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Jordyn Correll
Seattle University

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Descartes' Dualism and Its Influence on Our Medical System

Jordyn Correll, Psychology

Faculty Mentor: Dr. Wai-Shun Hung, PhD, Philosophy

Faculty Content Editor: Dr. Jason Wirth, PhD, Philosophy

Student Editor: Edward Voloshin

Abstract

The philosophical background of our modern medical system is often traced back to Descartes' theory of mind-body dualism. While dualism initially allowed for the advancement of medicine as a scientific field, it prevented the development of a more holistic approach to care and presented difficulties with conceptualizing mental illness. This paper examines Descartes' understanding of the mind-body connection and his understanding of how illness presented in the whole person. Additionally, alternative approaches to medical care are explored in an effort to promote a more holistic philosophy of care. An analysis of Descartes' direct writings indicate that he was much more nuanced in his understanding of the mind-body connection than often assumed. The polarizing mind-body dualism, while inspired by Descartes, was an exaggeration of his theory in effort to suit the body for scientific study. Similarly, Descartes' understanding of illness is rather holistic in nature, even though he could never describe, specifically, how the mind and body influenced each other. Analysis of our current medical system leads to the determination that more holistic philosophies of care should be incorporated. These alternative philosophies would encourage a more holistic approach to care, which matches more current research on the connection between the mind and body. The importance of this research is twofold. First, it's important that the distinction between Descartes' understanding of the body / mind dualism and the medical system's exaggeration of this philosophy is made clear. Second, it's of the utmost importance that medical professionals, researchers, and patients understand the philosophical basis of our medical system. A lack of understanding of the basis of the system hinders our ability to solve the many problems that we currently face.

Our modern medical system reflects Descartes' most notable legacy: his concept of body-mind dualism. While Cartesian dualism initially freed medical professionals from the ethical bounds of the church, these philosophical foundations for medicine formed the basis for how care is delivered today. Mind-body dualism has historically presented a challenge to delivering holistic care, as it assumes the mind and body to be two completely different substances with completely different properties. This concept was primarily responsible for the separation of psychiatric care from other medical specialties until 1994, when it was recognized as a medical specialty just like any other (Matthews 345-57). This paper will first examine what Descartes understood about the relationship between the mind-body connection, or lack thereof. To understand how Cartesian dualism translated into the medical field, this paper will also examine how Descartes understood illness to present in the whole person. Finally, alternative approaches to modern medical care will be explored. Ultimately, Descartes was much more advanced in his understanding of the mind-body connection than he is given credit for, as the dualism that is often criticized in our medical system is an exaggerated extension of Descartes' attempts to mechanize the body for the scientific practice of medicine. Dualism also enabled medicine to advance past ethical constraints, but modern, holistic views may be more beneficial going forward.

Descartes is often blamed for the complete theoretical separation between mind and body, which has presented challenges to the modern understanding of how the mind and body really connect and interact. In his *Meditations*, Descartes explains that one must at least be a thinking thing, for to think that one is not a thinking thing would be self-defeating. He questions, "what about thinking? Here I make my discovery: thought exists; it alone cannot be separated from me. I am; I exist—this is certain... I am therefore precisely nothing but a thinking thing; that is, a mind, or intellect, or understanding, or reason" (14). Raymond Martin and John Baressi point out that Descartes was the first philosopher to use the word "mind" as opposed to the word "soul" to describe the "I" that he referred to (126). In *Meditations*, Descartes elaborates to state that, "I conceive myself to be a thinking thing and not an extended thing, whereas I conceive of a stone as an extended thing and not a thinking thing" (25). Here, Descartes is using the term extension to refer to the ability of a substance to occupy space. This is where one comes to understand Descartes' primary distinctions between the mind and body. The mind (or, the soul), which is understood to be a non-physical substance, is a thinking, non-extended thing. The body, understood to be a physical substance, is an extended, non-thinking thing. The human being, then, was composed of two distinct substances: the mind and the body. Grant Duncan explains that Descartes' theory supported the Christian belief of an immortal soul, while also mechanizing the body for the advancement of medicine (488). With this, Descartes was understood to be a corpuscular machinist (Martin and Baressi 129). That is, he understood that whatever could be found in nature could be

understood mathematically by extension. Since Descartes understood the body to be an extendable thing, this theory applied to the body and therefore made medicine a legitimate scientific field.

If the body is an extended substance, but the mind is a non-extended substance, how can the body possibly act on the mind and vice-versa? How could they possibly connect? These questions were raised by Princess Elizabeth of Bohemia in her correspondence with Descartes. In 1643, she wrote, “given that the soul of a human being is only a thinking substance, how can it affect bodily spirits, in order to bring about voluntary actions?” (Bennett 1). The princess points out the major problem in Descartes’ understanding of the mind-body dualism: for a soul to affect the body, wouldn’t it need to make contact with the body? Descartes attempts to explain by giving the example of how gravity is immaterial and yet acts on all things. However, Elizabeth regards his explanation as unconvincing (Bennett 3-4). Ultimately, he does state that, “the senses show me that the soul moves the body, but for how it does so, the senses tell me nothing about that... the soul has properties that we don’t know” (Bennett, 7). In his later writings, Descartes attempts to make his argument less evasive. He claimed that thoughts were “mental acts of the rational soul that remain in the soul and are not coded in the brain at all” but, they could “sometimes casually affect the motion of the animal spirits and hence the behavior of the organism” through translation in the brain’s pineal gland (Martin and Baressi 127). Despite his clarification on location, however, the question of exactly how the soul accomplished this remained to be answered. This lack of understanding would stump medical professionals and philosophers alike, ultimately separating the medical specialty of psychiatry for years due to its seemingly impossible mechanization and influence on the body. Despite his insufficient explanation about the mind-body connection, Descartes’ understanding of the impact of the mind-body connection was much more nuanced than it’s typically assumed to be. Duncan explains that Descartes used both emotional and bodily sensations, specifically pain, as a reason to believe that the mind and body are united, “even if he was unsure of just how everything fit together” (488). Descartes links physical pain to emotional pain that is felt in the soul when he states, “for there is no affinity whatsoever, at least none I am aware of, between this twitching in the stomach and the will to have something to eat, or between the sensation of something causing pain and the thought of sadness arising from this sensation” (Descartes 42-43). Even “intellectual joy” felt in the mind becomes a sensation of “animal joy” when the spirits flow from the brain to the heart, exciting the nerves throughout the body (Duncan 490). Descartes certainly seemed to understand that, even if there was no clear explanation for the mechanisms of the body’s action on the brain, this interaction still occurred.

Descartes' limited but rather nuanced understanding of the mind-body connection translated into his ideas on the interaction between mental and physical illness, as well. He appears to be much less naive about his understanding of mental illness than is often suggested. In correspondence with Princess Elizabeth in 1645, his understanding of mental illness was practically more holistic than dualistic. The princess wrote Descartes, confiding in him details of her depression and co-occurring general illness. In their correspondence, Descartes told the princess that, "the most common cause of a low-grade fever is sadness," and to combat this physical illness, she must try to find happiness in life's small moments. He even acknowledged that the stress of her external social environment was likely impacting her mental state, and, therefore, also her physical state (Bennett 12-13). One could conclude that Descartes saw an importance in acknowledging the effect one's mental health has on their physical health. Duncan explains that Descartes proposed, "a kind of psychosomatic rational-emotive therapy... he saw practical knowledge about the maintenance of health and the treatment of illnesses arising solely out of a knowledge of the whole person" (498). Descartes' advice to the princess is evident of his holistic views on mental illness. While he couldn't elaborate on the scientific reasoning behind this relationship, he clearly did understand the complexity of illness in the whole person.

Descartes' fairly holistic views on illness posed a challenge to the emerging medical field. Matthews explains that Cartesian dualism necessitated that "the explanation of mental life must be different in kind from that of processes in the material world" (347). Therefore, physiological brain processes cannot serve an explanation for why someone felt a certain emotion (347). Because dualism understood our minds to not operate mechanistically, they must operate only on reason. Here was another problem, as illness was only understood in mechanistic terms. Matthews explains that Descartes did address mental disorder, but it was difficult to classify what mental illness looked like, as it doesn't fit within the mechanistic understanding of "illness." Instead, mental disorder would simply mean to operate irrationally, which is not necessarily illness. While physical illness is easily described as a deviation from normal functioning, mental illness is difficult to identify because it's impossible to universalize normal mental functioning, let alone a deviation from it. For example, a custom that was considered normal in one culture could be considered odd in another, but this wouldn't imply illness (348-349). Applications to this problem can be seen in treatment of mental illness versus physical illness. Physical problems are addressed scientifically: lab work, scans, and more can be studied and applied to the treatment of the patient, with a mostly predictable outcome. However, mental illness is treated with a combination of resources, all of which have proved themselves to be effective. Talk therapy in particular is well known to benefit mental illness, yet its impact cannot typically be measured through brain scans or tests. Additionally, drug treatments for mental illness have also proven effective. These

drug treatments have clear neural mechanisms of action, and can be scientifically tested and explained. Both treatment options have been shown to work, which interferes with Cartesian understanding of the mind-body relationship.

The holistic aspects of Descartes' philosophy seem to have been lost. Initially, the medical field took Cartesian dualism and the concept of the body's mechanization to the extreme to escape the limitations set by the church, as well as to provide a truly scientific basis for the practice of medicine. Since its emergence over three hundred years ago, dualism has remained the dominant philosophy of the medical system. While detailing the full history of those many years exceeds the aims of this paper, it's worth acknowledging that dualism did not go unchallenged in that time. A philosophy separating mind and body also assumes certain ideas about the inherent nature, values, and purpose of human beings. Many philosophies that differ from these dualist perspectives have emerged in the centuries between Descartes' time and now, yet dualism remains the predominant foundation for our medical system.

Clinical psychologist Neeta Mehta explains that there are several factors influencing why dualism remains influential in medicine today. First and foremost, all biomedical knowledge is built on dualism. Mehta states, "Descartes, through mind-body dualism, demythologized body and handed over its study to medicine. Thus, the way was paved for progress in medical science through the study of physiology and anatomy;" however, "by isolating mind, mind and body dualism denied its significance in individual's experience of health" (202-209). As Mehta explains, the holistic picture of health was lost when medicine and the body were mechanized. But mechanization was also necessary to advance medical knowledge. This had significant implications for explaining how the body and mind worked together, as the debate continued as to whether the mind could be mechanized or not. As previously noted, this problem became especially apparent when efforts were made to treat mental illness. Another factor behind the continued use of a dualistic philosophy of care is that the healthcare field itself has become commercialized and economically powerful. Pharmaceutical companies have no interest in challenging the highly lucrative status quo. Furthermore, these companies have done a fantastic job at presenting drug therapies as the go-to, creating culture that values quick fixes. This culture does "not allow paradigmatic change to take place in favor of alternative and complementary medicine based on a holistic view of human beings" (205). Even more shocking is that physicians are seldom aware of the philosophical framework in which they're educated and in which they practice. Mehta states that "even when unity of mind and body presents a more realistic picture of the human functioning, physicians rather stick to the familiar dualistic thinking to match that of their mentors and colleagues" (205-206). While Cartesian dualism was initially an advantageous philosophy to circumnavigate religious boundaries and mechanize the complex human body,

it has since taken the focus away from holistic health concerns and “blocked the development of effective interventions” (207).

Dualism has effectively created a medical system that primarily focuses on the human body. Mehta argues that “a focus on the human body makes the field of medicine address diseases with complete disregard for illness-personal, interpersonal, and cultural reactions to disease” (205). There are several alternative approaches to medical care that suggest more holistic philosophies. These combat the dualistic foundations and practices that medicine was founded on, as Cartesian dualism has proved inflexible to our modern understanding of health and illness. The body is increasingly seen as a system “(of which mind and body are both a unit) which are integral parts of larger systems, in permanent interaction with their environment and capable of constructing their own subjective realities” (204). Matthews offers an alternative in classical materialism. Classical materialism sees the mind as synonymous with the brain, and the brain as an organ of the body. Therefore, this view would require “a philosophical shift from thinking of a human being as composed of two substances, mind and body, to thinking of ourselves as composed of a single substance” (Matthews 348-349). Under this framework, our minds would be susceptible to disease in the exact way that our bodies are. Proponents of this materialism argue for a “complete neuroscience” that seeks to explain every neurological process, effectively eliminating the need for a philosophical approach to understanding the mind. Critics of this alternative to dualism argue that “thoughts, emotions, desires, and other mental phenomena have certain essential properties which brain states and processes cannot have. The two properties are subjectivity and intentionality” (348-349). Regardless, both Cartesian and classical materialism agree that the mind is a substance. They simply differ on how they think that substance correlates to the body. For materialists, the mind equates to the brain. For Cartesians, the mind is separate from the body, including the brain (355).

An alternative approach to either dualism or materialism would be to set aside the assumptions of what exactly a mind is, and instead define it by what it does. For example, the field of phenomenology is based on the idea that humans are embodied subjects, and focuses on understanding our mind through analyzing our behavior and the meaning we give to our human experience, rather than studying how exactly the mind functions. Matthews explains that “because humans are embodied, their responses to their environment necessarily involve bodily reactions... but these bodily reactions can be fully understood only as part of the human experience” (Matthews 356). Therefore, someone’s emotions may involve an increase in a sort of neurotransmitter, but this doesn’t necessarily account for the emotion or experience they’re having (356).

Phenomenology’s shift to viewing people as embodied subjects who respond to their subjective experiences is similar to the bio-psycho-social approach to medicine. Duncan

explains that new medical models view the “sick person in social context,” whereas the old biomedical views of pain reflect an institutional split with psychology (486). In practical application, the bio-psycho-social model might view experiences like chronic pain through a more holistic assumption of the mind-body connection, and, therefore, approach treatment from both a physical and psychological framework. Both Descartes and bio-psycho-social theorists agree that pain, especially chronic pain, is not just physical and supports the connection between body and mind. Duncan does understand that Descartes, while he did acknowledge the body-mind connection to pain, did not “consider ‘personal attitudes and expectations [and] environmental influences’” (499). Despite Descartes’ limitations, modern biomedicine separates the psyche from medicine further. Therefore, the dualistic model of Western medicine should not be blamed entirely on Descartes. Duncan explains that other developments, after Descartes’ time, led to this complete dualism in the medical field (486).

It’s incredibly important for medical professionals, researchers, and every person who interacts with the healthcare system (that means everyone in the world, practically) to understand the philosophical foundations of the medical system. To understand these foundations is to understand the reasons for why our medical system currently faces so many issues. Most problematic and troublesome include reliance on drugs as a quick fix, alternative or holistic solutions being regarded as taboo, and of course, the view that psychological care isn’t as legitimate or as necessary as physical care. However, these problems are not to blame solely on Descartes. While Descartes was a dualist, his thoughts on the body-mind connection and its impact on illness were much more holistic than the current stance of the modern medical field. Furthermore, his work did allow the medical field to advance in extraordinary ways. The problem, though, was that developments in the field led to the exaggeration of Cartesian dualism to fit the scientific approach that medicine took on. Alternative approaches to care are quite promising, such as the bio-psycho-social model of care that reflects the knowledge that humans are embodied subjects, and that their experiences of illness are impacted by unique biological, psychological, and environmental factors. Going forward, this model of care may prove beneficial in not just the treatment of mental illness, but in the treatment of physical illness, as it is clear that the two are strongly connected, even if we never figure out to what extent.

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