

# *Illness and Generality*<sup>1</sup>

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## *1 Introduction*

Medical phenomenology has been successful in pointing out the typical components of illnesses, despite their acknowledged diversity, their cultural variations, and the normativism often entailed by the holistic theories of health. Two theoretical results have made possible the developments of this general approach. First, the formulation of the paradigm of the lived body (TOOMBS, 1992, 1988; CAREL, 2016), which allowed for the interpretation of chronic somatic illness, for example, as the experience of disruptive changes in the structures of bodily schema, of social and motor intentionality, and of the unity of organic and lived body. Second, the notion of affective intentionality offers an explanatory framework for a special class of non-conceptual, bodily feelings that structure the intentional experience in general, namely, existential feelings (RATCLIFFE, 2005, 2008 e 2015). Thus, the experience of illness has been presented as an atmosphere of uncanniness or unhomelikeness (SVENAUES, 2000a, 2000b; CAREL, 2016). On the one hand, in illnesses there would be a structural perturbation in the domain of existential feelings, which would bring about a world opening characterized by uncanniness. The ill body would be experienced as a broken-tool, which can lead to the feeling of unhomelikeness. On the other hand, that atmosphere correlates with an ontological trait of human existence, i.e. the presence of something alien to competent existential capacities: vulnerability and fragility of the lived body.

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My goal here is to examine some of the details of that result in the general phenomenology of illness. My specific purpose is to suggest that there is evidence against conceiving – even analogically – the ill body as a broken-tool: during illness there is a perturbation of the more basic existential feelings that renders apparent not the body as a broken tool, but a much more complex ontological structure. Such structure is made up of classes of possibilities, which in turn make up a modal unity of ways of being, i.e. historical existence and organic life. This is no small ontological commitment. Quite the contrary: it demands adopting a robust ontological and epistemological framework. This becomes evident when one considers that the form of generality relation entailed by those modes is impermeable to the usual procedures of conceptual analysis and definition. By highlighting those points, I intend to suggest that the general phenomenology of illness can be furthered by the adoption of a framework that is friendly to ontological pluralism and to the theory of forms of generality. Naturally, the consequences of this movement to applied phenomenology and to qualitative research methodologies in the health sciences are not negligible.

## *2. The atmosphere of illness and the body-tool*

In medical phenomenology, illness is not elucidated in biostatistical terms (BOORSE, 1975), but as a disruption in the lived body experienced as a set of losses. Those losses are presented as the typical features of the illness: loss of wholeness, loss of certainty, loss of control, loss of freedom to act, loss of the familiar world (TOOMBS, 1987, 1992; CAREL, 2016). A more general trait of the illness experience is conveyed by the concept of uncanniness (*Unheimlichkeit*). In illness, the disruptions experienced in the lived body highlight the structural uncanniness of human existence, insofar as the losses one undergoes bring about an uncanny encounter with one's own body. It is the lived body which then appears as uncanny, and as such it shows itself as a broken-tool, that is, it shows itself as dysfunctional and obtrusive.

The elucidation of the dynamics of the illness experience by analogy to the dynamics of the perturbations in the use of tools is common in medical phenomenology. On the basis of Heidegger's well-known analysis of the disruptive modes of encountering tools, the illness experience is presented

as having the dynamics of a dysfunctional appearance of bodiliness, which shows itself obstinately and urgently as something merely subsistent (RAWLINSON, 1982, p. 75; LEDER, 1990, pp. 19, 33 e 83-84; TOOMBS, 1988, p. 225, n. 82; 1992, p. 136, n. 7). This analysis is explicitly analogical. In illness, the interruption of adequate functioning shows the body as having a nature analogous to that of a machine, which conveys the instrumentality of a body permeated by physical processes that can neither be experienced nor controlled by the person affected (TOOMBS 1988, p. 216; 1992, p. 91).

Havi Carel (2015) refined that analysis by submitting the analogy between illness and instrumental dysfunction to two conditions. First, the analogy holds only for the dynamics of the phenomenal manifestation of the ill body. As with functional tools, also a healthy body has some unobtrusiveness. Ill bodies, as well as dysfunctional tools, can show themselves obtrusive, obstinate, and conspicuous. Second, the analogy seems to hold only under the condition that the body be regarded objectively as a physiological material machine. In this case, organs and parts of the body may be viewed as tools, and during illness they can be conceived as broken-tools. However, in a crucial sense the body is not a tool, because the living body is the medium for having a world, the locus and the origin of the existential feeling of being in the world. Therefore, a dysfunctional change in the body happens in way that is more profound and different from a tool breakdown (CAREL, 2015, pp. 120-121). However, although the body is not a tool, Carel maintains that the analogy between tool and bodily breakdowns still holds (2015, p. 122). Thus, illness represents a painful and powerful way of rendering present the intrinsically corporal constitution of human existence (CAREL, 2011, p. 40; 2015, p. 121).

Fredrik Svenaeus made a conceptually more substantial move by not limiting the comparison between tool and bodily breakdowns to analogical procedures. On the contrary, he claimed that there is no valid argument for restricting the Heideggerian concept of tools to things outside the human body (SVENAEUS, 2000b, p. 130). Hence, the category of tool could be generalized so as to subsume both the class of tools belonging to the world and those belonging to the self. Body-tools are those parts of the lived body that belong both to the projective power and to the meaning formation of the self. The demarcation between the two would not be the boundary limiting of the surface of biological organisms, but the belonging to a region identical to the self. Therefore, the lived body would form a part of

transcendence, integrating the set of meaning-constitutive structures. Illness, then, can be presented as a unhomelikeness in the corporal structure of world formation, as a breakdown in the tool-structure relating to the self (SVENAEUS, 2000b, p. 131). Note that this interpretation satisfies a conceptual requirement for the use of the notion of uncanniness, because it captures not only the uncanniness atmosphere, but also that the body itself is lived in an ambiguous way, as something both familiar and strange. The ill body is still one's own, but it is lived as alien, involving biological processes beyond one's control, presenting itself in an obtrusive and merciless way (*ibidem*).

This general result of the phenomenology of illness has been the target of an important criticism. Andrew Warsop discussed its central point, namely, the link between the phenomenon of uncanniness and the notion of broken-tool. He argued that although in some circumstances it might be useful to understand the lived body as a tool, and that although the body does appear uncanny during illness, the uncanniness atmosphere is not due to the presence of the body as a broken-tool, but to the fragility and mortality of organic bodies (WARSOP 2011, pp. 489 e 494).

In what follows, I will narrow my focus so as to make apparent the inadequacy of the interpretation of illness based on the notion of broken-tool.

### 3. *Bodily doubt and vulnerability*

One of the main aspects of the illness experience in a number of mental and somatic disorders is a disruption in the basic sense of bodily trust. That disruption is lived as a feeling of bodily doubt (CAREL, 2016 e 2014), which operates at the corporal, not at the doxastic level, and is properly described as a bodily feeling. Despite manifesting itself at various degrees of intensity and duration, bodily doubts do have some common traits: they may begin suddenly or gradually, can become pervasive in everyday life, may relate to parts of the body or to the whole body. At a structural level, bodily doubts consist in radical changes in the experience of the body, involving three kinds of losses: loss of continuity, of transparency, and of trust in one's own body. An important outcome of the analysis of bodily doubt lies in the identification of a kind of tacit and operative certainty, which fully

conditions one's relation with the body and the world. In bodily doubts the tacit presence of bodily certainty manifests itself in a perturbed way.

Trusting that the body will go on working as it usually does makes up an operative background for actions and projects. This is a tacit and non-conscious certainty, not a propositional attitude, but rather a feeling. The feeling of bodily certainty has a phenomenology, which consists of feeling self-confident, familiar, able to perform what one is doing. Furthermore, bodily certainty belongs to the category of bodily feelings. Based on the analysis by Collombetti and Ratcliffe (2012; GALLAGHER & ZAHAVI, 2008; LEGRAND, 2007), bodily certainty can be described as a noematic, preattentive, reflex-like bodily feeling: the feeling of being able, that is, a tacit feeling of trust (CAREL, 2014, pp. 149-150).

In order to present a concept of bodily trust that is adequate for interpreting the experience of illness on the basis of bodily doubt, Carel makes use of a general elucidation of the phenomenon of trust. In the context of an analysis of the formation and acknowledgment of oneself and others as worthy and valuable, Bernstein (2011) presents trust as intrinsically tacit and non-optional. Withdrawing from attention in favor of the interactions that it allows for, trust is not primarily a cognitive attitude. It does not result from a rational installation, although it is subject to rational corrections. Even before someone reaches the standpoint of reason, trust must independently emerge and guide one's relations to others.

This precedence of trust relative to reason, on the other hand, is not merely logical or psychological, but also developmental. Bernstein (2011, pp. 407-414) describes a complex developmental sequence, in which the sense of relative independence and of oneself and others as valuable and worthy results from mimetic exchanges, complex attitudes in the socialization process, and the construction of normative areas. We do not need to dwell any further on this description; it suffices to say that it aims at justifying the claim that adult trust is a contingent and developmental outcome based on infant trust, in other words: adult trust formation is the learning of distrust (BERNSTEIN, 2011, p. 406). In short, trust is primarily a non-cognitive attitude that allows for the appearance of more complex phenomena, such as the acknowledgement of others as persons. The understanding of trust as a response required by the problem posed by our intrinsic vulnerability is crucial in this analysis. In Anette Baier's words,

trust “is accepted vulnerability to another’s possible but not expected will (or lack of good will) toward one.” (BAIER, 1995, p. 99).

Naturally, the phenomenon of trust displays dense layers of certainties and particular kinds of trust (KUSCH & RATCLIFFE, 2018, p. 73). Bodily trust is situated in a multifaceted complex of trust in one’s parents, caretakers, action environments, institutions, persons one depends on, etc. Although Havi Carel does not offer an analysis of bodily trust in a developmental setting, one can speculate whether the development of bodily trust would follow a sequence analogous to that of adult trust. It is plausible to conjecture, for example, that bodily trust might build up through a process of socialization that may allow us to conclude that – much like persons (BAIER, 1995, p. 84) – bodies are second bodies. It is crucial, however, that bodily trust be analyzed not as a propositional attitude, but rather as a powerful bodily feeling that has a weak epistemic status (CAREL, 2014, pp. 146 e 158). This topic is especially relevant because it brings to the forefront the issue of vulnerability. The disruption of bodily certainty (during illness, for example) renders apparent the contingency and fallibility of trust in one’s own body. Unlike the fragility of trust in other people, with its acceptance of the vulnerability to exposure to others who can potentially cause damage, the fragility of bodily trust renders apparent the vulnerability resulting from being dependent on a living organic body. In this sense, corporal doubt that lies at the center of illness experience manifests the vulnerability of the exposure to organic life.

At this point it becomes evident that there is a tension in Carel’s interpretation of bodily doubt. On the one hand, illness shows that relative to one’s own body there is a bodily feeling grounded on the animal nature of human beings. More specifically, the fragility of bodily trust shows one’s dependence on transient, feeble organic structures (CAREL, 2014, pp. 146, 162). On the other hand, the loss of continuity which presents itself in bodily doubt is described by a dynamics in which the body changes from being ready-to-hand into a present-at-hand uncanny entity (CAREL, 2014, p. 156). The use of Heideggerian terminology shows that this dynamics is being interpreted through the distinction between the mode of being of subsistent things (*Vorhandenheit*) and the mode of being of tools (*Zuhandenheit*). The tension consists in conceiving the body as both a tool that can brake and an living organism which can become incapable. Thus, the ontology of tools and the matrix of the broken-tool are still present in the interpretation of a

central aspect of the illness experience. That tension can be resolved by focusing on the relation between bodily trust and existence. But this results in an interpretation of illness uncanniness that does not refer to the notion of broken-tool and that entails a more robust ontological commitment.

#### *4. Bodily trust and modalities*

A relevant aspect of the analysis of bodily doubt is the identification of a conditioning between the feeling of bodily trust and existential feelings (RATCLIFFE, 2008 e 2015). Havi Carel (2014, pp. 147-148) suggests that the feeling of bodily trust is a necessary constituent of existential feelings. This entails that there would be some kind or degree of bodily trust (or distrust) at all levels of existential feelings. This suggestion not only acknowledges that bodily feelings can be complex – by being made up of other bodily feelings – but also points out bodily trust as a constant element in varying existential feelings. On the basis of changes in situational specificity and conceptual impregnation, four levels of existential feelings have been singled out: pure existential feelings, feelings of basic familiarity and security, more specific existential feelings, and emotional feelings in mood-like variations (SLABY & STEPHAN, 2008). One may conjecture whether bodily trust and doubt are situated at the level of pure existential feelings, insofar as feelings that are reflective of the basic bodily functioning are located at that level.

According to Ratcliffe, there are general traits that justify qualifying that set of feelings as existential: they are pre-intentional background feelings that structure experience and they are bodily feelings. Existential feelings are pre-intentional because they make up a basic condition for adopting varying intentional attitudes. Bodily trust also has this pre-intentional role in the making of experience. Hence, one can understand how the disruption of bodily trust affects the meaningfulness of experience as such. More precisely, existential feelings play the role of intentional constitution insofar as they provide access not only to instances but also to kinds of possibilities (RATCLIFFE, 2015, p. 51). With those feelings, the general scope of what is possible opens up in a determinate way. This is exactly one of the phenomenological qualities of bodily trust: the feelings of possibility, capacity, ability, and freedom which underlie actions and expectations. One

may say that bodily trust has the quality of “I can” (CAREL 2014, pp. 148 e 150).

It is beyond the scope of this paper to present a detailed analysis of the kinds of modal properties belonging to the space of possibilities of existential feelings. It would be fitting, for example, to verify whether the notion of agentive modalities (MAIER, 2015) has the required form for an elucidation of the modal space at the primary level of trust in potentialities, abilities, and skills of the body. Focusing the analysis on the possibilities specifically relating to the horizon of the “I can”, and remaining within the phenomenological framework, I will interpret the modal space of bodily trust based on Heidegger’s (1983) ontological elucidation of living organisms.

Although Heidegger’s interpretation of organic life does not take into account the developments in the biological sciences that led to the new Darwinian synthesis and to population thinking, it does have in its favor two hermeneutic guidelines, which are based on the theories of Hans Driesch, Jakob v. Uexküll, and Hans Spemann. First, animal and plant organisms are understood holistically and ecologically. On the one hand, organs cannot be considered abstractly, but need to be elucidated on the basis of its connections into systems and organic unities as totalities. On the other hand, organic unities are intrinsically relational, that is, their determination is not restricted to the boundaries of bodily surfaces, but extends into the environment and environmental relations. Second, living organisms are not understood at their most basic level as being sets of state-properties or processes, but as units of modal qualities. In other words, organisms are not primarily systems of organs and their functions, but units of capabilities (*Fähigkeiten*) organized by their fundamental aptitude to engage with an environment (HEIDEGGER, 1983, pp. 374-375).

While elucidating bodily trust as a feeling of trust in organic capabilities, it is important to highlight two results of Heidegger’s differential analysis in the comparison between tools and organs. Strikingly, the difference is pointed out exactly in the context that suggests an analogy between tools and organs: their relation to a function or a goal (REIS, 2012). Unlike tools, organs do not have goals or utilities; rather, it is the capabilities that have organs and mold them. This means that the organs are wholly dependent on organic capabilities, even at the level of embryo development. Capabilities are rules for making and maintaining organs.



Unlike tools, which need external actions to be put into use and to fulfill their goals, organs are always regulated so that they constantly meet their functional goals. More precisely: even when they are at rest or atrophy, organs are ruled by the capabilities. The outcome of this analysis is that organs and tools are ontologically diverse, i.e., the kinds of possibilities offered by organs and tools are not subsets of a larger kind of modal property (HEIDEGGER, 1983, §§ 52 e 53).

An important point that allows us to visualize this difference is what Heidegger (1983, § 54) describes as the dimensional framework of organic capabilities. Capabilities have the organs at their service. This means that in embryo development and in environmental engagement it happens a passage through a dimension in a formal sense. A specifically organic dimension is one in which the rules situated at the capabilities anticipate the environmental space where the encounter with something capable of uninhibiting the drives can happen. Unlike an impulse or a force, the drive (*Trieb*) that is entailed by the dynamics of the capabilities has a self-regulation that accounts for some plasticity in the onto-genetic process and in environmental interactions (REIS, 2018). Also, this means that in the drives there is a determining element of the environments and of the environmental items that can trigger the capabilities. This result, which has been linked to the theories of niche construction (ENGELLAND, 2015), entails that the organic aptitudes are in part accountable for the formation of environments and of various kinds of spaces in which the organism's environmental interactions unfold (SKOCZ, 2004). Hence, it also becomes apparent that any analogy between organisms and machines, or organs and tools, is in principle ruled out.

Based on this ontology, the modal space of bodily trust can be described as a unity of capabilities, that is, a dimension of living possibilities. Considering the generality of bodily trust, one may conclude that the space of possibilities of existential feelings is made up by a categorial complexity, which integrates existential and organic possibilities. A consequence of this ontology of life for the analysis of the feeling of trust is that bodily doubt does not manifest the body as a broken-tool, but rather the living space of organic capabilities. Therefore, existential feelings have an element that refers to the scope of possibilities that are neither existential nor merely useful, but proper to organic life. The dynamics of the losses that make up bodily doubt does not comprise disruptions in a body-tool which presents

itself as a physical body, but the disruptive emergence of a living organic body. I will now examine how this ontological commitment found in the analysis of bodily trust (and of existential feelings in general) reveals itself more complex.

##### *5. Ways of being and generality in the phenomenology of illness*

In the critical literature it has been objected that the ontological commitments entailed by the notion of existential feeling are not explicitly acknowledged. Vagueness in the descriptions and lack of a shared ontological and epistemological framework would be preventing an understanding of the nature of existential feelings. This point would be evident in the issues concerning the alleged object-less and non-conceptual nature of that kind of feelings (MANZOTTI, 2012; SAARINEN, 2018). If we narrow the focus of analysis to the level of the feelings of bodily trust and doubt, then the modal elucidation mentioned earlier offers an opportunity for making things more explicit. Bodily trust means trust in one's own body as a living organism, that is, in the unity of organic capabilities. On this approach, the ontological commitment is not primarily to objects, states of affairs, or processes, but to a specific set of modal properties. The felt possibilities in bodily trust are dimensional capabilities endowed with an internal regulation and relation to the environment. They are living possibilities that are intertwined with the complex modal space opened up by existential possibilities.

If one pushes forward in the exploration of this ontological commitment, eventually one reaches a meta-ontological level. In keeping with the Heideggerian interpretative matrix of animal and plant life, the organism as a unit of living possibilities and capabilities is not just a class of entities in an ontological framework along with other categories of entities. More basically, the term 'organism' designates a fundamental way of being (HEIDEGGER, 1983, p. 342). Hence, organic life does not make up a category within the same way of being of other categories of entities, tools, physical objects, etc., but is an independent way of being.

Ontological pluralism, the view that there is more than one way of being, has been presented in terms of quantifier variance. Based on van Inwagen's (1998) objection to the claim that being is an activity, the concept

of existence has taken on a major role in the elucidation of the concept of being. Given that the usual meanings of ‘existing’ are made explicit by the existential quantifier of first order predicate logic, accepting modes of being means admitting more than one elite existential quantifier with non-overlapping domains (SPENCER, 2012, p. 911). In this sense, the debate around the interpretation of Heidegger’s fundamental ontology as a kind of ontological pluralism has focused on explaining ways of being as properties (TEPLEY, 2014), natural kinds (KELLY, 2014), or kinds of existence (McDANIEL, 2009). Elsewhere I have laid out my arguments against those views (REIS, 2017), and put forth a broader notion of way of being based on the concept of constitution condition (CERBONE, 1999). In this sense, ways of being are dimensions which contain normative clauses for individuation, determination, phenomenal manifestation, and existence.

It has been widely acknowledged that the illness experience conveys a high epistemic potential, since its elucidation reveals structural features of human embodiment, action, and experience in general. This is especially evident in the cases of bodily doubt and trust. However, those feelings are also epistemically relevant for singling out a commitment to an ontology of ways of being and kinds of modal properties. The interpretation of the illness experience leads us to the level of an ontological pluralism with a rather unusual commitment, namely, that the same entity, a human person, may share two ways of being: those of organic life and historical existence. Such a view would entail not only that an entity might exist in more than one way (McDANIEL, 2009, pp. 313-314), but also that the same entity would have a mixed way of determination and individuation. Bodily doubt gives access to the unity of intentional existence and organic life constituted by capabilities. It remains an open problem how that unity of ways of being, if it is consistent, is to be elucidated.

Yet, there is a set of additional traits entailed by the ontological pluralism of life and existence. Ways of being contain determination clauses. Hence, generality relations are entailed by the ways of being. It is not artificial to assume that different ways of being entail different forms of generality. In this sense, a theory of forms of generality was put forth by Anton Ford (2011) aiming at an elucidation of the form of generality underlying the canonical analysis of the theory of action. Ford lays out three kinds of genus-species relations – accidental, categorial, and essential

generality – and shows that it is impossible to reduce categorial and essential generality to the standard form of accidental generality. As with the theory of action, one may ask which form of generality is exemplified at the level of the ways of being of organic life and historical existence.

This problem has been answered independently. Nate Zuckermann (2015) argued forcefully that the specifications in the way of being of historical existence are of a categorial kind. Ford (2011, pp. 11 e 89; 2008, p. 22, n. 9; p. 26) and Thompson (2008, chap. 2) suggest that organic life exemplifies categorial generality relations. If this is the case, the consequences are not trivial, insofar as categorial generality exhibits a logical structure that is quite unlike that of the relations between accidental genera and species. In accidental generality, it is perfectly possible to offer a real definition of a categorial species in terms of accidental genus and the concept of a differentiating property. The resulting definition is not circular, given the logical independence of the specific difference relative to the accidental genus and species. With categorial generality one observes another behavior: There is no differentiating concept that is logically independent of the categorial species. Furthermore, this differentiating concept cannot be external to the categorial genus. Hence, the whole definition of categorial species is circular.

This form of generality has been explicitly analysed since Brentano, and is known as the determinable-determinate relation (JOHNSON, 1921; PRIOR, 1949; CHISHOLM, 1987; FUNKHAUSER, 2006). Phenomena that display the categorial form of generality are known as dimensions of difference, for example, differences by degrees. However, this form of generality is not limited to dimensions that have varying degrees. What the definitional behavior in categorial generality shows is two basic traits. The investigation of categorial species cannot go on referring to the above-mentioned concepts of categorial genus and differentiating property. Epistemology has to shift in the dimensions that have categorial generality. Also, the logical dependence of the differentiating notion relative to categorial genus and species shows an ontological priority. The categorial species is more basic than the genus, i.e. something belongs to a categorial genus *because* it belongs to a categorial species. Together, these traits entail that knowledge of a categorial genus happens through the elucidation of privileged examples that show the differences and variations in the categorial species.

Evidently, the conceptual and expressive resources needed to investigate the dimensions of categorial generality also show a heterodox behavior. Nate Zuckermann (2015, pp. 508-510), for example, insists that the formal-indicative methodology sketched by Heidegger is precisely the adequate conceptual apparatus for an elucidation of historical existence. Examining this topic goes beyond the scope of this paper. But it is worth mentioning that if bodily doubt shows itself in the conspicuous unity of the ways of being that have categorial generality, then the phenomenology of illness needs to conform to the ensuing requirements of an exemplarist epistemology and of a metaphysical priority of categorial species over categorial genus. On the other hand, the phenomenological attitude in which first-person experience intertwines with responsiveness to what others have to say (CROWELL 2018) seems to be suitable for the development of the conceptual arsenal demanded by such structures.

## *6. Conclusion*

Discussing the interpretation of the core of the illness experience as being that of the disappearance of a broken-tool, I have laid out an approach to bodily doubt based on a framework that includes modal ontological pluralism and a theory of forms of generality. The feeling of bodily doubt displays a dynamic unity of ways of being determined by modal properties and structured by categorial generality. Warsop (2011, pp. 493-494) correctly points out that the uncanniness in illness refers to the presence of organic life in human existence and to the intimation of mortality presented by a fragile and finite body. One may add that an aspect of that uncanniness is due to a peculiar unity of ways of being that enjoy categorial generality. There is ambivalence in the fact that there is life in the life of meaning. Thus, the ineffability that the experience of bodily doubt may have is not due solely to the disruption in the background context of meaning. It may well come about from categorial generality belonging to both organic life and historical existence.

I conclude by mentioning three directions for further investigation. First, there is the problem of analyzing the various contexts in which categorial generality is exemplified in the illness phenomenon. Modal properties, as well as the levels and the components of existential feelings may represent complex branchings of forms of generality. Second, there is

the question of identifying the consequences of an ontological pluralism in which the way of being of life is elucidated in modal and dimensional terms for the so-called lived body-living body problem (THOMPSON, 2007, pp. 235-237; FUCHS, 2009, p. 223; 2018, p. 83 e 211). Third, there is the problem of working out an exemplarist methodology that provides the expressive means required by the illness experience in dimensions of categorial generality. Would the epistemic injustice in illness (CAREL & KIDD, 2014; KIDD & CAREL, 2017) be rooted in an embodied existence that has categorial generality? If so, then a phenomenology of illness endowed with a more complex epistemological and ontological framework might be instructive for those who have been the experts – often under hermeneutic injustice – at discerning the uncanny zones of the ineffable: the suffering ill persons.

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## RESUMO

*A fenomenologia aplicada à enfermidade promoveu a elaboração do paradigma do corpo vivido, que tem sido frutífero na análise de estruturas da experiência da doença. Um resultado central da análise é a elucidação do conceito de enfermidade em termos de uma sintonia (Stimmung) do estranhamento (Unheimlichkeit) que é correspondente à ruptura na unidade do corpo vivido. A pessoa enferma situa-se numa atmosfera de estranhamento em relação ao corpo próprio, que aparece de forma análoga a um utensílio quebrado. Neste artigo problematizo a analogia com o utensílio quebrado, concentrando-me no exame do fenômeno da dúvida corporal. Minha sugestão é que a explicitação da teoria de categorias implicada na fenomenologia da dúvida corporal conduz a um pluralismo de modos de ser em que o tipo correspondente de generalidade impede a interpretação da experiência da enfermidade como a manifestação de um utensílio quebrado. Como conclusão, a presente análise é consistente com a interpretação da enfermidade como sendo a atmosfera do estranhamento, que é interpretado aqui como a interrupção na unidade de dois modos de ser: existência e vida.*

**Palavras-chave:** Fenomenologia – enfermidade – dúvida corporal – pluralismo ontológico - generalidade

## ABSTRACT

*Applied phenomenology of illness elaborated the paradigm of living body, which has been successful in the analysis of the structures of the experience of disease. One of the main results of this analysis is the elucidation of the concept of illness in terms of an attunement (Stimmung) of the uncanniness (Unheimlichkeit) that is relative to a disruption in the unity of the living body. The ill person finds herself in an atmosphere of uncanniness in relation to her own body, which appears analogously to a broken tool. In this paper, I question the analogy with the broken tool, focusing in the examination of the phenomenon of bodily doubt. My suggestion is that the explicitation of the theory of categories implied in the phenomenology of bodily doubt leads to a pluralism of modes of being in which the corresponding type of generality precludes the interpretation of the experience of illness as the salience of a broken tool. As a result, this analysis remains consistent with the interpretation of illness as the atmosphere of uncanniness, which is presented here as the disruption in the unity of two ways of being: existence and life.*

**Keywords:** Phenomenology – illness – bodily doubt – ontological pluralism – generality

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