

Merleau-Ponty's phenomenology and the health professional: a theoretical-philosophical reflexion

A fenomenologia Merleau-Pontyana e o profissional da saúde: uma reflexão teórico-filosófica

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ABSTRACT

Aimed to present a reflection on the health professional's work, favoring a dialectic attitude between objectivity and subjectivity in the humanized reception of client demands. It is a study of reflection based on the theoretical-philosophical basis of the Maurice Merleau-Ponty's Phenomenology, discussing main points of this line of thought. The text was organized in two parts: "Some phenomenological clarifications" and "The health professional, the epoché and the humanization". The first part clarifies phenomenological concepts; the second one demarcates the connection between Phenomenology and professional practice. Receiving the other and its demand, reducing phenomenologically, is to practice the sensitivity, so long forgotten in a health model hardened in the biomedical paradigm. Humanizing yourself is a constant exercise that crosses subjects, networks and subjectivities.

Keywords: Empathy; Humanization of Assistance; Health Sciences.

RESUMO

Objetivou-se apresentar uma reflexão acerca dos afazeres do profissional da saúde, privilegiando uma atitude dialética entre a objetividade e a subjetividade no acolhimento humanizado das demandas de clientes. Trata-se de um estudo de reflexão fundamentado na base teórico-filosófica da Fenomenologia de Maurice Merleau-Ponty, discutindo pontos principais desta linha de pensamento. O texto foi organizado em duas partes: "Alguns esclarecimentos fenomenológicos" e "O profissional da saúde, a *epoché* e a humanização". A primeira parte esclarece conceitos fenomenológicos; já a segunda demarca a conexão entre a Fenomenologia e a prática profissional. Buscar acolher o outro e sua demanda, reduzindo-se fenomenologicamente, é praticar a sensibilidade, há muito tempo esquecida num modelo de saúde engessado no paradigma biomédico. Humanizar-se é um exercício constante que atravessa sujeitos, redes e subjetividades.

Palavras-chave: Empatia; Humanização da Assistência; Ciências da Saúde.

NOTE

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INTRODUCTION

The health professional, in his practical tasks, welcomes diverse demands coming from his clients. It encounters a physically, biologically and objectively diseased body that meets the assumptions of the biomedical paradigm, still predominant, characterized by the uniqueness of the diseases and segmentation of the body into parts for study, resulting in the varied "specialisms"⁽¹⁻²⁾. However, there is another type of human body composition: subjective, abstract and non-measurable.

It should be noted that the care offered to the client is not limited to the application of resources and technical knowledge; it is also a living presence of emotions and affections, in a relation of mutual exchange⁽³⁾. The encounter with the other occurs, similar in kind, but distinguished by its constituent singularity. In this way, professional actions can be seen as humanized⁽⁴⁾.

In this perspective, in 2003, the National Humanization Policy (NHP) of the Brazilian Unified Health System (UHS) was created, evidencing the need for a more humane work and, it can be said, to privilege subjectivity. Through the search for changes in the modes of management and care in health services and the stimulation of communication among professionals, clients and the entire network, a voice was given to subjective human qualities⁽⁵⁾.

However, it is understood that there is no supremacy of objectivity over subjectivity, and vice versa, there is complementarity between both and, for the health professional to perform in a humanized way his work, a dialectic attitude, born of the combination of these two the constituent factors of the human body become essential, and finds a way to materialize through the Phenomenology.

For Maurice Merleau-Ponty (1908-1961), French philosopher, Phenomenology is the study of essences and, also, a philosophy that restores the essences in existence, an understanding of man and the world - inalienable presence - from its facticity, in the naive and authentic reunion between both⁽⁶⁾.

With a careful look at the subjective human issues in the world, phenomenological thought opens the way to a more sensitized and humanized professional care.

It is considered relevant to generate inquiries from the NHP, implemented 14 years ago, re-examining their effectiveness and applicability, thus pointing to improvements and adjustments, as necessary. Health, a complex object, with a varied range of causes and factors, requires constant movement by professionals who seek to achieve it in the exercise of their work, updating themselves in tools, whether internal or external to them.

To guide the construction of the article, it was thought as a guiding question: Is it possible to be a humanized professional in the whole, this being the combination of theoretical-practical knowledge and empathy?

In the light of the Merleau-Pontyana Phenomenology, the present study had the objective of presenting a

reflection about the health professional's work, favoring a dialectic attitude between objectivity and subjectivity in the humanized reception of the client's demands.

METHOD

This is a study of reflection based on the theoretical-philosophical basis of Maurice Merleau-Ponty's Phenomenology, discussing six main points of this line of thought: perception, corporeity, being-in-the-world, perspective, fact and phenomenon and epoché (phenomenological). The choice of these points was due to its direct link with the proposed discussion. The Merleau-Pontyana construction is extremely rich and dense, so it is considered opportune to highlight some of its many concepts.

From the discussions, authors and materials worked on the meetings of the Nucleus of Translational Qualitative Research in Emotions and Spirituality in Health (QUALITEES), Federal Fluminense University (FFU), during the years 2016 and 2017, the idea arose to develop the reflection.

In order to visualize the panorama of the scientific production related to the subject, a scan was carried out, without limit of date of publication, in the Virtual Health Library Portal (VHL), and in the databases: SciVerse Scopus, Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Medical Literature Analysis and Retrieval System Online (MEDLINE); using the Health Sciences Descriptors (HSD), in the Portuguese language: "empathy", "humanization of care" and "health sciences", and their respective correspondents in the English language, according to Medical Subject Headings (MSH): "Empathy", humanization of assistance "and" health sciences ". The descriptors were connected using the Boolean "AND" operator. The search occurred in the months of April to July of 2017. Three studies were found only in the VHL Portal, through the descriptors in the Portuguese language. It was verified if the results answered the guiding question proposed to the study. The titles and abstracts were read. Finally, an article was selected, included in the discussion.

RESULTS AND DISCUSSION

It was sought to expose the importance of a humanized professional posture to better serve the health clientele. The text was organized in two parts: "Some phenomenological clarifications" and "The health professional, the epoché and the humanization". The first part clarifies phenomenological concepts; already the second, demarcates the connection between Phenomenology and professional practice. In view of this, the Phenomenology was considered in the context of the NHP.

Some phenomenological clarifications

The Merleau-Pontyana Phenomenology demarcates, in the philosophy produced until then, the overcoming of

a consciousness seen as reality in itself, and also of the concept of nature, interpreted as a reality outside the human body. Nature is perceived by the subject, according to their own perception, and not given and put a priori⁽⁷⁾.

Perception, therefore, is the field of revelation of the world, and being field, it is the place where subject and object merge; is the background of worldly relationships. Perceiving involves observing, grasping and apprehending or even understanding. In this way, the universe of things reaches individuals through their perception, and this is the main point of Merleau-Ponty's work, discussed extensively in the book *Phenomenology of Perception* (1945), the fruit of his doctoral thesis.

Perception is the founding and inauguration of all knowledge⁽⁷⁾. It is the gateway of the world into man; is the way in which it comes into contact with what lies outside: the others and the environment revealed to the vision and also to the other bodily senses. It presents itself as a reencounter between subjectivity - that which inhabits the constitution of the subject - and things⁽⁸⁾.

Starting from this principle, the body is allocated as the perceptual domain of the subject. He is the phenomenal analytical field⁽⁷⁾. Thus, one can think of corporeality, which occurs because human beings are embodied, incorporated and identified to their own bodies and, unlike objects, act and react to the surrounding environment. The body is simultaneously the vehicle of objective human actions and also the vehicle of subjectivity, which is enclosed in it⁽⁹⁾.

Subjectivity and corporeity live a relationship of mutualism: one depends and benefits from the other to come into existence. The relationship between subjectivity - manifest consciousness - and the body creates an incarnate subjectivity. The corporeal flesh and the totality of what lies beneath it constitutes the concrete subject, from its biological and structural portion, to its psyche. Hence, consciousness inhabits a body that exists in the world. Therefore, man is a subjective incarnation⁽⁷⁾.

In this reasoning, every body is a being-in-the-world. This term, coined by Heidegger, originates from the German *Dasein*, translated by being-there⁽¹⁰⁾. Human existence - the being - needs a world to have meaning, because it is in this world that their experiences are given. In the perception of his corporeity, the subject comes to exist and to experience the perceived world⁽⁹⁻¹¹⁾. Therefore, man is in the world and, in the middle, gives wings to his existence.

Man is, above all, a being-in-the-world-with-others. He lives in society, but every being-in-the-world has his own perspective. From this view, the concepts of fact and phenomenon are elucidated. The fact is an event that, in a certain instance, is public and shared by several subjects. It is given in the common world, circumscribed in time and space. Already the phenomenon is the fact crossed by the subjectivity of each subject: it, in agreement with the singular human formation, acquires different meanings and senses and, still, subjects to the culture, the history

and the time⁽⁶⁾. In this way, facts and phenomena constitute human history, subjecting themselves to the variables of that particular period.

A practical example of the distinction between fact and phenomenon is the perception of the disease by a health professional and a client. The disease is a concrete fact for both, but for the professional, it can be interpreted as the momentary absence of health due to certain external agents. For the client, however, it can be understood as a punishment for making decisions and actions. With these two disparate perspectives, it is understood that the phenomenon is, therefore, what expresses the relation of intimacy and interiority between the subjects (the health professional and the client) and the object (the illness)⁽⁶⁻⁹⁾. The object is what is before the subjects, concrete and perceptive. The body of the self, whether it be cared for or affected by pathology, is the driver of being-in-the-world⁽⁷⁾. In this way, what is perceived is a totality open to an indefinite number of perspectives that will be given according to human singularities⁽¹¹⁾. For this reason, it is said that the phenomenon opens up for the prospective individual.

Each man being singular and thus possessed of his own perspective, as the health professional, on the path of humanization, can he understand the other in his existence, stripping himself of his own subjective and conceptual formation? It is necessary, then, for the phenomenological reduction, also known as epoché, to occur. Through it, one can temporarily suspend one's own concepts and opinions, in order to present themselves in the most neutral way possible to the other and their demand. It is a denaturalization of consciousness. This consists, on some level, in a neutralization of consciousness or, in other words, a certain detachment of previous judgments and conceptions. It would be the practice of an anti-discriminatory act⁽⁶⁻⁹⁾. However, it is emphasized that complete neutrality is never achieved.

The quest to reduce oneself to the reach of the other requires constant reflection; in the world, man is built at every moment, and the epoché leads him to new, endless reflections, for innumerable perspectives exist. In this quest for novelty, essences and ideas in their purity, things themselves and truths in their varied perspectives, one returns to the sensuous and rich world of life (*Lebenswelt*), inexhaustible in possibilities and senses⁽¹²⁾.

The openness to what lies beyond the visible and captivated by the perception itself - the object-illness - leads the health professional to have a different view of the other, subjecting his formerly trained gaze to biological objectivity. The visible is always tied to invisible but visible aspects to the other - the client. Getting rid of the blindness caused by the objective perspective gives the life-world its place. The attitude of astonishment before this world and its vastness, opening in multiple possibilities, is unique and variable for each one⁽⁷⁻¹³⁾.

The health professional, the epoché and the humanization

The world of health is, at first glance, objective and scientific. Such a world is constructed from subjective experiences that define objective standards that come into force for all, generating an intersubjective understanding of reality. It is experienced, then, as prior to individual experience. Its objective neutrality ends up leaving out the most sensitive issues⁽¹²⁾. Consequently, the body, source of meanings, becomes a mere object, reduced from its human essence of existence, impoverishing it and limiting it⁽¹⁴⁾.

However, the health world is also a world in search of meaning, an examiner of the failures of reductionist humanism, which rejects everything that goes beyond the physical and the empirical, questioning the inadequacies of the mechanistic scientific view of science that prioritizes the objectivity of the disease installed in a body, to the detriment of the abstract path⁽¹⁵⁾.

The life-world is that which unites the experience derived from the subjects' objectivity and subjectivity⁽¹⁶⁾. In the world of health that is simultaneously of life, there is the encounter of two or more beings-in-the-world. Mutual exchange and affectation occurs. From a dialectical attitude between the objective and subjective world, space is opened for the practice of empathy. This is the "art of putting oneself in another's place through imagination, understanding their feelings and perspectives, and using that understanding to guide one's own actions," for humanly it is impossible to be in the skin of another⁽¹⁷⁾. The best thing to do, in an empathic action, is to withdraw one's own questions to meet those of the other, in a process of phenomenological reduction.

The NHP, in proposing new ways of providing and producing health care, approached all those present in this process by implementing their communication. Its third forming principle, focused on the protagonism, co-responsibility and autonomy of the subjects and collective, gives voice to the whole of health. This enables the creation of cozy spaces, bringing empathy to the reality of the services provided⁽⁵⁾.

Both the professional and the client, with their ability to create meaning in the establishment of care, perform a cross-linking of their own subjectivities. In the encounter of their worlds and in the opening to the other, and their inherent uniqueness happens humanized care, the producer of a new existential territory, another way of living the life-world for health. Health care, based on humanization, considering the whole being of each tip of the professional-client dyad, enables the creation of an empathic and sensitized space, leading to the mutual growth of both and strengthening the health network⁽³⁻¹⁵⁻¹⁸⁾.

A study⁽¹³⁾ points out that, for students in training in the health area, empathy is a synonymous form of humanization, materialized through respect and sensitized listening. This exchange in the form of communication, expressed verbal

and/or corporately, gives the basis for a good relationship between professional and client and reaches his family, allowing him to know himself beyond the visible, opening and unveiling to the invisible. The holistic look at the needs of health service users is understood as a humanization tool. Seeking to understand the client in the whole that surrounds him, beyond his biological body, taking into account his social context and his family - another target for care actions - is nothing more than a practical form of empathy⁽¹⁹⁾.

It creates a network that, with each service rendered, strengthens itself. Still, the desire for resolving is a complement to a humanized assistance: the professional is concerned with solving satisfactorily, for both sides, the demand that arises⁽¹⁹⁾.

Humanization has been a theme present in the training of health professionals, emphasizing the need for effective articulation between theory and practice, overcoming a possible potentiality of NHP. Moreover, it is understood as an action that must be practiced not only from the professional to its clients, but from the whole organization, transversally, to the professionals who provide health care⁽¹⁹⁾.

For the Phenomenology, the return to the same things considers the man while being to-the-world in a solid relation with the outside world. It is through the perception of this concrete subject, in addition to the reflections that are vital to him, that he will discover the distinct and unique presences of each one that inhabits the life-world. Subject, body and world form the triad of the system of experience. And to get in touch with the sensible reality, it is essential to open up to the unexpected: humanize yourself⁽⁷⁻¹⁶⁾.

To discover what is beyond the self and the body itself in the practice of phenomenological reduction is to offer listening to what the other describes⁽⁷⁾. An attempt to explain the perceptual phenomenon of the other is not the work of the Phenomenology; seize it with all the senses, yes.

Being the view of humanized holistic assistance, it contemplates the uniqueness of others and, consequently, their particular and needs⁽²⁰⁾. There is no humanization in the separation of the object body (disease) and the subject body (client). Both are portions forming a larger body, inhabitant of a world waiting to be (re) discovered⁽¹⁴⁾. Life happens in the encounter of the biological and the subjective. Therefore, humanizing is to practice care that combines the benefits of the biomedical paradigm and empathy. The human body, the living perceptual unit, is the mediator of experiences in the world. Therefore, it must be treated in its entirety⁽⁷⁾.

CONCLUSION

There are few studies that address the question of the interweaving between humanization and empathy in health sciences. This gap needs to be fulfilled because the NHP, with its guidelines aimed at improving health production

modes, is a powerful tool for change in the theoretical and practical posture of the health professional.

Humanization has been transmitted since graduation, which can be interpreted as a positive point since its implementation 14 years ago. However, more can be done to be interjected to the newcomers who reach the field of action and those who are already formed. Updates about the theme are welcome, since man and his health are updated according to the historical moment.

The health professional receives, routinely, varied demands. Complex questions, which touch on their own internal and subjective formation - their beliefs, moral and ethical, religiousness and spirituality, political opinions - cross the practical making. There is no way to put yourself in the skin of the other, and there is the singularity that dwells in each one. However, one can practice empathy. Undressing oneself is necessary to contemplate the other's self. To seek to welcome the other and its demand, reducing phenomenologically, is to practice the sensitivity long forgotten in a model of health plastered in the biomedical paradigm. A dialectic between objectivity and subjectivity is possible. As beings-in-the-world-with-others, we need to redeem our life-worlds and re-signify them, for our possibilities and perspectives are inexhaustible. Humanizing itself is a constant exercise that crosses subjects, networks and subjectivities.

The Merleau-Pontyana Phenomenology, as a theoretical-philosophical reference, provides the opening of the subject's gaze to what is beyond the visible to his perception. Its application in daily work practice, as a lens of interpretation of the world-of-life and health, contributes to the healthcare professional caring for himself and the other that empathizes. Thus, field investigations about humanization and its efficacy, and applicability, in the light of the Phenomenology, are appropriate, and enrich the *savoir-faire* of Health Sciences.

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