An Interdisciplinary Symposium
The inaugural conference of the Oxford Phenomenology Network

The Oxford Research Centre in the Humanities, Oxford
27th – 28th March 2015
Phenomenology and Health

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Welcome to the inaugural conference of the Oxford Phenomenology Network. We are very happy to be hosting you here in Oxford at TORCH (The Oxford Research Centre in the Humanities).

This two-day symposium seeks to explore the interrelations between phenomenology and health from a wide variety of perspectives. We aim to stimulate open, convivial, multi-disciplinary discussion and to facilitate new connections.

We would love to keep in touch with you after the conference. Please feel free to follow us on Twitter @OxPhenomenology or join our Network mailing list by emailing phenomenology@torch.ox.ac.uk with ‘mail list’ in the subject line. You can also keep up-to-date with the Network’s activities by visiting our website: http://www.torch.ox.ac.uk/phenomenology.

The Twitter hashtag for ‘Phenomenology and Health’ is #phenomenohealth; please use it when tweeting about the conference.

We would like to thank you all for your participation in what looks to be an exciting and memorable event.

The conference conveners,
Dr Cleo Hanaway-Oakley and Ms Erin Lafford

TORCH - The Oxford Research Centre in the Humanities
Humanities Division, University of Oxford
Radcliffe Humanities Building
Radcliffe Observatory Quarter
Woodstock Road
Oxford
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Special thanks go to the Wellcome Trust, for sponsoring this event, the Maths Institute for their catering and lecture theatre, and to TORCH and the University of Oxford Faculty of English for supporting us throughout the organisation process. We would also like to express our gratitude to our keynote speakers, Professor Havi Carel and Dr Gill Thomson, and to the conference committee: Dr Carole Bourne-Taylor; Dr Matthew Broome; Mrs Monica Hanaway; Dr Katherine Morris; Dr Andrew Papanikitas.
Symposium Programme

Friday 27th March

8.15-09.15am: Welcome and registration with refreshments – Radcliffe Humanities Building foyer
09.15am: Welcome address – Maths L3 (Dr Cleo Hanaway-Oakley and Erin Lafford)

09.30 – 11.00am: Panel 1
Lived Experiences of Chronic Illness – Maths L3 (chair Andrew Papanikitas)
Philipp Schmidt: ‘Time-consciousness and the Body in the Context of Burnout-Syndrome’
Janni Lisander Larsen: ‘The Lurking Wolf: Qualitative Research of Existential Experiences with Lupus in Female Patients’
Hilly Raphael Quigley: ‘Co-creating recovery in Chronic Fatigue Syndrome (CFS/ME): Reflexive reflections from a group programme’

Transplants and (Inter) subjectivity – Humanities Lecture Theatre (chair Denisa Butnaru)
Elodie Boublil: ‘Who Cares? Phenomenological Intersubjectivity and Vulnerability’

11.00 – 11.15am: Break with refreshments - Humanities Colin Matthew Room

11.15 – 12.45pm: Panel 2
Visualising Lived Illness – Maths L3 (chair Jenny Slatman)
Stella Bolaki: ‘Animated Documentary and Mental Health’
Mindaugas Briedis: ‘Phenomenology and Radiology: Intentional Analysis of the Constitution of Diagnostic Judgement Based on Medical Imaging’

Pain and Suffering – Humanities Lecture Theatre (chair Kori Novak)
Smadar Bustan and Sandra Kamping: ‘Pain and Suffering: Combining Phenomenology and Experimental Pain Research for a Better Assessment of Human Pain and Suffering’

12.45 – 2.00pm: Sandwich Lunch in the Maths Institute Café.

1.00 – 1.40pm: ‘Art of Touch’ – Humanities Colin Matthew Room
During the lunch break, in this interactive touch-facilitated movement workshop, Lucinda Jarrett will explore the physicality of perception and how an awareness of this perceptual physicality may affect our empathy, communication and compassionate care delivery. All welcome, but there will be standing room only and capacity is limited to 20.

2.00 – 3.45pm: Panel 3
Medical Encounters – Maths L3 (chair Tom Sparrow)
Luna Dolezal: ‘The Phenomenology of Shame in the Medical Encounter’
Ignas Devisch: ‘The ‘Expeausition’ of the Self: How to Meet a Patient?’
Andrew Papanikitas: ‘Lived Experience of Ethics Education in Healthcare: A Methodological Discussion’

Touch – Humanities Lecture Theatre (chair Jonathan Skinner)
Theodosia Marinoudi: ‘Language and Touch in Autistic Experience’
Wenche Bjorbaekmo: ‘Physiotherapy: Expression of Negotiating Proximity and Distance’
Lucinda Jarrett: ‘Affective Touch in Somatic Dance Practice in Health’

3.45 – 4.00pm: Break with refreshments - Humanities Colin Matthew Room

4.00 – 5.30pm: Panel 4
Bodily Continuums – Maths L3 (chair Katherine Morris)
Xavier Escribano: ‘The Fragility of Beauty and the Beauty of Fragility’
Anna Luise Kirkengen: ‘The Biomedical and the Phenomenological Body – Any Difference?’
Sheena Hyland: ‘Body of Knowledge: Phenomenology, Biomedicine and the Meaning of Health’

Phenomenology and Health in Literature – Humanities Lecture Theatre (chair Carole Bourne-Taylor)
Abeer Fahim: ‘A ‘Postmodern’ Phenomenology: Don DeLillo and Medicine’
Erin Lafford: ‘John Clare’s Corporeal Field’

5.30 – 5.45pm: Break with refreshments - Maths Institute Café

5.45 - 6.45pm: Keynote Address – Maths L3
Professor Havi Carel: ‘Phenomenology of illness: individual norms and the shared world’

7.30pm: Conference Dinner – Al Shami Restaurant, 25 Walton Crescent, Oxford
*Could all delegates who have signed up for the conference dinner please meet outside the Humanities Building at 7.10pm so that Cleo and Erin can lead the party to the restaurant

Saturday 28th March

8.15-9.15am: Registration and refreshments - Radcliffe Humanities Building foyer

*9.15-11.00am: Panel 1
*(please note that these panels start 15 minutes earlier than yesterday)
Phenomenology of Disability – Maths L3 (chair Alexandra Szulc)
Tom Sparrow: ‘Embodiment, Disability and the Norms of Flourishing’
Denisa Butnaru: ‘Motor Intentionality and its Implications for a Phenomenology of Disability’
Martin Huth: ‘Phenomenology, Disability, Vulnerability’

Living Dying – Humanities Lecture Theatre (chair Smadar Bustan)
Kori Novak: ‘Dying for Change: A Phenomenological Examination of the Lived Experiences of Ageing Inmates in the United States’
Christine Lopes: ‘Phenomenology and Healthcare of Older Persons with Dementia’
Keren Mazuz: ‘Care Ritual from Phenomenological Anthropology Perspectives’
Marlies Saelaert: ‘Imminent Death While Living Alone: Towards an Inclusive Approach’

11.00 – 11.15am: Break with refreshments - Humanities Colin Matthew Room

11.15-12.15pm: Keynote Address – Maths L3
Dr Gillian Thomson: ‘Using Heidegger to Illuminate Meanings Within a Health-Related Context’

12.15 – 1.30pm: Sandwich Lunch – Maths Institute Café.
1.30-3.00pm: **Panel 2**  
**Phenomenological Psychotherapy** – Maths L3 (chair Monica Hanaway)  
*Vit Pokorny*: ‘A Phenomenological Methodology in Witterman’s Architecture of Inner Worlds: Towards the Meaning of Multiple-Self Theory Psychotherapy’  
*Miriam Taylor*: ‘Seas of Pain, Islands of Relief: Recontextualising the Phenomenology of Trauma’  
*Simon du Plock*: ‘Living ME: Some Reflections on the Experience of Being Diagnosed with a Chronic “Psycho-Somatic” Illness’  

**Phenomenology of Motherhoods** – Humanities Lecture Theatre (chair Sheena Hyland)  
*Kate Kirkpatrick*: ‘Expectant Anxiety: A Phenomenology of Pregnant Embodiment’  
*Sylvia Hübel*: ‘Insights into the Lived Experience of Fragmented Motherhood(s): At the Meeting Point of Phenomenology and Feminist Bioethics’  
*Mariamni Plusted*: ‘Cultivating Openness in the Midwife-Mother Relationship: A Phenomenological Paradigm’

3.00-3.15pm: **Break with refreshments** - Humanities Colin Matthew Room

3.15-4.45pm: **Panel 3**  
‘Disordered’ Eating and Body Image – Maths L3 (chair Matthew Broome)  
*David Mitchell*: ‘Anxiety and the Body-For-Others: Body Dysmorphic Disorder and the Phenomenology of Embodiment in Sartre’s Being and Nothingness’  
*Emily Troscianko*: ‘What Anorexia Can Teach Us about the Phenomenology of Health’  
*Katherine Morris*: ‘The Phenomenology of “Body Image Disorders”’

**Anxiety, Meaninglessness and Vagueness** – Humanities Lecture Theatre (chair Joshua Broggi)  
*Francesca Bencio and Anastasios Dimopoulos*: ‘Event and Subjectivity: Heidegger’s Phenomenology of Ereignis and its Relationship with Psychopathological Phenomena’  
*Maximillian Hepach*: ‘Being Beyond Meaninglessness’

4.45-5.00pm: **Break with refreshments** - Humanities Colin Matthew Room

5.00-6.30pm: **Panel 4**  
**Phenomenology of Mental Health** – Maths L3 (chair Francesca Bencio)  
*Liane Carlson*: ‘Health, Violation and the Structure of Space’  
*Matthew Broome*: ‘Sartre, Laing, and Phenomenological-Existential Approaches to Psychopathology’

**Phenomenology of Breast Cancer** – Humanities Lecture Theatre (chair Andrew Papanikitas)  
*Jenny Slatman*: ‘Phenomenology of the Body in the Medical Encounter’  
*Birgith Pedersen*: ‘The Meaning of Weight Changes Among Women Treated for Breast Cancer’  
*Safiya Dhanani*: ‘What Can We Learn from Photo Narrative Responses to Breast Cancer about the Body as Part of Identity?’

6.30-7.00pm: **Round Table** led by Professor Fredrik Svenaeus (Centre for Studies in Practical Knowledge, Södertörn University) – Maths L3

7.00pm-8.00pm: **Networking drinks** – Maths Institute Café
Keynote Papers

Professor Havi Carel (Bristol University)
‘Phenomenology of Illness: Individual Norms and the Shared World’

Havi Carel is Professor of Philosophy at the University of Bristol, where she also teaches medical students. Her research examines the experience of illness and of receiving healthcare. She is currently completing a monograph for Oxford University Press, provisionally entitled *Phenomenology of Illness*. She was recently awarded a Senior Investigator Award by the Wellcome Trust, for a five year project entitled ‘The life of breath’ (with Prof Jane Macnaughton, Durham University). She has written on the embodied experience of illness, wellbeing within illness and patient-clinician communication in the *Lancet, BMJ, Journal of Medicine and Philosophy, Theoretical Medicine and Bioethics, Philosophia* and in edited collections.


In 2009-11 Havi led an AHRC-funded project on the concepts of health, illness and disease and in 2011-12 she was awarded a Leverhulme Fellowship for a project entitled ‘The Lived Experience of Illness’. In 2012-13 she held a British Academy Mid-Career Fellowship.

Dr Gillian Thomson (University of Central Lancashire)
‘Using Heidegger to Illuminate Meanings within a Health-Related Context’

Gill Thomson is currently working as a Senior Research Fellow within the Maternal and Infant Nutrition and Nurture Unit (MAINN) in the University of Central Lancashire. Gill has a psychology academic background and has worked within the public, private and voluntary sector. Since completing her Masters in the Psychology of Child Development in 1998, she has been employed on a number of consultation projects, the majority of which involved engaging with vulnerable population groups. Following successful completion of her PhD at the end of 2007 she has been employed by UCLan and has been involved in a number of research/evaluation based projects funded by various Primary Care Trusts, Department of Health and the National Breastfeeding Helpline to explore psychosocial influences and experiences towards maternity services, infant feeding issues and support services. Gill’s research interests relate to psychosocial influences and implications of peri-natal care, with a particular focus on factors that impact upon maternal wellbeing, including peer support models of care. She also has a particular specialism in interpretive phenomenological based research.
Panel Papers (in panel order)

Philipp Schmidt (University of Vienna)
‘Time-consciousness and the body in the context of the burnout-syndrome’

Peculiarities in inner time-consciousness in psychopathological states, such as depression, mania, schizophrenia, and borderline personality disorder, have been subject to several phenomenological investigations. Regarding melancholia, for example, Binswanger (1960) describes a disaggregation of the connection of retention, primary impression and protention, which results in a formal distortion of the experience of past and future or “desynchronization” (Fuchs 2001).

In my talk I will shed light on the special circumstances that occur in the burnout-syndrome, focusing on the symptoms of fatigue and lack of motivation. My proposal is to consider them as disorders of the temporalization process based on a constant disappointment of protentions. I will argue that, unlike in depression, these disappointments neither refer to Tellenbach’s phenomenon of remanence nor Seligman’s theory of learned helplessness. They rather concern body protentions that correspond to situations of high performance and self-efficacy. In doing so, I will examine the intertwinements between time-consciousness and corporality (cf. Summa 2014) and contribute to the current debate on the question whether burnout overlaps with depression or constitutes a genuine psychological condition. Accordingly, I will attempt to show the relevance of genetic-phenomenological approaches for psychiatry and clinical psychology.

Janni Lisander Larsen (Aarhus University, Denmark)
‘The Lurking Of the Wolf: Qualitative Research Of Existential Experiences with Lupus in Female Patients’

Lupus is a chronic autoimmune disease, affecting women, potentially lethal and unpredictable. Patients face constant threat interwoven in daily life; the disease exposes them to existential uncertainty. These experiences are scarcely researched, and existential themes during the illness trajectory remains open. This leaves a gap of knowledge, preventing initiations of nursing support. The purpose of my PhD project is to explore existential experiences and meaning during time in female patients with Lupus.

Method: Insight of lived experiences is collected during 3 consecutive interviews over 1 year, with 15 women suffering from Lupus. First and second is performed, and third is planned during 2015. Interviews guided by Van Manens Life world Existentials: time, space, body, relationship, and analysed phenomenological- hermeneutically by considering essential themes, reflecting and synthesizing on the text. Existential theory will form the interpretation of living with Lupus.

Preliminary results: The chaotic time of the diagnosis gradually changes over the years, leaving a mark on their existential life when experiencing the unpredictability of the disease, and described as a burden which will never diminish. Although they become confident with the fluctuations of Lupus, thoughts of new attacks never leaves, and flows beneath life, as the lurking of a wolf.
Hilly Raphael Quigley (Oxford Health NHS Foundation Trust/ Oxford Brookes University)
‘Co-creating recovery in Chronic Fatigue Syndrome (CFS/ME): Reflexive reflections from a group programme’

People with ME (Chronic Fatigue Syndrome/Myalgic Encephalomyelitis) experience severe and debilitating fatigue, often with pain and other unrelenting symptoms, resulting in their withdrawal from everyday life (at various levels). Where it doesn’t resolve, the impact on many people is of hopelessness, helplessness and isolation. A programme called Rebuilding your Life (RyL) based on processes from Neuro Linguistic Programming (NLP) was developed in Dorset by ME specialists; some people with ME, some who’ve already recovered, and health professionals. As it’s had some outstanding results, we replicated it in Oxfordshire NHS Foundation Trust, and as participants together (patients and therapists) we’ve explored the process in terms of what is meaningful to us within the experience.

Part of the ethos of RyL is for participants to explore the consciousness of their own experiences; past, present and future. It utilises the facility of the imagination of each person, assisting them to create an image of a positive future for themselves which they can progress towards. My own study and practice in Social Sculpture (Oxford Brookes University) has also guided me towards enquiry by deep engagement and use of the imagination.

It seems both relevant and significant to echo a phenomenological stance in viewing and describing the RyL programme itself. I’m using a reflexive process of interweaving my own meta-enquiry; attending to my impulses, senses and narrative, along with the enquiry from within the group. This process is an early development in my engagement with phenomenology and health. My ultimate intention is to highlight and convey significant elements of the experience of participants, in a manner that is sensitive, creative and restorative.

Kristin Zeiler (Linköping University)
‘Embodiment, Intersubjectivity, and Temporality: Keys to Decision-Making in Parental Live Organ Donation’

Empirical research has shown that parents who donate as live organ donors to their ailing children often describe the donation in non-choice terms, i.e. as the only alternative in light of the child’s suffering or risk of imminent death. Some have described the parent-child relation in parental live liver donation as “inherently coercive.” While rebutting the usefulness of the notion of coercion in this context, this presentation argues for the value of bringing phenomenological philosophy into dialogue with the medical ethics literature on decision-making, in order to examine the role of embodiment, relationality and temporality in parental live organ donation. This approach allows us to acknowledge parents’ descriptions of donation in non-choice terms as expressive of their autonomy and this via an explication of how bodily expressions of pain, fear, and anxiety can unfold in the shared space between a parent and a child with end-stage liver disease, feed into parents’ lived bodies over time and shape their perceptions of the situation including their possibilities for action.
Elodie Boublil (Archives Husserl CNRS-ENS, Paris)
‘Who cares? Phenomenological Intersubjectivity and Vulnerability’

What does it mean to feel vulnerable? According to the definition given by the World Health Organization, vulnerability is perceived as a source of distress and impairment: “Vulnerability is the degree to which a population, individual or organization is unable to anticipate, cope with, resist and recover from the impacts of disasters”. Such definition does rely on a conception of the self modeled upon an ideal of invulnerability that can, paradoxically, lead to stigmatize, objectify and discriminate certain populations against others normatively defined as “healthy” or “strong”.

This presentation reconsiders this moral definition of vulnerability based on weakness and harm in order to lay the groundwork of a phenomenological ethics of vulnerability that critically relies on phenomenological accounts of empathy.

By fleshing out a new understanding of empathy that relies on the phenomenological tradition, this presentation aims to understand how one can feel vulnerable and how another can be responsive to and responsible for this feeling, connecting thereby the explanatory level and the ethical level. Ultimately, drawing a phenomenological ethics of vulnerability will consist in identifying vulnerability as a universal and phenomenological structure of the embodied self.

Smadar Bustan (University of Luxembourg) and Sandra Kamping (University Medical Centre Goettingen)
‘Pain and Suffering: Combining Phenomenology and Experimental Pain Research for a Better Assessment of Human Pain and Suffering’

In order to better evaluate human pain and its related suffering, our two research groups in Germany and in Luxembourg have been conducting combined phenomenological and experimental studies for the past 3 years in the context of the international project PASCOM (“Pain and Suffering: from philosophical concepts to psychobiological mechanisms”) (http://www.suffering-pain.net/pascom-info). The aim of this panel is to demonstrate how this integrative approach merging philosophical, psychological, and neuroscientific approaches allow for better assessing these ubiquitous but still opaque human phenomena.

Part 1 – Phenomenological inquiry
For insuring relevant scientific and clinical expertise, Dr. Bustan’s philosophical-phenomenological theory on pain and suffering requires testing. Since her questions target the phenomenology of embodiment, underlying the interplay between our mind, body and the world, this explanatory tool has to be seen against the background of bodily and cognitive-emotional responses before being objectified. In addition, its universal validity depends on an integrative perspective, enabling an interdisciplinary framework for research that will give people from the humanities and natural sciences alike access to this bridging knowledge on pain and suffering.

Her first aim is to provide a definition of suffering that could be encompassing enough but at the same time useful in medical and experimental contexts studying the relation between pain and suffering. Based on her phenomenological theory, Smadar Bustan defines suffering as a
single, but double-headed phenomenon having five main characteristics. Hence in asking «what is suffering?», her phenomenological analysis shows that the term bears multiple meanings that do not allow us to decisively conclude whether suffering is an internal feeling (emotion) or an existential state (condition), whether it is expressible or cannot be depicted, and whether it actually reflects something we can refer to and treat directly or is rather a natural state without any referential object. The main outcome shows that the exceptional phenomenon of suffering can be thought in a variety of ways, having no unique nature attributed to the phenomenon and hence no single variant to operate upon for the experimental body of investigations in Pain research.

Her second aim is to resolve a possible methodological split between phenomenology and science as we can no longer create a standard for experimental manipulations when unable to depict the one thing suffering always stands for. Smadar Bustan will present the proposed solution by showing how in turning to examine the way in which we experience suffering, i.e. its lived experience, the “ambiguous” definition of suffering due to its double nature receives the required unity for postulating an operationalized definition. She will demonstrate how we applied this solution in the context of the primary investigating validating “pain related suffering” as an additional dimension of the pain assessment.

Part 2 – Experimental inquiry
Pursuing our new tested approach for insuring relevant scientific and clinical expertise, Dr. Kamping will expose our extended pain assessment paradigm. Classically, a two-dimensional scaling of pain including a sensory (Intensity) and an affective (Unpleasantness) dimension has been used in pain research (Clark et al., 1986). However, we consider that pain involves high order emotional and cognitive processes that are insufficiently described by the commonly used term of unpleasantness. Based on the exposed philosophical concepts, the goal of our study was to extend the pain framework with the additional dimension of suffering and to identify noxious stimulation protocols that are adequate for the characterization of pain related suffering at the psychophysical and psychophysiological levels. More specifically, Dr. Kamping will show how, under the very restrictive conditions and ethical considerations of laboratory work on pain, suffering can be observed and measured and which pain stimulation methods would best induce varying degrees of suffering. Additionally, we show that suffering is an independent component from unpleasantness und thus capable of describing patients’ conditions much more accurately. This pioneering stage is necessary, since to date there is no established scientific procedure or a theoretical definition of suffering for pain protocols.

Stella Bolaki (University of Kent)
‘Animated Documentary and Mental Health’

In recent years the animated documentary has become part of the wider ways in which public health intersects with a vast web of media and forms rather than consisting of images predominantly drawn from biomedicine. The potential of comics and animation for communicating embodied perception and subjective states of mind beyond a focus on pathology has only begun to be researched in the medical/health humanities. My presentation focuses on the 2003 Animated Minds series (produced by Andy Glynne) which was created as an attempt to raise public awareness of different forms of mental distress, including schizophrenia, panic attacks, bipolar disorder, OCD and self-harm. Animated Minds combines
the narrative potential of oral testimony with the ability of animation to evoke non-normative feelings and lived experiences that cannot be easily described or communicated to others. My paper brings together recent work done on the animated documentary as a genre and approaches to illness narratives. It assesses the extent to which animation with its distinct language and power of penetration can capture inner worlds in a more effective way than live-action film or just verbal narrative. It goes on to consider the ethical and political role the animated documentary can play in fighting the stigma attached to mental illness.

Mindaugas Briedis (Mykolas Romeris University)
‘Phenomenology and Radiology: Intentional Analysis of the Constitution of Diagnostic Judgment Based on Medical Imaging’

This paper is about “doing” phenomenology, i.e. applying its insights to medical imaging. It suggests that number of structures of experience which are captured by phenomenological projects, for example, Edmund Husserl’s Categorial Intuition, Image Consciousness or Constitution of the Other or Aron Gurwitsch’s Field Theory correlate with particular aspects of radiological praxis. “Radiologist at work” appears for phenomenological gaze not as a positional subject (thought, it is possible) but as the set of those basic and intermediate intentionalities which condition and determine the very constitutional process of the diagnostic judgment. Hence phenomenology as the investigation of basic structures of cognition goes much deeper than the level where social, psychological or professional ego is involved, as is the case with radiological judgment. On the other hand, turning its attention to radiology phenomenology can expand the investigation of some basic phenomenological issues, such as the role that imaging and kinesthesis plays in the constitution of the intended object, the importance of quasi-perceptual imagination for intersubjective phantasies, expressivity via language and image, etc. Finally we will point out some criteria for the improvement of diagnostic process, thus shedding a new light on the applicability of phenomenological method.

Luna Dolezal (Durham University)
‘The Phenomenology of Shame in the Medical Encounter’

This paper will examine the phenomenology of body shame in the context of medical encounters. Although there is a paucity of literature about the significance and effect of shame in the doctor-patient relationship, recent research has demonstrated that shame is a significant force in the clinical encounter. In this paper I will expand on the insights of Aaron Lazare’s ground breaking 1987 article ‘Shame and Humiliation in the Medical Encounter’ where it is argued that patients often see their diseases and ailments as defects, inadequacies or personal shortcomings and that visits to doctors and medical professionals involve potentially humiliating physical and psychological exposure. Building on Lazare’s findings, I will argue that shame, particularly body shame, can have a powerful impact on the medical encounter and must be carefully considered as a component of the doctor-patient interaction. In doing so, I will outline a phenomenology of body shame, looking closely at how the experience of shame about the body impacts on experience and intersubjective relations. I will then examine how body shame can be highlighted or exacerbated within the medical encounter. I will conclude with some
reflection about both the positive and negative potential for shame in medicine, looking briefly at the use of stigma as a motivating force in treatment and prevention.

Ignas Devisch (Ghent University/Artevelde University College)
‘The ‘expeausition’ of the self: how to meet a patient?’

In my paper I want to start from the fundamental question: what happens when two people meet in a patient’s room? To meet a patient is always a moment of uncertainty and unpredictability. Someone is exposed in the most literal sense of the word. In Corpus, French philosopher Jean-Luc Nancy calls this exposure ‘expeausition’- playing on the term ‘exposition’ and ‘peau’ (skin). Skin is literally exposed to contact with another skin or surface. Not only the expeausition of the patient is at stake here, but also that of a health care professional. He touches, supports, helps and is therefore himself also touched in the broadest sense of the word.

Skin and body of people are the conditions to meet and both parties in this encounter are exposed to a heteronomy, a sharedness. This is what Nancy calls partage (being shared and being divided). Only from out of this shared space, an encounter can take place. In my paper, I will present the importance of Nancy’s analysis to the area of phenomenology and health in general, and it’s relationship to Merleau-Ponty’s work in particular.

Andrew Papanikitas (University of Oxford)
‘Lived experience of ethics education in healthcare – a methodological discussion’

In this paper I outline and discuss some theoretical underpinnings of a completed qualitative doctoral research project about ethics education in UK mainland general practice. The importance of understanding ethics as enacted in (and modified by) the social world is a key justification for the contribution of the social sciences to the academic field of medical ethics. The key theoretical division between ethics and the social sciences lies in the nature and emphasis of importance on moral agency or on social structures. I suggest that it is useful to adopt an ontologically secondary appreciation of structures: structures are produced by people and open to change but for many people constrain and give shape to lived experience. Ethics is a theoretically interesting topic as it represents both a type of educational knowledge, skill or attitude and yet it also represents a form of regulation. Fluency in the language of ethics, and familiarity with its structures may permit participation in a discourse which gives moral agents to shape both their own lived experience and that of others. This phenomenon is hinted at in a number of disparate but overlapping literatures.
Jacquelyn Allen-Collinson (University of Lincoln), and Amanda Pavey (Motor Neurone Disease Association, Queensland)

‘Touching moments: sociological phenomenology and the haptic in the lived experience of Motor Neurone Disease’

Currently, there is a research lacuna with regard to phenomenological research into the lived-experience of motor neurone disease (MND), a terminal, neurodegenerative disease where the motor neurons in the cortex, brainstem and spinal cord gradually diminish in number until lost entirely. Based on a 3-year research project undertaken in the UK and in Australia involving 42 participants clinically diagnosed with MND, the aim of the study was to explore from a sociological-phenomenological perspective participants’ in-depth accounts of their own lived-body experiences of this disease. Calls have been made for sociological researchers to examine and analyse more fully and deeply the sensory dimension of the lived body, and this paper contributes to this newly developing corpus. As the social sciences in general have been accused of a high degree of ocularcentrism, in the paper we focus upon the haptic dimension, given that touch – and particularly the loss of key elements of the haptic – emerged as salient in our MND participants’ accounts. We focus on two specific haptic themes that participants identified as important in their changed mode of being-in-the-world: (i) being out of touch: the loss of certain forms of touch within MND and (ii) unwelcome touch by medical staff.

Theodosia Marinoudi (Panteion University, Athens)

‘Language and Touch in Autistic Experience’

A growing analytic strand of ethnographically informed social science research on autism has raised questions of the autistic self, body, sociability, culture, narratives and community participation. Recent psychological accounts of autism such as the Theory of Mind, provide a cognitive approach to autism and empathy, suggesting that autistics do not understand the minds of other people. Unlike the dominant cultural image of human communication, in line with which autistics only have deficits in contacting others, recent research has shown that autistic culture is primarily sensual and affective. So far, the body in autism is regarded as a pre-given cultural fact. Due to ethnographic research and after reading personal narratives of autistic people, I focus on the primacy of their intense sensual experiences. Autism is defined as a neurological disconnection between language and the body, during which the body disconnects brain waves. No matter how different their lived sensual experiences are, what is coherent in autistic life is the perception of information which cannot be generalized in conceptual schemas. Even for autistics who have speech, language is idiosyncratic and subjective, mainly affected by their senses, memory and experience, rather than discourse and representation. Thus, I suggest a parallel strategy of deconstructing the cognitive and logocentric accounts of (autistic) sociability by adopting a phenomenological perspective of autistic experiences and sensual perceptions, based on the work of Merleau-Ponty which can be interlarded with the anthropology of the senses.
Wenche Bjorbaekmo (University of Oslo)
‘Physiotherapy - expression of negotiating proximity and distance’

As sentient, experiencing and expressive bodily beings, physiotherapists and their patients are always reciprocally interrelated. Phenomenological philosophy offers a multitude of insights into the complexities of this interplay. This presentation is based on empirical data generated through sixteen close observations conducted in primary care clinics, and through interviews with nine physiotherapists and with nine patients suffering from chronic neck pain. The aim was to explore the meaning and significance of embodied knowledge, especially the meaning of the physiotherapists “somatic or bodily style and preferences” in therapy.

The findings revealed that physiotherapist invite their patients to participate in the process of therapy through touch and movement – through an embodied dialogue in which they continuously negotiates proximity and distance. The performance and expression of physiotherapy depends on the physiotherapist’s embodied skills to attune to the patients’ individuality and bodily capacity at the moment. The way physiotherapists do physiotherapy with patients with chronic neck problems seem to build on similarities in knowledge base, but the performance and the expression of therapy vary as it continuously adapts to the patients responses and the physiotherapists somatic style.

Lucinda Jarrett (Rosetta Life, UK)
‘Affective Touch in Somatic Dance Practice in Health’

There is growing evidence from neuroscience that affective touch has a profound impact on psychological and emotional wellbeing. However, there is little research into the use of touch within somatic dance practice in health and a wariness of working ethically with touch with vulnerable people.

Two leading independent dance practitioners explored the use of touch in two distinct contexts of a children’s hospital in Liverpool and a hospice in Solihull, West Midlands for durations of more than two years. Movement sessions were run weekly and evaluated at each session on two distinct scales of pain measures in the children’s hospital and of a devised scale measuring connectedness to oneself and each other in the group in the adult hospice in Solihull. Interviews were held to explore ways to articulate and communicate these practices

Children’s experience of pain reduced dramatically after dance sessions were offered in the hospital and this has led to a published paper authored by Lisa Dowler. In the hospice patients recorded a strong increase of connectedness to self and others within the group. A patient’s daughter who co-participated in a session reported “Two days before {my mother} died we had a movement session together; we have never felt so together as we did after that session”.

There is a lack of research into movement interventions in relation to healthcare when compared to other arts practices. In particular there is a lack of evidence regarding affective touch in somatic practice. These studies demonstrate the need for more research.
Abeer Fahim (American University of Sharjah)
‘A ‘Postmodern’ Phenomenology: Don DeLillo and Medicine’

This paper examines the connection between corporeality and medical narratives in Don DeLillo’s novels Cosmopolis (2003) and Falling Man (2007). While ‘disembodiment’ is often associated with the body in postmodern discourse, this paper is an attempt to show that carnal experiences, ones that foreground the body and the senses, are essential to reading DeLillo’s texts. Drawing on Merleau-Ponty, Jean-Paul Sartre, and Vivian Sobchack’s work, the paper argues that in the midst of the technologically-mediated medical worlds in both novels, the characters never become simple representations in x-rays or images on a screen. Moreover, regardless of the attempts of the (at times) futuristic medical contexts and aloof medical practitioners, the characters are not disconnected from their bodies. Their bodies, often in pain, are a reminder of the centrality of the physical. The aim of this paper is to assert the importance of phenomenology even in postmodern contexts, showing that the two are not mutually exclusive. Even in so-called postmodern texts, where it seems that authors are trivializing embodiment through alienating medical narratives, a close reading shows that the body is always inextricably interwoven with perception.

Erin Lafford (University of Oxford)
‘John Clare’s Corporeal Field’

This talk will explore how Clare tunes into healthy bodily experience in his poetry through a phenomenological lens. Clare is frequently valued for the mode of close attention to the natural world created by his poetics – his poems are like little ‘fields’ of closely connected natural activity. Yet the role that the body plays in this close attention has been somewhat overlooked. More recent scholarship on Clare has begun to read his poetic representations of space from a phenomenological perspective, such as Jonathan Bate’s application of Gaston Bachelard’s The Poetics of Space (1958) to Clare’s bird nest poems. I wish to continue this phenomenological approach to Clare’s poetics by considering the relationship between space and the body in his middle-period poetry (1822-1837), using Drew Leder’s concept of the ‘corporeal field’ from The Absent Body (1990) as a theoretical framework. Specifically, I will discuss how the ‘corporeal field’, that is, the sense of the body as a holistic, interrelated experience that can be accessed through one or more sensory ‘foci’, can aid an exploration of how Clare interprets the experience of bodily health and well-being. I will argue that, for Clare, the healthy body is not always, as Havi Carel argues, a ‘transparent […] invisible background’ that only becomes noticeable in moments of illness (Illness, 2008), but is instead a presence attended to through his model of acute poetic observation. The poem becomes a space to scan over the body as well as the natural world for Clare, creating an attention to embodied experience that seeks to confirm the presence of health.
Xavier Escribano (Universitat Internacional de Catalunya)  
‘The fragility of beauty and the beauty of fragility’

The **physical body** and the **lived body** are not two separate realities—that would imply a new version of cartesian dualism—but rather they represent two distinct aspects of the same corporeal experience phenomenologically described. This fundamental experience of embodiment could take at least two paths: a) the first is an **upward** direction, which involves the development of the possibilities of movement, action and expression of the body in all its plentitude, through which we reach the highest artistic manifestations in which the body seems to sublimate itself or even spiritualize itself; b) the other direction, in contrast with the former, takes a **downward** path, and is concerned with the experience of pain, of limitation, of the bodily resistance which is experienced as opposition to one’s own will, also as a social stigma: it is the **vulnerable body**. Here a new dualism reappears: the poetic body of expression and art and the **vulnerable body** of illness and pain seem to be two contradictory and irreconcilable realities. But, is this really so? My contribution aims at questioning the idea that the poetic body of artistic expression and the vulnerable body of ageing, of disability or of illness belong to two quite separate spheres. With this purpose in mind, I shall highlight the multiple points of intersection between both perspectives, and argue that such intersections may serve as interesting starting points of departure for interdisciplinary research work.

Anna Luise Kirkengen (The Arctic University of Norway/Norwegian University of Science)  
‘The biomedical and the phenomenological body – any difference?’

**Rationale, aims and objectives:** This paper addresses the movements ‘evidence-based’ (EBM) and ‘personalized’ (PM) medicine. The former is being criticized for failing to do justice to clinical complexity and human individuality. The latter aims at tailoring medical knowledge for every patient in a personalized fashion by means of unlimited amounts of data about bodily fragments. The aim of this article is to problematize the notion of the body in current biomedicine.

**Methods:** An authentic sickness history is used as a vantage point for juxtaposing a biomedical and a phenomenological reading.

**Results:** The analysis of the sickness history demonstrates the consistent shortcomings of biomedical logic guiding all approaches in the care for this particular patient. Each problem was identified and treated separately, whereby neglecting the interaction between body parts and systems, and between the woman’s bodily condition and her experiences. The unintended effects of these approaches were chronification, poly-pharmacy, and multi-morbidity.

**Conclusions:** The article elucidates how the status that professionals ascribe to the body has vital implications for what they regard as relevant and how they interpret the information they have collected. We challenge both the prevailing separation between body and experience and the view of knowledge underpinning EBM and PM.
Sheena Hyland (All Hallows College, Dublin City University)  
‘Body of Knowledge: Phenomenology, Biomedicine, and the Meaning of Health’

One of the principal ways Merleau-Ponty attempts to reveal the phenomenological structure of ‘normal’ embodied experience in *Phenomenology of Perception* (1945) is by contrasting it with various unusual cases of pathological embodiment that he encounters in the medical literature of the time. Whether describing a patient suffering from aphasia or the loss of abstract movement as in the case of Schneider, cases of pathological perceptual dysfunction are often described as a way of highlighting the structure of ‘normal’ (healthy) embodiment. By rendering the familiar strange and the strange familiar, his descriptions of unusual perceptual disturbances deliver the shock of familiar. It is a strategy that helps remind us of what is implicitly taken for granted in our embodied experience, but which may be overlooked precisely because it is so familiar.

While recognising the value of this strategy, I nonetheless explore some problems with attempting to reveal what constitutes ‘normal’ embodiment by way of comparison with cases of pathological perception. I argue that the strategy used, while productively opening up a conversation about the meaning of health and illness, risks obscuring the lived continuum between health and illness in embodied life.

Tom Sparrow (Slippery Rock University, Pennsylvania)  
‘Embodiment, Disability, and the Norms of Flourishing’

In *Choosing Children: Genes, Disability, and Design*, Jonathan Glover defines disability such that a person who suffers from a functional limitation which impairs her flourishing qualifies as disabled. What he calls a “functional limitation” is grounded in what Merleau-Ponty calls the objective body (*Körper*), and this grounding determines Glover’s understanding of human flourishing, its norms and entailments. Glover’s objective understanding of flourishing downplays, if not completely overlooks, the phenomenological dimension of flourishing. He pays little attention to the contribution the lived body (*Leib*) makes to our experience of embodiment. Glover thus ends up with an inadequate understanding of healthy human flourishing, one that leads him, tellingly, to reject racism as a form of disability. It’s telling because, from the phenomenological perspective, the body victimized by racism can be seen as disabled in Glover’s sense. To show this I draw upon Merleau-Ponty’s *Phenomenology of Perception*, as well as Havi Carel’s *Illness*, George Yancy’s *Black Bodies, White Gazes*, and Sara Ahmed’s *Queer Phenomenology*.

Turning to the phenomenological literature is useful for illuminating Glover’s objective account of disability. By the same token, Glover’s account of disability is useful for supplementing the classical phenomenology of embodiment (e.g. Merleau-Ponty), which often lacks a normative account of human flourishing. If Glover’s account of disability and flourishing can tolerate the inclusion of racism as a form of disability, then it can be used to develop a phenomenological view of the lived experience of flourishing. On this reading, flourishing must necessarily refer to the able body, whose norm is the “I can,” and the disabled body whose norm is the “I can’t”—what Carel calls the breakdown of the body’s transparency. But it is also necessary to see that this breakdown does not necessarily involve disability as Glover understands it. What Glover lacks, and phenomenology provides, is an understanding of the body as integrated with
its environment, as an expression of that environment. On this view, health and illness, ability and disability, as well as racism, must always be seen as a mixture of transparency and opacity. Embodied flourishing is never beyond limitation and impairment; it is always an imperfect negotiation of the “I can” and “I can’t.”

**Denisa Butnaru (University of Freiburg)**

‘Motor Intentionality and Its Implications for a Phenomenology of Disability: The Case of Cerebral Palsy’

The phenomenology of disability has had a major development during the past twenty years. Drawing partly on the phenomenology of the body developed by Maurice Merleau-Ponty (1945; 1964), authors such as Drew Leder (1990a; 1990b) or Havi Carel (2008; 2011) have drawn attention to the modifications in the realization of meaning possibilities that occur when the body suffers of different forms of illness or disability.

In what follows I intend to explore a concrete case, namely cerebral palsy, in order to show that the failure of the habits in motor intentionality opens alternative models of understanding. There is a common agreement among many phenomenologists that “the body as lived is in large part habitual” (Carel: 40, 2011). However, there are different modes of experiencing this habituality which is crucial for our being-in-the-world and for our being tout court. In the case of subjects suffering of cerebral palsy, who are born with a different motor intentionality, bodily habituality is constituted both as difference from the taken-for-granted biological mechanisms and as an ontological différance. It is the implications of this existential caesura that I aim to show.

**Martin Huth (Messerli Research Institute, Vienna)**

‘Phenomenology, Disability, Vulnerability’

Starting from Husserl’s and Merleau-Ponty’s insights into embodiment my talk aims to reveal the plurality and alterity of different corporal lifeforms (Merleau-Ponty, 1966: 141). As Merleau-Ponty or Toombs have shown, significances differ under conditions of disability and illness. Against the background of “orthopraxies” (Waldenfels), an exclusive and selective perspective determines the common perspective on normality and abnormality. Exceptions of the rule (special needs) appear as deviations and as problematic in terms of recognition and allocation – adequate care can appear excessive. Basically, we could strive for the recognition of singularity in plural because normality is temporary for all of us (due to childhood, illness and aging). But we do not face disability as lived experience only but also as a category. The singular vulnerability might be invisible behind categories which can be used to pathologize individuals (prime example ADHS) or to conceal “non-pathological” illness. “There are ways of distributing vulnerability, differential forms of allocation […].” (Butler, 2004: xii) To add on that: “This turns disease […] into a most powerful, and morally ambiguous tool.” (Sundström, 2001: 110) The declaration of health, disease or disability is an abysmal enterprise that is always in danger to lack the hermeneutical consideration of lived illness or disability and to reduce the individual to the case of a rule.
Kori D. Novak (The Mellivora Group, Orem, Utah)
‘Dying for Change: A Phenomenological Examination of the Lived Experiences of Aging Inmates in the United States’

The number of individuals living their natural lives within the U.S. penal system has increased substantially over the last 20 years. Convicted offenders are receiving longer sentences due to increasingly severe sentencing restrictions and being sent to correctional facilities at older ages. This has created a unique problem within the U.S. system: how to deal with aging offenders. Various states have begun to examine different ways in which to deal with the natural disease states that accompany aging as well as the natural deaths of offenders. One such way has been to provide end-of-life programs or hospice and palliative care inside the prison facility. This study employed phenomenological measures to examine how the idea of “life means life” and the notion of dying while incarcerated effected aging inmate culture as well as if the concept of hospice and “not dying alone” had an effect on aging inmate behaviors. The researcher explored facilities both with and without hospice programs in several U.S. correctional facilities and found there are significant behavioral differences as inmates age and how they view incarceration based on the availability of hospice or palliative care at the facility.

Christine Lopes (Portsmouth Hospitals NHS Trust/Queen Alexandra Hospital/University of Southampton)
‘Phenomenology and Healthcare of Older Persons with Dementia’

The talk concerns the challenge of integrating current knowledge of the phenomenology of dementia into the treatment and care of the health needs of older persons with dementia. Older persons with dementia have the highest co-morbidities and complex healthcare needs among all groups of service users and patients. The complexity of their needs is often described with reference to the medical model of illness: mild to severe cognitive decline, infections accompanied by delirium, incontinence, confusion, risk of falls, arthritis, depression, and so on. The challenge of treating and caring for these persons is considerable. Clinicians must align their clinical decisions and interventions with equally complex social-psychological needs. It has been argued that these clinical decisions and interventions are not factually challenging, but stem from an attitude to the personal experience of aging with dementia that medicalises this experience from the outset. Accounts of this alleged fallacy are yet to translate into an insight on how clinicians should use the growing body of knowledge of the phenomenology of dementia in the treatment and care of older persons with dementia. I briefly present some instances of this phenomenological knowledge, and discuss the difficulties in integrating them into the medical model of illness.

Keren Mazuz (Ben-Gurion University of the Negev, Israel)
‘Care Ritual from Phenomenological Anthropology Perspectives’

This paper examines the practice of folding paper swans as a care ritual to analysis how phenomenal processes take form in a particular intersubjective, cultural and healthcare setting.

In Israel, folding paper swans is performed by migrant workers from the Philippines employed as live-in caregivers for the country’s aged, dying patients. I argue that swan folding is a care ritual
that creates a microsystem model of adjustment through small-scale and repetitive practices. This microsystem synchronizes a tripartite process: the swan’s process of construction, the patient’s process of decay, and the caregiver’s process of self-creation. In the short term, the microsystem is sustained, but in the long term, it contains the seeds of its own self-destruction, as the patient dies, the caregiver is reassigned to another patient or deported, and the swans are gifted. Focusing on the Filipinas’ swan folding expands our understanding regarding the phenomenology of globally dislocated caregivers’ ethics and lived experiences.

This study employs intersecting lenses of medical anthropology and rituals (Handelman 1998) in taking intersubjectivity and phenomenological anthropology (Csordas 2002; Levinas 1979) with the dynamic concepts of Deleuze and Guattari. These joining theories provide a phenomenological study that recognizes the necessary healthcare modalities within ever-shifting horizons of temporality.

Marlies Saelaert (Vrije Universiteit Brussel)
‘Imminent death while living alone – Towards an inclusive approach’

Introduction: The situation of terminally-ill cancer patients who live alone calls for attention because living arrangements are connected to mental health and because of the specific experiences of persons with a limited future. However, this is only scarcely investigated and mostly without an inclusive conceptualization.

Objectives: To realize a more holistic understanding of the embodied experiences of these patients, with a psychosocial focus, from palliative diagnosis until death.

Methods: A qualitative study, longitudinally interviewing 19 patients. Methodological phenomenology was used for analysis.

Results: Within the perspective of imminent death, these patients seem to make a holistic evaluation of their life and they identify a final priority, influenced by past experiences (e.g. their history of living alone) and their current position in their personal lifeworld. (Un)consciously, they seem to aim for an existential continuity, fitting or forcing the prospect of a limited future in their personal narrative and to finish or continue life as a coherent meaning-structure.

Conclusion: Embedded in the patients’ concrete being-in-the-world, identifying the possibilities, modalities, conditions and consequences of their final priorities can help to realize an inclusive system of (palliative) caregiving, properly adjusted to the patients’ personal narrative.

Vít Pokorný (Philosophical Institute of the Czech Academy of Sciences)
‘A phenomenological methodology in Witteman’s architecture of innerworlds: towards the meaning of multiple-self theory for psychotherapy’

A multiple-self theory establishes a link between some approaches in contemporary phenomenology and psychotherapy. Artho S. Wittemann developed a version of the multiple-self theory as his theory of “sources”. A source is a core self-organizing part of psyche crystalizing out of an essential attitude. Different sources co-exist, cooperate and compete, thus constituting a complex dynamic system of psyche. Although the sources are hidden, a psychotherapist can acquire direct approach to them through a phenomenological method.
My draft of this method consists in the following steps. 1) A therapeutic relation starts with the surface phenomena in a client. 2) A psychotherapist’s reflected behaviour causes changes in the structure of client’s psyche. 3) The surface phenomena of client’s behaviour must be further examined through the series of interactive methods to reveal the hidden sources and their mutual dynamic. 4) The revealed architecture should not be considered as the structure of an immanent self, but as a constitutive part of the intersubjectively constituted world. In psychotherapy, this method allows to establish the direct contact with unconscious and to understand psychic problems in the context of the lived world.

Miriam Taylor (UKCP & Relational Change)
‘Seas of Pain, Islands of Relief – Recontextualising the Phenomenology of Trauma’

Phenomenological exploration is usually employed by psychotherapists in support of developing more embodied awareness of subjective responses to life’s challenges. This is based on the paradoxical premise that when one can fully experience one’s pain new possibilities for change may emerge. Neuroscience research, however, points to a change in focus with particular reference to the chronic difficulties of traumatised individuals. For these clients, a phenomenological focus may serve to exacerbate their symptoms because their involuntary neurobiological state inhibits the ego-functions that can support the exploration. Extreme levels of physiological arousal lead many trauma clients to experience their bodies as dangerous and to dissociate from them. Using a verbatim clinical example, this presentation will demonstrate the development of a somatic resource to provide the ground for increasing tolerance of the symptom, leading to a more coherent and integrated state. Reference will be made to neuro-plasticity, the ‘window of tolerance’, mindfulness and the Gestalt concept of figure and ground. The approach catches a new wave in psychotherapy in which attention is paid to health as much as to distress, and is applicable to a wide range of clients.

Simon du Plock (Middlesex University)
‘Living ME: Some Reflections on the Experience of Being Diagnosed with a Chronic “Psycho-Somatic” Illness”

This paper proposes that existential-phenomenological therapists are ideally positioned to generate forms of research grounded in first-person experience and naïve inquiry. It outlines the preliminary stages of such a research to illustrate how this subjective experience and the specific research trajectory it entails provide a source of thick description and hypothesis which may be explored further with co-researchers. The early stages of such an inquiry are not dissimilar to the process of reflection and analysis to be found in the practice of existential-phenomenological therapy. The particular study outlined in this paper suggests that diagnosis of a chronic illness may precipitate a profound shift in identity which can be exacerbated or engaged with creatively, according to the differing relational styles adopted by health care professionals.
In Levinas’ *The Theory of Intuition in Husserl’s Phenomenology* we read that indeterminate, implicit ‘horizons’ always accompany explicit, clear forms of consciousness. ‘We may let our sight wander around these horizons, illuminating certain aspects of them and letting others fall into darkness’.

This paper seeks to illuminate the horizons of an embodied experience which places women at the margins. ‘Expectant’ women are ‘other’ not only to men but to other, non-expectant women. They experience discontinuity in their bodies, altered social expectations, and (in many cases, at least) changes in their own experience of subjectivity. Drawing on Beauvoir’s *The Second Sex* as well as on her later work, *Old Age*, this paper explores Beauvoir’s so-called ‘negative’ approach to the pregnant body in light of recent literature on the tendency of women to ‘mask’ the difficulty of pregnancy and motherhood. It argues that Beauvoir is not the pessimist she is reputed to be, but rather gives voice to horizons many women see, but of which they dare not speak (for fear of being pushed further into the margins).

Importantly, the expectant woman does not know what to expect. The anxious ‘horizons’ of pregnancy are unknowns: at any point she may miscarry; she may face literal death or the death of her hopes. In presenting a phenomenology of the pregnant body, the paper therefore develops an account of expectant anxiety (drawing on Kierkegaard’s *Concept of Anxiety*, etc.) on three connected but distinguishable levels: the body, society, and the self. It draws on Beauvoir’s notion of the situated subject to show that one cannot offer a definitive phenomenology of pregnancy – there is no phenomenology of the pregnant body that could merit the definite article. The anxiety of expectation occurs in different ways, to different degrees, in different margins. Nonetheless, it is argued, unmasking the horizons of expectant consciousness illuminates ways in which the situations of women can be improved: in body, society, and the self.

The fragmentation of motherhood is considered one of the most challenging aspects triggered by new reproductive technologies. The separation of genetics from gestation, conception from sexual relation challenged scholars from various fields to reflect on motherhood, embodiment and women’s meaning-making in this context. *How does this fragmentation affect maternal subjectivity? How do reproductive technologies influence women’s perception of bodily boundaries and body/self relationship?* These are just a few of the pertinent questions popping up as a consequence of the above-mentioned phenomena.

The intersection of feminism with phenomenology gave birth to feminist approaches to bioethical issues. Feminist bioethicists argued for grounding ethical analysis in women’s lived experience. We shall illustrate the utility of phenomenology when undertaking bioethical research on surrogate motherhood. We focus on this paradigmatic case of a fragmented reproductive process, in which body boundaries are shifting, and new conceptions of
motherhood are born. Women engage in complex cognitive, rhetorical and embodied strategies of identity management. While the surrogates though physically pregnant, are distancing themselves from the pregnancy in an individual project of disembodiment (Teman, 2009), the intended mothers are referring to “a mythic conception” achieved through intention (Ragoné, 1994).

Mariamni Pleston (Marquette University)
‘Cultivating openness in the midwife-mother relationship: a phenomenological paradigm’

Reflection and self-awareness are vital to being an ethical and trustworthy practitioner, to good communication and to establishing relationships. Embedding reflection into the core of one’s practice is a challenging task. It is easy to pay lip service to informed choice while in reality offer only a limited and predefined menu. Pressure to comply with guidelines can lead to subtle ways in which women are manipulated towards making a particular decision. Midwives are urged to provide women centred care, but often they are not taught or shown how to achieve this. This presentation explores how hermeneutic phenomenology provides a paradigm for openness and attunement in the midwife-mother relationship which seeks to improve the quality of midwives relationships with the women in their care through a process of ‘bridling’ and ‘questioning’.

Cultivating an open attitude enables midwives to become aware of their personal and professional assumptions and thus to move beyond their prejudices to engage and relate more authentically with women in their care. The midwife-mother relationship becomes more equitable in that it centres the locus of control with the woman and transforms midwives from creatures of habit to reflective and receptive practitioners.

Francesca Brenchio (University of Western Sydney) and Anastasios Dimopoulos (Abertawe Bro Morgannwg University Health Board, Wales)
‘Event and Subjectivity: Heidegger’s Phenomenology of Ereignis and its Relationship with Psychopathological Phenomena’

The aim of this paper is to show in which sense Heidegger’s notion and experience of Event (Ereignis) may give its important contribution in the psychopathological understanding of people affected by anxiety disorders, depression comorbidity or in the context of embodied breakdown and shape their therapeutic horizon.

The notion of Event (Ereignis) is central in Heidegger’s philosophy from ‘30s; it is one of the most controversial concepts of his thought. Coming from the German verb Er-eignen (to concern), it means originally to distinguish or discern which one’s eyes see, and in seeing calling to oneself, appropriate. The Ereignis is not a kind of interpretations of human condition as structured a priori, however the event in itself implies a dialectical movement between concealment and unconcealment in which human being is called to ek-sist.

This movement is the same that characterizes psychopathological phenomena both in terms of a particular event that irrupts in the ordinary life of people affecting them irreparably, such
as trauma, and in terms of an excess with whom human being’s historicity must face and can develop into crisis points. The appropriation and expropriation of the authenticity of life depends on the human’s ability to signify the original event.

Maximilian Gregor Hepach (University of Vienna)
‘Being Beyond Meaningless’

Modernity may be characterized by a tension between meaning and anxiety: In recent philosophical traditions, phenomenologists such as Heidegger have pointed out that where meaningful comprehension fails, anxiety sets in, our whole existence fleeing towards the world/meaning. Unable to come to terms with meaninglessness in modernity, anxiety begins to somatize, where diagnosis of mental illnesses surrounding anxiety and depression have skyrocketed in face of a culture suppressing the meaninglessness of our everyday lives. Günther Anders goes even further by criticizing those who try to strap prostheses of meaning onto us, equating their futile attempts to make us will meaning to asking those starving in the Sahelian zone to will being full as a first step to survival.

Given these rather bleak resumes of modernity, there are still two paths of thought worth exploring, which instead of reconstructing meaning call our anxious relationship to meaning—and the resulting pathologies—into question: Japanese interpretations of Heidegger have shown that his anthropocentric method may be the very reason for his problem of meaning and being, and a recent development in phenomenology—Bernhard Waldenfels’ phenomenology of the alien—has shown us that what we call meaningless may define us most.

David Mitchell (University of Liverpool)
‘Anxiety and the body-for-others: Body dysmorphic disorder and the phenomenology of embodiment in Sartre’s Being and Nothingness’

This paper seeks to explore the relationship between phenomenology and the psychological condition known as body dysmorphic disorder, or BDD. This is, to explain, a disorder in which the sufferer perceives, and is obsessed by, a defect in their appearance which is either non-existent or severely exaggerated. And we will argue that Sartrean phenomenology can shed light on this phenomenon. In particular, drawing on the discussion of the body in Being and Nothingness, we suggest that BDD stems from the intensified awareness of a condition of all embodiment. That is to say, BDD arises from an intensified sense of the illusiveness of our own bodies before our attempt to grasp them. For if we cannot ever truly know our bodies directly we look to the perspective of others to help us do so. And it is this point which holds the key to understanding BDD. For phenomenology then suggests there is a propensity within embodiment itself toward obsession with how one is perceived in the eyes of others. In other words, phenomenology suggests a basic project of the human being, regarding the body, which is both necessarily pursued and necessarily frustrated. And it is this project then, latently anxiety producing and obsessional, which thus might allow us to understand how a condition like BDD arises.
Emily T. Troscianko (University of Oxford)
‘What anorexia can teach us about the phenomenology of health’

Defined as it is by powerful feedback loops between the physiological effects of semi-starvation and an obsessive-compulsive cognitive engagement with food and the body, anorexia nervosa stands right at the crossroads between physical and mental illness. As such, it can help us in thinking about how mind and body relate to each other in sickness and in health. Phenomenological inquiries into human experience, especially when engaged with the latest debates and findings in the empirical cognitive sciences, offer constructive ways of connecting insights into the embodied, embedded, and enactive realities of cognition with an attention to how things really feel. But the phenomenological focus on what phenomena mean can cause problems when it comes to mental health, and especially anorexia, where attributing meaning to the anorexic condition is a common strategy by which sufferers deny the prosaic reality of their illness and therefore the need for weight gain and recovery: pro-eating-disorder websites, for instance, dangerously demedicalise the language of ‘ana’ and ‘mia’, while religious belief and body mass are inversely correlated among anorexics (Joughin et al. 1992). I argue that phenomenology therefore shouldn’t be afraid of ‘choosing materialism’ by rejecting the legitimacy of meanings that only reiterate the old dualist mind-over-body dichotomy, and by privileging symptoms over meanings when that is what’s medically and ethically required.

Katherine J. Morris (University of Oxford)
‘The phenomenology of body image disorders’

The phrase ‘body image disorder’ is a popular rather than a psychiatric classification. Nonetheless psychiatrists do recognise negative or distorted or disturbed body image as a diagnostic criterion or a common feature of certain disorders which do have psychiatric classifications. In both the popular and the psychiatric use, the ‘disorders’ most commonly cited in this context are body dysmorphic disorder (hereafter ‘BDD’) and anorexia nervosa (hereafter ‘anorexia’) as well as, occasionally, other ‘eating disorders’ such as bulimia nervosa (‘bulimia’) and binge-eating disorder (‘BED’). These will be the focus of this presentation. The phenomenology of the body is, notoriously, complex and multi-dimensional. BDD has been analysed (e.g., by Fuchs 2003 and Morris 2003) in terms of Sartre’s ‘third dimension’ of the body; anorexia, through a version of Zaner’s ‘body uncanny’ (e.g. Svenaeus 2013). This presentation outlines these analyses and suggests perspectives for making sense of the less-explored bulimia and BED.

Liane Carlson (Columbia University)
‘Health, Violation and the Structure of Space’

This paper proposes to explore Maurice Merleau-Ponty’s suggestion in The Phenomenology of Perception that psychic health is constituted by a proper relationship to touch and space by reading his discussion of “dark space” with Jean Améry’s autobiographical account of being tortured in the Third Reich. The paper opens by laying out Merleau-Ponty’s notion of “dark space,” a concept drawn from Eugene Minkowski’s work on schizophrenics.

According to Merleau-Ponty, the healthy person experiences the world as a mixture of “clear
space,” where objects are seen as impersonal, public, and properly distant, and affective commitments that render objects closer and more personal. The person trapped in dark space, however, can no longer separate herself from the external world because she can no longer filter out what forms of touch impose on her awareness; she is aware of every touch at every moment, and loses the ability to distinguish between internal and external. The second half of the paper reads Améry’s account of the violation of torture as the forcible imposition of dark space in order to draw out how the experience of violation - physical or sexual - is partially constituted by pathological, non-normative relationships to touch and space.

Matthew Broome (University of Oxford)
‘Sartre, Laing, and Phenomenological-Existential approaches to Psychopathology’

In this paper, I’ll describe some of the connections between phenomenological philosophy and psychiatry, both conceptually and in the history of ideas. There are autobiographical links between key phenomenological philosophers and psychiatrists, with Jaspers serving as a key example as a close associate of Weber, Husserl, and Arendt, and having had a more complex relationship with Heidegger. The work of Jaspers’, together with Schneider’s (a student of Jaspers and Scheler), remains important for contemporary ideas of schizophrenia and for the classification of mental disorders, with phenomenology enlisted by the American Psychiatric Association and World Health Organization as an antitheoretical corrective to previously psychoanalytically conceived classificatory systems. Husserl’s method of phenomenology will be outlined, with a focus on the reductions, and a sketch of a Husserlian phenomenological psychiatry drawn, with some examples of how his work has been used by contemporary phenomenological psychopathologists. Using the clinical case of JB, I will then demonstrate the use Laing made of Sartre’s work, both exemplars of the phenomenological-existential approach, particularly ideas of sensitivity, implosion, interpersonal experience, bodily receptiveness, and shame in understanding the experience of psychosis and close with some comments on the continuing relevance of phenomenology for psychiatric research and clinical practice.

Jenny Slatman (Maastricht University)
‘Phenomenology of the body in the medical encounter’

In this paper, I will discuss the usefulness of a phenomenological account of embodiment in pre-surgical consultations during which patients have to make decisions about treatments. Drawing on a case of a patient with early-stage breast cancer I will explain how physicians can support patients in making decisions. In this case the patient could choose between a breast amputation and a breast-saving treatment. Her surgeon told her that she had to make the decision by herself, and that he would not advise her which treatment to choose. Acknowledging patients’ autonomy, this surgeon held that patients have to decide by themselves about their own bodies. In my paper, I will discuss the meaning of body ‘ownership’ and body ‘ownness’, and will show that even though one might be the owner of one’s own body, one does not necessarily know what is best for one’s own body. This is so because one’s own body is primarily formed by pre-reflective experiences and habits, which are in turn embedded in pre-reflective social norms and beliefs about embodiment. To dig up
patient’s ‘own’ preferences with respect to their ‘own’ bodies, physicians should develop an interpretative relation with their patients. Such a relation – so I will argue – does not undermine patients’ autonomy.

Birgith Pedersen (Aalborg University Hospital, Denmark)
‘The meaning of weight changes among women treated for breast cancer’

Background: Understanding the meaning of body changes and expressions in illness are central aspects in nursing practice in that this understanding serves as a pre-understanding for providing nursing and care. Changes in weight and body-composition among women during and after treatment for breast cancer is a well known side effect, but only few studies have investigated how these changes influence the women’s experience of their bodies and selves.

Aims: The purpose of this study is to explore the meaning of weight changes and how the women experience the changes in weight and body composition.

Method: Within a phenomenological frame of reference and inspired by Merleau-Ponty and descriptive life-world research, 12 individual interviews were conducted and analyzed. The analytical tools derive from and inductive, descriptive method that aims to explore phenomena as they appear for the subject.

Result: The analysis is ongoing but preliminary themes stand out to be further explored. 1.) Body signal interpreted: The body as tacit and untrustworthy - turning into a noisy demanding obscure body that finally turns into a telling partner. 2.) Dissociation between body and mind: who is in charge – I or the body?

Safiya Dhanani (University of Manchester)
‘What can we learn from photo narrative responses to breast cancer about the body as a part of identity?’

The depiction of the female body put forth by post-Cartesian dualists as not only physically inferior, but also as a barrier to intellectual pursuits by the mind, laid the foundation for much feminist inquiry into the mind-body binary. Whilst this binary has been extensively discussed in academia, it is still not a question that people grapple with on a day-to-day basis except when one is directly confronted by the sheer materiality of the body, namely through illness. Breast cancer in particular, calls into question the relationship between mind and body as one’s own cells are the cause of suffering and additionally unlike other cancers, the breast is laden with symbolic significance towards identity.

In this paper I aim to use two photo narratives to analyse how the mind-body relationship is portrayed through portrait photography and how it may change at different stages in illness. Jo Spence, was a feminist photographer diagnosed with breast cancer in the 1980s who intimately documented herself throughout her illness, and The Scar Project, began in 2005 to counter the pink washed image of breast cancer and instead portray the reality and diversity of the disease through portrait photography.
Practicalities

Maths L3 – Maths Institute, down the stairs and to the left.

Humanities Lecture Theatre – Radcliffe Humanities Building, second floor.

Humanities Colin Matthew Room – Radcliffe Humanities Building, ground floor.

Maths Institute Café – Maths Institute, down the stairs.


The conference is split between two neighbouring buildings in the Radcliffe Observatory Quarter: the Radcliffe Humanities Building and the Maths Institute (otherwise known as the Andrew Wiles Building).

There are toilets on each floor of the Radcliffe Humanities Building and the Maths Institute. To move between floors you can either walk the stairs or use the lift.