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THE IDEA OF "ARCHAEOLOGY OF PERCEPTION" IN THE PROCESS OF TRUST CREATION BETWEEN PATIENT AND PHYSICIAN

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ABSTRACT

The interaction between the patient and the doctor is refracted through the phenomenon of trust. In antiquity, an individual's self-care took place through metaphorical objects: dreams and their retelling, revision, mirror, etc. In the age of Enlightenment, trust becomes in some way an economic characteristic that measures the attitude towards a person and forms an idea about him. In the moral context, the phenomenon of trust manifests itself through sympathy, which is meant as a «social lubricant» (A. Smith), which ensures the development of a sense of brotherhood and at the same time makes semantic adjustments to the definition of personal space. In the philosophy of the XX century. in the works of P. Shtompka, E. Giddens, M. Foucault, A. Seligman, trust appears in a different explanation: philosophers form this concept through ethical behavior, seek to find a difference through correlation with its synonyms (confidence, faith). The social function of trust is interwoven into the medical field in the aspect of the relationship between the patient and the doctor. The interaction between the patient and the doctor is accompanied by verbal and non-verbal communication (the article attempts to clarify trust through the latter type of communication), which allows the former to expect a definite statement and/or build behavior: treat the doctor with suspicion or trust him. The pattern of the doctor's behavior determines the conclusion about himself on the part of the patient. The patient monitors how he is being examined and gives an internal assessment. In the process of communication, their relationship moves from a paternalistic model of relations to a collegial one (according to the concept of R. Veatch). The doctor, through an examination (professional or superficial), forms an idea of the disease at the same time about (not) meeting the patient's expectations. In comparing the external through the internal, the patient shows components of care: social practices (observation and/or detection of symptoms by a doctor, for example) in an individual human being (E.N. Bolotnikova).

KEYWORDS

MICHEL FOUCAULT. TRUST. PATIENT. ARCHAEOLOGY OF PERCEPTION. PHYSICIAN. SOCIAL INTERACTION. FRAGILITY. MEDICALIZATION. SELF-CARE.

THE IDEA OF "ARCHAEOLOGY OF PERCEPTION" IN THE PROCESS OF TRUST CREATION BETWEEN PATIENT AND PHYSICIAN

The process of establishing trust between people plays a key role in the formation of a positive and productive foundation for mutual relations at both the personal and organizational levels. It is not surprising that this property of social communication is subjected to careful study: depending on the direction of research interest, trust became an ethical category of morality, acquired religious characteristics in the context of faith (Aristotle, B. Spinoza, S. Kierkegaard, G. Simmel, V. Frankl, etc.), was considered as a subject studies in socio-psychological and organizational – direction (E. Giddens, A. Seligman, P. Shtompka, D. Brown, etc.). T.M. Beardsley, E. Erickson.

The socio-political and cultural upheavals of the 20th century forced us to rethink the values and knowledge of previous generations: philosophical trends began to arise – structuralism, existentialism, phenomenology etc., reflecting a different position on the interaction of man with reality. Representatives of the new approaches that have appeared (E. Husserl, M. Foucault, J.-P. Sartre, M. Heidegger, etc.), to which we focus attention in this article, have understood under trust a social act that requires "confirmation of truth in the grounds" (EMELYANENKO, 2012, p. 24). In the phenomenological, semiotic and hermeneutic approaches, the objects of trust are "I" "World", "Absolute" and "Other", which illustrate the above-mentioned attitude to the surrounding reality and, in particular, to a specific person through verbal and non-verbal communication.

Modern conditions of social reality are also undergoing changes. The formation, establishment, and consolidation of a trusting relationship becomes an integral part of the development of social exchange, in particular, this process and the inclusion of the phenomenon of trust in it are most clearly manifested in the medical field. Hermeneutical and semiotic directions provide for the presence of methods (which were described by M. Scheler, Y. Habermas,

M. Merleau-Ponty, K. Jaspers, etc.) capable of revealing communicative systems for mutual understanding, mutual trust between individuals.

The construction of social life, i.e. the part of it that encompasses people's relationships, implies the presence of trust. The article describes this phenomenon from the social side. Trust as a "social lubricant" (according to A. Smith) allows a person to expect a certain response from another or the surrounding reality (P. Shtompka), i.e. the manifestation of self-care through the action of another.

SELF–CARE: DEFINING THE CONCEPT IN THE CONTEXT OF TRUST

The rehabilitated ancient Greek concept of *epimeleia heautou* – self-care became fundamental for Michel Foucault in the study of *Histoire de la sexualité* of mental exercises, right actions. The culture of building oneself (*lacultur de sua*) through morality gets rid of external passions. The difference between culture and care is due to the fact that the former implies self-disclosure, i.e. self-knowledge. The second is considered as self-focus, which is mainly aimed at forming the ability to manage oneself – healing. The third concept, which would indicate an attitude towards oneself – *paideia* – a Greek word for education or upbringing.

These concepts form a discursive field in which an attempt is made to explain a person's attitude towards himself. They are rather dual functions in defining and building self-awareness, in other words, self-care is overcoming opinions about one's own personality, clarifying, forming a clear idea of oneself through subjective cognition – establishing self-confidence. Michel Foucault, in the third volume on the history of sexuality, notes a stoic line of behavior: a person should improve himself, engage in "self-correction" of the soul, so that the body obeys the soul, curbing desires (FOUCAULT, 1998a). Constant control of the body allows a person to examine himself, understand weaknesses,

compels him to obey and, in the meantime, critically perceive the assessment of another person, including a doctor.

A somewhat opposite concept, but closer to our topic, is *therapheia* (according to Epicurus, *phisiologia*), which is used by Plato to define care as health care. Let's take one of the famous examples of interaction between a patient and a doctor in Ancient Greece. In the ancient period, the city of Epidaurus was a famous center of healing. On both sides of the main road there was a theater and the temple of Asclepius. In the temple, a double colonnade was built at the entrance, where the front part served as a place of rest for a person who was located inside the room after a tiring journey. The patient had to have a sacred dream in which Asclepius appeared, and the next day the Asclepiades deciphered him.

After sleeping, the patient conveyed in conversation the images, sensations and symbols that the doctor had to correctly catch with his "gaze". Foucault took a serious approach to clarifying the "view" and the problem of "seeing and speaking". Until the formation of medical knowledge as a specialization, it was a universal way of relating a person to himself to myself (AFANASYEVSKY, 2018, p. 23).

E.N. Bolotnikova (2016) formulates the idea that «self-care» is intertwined with social practices that are present in pedagogy, medicine and are gradually moving into economics, ecology, etc. a person who cares about himself reveals the social in the individual. Metaphorically, this concept allows us to see the elements of individual existence.

The philosophical discourse of the disease of the XX century is structured within the following models (BILIBENKO, 2013). The first, existential-phenomenological, which develops within the framework of relevant psychiatry and includes mainly the ontological rehabilitation of mental illness, develops an existential theory where mental illness is understood as the result of changes in spatial and temporal landmarks, as well as the transformation of the foundations of human existence. The second model is being formed within

the framework of antipsychiatry – it is developing within the social anthropology of medicine. Mental illness is understood from a social point of view as marginality and inconsistency with generally accepted norms, and the practice of psychiatric care is understood as the practice of isolation rather than treatment. The third model emphasizes the epistemological treatment of the disease. At the same time, mental disorder is not only analyzed from the perspective of the history of society and culture, but also through this analysis, the mechanisms and foundations of culture and history itself are revealed.

In short, a new idea is gradually being formed that the disease has real properties, and not deliberately invented or attributed due to a person's subjective suspicion of non-standard behavior or ideological perception of the surrounding reality, and, in essence, corresponds to the sphere of the real. A scientific conceptual framework is beginning to be established, in other words, a new discipline is being born.

FRAGILITY OF SOCIAL INTERACTION

The patient's distrust and the doctor's rational curiosity create an opportunity for the former to become both the subject and the object of his own knowledge. Being monitored by a doctor, the patient associates some expectations with the subsequent conclusion of a special list. At the same time, the patient himself forms an idea of the result of the examination: it is based on the manifestation of the paralinguistic characteristics of the utterance (gestures, facial expressions, etc.) (VINOGRADOVA, 2016). In the study of I.R. Kamalieva and V.S. Nevelova, the system of doctor–patient relations is considered, in which there is a lack of trust (KAMALIEVA, NEVELEVA, 2019), and here it is important to emphasize that this lacuna manifests itself during the patient's experience of the disease.

In order to reduce their own inaccuracy to a future conclusion, the patient *fills* the misunderstanding with meaning at the moment of interaction,

therefore, the expectation consists of a relationship of trust in the doctor as an expert and distrust due to a lacuna in the information field of the patient himself. In addition, peering into the gestural and mimic accompaniment provided by the doctor aligns the formed and expected ideas about the future utterance.

In this social process, the patient and the doctor establish a collegial model of mutual relations (according to R. Veatch): a critical examination by the patient's doctor provides for the emergence of additional questions, the answers to which the patient formulates according to the prevailing attitude towards the specialist. The social practice of exchanging (complaints, clarifications, prescriptions, previous and current anamnesis, etc.) between them is on the verge of the paternalistic attitude of the doctor to the patient, but, nevertheless, does not boil down to it in absolute meaning. R. Veatch (1994) refers to the paternalistic type of relationship is the lack of rights and complete subordination of the patient to the doctor. However, in our opinion, this is possible due to a physical or spiritual lack of knowledge of the patient or knowledge about his own body. T. Sas and M. Hollender developed a model (KABA, SOORIAKUMARAN, 2007), which includes three areas – active – passive, managed cooperation and partnership, where the second type involves the patient's participation in making decisions about his health, and yet the role of the doctor remains predominant due to his qualifications and experience, and the patient does not protest against professional opinion.

The emergence of trust is also associated with the need to fill an empty information space. After all, trust, according to A. Seligman's thesis, is a lack of confidence in certain knowledge about a subject, event, etc. It means that the patient's ego limitation is crucial for making a diagnosis and entails a decrease in distrust of the doctor.

One of the qualities of this decline lies in A. Silver's explanation of the concept of "symbiosis" according to Adam Smith, which "creates for society a certain kind of 'social lubrication' (social lubrication) and becomes the key to

establishing a moral order in social psychology, free from authoritarian ideas that were served by religious, economic and political institutions" (SILVER, 1997, p. 10). However, in this case, Alan Silver explains the essence of the trust relationship that developed during the Enlightenment, when commercial society was developing, in which it was necessary to have this quality.

Thus, a friendly attitude is born and the lack of knowledge that can be obtained through interaction with another is compensated. A. Seligman defines, for example, "emotional value for individuals", "moral assessment as the pinnacle of human virtue" and "as a form of social solidarity" as social attributes, which are identified with trust (SELIGMEN, 2002, p. 43).

Trust is a fragile social interaction that is governed by a system of role-based expectations. If they are not enough, then attempts may be made to preserve it in order to gain confidence. When a patient observes how a doctor performs manipulations or that his behavior corresponds to known normative patterns, the former has a sense of confidence. However, "having seen behavior that is unacceptable" (FILIPPOVICH, STREKALOV, 2021, p. 39), according to the learned moral system, the patient may become wary. In our opinion, some clarification is required here, which concerns the study of A. Seligman. In it, trust and confidence have different meanings, the difference lies in the presence of certain knowledge, the possibility of explanation and the correspondence to expectation – in this case, the expectation of the patient.

A.F. Filippov in the Sociology of Space considers "kitchen" and "house" as «social characteristics reflecting practical rules, emotions or routine actions» (FILIPPOV, 2008, p. 239), which are attributed to these places. We can apply social characteristics to other places, for example, to a doctor's office or expand the area of the place to a hospital. Their presence can also form a patient's level of trust. Or, for example, a deliberate inspection of a table and other furniture, the location of written objects and technical means orients the patient to the formation of an expectation and a verdict. Consequently, a place also defines

"action and behavior in a particular space", which are "socially defined" and which endow a person with power (CHESNOKOVA, 2021, p. 208).

At the same time, the doctor does not so much need to designate and denote the symptoms felt by the patient, as his insight during the examination is important for him. S.E. Ilyin noticed this so that «maybe <...> doctors do not so much treat as create and materialize diseases» (ILYIN, 2017, p. 11). The authority of the view, according to Foucault, allows one to "beware of interference" (FOUCAULT, 1998b, p.166). Dumbness regulates its purity, makes it possible to listen and identify symptoms through observation. They become visible because they are audible.

Silent observation, on the one hand, arouses the patient's sympathy and, consequently, trust, since the doctor concentrates on personal experience without interpreting the feelings by the patient himself. The art of observation by a doctor is more likely to cause confidence, since the examination is conducted without outside interference – only the eyes observe. The only condition is the ability to observe: the included presence of a doctor, a professional examination that does not require physical contact. This is a condition that concerns the perception of an impression, and therefore, the conclusion about the object (diagnosis) can become a condition for conclusions that will become the true consequences (FOUCAULT, 1998b).

THE PRESENCE OF THE IDEA OF THE "ARCHAEOLOGY OF SIGHT" IN THE MEDICAL SPACE

The convergence of spiritual practice and medicine, which Foucault designated as the "medicine" of culture, leads to the fact that attention to the body correlates with its disorders and infirmity. The Stoic School represented by Epictetus, Seneca and Marcus Aurelius implied the knowledge of their condition as pathological and in need of healing.

Looking inside oneself, recognizing passions, ailments orients a person to separate himself from the environment, but at the same time self-awareness occurs –the exteriorization of an individual connecting with nature.

The movement of medical discourse in a historical context transforms the view of a physician. The change in the attitude towards the human body as an object since the middle of the XVIII century begins to reveal its hidden side. "The medical body itself, with its tissues and organs, in which the disease is located, appears as the fruit of a new discourse" (AFANASIEVSKY, 2018, p. 24). The changes are determined by the introduction of social theory into the medical history of the experiment, i.e., an increase in the number of people in the medical space rationalizes human behavior in relation to one's own body.

In the Russian Empire of the XVIII century, local residents of Arzamas ignored the staff physician and read local healers (LEPEKHIN, 1795, p. 72). Meanwhile, the essence of distrust between a doctor and a patient is determined by the degree of accessibility of explanation, the non-verbal form of communication and the level of development of medical knowledge. With an increase in the level of literacy, the practice of keeping daily records, health diaries, writing letters to friends describing not only the physiological but also the mental state, composing their own biographies, memoirs is expanding.

The degree of distrust between the patient and the doctor is characterized by the formed professional skills of the latter, who can correctly describe the symptoms and communicate the diagnosis to the former. That is, the patient expects to correlate the doctor's experience with his own diagnosis – to predict the diagnosis and back up his expectation with the doctor's experience. Language in the history of culture, especially in medical discourse, has two suspicions from the point of view of Foucault: the first is that language speaks, hiding the basic, deep meaning, and the second is that language is not limited to verbal – in a new form. "Each culture develops its own interpretation techniques, which in fact are ways to suspect the language that it wants to say something other than what it says" (DYAKOV, 2010, p. 124).

In "The Birth of the clinic", published in 1963, the French philosopher correlates "the space of the body and the space of the disease", which «have the freedom to slide relative to each other» (FOUCAULT, 1998b, p. 33). In other words, as V.L. Afansevsky explains, the disease is associated with the body through measurable accidents, i.e. lethargy, weakness, fever, weight, etc. Thus, an idea of the diagnosis of the disease and a new attitude towards the patient is formed. In the article by N.V. Volokhova on the poetic dimension of L.N. Tolstoy's philosophical heritage, it is pointed out that "a person is deprived of the instinct of death from birth" (VOLOKHOVA, 2015, p. 47): he cannot predict, hear "a sound alien to nature". Nevertheless, a person prepares, tries to find symptoms that proceed, if not death, then illness, as the Russian classic very accurately writes in "The Death of Ivan Ilyich" (VOLOKHOVA, 2000, p. 90).

Pain is a manifestation of the internal through the external, i.e. it is an information component, a conditional sign that can be read by a doctor or transmitted by a patient. This feeling complements the usual five. Biologist Otto Lowenstein in his work "On feelings" (FIORE, MCLUHAN, 2012, p. 86) points out that the only source of information about pain can only be the patient, since the continuous sections of the neural pathway associated with the patient organ represent a haphazard process that not only it moves away from the diagnosis, increasing the time of its formulation, but also reduces the patient's trust.

In "The Birth of the Clinic", Michel Foucault describes the trinity of sight-touch-hearing, which becomes a complex organization of the "distribution of the invisible". Each of the three components transmits information about the patient to the person who is next to him. And if a doctor can identify solid masses by touch, and aneurysm noise by hearing, then the person present next to the patient is unlikely to be able to make a diagnosis, will not touch him and the patient will definitely feel something wrong.

The downward trend in the level of trust in societies occurs with varying intensity. One of the mediative factors that strengthen or weaken the general tendency is deeply rooted historical traditions, reflected in the so-called cultures

of trust or, conversely, in the culture of distrust or cynicism. In countries with a high level of trust (Norway, Sweden, Holland, Japan, USA, Germany), people act based on the principle: "The other is trustworthy until it turns out that he is a liar". In countries with a low level of trust (Brazil, Nigeria, Italy, France, Russia, Poland), this principle is understood on the contrary: "Everyone is a potential criminal, deceiver, bribe taker, agent, until he proves to us that he is a decent person" (SHTOMPKA, 2012, p. 410).

Currently, the degree of distrust of the patient increases in proportion to the accumulation of medical knowledge. New treatment methods and technologies are becoming less understandable due to medical discourse. The only way to establish mutual trust is through the eye. "He (the eye) became a guardian and a source of clarity, having the power to bring to light the truth, which He accepted only to the extent that it was sanctified; by opening himself, he discovers the truth of the first discovery: before which, starting from the world of classical clarity, the transition from Enlightenment to the XIX century is marked" (FOUCAULT, 1998b, pp. 13–14).

Since the 19th century, the description and clarification of what was beyond the visible and expressed began. The doctor's gaze has become identical to the word, the patient may not talk about the disease, but the tissues, smell, movement — what is available to the eye can speak out. "The view is ... what creates the individual in his undaunted state and makes it possible to create a rational language around him. <...> the structure of scientific reasoning can finally be extended to the individual" (FOUCAULT, 1998b, p. 15). V.L. Afanasievsky notes in his work on Foucault that the object of observation of medical practice is an individual in his singular extremity. "Clinical experience is the first discovery of a specific individual in the language of rationality in western history, it is a grandiose event in the relationship of a person to himself, and language to things" (FOUCAULT, 1998b, p. 15).

With the patient's silence, his unwillingness to tell everything to the doctor, he still manages to catch the signs of the disease and tell the first about

himself. It becomes a way of recognizing oneself through another. In other words, the establishment of the truth, the true personality of the patient. The doctor is now required to develop not only observation, reading and interpretation, but also careful examination, examination of the places of possible concentration of symptoms.

Medicine, being the science of the body, appears as an interpretation when the language between the patient and the clinician goes to secondary positions. "The doctor and the patient are drawn into an infinitely increasing intimacy and connect: the doctor with a look that is alert and always directed towards understanding the painful; the patient with a set of irreplaceable and mute qualities that give him away, otherwise, they demonstrate and vary the exact forms of the disease" (FOUCAULT, 1998b, p. 41). The disease in the body is considered as a combination of signs, as a carrier of symptoms signifiers, therefore, the symbolic interpretation of the symptom and the disease, pathology and the body allows us to formulate the problem of the «truth of the body», the individual body.

CONCLUSION

In the medical context, trust remains a necessary feature of building relationships for the successful treatment of the disease. During the examination of the doctor–patient relationship system, communicative peculiarities associated with the nonverbal assessment of two communicators are revealed: silence, observation, listening (i.e. the above–mentioned M. Foucault triad). Thanks to them, both subjects of interaction develop a comprehensive understanding of the subject of communication. According to the concept of D. Lewis and E. Weigert (1985) on the essence of trust, its necessary condition is the cognitive component. In order to form a patient's trusting attitude towards the patient, it is necessary to have knowledge, which, however, cannot fully establish this relationship. In this regard, an auxiliary

component is needed – an emotional one. It can be said that two elements – cognitive and emotional – influence the formation of social behavior between the patient and the doctor.

The attentive gaze of the doctor creates the impression of inclusiveness, empathy in the patient, and, as a result, trust in him is formed. A consistent examination of the disease with a glance or other non–verbal act accompanying it gives the patient confidence for the following action: to doubt the professionalism of the doctor or to trust the diagnosis.

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