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Clinical Philosophy as Critique of Experience

Narifumi NAKAOKA

It is almost common sense for philosophers to limit their work and activity to reproduction of knowledge within the universe of so-called philosophical discourse and, possibly, through virtual dialogues with great philosophers in the past. Clinical Philosophers, on the other hand, don't want to refer to philosophical predecessors as authorities who could justify Clinical Philosophical endeavors. Still, Socrates might be an exception. Socrates is well known for using just his own words to discuss with young men at the marketplace. He produced no books. Hegel could also help us think of what Clinical Philosophy might be. He preferred the term *Wissenschaft*, or Science, to the term philosophy, which, etymologically, limits itself to love, just *love* of knowledge. His Science is a pioneer of cybernetics or difference theories today in its level and form of penetrating *abstraction*. Excellent abstraction cannot be satisfied with bird's-eye view looking down on everything. It needs going down there to access every wrinkle and corner of human life. We have to know how open philosophy is.

To *know* in broader sense is, I believe, possible without human intellect or articulated language. We will see how to consider knowing and philosophy more in the setting of *epistemology based on natural history* than from the perspective of history of philosophy.

1. How Wide and Deep Is Epistemology? – Knowledge and Reality

Is knowledge a characteristic and action peculiar to homo sapiens? Let's listen to the American anthropologist Gregory Bateson. Defining epistemology as quest for "how we can know anything," Bateson continues to say, like an epistemological ecologist that he is, "in the pronoun *we*, I of course included the starfish and the redwood forest, the segmenting egg, and the Senate of the United States"¹. While I quite agree to his idea that we ought not to confine the perceiving subject to us human beings, the ubiquitous structure of the subject beyond species which he tries to advocate

fails to convince me. Instead of the exemplified starfish, redwood forests and the U.S. Senate, I would rather summon dogs, the faculty meeting of the university I work for, and – my stomach. These are, among others, subjects or actors I have been watching or dealing with in everyday life. But why is my stomach a subject or actor? Because it *recognizes* and reacts to whatever comes in. You can of course disagree as to whether it should be called ‘to know’ or it should be called a subject or an actor. Yet, with Bateson, I share the idea that the concepts of knowing and subject need extension.

What then does a typical knowledge theory of philosophy look like? Many philosophers have been advocating awakening to the authentic knowledge. We can refer for instance to Plato’s well-known ‘proverb of the cave’ (*The Republic* 514A-519A)², the proverb which tries to indicate the realm of ideas, or of authentic beings, as lying somewhere outside, while degrading what are normally visible for us humans to mere shadows projected on the walls of the cave we are captivated in since our birth. For Plato, the world appearing through our sight is nothing but a cavernous prison for us. Bound hand and foot and also at the neck, we are barely capable to look straight ahead all our life. Various figures advancing in procession behind us, lit up by a fire burning in the center of the cave, cast their shadows on the front wall; the fire is a fake light source, compared with the sun, the true one. We are supposed to ‘see’ the shadowy forms as objects. How then does our transformation from this state take place? “In the course of nature”, Plato says, one of the creatures happens to get released from the bondage, “*compelled*” to turn about toward the entrance of the cave and then to leave it. He or she is thus to see the world of ideas lit up by the sun, or the Idea of the Good. This transformation means initially only pain for the person in question, something which degrades him or her in terms of the competences useful in the cave. “When he came out into the light, his eyes would be willed with its beams so that he would not be able to see even one of the things that we call real.”

The first stage for the transformed person in the world of Ideas is therefore a kind of transitional one, which causes a time lag as to the recognition of what is real. Through “habituation,” getting accustomed to the transformed state step by step, Plato’s Philosopher undergoes a gradual birth.

We shall take another of Plato’s narratives to take a glance at his way to discern the real from its imitation. It appears in the dialogue *Theaetetus*.³

Socrates indicates the issue as he says, “Begin again and try to tell us what knowledge is.”(151d)

To it, Theaetetus, the young man reputed to be clever, responds, giving a generally understandable remark that “knowledge is nothing else than perception (*aisthesis*).”(151e) Perception here, a term almost exchangeable for sensitivity, signifies an ability of immediate experience. Socrates, on hearing this naïve reply, made the young man uneasy by raising, as usual, various questions to him, suggesting in effect that perception does not necessarily represent the reality as it is, but can “deceit” us. The dazzled listener asks back, as if screaming, whether the proposition Socrates seems to suggest is believed by him in earnest or expressed with the sole aim of “testing” the listener (157c). Socrates’ response is the well-known concept of midwifery, in terms of knowledge reproduction: “I myself know nothing about such things, and claim none of them as mine, but am incapable of bearing them and am merely acting as a midwife to you, and for that reason am uttering incantations and giving you a taste (*paratithemi*) of each of the philosophical theories, until I may help to bring your own opinion to light.”(157c-d)

To produce genuine or false knowledge is somebody else’s business. The mediator of knowledge him or herself does not, or cannot, give birth to knowledge but just demonstrates “each of the philosophical theories” of his acquaintance, has them tasted by the producer of knowledge and “bring your own opinion” provoked by it “to light”. In addition, the examination of whether the produced knowledge “productive” (*gonimon*) or “empty” (*anemiaion*) is, shall also belong to the task of the mediator. The false knowledge is compared to an empty or unfertilized egg, which will never be hatched and grow.

2. Examination of Socratic Examination

We may ask ourselves if and how this form of meta-knowledge is to be justified – this mediating knowledge of a midwife which deals with another knowledge deriving from outside itself. If we are allowed to continue a little further the reproductive discourse, the midwife, rather than being “sterile,” (*agonos*) seems to secretly aim at becoming a certain surrogate mother. This no way trivial question shall be put aside here.

Let us return to the problem of authenticity of knowledge as Plato’s central motif. The “examination” by the midwife which tries to remove the “unfertilized egg,” despite the lingering attachment of its producer for it, is a sort of philosophical critique. The well-known *awareness of*

ignorance of Socrates can be considered to belong to such critique as well. Needless to say, this special “knowledge” is totally different from the one deemed significant and useful in the current knowledge-based society. Because, as the former maintains, only the knowledge which tries to approach the realm of “the Good and Beautiful” deserves the name, not the empirical one attained from the occupation or worldly wisdom. I am not so certain, however, if we should accept readily this highly reputed theorem, or if we should rather take note of its characteristic quest for *the* essence in the area alienated from lived contexture, although Socrates and also Plato retained clues to the lived experience in their own ways.

In history of philosophy as well as in history of science, we tend to summarize and judge what has happened only from the winners’ side. True, Socrates had every reason to argue down the self-complacency of the craftsman, the politician or the poet - the famous scene of the awareness of ignorance. However, the Socratic way of leaping from the experienced knowledge to the *form*, to the “Good and Beautiful” itself seems to need at least justification, or - we may say – even ordeal of some *critique*. What kind of critique? In contrast to the Socratic critique of empirical, everyday knowledge, it will have to be qualified as an insight of meta-level, one step higher than the Socratic but never turning back to the immediate affirmation of the empirical. Where does then the meta-character of this meta-critique lie and how does it differ from Socrates’ immediate transcendence of immediate empirical knowledge?

We could talk, on the other hand, about a non-philosophical alternative, about a dimension marked no more with philosophical authenticity. We could very well discuss the possible scheme of grasping implementation of knowledge from its externals, clarifying its social constellation and its role as one of social goods. Then we would deal with themes rather of sociology of knowledge than of philosophical theory of knowledge. The current term of knowledge-based society follows probably the latter approach more than the former. However, we should not forget to ask ourselves how knowledge can become “base” of our society and to what problems it gives rise.

I am supposed today to introduce to you the new philosophical concept and – I would dare say - movement of Clinical Philosophy in Japan, but let me refer here, in close connection to it, another innovative scheme of “communication-design”, initiated also by Kiyokazu Washida, the founder of Clinical Philosophy. Now, discussing the background of communication-design, Tadashi Kobayashi, one of the most eminent philosophers of science in Japan, points out the emergence in

the 20th century of “mistrust and social conflicts against experts accompanying unexpected events and accidents caused by societal management dependent upon huge amount of expert knowledge”, seeing its essence in “troubles taking place rather in the settings of circulation and consumption of knowledge than on those of production of knowledge”.⁴ Since philosophizing by philosophers is carried on nowhere else than in the midst of real world, they ought not be uninterested in reification of their own products, in which the products turn into sheer objects of “circulation and consumption of knowledge.” On the other hand, we can’t expect the task of philosophical knowledge to be fulfilled merely in focus on and analysis of social functions of knowledge. Clinical Philosophy, with its declaration of devoting itself to ongoing events and developments of each specific site in the society, aims precisely at going so far as interfering with scenes of “production of knowledge” so that good developments can be induced from there.

3. Reconsideration of Philosophizing from the Viewpoint of *Epistemology Based on Natural History*

We are now questioning what kind of meta-character is required to the philosophical critique. In terms of authority and condition of epistemological critique, many people might consider it advisable to first give plenty of time to methodological examination. Even the terms “experience” and “critique” which appear in the title of my lecture – they might protest - should be preceded by endeavors for accurate definitions and prescriptions. Nevertheless, I don’t want to adopt the two-staged method of - first- paving the way by checking instruments or media for critique so as – second -to be able marching on to the main body of critique itself. This strategy is meant to follow Hegel’s example in his *Phenomenology of Mind*.

The methodological skepticism of Descartes is an attempt to denounce the traditional form of knowledge radically and thoroughly in order to establish, once and for all, the “truth of absolute certainty.” General readers of history of Western philosophy are made to learn the Cartesian method as the revolutionary winner. It is, however, interesting to note some critics of Descartes: in the 20th century, for instance, a philosopher like Wittgenstein passed a stern judgment on this type of skepticism from the viewpoint of language use. Wittgenstein says in *On Certainty* that “He who tried to doubt everything would not get as far as doubting anything. The game of doubting

itself presupposes certainty⁴⁵. I am tempted to call this a naturalism in terms of skepsis as a human conduct, might it diverge from Wittgenstein's intention. Skepsis arises - as is "natural," I would dare say - through contact with occurrences or people's remarks, dissolves with time and disappears. Surely, people called philosophers will navigate the "nature" to some extent to construct logic. To implement skepsis methodically means application of skepsis "against nature". Even philosophers, however, are not allowed to neglect rules of "games" carried out in natural languages. A game which professes itself as "putting everything in doubt" is after all a fake game with no prospect of completion.

What the philosopher Descartes – after throwing a short look at the “great book of the world” – discovered in solitary meditation, is critically reworked by Wittgenstein, a philosopher maybe as secluded as Descartes himself, in course of another solitary philosophyizing. Viewed in this light, aren't we dismayed at idiosyncraticness of the knowledge inherited by philosophers? Philosophers get absorbed in his thoughts. People on the street, on the other hand, may get concentrated in what he or she watches, concentrated in exercising his or her ingenuity, or may hold his or her breath, but they usually don't get absorbed in intentional and systematical thinking. There are some people who know – either by nature or from habit – how to get absorbed in thinking and who love this; then there are other people who train in thinking and who try to elaborate it as their won quality or even implement it methodically as their vocation or occupation. (It does not mean that thoughts could be manipulated at will. We have experienced that too much hard thinking leads often to headaches or stiffness in neck and shoulders; it is no joke but rather an organic relation quite significant from the viewpoint of “epistemology based on natural history” which I want to advocate.) The formers are probably to be called amateur philosophers and the latter expert philosophers. Yet neither side can produce fruits of thinking out of nothing. Thinking is supported by natural language for one and by philosophical tradition for the other.

The term “epistemology based on natural history” I dared to introduce cautiously. My intention was not only to seize human knowledge or recognition independently of species related restrictions but also to regain flexibility of expressing ideas which had been fixed, before history of philosophy began, in cultural contexts. Let me put it this way: Thoughts including philosophical ones are, in current situations, disclosed, read, commented about, or cited mostly through printing. I would like to invite you to reconsider this predominance of print media or character expression. Let me explain

what I mean by starting with the difference between “remain” and “retain.”

Now could you tell me how natural objects remain where they are? Very simple. Fallen leaves on the mountain path stay there if not sent away by the wind. Staying there, they decay gradually and finally return to the soil. You might see some leaves already indistinguishable from the soil. Leaves settle down and *remain* for the time being. On the contrary, human knowledge wants to *retain* something. To retain is a human action. Retaining emotion, narrative or thought involves following aspects: (1) retain attentively one’s own thoughts, (2) retain attentively remarks of others, (3) retain one’s own remarks in thought just through speaking them out, and (4) retain thoughts and remarks by writing them down. Not until (4) can human thoughts clad in character expressions. In ancient Greece, Homer’s epics were passed down by voice transfer or storytelling by troubadours, or wandering poets. Socrates was one of the ancient Greeks who perhaps never “retained” his thoughts by writing down but let them spread among young people. No one of course can deny the important roles which have been played by the knowledge forms from (1) to (3). Without their precedence, the knowledge form (4) would have been impossible and the history of philosophy as well. When the knowledge form (4), in other words, the culture of printing and publishing prevailed, customs and rules which had had no place in the knowledge forms (1) to (3) became established as part of knowledge activities. Take, for instance, academic manners of literary citation sometimes too minute. If I look back correctly, people used to quote in books and articles in more careless, generous manner even 30 or 40 years ago. I suspect it to be a result of exaggerated and formalized desire of “retaining thoughts and remarks by writing them down.”

In sum, human knowledge does not settle down in a >natural< way as fallen leaves on the mountain path do. From the viewpoint of *epistemology based on natural history*, forms and media of growing expressions tend to lose >natural< relationships with the surroundings gradually, getting more and more self-referential and autonomous. Even outside the academic authority, on blog websites for instance, mutual citations seem to develop a characteristically closed space. From another perspective, however, non-subjective, conventional knowledge can probably be said to have a sediment forming character. Let’s listen to the argumentation of *habitus* by the French sociologist P. Bourdieu. Habitus is a sediment of past experiences peculiar to a certain group or social class which have settled down in individuals as scheme of perception, thinking or behavior. It might be open to question, however, if results of interactions between a group and an individual

in a historical process could be captured through a rather figurative expression of “sediment.” Anyway, Clinical Philosophers have been dealing with reconsideration of university as production base of knowledge and promotion of interactive and horizontal philosophical dialogues such as philosophical café or Neo Socratic Dialogue instead of one-way teaching by experts, among other activities and I suppose they will lead to >critique< of the fourth way of retaining knowledge and re-evaluation of the first three ways which might be more basic to us.

4. How to Become Eligible for a *Case*

It is not inappropriate to say that to observe matters theoretically means to apply a certain category, criterion or principle to objects, thus cutting off a part of the world according to such a frame. If so, to observe is a matter of framing. While general public observes things in everyday frames, i.e. based on common sense, philosophical >critique< is expected to criticize such frames. But don't forget! This critique itself is a kind of framing. In this context, we could talk about >critique from below< or >bottom-up critique< in contrast to critique from above, i.e. based on a postulated principle. Let me allow myself to be rather provocative and say that Clinical Philosophers hope to follow a bottom-up procedure in opposition to, say, applied ethicists' top-down movement from the principle to the event. We want to orient ourselves firmly to a case or an event so as then to set out its verbalization or theorization.

To observe leads easily to self-legitimization of the observer. We have to be constantly on the watch for it. We have to control ourselves against the temptation to justify what is being observed or the observing posture through >observation of observation<, i.e. meta-observation.

Theoreticians like to talk about their stance first, then to act in accordance with that stance. This two-step strategy places limitations on both the action and the narrative about the stance. Instead, I would like to introduce “thinking in action” strategy into philosophy. If we will observe things changing the place where we stand, the observation necessarily gets affected by the environmental change. Checking this, we move on to a new observation. If we repeat this cycle, the “rolling stone” of knowledge will hardly “gather moss”. This proverb has, as you know, two opposite meanings. The original one says that those who are always traveling can't take root anywhere, so can't succeed; the newer version, on the other hand, claims that those who always want to move on to a

new environment can improve themselves.

Those who are keen to accumulate visible, easy-to-understand results of knowledge – I would call such stance skeptically a >positive< one, a stance always keen to >posit< or make up something – will attempt covering as many specific objects as possible with fixed stance or frame so as to regulate all of them. As far as we humans are self-conscious, reflective animals, it is practically impossible for us to act in a totally day-to-day manner, keeping out every single stance or frame. Framing is inevitable and there is nothing wrong with it. My point is that we must realize tendency and >limit< of human understanding itself in accordance with the viewpoint of epistemology based on natural history. Why don't we take that into account whenever we operate? In the first place I doubt if knowledge can truly be acquired by us as active subjects. For Francis Bacon knowledge is a power to make ourselves master of nature while obeying to it at the same time. Does it mean, however, man's ability to set up the cognitive frame arbitrarily, outlining the world as he likes? Nietzsche, on the other hand, teases philosophers in *Beyond Good and Evil* saying, "Suppose truth is a woman, what then? Wouldn't we have good reason to suspect that all philosophers, insofar as they were dogmatists, had a poor understanding of women, that the dreadful seriousness and the awkward pushiness with which they so far have habitually approached truth were clumsy and inappropriate ways to win over a woman?"⁶. Isn't knowledge rather - I would like to suggest – something which comes to take hold of *us*, a kind of cognitive correlative in nature? That doesn't mean man is only passive in cognition. Man tries to capture or recapture himself and his environment which has been captured by knowledge. This recursive attempt might be the eternal secret of theory of knowledge.

Or again we can listen to Gregory Bateson, who says, "we are most of us governed by epistemologies that we know to be wrong"⁷. This trend, apparently self-contradictory from the intellectual point of view, derives from bodily need for the fallacy. It is by no means self-evident from the perspective of epistemology based on natural history that the living things called humans should speak and act in an intellectually consistent way. It is true that the human species has its peculiar cognitive framing, different, for example, from that of ticks as was examined by the theoretical biologist Jacob von Uexkuell; yet it is fixed and amplified by intellectualists. They talk and talk as if the human beings here – themselves – would never die. Why don't they feed back the fact of mortality to the present situation? On the other hand, it is undeniable that people are not dead

as far as they can talk. Intellectual activities, emerging at the culmination of life, are characterized by its incompatibility with death, rejection of death. Probably more challenging for knowledge is rather the question of how to face degradation and regression of intellect caused by declining physical and mental declination before the absolute closure of life – the problem of dementia. In the case of emerging blank or uncontrollable field because of decline in memory or judgment, I believe, you can consider leaving your problematic part in the hands of reliable people around you – we can call it >entrustment to others.< In this context, we could conceive an alternative to, or even the opposite of the Heideggerian heroism. Instead of retrieving our *Sein zum Tode*, or Being-toward-death, into existential decision, why not recognize in advance the frailty, the disjointedness in our very core, which only becomes obvious when we are senile? This recognition of weakness doesn't contradict our abovementioned proposal of thinking-in-action, because the activeness of the latter presupposes and expects, as I argued, >passiveness< or sensitivity of some kind.

5. A Case Should Not Be Manipulated

Now, I have become more and more aware of the importance of quoting a timely and well-directed example or – I would rather say – *case* when I really want to convince others, to achieve an aha! moment. The most precious case for me is my late father. I remember him suffering from late-stage stomach cancer and one day he could not spit out vomity material in his stomach. What did he do? He just tried to urinate, with success, then murmured, “Now I feel a bit better.” He substituted his vomiting with urination, or spitting out downward! The case I encountered shows us very clearly how flexible and extensive expressions of human needs or self-care can be; in addition, it illustrates admirably human will and ability for invention activated just in the face of adversity. The main character of this case is my father, which does not make the case a personal one for me. The case is probably understandable by anybody, because it is related to bodily disorder or needs, therefore has universality in terms of epistemology based on natural history. On the other hand, the case has the potential to provoke every philosopher in a broad sense of the word who is not satisfied with thinking or debating using clichés to rediscover and rekindle his or her original philosophical sensitivity and thinking. It can stimulate and inspire, hopefully, such people with “love of knowledge” (philo-sophia) to reopen philosophizing, but this time conjoint or synergetic

philosophizing, enabling them to find a new context of philosophy.

While urinating instead of vomiting may be called a compensatory behavior by psychologists, I don't think this kind of paraphrase can represent abundance and complexity of this case.

If modern scientific thinking has been *decontextualizing* in its mainstream, our case thinking can probably be characterized as *recontextualizing*. The reconstructed context, however, is no more the former specific one but a generalizable one, which goes beyond the closedness of the former. It can be amplified because it comes fully-fleshed from the lived world, not a skeletal theorem. I believe such a case can teach a lesson to anybody beyond difference of occupation or generation according to his or her position or interest.

I came across the case with my father not by thinking hard. This encounter was, however, no coincidence but took place in a certain context of my life. In other words, I had not been bestowed with the lucky encounter without my stance of "thinking in action" at that time. First: One of my greatest themes at that time was the philosophical trend of 1930s, and it was for me "poiesis of the borders" – you see, poiesis is the Greek word in close connection to *invention*. Second: I was in the middle of launching Clinical Philosophy as a new course at Osaka University and was discussing with my colleagues quite intensively what the essence of human needs or care is. Third and last, but not the least: I visited regularly the death bed of my father in my hometown and witnessed on one occasion the struggling *invention* by my desperate father. So, these were the elements which made the encounter with *the case* possible.

Then, I remember an event in the first year of the newly-created Clinical Philosophy course, in 1998. It was a great warning to me not to take advantage of a case without paying close attention to its context – or not to *use* a case arbitrarily with self-serving interpretation of its context. Two main themes of our seminars used to be – and still are – medicine/nursing and education. And we were lucky enough to have two highly motivated nursing researchers as our PhD. candidates so that we could discuss ethical issues in medical or nursing settings not in a top-down manner but at least try to see them from the perspective of the lived world of experienced nurses. But one day one of the nurses or nursing researchers was very upset, indignant. She had offered one of her dear cases as material for discussion in the class but was disappointed as well as offended at her case being treated too lightly or rudely. She challenged us, teachers and students, to answer the question "What does a case mean in Clinical Philosophy?"

In hindsight I would say the keyword was “sense of discomfort or strangeness” for various stakeholders. The case was experienced by the nursing researcher herself as she had been a beginning nurse posted in a neurosurgical ward and met patient I. She described patient I as somebody whom nurses felt uncomfortable with. Her short report on him included, as ordinary nursing reports do, the patient’s personal data, his course after the hospitalization and the like, but such details made almost no sense to the students and the teachers unfamiliar with brain disease, so they didn’t know what to do with the report. Now, the nursing researcher who gave us the report admitted that her presentation of the case of patient I might have caused them “sense of discomfort” but added that this case had given the same sense of strangeness or misfit not only to her then colleague nurses but *to herself* during her presentation. While she suggested in this way multiple sense of discomfort, she urged each of the students and the teachers to contribute at least with a comment on the case. She intended no harassment by it, but rather an invitation for the members of Clinical Philosophy including herself to a joint examination of this case, she had as yet a novice nurse learned a lot to think of despite the discomfort. She introduced the case with no prospect of the result of the examination, turning down every unappreciative question or comment. The case report and the subsequent discussion on that day ended with the impression of nothing else than that sense of discomfort and opaqueness.

This conflict, at least the emotional one, about how to access nursing cases, taught me a bitter lesson. I had been so naïve until then to expect that students and teachers who are not nurses should also be allowed to share the lived world of care through cases. In hindsight the nursing researcher did not try to reject our intervention, in the belief that those who were not professional nurses could never know what’s going on in nursing care. No, on the contrary, she continued to free herself from the world of nurses, from its tendency to closedness, that’s why she wanted to be admitted to the course of Clinical Philosophy, to join the new philosophical concept and movement which dared to get involved in problems of caring.

Usually, the moment nurses listen to a case, they grasp what it is all about, what’s the matter. This common, swift, and mostly correct understanding is hardly accessible to those who have no experience of nurses. Our nursing researcher, however, did not fail to point out that cases were more or less open even to laypersons just through the “sense of discomfort” if they were careful and intent listeners. The significance and the intention of her remark at that time is not yet fully-

understandable to me. It is also true that her case presentation earned her some critiques from other participants who were nursing experts themselves, because they were embarrassed to find that the presentation lacked a definite perspective and was still confined to unreflecting viewpoint of nurses. To me, however, this event provided a precious opportunity to realize that nursing experiences could include various, often contradicting viewpoints and contexts, that contact with the outside world including philosophers could enrich and enhance the thinking of nurses. And this was one of the discoveries which led me to the concept of a bottom-up “critique of experience” which tries to examine it right at the scene, paying respect to it.

And it is of course unethical or narrow-minded to discuss and interpret cases only for justification of a certain theory or hypothesis. I have the impression, however, that such a stance is not rarely to be seen with medical ethicists. I myself came to this awareness gradually through interactions and cooperation with people of various medical occupations, patients and their family members.

6. Reframing on Each Side – Critical as Critical Can Be

The second year of our Clinical Philosophy seminars was pretty eventful too. We invited one day a guest speaker who was doing a phenomenological research on care for patients with persistent vegetative state (PVS). During the discussion after her presentation, one of the PhD course students, who was non-medical and actually a Spinoza specialist, dared to speak out: “Well, suppose the nurse you interviewed was taking care of a precise machine, a robot!” He even went so far as to express his view of “automation of nursing care.” You can’t imagine how great a repulsion his statements evoked, mainly among the seminar participants of nursing occupation. In hindsight there were several problems. First, generally, it is not clear even to caregivers when they deal with so-called PVS patients if patients are conscious or not, if they are able to communicate or not. That is why nurses sometimes discuss among themselves or ask themselves, with much worry, who or what the >addressee< of their care is. Therefore the assumption of the patient as a machine, not a human, might have touched the most delicate part of nursing commitment, though obviously the patient is no machine, no robot! Moreover, the remark of automation of nursing care was probably an additional damage to the feeling of uncertainty when attending a patient with severe communication trouble, though the remark meant no harm or mockery.

I want to summarize most important points. We see here a difference of approach revealed, nursing approach of field-oriented thinking on the one hand and philosophical approach of theoretical thinking on the other, in the attempt to generalize the case beyond the specific context. The graduate student who talked about the automation of nursing care was a researcher interested among others in Spinoza's antihumanism as well as social systems theory or autopoiesis, so he believed wholeheartedly that this approach of his must be useful also in verbalizing the nursing experience. The humanism typical to nurses, however, seems to have forbidden to flexibly listen to this rather exaggerated view.

I must note, however, that nursing researchers don't neglect critical comprehension of nursing care. Just like the reporter of the case of patient I, the phenomenological researcher who was dealing with care of PVS patients didn't fail to come back to the field of nursing after they had accumulated generalizable critical insights to break the closure of nursing field. Moreover, there was even a nursing professional present at the discussion, who was radical enough to warn nurses against the presupposition that the client be understandable, or that the patient be capable of communication. According to him, people came to respect patients' self-determination, a change surely desirable and partly encouraged by applied ethics, but he added that nurses now relied too much on what the patient >expressed<. This is a sharp remark, specific and profound, showing clearly that societal institution and trend often affect the feeling or perception on the frontline itself. I am proud to confirm the quality of these presentations and remarks, which these members of Clinical Philosophy have already achieved as critique of experience, covering among others the topics of language and institution.

Here, I have to add a small side note. In the aforesaid dispute and confusion about the "robot" remark, I probably stood more on the side of the naïve nursing researcher than on the side of people critical to her. Critique, I know, is my subject here, but it must be distinguished from relativization of nursing practice by most philosophers or anthropologists. I doubt that the scholars are entitled to do that, just as Hegel in his *Phenomenology of Mind* sheds a skeptical light on the self-sufficient knowledge form called *Verstand*. Rather, I was making an effort, perhaps unconsciously, to understand the nursing practice or the nursing paradigm *from within*. This might have something to do with the principle of charity in rhetoric and hermeneutics, which requires that statements or utterances be interpreted in such a way that they become meaningful, coherent, rational. It is

important at the same time to reconsider the intention of “robot” remark. The student who appeared to challenge the nursing side with it explained later that, actually, he had been very *impressed* by the presentation about the care of PVS patients, because it seemed to have shown the *autopoietic* capability of nursing practice, i.e. the capability, to *connect* nursing practice to however difficult a patient – whether it is PVS or not. The presentation put him in awe of the fundamental power of nursing, to know what to do even to incommunicable, in a way robot-like patients. And that made him consider the possibility of generalizing the autopoietic scheme so that philosophers, for example, might take advantage of it.

As you can see, this student is sufficiently sympathetic to nursing but observed and tried to interpret it from outside, while I was also sympathetic to nursing but tried to observe from inside. Exterior observation versus interior one. For the critique of experience, which we are aspiring to, it seems useful to alternate between exterior and interior observation.

7. Duplicating the Line of Vision – To Distinguish the Voice

The critique of experience offers, therefore, by no means an external or panoramic view. Rather, as for nursing, it grows from inside nursing, from its frontline. The line of vision of people working on the spot gets duplicated: The one maintains the immediacy of the spot, while the other turns around to face the spot itself. It is no wonder that a sensitive, reflective nurse often feels a mixture of emotions to his or her occupation and expresses it in a complicated, sometimes contradictory way, in response to the complexity of nursing world. And the philosopher who observes the nurse will reflect and reproduce this duplication in his or her own way.

I’d like to remind you, in this respect, of Hegel’s methodology dominating his *Phenomenology of Mind*. This unique work, initially conceived as *Science of Experience of Consciousness*, describes typical forms of consciousness as it climbs up the ladder of developing human mind. Starting with the poorest form “sensuous certainty,” which perceives only “now and here”, and ending with the most abundant and universal stage “absolute knowledge,” the series of consciousness forms might well be seen as Hegelian set of *cases* to represent the human history and culture. Hegel does not judge nor sublate these forms from above. The alleged *science* of experience, in confrontation with philosophies of Kant and the others, marks a true, immanent critique. The “criterion” of

critique is not given beforehand. The “we,” the describer throughout the “science of experience of consciousness” just observe without any intervention what kind of phenomenon or proposition each consciousness form firmly believes to be true and real. And in that describing gaze the alleged truth soon splits itself up and transforms. Just in the false belief of the consciousness itself has the criterion lurked, a power which drives the consciousness out of insufficient truth, drives the “experience” into enhanced openness or the universal⁸. Isn’t this close to what I called sometime ago duplication of the line of vision?

On the other hand, it is obvious how different my proposal of critique of experience is from Hegel’s conception. It doesn’t share Hegel’s claim for scientific absoluteness at all. Nor does it want to set up, say nursing care, as a consciousness form, let alone assume that another, more universal consciousness form emerges after the form of nursing care is sublated. We have nothing like nursing care in general, we have only each specific care carried out by respective nurses, to respective clients, in respective contexts. For a critique with wide range, however, we need also to keep our proper distance from the context, not sticking to it. Yet the problem is how we can keep that “proper distance,” how we can acquire the duplication of the line of vision, orienting ourselves firmly toward diversity and individuality of substantial experience, without formalized talk about experience in general. Where can we feel a sign of possible *recontextualization* aspiring for cooperation and universality, avoiding both the top-down destruction of each context and the adherence to some allegedly unique and irreplaceable context? The answer must be found when we manage to hear softly both the voice from within and the one from without.

In relation to my concept of epistemology based on natural history, it is interesting to find Gregory Bateson distinguishing the analogue from the digital communication. “I love you,” for instance, is a digital communication using articulate language. “If you say to a girl, “I love you,” she is likely to pay more attention to the accompanying kinestics [magnitude of the gesture, the tension of the muscle, etc.] and paralinguistics[shifts in tempo of speech, overtones of voice, etc.] than to the words themselves.”⁹

Not only in the case of confession of love, but in the case of every experience and critique of experience, it will probably be crucial to sense and respond to analogue, bodily communication operating in him/herself and people on the frontline. And for that, it is advisable to keep comfortable rhythm, keep yourself flexible and relaxed. Yes, philosophers, especially Western

philosophers have been operating mainly with ideas and concepts, but why be loyal to such a digital tradition? Humans, even the most rational of them, are not always motivated by ideas and concepts. We have only to include these factors in our “epistemology based on natural history”, with a view to the fact that they represent important media of human activities. I might very well advocate a critique of experience which avoids putting too much weight in intellect.

What does it mean then to catch a voice from outside? The frontline is never completely closed. It has interactions with various approaches from outside world including society, politics, economics, culture. The frontline learns often and accepts a lot from historical formations such as knowledge and information in books. Let me give you just one example. Some researchers of philosophy and ethics have occasion to examine medical studies aimed at human beings. They can criticize study designs not respectful enough to subjects’ rights, requesting its modification.

8. To Organize Substantial Critique

I would like to close with the question how exactly philosophers and ethicists can conduct critique. As they are considered experts on *ethics*, they are often asked to sit on a medical *ethics* committee. What’s the problem with it? In order to discuss ethics in the field of medical research, it is at least insufficient and can even become irrelevant to work with formal universal knowledge of the ethical discipline. The discussion and argumentation needs substantial, or material knowledge of the concerned medical research for backing up: knowledge of pharmacological effect of a new drug, for instance. For that kind of knowledge, however, ethicists must rely on other committee members who are medical experts. Yes, it’s not impossible to accumulate material knowledge through deliberations of the committee or by self-learning to match the medical experts to some extent. Then the ethicists can contribute to deliberation and decision of the ethics committee, which, based on such knowledge, is now a *critique* of material significance. It is however no more a critical assessment issued from the perspective of a self-contented philosopher or an ethicist, but a critique shared and sharable with outside – in this case: medical - experts as the result of deepened exchange with them, as the result of self-critique and overcoming of the old confined discipline.

Therefore we must say that critique of experience from the viewpoint of Clinical Philosophy belongs basically to a collective communication, not a dictum written down in a solitary study. We

can proceed to point out how important, realistic and prospective it is today that philosophers and ethicists work as *experts of mediation* or coordination to facilitate and organize discussion of many people concerned with contradicting interests and views. This knowledge of mediation will have to monitor itself and its surroundings constantly from the viewpoint of *epistemology based on natural history*, lest it lose nurture and stimulation from specific contexts, because who wants his or her knowledge to remain “empty”?

Notes

This essay is an English version of the following paper of mine. Narifumi Nakaoka, Keiken hihan to site no rinsho tetsugaku, in: *Iwanami Koza Tetsugaku*, Vol. 1, Iwanami Publishers, Tokyo, 2008. (中岡成文「経験批判としての臨床哲学」『岩波講座哲学』第1巻、岩波書店2008年) I have read this paper on November 13, 2010 at the 4th Camp of Indigenous Psychology and Cultural Healing Research, 2010, at Academia Sinica, Taipei.

- 1 Gregory Bateson, *Mind and Nature. A Necessary Unity*, Introduction. <http://www.oikos.org/mind&nature.htm>
- 2 I quote from the English translation: *Plato VI The Republic II*, with an English translation by Paul Shorey, the Loeb classical library, Harvard University Press 1935.
- 3 I quote from the English translation: *Plato VII Theaetetus* Sophist, with an English translation by Harold North Fowler, the Loeb classical library, Harvard University Press 1921.
- 4 Tadashi Kobayashi, The Adventure of Center for the Study of Communication-Design (Japanese), *IEICE transactions*, Vol.106, p.146. Professor Kobayashi is currently deputy director of the Center for the Study of Communication-Design.
- 5 Ludwig Wittgenstein, *Bemerkungen über die Farben. Über Gewissheit. Zettel. Vermischte Bemerkungen* (Ludwig Wittgenstein Werkausgabe Band 8), Suhrkamp, 1984, p.144.
- 6 Friedrich Nietzsche, *Beyond Good and Evil*, Prologue.
http://records.viu.ca/~johnstoi/nietzsche/beyondgoodandevil_prologue.htm
- 7 Gregory Bateson, *Steps to an Ecology of Mind. Collected Essays in Anthropology, Psychiatry, Evolution, and Epistemology*, Jason Aronson Inc., 1972, p.493.
- 8 See the Introduction to *Phenomenology of Mind*.
- 9 Gregory Bateson, *ibid.*, p.374.