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MEDICAL SENSE OF THE THESIS ON THE PSYCHOPHYSICAL UNITY OF MAN

1. The thesis on the psychophysical unity of man is accepted by all philosophical orientations except Platonism which does not acknowledge the corporal sphere of man as one of the constituents of man. Even Descartes, who clearly separates the spiritual sphere from the corporal sphere, emphasizes that man is unity and not an accidental compound. However, Descartes does not explain what the unity consists in or how it is implemented. Besides, even nowadays there is no universally accepted single understanding of the psychophysical unity of man¹. A classical standpoint is Aristotle's conception of substantial unity which has been adopted by Thomism. According to the conception, humans consist of two components: soul and body. Soul is an active component which enlivens and shapes passive body. In other words soul equips body with vegetative, cognitive and intellectual functions. Thus, humans are entities that are neither only spiritual nor only corporal, but they constitute the substantial psychophysical unity.

Contemporary philosophies formulate the issue of the psychophysical unity as the so-called psychophysical problem, i.e. as a question whether psychological states or properties can be the equal of corporal states or properties. The most significant developments are behaviorism, the theory of identity of mind and body, and functionalism. Actually, behaviorism rejects the notion of psychological experiences and replaces them with a category of relations between stimuli and reactions². According to behaviorists, what we call a psychological event is not of substantial character but

¹ For a wide spectrum of Polish reference see: *Dusza, umysł, ciało: spór o jedność bytową człowieka*, red. A. Maryniarczyk, K. Stępień, Lublin 2007.

² See G.E. Zuriff, *Behaviorism: A Conceptual Reconstruction*, New York 1985.

is only a particular disposition to behave in a certain way. In behaviorist approach, man is a solely material entity, a complex system whose all functions are instinctive.

In theories of identity, psychological states and processes are identified with neurophysiological states and processes (in various meanings)³. The foundation of such a standpoint is identifying the mind with the brain and, consequently, explaining psychological phenomena as neurophysiological processes taking place in the brain. A variety of such a standpoint explains psychological processes as analogical to processes taking place inside a personal computer. Human brain is described as some kind of organic machine which gathers information (including information of cultural character), processes it and thus solves problems⁴.

Functionalism, on the other hand, assumes that in the central nervous system there are physical properties and properties which can be described without referring to anatomy or physiology of the brain, namely the ones which are functions of the state of mind. The state of mind can be described in functional categories of a role it plays, and not in categories of its alleged immanent characteristics. A functional role is characterized by showing a state which in a typical situation produces the state under examination or is caused by the examined state⁵. Functionalism can be considered a deepened version of behaviorism.

None of such theories can be applied in medicine – they only influence standpoints in psychology. In medicine, theoretical philosophers' considerations on the existence of soul, the nature of human mind or the relation between the mind and the brain are of little significance. The field of medical activity is the material sphere of man, and it is a simple consequence of the fact that only the material sphere can be directly affected by medicine. However, it is in context of strictly medical activities that the psychophysical unity of man is brought to light in a special way.

2. All medical activities are directed towards human body and not human psychology. Also in the case of psychogenic somatic diseases, medical activities consist in affecting the material sphere by material means. For example, the physician who by means of analytical methods diagnoses that his patients' gastric ulcer is not caused by *helicobacter pylori* decides that stress must have contributed to his patient's medical condition.

³ See P.S. Churchland, *Neurophilosophy. Toward a Unified Science of Mind-Body*, Bradford, Mass. 1986.

⁴ See D. Dennett, *Consciousness Explained*, Boston, Mass. 1991.

⁵ See H. Putnam, *The Many Faces of Realism*, La Salle – Illinois 1987.

In such a situation, the physician could recommend that his patient should regain mental composure or that he should visit a psychologist and take sedatives, but the physician's basic action is to restore balance between the defense mechanism of mucous membrane and acidic gastric juice – and in order to achieve that the physician will administer medications which neutralize acid and reduce its secretion (mainly histaminergic receptor antagonists).

Even in the case of mental illnesses, i.e. illnesses caused by brain disorders, the physician applies material measures affecting the patient's corporal sphere or resorts to brain surgery (though the development of pharmacological treatment diminishes the need for the latter). The psychiatrist cannot treat human body differently from human mind, because from the medical point of view the mind, as opposed to religious and philosophical notion of human soul, is a derivative and manifestation of brain activity. Identifying the mind with the brain is not of philosophical character, it is not a result of accepting a particular anthropological theory, but it is a consequence of assuming the only acceptable practical attitude – affecting the material brain by means of material measures. That is why in psychiatry it is emphasized that the mind and its activities are based on chemical and electrophysiological processes taking place in the brain. Thus, if we want to understand what causes brain disorders, we have to understand the essence and consequences of these processes⁶. It simply means that the psychiatrist, as a doctor, does not have any other therapeutic access to his patient but through his body. Such an attitude is convergent with the above mentioned theory of sameness of mind and body, i.e. philosophical standpoint identifying the mind with the brain, but the attitude is not substantiated philosophically and only determined by real practical possibilities.

It should be emphasized that the psychiatrist as a doctor cannot pre-judge whether a disease of the corporal sphere is the cause of psychological disorders or, on the contrary, a disease of the spiritual sphere is the cause of somatic changes taking place in the brain. The psychiatrist observes the relationship between disturbance of brain processes and psychological disorders and discovers that by eliminating or only reducing the former, he eliminates or reduces the latter. The psychiatrist can follow,

⁶ See M.T. Haslam, *Psychiatry*, Oxford 1990, part I. Every scientific article in psychiatric therapy is on ways of affecting material brain tissue by material measures, e.g. see N.S. Philip, L.L. Carpenter, A.R. Tyrka, *Pharmacologic Approaches to Treatment Resistant Depression: A Reexamination for the Modern Era*, „Expert Opinion on Pharmacotherapy” 2010, 11 (5), s. 709-722.

for example, the Aristotelian-Thomistic understanding of substantial unity of man, thus assume existence of active soul which shapes passive corporeality. However, in the case of illness the psychiatrist cannot draw a conclusion that he has to find a way to affect his patient's soul so it could shape the patient's corporeality in a better way. As a doctor he can only take certain material measures affecting the material sphere, thus by taking these measures he tries to restore proper functioning of the brain.

However, it is medicine rather than philosophical considerations that induces to accept the thesis on the substantial unity of man. Every physician will become convinced if he is presented with a self-evident fact. Admittedly, a particular organ hurts, e.g. a kidney or stomach, but it is the human who is in pain, and not the organ. Similarly, a particular organ is damaged, but it is the human who is sick. The physician, so to say, fixes a damaged organ or physiological system, but he treats the human. If the physician can see that his actions are admittedly directed towards a particular sphere of human body but they refer to the whole human being as such, changing not only his somatic state but also his psychological state, then the physician will realize that even though he affects the corporal sphere by means of material measures, he treats the human and not his corporeality. This is the medical sense of the thesis on the psychophysical unity of man. If man was not the psychophysical unity, then "fixing" a particular organ would be as fixing the roof or the floor in one's house. However, such an approach to the process of treatment clashes with natural feelings of patients. Admittedly, the physician can focus his attention solely on the fragment of human body that needs his intervention, and somehow he can fail to notice the treated human being. Presently, in the face of growing specialization, such a situation becomes even more widespread. Nevertheless, the patient is grateful to the physician not because his organ has been "fixed", but because he, a particular self-conscious human being, has been cured.

However, medical understanding of the psychophysical unity of man does not prejudge which of the multiplicity of philosophical theories of man is true. Medicine, just like all other natural sciences, is so to say closed in the material sphere, i.e. it examines only material elements and structures, and its findings do not refer to anything that could belong to extra-material spheres. But medicine differs from the remaining natural sciences in its humanistic dimension. Usually it has been emphasized that the humanistic aspect is a consequence of special relations between the physician and the patient. An outstanding Polish physician and philosopher of medicine, Władysław Szumowski, refers to the issue, "Medicine

is a mission. It is fulfilled by the physician when he serves the society in preventive medicine; the mission is also fulfilled when day and night he assists the sick, the suffering, often the incurably ill. In that respect being a physician is similar to being a priest”⁷. These words are undoubtedly true, but they refer to the physician and not to medicine as a science. A deep sense of the thesis that medicine is also one of the humanities is revealed by the fact that it is medicine that practically shows – in an unquestionable way, contrary to philosophical divagations – that man constitutes the psychophysical unity.

3. Medical sense of the thesis on the psychophysical unity of man also reveals an essential fallacy of a certain standpoint which has been propagated in medical and philosophical circles more and more frequently. Namely, understanding this sense is substantiation of rejection of all the so-called holistic conceptions of treatment according to which the physician is supposed to treat “the whole human being”. At the same time it is a condition for understanding why the physician should combine his professional competence with a human approach towards the patient.

The holistic concept of treatment, expressed in a thesis that you should treat the human and not just his organ or physiological system out of adjustment, is a result of unwarranted identification of the personal sphere of man with his organic sphere. A well-known philosophy of medicine textbook strongly emphasizes the fact that not biological organisms but living people are sick, and what is more – that even such diseases as duodenal ulcer or cancer admittedly constitute certain biological defect, but their causes, symptoms and results go far beyond the boundaries of biology⁸. That is a fully legitimate remark, but it cannot be inferred that professional duties of the physician have to go beyond removing biological defects. Yet, many physicians tend to somehow shift the understanding of a disease from the biological ground to the psychological one. One of Polish Professors of Medicine goes even further and states, “For the patient, cancer or heart attack is not a disease, it is physical and moral suffering”⁹. Here we deal with an unwarranted transfer from the true statement, that the human being is sick and not an organism, to a doubtful, to say the least, statement that sickness is not an organic state but a psychological

⁷ W. Szumowski, *Propedeutyka lekarska, czyli propedeutyka medycyny ogólnej*, Kraków 1992, s. 40.

⁸ See H.R. Wulff, S.A. Pedersen, R. Rosenberg, *Philosophy of Medicine. An Introduction*, Oxford 1990, Commentary to Part 4.

⁹ P. Moszczyński, *Uniwersalizm jako koncepcja medycyny XXI wieku*, „Przegląd Lekarski” 1996, 53, 3, s. 116.

state caused by organic factors. It is a dangerous standpoint because it can lead to a conviction that removing a disease is treating one's psyche.

The demand for treating human and not a disease – if it is to be something more than just demanding from the physician to behave towards the suffering according to common patterns of behavior – can lead to a situation when methods of scientific (intersubjective and verifiable) methods of treating the patient will be more and more often replaced by methods of subjective (adjusted to positive feelings of the patient and unverifiable) influence on the patient's psyche. If we consider both medicine and psychotherapy as both science and art, then undoubtedly medicine is science, and psychotherapy is art. Thus, when psychotherapy enters the domain of medicine, it must make the latter less and less scientific. And the less scientific medicine is, the less responsible it becomes¹⁰.

The physician is supposed to treat people and cannot treat “the whole human being” just as he cannot treat half a man or one-third of a man. But by treating the patient, the physician does that by means of particular material actions directed towards particular material structures in the patient's body. The term “the whole human being” is not a medical category, it has no definite essence – neither medical nor philosophical. That is why it cannot perform any methodological duty; however, it can be used freely in various parapsychological, paramedical or New Age divagations. In medicine it is very dangerous and unacceptable.

The postulate to treat “the whole human being” is to a certain degree stimulated by the belief that traditional understanding of the role of the physician is based on the mechanistic understanding of a living organism and should be replaced by the holistic understanding¹¹. However, if we look at the issue from the point of view of the patient, then it is not so unequivocal. A sick person goes to the doctor feeling that his body has been put out of adjustment so it needs to be “repaired” by the physician because the physician has all necessary knowledge and skills. Exactly in this context it is very clear that the postulate to treat “the whole human being” is a postulate of physicians (more precisely: a postulate of many bioethicists and physicians prone to ethical reflection) and not a postulate of patients. The patient who after examinations and analyses is informed that e.g. he is diabetic, at the same time is informed that his pancreas does

¹⁰ See. M. Nowacka, *Autonomia pacjenta jako problem moralny*, Białystok 2005, s. 73.

¹¹ In Polish literature such a standpoint is presented by, among others, Zbigniew Szawarski; see Z. Szawarski, *Mądrość i sztuka leczenia*, „Przegląd Filozoficzny” VIII, 1999, 1(29), s. 151-156.

not function properly – it does not produce enough insulin. It is obvious that the patient's immediate problem is expressed by the question: what should be done to "repair" the defective organ or, at least, enhance its operation? The question what kind of care should the physician take and to what extent, regarding not the organ itself but the patient as such, is obviously an important one, but not because of quality of medical actions but because of the fact that the organ is a constituent of unity of body and psyche of the patient. In the first aspect the patient needs specialist medical knowledge of the physician and his skill in performing material procedures on human body. In the second aspect the patient simply needs the physician to have manners.

It is undoubtedly true that contemporary patients need more cultural and friendly attitude of the physician than patients from the past. A well-known Polish Professor of Medicine writes, "It seems that contemporary patients need physicians' many-sided empathy more than before. It is caused by more complex conditions of living and medicine itself, and the growing awareness of a threat to individual and family existence by suffering and sickness"¹². Undoubtedly, we have to agree with the diagnosis, and that is why we should demand not only professional competence but also common decency as well as some dose of empathy from the physician. However, we should not mix organic order with psychological order in the field of medicine. The thesis on the psychophysical unity of man in medical context unequivocally shows that the patient's interest requires the physician to be both a skillful craftsman and a sensitive person. If it is the case, then in the process of treatment two people meet each other.

Medyczny sens tezy o jedności psychofizycznej człowieka

We współczesnych filozofiach problem jedności psychofizycznej sformułowany jest jako tzw. zagadnienie psychofizyczne, czyli jako problem, czy własności lub stany psychiczne są, czy nie są sprowadzalne do własności lub stanów cielesnych. Najważniejsze rozwiązania to behawioryzm, teoria identyczności umysłu i ciała oraz funkcjonalizm. Żadna z tego rodzaju teorii nie ma zastosowania w medycynie – mają one jedynie wpływ na stanowiska w psychologii. Medycyna wszystkie swoje działania kieruje na ciało człowieka, a nie na jego psychikę. Także w przypadku psychogennych chorób somatycznych działanie medyczne jest działaniem środkami materialnymi na sferę materialną. Nawet w przypadku

¹² H. Gaertner, *Serce lekarza*. W: *Humanizm i medycyna. Relacje lekarz – pacjent*, red. K. Imieliński, Warszawa 1993, s. 105.

chorób psychicznych lekarz stosuje materialne środki działające na sferę cielesną pacjenta. Jak w takim razie lekarz może pojmować jedność psychofizyczną człowieka? W artykule uzasadnia się, że to medycyna wyraźniej niż rozważania filozoficzne skłania do akceptacji tezy o jedności substancjalnej człowieka. Wystarczy przecież, aby lekarz dostrzegł, że wprawdzie człowieka boli określony narząd, ale cierpi człowiek, a nie ten narząd, i że to określony narząd jest uszkodzony, ale choruje człowiek. Jeśli lekarz potrafi to dostrzec, to co prawda będzie działał środkami materialnymi na sferę cielesną, ale leczył będzie człowieka, a nie jego ciało. Na tym polega medyczny sens tezy o jedności psychofizycznej człowieka. Zrozumienie tego sensu jest z kolei warunkiem zrozumienia, dlaczego lekarz powinien łączyć kompetencje zawodowe z ludzkim stosunkiem do pacjenta.