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The Unity of Man

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In recent years there has been a growing trend in medicine to re-unify the human organism into the biological whole it was before the advent of the medical sciences. Our efforts to understand disease and the human body led to ever finer divisions of the human organism. Concomitantly, as our knowledge of these divisions and subdivisions expanded and deepened, the field of medicine also divided and subdivided into parallel specialties and subspecialties, each circumscribing portions of the scientific advancement. Where once a physician studied and treated diseases in many systems, we now have specialists devoting themselves entirely to the eye, liver, heart and bones. Moreover, these same specialists often further subdivide their interests according to the age of the patient. Thus, we have pediatricians, geriatricians, pediatric neurologists and adolescent medical specialists.

Psychiatry, too, has subdivided the human organism by virtue of its own model of human functioning and malfunctioning. Specifically, we speak of ego, id, and

superego as if they were separate facets of the human being functioning at times independently and at other times interdependently. We have gone further, dividing the ego into various sub-functions, perceptual, cognitive and so forth. Also, we have become child, adolescent, geriatric and, lately, consultation-liaison psychiatrists. Additionally, we have specialized according to theoretical models of human behavior, each of which, in reality, may describe only part of the totality and unity of human behavior in space and time.

All this is a preface to the fact that by dissecting the human organism initially into body and mind, and then into smaller and smaller systems, we have, without question, advanced our knowledge of the parts of the human organism. Yet, at the same time, we may well have excluded an appreciation of his holistic, unified functioning, or, at the least, failed to integrate the separate areas of knowledge so acquired. This is not meant to deprecate the fragmentation and specialization of medicine. Rather, I think that it was and is an essential process in the evolution of scientific knowledge and that now we are beginning to move into the next stage in the evolutionary process, the integration of the specialized

knowledge into a fuller and more comprehensive understanding and approach toward Man and our patients.

To recapitulate, in the course of the progressive and systematic dissection of the human organism, we seem to have also dehumanized Man. Psychiatry, too, has taken its initial model and, by its own detached and deeper analyses, may well have dehumanized Man's psyche into a variety of systems and mechanisms. In other words, psychiatry may well be obscuring the essence of humanity and the unity of Man via its mechanically-based "dynamics" and other conceptions of human behavior. The current trend among some psychiatrists to emphasize patients' rights and to challenge traditional diagnostic categories appears in some respects to be a reaction to this process of psychiatric dehumanization. Furthermore, by focusing on psychic, or mental, functions, without sufficient considerations of Man's biology, psychiatrists seem to have indirectly encouraged and sustained, along with our medical colleagues, an artificial dichotomy, that of mind and body.

Today, this postulated dichotomy is being questioned by many physicians, psychiatrists and others, partly because it has been used too often as an excuse or shield for specialists on one side to avoid dealing with problems on the other. Psychiatrists say it is a medical problem and the medical people say it is a psy-

chiatric problem, when, in fact, it is a problem worthy of study by both sides. Obviously, this intellectual ping-pong game with the patient can prove destructive, with ill-effects falling primarily on the patient.

At this point it should be noted that neither the proponents of the bodily or organic view, nor the proponents of the mental or functional view, are much inclined to deal with the religious or spiritual features of human beings. Rather, it is often said that the spiritual aspects are not subject to scientific inquiry, or that it is a mental abstraction, a construct of the human mind, a symbolic human father. Both organicists and functionalists thus sweep aside an aspect of Man that has received much anthropological attention and which has as strong a history as the former facets. My point is that whatever physicians think and believe about their own spiritual and religious features, the fact is that many of our patients believe in and practice a variety of religions. Therefore, by ignoring or psychodynamically "explaining" the fact of religious beliefs and practices in our patients, we fail to appreciate, as with the mind-body duality, the totality of human functioning as it exists for the patient.

It is, therefore, my contention that for medicine, including psychiatry, to be truly comprehensive, it must also consider the patient's religious and spiritual problems and needs, however we may personally feel about these

needs in ourselves.

Presently, it seems to me that physicians see the chaplain's role primarily applicable to the dying patient, as an opiate for physical and emotional suffering in the patient, and, perhaps, in the attending doctor. This attitude obviously ignores the fact that healthy people pray and attend religious services. It ignores the fact that acutely and chronically non-terminally ill patients seek and find comfort, strength and immeasurable support from their religious beliefs in the face of pain and suffering. In short, it ignores the fact that religious beliefs and practices are an integral and important aspect to many of our patients' lives. This is not meant to imply that physicians should provide religious ministrations. Rather, it is intended that we should appreciate the need for such ministrations in our patients and to advise the appropriate priest, minister or rabbi of this need.

The problem, then, is how to initiate awareness and integrate appreciation of the spiritual part of Man into a truly comprehensive approach to the patient, one that will consider the patient as a human being, and not simply a mind, a body, or a spirit.

As a beginning, the following suggestions are offered. First, those medical people, including psychiatrists, who have always considered their patient's spiritual needs, must begin to speak openly about them to their colleagues, students, and ancillary

personnel. Secondly, those in medicine who have ignored them must be willing at least to listen, regardless of their own personal beliefs and biases, to their patients who express such needs spontaneously and to their colleagues who have attempted to meet such needs directly or indirectly. (That is, the physician attempts to listen to the patient's concerns or seeks to have the appropriate priest, minister or rabbi advise or fulfill the needs directly.) Likewise, chaplains who are associated with medical facilities and hospitals must be willing to offer their knowledge freely, both about the spiritual needs of the patient as well as about other concerns the patient may have which could affect the physician's decisions regarding treatment, management and rehabilitation. (Patients will sometimes tell their ministers things they do not tell their doctors, and vice versa. Such information can often be shared, without violating confidentiality, to the patient's benefit.) Finally, on all sides of the patient, the physician, psychiatrist, and chaplain must learn a bit of each other's special language, concerns, and problems and techniques of dealing with patients so that communications about the patient can be implemented and facilitated. By communicating more freely and working in closer proximity, it is my impression that we can pierce and dissipate the unnecessary ritualistic mysteries and auras which, from the patient's view, presently surround the phy-

sician, psychiatrist, and chaplain alike. By eliminating these artificial conceptual boundaries, all of us can help lead medicine, psychiatry and religion to a holistic and unified appreciation of life,

living, and humanity, perhaps the greatest mysteries, and ones we share equally with our patients. In fact, a better appreciation of our own unity may prove to be the key to comprehensive medical care.

A Note On the Unborn Person

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Even if it be granted that the unborn child does not possess life, but only potential life—the absurd thesis of Justice Blackmun, in *Roe v. Wade*, January 22, 1973—no justification for an abortion is established either morally or legally. Granted that this unacceptable position did actually maintain in reality, it could only signify that the actual life of the born child would be derived from the potential life of the unborn child. A potential human being would be virtually a human being. It would have a vital principle to become human. Now the closest thing in dignity to any nature is found in the principle of that nature. If one destroys the dignity of the principle, how does one restore the dignity of the nature?

Among the reasons presented for a basis of decision, the Court maintained that “the unborn have

never been recognized in the law as persons in the whole sense.” But the notion of person can only be understood as indivisible. What the Court wished to convey is that the rights of the unborn have not been consistently treated in civil and criminal suits. It would have been incumbent upon the Court, in arriving at so weighty a decision, to explore whether the unborn child could at least enjoy the status of a *moral person*. But this door they dared not open because a *moral person* has the right to perpetuate itself. Justice Blackmun’s elaborate historical, legal, and moral maze of fact and fancy was designed to leave no avenue of escape in this direction.

A more tenable position is that the human intellectual principle establishes the human person. This principle is at first only in potency to knowledge, both before birth and immediately after birth. Now, how do we establish the origin of this principle in man?

Too often, of late, the man of