



## The Interplay Between a Vulnerable Body and a Recalcitrant Ego in the Experience of Illness

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**Abstract:** Human embodiment is widely acknowledged at least cognitively but often felt existentially in the experience of illness. When falling ill, the human being experiences the body not so much as a corporeal tool for world accomplishments as part of the self that is lived. Merleau-Ponty's phenomenology offers analysis of the experience of a lived body and has contributed to its further applications in various realms including health. The emphasis, however, has been placed on the distinction between objective body and a lived body at the expense of the meaning of the particular negative experience of the body during illness. Engaging the thoughts of Husserl and Merleau-Ponty, I argue that the experience of illness gives rise to the realization of the nature of the body not merely as a lived one, but more fundamentally as a vulnerable one. In addition to a possible worse condition, such vulnerability is experienced particularly in relation to the very foundations of the human being's existence. Informed by Sartre's phenomenology, I show that the experience of illness also brings to the fore part of human nature as a recalcitrant conscious ego. The interplay between a vulnerable body and an obstinate ego that refuses to give in to such fragility shows the true nature of human beings beyond their sheer duality.

**Keywords:** Experience of Illness; Phenomenology; Objective Body; Lived Body; Conscious Ego

### Introduction

Being embodied is one essential feature of human beings. Through our body we become visible to other people. In fact, some people identify us precisely through some specific characteristics of our body such as height, weight, and color. Such modes of identification may carry some negative impact as in the case of body shaming. We can also be identified in a non-corporeal way through our achievement, wealth, or power. Many of us readily embrace such a mode of identification when we think of ourselves as smart, rich, or beautiful. In such a mode, we tend to forget our nature as embodied beings. There is no more direct way to remind us of our human embodiment than through the experience of getting sick. Having physical illness forces us to suspend our non-corporeal self-identification and to pay more attention to the bodily nature of our human existence.

As embodied beings, we are no different from other living beings and even other physical entities. All of us are subject to physical laws that govern earthly existence, including the law of causality. Knowledge of such laws proves extremely important in overcoming many challenges of our physical existence, particularly in the medical world. Since health professionals are trained to identify the kind of illness the patient suffers from, it is natural for them to register all shown symptoms and draw some medical conclusions. From the physical point of view, the patient's body becomes a field in which medical

knowledge is applied. Patients in general do rely on the expertise of medical doctors for their recovery. From the perspective of health professionals, their medical knowledge proves to be an indispensable tool for the patient's recovery. There is no greater satisfaction for them than to see a patient recover and leave the hospital.

Of course, the patient's body is more than a physical entity that needs healing. It belongs to a person who has non-physical subjectivity. When a human body is broken due to illness, its brokenness is different from that of a chair that needs repair. For the ill person, the body is her life, echoing Merleau-Ponty's famous line, "I am not in front of my body, I am in my body, or rather I am my body."<sup>1</sup> In concrete human experience, the damage and even the violation of one's body implies the destruction of the person's selfhood and whole life. Therefore, a broken body must be treated differently from a broken chair that has no subjectivity.

In the analysis of the phenomenological structure of the experience of illness, we see that our attention is directed not so much to the physical body or its condition as to the experience of having that body. Here the distinction Husserl makes between a corporeal body (*Körper*) and a lived body (*Leib*) becomes relevant.<sup>2</sup> A corporeal body refers to the material existence of a human being that includes various organs, nerves, and bones. It is this body that science and health professionals investigate when we are sick. A lived body, by contrast, pertains to our personal experience of using this physical body, even if it is not in optimal condition. While *Körper* can be described as "an object among others" in space, *Leib* is "my body in particular, my life here and now, what I am as a volitional, sensing person."<sup>3</sup>

Following this distinction, Merleau-Ponty employs the term "objective body" to be distinguished from "one's own body" that includes a deep understanding of the concrete way of living in the world through spatial orientation and practical movement.<sup>4</sup> He argues that we never move our objective body. What we move is "our phenomenal body," that is, our body as an intimate part of our existence in relation to the world. To be a body is not merely to be an object of intentionality, but rather "to be tied to a certain world."<sup>5</sup> Only through a person's embodiment can human experience be properly understood. Thus, the Cartesian dualism between the body and the mind is clearly untenable since it is not part of one's concrete life as being-in-the-world.

Several studies have been done on the experience of illness through phenomenological lens.<sup>6</sup> Such phenomenological analysis is predicated on the Husserlian distinction between a corporeal body and a lived

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<sup>1</sup> Maurice Merleau-Ponty, *Phenomenology of Perception*, translated by Donald A. Landes (London and New York: Routledge, 2012), 151.

<sup>2</sup> Edmund Husserl, *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy. Book 2, Studies in the Phenomenology of Constitution* (Kluwer Academic Publishers, 1989).

<sup>3</sup> James Aho and Kevin Aho, *Body Matters: A Phenomenology of Sickness, Disease, and Illness* (Lanham, MD: Lexington Books, 2008), 1.

<sup>4</sup> Merleau-Ponty, *Phenomenology of Perception*, 74.

<sup>5</sup> Merleau-Ponty, *Phenomenology of Perception*, 149.

<sup>6</sup> Luis Madeira, Luís, Beatriz Leal, Teresa Filipe, Madalena Ferro Rodrigues, and Maria Luísa Figueira, "The Uncanny of the Illness Experience: Can Phenomenology Help?," *Psychopathology* 52, no. 5 (2020): 275-282, <https://doi.org/10.1159/000504141>; Māra Grīnfeldē, "The Four Dimensions of Embodiment and the Experience of Illness," *Avant* IX, no. 2 (2018): 107-127, <https://doi.org/10.26913/avant.2018.02.07>; Marianne Elisabeth Klinke and

body with the experience of the latter becoming conspicuous during illness. But the experience of a lived body occurs not only in illness but also in positive conditions such as achievements in sports. What is unique to such experiences is that the body becomes alive, as it is intimately aligned with the self. In this article I argue that during illness a lived body is experienced not as a strong body but as a vulnerable one—a body opposed to a healthy and strong one during euphoric sport activities.

To elucidate the experiences of a lived body particularly during illness, I employ a phenomenological method which Husserl conceives as a way of describing reality—not a project of constructing a philosophical theory.<sup>7</sup> For Husserl, phenomenology does not deal with “matters of fact” that belongs to the natural science but rather devotes its attention to the essences (of reality) such that it can be called [*a science of essences*]. In the context of this article, phenomenology allows us to ask about the meaning or the essence of the experience of illness, instead of the cause of the disease. The possibility of describing the experience of illness also hinges on another feature of the phenomenological method that explores human experience through a first-person perspective, instead of a third-person perspective we find in science.<sup>8</sup> When a person is allowed to speak about her own experience and describe what it is like to be sick, she shows the listeners that she is not merely an object of medical knowledge. She shows herself as a full human person, an identity that necessarily entails bodily existence.

I will begin by discussing the differences between disease and illness, which is a way of contrasting the approach of phenomenology and medicine to health. While medicine attends to the patient’s physical condition, phenomenology allows the inner experiences of the patient to be heard and shared with others. Then I will show how during illness a lived body is experienced as vulnerable – a body that is intimately linked to the sense of the self. I argue that the experience of illness exposes not only our human nature as an embodied being, but also our conscious recalcitrant ego that often feels superior to its physical existence. This exposition calls for a more balanced and integrated notion of human nature that will help both the work of the physician and the recovery of the patient.

## Disease and Illness

To begin with, we need to pay attention to an important distinction made in the context of the different approaches of medicine and phenomenology, namely, the distinction between disease and illness. The term *disease* is widely used in the medical community to refer to any impairment of normal physiological function affecting some parts of an organism due to causes such as infection, environmental factors, or genetic effects. An explanation about disease belongs to the domain of pathology and offers a naturalistic account of its causes, processes, and consequences.

The term *illness*, by contrast, though often used interchangeably with ‘disease,’ denotes poor health

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Anthony Vincent Fernandez, “Taking Phenomenology beyond the First-Person Perspective: Conceptual Grounding in the Collection and Analysis of Observational Evidence.” *Phenomenology and the Cognitive Sciences* 22, no. 1 (2023): 171-191, <https://doi.org/10.1007/s11097-021-09796-1>; Havi Carel, *Phenomenology of Illness* (Oxford: Oxford University Press, 2016); S. Kay Toombs, “The Meaning of Illness: A Phenomenological Approach to the Patient-Physician Relationship.” *The Journal of Medicine and Philosophy* 12, no. 3 (1987), <https://doi.org/10.1093/jmp/12.3.219>.

<sup>7</sup> Edmund Husserl, *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy. Book 1, General Introduction to a Pure Phenomenology* (Kluwer Academic Publishers, 1983), 53.

<sup>8</sup> Edmund Husserl, *Ideas, Book 1*, 7.

conditions due to disease. It is more about the impaired quality of the physical health of the individual rather than the disease she suffers from. One can have a short or prolonged illness, which is not applicable to disease. Two people may have the same disease with similar symptoms, but their personal experience of being ill may be different. Since illness pertains to the lived experience of having a disease, it cannot be passed from one person to another like disease. It is this lived experience that phenomenology attempts to explore and describe.

Phenomenology, as Husserl conceives it, assigns itself the task of describing the reality of human experience, including that of having illness.<sup>9</sup> The description of the experience of illness pertains not so much to the causes of the damage to the body as to the depiction of how a human person is currently experiencing such damage or physical frailty. The description may take the form of an overview of the various symptoms and the related pain, as well as the personal reaction and response to the whole experience. The feelings of anxiety, powerlessness, and worthlessness may constantly accompany a severely ill person, but such emotional states often get overlooked. Medical personnel are often too preoccupied with medical treatment to address the emotional needs and the general well-being of the patient.

Of course, the task of attending to the patient's full experience of illness does not belong in the domain of medical science. Health professionals are mainly trained to provide medical treatment for people who have problems with their physical bodies and to help them recover. They cannot be expected to fully understand what it is like to be in their patient's situation and attend to her experience of illness. This is one of the main reasons why patients often feel lonely and not understood.

To understand holistically the experience of illness, one needs to see it as a lived experience. Here phenomenology can play a significant role because instead of dealing with abstract reality, it attempts to analyze and understand concrete human experiences that are characteristically subjective and pre-reflective prior to their turning into an objective knowledge.<sup>10</sup> The term *subjective* here does not so much pertain to the relative nature of such experience for each individual as to the direct connection of such experience with the person as a human subject. By *pre-reflective* we refer to the character of a person's direct experience with the world, including that of illness, before it is described in words. The pre-reflective experience of the world is indeed characteristically raw and yet 'lived' since it is concretely lived out by the human individual. Such experience can only be shared with others through the process of verbalization or other forms of signification. It is difficult to avoid 'betrayal' or 'reduction' of meaning in the process because at any rate, a direct experience of the world is much richer and more complex than what can be formulated in words. It is precisely the content of such experience that phenomenology attempts to bring to the fore through description.

One major element in phenomenology that makes possible an investigation into the content of the experience of illness is the notion of intentionality. This concept refers to the directedness of the human consciousness toward something outside itself or the so-called objects. As Husserl proposes, our

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<sup>9</sup> Edmund Husserl, *Ideas, Book I*, 56.

<sup>10</sup> Merleau-Ponty, *Phenomenology of Perception*, xxxii.

consciousness is never empty or trapped within itself, but rather always directed toward a certain object.<sup>11</sup> The intentional structure of human consciousness allows us to observe and describe our conscious experiences with the world. Unlike science that is tasked with the investigation of various objects in the world, phenomenology directs its attention to phenomena, that is, what appears or is given to our consciousness. Its main tasks are to describe and elucidate human experiences as concretely lived out by the human individual.<sup>12</sup> These tasks are understandable given the fact that human consciousness does not exist in a vacuum, but rather actively operates through human subjectivity.

The phenomenological description of the activity of a conscious subject is expressed in the usage of the first-person pronoun 'I,' for example, "My body feels very weak; I do not think I can walk to the bathroom." Sick people may describe their experiences in different ways, but their descriptions would invariably begin with the word 'I' as part of the intentional structure of human experience. In doing such analysis, phenomenology makes some cognitive contribution through the human subject to 'human reality.' Drawing from the various descriptions of the experience of illness, phenomenology may arrive at the structure of such experiences that will elucidate the way of being-in-the-world. Thus, phenomenology can be seen as an explanation of a subjective experience, not a subjective explanation of an experience.<sup>13</sup>

### A Lived Body as Vulnerable During Illness

It becomes clear that the distinction between disease and illness we saw above enunciates a parallel distinction between a corporeal body and a lived body. Disease occurs in a corporeal body that is visible to medical personnel. It transpires with certain symptoms and physical signs observed through laboratory procedures. By contrast, illness involves more than a collection of symptoms and physical signs that manifest a certain type of disease. It fundamentally reveals a global sense of disorder especially with a lived body.<sup>14</sup> While a corporeal or objective body can be seen simply as an object among other objects, a lived body belongs to a person who happens to have a particular physical body. In other words, the experience of a lived body is deeply personal and intimately linked to one's self-perception.

There is a strong sense of mineness in the experience of a lived body. This particular body, in which I am, belongs to me. Merleau-Ponty puts it more succinctly: "I am not in front of my body, I am in my body, or rather I am my body."<sup>15</sup> That is to say, when I experience myself in a lived body, I am indiscernible from a mere physical or biological body. Viewed from a third-person perspective, I am what my body is doing: "My organism is not like some inert thing, it itself sketches out the movement of existence. It can even happen that, when I am in danger, my human situation erases my biological one and that my body completely merges with action."<sup>16</sup>

<sup>11</sup> Edmund Husserl, *Logical Investigations. Volume II*, translated by J. N. Findlay (London and New York: Routledge, 2001), 107.

<sup>12</sup> Klinker and Fernandez, "Taking Phenomenology," 171.

<sup>13</sup> Shaun Gallagher and Dan Zahavi, *The Phenomenological Mind*, third Edition (New York: Routledge, 2021), 21.

<sup>14</sup> Toombs, "The Meaning of Illness," 51.

<sup>15</sup> Merleau-Ponty, *Phenomenology of Perception*, 151.

<sup>16</sup> Merleau-Ponty, *Phenomenology of Perception*, 86.

Studies on the experience of a lived body have been conducted in connection with health, that is, through illness.<sup>17</sup> It is true that the experience of illness conspicuously brings to the fore the ontological status of our body as a subjectively lived one. Having negative experiences such as illness is not the only way for us to get in touch with our lived bodies, however. When a person overcomes her physical challenges and wins a sport competition like running, she too experiences herself as a lived body that is being exuberant. Crossing the finish line, she cannot be distinguished from the lived body she is in. Experiencing a lived body, as opposed to an objective or corporeal body, is not limited to the conditions in which physical disintegration begins to occur. The feeling of exuberance following physical achievements is certainly a positive experience of a lived body where the self and the body are intimately intertwined.

Having said that, I will now discuss how illness brings about a negative experience of a lived body that is more conspicuous than a positive one. During illness, the sick person can no longer move her body as easily as when she is healthy. The body seems to have lost its integrity and is no longer reliable in the way it previously was. Previously scheduled meetings have to be postponed or canceled because she feels that her weak body may not be able to support the ordinary activities. With the weakening body due to illness, the sick person loses not only her sense of wholeness, but also that of certainty, control, freedom, and the familiar world.<sup>18</sup> When the body is no longer dependable as it once was, the certainty about its availability and strength for daily activities is significantly reduced.

In such a description of the experience of illness, it is clear that the lived body is not experienced positively as exuberant but rather negatively as vulnerable. The body that the person lives in subjectively no longer presents itself as trustworthy but instead becomes a liability for her daily routines. The loss of trust and certainty in her body generates further loss of control and freedom to carry out even simple activities. The familiar world is slowly disappearing and replaced by a foreign one. The sick person must exert extraordinary effort to do just one single activity. For the sick person who goes through the experience of illness, the main issue lies in the brokenness of her body or in its deteriorating condition. It is completely vulnerable. Such a condition makes a direct impact on her lived body that is an intimate part of her existence as a human being. Being ill suggests not only that her physical condition is no longer optimal, but also that she can no longer use her phenomenal body to do daily activities.

It is important to note that in our experience of a lived body, be it exuberant or vulnerable, the body becomes particularly conspicuous. In a positive experience of a lived body, we are fully aware of its strength manifested in the overcoming of physical challenges. Even before the sport competition, for instance, we pay much closer attention to the condition of our physical body than we normally do and ensure its readiness for the upcoming challenges. Likewise, in a negative experience of a lived body, that is, during illness, the presence of our body becomes visible, as its vulnerability has prevented us from carrying out daily activities. In normal circumstances, however, our bodily existence seems to disappear. This is so because in healthy conditions we are remarkably busy with our daily activities of thinking, planning, analyzing, and talking.

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<sup>17</sup> Madeira *et al.*, "The Uncanny of the Illness Experience"; Gräfinfelde, "The Four Dimensions;" Carel, *Phenomenology of Illness*.

<sup>18</sup> Toombs, "The Meaning of Illness," 90.

As we are drowned in these activities, we forget our nature as embodied beings. We are also oblivious to the fact that our daily engagement with the world is possible only under the assumption that our body remains under its best condition and thus dependable. When we are healthy, our body is transparent and invisible in the sense of ‘not being an obstacle’ for us to carry out daily activities. In the experience of illness, however, we find that our body fails to serve our purposes and becomes an obstacle to our fully living in the world. Our body thus ‘appears’ in the horizon of our lives as an entity that demands our attention. This is a reason why we tend to pay attention to our body only when we become sick.

The description of the transparency of the body echoes Heidegger’s analysis of tools we use in daily activities. In the everyday world we see things such as hammer or chair as equipment for the task of hammering or sitting. Equipment is fundamentally “something in-order to...,” and the whole equipment “is constituted by various ways of the ‘in-order-to’, such as serviceability, conduciveness, usability, manipulability.”<sup>19</sup> Insofar as this equipment is functioning well, its existence is transparent to us such that we do not pay much attention to its conditions. Only when it is broken, especially when we are about to make use of it, its existence becomes conspicuous as a tool that needs repair. The same thing happens to our body, which is an intimate part of our being in the world. In the experience of illness, the existence of our body becomes conspicuous and demands our attention.

Of course, we do not see our body merely as equipment, much less as a mere object. For us, the body is not only a fundamental part of our lives as human beings, but also our core identity as a human individual. People recognize us first through our bodily existence before going more deeply into our thought, feeling, and action. We too often identify ourselves as embodied beings. Thus, we feel offended and angry when subjected to body shaming. Moreover, our body ontologically differs from ordinary objects in that it effectively operates as an “affective body” with extraordinary kinesthetic sensations for movements without any prior thought. The human body is indeed “the vehicle of being in the world.”<sup>20</sup> Without the body, our human existence is hard to comprehend.

Given the importance of the body in everyday life, fundamental changes in its functions definitely imply an alteration in the way a human being exercises her way of being in the world and thus affects the meaning of her experience.<sup>21</sup> Having shortness of breath or suffering from a foot wound, for instance, drastically changes the experience of dancing. At the level of the bodily feeling, changes occur from a pleasant feeling to a painful one, since the sick individual must force herself to do the desired activity. At the level of experiential meaning, she undergoes changes from the “I can” conviction to the “I cannot” frustration. The painful experience of failing to do what was previously felt as an easy thing to do involves not only functionality, but also “flexibility” and “variability.”<sup>22</sup> The spontaneity that marks the bodily movements and daily experience with the world ceases to be there. Every single movement becomes difficult, heavy, and tiring.

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<sup>19</sup> Martin Heidegger, *Being and Time*, translated by John Macquarrie and Edward Robinson (New York: HarperSanFrancisco, 1962), 97.

<sup>20</sup> Merleau-Ponty, *Phenomenology of Perception*, 84.

<sup>21</sup> Havi Carel, “The Philosophical Role of Illness,” *Metaphilosophy* 45, no. 1 (2014): 23, <https://doi.org/10.1111/meta.12065>.

<sup>22</sup> Carel, “The Philosophical Role of Illness,” 24.

The loss of capacities to use one's own body implies the loss of one's autonomy. The sick person can no longer move freely or do regular activities. In this situation, the issue of human dignity becomes important because every human being deserves respectful treatment in any circumstances. The idea of human dignity here involves not only intrinsic dignity that is conceptual and ontological, but also personal dignity that pertains to one's perception of oneself and the environment.<sup>23</sup> The loss of one's ability for self-determination often affects one's sense of self-worth. When the patient complains that she has not been heard or given proper attention, she taps into the idea of personal dignity that demands dutiful respect.

The discourse on human dignity fundamentally manifests the relational nature of human experience. The many issues that arise in modern societies invariably reveal the underlying existence of our shared world. Such a social world characteristically shapes every human experience, including that of illness. The social nature of human existence affects the character of the experience of illness and reveals more deeply the ontological nature of human beings.

### **The Manifestation of a Conscious Ego in a Shared World**

The experience of severe illness can become very intense and hard to deal with. The patient cannot but confront the reality of sickness. Efforts must be made to adapt both practically and psychologically to the physical limitations and the bodily pain, not without the hope that life will soon return to normal. Such confrontation with illness significantly drains the sick person's energy and weakens her both physically and mentally. When the prospect of recovery seems distant or bleak, the sense of frustration grows. The experience of illness that begins with the weakening of the body now turns into an existential struggle.

Here we must admit that the experience of an illness, particularly a severe one, manifests human nature not only as an embodied being, but also as a conscious ego. Merleau-Ponty reminds us that our body is "the living expression of a concrete Ego."<sup>24</sup> The ego in the human subject is cognizant of her increasingly weakening body that may soon cease to exist completely. Mild sickness may not bring about such a dreadful thought since it is considered short-lived. When recovery seems distant and the illness exacerbates, this conscious ego manifests itself more strongly, especially through the frustration regarding the prospect of recovery. The experience of severe illness easily shakes one's fundamental values and beliefs about life as a realm to freely explore. The limitations that this experience imposes forces us to reconsider this assumption.

The subject's acute realization of the impact of the illness is expressed in the loss of the meaning of life.<sup>25</sup> One's meaning of life is always personal, and none of us can impose our own on others. No human being can live without meaning.<sup>26</sup> Everybody must find their own and rediscover it if it is ever lost. The loss of the fundamental elements of human life, including its meaning and the ability to use the body,

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<sup>23</sup> Andrea Rodríguez-Prat and Xavier Escribano, "A Philosophical View on the Experience of Dignity and Autonomy through the Phenomenology of Illness." *Journal of Medicine and Philosophy (United Kingdom)* 44, no. 3 (May 2019): 280-281, <https://doi.org/10.1093/jmp/jhz001>.

<sup>24</sup> Merleau-Ponty, *Phenomenology of Perception*, 56.

<sup>25</sup> Carel, "The Philosophical Role of Illness," 24.

<sup>26</sup> Viktor E. Frankl, *Man's Search for Meaning. Language* (New York: Pocket Books, 1984), 130-131.



naturally shocks us to the core and awakens us from existential complacency. The meaning of life that has intimately accompanied us now seems foreign due to the weakening bodily conditions. In such a situation our consciousness as self and ego that has been thwarted from embracing that meaning becomes increasingly conspicuous.

The manifestation of a conscious ego in the experience of illness usually becomes stronger when the patient must confront the prospect of eventual, if not imminent, death. Of course, not all severe medical conditions will lead to death. Nevertheless, when the sick person strongly suffers the effects of the disease in her body, she may harbor the feeling that all this will eventually cause her death. Such dreadful feeling may create an existential crisis for her because she and many others who suddenly learn of their critical illness are unlikely to be ready to face death. The refusal of a possible imminent death reveals the presence of a struggling conscious ego whose existence is under threat by the fragility of the body. The feeling of ‘not wanting to be defeated’ by the weakening body often turns into a strong motivation for the patient to make every effort toward recovery.

The experience of illness, of course, involves not merely an existential struggle with one’s self and body, but also with the world. As Heidegger has shown, our everyday life is fundamentally “with-world” (*Mitwelt*): “The world of Dasein is a with-world [*Mitwelt*]. Being-in is Being-with Others. Their Being-in-themselves within-the-world is Dasein-with [*Mit-dasein*].”<sup>27</sup> That is to say, the world we live in is a world-with-others. Therefore, even our experience that is personal in nature, including that of illness, necessarily occurs in the social context and has ramifications in such a shared world.

One of the manifestations of life in a shared world takes the form of existential feelings, which are “structures of relatedness between self and world, which comprise a changeable sense of ‘reality,’ ‘situatedness,’ ‘locatedness,’ ‘connectedness,’ ‘significance,’ and so on.”<sup>28</sup> These structures constitute every single human experience and a changeable sense of ‘reality’ and of ‘belonging to the world.’ Our experience of illness cannot be separated from the structures of connectedness with such a shared world. The existential feelings that arise during illness fundamentally disclose such connectivity particularly through our social interaction with others.

As we all know from experience, the social relation with others clearly cannot be understood simply as a cognitive activity. Human beings are embodied subjects that participate in the world with and through their bodies.<sup>29</sup> Even our experience of ourselves inescapably involves the bodily nature. As Zahavi suggests, the other person is given to us in their bodily presence not as the kind of body described by physiology, but as a lived intentional body, a body that is actively engaged in the world.<sup>30</sup> This kind of givenness makes possible our recognition of the other person equally as an embodied subject, since we are in possession of a common denominator, that is, our bodily nature.<sup>31</sup>

<sup>27</sup> Heidegger, *Being and Time*, 155.

<sup>28</sup> Matthew Ratcliffe, “Existential Feeling and Psychopathology.” *Philosophy, Psychiatry & Psychology* 16, no. 2 (2009): 179.

<sup>29</sup> Merleau-Ponty, *Phenomenology of Perception*, 53.

<sup>30</sup> Dan Zahavi, “Subjectivity and the First-Person Perspective.” *Southern Journal of Philosophy* 45, no. 1 (2007): 73, <https://doi.org/10.1111/j.2041-6962.2007.tb00113.x>.

<sup>31</sup> Zahavi, “Subjectivity and the First-Person Perspective,” 72.

In the context of our connectivity with others in the social world, our realization as both embodied subjects and conscious egos becomes stronger during illness. Here Sartre's idea regarding the three ontological dimensions of the body serves as an important insight into a better understanding of the experience of illness in the social world. The first dimension or order pertains to the body as it is "for me" or "I exist my body."<sup>32</sup> Like all of us, the patient surely experiences her body as a being-for-itself of which she is fully aware. This ontological order allows her to have direct experience of her own body. The second ontological order involves the way our body is seen and used by others, or body-for-others. Here the body is viewed from its physical or objective dimension through its main function as the tool of tools: "The Other's body appears to me here as one instrument in the midst of other instruments, not only as a tool to make tools but also as a tool to manage tools, in a word as a tool-machine."<sup>33</sup> These two orders, in Sartre's view, are incommunicable since they exist on different levels of being: "Either it is a thing among other things, or else it is that by which things are revealed to me. But it cannot be both at the same time."<sup>34</sup>

The third ontological order brings forth the intersubjective dimension of human embodiment that plays a vital role in the experience of illness. At this level, the patient does not experience her own body only, but also the body which is viewed and experienced by others: "In so far as I am for others, the Other is revealed to me as the subject for whom I am an object. Even there the question, as we have seen, is of my fundamental relation with the Other. I exist therefore for myself as known by the Other-in particular in my very facticity. I exist for myself as a body known by the Other."<sup>35</sup> In Sartre's view, the third ontological order involves 'facticity' since as a bodily existence in a social world, I do not have full control over my body. I am "thrown" into the world with this particular body together with all its characteristics, notwithstanding my preference. In such facticity I engage in intersubjective relations with others.

The intersubjective experience at the third order consists in the way I am 'observed' or 'monitored' by the other through their look. The feeling of shame, even about bodily fragility, for example, reflects my experience of myself *through* the way others look at me.<sup>36</sup> Such feeling arises because I have "adopted" the view of others toward me and "applied" it to me. The experience of the body-for-itself-for-others also occurs even when nobody is physically present: "With the appearance of the Other's look I experience the revelation of my being-as-object; that is, of my transcendence as transcended."<sup>37</sup> The way others look and judge me now becomes the way I look at myself. The body no longer serves as "a medium of perception,

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<sup>32</sup> Jean-Paul Sartre, *Being and Nothingness: An Essay in Phenomenological Ontology*, translated by Hazel E. Barnes (New York: Washington Square Press, 1992), 445.

<sup>33</sup> Sartre, *Being and Nothingness*, 422.

<sup>34</sup> Sartre, *Being and Nothingness*, 402.

<sup>35</sup> Sartre, *Being and Nothingness*, 460.

<sup>36</sup> Maryam Golafshani, "Empathy and Shame through Critical Phenomenology: The Limits and Possibilities of Affective Work and the Case of COVID-19 Vaccinations." *Journal of Evaluation in Clinical Practice* 29, no. 7 (2023): 1143–49, <https://doi.org/10.1111/jep.13761>.

<sup>37</sup> Sartre, *Being and Nothingness*, 461.

that through which one experiences other things, and instead becomes a conspicuous object of perception.”<sup>38</sup>

The intersubjective experience of the body-for-itself-for-others is clearly not peculiar to the conditions of sickness. It is pervasive in our overall experience with others, which we cannot easily ignore despite the unpleasant feeling, to say the least. None of us like being viewed negatively by others. But when such an experience occurs to the sick person, it can easily affect her condition and attitude in dealing with her illness. Feeling treated simply as an object of pity, she may turn down any offer to help, since she does not want to be seen as weak, even though she clearly needs it. She may also refuse visitors for fear that she will be subjected to the experience of the body-for-itself-for-others. In the refusal to be viewed and treated simply as a bodily being, especially when the physical condition is weak, the conscious ego of the patient manifests itself quite strongly.

It is worth remembering here that illness strikes us not as a brilliant intellectual, a capable leader, or a wealthy individual, but rather as a being that shares physical existence with many other beings, including non-living ones. Since we often take pride in our intellectual capacities, wealth, fame, or power, we tend to view succumbing to physical illness, especially that with severe debilitating effects, as a defeat. Refusing to be defeated, some of us try hard to hide our illness from the judging eyes of friends and colleagues, not to mention strangers.

The emphasis on the strong manifestation of a conscious ego during illness does not in any way purport to bring back the dualism between consciousness and the body. On the contrary, the intersubjective experience of illness emphatically implies their unity. The patient is capable of responding to the experience of being the body-for-itself-for-others precisely because she is fully cognizant of the unity of her consciousness and the body. Yet, she refuses to be viewed as a human being through the latter’s dimension only. Indeed, the human being is given to us as a body, yet not primarily as physiology describes it, but as a lived intentional body “in a situation or meaningful context, which is codetermined by the action and expression of that very body.”<sup>39</sup> The meaningful context here is the conditions of being sick. The patient is fully aware of this situation. Therefore, in her personal struggle with illness, she often refuses to “lose” or “be beaten” by her physical conditions. The feeling of shame and all efforts to avoid being the body-for-itself-for-others disclose the existence of a strong and recalcitrant ego in a weak body.

## Conclusion

This article examines the negative experience of a lived body in the state of illness and shows the emergence of a recalcitrant conscious ego in dealing with the debilitating condition of the body. Unlike exuberance that signifies a positive experience, a lived body during illness is experienced as vulnerable and no longer dependable. Phenomenology makes such analysis possible thanks not only to its attention to a first-person perspective, but also through its distinction between a corporeal body and a lived body. We can always see the human body – because of its material nature – as a physical object that is measurable like any other object. But the nature of the human being goes beyond this physical dimension. Thanks to her

<sup>38</sup> Matthew Ratcliffe, “Belonging to the World Through the Feeling Body.” *Philosophy, Psychiatry & Psychology* 16, no 2 (2009): 207.

<sup>39</sup> Zahavi, “Subjectivity and the First-Person Perspective,” 73.

subjectivity, the human being lives her body and manifests her existence in the world. The notion of “I am my body” becomes highly concrete in the experience of illness. An investigation into such an experience turns into a descriptive explication of the experience of a lived body. This description allows us to understand the interiority of the patient more deeply.

The phenomenological description of the experience of illness fundamentally calls for a reassessment of our philosophical understanding of human nature. On the one hand, the unity of the human being through a lived body implies the inadequacy of the philosophical notion that identifies her with sheer consciousness or rationality. Such an idea lends itself to neglect of the body and its significant role in concrete human life. The experience of illness forces us to address our body as well as to reexamine our concrete understanding of human nature. On the other hand, through the experience of illness, the presence of a conscious ego becomes evident in the form of the avoidance of any situation open to becoming an object for others. In addition, the conscious ego also expresses a kind of ‘superiority’ over the body in the refusal to give in to the weakening bodily conditions. Such manifestation may imply the transcendence of human subjectivity (the nonphysical dimension) over the body (the physical dimension) through the experience of illness. Health professionals and the patient’s family may need to recognize such intricate experience during illness so that she may be more fully treated and respected as a human being.

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