

# Philosophy of Medicine

## Book Review

Drew Leder, *The Healing Body: Creative Responses to Illness, Aging, and Affliction*  
(Evanston: Northwestern University Press, 2024)

Espen Dahl<sup>1</sup>

<sup>1</sup> Department of Archaeology, History, Religious Studies and Theology, UiT – the Arctic University of Norway, Tromsø, Norway. Email: [espen.dahl@uit.no](mailto:espen.dahl@uit.no)

Drew Leder's new book, *The Healing Body*, provides rich descriptions and analyses of ways to live well when faced with bodily afflictions, such as pain, illness, impairment, and aging. "Healing," in Leder's sense, goes beyond medical "treatment" of bodily dysfunctions as it aspires to regain existential wholeness "with reintegration of various dimensions of life that have been torn asunder by bodily breakdown" (2024, 27). The book belongs to a broader stream of phenomenological accounts of embodiment and illness that has thrived over the last few decades. In contrast to most contributions in this field that focus on bodily breakdowns, sometimes providing alternative understandings to biomedical accounts, Leder's new book looks to the possibilities of existential recovery, especially where medical treatment has nothing more to offer. To anyone acquainted with this field, Leder should already be well known. In fact, the present book completes the trilogy that he has been working on for more than thirty years. Leder's most famous book, *The Absent Body* (1990), is the first book in the trilogy and is a phenomenological account of the absence and presence of our lived bodies. Twenty-six years later, the second book appeared, *The Distressed Body* (2016), which circles in on chronic pain, illness, and incarceration. Turning to healing in his third book, Leder ends his trilogy in a hopeful key.

*The Healing Body* is still rooted in the phenomenology established through the previous books but it offers a more concrete take. This makes the present book less theoretical and more oriented towards real-life cases and possible changes. Superficially, the notion of healing, figures, and a questionnaire for readers, along with drawing on Asian religions, seem to suggest that the book is another self-help manual. But that would be unfair. Yes, it addresses those who need strategies to cope with pain, illness, and disabilities of various sorts. But unlike most self-help manuals, there are neither any promises of easy ways out, nor avoidance of philosophical implications; not even any denials of the usefulness of traditional biomedicine. Far from proposing a royal road, Leder is careful to balance all his proposed strategies and findings with their possible shadow sides. At the very beginning, Leder asks us to acknowledge that illness, aging, and death inevitably belong to our lives.



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Such acknowledgment is no barrier to his project; it is rather the condition that inspires his exploration of possible ways to cope, change, and reinterpret ourselves in healing ways.

*The Healing Body* is a very well-written book, which is unsurprising as Leder has, for a long time, written philosophical texts in unusually accessible prose. As demonstrated in his earlier books, he has the ability to coin new and helpful notions that guide the reader, and so also in *The Healing Body*: Leder speaks of “I can(’t),” and “I’m time,” and “inferior,” or “superior interior”—to mention but a few. What makes the book a pleasure to read is his ability to stay close to lived experience by constantly drawing on examples, either from a rich array of literature (novels and poems, as well as biomedical, phenomenological, and religious texts) or from his own experience. Such examples effectively remove any feeling of being trapped in detached accounts.

Prior to the three main parts of the book, Leder elegantly introduces his theme with a “A Musical Overture” (2024, 12). Here, he is reflecting on the story of the famous violinist, Itzhak Perlman. Just before a big concert, one of Perlman’s violin strings snapped. Despite what seemed like an impossibility, Pearlman went on and played the entire concert on three strings and said: “You know, sometimes it is the artist’s task to find out how much music you can still make with what you have left” (12). Leder takes this as an underlying leitmotif of his book, indicating that though illness and impairment can seem to make life impossible, there are always possibilities in “what you have left.”

It is very difficult in a brief summary to do any justice to all the strategies, distinctions, discussions, and nuances of the book, not least of the first part. I can only pick out some aspects that hopefully give an idea of its content. In the first part of the book, “Twenty Healing Strategies,” Leder deals with challenges that bodily breakdowns cause and ways to cope well with them. To give us some philosophical notions to approach impairment and healing, Leder builds on the various ways in which our body is given to us. Starting with the well-known distinction between “being” a body and “having” a body, Leder is not setting up a hierarchy between them. His point is that we both *are* and *have* our bodies. Yet it is first in the breakdown of our normal health that the body appears as something we have: we typically first react to it as something alien, something we want to flee, or as a body we cannot fully inhabit. In the face of such experiences, Leder proposes several healing strategies, such as ignoring the body, which is our most common response, or objectifying the body, which is what medical treatment implies and which ensures some distance from one’s suffering body along with a sense of control. As Leder points out, these strategies (he proposes four) have their limitations and cannot be employed uncritically—in this case, especially because it can lead to the desperate desire to escape one’s body. He therefore turns to the opposing strategies—for instance, embracing the body. While the body gives itself ambiguously as something I am and something I have, Leder suggests the possibility of reconciling with both, in the mode of “I am with” (2024, 41). The first, and certainly often difficult step toward an embrace of the body, is accepting the body in the state it is in. This means giving up false hopes and bringing an end to the wish to escape the factual situation. While this is the first step, it leads on to further steps, not least what Leder calls “befriending your body.”

Edmund Husserl speaks about the capabilities of my body, phrased as “I can” (1989, 159), enabled by all the adaptations and habits that facilitate my ordinary life. He also notes that there are occasions, such as severe illness, where it turns into “I can’t.” However, as Leder makes clear, we are normally not either/or, but usually a mixture of “I can” and “I

can't." In serious breakdowns, however, this mixture is tipped in the direction of "I can't." And yet it never obliterates all of my capabilities and possible healing strategies. One strategy is to restore a lost capacity; to learn to move limbs, walk, or play an instrument again. If the damage is too severe to allow for restoration, a more profound transformation is called for—for instance, by incorporating a plastic addition to the body. In this respect, Maurice Merleau-Ponty's famous example of the blind man with a walking stick comes to mind, where the body has fostered schemas and habits to make the stick serve as a new sensual organ (1962, 143).

Time is another central category because illness often disrupts the normal sense of flowing time and because it can alter the way past, present, and future spread out in our lives. When the expected future suddenly seems blocked, one strategy is to live in the past—for instance, by remembering what we already have achieved. However, Leder warns that living in the past can sink into a state of nostalgia. To counterbalance this, the opposite strategy seems more promising: turning toward the future with hope. While there are valuable resources in both the backward- and forward-looking attitudes, they may come with possible dangers, either in denying present factualities or withdrawing into passivity. There is yet another temporal mode, one that Leder calls "presencing" (2024, 68). As already expounded in *The Absent Body*, illness makes the otherwise-overlooked body manifest in its "dys-appearance." Such bodily manifestation brings us firmly back to the present body. If illness or disability has prevented us from plunging into the task-oriented flow of time, the bodily presence might serve as an opportunity to deepen the sense of all the small pleasures and gifts that have always been there, but to which we have never been present. More overarchingly, Leder argues that serious impairments tend to break into our life narratives, where the "has been" sinks into the past and the "not yet" becomes clouded or seems impossible. Then one must venture into the hard work to restructure the sense of one's narrative, so that, through creative reenvisioning, one can get a new sense of the trajectory of one's life.

The last cluster of strategies presented in the first part takes the intersubjective dimension of our embodied being into consideration. As embodied persons, we are never separate individuals. From the time we enter the world until we leave it, we are exposed to and entangled with others. Leder's neologism "We inter-act" is meant to illuminate the way the body and its acts belong to a social field. Hence, to become whole in healing not only means coming to terms with one's bodily situation, but also reconnecting with the world and others in it. One common strategy by which we employ the intersubjective dimension is by letting ourselves become objectified by others. In cases where there is a need to see a medical specialist, we willingly undergo such an objectification for the benefit of getting a diagnosis and, hopefully, medical treatment. Unsurprisingly, Leder also points to the limits of biomedical objectification, insofar as it tends to ignore important aspects of the embodied person. If to heal means to become whole again, even medical treatment must be embedded in a wider horizon: diagnostics needs hermeneutics in order to interpret symptoms within the wider pattern of life narratives and its present situation; it needs a humanistic and holistic view of the patient's body as more than a Cartesian machine; and it needs a helpful understanding that goes beyond the objective parameters of surgery and medication, however indispensable they may be.

Even if pain is often taken as the single most isolating experience, all forms of suffering—including pain—imply an urgent wish for community. Leder is no doubt right in holding

that to receive, especially to receive help, is a hard lesson to learn. Western countries celebrate independence. To need help and to be on the receiving end therefore often comes with a sense of shame and weakness. But, as Leder importantly notes, to be receiving is not exceptional in human life. Throughout our lives, everyone will be referred to the hands of others, and in many ways, we are every day. Indeed, needing to receive help just underlines a basic human condition—namely, our intersubjective dependency. Correspondingly, Leder also underlines that with some creativity, most injured, disabled, or suffering people are still able to give, and in this way, the receiving and giving can turn into a meaningful circle, which puts one firmly back into the intersubjective dimension of which one is part.

In the second part of the book, Leder changes the perspective and attends to the “marginalized body” as seen from outside, where he argues that imposed judgments in various forms of discrimination “exacerbate, or even mimic, the experience of illness” (2024, 109). He argues that racism, sexism, and ageism are “embodied injustices,” imposed by society and felt in the body and the life-world of those who are targeted. Taking a special interest in incarceration, he sheds light on imprisonment by comparing it to chronic illness. In the following chapter, Leder focuses on another embodied injustice, this time ageism, where the old are no longer held in respect due to their lack of productivity and future opportunities. And, true, aging comes with a loss of vitality and with increasing aches and illnesses—themes that have been explored in the phenomenological literature by Simone de Beauvoir (1972) and Jean Améry (1994). But instead of giving in to their pessimism, Leder holds that aging also means liberation from social expectations and restraints, along with accumulated experience that may lead to more balanced judgments. Still, it is true that old age changes the temporal horizon where the future shrinks and the past failures and disappointments in life might become haunting. Nevertheless, the more overarching perspective of the past gained from the vantage point of age, can make the elderly manage to put the past into a broader perspective: past failures might have led to gains, what at the time seemed meaningless can take on meaning. Even the limited future—ultimately, death—can increase “presencing,” enhancing our awareness and appreciation of the time still left at our disposal. In short, to age well, according to Leder, means to learn to appreciate the benefits and possibilities that are still there.

In the third and last part, “The Inside-Out Body,” Leder first picks up on a theme that has marked his earlier contribution to phenomenology: the interior body understood as its visceral dimensions. Phenomenology has often had very little to say about this dimension. We do have “interoception,” some inner sense of muscles and inner organs by which this interiority is given, even if often given as indistinct and somewhat opaque. Leder argues that our visceral interiority is not locked up in a private inner realm, but is rather one aspect of our body intimately intertwined with the exteriority. This intertwining is captured in his “inside-out body” (2024, 160). On the one hand, he puts forward the hermeneutic point that we need language and experience drawn from the exterior world to make sense of our interoceptive experiences. On the other hand, the “inside-out” also works in the opposite direction. For interoceptive experience often issues calls to action that transcend into the world: fatigue beckons rest, heartburn calls for a glass of milk.

In the following chapter, Leder deepens the inside-out of the body, treating breath as the hinge between inner and outer. On the threshold of conscious and unconscious, voluntary and involuntary, the breath marks a constant flow of in and out, of receiving and returning that draws a circle between inside and outside. Yet it is the healing power of good

breathing that is at the forefront of Leder's concern, where he draws on teaching from Asian breathing practices. It is indeed his fascination with Asian religions—Buddhism, Daoism, and Hinduism—that leads to his last and most spiritual chapter. Well aware of the negative reaction it may stir in some readers, he suggests that the uninterested reader “may omit the chapter entirely” (2024, 186), which turns it into an optional coda. If optional, one may wonder how well integrated the last chapter is, but it does not leave the phenomenological account behind; it transcends it. The “transparent body” suggests a dimension of the body that goes beyond the limits of phenomenological description and gestures toward its metaphysical dimension. While phenomenology regards the body as the null-point of orientation in space, Leder speaks of the “Awareness” (191) that is implied and yet outruns even its phenomenological null-point. Such Awareness is the eternal now, outside time, we are told, which opens up for infinite play of experience, liberated from the normal restraints of perspectival access. Such a view does not, Leder holds, suggest a flight from the body, although it transcends the body. Indeed, its healing potential becomes most clear as we return to our bodies, in new ways of embracing the body as inherently part of a bigger unity of which it is part and to which it responds. Healing is, after all, about becoming whole.

As my summary hopefully has made clear, *The Healing Body* is unusually rich, both in the manifold accounts of bodily breakdowns and limitations and the corresponding healing strategies that are proposed as well as in the span of literature it draws on. Of course, opting for such a scope in a single book, Leder has no possibility of going very deep into every theme that is brought up. This has its advantages, but also possible disadvantages, which can only be assessed by its intended audience. For whom, exactly, is the book written? In the beginning, Leder makes it clear that he wants to reach a broad audience: “I hope this book will be accessible not only to scholars in the philosophy of the body/medicine, but also to the educated layperson” (2024, 8). Given the figures and six questions initially presented to readers, it is obvious that Leder also wants to include those who struggle with illness, chronic pain, or other forms of impairment, along with professional caretakers. Can this broad audience be reached by the same book?

As for its accessibility to scholars and laypersons, I am convinced that Leder's untechnical prose makes the book available to both. But concerning the content, one may still wonder if it will fully satisfy both the scholar and the layperson. For the scholar in the philosophy of body/medicine, there is a lot to be learned from the book. Not only does the focus on healing shed fresh light on various aspects of the body, but Leder also draws on medical literature in ways that are not common, at least in the phenomenological literature. There are also plenty of understudied fields that are brought up in the book—for example concerning interoception and breathing. However, since the book is so densely populated with strategies and topics, very few of the phenomena are treated in depth. Of course, Leder is well versed in the phenomenological literature, but he does not pursue themes and problems to the point where deeper complexity is highlighted or problematized. Themes such as being/having a body, time, death, I can, and intersubjectivity are all central topics for classical and recent phenomenology, but Leder does not engage with such accounts at any length. For the scholar in philosophy, it would certainly be interesting to learn how Leder's view of bodily breakdowns and healing would position itself within the phenomenological landscape; that is, where he affirms, where he departs from, and where he aspires to renew the phenomenological tradition.

That said, it is obvious why Leder has chosen not to delve into the philosophical problematics: he also has other readers in mind. For the educated layperson, he not only wants to present a theoretical map, but—as the figures, questionnaires, and strategies attest—he will also provide practical guidance. Not only is the reader presented with twenty strategies, each counterbalanced with their possible shadow sides, but Leder’s chessboard figure is meant to show that they can also be combined in different ways. Though this makes the book rich and balanced, one might ask if it may become too much. With so many options that need to be tried out, weighed against possible shadow sides, and creatively combined, it might appear disorientating for the sufferer who struggles to find a way to cope with her illness. If read in search of practical aid, the lack of overarching guidelines might be bewildering. But I admit, one could say that this is how it must be, or even that it reflects an important teaching of the book: there is no one solution to the central human predicament that Leder addresses—how to live well and existentially adapt to the challenges we all will face (bodily breakdowns, pain, aging, and eventually, death).

Perhaps it is not possible to fully satisfy the range of readers that Leder aspires to, for it is with writing as with healing: every possible strategy entails a shadow side. But both the scholar and the layperson will certainly get their share. I hope *The Healing Body* will reach a broad audience since it is an important contribution that deserves attention.

### **Disclosure Statement**

No competing interest was reported by the author.

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