

Reflections on the Psychology of Modern Healthcare Systems: Is there Any Way Out of the Warlike Model of Medicine?

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Abstract

The discourse of modern medicine is formed around war metaphors. There are plenty of health instructions around fighting diseases, microbes, stress, or even depression. These extensive struggles with all the pathogens and pathologies are rooted in an animistic error and basic insecurity due to the existential alienation of the biobehavioral health systems. This warlike model of care is personifying the disease and depersonalizes human beings to analyze them as standard objects. Such a hyper-individualistic mindset that tries to reproduce itself, without opening up to others and existence, is very fragile and non-conducive to the sustainable development of health and happiness. Without caring for the vital inter and transpersonal extensions of the body, even evidence-based medicine can be profoundly biased when one wants to care for isolated individuals. To establish an agapistic model of care instead of the current military one, we need to actualize our natural resources and be more humble to the non-cognitive knowledge embedded in our bodies; our intra/inter/transpersonal bodies.

Protagonists who are antagonists

Some time ago, one of my friends said that she was invited to an international conference in Singapore called the “War on Diabetes”. It was very interesting to me that animistic illusions are still alive even in international scientific and policy-making events. All the esteemed physicians and scientists gathered in a council of war against diabetes but let’s see this enemy of the people. Who is diabetes? The aggregation of sugar in different tissues and organs that makes them denatured and dysfunctional? Damaged pancreatic beta cells? Autoimmune pathways that are destructing the insulin-making cells? The maladaptive beliefs and behaviors that predispose, and aggravate diabetes? The unhealthy diet and advertisement industries? And/or social and global injustice in healthcare services? At first sight, we think that it’s evident who are the antagonists and the protagonist but you can see that in each scenario the protagonist changes face. The antagonists can be sugar, lack of insulin, damaged beta cells, the immune system, the patients, culture, diet, and advertisement industries, and/or unfair health systems. You may say all of them, okay, but who should fight them? Because the protagonist of one scenario is the antagonist of the other one. It’s like Muris Escher’s illusionary paintings. What a confusing illusion!

Ivan Illich (1976) in his book, “Medical Nemesis; The Expropriation of Health”, warn us about the dangers of cultural iatrogenesis which is more harmful than the clinical (adverse and side effects) and social iatrogenesis (conflict of interests of healthcare systems and over-medicalization of society) [1]. Cultural iatrogenesis refers to the way in which medicine has personified diseases and undermined people’s ability to manage their own health and cope with pain, suffering, and death.

Medical discourses are personifying the disease and depersonalize human beings to analyze them as the standard objects of evidence-based medicine [2]. The singular existence of human beings in their unique perceptual worlds can not be generalized and of course, industrialized. Thus, while our problems find monstrous personas, we humans are losing face. So, fighting against these metaphysical and ever-present enemies seems that the war is already lost.

I should clarify that I profoundly respect experimental science as the hard core of the healthcare system but it is not enough for care the whole human being. I also declare that I believe in fighting as an effective way to expand our lifeworlds beyond the physical and symbolic barriers, not against ghosts like disease and stress. Furthermore, war

should be for care and love, not instead.

The word “*doshman*” in Farsi means enemy and literally connotes *dosh* = bad + *man* = thought. This ancient Zoroastrian concept can be inspiring for us. It can be read as a piece of metacognitive advice: before fighting first check your thoughts because you have an enemy-making machine in mind that dramatizes insecurities and project our existential and autobiographical fears onto the ready-at-hand objects.

Devouring chronos or nurturing gaia?

Pathological approaches to Health have roots in a paranoid sense of being in the world; they represent the human condition as a fragile, and of course, ideal organism that is exposed to, and affected by internal and external enemies.

In this sense, we must know our enemies - the stressors and pathogens - and inhibit their internal and external effects. That is why the discourse of modern medicine is formed around war metaphors. There are plenty of health instructions around fighting diseases, microbes, stress, or even depression [3,4].

The animistic cognitive error and basic insecurity due to existential alienation in the biobehavioral paradigm, force us to fight with ghosts [5,6]. Indeed, we are fighting the physical or mental states that require care and rebalance. Where the mythical gods and devils sacred the minds of our ancestors, today’s panics of the modern mind are genes, microbes, and the future.

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We are not authentic enough to accept pain, illness, and death as dimensions of our pleasure, health, and life. The modern mind is still possessed by ancient dual spirits of evils and goods. It's not surprising that health and medicine discourses have borderline themes that can not integrate pain-pleasure, health-illness, and life-death in an integral schema of human life. Even evidence-based medicine can be profoundly biased when one wants to care for isolated individuals without caring for their vital inter and transpersonal extensions.

Self and its body has been gradually surrounded by visible and invisible aliens, and such beliefs, in turn, alienate us from nature, and existence. This hyper-individualistic mindset cultivates the medicalization of life, different forms of healthism, and preoccupation with the Self and its risks [7,8]. It seems that medical discourse has been arranged against time, against the devouring Chronos who eats his own offspring.

Establishing our being on cogito (i.e. I think) has exiled the modern souls to their heads. Thereupon, a mature mental ego is assumed as the ultimate destination of our evolution. Our bodily existence and all its symbolic, relational, and nonlocal extensions are reduced to a symbolic mind that has a body.

Feeling ourselves as lived bodies from/in/with/towards the world leads us to experience a transpersonal body, like Gaia, the mother of the earth [9,10]. This boundaryless yet reflective sense of self makes us more secure, and we may not feel devoured by Chronos, the god of time, and may not insist on controlling the world and taming time wishfully. This is the initiation of the medical gaze that controls information and life to put everything in a geometric order [11].

Cartesian plane or spinozian modes of existence?

Most of us are still in the stage of mental ego, therefore, we imagine ourselves as the owners of our bodies, nature, and the future. Erich Fromm (1976) in his book, "To Have or To Be", explained how the egoistic efforts to have and control others and nature don't lead to the sustainable development of happiness.

The industrialized biobehavioral model of health is based on owning our bodies and expanding our control over the environment. Having control is not necessarily an evil proposition, however, without a sense of being, simply turns everything into goal-fulfilling instruments. The big problem is that when all of our relationships are instrumental, and we construct ourselves by the I-It dyads, we turn to be an instrument without any depth in our existence and any organic connection with nature [12]. Everybody knows that this existential autistic state is not a good ground for cultivating happiness.

Even languages induce and suggest different forms of life and worldviews; therefore, health systems, as meaning systems, could not be irresponsible and unaccountable for their ideological implications and the memes that they are planting in minds and cultures. Centering on the physicality of the body, personal life, and social function without exploring our symbolic, relational, and intentional embodiments, aids more egoistic care receivers and promotes more unfair health systems. By the next decades, with the development of gene editing and biotechnology and cyborgs, the human population will be split into mortals and immortals, in such a dual human condition an egoistic healthcare a happy life, at least provide for the immortals?

I am not optimistic that such an instrumental approach to life and health will care for human beings. We need genuine care, as Heidegger explains; the care that accounts for the unity, authenticity, and totality

of the Self [13]. Being nature, being our lived body, our extended body leads us to more painful, more lively, and more joyful beings.

We need a historical turn from the Cartesian to the Spinozian model of care. We may not be what distinguishes us from each other but we are what we have in common; our existence. The emotion for existence is nothing but love, a self-transcendental tendency to care. Regardless of caring for the whole intra-inter-transpersonal beings, immortality is a long-lasting earthy limbo. No matter how much our selfish control over nature extends, we profoundly need fewer mind-wanderings due to overcontrol seeking, and more openness and harmony with the uncertain music of life in order to make more natural and synthetic happiness [14,15]. Instead of pure control, some cocktails of control and surrender may be much better for more sustainable health and happiness.

A wish for an agapistic health model

We can not expect inclusive care from a healthcare system that is formed on warlike and hyper-individualistic beliefs. We need to reframe life, health, medicine, and caregiving relationships on an agapistic model which translates selves and their bodies as meaning systems in the bigger contexts that we are living from/in/with/towards it [16]. Many caregivers find personal ways to this authentic care but we need to reprogram our health systems based on an agapistic and biosemiotic worldview.

When we focus on controlling nature, even favorable procedures such as placebos can be felt as threats against our narcissistic superiority. For instance, a placebo is traditionally supposed as a sly genie that hunts the subjects. We always need effective exorcism methods to eliminate the disturbing effects of placebos to reveal the pure verum effect of the therapeutic elements - the pure act of our knowledgeable minds.

From a more humble and neutral viewpoint, the placebo response is a natural angel, a non-conscious healing power. When we feel more secure and expect better status, and conduct therapy rituals, the angel acts and facilitates healing responses [17,18]. Placebos are symbolic remedies that remind the body of the self-regulatory pathways. We don't know how symbolic signs translate to molecular and cellular signs and change physiological functions and epigenetic modifications [19]. The complexity of these natural healing pathways for a narcissistic belief system is received as a chaotic threat against the order of controlling knowledge, and a joker in the clinical playing cards.

We need to distance ourselves from the obsession with knowledge of many of the complex clinical situations and let's hold on to the rope that pulls us out of the well of overcontrol and self-destruction. The global trend to contextual and transdiagnostic therapies is a precursor of an agapistic health model which highlights our need for meta-control in complex and uncertain health conditions. We can decondition salutogenesis by observing their reactive cognitions and emotions and integrating psychophysical responses.

One of the fundamental changes in an agapistic health model is to put cure in the context of care. Currently, care is the poor and subordinate sister of cure. We are still focusing on fixing the body machine not recreating, and the disinhibition of its innate healing responses.

From a resource-based approach to health and medicine, we are first and foremost, mobilizers of the internal and external resources and facilitators of salutogenesis instead of inspectors of pathogenesis and fighters against pathogens and barriers [20,21]. While pathological approaches follow the trace of predators and have a bottom-up gaze, the transdiagnostic approaches to health open an upward-down viewpoint.

Without “courage to be” [22], and accept and care for whole human problems as being human we should expect these counter-productions of the healthcare systems to spread these toxic memes and make our being fader and weaker with this idea that expanding our theoretical and practical control. When we contemplate the healthcare systems and all its maladaptive cultural codes we come to the conclusion that we are in dire need of a meta-medicine in order to treat our treatments and care for our care systems; second-order care with protect us from careless development of knowledge and technology [23]. We need something more than bioethics committees for research, education, and practice; we require something like a global ethics committee for monitoring and supervising the philosophical and cultural implications and inductions of the healthcare systems.

After four billion years of natural gene engineering and intelligent adaptations and selections [24], there is reason to be more curious and careful about the noncognitive knowledge embedded in our flesh [25]. More respect for and curiosity about our organismic sense and obscurity of being can moderate the fears and disgust of the threats and disorders that have dissociated our selves from our interpersonal and transpersonal bodies.

For a more sustainable development of health and happiness, we may need a paradigmatic shift to a nondual awareness and mode of thinking that integrates man and nature as well as life and medicine [26]. In this new way of care before “doing” as editors of nature, we find ourselves to “be” intelligent bodies from/in/with/to nature who let the whole heals.

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Conflict of Interest

Author declares no conflict of interest.

References

1. Illich I (1976) *Limits to Medicine: Medical Nemesis, the Expropriation of Health*. Marion Boyars Publishers.
2. Goli F (2016) Medical Practice in/with the Semiosphere. *Biosemiotic Medicine: Healing in the World of Meaning* 5:217-239.
3. Nie JB, Gilbertson A, de Roubaix M, Staunton C, van Niekerk A, et al. (2016) Healing Without Waging War: Beyond Military Metaphors in Medicine and HIV Cure Research. *Am J Bioeth* 16:3-11.
4. Fuks A (2010) The military metaphors of modern medicine. In *The meaning management challenge: Making sense of health, illness, and disease*, Brill.
5. Borck C (2012) Animism in the Sciences Then and Now. *E-flux Journal* 36:1-8.
6. Erdner A, Magnusson A, Nyström M, Lützen K (2005) Social and existential alienation experienced by people with long-term mental illness. *Scand J Caring Sci* 19:373-380.
7. Goli F, Monajemi A, Ahmadzadeh GH, Malekian A (2016) How to prescribe information: health education without health anxiety and nocebo effects. *Biosemiotic Medicine: Healing in the World of Meaning* 151-193.
8. Beck U (2014) *Risk society. Essential concepts of global environmental governance*.
9. Grof S (2003) Implications of modern consciousness research for psychology: Holotropic experiences and their healing and heuristic potential. *The Humanistic Psychologist* 31:50-85.
10. Lovelock James (2009) *The Vanishing Face of Gaia*. Basic Books.
11. Foucault M (1973). *The birth of the clinic: an archaeology of medical perception*. Tavistock, London.
12. Buber M (2008) *I and Thou*. Howard Books.
13. Paley J (2000) Heidegger and the ethics of care. *Nursing Philosophy* 1:64-75.
14. Killingsworth MA, Gilbert DT (2010) A wandering mind is an unhappy mind. *Science* 330:932-932.
15. Dunn EW, Gilbert DT, Wilson TD (2011) If money doesn't make you happy, then you probably aren't spending it right. *J Consumer Psychol* 21:115-125.
16. Fritzsche K, Goli F, Dobos CM (2020) What Is Psychosomatic Medicine?. *Psychosomatic Medicine: An International Guide for the Primary Care Setting* 3-16.
17. Atlas LY, Wager TD (2014) A meta-analysis of brain mechanisms of placebo analgesia: consistent findings and unanswered questions. *Handb Exp Pharmacol* 225:37-69.
18. Goli F, Farzanegan M (2016) The ritual effect: the healing response to forms and performs. *Biosemiotic Medicine: Healing in the World of Meaning* 117-132.
19. Goli F (2022) *Body, Meaning, and Time: Healing Response as a Trans-temporal and Multimodal Meaning-Making Process*. Epigenetics and Anticipation, Springer International Publishing.
20. Greeson J, Garland EL, Black D (2014) *Mindfulness: A transtherapeutic approach for transdiagnostic mental processes*. The Wiley Blackwell Handbook of Mindfulness, Wiley Blackwell.
21. De Shazer S, Dolan Y, Korman H, Trepper T, McCollum E, et al. (2021) *More than miracles: The state of the art of solution-focused brief therapy*. Routledge.
22. Tillich P (2008) *The courage to be*. Yale University Press.
23. Feyerabend PK (1975) How to Defend Society from Science. *Radical Philosophy* 11:3-9.
24. Shapiro JA (1992) Natural genetic engineering in evolution. *Genetica* 86:99-111.
25. Lakoff G, Johnson M, Sowa JF (1999) Review of Philosophy in the Flesh: The embodied mind and its challenge to Western thought. *Computational Linguistics* 25:631-634.
26. Josipovic Z (2019) Nondual awareness: consciousness-as-such as non-representational reflexivity. *Prog Brain Res* 244:273-298.