
In her book, The Meaning of Illness: A Phenomenological Account of the Different Perspectives of Physician and Patient, Kay Toombs gives a clear and in-depth account of the difference in perspectives that inevitably exist between physician and patient, showing that it is not a simple matter of different levels of knowledge, but rather a fundamental difference in experience of illness from the standpoint of the physician and that of the patient. Basing her account on phenomenology, the author provides a good description of the ways in which illness is experienced differently and offers a solid philosophical background to her discussion. Toombs systematically goes through various philosophical concepts and shows how each of these is relevant and useful in clarifying the problem of communication between physician and patient. She has chosen a phenomenological psychological approach because it discloses the manner in which the individual constitutes meaning of his or her experience and thus offers a framework within which it is possible to analyze and understand the complexity of the issues in a rigorous manner. Her interest in the issue stems from her own experience of illness, a fact that affords her a fundamental and profound insight into the problem of illness. Her own experienced difficulties in communicating with physicians has resulted in this illuminating work. The author, using phenomenological analysis, systematically clarifies and elucidates some of the existential reasons that communication between patient and physician is a common and serious problem. Through the use of phenomenological concepts such as spatiality, intentionality, directionality, and temporality, she makes implicit assumptions more explicit and clarifies how the experience of illness is drastically different for physician and patient and how this difference interferes with their ability to communicate.
The introduction and first chapter give an overview of some basic phenomenological concepts that are particularly relevant to the topic at hand and supply the reader with the necessary background for the discussion in the remainder of the book. (These concepts should be familiar to the readers of this journal). In the second chapter, the author gives a phenomenological analysis of how the patient experiences illness, in contrast to how the physician experiences it. The patient experiences illness as an alien body sensation (such as a pain, itch, or chill) or as some sense of change in function (such as weakness, stiffness, or an unusual loss of control). For the physician, illness is thematized in terms of theoretical and scientific constructs, a matter of bacteria, viruses, or lesions in tissue. The "objective facts" that can be tested, measured, and observed define what the illness is. Toombs shows how this fundamental difference in experience creates difficulties in communication and often results in an alienating experience for the patient. In Chapter 4, the author offers an in-depth understanding of how we relate differently to the body. She methodically examines how we relate to the body in health and in illness, shows how the body (including functioning, body image, gestural display, etc.) play an important role in our self-perception and our relationship to others. Toombs bases much of her analysis on Merleu-Ponty, showing how bodily intentionality in illness creates a shift in how the body is thematized. She further offers an excellent discussion on the differences between patient and physician, citing some illustrative narratives by physicians who themselves have subsequently become patients. These narratives exemplify how the experience of being a patient gave these physicians some critical insights into the patient-physician relationship. For example, one doctor describes how lying in bed and "looking up" to a doctor who is "looking down" on you really felt. Toombs shows how critically important it is for the physician to see the patient not only in terms of symptoms, diagnoses, and treatments, but also as an individual within the total context of his or her everyday world. The life-world, the meanings and consequences (physical, social and emotional) that the illness has for the patient must be considered in the context of the patient's whole life situation if good communication and a healing process are to take place. Kay Toombs gives in this book a clear account of the problems that arise if the patient is viewed impersonally and the body viewed as a scientific object. The author goes on to show that phenomenology is not only a useful tool for analyzing the problem at hand but further suggests a