

THE CONCEPT OF BODY LANGUAGE IN THE MEDICAL CONSULTATION

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SUMMARY

In this paper we wish to argue that the human body is an instrument of communication that can be used by the individual. This can be shown by the use of phenomenology, as described by Husserl, and that indeed empathy, as described by phenomenology, can be seen as a link enabling two human bodies/persons to communicate. We then wish to show from neuroscience that empathy can itself be seen as a bodily function. We then will describe how the doctor-patient relationship in the consultation is an extremely important type of communication between two persons, and how teaching of consultation skills has developed. We will show that, once consultation skills teaching was established, then study of body language became an essential part of this teaching, as soon as the technology was developed, and finally we will demonstrate that it is now possible to confirm by observational and controlled trials that appropriate use of body language does indeed enhance the effectiveness of the consultation, including, we would suggest, by appropriate communication of empathy and understanding.

Key words: human body - body language – phenomenology – empathy - doctor-patient relationship - consultation skills - neuroscience

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INTRODUCTION

In this paper we wish to argue that the human body is an instrument of communication that can be used by the individual. This can be shown by the use of phenomenology, as described by Husserl, and that indeed empathy, as described by phenomenology, can be seen as a link enabling two human bodies/persons to communicate. We then wish to show from neuroscience that empathy can itself be seen as a bodily function. We then will describe how the doctor-patient relationship in the consultation is an extremely important type of communication between two persons, and how teaching of consultation skills has developed. We will show that, once consultation skills teaching was established, then study of body language became an essential part of this teaching, as soon as the technology was developed, and finally we will demonstrate that it is now possible to confirm by observational and controlled trials that appropriate use of body language does indeed enhance the effectiveness of the consultation, including, we would suggest, by appropriate communication of empathy and understanding.

The Body

The body is fundamental to the medical consultation as it can be used as an instrument for both the patient and the doctor to express themselves and interpret the other person. Gallagher notes that ‘the most general and most obvious fact about (medicine) is that it concerns the body. If one eliminates the body, one eliminates the subject and object of medical science and practice’ (Gallagher2001). Therefore, in order for the doctor to

address the patient’s illness, they must first address the patient’s body and thus their body language.

The definition of the human body can be ambiguous. In this context the body is not seen as merely a concept signifying physical, visible and tangible limits, but has its own metaphysical interpretations. For example, the skin, an element of the body, does not simply mean the biological cellular organ covering the body but also can be seen as a threshold of self. Hahn has described this idea of a multi-layered interpretation of the body:

Each person has a body and a self that includes a mind, subjective experience, and relationships with the social and physical environment. Persons affect and are affected by their environment; and each part of a person (body, mind, experience, relationships) may affect other parts.’
(Hahn 1995)

This quote was the first to introduce the concept of the physical environment and showed, how the physical environment is as important to the perception of reality when compared with the other elements listed. The physical environment of the body is crucial as it allows for the individual to interact with the environment and form their own construct of reality. The mental aspect of the body or the ‘self’ is just as critical to forming a reality as the physical environment, as it enables the person to process their environment and form their own personal form of reality. Without this personal form of reality the individuals would be unable to express themselves through the body. This relationship between the mind and the body is under continual debate; whether they are two very distinct things, each occupying its own dimension separate from the other, or whether one should talk of mind and body and self or

mind/body/self. In sickness, all three aspects are used to try and express the issue of the patient.

Though all three aspects are crucial for wellbeing in a person, the body is the most easily assessed in a medical consultation, as ‘the body is the first and most natural tool of man’ (Mauss 1979). The body is the vessel used to experience the world. It is also the means through which we experience ourselves and through which we are and feel present in the world. This idea has been consolidated by Maurice Merleau-Ponty, who has stated that the body is the means through which consciousness is situated in the world. Empiricism and rationalism see the body as an object, which is used as a rudimentary tool. However, Merleau-Ponty uses the evidence of experience to view the body as a subject in its own right, because ‘if we look at our lived experiences of the body we realize that it is not like (any) other objects in the world’ (Spurling 1977). The body can therefore be seen as a method for communication as well as a rudimentary tool for, for example, coordinated movements. This implies that an individual’s body can be used to observe and situate the person in relation to the other objects and spaces around them. ‘Deviations’ or ‘distortions’ in our bodies are sure to affect, at times even alter, our experiences of ourselves with the world, or environment, around us. Therefore our body is an embodiment of experiences, and of relationships, as ‘the body is also a set of relationships that link the outer world and the mind into a system’ (Scheper-Hughes 1987). This ultimately, defines what the person is. Thus, the body can be seen as a medium, allowing or subduing self-expression, depending on the environment.

Phenomenology

The distinction between the body and the person is hard to untangle. However, the Cartesian school of thought continues to believe in a dichotomy between the two. This is the antithesis of the position of medical anthropology and phenomenology. They challenge the concept of dichotomy with the notion of the phenomenal body- a term coined by the Merleau-Ponty in his *Phenomenology of Perception* (Merleau-Ponty 1945). This theory never distinguished between a physical body and a pure non-physical mind. Rather he refers to what his predecessors - Edmund Husserl (1859-1938) and Martin Heidegger (1889-1976) – call the being-in-the-world, ‘of which the lived body is the intentional expression’. Laurie Spurling explains it like this:

‘There is, for example, a kind of latent knowledge (in the sense of knowing how) manifested by my body, an awareness of itself which is not explicable as the work of a non-corporeal mind somehow operating in my body. In describing the body as it appears to our naïve experience, we are brought to acknowledge the existence of a body image which functions below our level of conscious reflection.’ (Spurling 1977)

This notion can be described through an simple example, if I cut myself I can determine where I have

cut myself without having to look for the injury. One has the ability to perceive the cut, as the cut is felt in relation to the rest of the body. This perception is due to a subconscious awareness of the body described by Spurling. This inherent perception is present because ‘my whole body for me is not an assemblage of organs juxtaposed in space’; the ‘outline of the body is a frontier’ and its ‘parts are interrelated’ – ‘I am in undivided possession of it’ (Merleau-Ponty 1945). Merleau-Ponty’s work has been used to describe the phenomenological body, which as a concept is understood as a synergistic system with all components connected to form an expressive unit that interacts with the environment.

The work of Merleau-Ponty has helped to shape the theories of phenomenology to relate to the body and helped to advance human sciences. Phenomenology itself is the philosophical study of the structures of experience and consciousness. The philosophical movement was founded in the early 20th century by Edmund Husserl and was later expanded by followers at the universities of Göttingen and Munich in Germany.

As Husserl described it, phenomenology is primarily concerned with systematically reflecting on and studying the structures of consciousness and those phenomena which occur in acts of consciousness.

However, the movement should not be seen as a unitary movement, as Gabriella Farina describes:

‘A unique and final definition of phenomenology is dangerous and perhaps even paradoxical as it lacks a thematic focus. In fact, it is not a doctrine, nor a philosophical school, but rather a style of thought, a method, an open and ever-renewed experience having different results, and this may disorient anyone wishing to define the meaning of phenomenology.’

(Farina 2014)

The basis of phenomenology is an attempt to objectively study topics such as consciousness and the content of conscious experiences including judgements, perceptions and emotions, in spite of the fact that all these conscious experiences are usually considered to be subjective.

While phenomenology attempts to be scientific, it does not use the methods of neurology or clinical psychology to study consciousness.

Rather, it employs systematic reflection to identify the essential properties and structures of experience.

Hence phenomenology assumes that analysing daily human behaviour, including body language, will lead to a greater understanding of the nature of the human person, and hence, in our context, can be employed to ultimately help understand the medical consultation. Phenomenology assumes that persons, not individuals, should be studied, since persons can be understood by observing how they uniquely reflect the society in which they live, because this includes interpretation mediated by both the mind and the body.

One important concept in phenomenology is that of intentionality, otherwise referred to as ‘aboutness’. This

Concept was borrowed by Husserl from his teacher Franz Brentano (Rollinger 1999). The concept of intentionality is the concept that consciousness is always consciousness of something.

This object of consciousness is referred to as the intentional object, and this object becomes an object for consciousness in several different ways, including perception, memory, retention and protention (An anticipation of a future event), signification (The representation or conveying of meaning), etc.

In spite of the fact that these different ‘intentionalities’ have different structures and different ways of being ‘about’ the object, the object still remains a single identical object. Thus consciousness is directed at the same intentional object whether directly perceiving it or immediately retaining the object and ultimately remembering it.

The work on phenomenology by Husserl and the idea of intentionality lead to the conception of the mindful body (Scheper-Hughes 1987). The mindful body is the belief that our bodies are incarnations (in the sense of ‘carne’: alive, sensitive, aware) of ourselves, where the physical and mental aspects of our ‘self’ are linked and have correlating or contrasting reactions to the same stimuli. This heavily linked connection between the two is made possible because, in essence, the two aspects (the mind and body) are one. This supports the view of Merleau-Ponty and helps strengthen the phenomenological view that the body is just as essential to self-expression as the mind, because they are a single system that is measured by consciousness.

Empathy

In a medical consultation both the patient and doctor must be suitably familiar with their own body (and thus their mind), to enable appropriate interactions with the external environment and each other. Equally, the doctor must also have the additional trait of empathy.

Empathy is that faculty by which a human person is able to ‘put himself in the place of’ another human being, so that he can understand how the other feels, and then react to those feelings.

In phenomenology, empathy implies experiencing one’s own body as another. We often identify others with their physical bodies, but phenomenology requires us to focus on the subjectivity of the other, and also on our intersubjective engagement with them.

Husserl argued that this was achieved by a sort of apperception (any of several aspects of perception and consciousness in such fields as psychology, philosophy and epistemology.) based on the experiences of one’s own lived-body.

The lived body is one’s own body as experienced by oneself as oneself. One’s body is manifest to oneself mainly by one’s possibilities of acting in the world, as in reaching out to grasp something, however it also allows one to change one’s point of view.

Thus one is able to differentiate one thing from another by experiencing moving around it, seeing new aspects of it (often described as making the absent present and the present absent), and still maintaining the concept that this is the same thing of which one was aware a moment ago (it is identical). One’s body is furthermore experienced in two ways, both as object (one can touch one’s hand) and as one’s own subjectivity (one’s experience of being touched).

This experience of one’s own body as one’s own subjectivity can then be applied to the experience of another person’s body, which, through apperception, is another subjectivity.

Hence one can recognise another person’s intentions, emotions, etc.

This experience of empathy is central to the phenomenological explanation of intersubjectivity. In phenomenology, intersubjectivity constitutes objectivity. This means that what one experiences as objective is also experienced as being intersubjectively available to all other subjects.

When experiencing intersubjectivity, one has the experience of being a subject among other subjects. Furthermore one experiences oneself as existing objectively for the other subjects, being a subject of another’s empathic experience.

Hence, one experiences oneself as objectively existing subjectively. This intersubjective experience is part of one’s lifeworld.

The ability for a person to empathise with another through intersubjectivity enables the two to connect and communicate, and thus form a relationship.

The above account of phenomenology and empathy is based on Husserl’s views, expressed in his ‘Logical Investigations’. However, it was his co-worker Edith Stein who in fact developed further the concept of empathy in terms of phenomenology. She wrote her thesis ‘On the Problem of Empathy’ with Husserl as her supervisor. She extends Husserl’s arguments. Empathy is an intentional state which reveals to us persons and their experiences. Stein argues that, in the same way as acts of ideation can reveal the universal properties of the ordinary physical objects which are revealed to us in ordinary perception, we can also perform acts of ideation on the objects given to us by empathy. These acts of ideation (the creative process of generating, developing, and communicating new ideas, where an idea is understood as a basic element of thought that can be either visual, concrete, or abstract (1). Ideation comprises all stages of a thought cycle, from innovation, to development, to actualization), can, according to Stein, reveal to us “spiritual types” of persons, and thus we can identify these types as different types of character traits.

These types are identified by the ways in which they are receptive or unreceptive to various values, so that the ideal type is receptive to all genuinely positive values. Thus, Edith Stein argues that through acts of

empathy we can come to learn what type of person we are, because through acts of empathy we can become more fully aware of what it is that we actually value.

If it is possible by empathy to do this, then it must have extremely important implications for the Doctor-Patient Relationship; both doctor and patient would, during the consultation, be able to become aware of what values the other person holds. It is the opinion of one of us that such events do, in fact occur during medical consultations.

Empathy can in fact be demonstrated by neuroscience fMRI studies. Studies by Georg Northoff (Northoff 2009) have identified parts of the brain that have the function of identifying self, known as the interoceptive network for body perception. This network was then found to have a strong overlap with the empathy network, which was discovered by fMRI tests that highlight parts of the brain that function when we are being empathetic. This helps to show that empathy is reliant of the person's 'embeddedness' of self in the world, which is equivalent to their intrinsic relation of the self to the world. This is not a reductionist theory, but it should be mentioned that if we are 'animal' then every one of our actions should have an 'animal correlate' (Agius 2014). The fMRI studies can be used to show that empathy is a bodily function that can be measured and so potentially used to improve the medical consultation, through its affect on the doctor-patient relationship.

The Doctor-Patient Relationship

The doctor-patient relationship has become fundamental to the medical consultation, and thus the central tenet of medical practice (Agius 2008). Sir James Spence described the consultation as 'The occasion when, in the intimacy of the consulting room, a person who is ill, or believes himself to be ill, seeks the advice of a doctor whom he trusts' (Spence 1960). The consultation is dependent on a functioning relationship between these two persons; one of who may have a problem, but also much life experience, while the other, who also has had years of life experience and study of the art of medicine, is believed by the first to have the knowledge and skills to help find a solution (Agius 2008). This relationship is reliant on the patient having confidence and trust in the doctors abilities to treat, which in turn gives the patient the assurance to 'open up' to the doctor to help further the consultation. They both must be willing to value each other as individuals, each with their own knowledge, experiences and frailties, otherwise the relationship will breakdown.

From the doctor's point of view, their approach must include holistic aspects to achieve a successful relationship. Sir James continued 'Before explanation and advice can be given to a patient, three diagnoses must be made: the diagnosis of the disease, of the concept or fears of the disease in the mind of the patient and of the patient's capacity to understand the explana-

tion' (Spence 1960). Spence places equal emphasis on the patient's scientific diagnosis and their emotional diagnosis, which encompasses their understanding. This allows the doctor to gage the patient, and can give the appropriate advice to the patient. A patient's understanding is dependent on how effective the doctor's explanation is and acknowledgement of their needs, which in turn affects the improvement to the patient's overall illness. The doctor's holistic approach acknowledges that every illness is different, and that the physician himself is an important aspect of the healing process. The function of the doctor and his communication skills in the healing process is of great importance (Brown 1976). Brown and Freeling have stated:

'The doctor's function is to understand the whole of his patient's communication so that he could assess the whole person and be able to consider the effect of any intervention in an illness on the whole life of his patient.'

(Brown 1976)

The doctor must be able to 'read' the patient, using all the different types of communication the patient presents with; this again highlights the importance of body language in the medical consultation.

In order for assessment to be made, the doctor must be able to interpret the body language but also listen to what the patient has to say. Michael Balint listed the doctor's tasks as 'listening', 'understanding' and 'using' the understanding so that it should have a therapeutic effect' (Balint 1964). The idea of the doctors themselves being a medical tool that can have a therapeutic effect has come to the forefront of medical consultation training, with Balint speaking from a psychodynamic perspective, suggesting that the most important drug that the physician prescribes is himself (Balint 1964). More recently, it has been suggested that such ideas should also be applied to nurses and others in the treatment team (Boardman 2009). Such concepts have led to the introduction, at the insistence of the general medical council (of the U.K.), of communication skills training in medical schools and general practitioner training, which are taught to help improve the doctor patient relationship and thus further the consultation.

The doctor's assessment (Brown 1976) of the patient during a consultation is only made possible with the patient's willingness to cooperate and communicate with the doctor, and this comes with trust and a strong relationship. Trust is essential as it lays the foundation of the relationship and brings with it the doctors ability to assess the patient fully and make the most suitable decision that fits the patient's needs. Furthermore, in order for the relationship to thrive and become strong there is the need that both patient and doctor recognise the other as a unique person, as all human persons are indeed unique, and therefore in them have a value that is inestimable to the other. As there shall never be another person with that exact illness. Having a trusting relationship where both persons are valued in their respective roles enables the consultation process to flourish.

The Medical Consultation

Throughout this paper the doctor and patient have been viewed as unique individuals who have their own understanding, experience, and knowledge, all of which will have an influence on how they enter the medical consultation. It is one of the doctor's roles to manage the consultation appropriately, so that both doctor and patient can understand each other, share their knowledge, apply it to a common problem, which is the one that the patient has brought, and then come up with a common solution (Rider 2014, Bowes 2012, Russ 2011). The technique for managing a consultation, known as consultation analysis, has been developed and become an integrated part of a doctor's training. It aims to emphasise how the mutual understanding of the doctor-patient relationship can be brought about in the consultation (Agius 2014).

There are many different consultation styles, all of which have been developed through consultation analysis to help improve the consultation. Roger Neighbour designed a method for consultation analysis in his book 'The Inner Consultation' (Neighbour 1987). It is a five-stage mode that begins with the doctor connecting with his patient and developing rapport and empathy. He then 'Summarises' with the patient their reasons for attending, including their feelings, concerns and expectations from the consultation. Having made a diagnosis he then 'Hands Over' or shares with the patient an agreed management plan which hands back control to the patient. He then 'Safety-Nets' or makes contingency plans with the patient in case the clinician is wrong or something unexpected happens. Finally, once the patient has left the doctor 'Housekeeps' or taking measures to ensure the clinician stays in good shape for the next patient (Mark Agius, in press).

Another successful consultation technique that has its basis in consultation analysis is Silverman's Calgary Cambridge method of analysing consultations (Silverman 2013). Previous work by Pendleton (Pendleton 2003) forms the basis of this method, which focuses on an evidence-based approach to the integration of the 'tasks' of the consultation and improving skills for effective communication. A Silverman consultation has a similar flow to a Neighbour consultation, but with subtle differences. It begins with the doctor establishing rapport and ascertaining the reasons for the patient consulting. From this a shared agenda between the doctor and patient is formed, enabling information to be gathered from the patient. The doctor uses open-ended questions to allow the patient to tell their story, and only uses closed questions later on to get additional information. The doctor identifies verbal and non-verbal cues given by the patient to help improve the relationship further, by conveying their own cues to the patient that show acceptance of the patient's views and feelings whilst demonstrating empathy and support. The doctor can then go on to develop a treatment plan with

the patient, after giving digestible, understandable, information and explanations to them. Finally the session closes with the doctor summarising and clarifying the agreed plan (Agius, in press).

A running theme throughout consultation analysis is the idea of mutuality between the patient and doctor, with constant clarification of their understanding between the two participants. Both bring their own knowledge, fears and concerns to the consultation and the doctor must demonstrate to the patient, through their communication skills, that they have the capacity to manage the consultation to result in the best treatment plan for the patient, whilst continually involving the patient in the decisions. It must be noted that the doctor and patient may see the consultation as having different aims and outcomes. For a successful consultation and treatment plan there must be an integration of both viewpoints, which can be achieved through consultation analysis.

A doctor's consultation style has been developed alongside consultation analysis, resulting in most medical training adopting a patient centred approach. This consultation style is less authoritarian, as it encourages the patient to express their own feelings and concerns by using open-ended questions. This enables the doctor to discover more information on the psychosocial aspects of the patient's illness. Thus, an integrated approach to information gathering, seeking to identify physical psychological and social factors, is likely to produce a better outcome (Agius 2014).

Body language is an important skill in the patient centred consultation style as it helps to establish rapport and empathy, which is crucial to forming a doctor-patient relationship based on mutual understanding. Even how the doctor sits affects how he projects himself. If the patient is across the desk, and the doctor sits like a headmaster, then the consultation becomes more authoritarian, while if a desk does not separate the patient and doctor, then the consultation is held on a more equal footing (Agius 2014). This 'open' body language allows for an open discussion between both parties, leading to a sharing of information that will result in a mutually agreed solution to the problem presented by the patient.

Once consultation skills teaching was established, then the study of body language became an essential part of this teaching, as soon as the technology was developed. British Clinical Schools and General Practice training programs now have a common method of training doctors in the consultation skills, which involve the videoing of consultations (real or simulated) and their consequent analysis for the aspects of a good consultation (Cahill 2007, Salisbury 2013, Pringle 1990). The videoing enables students to look specifically at their body language to improve their technique to reach an open consultation style that helps instil trust and confidence in the patient.

The improvement to the medical consultation when body language and non-verbal behaviour is taken into account had not, until recently, been investigated in observational and controlled trials. Paul Little et al. undertook a randomised controlled trial (Little 2015) that gives evidence to support the claims of this paper. The aim of the trial was to assess brief physician training on improving predominantly non-verbal communication. The trial compared a group of general practitioners from Southampton where some were given a brief presentation explaining specific body language techniques to help improve their consultation style and the opportunity to evaluate videotapes of their own consultations, whereas, the controlled did not have access to any of this. Patients then evaluated the consultation through the medial interview satisfaction scale (MISS) mean item score (1-7) and a questionnaire that looked at patients' perception of other domains of communication. The results show that the intervention GPs scored higher MISS overall and had significant improvements in perceived communication/partnership and health promotion. This is strong evidence to support the importance of body language in the medical consultation.

Further evidence comes from observational trials by Paul Little et al. (Little 2015), which aim to correlate observer ratings of behaviours in videotaped consultations with patients' perceptions. Independent observers watched consultations and rated verbal and non-verbal according to the MISS scores and questionnaires. Higher scores were correlated with actions that are linked to an open body language approach, such as a degree of lean, gestures, 'back-channelling' (saying 'mmm'), and social talk. The work carried out by Paul Little et al. gives concrete evidence to support the view in this paper that using open body language is essential to a successful medical consultation with a strong doctor-patient relationship that allows for a mutual dialogue between the two.

CONCLUSIONS

Hence we can conclude that the body is indeed a way in which we can communicate as persons. We have been able to move, from philosophical concepts of the human person or self to the possibility of human persons being empathic with each other, and then to their expression in neuroscience, but also to a situation, such as in the doctor-patient relationship, where appropriate use of body language can be taught as a means of enhancing communication and, for the first time, it can be shown that indeed communication between humans is enhanced by the appropriate and meaningful use of our bodies.

Acknowledgements: None.

Conflict of interest: None to declare.

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