

MINDING ILLNESS: Toward A Philosophy of Health

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Abstract: This paper revisits the phenomenology of illness by analyzing competing philosophies of health that are deeply rooted in human experience. The non-clinical approach of the paper de-essentializes the experience of illness to construct a positive philosophy of life. It juxtaposes two opposing perspectives on illness: one, Edmund Pellegrino's, in which the body is the centre of all experiences, and the other is the alternative philosophical position of Philipose Mar Chrysostom, which moves beyond mere wellness of the human body to propose an alternative bioethical position which emphasizes the role of the mind in the act of healing.

Keywords: Clinical and Non-clinical Approach toward Illness, Edmund Pellegrino, Embodiment, Phenomenology of Illness, Philipose Mar Chrysostom.

1. Introduction

Illness is an unpredictable and integral part of life. Its pain, struggle and cure facilitate the construction of a meaningful philosophy of life. The experience of illness differs owing to the perceptual difference in individual accounts. Edmund Pellegrino's philosophy of healing is essentially a clinical approach that depicts healing as 'repairing'. This corporeal view

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is problematized by adopting alternative bioethical thinking that goes beyond embodiment, as in Philipose Mar Chrysostom's philosophy of health based on his own struggle with cancer which is clearly life-affirming. Pellegrino, a trained physician and Chrysostom, a minister of harassed souls, are healers though their philosophies of health are different.

"Minding" in the title is meant to bring into focus the role of the mind in the act of healing as an instrument to restore equilibrium to life. Approaching illness through the mind is a phenomenological way of looking beyond the body. The term 'minding' signifies the 'act of paying attention' to medical care, wellness, the clinical environment and the ethical relationship between the patient and the healer. The notion of embodiment is revisited by questioning the superiority of the body over the mind in all actions. The paper asks if the mind can enable a new bio-ethical position as an alternative philosophy of health that better explains how the harm caused by illness is mitigated.

2. Illness and Embodied Subject

Illness, an intensely personal experience, is an inevitable condition of the vulnerable human body. Religious texts often narrate illness as the wrathful visitation from God and an opportunity to purify ourselves of evil deeds. The Bible portrays Jesus as the healer who "went about all Galilee, teaching in their synagogues, and preaching the gospel of the kingdom and healing all manner of sickness and all manner of disease among the people" (Matthew 4:23). Like faith healers, philosophers of other disciplines have advanced their own understanding of illness.

Richard Kearney, in "The Wager of Carnal Hermeneutics," animates the human in phenomenological terms:

From the moment we are born we live in the flesh. Infant skin responds to the touch of the mother, hands and feet unfurling, mouth opening for first milk. Before words, we are flesh, flesh becoming words for the rest of our lives. Matter, no less than form, is about what matters to us, to others and to the world in which we breathe and have our being (15).

The body, a physical entity that is distinct from the mind, has always been a complex field of engagements and experiences (Kirk 4). Plato believed that the body and soul are made of different elements in a hierarchical relationship. Plato's conception of the body is ambivalent in that, even as he treats the soul as superior to the body, he does not deny the necessity and vitality of the body for the soul's existence. To Aristotle, the vital body is the medium between the world and the subject as well as a necessary tool for survival. Immanuel Kant, who extensively thought about consciousness and subjectivity, viewed the body as the site of communication with the world. Kant asserts that experience is primarily based on our body's spatial and temporal interaction with its surroundings (Kant 147). To Brentano and Husserl, the pioneers of the phenomenological tradition, human beings are sensing incarnate bodies. Husserl gives primacy to the embodied existence, which points to the body's relationship with itself and the universe. (Carman 205). Defining the body as *korper*, which is the physical body and *leib*, which means the lived body or the body which is experienced by the person who owns it, Husserl establishes that the body comes into an inseparable relationship with itself as well as with other living and non-living bodies (Macann 3). These perspectives constitute the Western philosophical tradition which is centred on the notion of embodiment and the body's being-in-the-world. According to this notion of existence, bodily engagement with the world determines, shapes, and defines our lives, and any change to this bodily function correspondingly impacts the very essence of being.

Illness is a condition that primarily affects the body and alters one's life considerably as experience and, concomitantly, the understanding of life. Illness has been at the centre of many discourses like medicine, philosophy, anthropology, biopolitics, sociology, history and literature. Phenomenology is one of the lenses through which human experiences and perceptions are analyzed, which help construct the meaning of life. As a philosophical approach, it focuses on our perception and experience of the world. Dating back to the first half of the 20th

century, this philosophical tradition is concerned with the relationship between our consciousness and the universe and analyzes phenomena rather than the concrete, pre-conceived realities. Illness, primarily a somatic experience, has been a vital area of discussion in the phenomenological discourse on the body because it affects the way we perceive the world and shapes our philosophy of life.

The phenomenological vantage point facilitates the investigation and analysis of the condition of illness by bringing consciousness to bear on the perception, experience and expression of people who encounter the phenomenon called illness. In fact, phenomenologists distinguish between illness and disease. According to Havi Hannah Carel, a disease is a physiological dysfunction, whereas "illness is the experience of disease, the 'what it is like' qualitative dimension as it is experienced and made meaningful by the ill person" ("Illness, Phenomenology" 17). The experience of illness, therefore, is a phenomenon which contains multiple structural relationships and patterns which altogether shape our idea of existence.

Taking into account all the personal, social, ethical and structural relationships that are parts of the experience of illness, one may phenomenologically revisit the old questions: 'Who is a healer?' and 'How do we heal?' These are the two fundamental questions in the discourse on illness and healthcare. The act of healing and the structure of the relationship between the physician and the patient, the healer's definition of illness and health, and the patient's definition of the same are all matters of concern in the phenomenological understanding of illness. Phenomenology's method of reduction becomes a fit theoretical tool to analyze, to de-essentialize the experience of illness of people and facilitate the construction of multiple meanings of life which will redeem them from the un-settlement caused by illness. The condition of illness which is felt, experienced, and faced by an individual is unique and personal, and it cannot be fully explained by another individual who is outside the structure of the phenomenon of illness. Indeed, the phenomenology of illness includes observing the process of

healing in which the ill-body is being treated, cared for, and cured with the instrumentality of a healer.

With Maurice Merleau-Ponty, attention was brought to bear on the day-to-day human affairs in terms of experiences and perceptions (Marshall 17). Following Husserl, Merleau-Ponty depicts the body as the breathing, acting site of all experiences, for which reason he calls the human being 'body-subject' where the lived body is the centre of all actions and experiences. It is not a passive material entity or a carrier of the soul but a medium of our engagement with the world. In his seminal work, *Phenomenology of Perception*, he approaches human existence through the vitality and supremacy of the body over the mind and challenges the Cartesian mind-body dualism. According to him, "the body is our general medium for having a world" (Merleau-Ponty 146). Merleau-Ponty's perspective on the body becomes central to the Western phenomenology of illness. The thought that our body is our point of view on the world centres it on any perception about the illness, thereby fixing it problematically between pain and healing.

3. Edmund Pellegrino: Repairing the Body

Edmund Pellegrino, a philosopher of medicine as well as a clinician, is one among those figures who have discoursed extensively about health. *The Virtues in Medical Practice* (1993) and *Helping and Healing: Religious Commitment in Health Care* (1997), two seminal works penned with David C. Thomasma, and "Being Ill and Being Healed: Some Reflections on the Grounding of Medical Morality," which was originally presented in the Annual Health Conference of the New York Academy of Medicine, held on 24 April 1980, are some of his significant writings about illness, healing, and the idea of care. His works on the nature and effects of diseases on human existence are essentially phenomenological. His philosophy of illness is grounded in the clinical perception that the body is, essentially, vulnerable. His phenomenology of illness draws from the perspective of Merleau-Ponty that the body is the

centre of all experiences and supposes embodiment as possessing limits which determine one's attitude towards illness.

Pellegrino argues in his work "Being Ill and Being Healed: Some Reflections on the Grounding of Medical Morality" that "illness is an altered state of existence arising out of an ontological assault on the humanity of the person who is ill" (70). This obviously implies that the 'body-subject' who encounters the condition of illness is physically and ontologically altered or disabled. 'The ontological assault,' which Pellegrino mentions in his work, indicates the drastic somatic changes caused by the illness, which may distort life's daily routines and rhythm. For instance, for a patient who suffers from a chronic illness like cancer, going for a morning walk with his or her favourite person is difficult as bodily limitations alter the spatial and temporal realms of existence.

Havi Carel too explains phenomenologically that illness's impact on the body-mediated experience is far more unsettling than imagined. According to her, "the change brought about by illness affects sensory experience, as well as meaning and the cognitive and emotive levels of experience. The change is radical and removes the ill person from the realm of familiar and predictable experience" (*Phenomenology of Illness* 347). This 'imperfect,' 'disabled' body is also the site of healing out of which the meaning of life is constructed. The body in illness, according to Pellegrino, is powerless and vulnerable that has to be 'repaired'. This body-centred perspective portrays healing as 'repairing'. The word 'repair,' which comes from the Old French term *reparer* and Latin *reparare*, indicates the act of restoring, mending or putting back in order. This notion of the perception of impairment of the body can be juxtaposed with the phenomenological position of Merleau-Ponty, which considers the body as our perception by virtue of being-in-the world.

In the process of healing, the ethical, personal and professional knowledge of the healers and their relationship with the patient are vital. The hierarchical and hegemonic relationship between the patient and the physician is evident in the medical encounters where the ill persons' lack of knowledge

excludes them in the decision-making. As Christian Koeck observed, "Doctors decide and patients follow. Consequently, the patient-doctor interaction is unbalanced"(1). This imbalance of power in the medical system affects the health of the clinical environment. Under these circumstances, the care system which cannot facilitate a mutual interaction between the physician and the patient becomes flawed. The process of healing, which Pellegrino calls the act of 'repairing' the damaged body, nonetheless leaves the self torn and neglected. Here, the act of 'making whole again' explicitly negates the inner realm of the patient, without which the healing is incomplete.

Wei Liu, Elizabeth Manias, and Marie Gerdtz discuss their findings on the power operations and hierarchical structuring in the medical environment in their study on ward rounds: "In this ward round excerpt, the patient's involvement was minimal" (121). Robert A. Scott, Linda H. Aiken, David Mechanic and Julius Moravcsik argue that "caring is as integral to medical competence as are knowledge and skills because caring fosters the bonds of trust that enable doctors and their patients to communicate" (78). They add: "Caring relationships in medicine are characterized by expressions of humaneness by physicians and other health care providers toward patients as evidenced by such qualities as interest, concern, compassion, sympathy, empathy, attentiveness, sensitivity, and consideration" (79). These fundamental qualities are needed in clinical encounters as they would lessen patients' sense of loss and anxiety.

Havi Carel, in *Phenomenology of Illness*, defines illness as the "breakdown of meaning in the ill-person's life. Because of the disruption of habits, expectations and abilities, meaning structures are destabilized, and in extreme cases, the overall coherence of one's life is destroyed" (27). Pellegrino echoes Carel when he says, "We feel healthy when we are in a state of equilibrium between our already experienced shortcomings and our aspirations so that we have adjusted our goals to the gap between them. Illness rudely upsets that equilibrium" (71).

The clinical approach toward illness, which is body-centred, ignores overall body functionality, and it portrays illness as a

somatic condition that amounts to a distortion of human experiences. The ill body is depicted as hindering one's day-to-day activities and engagement with the world. That explains why Havi Carel terms illness a "limit case" (348). S. Kay Toombs, a philosopher of medicine, agrees with the idea of loss and healing that Pellegrino mentions. Being a sufferer of multiple sclerosis, Toombs writes movingly about the experience of illness: "What is primarily threatened is the integrity of the self (one's own self), and this most fundamental loss of wholeness (this ontological threat) cannot readily be interpreted in terms of naive typification" (20). This 'ontological threat' mentioned by Toombs is what Pellegrino indicates as the 'ontological assault' on the humanity of the one who is ill.

Toombs believes that illness causes four major losses: the loss of wholeness, the loss of control, the loss of freedom to act, and the loss of the familiar world. The first and foremost loss, according to Toombs, caused by illness is the 'loss of wholeness'. Pellegrino resonates with Toombs' phenomenological stand when he says, "illness attacks the fundamental unity of being associated with the state we perceive as health" (73).

It emerges clearly from the clinical perception of illness in the works of Pellegrino, Carel, and Toombs that the ill-body is imperfect and has to be 'repaired' or 'made whole again.' This idea of healing as 'making whole again' is problematic as it defines health in terms of embodiment and neglects the significant factor, the mind. Here, the imperfect 'body-subject' seeks the help of a 'professed healer.' Western phenomenology identifies health as 'wholeness' or a state of perfection in which free movement is possible. So, illness, according to this view, is the disruption of wholeness.

Illness, being a personal experience, facilitates the construction of the meaning of life. The experience of illness varies from person to person as they create their own philosophy of life based on their individual encounters, which would help them encounter the predicament of illness. The Western clinical approach encapsulated in the phenomenology of Pellegrino is problematic as it essentializes the condition of illness and the

experience of healing by joining it with the embodied existence. The body is established as the site of illness and suffers the burden of the act of healing as much as it suffers the ravages of the illness. One is led to the logical deduction that instead of considering embodiment as a condition of existence, the body is philosophized as the fundamental meaning of life. This attitude towards embodiment problematizes the concept of healing by reducing it to the mechanistic 'repairing', which, one fears, is certain to disrupt the moral and ethical relationship in the medical environment.

4. Chrysostom: Overcoming Fear

This baffling body-centred approach toward illness in Western clinical practice is counterpointed by the philosophy of illness constructed by Philipose Mar Chrysostom. His idea of health becomes relevant in that it questions the privileging of the body over the mind. From Chrysostom's perspective, Pellegrino's position is paradoxical as it affirms the superiority of the body even as it exposes the body's vulnerability and powerlessness when it is ill. Chrysostom problematizes this attitude towards illness by proposing his own philosophy of health in his memoir in Malayalam, *Cancer Enna Anugraham (Cancer: A Blessing)*, which is, in more than one sense, life writing. His philosophy of illness is also a phenomenological account of cancer and the pro-life-ism with which he recovered from it. He perceives the body not as the site of experiences but as a channel and refuses to entertain the superiority of body over mind.

Chrysostom's encounter with cancer may be seen as a manifesto that has the potential to restructure the Western clinical philosophy. In fact, Chrysostom's perception of illness is constructed from his lived experience as a cancer patient as well as a Christian minister to the atoning souls in his fold. He calls cancer, a blessing of God, which purifies his mind and body and shows him a new way of life. He adds: "Indeed, cancer strengthened me" (21).¹ This idea of illness is a position, unlike

¹All translations are by the authors of the article.

the Western clinical approach that obsesses over the losses caused by the condition of illness.

To Chrysostom, the embodiment is a condition of existence that enables us to understand the illness better. His idea of health is free from the limits determined by the institutions and posits a non-clinical approach toward illness. It supposes that embodiment is a necessary but not a sufficient condition. To Chrysostom, the person with an illness is also blessed. He writes: "Cancer destroyed many people. Many have lost their vigour. Many have died. But I will say that the fallen people are those who have feared the disease. I can say that this illness never devitalized me; instead, it strengthened me" (21). His philosophy of illness shifts the focus from the losses to the positive dimensions of survival in which the ability to manage emotions, particularly fear, is crucial to healing.

All human deeds and interactions are based on emotional expression. Fear is an emotion that still compels understanding; "It is our constant companion, our day-to-day nemesis, and our ultimate challenge" (Rutledge 1). It is inseparably embedded in our individual, social, and cultural behaviours. Kurt Riezler observes, "Fear and hope are at odds: hope wants fear removed; it demands actions. Fear lets hope dread its end" (489).

From a theological perspective, the word 'the fear of God' is synonymous with love of God, reverence, and obedience. In this context, fear becomes a mechanism for bringing order to the life of the believers. Arthur J. Wester Mayr opines, "Religion provides a place of punishment and another of reward. The first appeals to man's fear, the second to his venality" (250). Thomas Hobbes believed that fear as a shared emotion was even a grounding point for public life (183). Indeed, in these contexts, fear becomes a mechanism for survival and an instrument of maintaining order in our individual and social behaviour. But fear is extremely dangerous when it persists or is excessive in nature. In this case, it moves beyond the rational realm and becomes destructive.

Fear of pain and death is a phenomenon which causes tremendous changes in an individual's life besides disrupting

the steady flow of life. Studies show that anxiety affects the mental and physical health of individuals negatively. In *Treating Health Anxiety and Fear of Death*, Patricia Furer and her fellow authors remind us that "Health anxiety may be triggered by experiences such as everyday symptoms (a skipped heartbeat, a headache), a threatening experience such as finding a breast lump, or coping with illness or death of a loved one" (3). Fear and anxiety may be connected to other factors such as worries about the lost functional abilities, financial instability and feeling of social inadequacy (Asmundson et al. 12). People with certain illnesses are concerned about their present as well as the unpredictability of the future. In *Fear: A Cultural History*, Joanna Bourke narrates the life of Edna Kaehele, who encountered the pain of cancer as a model in order to show how fear affects the body as well as the mind.

Chrysostom, like Kaehele, believes that anxiety and fear about the condition of illness are more harmful than the actual illness because it disrupts the wholeness of life. Fear affects our ability to think rationally and intensifies mental anguish. A person with severe illness becomes a slave to the anxiety that deteriorates the mental health, which later affects the physical well-being. Bourke writes,

The emotional body rapidly gives forth a multitude of signs: the heart pounds faster or seems to freeze, breathing quickens or stops, blood pressure soars or falls and sometimes adrenalin pours into the bloodstream. Irrespective of any conscious desire to 'carry through', frightened people cannot escape physiological signs of terror (15).

Fear is more than a mental state which completely destabilizes the equilibrium of life. It causes social anxiety disorders, phobias, panic disorders, heart diseases, and post-traumatic stress disorders, which altogether affect the somatic functioning and an individual's behaviour. Marc Siegel argues: "Recurrent or unremitting fear has the same deleterious effects on the human body that running persistently at 0 to 100 miles per hour has on a car. Many illnesses are more likely to occur as a result, including heart disease, stroke and depression" (47). In short,

fear of illness and pain have a more debilitating effect on the body than imagined.

It is in this context that the philosophy of health by Philipose Mar Chrysostom becomes significant. He stresses the role of the tranquil mind in the act of healing and the speedy recovery from the losses caused by illness. By finding a shelter in religious faith and love of the world, Chrysostom masters the anguished mind. His non-clinical perception of illness, which underlines the vitality of the mind in shaping the body's response to the experience of illness, is significant as it ensures the mitigation of both mental and physical agonies. In his autobiography, Chrysostom underlines the need to be fearless as the first and most effective response to illness.

In the Western clinical perception of Pellegrino, the ill person suffers a rupture of the wholeness of life and is in need of a healer. The act of healing, though, is highly power-structured. To Chrysostom, on the contrary, the patient is someone who needs help but is indeed capable of acting independently. He narrates his experience of cancer as a moment of self-realization as well as an affirmative way toward self-purification. He does not deny the fact that illness affects free bodily movement and the flow of life. On his part, he accepts the predicament of illness as an unpredictable phenomenon which frames and moulds our meaning of life by purifying our body and mind. In fact, Pellegrino's *homo patiens* experiences losses, especially most of the freedoms we associate with being able to act fully as human beings (73). To Chrysostom, illness does not cause an 'ontological assault' but strengthens one's affection for oneself and the surroundings, which makes the person more powerful with the newly acquired consciousness. This realization, indeed, is possible only outside the institutional framework where the body is freed from all limits. Chrysostom negotiates his own illness as an opportunity to observe, experience and create the meaning of life, which will lessen the destabilizing and unsettling experiences associated with pain.

Chrysostom's position challenges Western phenomenology's hierarchical relationship between the patient and physician.

According to Pellegrino, "healing is a mutual act that aims to repair the defects created by the experience of illness. The moral authenticity of the healing act is thus measured by the completeness with which it remedies the afflicted state that illness represents" (70). The inability to act as a free human being or perfect body-subject puts the patient in such a condition that he or she finds illness as the end-point of life or, in Havi Carel's words, 'the limit case'.

Chrysostom's proposal is an alternative philosophy in which the physician draws from a metaphysics of presence where the divine and the pure are significant. Instead of 'repairing' or making the imperfect body whole again, to Chrysostom, healing is a mutual communication between the patient and doctor as well as a divine act. Pellegrino's patient accepts the subordinate position as he lacks knowledge and power, whereas, in the alternative suggested by Chrysostom, subordination is supplanted by a mutuality of interaction. According to him, treating the ill person, not as a wounded flesh, is the most vital point in the ethical healing relationship in the field of medicine. From the non-clinical vantage point of Chrysostom, the hegemony of the physician over the patient is challenged and negotiated by emphasizing the centrality of the patient in the process of healing. The assumption of an objective position for the patient is removed. In its place, involvement with the being of the patient as the knowing subject is brought alive.

Chrysostom becomes the two-fold witness in the experience of illness. He, being a priest, suffers for others as well as, being a cancer patient, he suffers himself from the pain, agony, and losses caused by illness. He combines these two positions to create his own idea of illness, which can amount to a strong phenomenological account of health as well as an alternative philosophy of life. His ability to witness the experience of illness is contrasted with the position of Pellegrino, who, as an observer, analyzes the 'ontologically assaulted' subject and views the ill-body from a distance as a third person. The act of witnessing, for Chrysostom, becomes more intimate as the healer becomes a part of the process of recovering from illness. This

notion of witnessing problematizes the Western phenomenology of illness and goes beyond the perception of health by de-essentializing illness.

Merleau-Ponty, in his *Phenomenology of Perception*, states: "The body is the vehicle of being in the world, and having a body is, for a living creature, to be intervolved in a definite environment, to identify oneself with certain projects and be continually committed to them" (82). This notion of body proposed by Merleau-Ponty encapsulates the structure of the Western clinical approach towards illness in which body-subjects become the centre of the healthcare system. Merleau-Ponty views that we are bodies and experience the universe through our bodies. This perspective profoundly influences the phenomenological approach toward illness in the West, which connects illness with the body and effectively negates the role of the mind in the process of healing. The body, 'the vehicle of being,' is treated as the site of experience in medicine, and the 'living creature' or the 'body-subject' is placed in a 'definite environment', the healthcare system. Here, Pellegrino places patients whose equilibrium of life is shattered in a hierarchical structure of the healthcare system. The body becomes both a site of healing as well as a threat to its own existence. According to this philosophy, the body, being the centre of all experiences, is incapable of overcoming the environment vitiated by illness.

5. Spirituality and Care

It is vital to discuss the role of faith and spirituality in Chrysostom's life in overcoming the condition of illness. Chrysostom, being a bishop, is able to see, through the patient and mindful training of his body, the complementary strength of faith and spirituality. That is why cancer, to him, is less of a disease. It is a juncture where one's bodily and spiritual resources are tested. His spirituality feeds a heightened somaesthetic action which brings together an appreciation of the human condition and an awareness of the body's resilience. To him, this consciousness is authentic because it is experiential.

Chrysostom's idea of illness goes beyond the limits of embodiment in which the mind becomes a meliorative factor. He places the ill person in a pro-life environment where the body is not a threat to the equilibrium of life. Indeed, according to Chrysostom, the ill person knows himself or herself better when he or she is in the predicament of illness. He does not consider illness a limiting factor or threat to life but emphasizes the role of the mind in resisting the unfavourable environment. He argues that the fear of disease does more harm than the very experience of illness. He narrates in his work: "Many people equate cancer with death. Not everyone dies of cancer. It is not the disease, but the fear of cancer is more dangerous. Therefore, to be less worried about the cancer is very important" (32). According to him, the body is not the centre of healing. On the contrary, he perceives embodiment as an expansive, limitless terrain where the sense of loss is replaced by the urge for life, revival and return of the body. Healing, hence, begins with the awareness of one's own experience of illness.

According to Chrysostom's philosophy, the mind is the non-material aspect of embodiment that helps one to create the consciousness of a return from death to the flow of life; from the cessation of living to the spiritual awakening that can strengthen the mental state of wellness which is the essential aspect of healing. The mind becomes a critical factor in curing as it shapes bodily activities to prepare itself for encountering the predicament of illness. The mind is the enabler of bodily interactions with itself and the surrounding; it drives the healing as it erases the misconception that the ill body is a threat to the free flow of life. Chrysostom argues: "Along with the treatment, strengthening the mental health of the patient to make the process of healing easier should be prioritized" (48). The mind's capability in moulding and shaping the body to accept the reality of illness and to harmonize with the environment is emphasized by Chrysostom in his reflection on illness. The plasticity of the mind changes the condition of the body as well as modifies our perception of the world. In fact, it facilitates the construction of a life-affirming philosophy.

To Pellegrino, the ill body impedes choices and actions and stops us from engaging in work and amusement. In Chrysostom's phenomenology of illness, the body's capacity to take part and overcome the experience of illness is controlled by the mind. The mental realm of an ill person enhances the bodily responses to the situation of illness and helps in the healing. The problem raised in the Western clinical perception of illness that the ill body is imperfect is negotiated by Chrysostom by reiterating that the body can recover its wholeness through the mind. In fact, his work is a manifesto of the neuro-plasticity of mind, which positively seeks the ways of survival. The philosophy of care put forward by Chrysostom, which deconstructs the hegemonic relationship between patient and healer, underlines the vitality of a healthy, mutual co-existence of ill people and caregivers. He emphasizes the crucial role of the factors like a healthy medical environment, the patient's will and determination, the self-belief of the patient, the faith in the healer as well as the harmony between the patient and the world in enhancing the mind's plasticity, which makes the body capable of surviving the illness.

Chrysostom's bio-ethical proposal is a new phenomenology where the body is a necessary but not sufficient condition for the drama of illness to be staged so that the mind can shape its attitude by perceiving it spiritually, thereby shaping the meaning of life, which is so relevant in the field of medical humanities.

6. Conclusion

The paper analyzed the dialectic between the clinical and the non-clinical approach toward illness through the vantage point of phenomenology which is based on human experience and perception. The study de-essentializes the notion of healing and the philosophy of illness in the works of Western philosophers of medicine like Edmund Pellegrino, Havi Carel and Kay S. Toombs, who resonate with the idea of Merleau-Ponty on the body as the site of experience, which essentially leads to the view that ill body is a threat to the equilibrium of life. The study

brings into focus the paradoxical nature of the Western clinical approach, which manifests the body as the centre of experiences and, at the same time, treats it as vulnerable and imperfect. This perception is less affirmative of health. This 'ontological assault' is set against the new philosophy of health proposed by Philipose Mar Chrysostom, a Christian minister providing spiritual succour to his community. Analyzing his experience of illness has proved vital for the construction of a new alternative bioethical position which stresses the capability and role of the mind in the process of healing. This new philosophical position is relevant as it underlines the vitality of thinking beyond the body, which will redeem one from the sense of loss. This non-clinical approach toward illness opens new horizons in the field of Medical Humanities by being an affirmation of life and health.

References

- Asmundson, Gordon J. G, Johan W. S Vlaeyern, et al. *Understanding and Treating Fear of Pain*. Oxford University Press, 2004.
- Bourke, Joanna. *Fear: A Cultural History*. Virago, 2005.
- Carel, Havi. "Illness, Phenomenology and Philosophical Method." in *Theoretical Medicine and Bioethics*, Springer, 2013: 33-46.
- Carel, Havi. *Phenomenology of Illness*. Oxford University Press, 2016.
- Carman, Taylor. "The Body in Husserl and Merleau-Ponty." *Philosophical Topics*, 27.2 (1999): 205-226.
- Chrysostom, Philipose Mar. *Cancer Enna Anugraham*. DC Books, 2017.
- Furer, Patricia, John R. Walker, et al. *Treating Health Anxiety and Fear of Death: A Practitioner's Guide*. Springer, 2007.
- Hobbes, T. *Leviathan*. Ed. R. Tuck. Cambridge University Press, 1996.
- Kant, Immanuel. *Universal Natural History and Theory of the Heavens*. Trans. Ian Johnston. Arlington: Richer Resources Publications, 2008.

- Kearney, Richard. "The Wager of Carnal Hermeneutics." in *Carnal Hermeneutics*. Ed. Kearney and Treanor. Fordham University Press, New York, 2015.
- Kirk, Robert. *Mind and Body*. Acumen Publishing, 2003.
- Koeck, Christian. "Imbalance of Power Between Patients and Doctors." *British Medical Journal*, vol. 349, JSTOR, <https://www.jstor.org/stable/10.2307/26519119>.
- Liu, Wei, Elizabeth Manias, et al. "Medication Communication During Ward Rounds on Medical Wards: Power Relations and Spatial Practices." *Health*, 17. 2 (2013): 113-134.
- Macann, Christopher. *Four Phenomenological Philosophers*. Routledge, 1993.
- Marshall, J. George. *A Guide to Merleau-Ponty's Phenomenology of Perception*. Marquette University Press, 2008.
- Merleau-Ponty, Maurice. *Phenomenology of Perception*. Trans. Oliver Davis. Routledge Taylor and Francis Group, 2004.
- Pellegrino, E. D. "Being Ill and Being Healed: Some Reflections on the Grounding of Medical Morality." *Bulletin of the New York Academy Medicine*, vol. 57(1): 70-79.
- Reizler, Kurt. "The Social Psychology of Fear". *The American Journal of Sociology*, 49.6: 489-498.
- Rutledge, Thom. *Embracing Fear*. Harper Collins e-books, 2007.
- Scott, Robert A, Linda Aiken, et al. "Organizational Aspects of Caring." *The Milbank Quarterly*, 73. 1: 77-95.
- Siegel, Marc. "Can We Cure Fear?" *Scientific American Mind*, 116. 4: 44-49.
- Toombs, S. Kay. *The Meaning of Illness: A Phenomenological Account of the Different Perspectives of Physician and Patient*. Springer Netherlands, 1992.
- Westermayr, Arthur J. "The Psychology of Fear." *The Open Court*, Vol Vol. 1915.4: 250-255.