it suffices to note that a phenomenological investigation cannot ignore how things appears to the subject (i.e. person) in question. But this, as I have argued above, is precisely what Socrates does. It is not that he pays particular attention to the experience of Charmides, to its specific meaning and content, for he does not. Neither is he concerned with at as *embodied*; there are no indications that he is interested in how Charmides' experience is expressed in facial or bodily gestures, patterns of movement or the like, or the affordances of his physical environment. Nor does he inquire into the interpersonal relationships in which Charmides' is involved – at least not how Charmides' perceive and understand these relationships (he merely employs his own prior knowledge of Charmides' background and social role). He circumvents all this and instead relies on his own understanding (albeit an understanding that becomes refined and qualified through the dialogic exchange) to obtain an independent view of the matter.

The notion from phenomenology which Bredlau uses most centrally is that of *being-in-the-*

"back to the things themselves! (*Zu den Sachen Selbst*)", since the "things" referred to are *phenomena* and thus very different from the Kantian notion of the "thing-in-itself (*das Ding an sich*).

world. She rightly emphasizes that a person's being-in-the-world implies a way of being-with-others (2018: 4). Probably the most charitable way of construing her approach is to see as a kind of *social* or *cultural* phenomenology. In contrast to mainstream phenomenology of health and illness, she does not urge us to get into patients' minds and understand their experiences, but rather to cultivate a sensitivity towards the social relationships and cultural practices in which they are embedded, and which are likely to condition their health and the success of possible interventions.

Now a phenomenology of the social as such is surely both possible and of large potential relevance to the study of health and illness. The contemporary narrow focus on the subjective experiences of individuals in phenomenological research deserves to be broadened, as phenomenology has resources to cover further important aspects of human life (and reality in general). Yet it can still be questioned whether the kind of study Socrates practices in the *Charmides*, and which Bredlau recommends more generally, is genuinely phenomenological.

Again, I shall try to avoid raising more controversial questions about how to understand basic tenets of phenomenology. I should suffice to notice that "being-with-others", as the notion is introduced by Heidegger, denotes an aspect of a person's *being*, and not any transpersonal *relationship* between a person and other persons. It denotes the *encountering* of others, especially how they are implicitly present or "implied" (to put in a un-Heideggerian way, "represented") in our everyday understanding and dealings (Heidegger 1962: 153ff. (§26)). The social factors and relationships which Bredlau emphasizes in her more specific analysis – for example Charmides' background and social role, ancient Greek drinking habits, the fact that Charmides appears to be drinking for personal pleasure and not as part of religious worship (and that the latter was the social norm at the time) – are surely all highly relevant to understanding the *case* (i.e. Charmides' condition). But they could hardly figure in a phenomenological analysis of his being-in-the-world, at least not as they are presented by Bredlau. For her descriptions do not seem to match the assumedly limited understanding and experience of Charmides himself. They are more like the results of socio-psychological, sociological or historical investigations. Several of them will likely have been in *Socrates*' mind and informed his diagnosis. But this does not make them part of, or related to, *Charmides'* being in the world.

While I suspect that Bredlau's interests and observations point more in the direction of a decidedly non-phenomenological approach, perhaps a kind of sociocultural theory, it would indeed be possible to apply phenomenology to the contextual factors she would like highlight.

One might describe the phenomenon of social embeddedness not as it appears to any specific person (and so not, for example, to Charmides), but quite generally; using one's own first-person experience as a basis for imaginative variation and reflection on the possible forms social relationships might take, and their interrelations (this has been done, in different ways, by e.g. Sartre, Schütz and, more recently Waldenfels 2015; Szanto and Moran (2015) are, characteristically, more restrictive in that they focus on the social, first person *attitude*). The outcome of such an investigation could then be applied to a specific case like that of Charmides'; and it would allow the researcher, or therapist, to correct or complement the patient's self-understanding while still practicing, or at least using, phenomenology. But I am afraid there is not much in the *Charmides* that exemplifies such an approach (though their may be other parts of Plato's works that are more susceptible to such an interpretation, for example *Republic* Books 3-5, where social structures in general are examined). It is characteristic that the factors highlighted by Bredlau – e.g. the social norms of drinking – are nowhere highlighted by Socrates. Again, he takes a much more direct, or top-down, approach to the problem, assuming, without concern for the subtler social or cultural nuances, that the problem must be a lack of temperance (and, consequently, of appropriate self-knowledge)

There are indications that Bredlau is also advocating a more standard phenomenological approach, focusing on the way social structures are reflected in the subjective understanding of individuals, as she does envisage an investigation into Charmides' experiences:

> We might discover, for example, that Charmides' experience of wine as to be drunk to excess reflects the experience of a group of people to whom he was recently introduced. His drinking is, in other words, his admiration of these people and his desire for their friendship, and his headaches, then, reflect not only his experience of wine as to be drunk in excess, but also his experience of these people as worthy—rather than unworthy—of his time and as appropriate—rather than inappropriate—for emulating (Bredlau 2018: 5).

This does sound like social phenomenology, and even quite close to the experience-oriented approach championed by mainstream phenomenologists of health and illness. We might indeed, if we could get to examine the experiences of Charmides more closely, perhaps by interviewing him, perhaps also by observing him with an eye to the meaning implicit in his actions and gestures, discover the influence of certain culturally induced values and norms. And it could then rightly be seen as an analysis (or medical examination) that is directed at Charmides' being-in-

the-world (-with-others). But we cannot. We are not Socrates; we do not have access to Charmides' experiences. And again, this otherwise very sensible suggestion is not the path actually taken by Socrates in the *Charmides*. It should be borne in mind that Plato makes very little of the factual circumstances in the dialogue. Even the connection to drinking is never made explicit, though I do agree with Bredlau (and Hyland 1981) in suspecting Charmides' headache to be a case of hangover. Hence rather than to bring out the main thrust of Socrates' approach, Bredlau's analysis gives us suggestions for how we might develop the phenomenological approach to illness so as to make it more sensitive to social and cultural factors – and, still more implicitly and indirectly, but not less significantly, how we might complement the phenomenological approach with a genuinely socio-cultural perspective.

SECTION FOUR: THE LIMITS OF A PHENOMENOLOGY OF ILLNESS

Rather than showing how Plato anticipated the phenomenological approach to illness, I think Bredlau has shown the importance of other – complementary – alternatives to a narrow biomedical understanding. She has also, implicitly, called attention to the fact that phenomenology, for all its undeniable potential and relevance to health care and the understanding of illness, has its limitations and need supplementation and maybe even correction (see Sholl 2015 for some different, albeit somewhat related observations as to the limitations of a phenomenology of medicine).

Doctors should attend to patients' experiences; they should recognize and respond to subjective manifestations of illness (including the way the experience of illness impacts on the patients experience of her body, social relations and whole existence). But they should not merely do so. Not only should they still inquire into the biomedical (i.e. physical) causes of illness, which are usually not accessible to the patient's own experience. They should also, as Bredlau rightly stresses, attend to the social and cultural environment of the patient, considering both the ways it is reflected in the patient's understanding *and* the further ways in which it might impact on the patient's condition and potential for illness or cure. In the case of Charmides, the latter may lead to useful knowledge about socially induced habits and behaviors of which he is himself unaware, and also of the ways in which his social environment may subsequently impede or support the health-improving efforts.

The relevance of Socrates' approach, as described in the *Charmides*, lies in highlighting a still further, but no less important aspect: The doctor should first and foremost consider

preventive measures; and efficient "doctoring" may consist in educating and motivating people so as to make them more knowledgeable about what matters to their health and more disciplined and responsible in the way they conduct their life. This is more important than the literal doctoring that consists in attempting, through medical interventions, to cure an illness when it has already occurred, something in which Socrates does not seem to have much confidence (he seems, in many respects, to share the constructively skeptical attitude towards biomedicine which has recently been dubbed "gentle medicine" (Stegenga 2018: 185ff.)).

Doctors should not assume from the outset that patients are ignorant of their actual condition or its possible causes and remedies. This is a central point, and a main insight of the phenomenological approach. But neither should a doctor assume that the patient always knows best or that her experience holds the key to her cure. Recent trends in the medical humanities, like narrative medicine or the phenomenological approach, tend to one-sidedly emphasize subjective aspects of health and illness and ignore the potential unreliability of patients' judgments and patients' first-person reports (which can also be influenced by social norms and expectations (Solomon 2015; see also Hardwig 1997). In the dialogue *Gorgias*, Plato lets Socrates draw the important distinction between apparent and actual wellbeing (Plato 1987: 464a); implying, again, that experience or testimony of the patient should not always be taken at face value, and that a competent diagnostician, who cares for the whole person and sees her in context, may need to look beyond what is transparent to herself.

Admittedly, hardly any proponents of the phenomenology of medicine have claimed that it should replace the biomedical approach or that it should assume priority.[3] It has been presented as mainly as a corrective to the biomedical approach. Nor does it entail that the person's understanding of her body or illness should always be taken at face value.[4] Phenomenology clearly leaves room for, perhaps even supports, a more balanced approach, which enables the almost inevitable tension between the medical authorities' and the patient's perspective to be

[3] Carel does, however, insist that illness, understood in narrowly subjectivist terms, is "the most important element of the disease-illness coupling", when viewed from an everyday perspective (2016, 17). This may seem rather innocuous, perhaps even trivial – after all, only illness is, per definition, immediately *experienced.* Yet it should be borne in mind that concerns for possible physiological dysfunctions or negative dispositions also may matter strongly, and sometimes *ought* to matter strongly, to people, even when viewed from an everyday perspective.

[4] Indeed, phenomenology as such (of the more nuanced, philosophically informed sort) makes it likely to assume that we are not reflectively aware of, perhaps fundamentally unable to become aware of, important aspects of our embodied existence. This is also recognized by at least some proponents of phenomenology of medicine. However, it has been less recognized among practitioners of phenomenological qualitative research, which is strongly focused on first-person verbal reports (see e.g. Smith et al. 2009).

productively negotiated, rather devolving into dehumanizing and medically ineffective encounters.[5] Nor is phenomenology of medicine alien to preventive measures. Not least because of its (biomedically more controversial) assimilation of illness with subjective wellbeing, and because of its focus on a person's being-in-the world, which might induce stress or anxiety and give rise to substance abuse or otherwise unhealthy lifestyles, it may play an important role in such measures as well. Yet the key word here is "balanced". The somewhat antagonistic tone in which phenomenology of medicine is often presented may reflect a genuine need for a kind of "affirmative action" on part of patients – counterbalancing the tendency to ignore their experience by lending it a strong and independent voice. Still, the goal should be a more constructive integration. And the Socratic reminder that subjective experiences and understandings might be limited and need to be transcended should be taken seriously and added as a further counterbalancing perspective.

Read without the idealizing filter of Bredlau's interpretation, Socrates' approach may appear intolerably paternalistic and un-empathic. One may also object to the way in which Socrates considers Charmides merely an instance of a general pattern (as has been typical of much mainstream biomedicine before the recent trends towards more "personalized" medicine). But it reflects the important fact that the relationship of care is, in most cases, asymmetric; the carer is assumed to have special responsibilities, but also special competences and epistemic privileges (*pace* Cavel 2016, who aptly points to the risk of committing epistemic injustices to the patient). It also demonstrates that while one-sided objectivism is surely inappropriate and probably counterproductive, the objective stance cannot be dispensed with completely.

A number of complementary perspectives are called for, some of which are exemplified or hinted at by Plato's Socrates, some of which are supported by different strands of phenomenology – and some of which may be found in mainstream biomedicine (the real challenge may be to properly *integrate* these perspectives, moving beyond the point where they are considered rival and mutually exclusive). Bredlau has identified several of those and provided suggestions at to how they may be developed. While it should not be read exactly the way Bredlau has suggested, the *Charmides* does contain important lessons for present-day health care. In particular, it urges us to take a wide view at patients and health conditions, and to acknowledge that both public and individual health concerns may be met most effectively not by medical treatment, but by fostering the development of general life skills and improving the conditions

[5] As aptly expressed by a reviewer

under which people live.

It might be argued that I have myself been reading too much into the *Charmides*, committing another kind of anachronism. The dialogue is first and foremost a treatise on temperance, it might be said. The expression "general life skills" does not sound particularly Platonic, and Plato apparently cared little about improving living conditions.[6] It is true that there is nothing in the *Charmides*, indeed nothing in the whole work of Plato, which comes close to suggesting a modern public health approach. It is also true that the emphasis in the *Charmides* is on the fundamental virtues of self-discipline and personal responsibility and less on the more superficial life skills. Yet in spite of this, I do think that the implications of the Socratic approach are much like I have suggested, when it is applied to a contemporary context. For while Plato was obviously not keen on "progressive" (e.g. egalitarian) societal reform, he did see the social context, including the general organization of society, as a crucially necessary precondition for fostering and maintaining the personal virtues (see e.g. the *Republic* (Plato 2004) 491e; 497a-499d. In his subsequent correction of the more elitist Adeimantus, Socrates even seems to express some concern for the conditions of the broader population (499e-500a)). As Bredlau rightly notices, the social context is also hinted at, albeit much more briefly, in the *Charmides*.[7]

That Plato also considered practical life skills to be dependent on, and flow more or less naturally from, the fundamental virtue of self-discipline, merely adds a further dimension to the Socratic lesson for contemporary health care: that preventive measures have to address people's fundamental attitudes, rather than concentrate on more superficial behavioral changes or health-related information.

[6] As pointed out by a reviewer

[7] Though Socrates' referring to Charmides' family background (2019, 157d-c) could also be understood as suggesting an inborn disposition toward temperance – which, again, should probably be read metaphorically

References

Aristotle. 1953. *Nichomachean Ethics.* Transl. J. A. K. Thomson. London: Allen & Unwin

Aho, K. (ed.). 2018. *Existential Medicine. Essays on Health and Illness.* Lanhan, MD: Rowman & Littlefield

Benner, P. (ed.). 1994. *Interpretive phenomenology: Embodiment, caring, and ethics in health and illness.* Thousand Oaks, CA: Sage Publications.

Bredlau S. 2018. "Illness as a phenomenon of being-in-the-world with others: Plato's Charmides, Kleinman and Merleau-Ponty". *Medical Humanities*. doi:10.1136/medhum-2018-011572

Carel, H. (2016). *Phenomenology of Illness.* Oxford: OUP

Gertler, B. 2011. *Self-Knowledge.* London: Routledge

Copleston, Frederick. 1993: *A History of Philosophy. Volume I: Greece and Rome. From the Pre-Socratics to Plotinus.* New York: Doubleday

Hardwig, John. 1997. "Autobiography, biography, and narrative ethics". I H. Lindemann (ed.) *Stories and Their Limits: Narrative Approaches to Bioethics*. London: Routledge, 50—64

Heidegger, M. 1962. *Being and Time.* (Transl. J. Macquarrie & E. Robinson). Oxford: Blackwell

Husserl, E. 1983. *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy* (transl. F. Kersten). Dordrecht: Kluwer

Hyland, D. 1981. *The virtue of philosophy*. Athens: Ohio University Press

Kamtekar, R. 2017. "Self-Knowledge in Plato", in U. Renz (ed.). *Self-Knowledge. A History.* Oxford: Oxford University Press: 25-43

Klausen, S. 2004. *Reality Lost and Found. An Essay on the Realism-Antirealism Controversy.* Odense: University Press of Southern Denmark

Merleau-Ponty, M. 1962. *Phenomenology of Perception.* Transl. C. Smith. London: Routledge

Plato. 1980. *Meno*. Transl. G. M. A. Grube (2. Ed). Indianapolis, IN: Hacket

Plato. 1987. *Gorgias*. Transl. D. J. Zeyl. Indianapolis, IN: Hackett

Plato. 2004. *The Republic.* Transl. C. D. C. Reeve. Indianapolis, IN: Hackett

Plato. 2019. *Charmides.* Transl. C. Moore & C. C. Raymond. Indianapolis, IN: Hackett

Sholl, J. 2015. "Putting phenomenology in its place: Some limits of a phenomenology of medicine". *Theoretical Medicine and Bioethics* 36, 6: 391-410

Smith, J. A, Flowers, P. and Larkin, M. 2009. *Interpretative phenomenological analysis. Theory, method and research*. London: Sage

Szanto, Th. & D. Moran (eds.). 2015. *Phenomenology of Sociality. Discovering the 'We'.* London: Routledge

Solomon, M. 2015. *Making Medical Knowledge.* Oxford: Oxford University Press

Stegenga, J. 2018. *Medical Nihilism.* Oxford: Oxford University Press

Waldenfels, B. 2015. *Sozialität und Alterität. Modi sozialer Erfahrung.* Frankfurt a. M.: Suhrkamp