

DESCARTES' DUALISTIC INTERACTIONISM IN THE LIGHT OF CONTEMPORARY PSYCHOSOMATIC MEDICINE

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Abstract

Up to the present time, René Descartes' postulation that there are two distinct categories of reality is still problematic because he created a dichotomy between material world and the meta-physical world (Matter and Mind). Besides, he asserts that the mind and body mutually influence and interact with each other. This leads physiological and psychological thinking into difficulty, reason being that there is no known causality of this mind-body mutual relationship since the mind-body are separate entities. Nevertheless, René Descartes further claims that the causality is located in the pineal gland but it is still unknown how the mind takes primacy and control over the body. The Researcher employs the method of analysis to depict the influence of Cartesian Dualism of mind-body relationship in the contemporary psychosomatic medicine. However, in the last century of Western philosophy, with nervous system investigation, and with recent advances in neuroscience, the potential avenue to explore the understanding of the knowledge and effect of Cartesian Mind-Body has expanded. Only recently, however, there have been an increase in primary focus of medical care on the mind-body illness and it has been discovered that most disorders lack an organic explanation. Since, this problem is psycho-rational metaphysic, this study recommends the acceptance of psycho-epistemic logical soundness of mind-body dualistic interactionism, instead of seeking the logical causal validity of biological intrinsic interactional relatedness of mind and body.

Keywords: Rene Descartes, Mind, Body, Psycho-rational, interactionism

Introduction

The idea that human process falls into one of two categories: physical or psychological, grew out of a 17th century conflict between science and the Roman Catholic Church. For much of the history of western civilization, truth was whatever was decreed to be true by the church. Then, in about 1400AD things started to change. The famines, plague, and marauding armies that had repeatedly swept Europe during the middle ages subsided, and interest turned to art, commerce, and scholarship. This was the period of Renaissance, or rebirth (1400 -1700). Modern Science was born as a result of Renaissance Scholars not contented to follow the dictates of the church. Much of the scientific knowledge that accumulated during the Renaissance was at odds with the Church dogma. However, the conflict was resolved by the prominent French Philosopher Rene Descartes.

Although philosophy rarely alters its direction with radical suddenness, there are times when new concerns and emphases clearly separate it from its immediate past. In a sense, much of what the continental rationalists set out to do had already been attempted by the medieval philosophers and by Bacon and Hobbes. But Descartes, Spinoza, and Leibnitz fashioned a new vision for philosophy

Psychosomatic medicine is an interdisciplinary medical field exploring the relationships among social, psychological, and behavioral factors on bodily processes and quality of life in humans and animals (T. Uexküll, 1997:69)

The academic forebear of the modern field of behavioral medicine and a part of the practice of consultation-liaison psychiatry, psychosomatic medicine integrates interdisciplinary evaluation and management involving diverse specialties including psychiatry, psychology, neurology, internal medicine, surgery, allergy, dermatology and psychoneuroimmunology. Clinical situations where mental processes act as a major factor affecting medical outcomes are areas where psychosomatic medicine has competence (Levenson, 2006:79)

Mind and Body Dualism: A Basis of Biomedical Model

The dualistic stance of human nature and analytical method determined the biomedical model in medicine. Accordingly, human beings were viewed as biological organisms (materialism), to be understood by examining their constituent parts (reductionism) using the principles of anatomy, physiology, biochemistry and physics. Disease was seen as a deviation from the biological norms, caused by some identifiable physical or chemical event and intervention involved introduction of a corrective physical or chemical agent. Consequently, health came to be defined as an absence of disease and got associated with activities of doctors to the extent that to most people, medicine became synonymous with health (Hart, 1985).

New Understanding of Human Nature and Health.

Today, our understanding of human beings has changed significantly as reflected in Merleau-Ponty's (Gold, 1985:78) notion of the "lived-body" and Sprenger's (1999) summary of characteristics of living organisms. The "lived-body" notion maintains that body is not an object, but "multiphasic, experiential beings of finite freedom" (Gold, 1985:78). It is a nucleus of one's consciousness/intentionality. Moreover, living systems have come to be seen as systems (of which mind and body are a unit) which are integral parts of larger systems, in permanent interaction with their environment and capable of constructing their own subjective realities. These views challenge both dualistic nature of human beings and exclusive viability of positivism to pursue knowledge that is not "objective." Simultaneously, health has also come to be viewed as something positive (Siegrist, 1941:25) and eventually, it received its missing dimensions when World Health Organization (1947:87) defined it as "a state of complete physical, mental and social well-being". More specifically, it is seen as "the capacity, relative to potential and aspirations, for living fully in the social environment".

(Tarlov, 1996:72) Thus In the context of this new understanding of the nature of human beings and health, the question is-how can medicine, with its narrow focus on biological factors and control of disease, help human beings achieve health which is multidimensional in nature with prevention, cure, promotion of well-being and longevity, which are proposed to be important goals of treatment?

Emergence of diseases that have psychological, social and environmental components as part of their aetiology also challenges the hegemony of biomedicine. The consequence of this paradigmatic error is discordance between what contemporary medical professionals have got to offer and what lay people expect from them. 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. As freedom from illness is as much needed as freedom from disease to experience health and well-being, what one finds rampant is patients'/family's dissatisfaction with contemporary medicine. Part of dissatisfaction is also due to disempowerment of patients and dehumanisation of medical care-cold, impersonal, technical style of clinical practice shaped by notion that the body is a machine devoid of self (Kriel, 2003).

Ever increasing litigation rates patients noncompliance, increasing resort to alternative practices, mounting consumer criticism. Also reflect failure of the biomedical model to cope with lay persons' health issues .

Why Mind-Body Dualism is Still Alive?

As a reaction to the inadequacies of mind and body dualism, several nondualistic philosophical frameworks have been proposed. Still, mind and body dualism persists in the field of medicine. The reasons are multiple: The medical knowledge of the last 300 years is built on the biomedical model. Lots of money, energy, dedication have been invested in this field, which has paid back hugely in terms of technological success. This success has made medicine a very powerful and all encompassing health care field and has reinforced the philosophy that formed the basis of biomedical paradigm(Kriel,2003:18). The pharmaceutical companies with their focus on commercial interests have great stakes in the existing medical system. They fund research in a big way but opt for status quo by selectively publishing their findings which does not allow new knowledge to surface. Established importance of drugs in the treatment of diseases, drug taking as a norm for any health concern and cultural tendency to expect quick remedies do not allow paradigmatic change to take place in favour of alternative and complementary medicine based on holistic view of human beings. Physicians are neither aware of the philosophical framework within which they operate, nor do they realise the power such model exerts on their thinking and behaviour. It is so because the dominant model is not necessarily made explicit, though the entire sociocultural and educational context of medical education/training reflects the prevailing conceptual model of nature of human beings, health and disease. So strong is the influence of these philosophical frameworks that they act as blinders and human beings who are known as cognitive misers tend to treat them as facts and whatever does not fit into the paradigm as trivial or even nonsense. Therefore, 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. Like medical practitioners, patients also perpetuate the mind and body dualism. Being a product of modern dualistic culture, they tend to feel sceptical about nonbiological explanations for their illnesses, as they appear unreal, illegitimate and unscientific in nature.

Some physical diseases are believed to have a mental component derived from the stresses and strains of everyday living. This has been suggested, for example, of lower back pain and high blood pressure, which some researchers have suggested may be related to stresses in everyday life. However, within a psychosomatic framework, mental and emotional states are seen as capable of significantly influencing the course of any physical illness. Psychiatry traditionally distinguishes between psychosomatic disorders, disorders in which mental factors play a significant role in the development, expression, or resolution of a physical illness, and somatoform disorders, disorders in which mental factors are the sole cause of a physical illness.

It is difficult to establish for certain whether an illness has a psychosomatic component. A psychosomatic component is often inferred when there are some aspects of the patient's presentation that are unaccounted for by biological factors, or some cases where there is no biological explanation at all. For instance, *Helicobacter pylori* causes 80% of peptic ulcers. However, most people living with *Helicobacter pylori* do not develop ulcers, and 20% of patients with ulcers have no *H. pylori* infection. Therefore, in these cases, psychological factors could still play some role. Similarly, in irritable bowel syndrome (IBS), there are abnormalities in the behavior of the gut. However, there are no actual structural changes in the gut, so stress and emotions might still play a role.

The strongest perspective on psychosomatic disorders is that attempting to distinguish between purely physical and mixed psychosomatic disorders is increasingly obsolete as almost all physical illness have mental factors that determine their onset, presentation, maintenance, susceptibility to treatment, and resolution. According to this view, even the course of serious illnesses, such as cancer, can potentially be influenced by a person's thoughts, feelings and general state of mental health.

Addressing such factors is the remit of the applied field of behavioral medicine. In modern society, psychosomatic aspects of illness are often attributed to stress making the remediation of stress one important factor in the development, treatment, and prevention of psychosomatic illness. Mind-body dualism is an example of a metaphysical stance that was once much needed to unshackle science and medicine from dogma, but which later had far reaching restrictive influence on the field of medicine, on its complete understanding of real health issues, and on developing effective interventions to deal with the same

On any average day perhaps as many as a third of people who go to see their general practitioner have symptoms that are deemed medically unexplained. Of course, a medically unexplained symptom is not necessarily psychosomatic. There will always be diseases that stretch the limits of scientific knowledge. But among those with undiagnosed physical

symptoms is a large group in whom no disease is found because there is no disease to find. In those people the medically unexplained symptoms are present, wholly or partially, for psychological or behavioral reasons.

When Nurture Becomes Nature: (From Mind to Brain)

People who undergo traumatic experiences and develop post traumatic stress disorder also develop abnormalities in hypothalamic and pituitary functioning. These symptoms may then be amenable to biological treatment such as antidepressants medication, even though the causes were initially environmental. To speak of the causes as completely environmental, however is not entirely accurate either. The environmental event of repeated separation from attachment figures only produces biological abnormalities because the brain has evolved to be innately sensitive to attachment-related stimulation.

Environmental factor can also activate biological vulnerabilities, so that neither heredity nor environment can alone bear the blame. "Much of what we have learned about psyche health have come from observations of individuals whose patterns of thought and behaviour fall outside the bounds of the ordinary"(Greenspan, 1998:178). Such individual is René Descartes of 'Mind and Body interactionism'.

What societies make of their aberrant members varies over a vast range, however, deviant or extreme behaviour can be attributed to causes ranging from the Divine to diabolical, from the cosmic to the biochemical. For well over a century, society has alternated in its emphasis between physiological and experiential factors in assessing mental health (178)

" Although a few contemporary psychologists view mental illness as a myth or ascribe its causes to demon possession, they differ considerably in the way they conceptualize the nature and causes of psychological disorder "(Western, 1959:580) and its psychosomatic illness. Consider the case of Charlie, a 24year old business-school student with an intense fear of being in group. Whenever Charlie is at party, he feels tremendously anxious and usually ends up leaving shortly after he arrives. He worries that people will laugh at him and ostracise him, that he will be mortally embarrassed. His mouth becomes dry, his hands become clammy, and his stomach knots each time he feels this way. Paradoxically, he feels most anxious when he should feel most confident, as when he has began business. His father, who never attended college, ridicules him for his decision to enter graduate school. And his school work requires him to participate in many group situations. The way a psychologist would understand Charlie's anxiety depends on the psychologist's theoretical orientation.

Anxiety disorder (Neuroses) are problems in living, such as phobia, chronic self- doubts and psychoses. In the case where one suffers personality disorder; one becomes chronic and severe disturbed which substantially inhibit the capacity to love and to work. "People with personality disorder often have difficulty maintaining meaningful relationship, show substantial distortions in their interpretations of interpersonal events, are chronically vulnerable to depression or despair, and have difficulty maintaining employment"(581)

Nevertheless, Mental health is more than the absence of symptoms of psychological distress. The developmental perspective encompasses and elucidates Freud's famous formulation "the ability to love and to work". However, if we view human beings as a collection of traits driven by mind and biological mechanism, we can as well assert that unhealthy mind is an unhealthy

body.

Psychosomatic disorders are physical symptoms that mask emotional distress. The very nature of the physical presentation of the symptoms hides the distress at its root, so it is natural that those affected seek a medical disease to explain their suffering. They turn to medical doctors, not to psychiatrists, to provide a diagnosis. The neurologist is more often faced with a diagnosis of psychosomatic illness than other specialists.

Somatization.

Panic attacks are sudden periods of intense fear that may include palpitations, sweating, shaking, shortness of breath, numbness, or a feeling that something bad is going to happen. The maximum degree of symptoms occurs within minutes. Typically, they last for about 30 minutes but the duration can vary from seconds to hours.

There may be a fear of losing control or chest pain. Panic attacks themselves are not dangerous physically.

Causes

Panic disorder, social anxiety disorder, post traumatic stress disorder, drug use, depression, medical problems.

Pathophysiology

The symptoms of a panic attack may cause the person to feel that their body is failing. The symptoms can be understood as follows. First, there is frequently the sudden onset of fear with little provoking stimulus. This leads to a release of adrenaline (epinephrine) which brings about the fight-or-flight response when the body prepares for strenuous physical activity. This leads to an increased heart rate (tachycardia), rapid breathing (hyperventilation) which may be perceived as shortness of breath (dyspnea), and sweating. Because strenuous activity rarely ensues, the hyperventilation leads to a drop in carbon dioxide levels in the lungs and then in the blood. This leads to shifts in blood pH (respiratory alkalosis or hypocapnia), causing compensatory metabolic acidosis activating chemosensing mechanisms which translate this pH shift into autonomic and respiratory responses. The person him/herself may overlook the hyperventilation, having become preoccupied with the associated somatic symptoms.

Moreover, this hypocapnia and release of adrenaline during a panic attack cause vasoconstriction resulting in slightly less blood flow to the head which causes dizziness and lightheadedness. A panic attack can cause blood sugar to be drawn away from the brain and toward the major muscles. Neuroimaging suggests heightened activity in the amygdala, thalamus, hypothalamus, and brainstem regions including the periaqueductal gray, parabrachial nucleus, and Locus coeruleus. In particular, the amygdala has been suggested to have a critical role. The combination of high arousal in the amygdala and brainstem along with decreased blood flow and blood sugar in the brain can lead to dramatically decreased activity in the prefrontal cortex region of the brain. There is evidence that having an anxiety disorder increases the risk of cardiovascular disease (CVD). Those affected also have a reduction in heart rate variability.

Therapy

According to the American Psychological Association, most specialists agree that a combination of cognitive and behavioral therapies are the best treatment for panic disorder. Medication might also be appropriate in some cases. The first part of therapy is largely informational; many people are greatly helped by simply understanding exactly what panic disorder is and how many others suffer from it. Many people who suffer from panic disorder are worried that their panic attacks mean they are "going crazy" or that the panic might induce a heart attack. Cognitive restructuring helps people replace those thoughts with more realistic, positive ways of viewing the attacks. Exposure therapy, which includes repeated and prolonged confrontation with feared situations and body sensations, helps weaken anxiety responses to these external and internal stimuli and reinforce realistic ways of viewing panic symptoms.

In deeper level psychoanalytic approaches, in particular object relations theory, panic attacks are frequently associated with splitting (psychology), paranoid-schizoid and depressive positions, and paranoid anxiety. They are often found comorbid with borderline personality disorder and child sexual abuse. Paranoid anxiety may reach the level of a persecutory anxiety state.

Evaluation

The Mind-Body dualism credited to Descartes is referred to with uncommon frequency and is usually said to have exercised an overwhelmingly negative influence on modern medicine. Of course that is not true. Roy R. Grinker (1979:69), for example bitterly blames Cartesian dualism for separating the "Mind as subject from the body as Object and creating a dichotomy that even now blocks unitary concepts"

In the last two decades there have been many critics of western biomedicine's poor integration of social and psychological factors in questions of human health. Such critiques frequently begin with a rejection of Descartes' mind-body dualism, viewing this as the decisive philosophical moment, radically separating the two realms in both theory and practice. It is argued here, however, that many such readings of Descartes have been selective and misleading. Contrary to the assumptions of many recent authors, Descartes' dualism does attempt to explain the union of psyche and soma - with more depth than is often appreciated. Pain plays a key role in Cartesian as well as contemporary thinking about the problem of dualism. Theories of the psychological origins of pain symptoms persisted throughout the history of modern medicine and were not necessarily discouraged by Cartesian mental philosophy. Moreover, the recently developed biopsychosocial model of pain may have more in common with Cartesian dualism than it purports to have. This article presents a rereading of Descartes' mental philosophy and his views on pain. The intention is not to defend his theories, but to re-evaluate them and to ask in what respect contemporary theories represent any significant advance in philosophical terms (Duncan, 2000)

Although Western medicine has often been characterized, and criticized, as dualistic and reductionistic, contemporary biomedical physicians are largely unconcerned with the metaphysical “world-knot” of the mind-body problem. Science seems to be slowly untangling this knot, offering a multitude of empirical correspondences between physiology and behaviour that constrain philosophical speculation. Modern biology explains mindful action as an emergent property of the hierarchical organization of the nervous system. A more sophisticated version of this materialism recognizes that mind and consciousness are not simply functions of the isolated nervous system but can be better understood as emergent properties of social systems, that is, of interactions between many individual organisms. However, biology leaves unexplored an aspect of the mind-body problem that is essentially ethical. This residual mind-body problem occurs because mind and body symbolize contrasting poles in human experience: the voluntary or intentional and the involuntary or accidental. It is because the contrast between willful action and impersonal accident is central to both the private sense of self and the public concept of the person that mind-body dualism persists in Western thinking about morally significant events like sickness and disability (Kirmayer, 2006)

One of the most striking features of the attacks on Descartes in modern psychosomatic literature is that they usually occur in the midst of assertions about complex organismic wholeness. The human being is often said to be a systemic biological totality, in which "mind" and "body" are merely partial and imperfect expressions of different aspects of organic unity. Grinker (1979:69), for example, suggests that "mind and body are two foci of an identical process". Moreover, the "idea that a unique personality type or a specific intrapsychic conflict is essential to the development of a specific disease can no longer be entertained" (71) Instead, Grinker asserts one ought to bear constantly in mind that the real object of study should be "general relationships between stress stimuli and biological processes," (71) in which biological processes could but do not necessarily have to include "conscious emotional arousal". It is in this context of dissecting alternative approaches to psychosomatic theory and of asserting the organo-biological grounding of his own views that Grinker specifically rebukes Descartes. Reiser takes essentially the same stance in an astute essay, "Changing Theoretical Concepts in Psychosomatic Medicine." The main thrust of Reiser's essay is an argument for a sophisticated version of organo- psychobiological theory in which somatopsychic relationships received as much emphasis as psychosomatic ones. His general case is most effectively made with a specific example

Mirsky identified the physiological (genetically determined) condition necessary, but not sufficient, for the development of duodenal ulcer; that is, the hypersecretion of pepsinogen into the blood. He postulated that this inborn trait, through its influence on the mother-infant relationship, would also play a central role in personality development and in determining the type of social-conflict situation that would later be pathogenic for the individual in adult states simultaneously and in the same language,

We are left to assert the biological unity of the total organism yet must behave as if we are dealing with mind-body duality. That is, modern psychosomaticists believe in an ontological or conceptual holism but function with an operational or behavioural dualism.

1. Why do psychosomatic theorists find themselves in this dilemma? Why have they so regularly been caught between behaviour and assertion, action and belief? These questions are very difficult, and here I can only begin the search for satisfactory answers. I will, however, offer some preliminary speculations. Let us begin by considering the complex institutional circumstances in which American psychosomatic theorists have often found themselves since the 1980. For quite some time, the majority of identifiable psychosomatists were trained at least partially in psychiatry and specifically in psychoanalysis. Moreover, they usually worked in professional settings with strong links to psychiatry. As Wittkower (1974) reported in 1960, "the bulk of the research carried out in the field of psychosomatic medicine... is carried out by psychiatrists and prominent among psychiatric contributions are those by psychoanalysts" Psychosomatists have often functioned in psychiatric-liaison groups as consultants to colleagues in internal medicine and other somatically oriented disciplines; they were frequently called upon to help manage difficult patients, to teach, and to perform psychological evaluations. Colleagues in internal medicine were biomedical reductionists committed to a restrictively biological view of the organism. (Raiser, 1975) Partly out of their own beliefs and partly to accommodate themselves to their colleagues, psychosomatists asserted their commitment to the fundamental biological underpinning of all organic phenomena, including the peculiar phenomena exhibited in affective states. Yet to retain their professional niche, they continued to deal especially with affective phenomena. Lipowski (2007:47) described the general situation vividly. The consultant should be prepared to tolerate fluctuations in his colleagues' interest in his actionism. Descartes was removed from his true historical context and made into a convenient symbol of villainous intrusion into medical history. It was Descartes who allegedly despoiled previously existing holistic medical theory rather than looking at themselves and their own complex, confusing and conflict-laden circumstances. American psychosomatists wagged their critical fingers at a distant and distorted Descartes.

Finally, the Cartesian myth served another psychological purpose. By explicitly identifying and condemning Descartes' allegedly dramatic historical role, psychosomatists implicitly asserted their belief in the transforming power of philosophical innovation. Descartes' dualistic formulation had, after all, purportedly changed the course of medical history. His ideas were not ignored; they became instantly influential. Should not then holistic biopsychosocial intellectual alternatives to current dualistic reductionist orthodoxies also be rapidly influential? The myth of a villainous Descartes in other words, expressed a wish-fulfilling fantasy. Descartes was condemned for doing what psychosomatic theorists wished they could accomplish themselves: change medicine with a few strokes of a pen.

Thus Cartesian dualism has been critically important to certain psychosomatists as both foil and fantasy. The true historical Descartes is no less interesting than his mythic counterpart; he is merely less useful (Ozumba et al, 2014:17)

Conclusion

Mind and Body dualism was a convenient philosophy that used the divide and conquer'

strategy to cope with prevalent religious thinking and subsequently fitted well to deal with the complexity of human nature. It, however, cost us dearly, as it took our focus away from the dynamic nature of human beings, their relationship with the environment and their real health concerns, and to that extent blocked the development of effective interventions. Our journey towards knowledge and understanding of nature has never forward moving seamlessly. Mind and body dualism and its influence on the contemporary psychosomatic medicine is a prototype of the same journey of great strides and a huge lead backward.

Every philosophical assumption on which knowledge and practices are built need to be questioned for their viability, else they compromise the research for knowledge and effectiveness of practices originating therein. Mind and body dualism is an example of a metaphysical stance that was once much needed to unshackle science and medicine from dogma, but later had far reaching restrictive influence on the field of psychosomatic medicine on its complete understanding of real health issues, and on developing effective interventions to deal with same. Nevertheless, the influence of Rene Descartes mind-Body dualistic interactionism on the contemporary psychosomatic medicine is immensely interesting, not minding the inability to give a concrete and stark causality of the psychosomatic illnesses, as the dualists positions were correct but they only failed to give us a concise explanation on how the mind and Body relate in the pineal gland which is a physical substance. Besides, mind is a pscho-metaphysical entity abstracted to be understudied psycho-empirically for easier comprehension of its ontology and functionality. It is of special necessity to note that the problem of mind-body interactionism is psycho-rational metaphysic. I recommend the acceptance of the psycho-epistemic logical soundness of mind-body dualistic interactionism since reality is psycho-ratio-empirico-spirito centric, instead of seeking logical casual validity of intrinsic biologic interactional relatedness of mind and body. In that case, it becomes both true and false, since;

- i. every theory has something to offer
- ii. No theory is rejected
- iii. All theories must be applied simultaneously
- iv. Each theory is applied where it fits
- v. A theory which falls in one context has another context where it passes or fits.

This admits the middle course in addition to the two extreme values of Aristolian (Western) logic “either True or False” thereby making significant the presence of the third value.

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