MIND, BODY, AND 'I'

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Introduction

How compartmentalised are mind and body in personal and clinical experience? This question can be illustrated by an ancient story. The Old Testament tells of the prophet Nehemiah who is leading the Israelites in the rebuilding of the walls of Jerusalem. There is intense opposition from local non-Israelites who try several ways of stopping the work. In the end they resort to spreading a false report that the Jews are plotting a revolt and setting up a new kingdom, intending by this to activate surrounding forces against the Jews. Nehemiah's reported response is:–

> "They were trying to frighten us, thinking, 'Their hands will get too weak for the work, and it will not be completed'. But I prayed, 'Now strengthen my hands'."

It is very unlikely that a modern educated Westerner would express him/herself in this manner. The language shows that, for Nehemiah, being frightened and physically weak are two faces of the same thing. This is emphasised when he prays for his *hands to be strengthened.* A modern Western religious would almost certainly go the psychological route and pray that his fear be reduced, or his courage be increased. Nehemiah somatises the issue (whilst clearly acknowledging the fear), but our modern Westerner would psychologise it (very often to such an extent that any real awareness of the relationship of the fear to the physical concomitant is lost).

It is tempting for us to see Nehemiah's prayer as concrete and primitive, lacking understanding of the real psychological nature of his crisis. In fact it is quite clear that he knew he was frightened. He says: "they were trying to frighten us". He moves easily between his fear and his weakness.

Goldberg and Bridges have this to say about psychologisation and somatisation:–

> Indeed, 'psychologisation' appears to be the more recent phenomenon, and it still seems to be relatively rare in many parts of the world. To the extent that it occurs at all in developing countries, it tends to affect Westernised elites. Perhaps we should ask why people psychologise, instead of looking for explanations for somatisation.

And again: –

> In ancient Buddhist scriptures psychologisation was regarded as the original, most primitive, response to stress. It was regarded as primitive and maladaptive because it is difficult or impossible to mediate, and

> psychic pain is beyond the reach of medicines. In this formulation somatisation is regarded as an adaptive achievement of mankind, lessening psychic pain and exchanging it for physical pains for which there have always been treatments.[1]

Goldberg and Bridges are very aware of somatisation. They would have no problem with the notion of emotions being expressed in bodily language. But there is a difference between their approach and that of Nehemiah. In the case of Nehemiah there is an easy interchangeability between fear and physical weakness. He knows them both. There is a fluid connectedness, an interchangeability, a mirror-imaging of the two.

In Goldberg and Bridges' comments there is a much clearer either/or dilemma. In a typically Western fashion they immediately confront themselves with dualistic questions which must be resolved. Is the psychic pain (fear) prior to the physical pain (weakness)? Is somatisation a protective adaptation, a defence against psychic pain? I suspect Nehemiah would have no such problem – fear or weakness, both are there, either will do.

Most of us working in the somatisation field would in fact accept a linear and dualistic 'psychological-problem-leads-to-physical-problem' formulation as valid, at least in some clinical situations. This acceptance sits nicely with conventional dualistic taxonomies of disease. These taxonomies seem very tidy but how well do they represent the truth?

Person as Multidimensional Unity

A person is a cohesive unity, and it is this unified wholeness which needs to be continually emphasised. Gestalt psychology asserts that:–

> the whole, rather than being determined by its parts, determines the meaning of the parts.[2]

This statement acknowledges both the parts and the whole. But how we talk about the parts in the context of the whole raises many issues. We can so easily end up with a collection of compartments which then have to be integrated. As an alternative we could perhaps see the human person as a physical/psychological/spiritual/social/ecological gestalt. At any moment in time this complex unity could be seen as expressing itself, or potentially expressing itself, in all of these dimensions.

In an attempt to resolve a compartmentalising view we could perhaps say that there are multiple possibilities of connection or flow between various aspects of

1 Goldberg, D P and K Bridges. 1988. Somatic presentations of psychiatric illness in primary care setting. *Journal of Psychosomatic Research* v 32, p 137 – 44.

2 Strupp, H H and G L Blackwood. 1980. Recent methods of psychotherapy. In *Comprehensive Textbook of Psychiatry* 3rd edition.

the person within the unity. This suggests connections between separate *bits* of the person, implying therefore a linear and causal connectedness between various compartments. There probably is some usefulness in this conceptualisation. For instance, if a child has fractured a leg and cannot compete in the school athletics competition then he/she may feel depressed. The linear cause-effect conceptualisation (fracture – i.e. the physical – leads to depression – i.e. the psychological) is one description of the observed situation.

Recently one of New Zealand's most notable athletes stated on television that her injuries were not the reason that she was failing in some international events. She acknowledged that her most recent injury, occurring two days before an event, arose out of her ambivalence towards her sport. *In her view* her injuries were the somatic expression of her holistic response to her situation as an international athlete. She retired soon after to get on with the life she felt she had missed out on. Is it better to see the injury as a consequence of her emotional ambivalence (i.e. in a linear sense, and therefore suggesting that the mind disturbance precedes the body disturbance), or as just the *physical* expression of her ambivalence which is very naturally expressed in the whole, and therefore in both mind and body?

If we see the person as a unitary whole, we could conceptualise pathology in a general way as being some sort of intense condition or disturbance, *in the whole.* Apparent linearities and compartmentalisations may then be more a reflection of our observing capacities than truly reflective of fundamental reality.

Holism and Dualism

Attempts to develop holism whilst remaining steadfastly dualistic are less than satisfying. For example Brown in his article entitled *Cartesian Dualism and Psychosomatics*[3] quotes Grinker, who suggests that: –

> mind and body are two foci of an identical process,

This is a unitary and holistic emphasis. But Brown then quotes Reiser, who argues that we should be thinking in terms of a sophisticated organismic psychobiological theory which is circular rather than linear; in terms of somatopsychosomatic sequences rather than simplistic linear psychosomatic or somatopsychic sequences.

Brown is trying to encompass unity whilst retaining a fundamental dualism. In my view even the word *circular* implies a point-to-point microlinearity. A circle is a line with its ends joined. Holism is not achieved. It has to be decided whether mind or body comes first.

3 Brown, T M. 1988. Cartesian Dualism and Psychosomatics. *Psychosomatics* v 30, p 322 – 331.

Which *Bit* is Fundamental?

We do need to face the possibility that some dimension or other of our personhood *is in fact* prior, or ultimately more fundamental. This is clearly a dualist framework of thinking. It presupposes that categories of mind, body, and spirit are not just artefacts of human thinking but real compartmentalisations which we must wrestle with to integrate. A biological fundamentalist could practice something that leans towards holistic medicine whilst still holding that eventually when the biological collapses (dies) then the rest, the psychological, the spiritual, and the social, will also collapse. A spiritual fundamentalist could argue that when the spiritual is withdrawn then the other dimensions will collapse. Despite the ultimate disparity between these two positions both the biological and the spiritual fundamentalists could conceivably practice a functional and pragmatic semi-holism, which honours more than one dimension, in the here and now until such collapse occurs. In fact, in the here and now, the practices of both might even look rather similar. Such similarity or dissimilarity will depend on how strongly each conceives and perceives the various dimensions as both actually present and expressed.

But in a very real sense all elements are fundamental. The physical is clearly fundamental; collapse of the physical causes life as we know it to cease. A dead person appears to have no physical, psychological, social or spiritual vitality, at least as far as our ordinary perceptual faculties are concerned. The physical is in this sense fundamental. It gets more complicated though. A patient who is 'brain-dead' can have a living body but is not alive as we know living. The physical brain is still alive in a vegetative sense (albeit very damaged) but fundamental psychological abilities to think, feel, and relate are gone. The patient is not alive in the psychological sense. The psychological is indeed fundamental, and as fundamental as the physical.

More controversial in a secular and scientific age is the possibility that the spiritual is fundamental, and its associated question if what happens to the physical and the psychological when the spiritual is lost. Even if one is inclined to dismiss spirituality, the problem remains that *both* mind and body are fundamental to personhood. Which of these dimensions is ultimately prior?

In a materialist culture it is widely and implicitly accepted in medicine that the biological is fundamental. But if the psychological is fundamental too then we cannot legitimately look at disease and simply assume that mostly the psychological and the spiritual are to be disregarded, as is in practice the case in Western medicine. I take it further and assert that our *first* position with an illness should be that it is likely that this physical illness is a representation in the physical dimension of a 'story' which could be told in another dimension. This is perhaps most obviously seen in a simple somatic metaphor where a patient's mouth ulcers clearly reflect very accurately and aptly the patient's inability to express verbally painful affects of fear, guilt, and rage.

A particular illness may then be construed as a sort of appropriate crystallisation, or focal precipitation, or only available expression of what is happening to the person, within the person, between that person and other persons, between that person and the physical environment, and between that person and their divinity.

If we had a medical practice in which the physical and the psychological (and other dimensions) were attended to equally we would likely have no such sense that the psychological or physical was prior, and we would be left only with a pragmatic decision as to which dimensions we should expend our energies in to give the patient the best possible outcome.

Further, the urgent need in Western medicine to focus on the non-physical elements of the patient's story is not so much a reflection of psychological fundamentalism or *idealism*, but of a more urgent need to rediscover the person as an 'I', as a subject, somebody who gets lost in bricks and mortar of physicalism and biotechnology. This issue of the person as an 'I' is crucial (*vide infra*).

The Problem of the Observer

We are highly constrained by our abilities to observe. We are highly conditioned by our inevitably limited and inadequate presuppositions. To develop new ways of seeing we need to loosen up these presuppositions.

When an infant is comfortably feeding on the breast and is then torn away, the reaction to the violation seems to an observer to be instant and holistic, psychological and physical. Of course one cannot be sure that the reactions are truly concurrent. My Western psychologising presuppositional system tends to conclude that the child got angry and then yelled, kicked, and went red in the face. Nehemiah would probably see it differently. He would probably say: "My son is kicking mad!"

The frequent reality is that patients with illnesses present with *the same story in both the somatic and the psychological projections concurrently*. I am trying to emphasise that we are observing an integrated person who experiences, and who expresses themself constantly, and we observe that expression in one or another dimension, or all dimensions. And our observations are based on our presuppositions and are inevitably selective, and can create artefactual dualities, sequences, linearities, and even invisibilities (when we fail to observe). It may be that our tendency to structure reality into that which is first and that which is second is an inevitable consequence of our habitual and ordinary experience of time as linear.

As a psychotherapist and physician I am an advocate for the importance of the psychological both in personhood, and in its contribution to disease. Whilst I would see it as crucial I would not see it as fundamental. Non-physicalist approaches to illness may appear to require a presupposition of a putative

primary experience or substance which is itself dualistically antecedent to somatic and psychological expressions of the person. In considering this we come up against the various theoretical schools of psychotherapy, as well as the perennial questions of philosophy and spirituality.

Is the psychological fundamental?

In the last few decades, neo-Freudian psychoanalysis, the Object Relations schools of psychotherapy, the Interpersonal Psychologies (for example that of Harry Stack Sullivan), and, more recently, Self Psychology, have all contributed very powerfully to our understanding of the complex processes of the significant *relationships* of infancy and childhood, and the part they play in the development of the person and personhood.

There is a growing interest in how these processes *of relationship* might contribute to the development of disease. The relevance of early experience to adult experience is a 'given' for psychotherapists working in the psychodynamic tradition. A patient's *story* is full of relationship issues. It follows that illness is full of relationship issues. In fact the more I look at presenting illnesses and disease the more I can see them as representations of disturbance of relationship. So we might favour a concept of illness and disease arising from a *disturbance-in-the-whole* which is an expression of the *person-in-relationship*. In a sense this view defines persons as essentially persons-in-relationship, that is, that relationship is fundamental.

Any conceptualisation from one of the theoretical schools of psychotherapy of what can go wrong in the early relationships of infants with caregivers is of course a *psychological* description. Since Freud many elegant and helpful and often highly complex contributions have been made in this area. In a *relationship-is-fundamental* framework such psychological descriptions of early developmental mishaps are at risk of being invested with sole priority in the same manner that biologically-oriented clinicians invest the biophysical elements of our functioning. Thus the *psychological* trauma will be seen as fundamental, prior, and determinative, filling the stage, leaving little room for other emphases. But it is obvious that such reductionisms are as shallow as materialism.

For instance, a lonely immigrant mother with a workaholic materialistic husband becomes depressed and increasingly emotionally unavailable to her toddler. The child becomes irritable, sleeps poorly, and his eczema flares. He looks pale and pushes his food away. How should we select from this data? What is the best formulation? The physician, the psychotherapist, and the cleric will all select different elements of the story to respond to, and ask very different questions. Has the husband got his values wrong? What does belonging in a family and culture really mean? Is the mother suffering from despair in relationship, a form of object hopelessness? Is her brain biochemistry the problem? Is the child *just* allergic?

Is the child starting to carry the mother's depression? Is the child suffering an abandonment depression? There are in fact many selective descriptions of what has gone wrong but there is only one story, a multidimensional cohesive story. It is manifestly obvious that all the elements are important, all the questions are relevant, all dimensions are fundamental, and that anyone who wants to go the purely physical or psychological or spiritual way is clearly wearing blinkers.

The Unconscious and Somatisation

A psychotherapist wearing psychoanalytically-tinted spectacles might postulate the unconscious as fundamental in the somatisation drama. To suggest the unconscious is prior would be to take up a dualistic position with idealist overtones, a position which says that conflict in the mind is primary, and is then transformed dualistically into bodily form. That is, it construes the unconscious as prior to the physical, and determinative of physical reality, and there may be occasions when this is the best-fit conceptualisation.

Interestingly, the presuppositions of the notion of the unconscious were psycho-materialist rather than idealist. The origin of the concept of the unconscious as a territory of the psyche mainly belongs to Freud. Shalom has written a fascinating and rigorous analysis of the role of mind/body problem played in Freud's development of psychoanalytic theory.[4] He cogently argues that Freud was a physico-materialist who struggled during the 1890s, in the unpublished *Project*, to root mind processes firmly in bodily processes. In particular he struggled with the difficulty of explaining repression in neurophysical terms. What is interesting is that Freud appears to give up the overt struggle, as represented in the *Project*, to integrate mind into brain (though Shalom argues that the mind/body issue remained an underlying theme in all of Freud's work). In reaction Freud turns to a psychological focus, and psychoanalysis was born. Interestingly the terminology of Freudian psychoanalysis is characterised by *mechanisms, compartments, forces,* and *psychic structures*, and Shalom argues that the Freudian psychic structures are proffered in this way because he "molded *psychical* processes on the model of neurological processes".[5] The theory of psychic processes reflected Freud's previous preoccupation with the neurological processes. He turned to a psychological theory, a theory of psychic processes, mirroring in its structure the mechanisms of the physical. And, curiously, the unconscious became, for Freud, the psychic structure that was rooted in the biophysical:–

> As Freud himself pointed out in the *Outline of Psychoanalysis*, the specific hallmark of psychoanalysis is the doctrine of *the unconscious*

4 Shalom, A. 1985. *The body/mind conceptual framework and the problem of personal identity.* Humanities Press International, Inc. NJ, p 125 – 318.

5 Ibid, p 171.

as the *direct expression* of neural processes. [6]

Freud's position is fundamentally materialistic (the unconscious is seen as rooted in prior biological processes), and parallelistic (psychic processes and bodily processes exist in parallel), which is therefore dualistic.

There are some very important issues here. How should we construe somatisation in a psychoanalytic framework? Is the sequence of disease development as follows: brain processes – abnormal brain processes – disturbed unconscious – disturbed psychic processes – defensive manoeuvres including somatisation – disease? This is of course offensively simplistic, mechanistic, reductionist, linear, and probably not representative of many neo-psychoanalytic thinkers.

But I have other problems with an *undue* emphasis on the role of the unconscious in the development of illness. I think illness needs to be construed more often in sociological, relational and interpersonal terms. The focus of classical psychoanalysis firmly places the problem in the individual, and within his or her intrapsychic structure. There is this dimension of course. Disease then becomes, ultimately, an individual affair, downgrading the role of relationship (though of course it is recognised that intrapsychic structure arises or develops within relationship). It becomes a matter of emphasis. My preference would be to see many of the psychoanalytic emphases as valid, and yet to see the problem experience (ultimately manifesting as illness) as emerging in relationship (with other persons, and the environment), and *having unconscious elements*, rather than taking the further step of making the unconscious an entity, and then giving it primacy, thus moving to a dualistic and idealistic position (or conversely, in Freud's original analysis, to a materialist position).

It seems that mind, body, relationship, environment and spirit are all crucial but the difficulty is in how to talk about them in a way which is holistic, and gets us away from "the Mind/Body Problem". In order to do this I want to explore the issue of personal identity, the notion of the human subject as an 'I'.

Personal Identity and 'I'

I entered the mind/body conceptualisation 'jungle' by the route of clinical practice whilst wearing the hats of both physician and psychotherapist, but soon realised that certain types of clinical presentation nourished a belief in me that some illnesses were purely physical.

Hayfever is in many cases caused by seasonal exposure to grass pollens, in a person who is genetically predisposed to over-react immunologically to the grass pollen stimulus. The medical profession can manage the symptoms pharmacologically. We have then a precipitating cause, a genetic tendency, and a way of treating it. Seen this way it is a nicely closed system which appears not

6 Ibid, p 169.

to need any extra dimension. In fact virtually no one considers the possibility that other dimensions of personhood may play important roles in the pathogenesis of 'hayfever'. We encourage one another to see this purely physically. Any possible collateral "'story' is excluded. This illness *is* physical. There is no question about it.

On the other hand a muscle tension headache will commonly be construed as emotion-related and classed as psychosomatic, or non-organic. In this instance the mind is seen as influencing the body. This would not even be considered in the hayfever example. Thus in medicine we continue to appraise all physical conditions in a dualistic manner, and as long as we continue to exclude other person-dimensions from conditions like hayfever we appear to be justified in this approach.

The problem I faced was that increasingly in the supposedly *purely physical* illnesses I was discerning clear collateral 'stories' of apparently substantial significance to the predisposition, precipitation, and perpetuation of the illness. What should I do with this awareness? Once one had a substantial organic process underway it made pragmatic sense to treat the condition with whatever physical means there were available, but I was still left with the 'story', and how to integrate it into my understanding of the illness.

Gradually I began to conclude that we needed a paradigm or conceptualisation in which there *was* something prior to the concepts of mind and body, in which both were derivative. Eventually I came across Shalom's philosophical work on the notion of *personal identity* as more fundamental than either mind or body. This excited me because he was providing a rigorously argued conceptualisation which was very congruent with my own intuitions which had developed in the crucible of clinical experience without the benefit of philosophical training.

Shalom's thesis is developed in the context of careful analyses of the work of Wittgenstein, Feigl, Strawson, Smart, Armstrong, Place, Wiener, Sayre, Parfit, Nagel, Freud, Jaynes and Sperry. He argues that the person is not reducible to a *combination* of body and mind, and therefore the problem of mind/body integration is not soluble by working to relate mind and body categories as if they are the fundamentals. He sees the 'existing person', or 'subject', or the 'I', as the ultimate:–

> underlying the presuppositions of scientific reductionism there is a spontaneous and quite irreducible 'subject' who does not allow even the declared reductionist to identify his internal subjective structure with his external spatial structure.[7]

You and I *have* bodies, minds, souls, spirits, consciousness, or an unconscious. They are categories which describe important elements of our experience. All

7 Ibid, p 407.

have at various times been given priority and declared fundamental. They are real but none of them describe who 'I am'. I *have* them. The 'I' is there, not beyond body, mind, soul etc, but embracing them. Something that *has* something must be prior to that which it *has*. If we get rid of the *has*, and define the person as a mind or as a body or as a spirit or as a consciousness we end up with reductionisms which do not satisfy our whole experience of reality, and by many criteria do not stand up to logical analysis. So the 'subject' or personal identity, the subject as 'I', is postulated as fundamental:–

> I am in effect saying ... that the body/mind dualism considered as ultimate creates a false dilemma in which I, the 'I' which is trying to grasp its own situation, find myself trapped by virtue of the inadequacy of the conceptual framework used.

If then we situate personhood in a body/mind dualistic framework we will struggle forever, because it cannot contain what we experience as persons.

> If I put to myself the question: 'What or who am I?', my difficulty in answering stems from the fact that I know myself as both 'bodily' and 'conscious', and that I have an extreme difficulty in relating myself to what I mean by these two terms. And so I concentrate on these terms and thereby suppose that the problem can be expressed by saying that it is a problem of 'the relationship between body and mind'.

We succumb to the view that we must solve the problem of personhood between body and mind because these are prominent categories in our experience, and we then project the problem of personhood onto these categories.

> Since my experience of the external world teaches me that relationships have *relata*, I tend to assume that the present problem can be conceived in the same way, and that the *relata* concerned must naturally be precisely what are referred to as 'body' and 'mind'. But it is just exactly in that assumption that I have made my fundamental mistake. To borrow an expression from Wittgenstein: the conjuring trick has already occurred. For what I have failed to recognise is that in the very act of setting out the problem in this way, it is I the subject, who am formulating it in these terms, and this has implications of its own. The implications are that when I, the subject, formulate the problem in this way, I have projected myself into the referents of the terms which I have used in that formulation ... and I mistakenly assume that I, who am doing this, am absorbed within the framework of those referents themselves.

'I', the subject, experience mind and body but it is a mistake to absorb myself into a restricted system made up of these two categories.

> ... I assume that the compound of 'body' and 'mind' constitutes an adequate substitute for the 'I' that is performing both the projecting into the referents of these words, and the compounding of them into the theoretical entity which I, the same I, now call 'body and mind'. But this assumption is simply inaccurate, for there is no compound of 'body and mind' which is not thought so by an 'I' which continues to think so. And therefore the compound called 'body and mind' can only itself exist as a theoretical derivation of the continued intellectual activity of the 'I' which does not merely think itself as 'I' but which constantly expresses itself as 'I', thereby indicating in act its own priority relatively to the construct 'body and mind'.
>
> ... the problem is not 'the body/mind problem', but the problem of the person or the 'I'.[8]

Thus Shalom summarises the view that I had come to, that each day in my office I was dealing with whole persons, personal identities, 'I' after 'I', who, because their realities can be conceptualised and abstracted into categories covered by terms such as 'body' and 'mind', provide me with two sets of data which can be clustered together, in one case in terms of physical disease, and in the other in terms of 'story'. But they remain merely as focused-upon dimensions or derivatives of the reality of the prior 'I'.

Clinically this makes a huge difference. If now I look across to my psychotherapy client and he is battling with 'object hopelessness', and at the same time he and his doctor are battling with asthma, or rheumatoid arthritis, or irritable bowel syndrome, I do not have a sense that we have two rowing boats in a heaving sea, that somehow we have to tie them together, but rather we have one boat, and I and the doctor are trying to get onto it from different sides.

How might we apprehend this 'I'? Along with Shalom I would say that the 'I' is not an extra entity added to mind, body, soul, spirit, or what have you, but involves, embraces, subtends both matter and mind: –

> ... the fundamental reality of 'I am' is that I am 'an existent' that exists as body and that exists as mind, and that this implies neither a third reality nor the interpretation of 'I am' as body or as mind nor as an uneasy combination of both. [9]

This notion of 'existing' is important. 'I' am a sort of *permanent existing*. I remember myself going to school at five years of age. I know that boy to be the same person that I am now, I acknowledge all the changes in my body and my mind, which have occurred over the years, but there is something constant or

8 Ibid, p 411 – 412.

9 Ibid, p 420.

permanent which is 'me'. Ask an 85 year old. Is she the same person she was at age 10? At one level or pole she will say no, and at another pole she will say yes. Shalom calls these the pole of Change and the pole of Permanence.

Shalom is clear that this permanent existing, this personal identity, the 'I', underpins and expresses itself in 'how things are' in the modes we call body and mind. There is a distinction between the continuous process of 'how things are' in the modes of expression called body and mind (the arenas of investigation for scientists and psychologists) and something within all that referred to as 'permanent existing'.[10]

This is not dualistic. The 'permanent existing' is not a third reality separate in some way from mind and body. 'I', in my fundamental existing, am co-extensive with my physical functioning, which is accessible to scientific investigation, but *all* I am is not contained or able to be described by the conceptualisations of the scientists. My actual existing is not intelligible to the concepts of science. The conceptualisations of science must be supplemented with other conceptualisations. An understanding of existing must be grounded in some other reality.

How can we avoid a return to a problematic dualism? A way has to be found of relating this 'I', this permanent existing, to physical processes:–

> ... I have to suppose that I am a subject who has somehow emerged in the course of specific physical processes, so that when I use words like existing and permanence I am necessarily taking about a physical process of which I am myself an integral part. And since I have rejected the theory that the 'I' as subject can be directly derived from physical and chemical processes *per se*, I must assume that what I mean by 'physical processes' or 'physical reality' is not identical with what the scientist means by 'physical processes' or 'physical reality', though what I mean obviously cannot contradict what the scientist means.[11]

Instead of absorbing the 'I' into 'mind' and 'body' Shalom absorbs the latter two into the 'I' which must therefore have its ground elsewhere. He remains nevertheless thoroughly committed to the physical-ness of our 'I-ness'. Put in another way we can say that physical processes, in the widest sense, are carriers of our subjectivity: –

> ... the laws of physics are 'laws of physics and chemistry' by virtue of a more fundamental but inherent principle which determines them to be 'the laws of physics and chemistry'. Laws of this sort are shorthand expressions of concrete realities which they are unlikely to capture in their full existential complexity. But it is precisely in that existential complexity that physical processes can be *per se* the carriers of a

10 Ibid, p 426.

11 Ibid, p 426.

> subjectivity which will simply escape the generalisations that are the laws of science. In other words, subjectivity can in fact be a mode of organisation of those very physicochemical processes, of which the physicist and chemist know some of the 'laws', without that potential subjectivity having to appear in those 'laws'.[12]

We can all vouch for the 'reality' of our subjective experience. We do experience ourselves as having mind and body, and self-awareness, and consciousness, and something that many would concede can be described as spirit (even if we cannot agree on what it means). How does all this relate to the 'I'? Can we make sense of the categories of mind and body (at least) as a function of 'I–ness'?

In our experience of our reality we repeatedly observe physical and other processes. In the process of this observing we note *regularities* or patterns. We hold onto these observed regularities by naming them, and in so doing we make them into entities. In physics we call one regularity an atom, or another a black hole. In medicine we call a regular pattern a disease. Unfortunately we commonly go further and refit this disease pattern, and it becomes an entity which has too much finality. We assume we have it in our grasp; that now we know. The history of Newton and Einstein, as a major example outside medicine, shows how naive such assumptions can be. We believe that if we call something *clinical* depression, or obsessive – compulsive disorder, and particularly if we can describe some neurotransmitter abnormalities in the brain, then we have got a substantial hold upon it, and we make it into a substantial reality. From our *current* observer position these patterns *are* the patterns we see, and we get useful mileage out of inferring *laws* from these patterns. Laws are abstracted generalisations derived from our limited observations of patterns. It is dangerous to assume too much finality from the patterns we observe, or to allow ourselves to be too restricted by the laws we have derived from the patterns.[13]

What relevance does this have to our experience as 'I's' who know we have minds and bodies?[14] Mind and body categories are themselves categories or regularities in our experience as 'I's which we both perceive and name. They are important and dominant regularities in our subjective experience of ourselves as wholes. But they do not describe all of the whole. They must not be reified to entities which are then seen (when added together) as the best description of personhood. The perennial failure to resolve the mind/body problem by situating personhood as a composite of a dualistic pairing of mind and body is testimony to the failure of such reification.

There is also the matter of what we intuitively know. When I talk in seminars

12 Ibid, p 434.

13 Ibid, p 439.

14 Ibid, p 441.

about the 'I' as fundamental it seems that many people from very different backgrounds lean forward and say "Yes. Yes, that's right". We should assume that that which is fundamentally correct will have an intuitive feeling of congruence with reality. This seems to hold true in clinical practice. I find that when I talk to patients about mind/body issues, in a way which gets past their fears and acculturation, there is an inner hunger for seeing mind and body as *one*. Shalom makes the same point in respect of radical materialism, arguing that if the radical materialists were right in postulating matter as the ultimate fundamental (that is, reifying matter and giving it priority over all other aspects of personhood) then it would be easy for us all to accept this because at a deep level we would know this was in actual fact the real state of things:–

> the radical materialist (is in) something like an internally contradictory position. For he is holding the thesis that though, as subjectivities, we *should* be identifiable with purely material processes, yet in terms of actual experiencing, we are not identifiable in that manner: we, in fact, have to involve a *theory* in order to convince ourselves that we are to be identified in that manner. And it seems to me that this is quite an untenable position to hold for a subjectivity which is supposed to be a purely material process.[15]

Where we have got so far is to the position that the unity of the person is rooted in a reality of personal identity – which involves 'I', a subject, a permanence, an existing – of which the experience and expressions of mind and body are derivatives. But if we discard the dualistic mind/body conceptual framework for this more fundamental personal identity how can we understand "mind – as a real potentiality written into certain kinds of physical bodies?"[16]

Shalom calls on internalisation to help us understand our awareness of mind and body as separate. This is a term which psychotherapists understand very well, as a process which we use throughout life to develop our mental world. Schafer defines it in a way which would be acceptable to most psychotherapists: –

> Internalisation refers to all those processes by which the subject transforms real or imaginary regulatory interactions with his environment, and real or imaginary characteristics of his environment, into inner regulations and characteristics.[17]

Shalom puts it a little more philosophically when he remarks that internalisation is a potentiality, a capacity of the physical organism to "discern the scope of what exists".

15 Ibid, p 439.

16 Ibid, p 441.

17 Schafer, R. 1968. *Aspects of Internalisation*. New York: International Universities Press, p 9.

Keeping Schafer's definition of internalisation in mind we can now summarise some of Shalom's postulates. Firstly, there is no mind-substance or separate mind. But living physical organisms do have a potential for subjectivity. A simple example may help. My eyes allow me to see RED (just as an animal might see red). There is something else besides. I can also say to myself "I am seeing red". I am self-aware. He is saying that humans (and, to a varying extent, other living organisms) have a potentiality for subjectivity, a potentiality which is inherent in physical processes. This subjectivity is actualised by means of processes such as internalisation. As an infant I experience my own physicalness which I fall over and get hurt. This (and many other physical events) is repeated many times and in varying circumstances. The physical pain, and the sight of the blood etc – the whole experience – gets internalised, and I end up able to say not only that "I have a body", but also that "I have pain", or that "I have a body in pain". There is still more. I can actually reflect upon the fact that I can think about myself as a body in pain. It appears then that I have gone on to internalise *my experience of my subjectivity*. In this way then I observe the many and varied processes of my internalisations, and I see a repetition of such processes, and I can therefore say "*I have* a mind". I have reified this recurrent experience, called it mind, and it becomes an entity. So certain sets of internalisations lead to the experience of *having* a body, and certain sets lead to the experience of having a mind. The apparent mind/body split is therefore based on internalised structuralisation of our experience.

The pot cannot hold the potter in its hand. We can look outward (so to speak) from ourselves, from our 'I–ness', to the physical expression of our personhood (and of course to other physical realities), and describe it, but we are always looking outwards from the integrated source of our existence. We try and explain that source by encompassing it within the dimensions we see as we look out (our physicality, our mind, or combinations of the two) but it never works because they are derivatives of the whole rather than, when put together, a full description of the source.

There is a requirement therefore to be tentative, aware of the fact that there are limits, and the need for humility. Nevertheless more can be said. There are the so-called poles of permanence and change, which have already been alluded to. These concepts illuminate the notion of the 'I'. Shalom helps us understand permanence and change by considering the newly conceived human embryo.

Permanence and Change

A new conceptus is an identity from the beginning. The conceptus is a self-realising subject involving processes of change and continuity which can be seen clearly in the dimensions of both body and mind. Or as Shalom puts it, the "locus of subjectivity subtends both body and mind". The crucial elements are beginning to emerge. The human subject from the beginning is characterised by *both*

continuity and change, the pole of permanence and the pole of change, the former reflecting the previously postulated notion of the 'I' as a permanent existing. The constant and rapid changes in the conceptus' subjectivity, as it develops, are "built on the permanence of that subjective locus of internalisation and actualisation".

The pole of change describes the constant and rapid changes in the body and mind of the infant, and the reality of growth and development over linear time. Internalisation plays a huge role in this actualisation. In the process the infant realises (internalises) his/her subjectivity and is able, eventually, to say in a self-conscious way "I have a body" and "I have a mind".

But the term pole of permanence describes our 'I–ness', and personal identity, our continuity, our sense of timelessness, and it is this pole, or this locus which gives me my 'me–ness'. In Shalom's words:–

> identity – is the conception of a permanent locus of all experience, a locus which gives structure, form, and content to a succession of changes which characterise that subject and no other.[18]

In our dualistic and scientistic way we tend to see physical processes as fundamentally inanimate. If then we follow Shalom it might seem that we must postulate some sort of vitalism which allows for a penetration of inanimate matter by some sort of new substance. Shalom asserts:–

> there is nothing lurking beneath these chemical processes: there is something involved in these chemical processes, something that necessarily escapes the chemist because it is not a matter of chemistry.

When he says that nothing lurks beneath the chemical processes I do not think he is precluding unseen complexity. Rather, he is emphasising that he is not allowing another reality dualistically separate from the physical processes, and hidden behind them. The unseen reality is unseen merely because scientific techniques, and probes of physical reality, are not capable of discerning the reality of the subjective 'I'. He is saying that life is more than that which is described by science, and that 'more than' element certainly includes a capacity for subjectivity, reaching its summit in the 'I–ness' of the human.

The issue of permanence needs expansion. The events or processes which seem to be best encompassed at the pole of *change* clearly fit in with conventional linear time. An infant weights seven pounds at birth and fifteen pounds weeks later. He talks at thirteen months. A girl menstruates at twelve, and a boy suddenly grows at fifteen. I retire at 65, and so on. It is all very linear, and comprehensible. But it appears that some of our functioning does not so easily

18 Ibid, p 450 – 452.

fit this sort of time. Paul Davies' book *About Time*[19] describes the current state of thinking in physics about concepts of time, thinking which certainly erodes confidence in our simplistic beliefs in a universal time, or just one sort of time existing everywhere. Day-to-day physical processes as seen by ordinary humans usually seem to fit within notions of linear time, but the things that cosmologists and physicists see with their new instruments cause them to struggle increasingly with linear and universal time concepts. But let's stay with the pole of permanence, the foetus, and personal identity.

The *physical* development of the foetus is rapid, involving aspects of mind and body encompassed by the pole of change, and the changes are easily accommodated within notions of linear time. But Shalom argues that identity with its pole of permanence must involve a different sort of time. As an aside it might be worth remembering Freud's notion that the unconscious is characterised by timelessness.

What Shalom is saying is that personal identity has something to do with nontemporality (or quasi-non-temporality), or is independent of linear time as we know it, whilst the processes *usually* observed by scientific methods have to do with linear time. This non-temporal aspect, my 'I–ness', gives rise to the aspects of myself characterised by the pole of change:–

> What this situation would mean for the chemical processes involved is that they are the processes that they are because of the particular kind of subtending quasi-nontemporality of that particular kind of subjectivity. [20]

He is saying here that the unique character of the 'I' gives rise to, or subtends, the unique manifestations at the pole of change, in the body and mind (as they are called once they are reified). Each living and conscious entity becomes by ennumerable internalisations the actualised entity expressive of its potential subjectivity.[21]

All of this helps us understand why we easily make the mind/body distinction. The human deploys two processes of internalisation:–

> the internalisation of physical processes in the locus of permanence, and the internalisation of the locus of permanence itself, together with all its internalised physical processes, to itself.[22]

Put very simply this seems to mean that my awareness of myself as body is a consequence of internalisation, to the pole of permanence, of my physical experience of myself. My awareness of myself as mind is a consequence of

19 Paul Davies. *About Time* Viking, Great Britain, 1995.

20 Ibid, p 456.

21 Ibid, p 460.

22 Ibid, p 462.

internalisation of the experience of one's self as a pole of permanence.

All living organisms are seen by Shalom as having some potential for subjectivity, and this potential comes in higher and higher forms. He acknowledges the mystery and obscurity of life, holding nevertheless to the view that we are better off with the mystery of personal identity than we are trying to unite mind and body out of a dualistic materialism:–

> The postulation of a potential subjectivity ... founded on quasi-nontemporality ... avoids the impossible problem of understanding how chemistry as such can become an instinct ... we situate these processes where they belong: in the obscurity of the temporal existing of the physical organisms which develop, by their means, into the specific animals that surround us, and of which we ourselves are exemplifications.[23]

An increasing capacity for internalisation allows for a finer and finer appreciation of the world and its physical processes. But it is the internalisation of the pole of permanence to itself which is the crucial issue of self-awareness:–

> ...what this ... implies ... is that the existential mystery of a potential subjectivity, the existential mystery of the quasi-temporality of the permanence polarity ... becomes partially intelligible by revealing itself to itself as that which becomes a 'self-conscious subject', an 'I', a human person ... it is an existential locus which not only internalises the processes of physical reality, but that is also itself internalisable, giving rise to its own self-realisations as a locus of quasi-nontemporality. We call the results of this further operation 'self-awareness'.[24]

Where we have got to is the notion of personhood which involves the priority of personal identity, the 'I' as existing, over any notions of mind or body. These latter terms are valid in the sense that they are concepts which describe our experience as 'I's. Put together in one way or another, in hierarchies, or in combinations, they never solve the problem of integration. But seen as understandable derivatives of our experience as 'I's which have self-awareness we find that much of the struggle around mind/body problems can drop away. The 'I' will actualise over linear time. Therefore physical and psychological development will have both a sense of continuity and change, and will seem underpinned by a permanence which is an essential characteristic of the 'I'.

In matters of disease and illness we should expect both physical elements and 'story', as nondualistic manifestations of the same 'I', in different dimensions. Nothing in all this excludes the possibility of complex derivative processes which would allow us to construe illnesses in terms of somatopsychosomatic

23 Ibid, p 457.

24 Ibid, p 460.

sequences, or the like. This is not an escape into dualism, but a recognition of derivative complexity beyond the holism achieved by seeing personhood as fundamentally rooted in personal identity, or the 'I'.

The work of Shalom provides a philosophical basis for a true nondualistic holism. Whilst embracing physicality he declines a physico-materialist fundamentalism. He argues for a more fundamental personal identity which *is* expressed in the physical, and yet is *not* fully described by the physical. He is not a vitalist in which the body is some sort of garment clothing the more genuine reality. The body is a vital dimension of the person. Matter is seen as having, in living organisms, a potential for subjectivity, seen in its ultimate form in human beings as the experience of 'I – ness', a potential not measurable with scientific instruments which only operate in the restricted dimension of physicality.

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