

Review of: "Consciousness, Neo-Idealism and the Myth of Mental Illness"

Luigi Tesio¹

¹ I.R.C.C.S. Istituto Auxologico Italiano

Potential competing interests: No potential competing interests to declare.

The article ultimately strives to revitalise the quiete “extremist” view of Thomas Szasz that “mental illnesses are mythical since all medical diseases are located in the body and thus have somatic causes” (see Abstract). As a consequence, psychiatry and psychology “justify coercion, oppression and pharmacological manipulation...”. New support to this thesis would come from neo-idealistic positions, positing -in the end- that consciousness is a primitive property of reality, like force, space and time (hence of “inanimate” things and the Universe as a whole). A religious-like (or, Pantheistic/Panpsychistic to the least) position is tempered in various ways by different Authors, e.g. by adding mathematical modelling or recent neurological evidence on consciousness brain processes.

The article provides an interesting review of these contemporary attempts to solve the evergreen mind-body dualism. Yet, it seems misleading as a model for Medicine (in particular -but not only- Psychiatry).

I do not think we live “in a world where mainstream science ...is made up of purely materialist elements”. This is a reductionist view of modern science. Authoritative realistic philosophers have clarified the difference between material/tangible “things” (the “elements” in the text) and “objects” which requires human mental modelling to make them prone to scientific inquiry (Agazzi, 2014). Euclidean triangles, although intangible, are real “objects”, not less than wooden or plastic triangles: so are opinions, knowledge, and emotions. (Neo-)Idealism making reality a projection of the mind, although embellished with mathematics and neurophysiology, does not seem to seal the mind-body gap, but this is a topic for philosophical debate. What about Medicine? There is the risk that both physicalism and psychism move Medicine away from firm anchoring to the experimental method towards ideological positions (the history of Medicine is full of oscillations across these two extremes). In my opinion, two points are missing in the nice Hyland paper. First, the concept itself of “pathological” (no matter whether are we talking about diabetes or schizophrenia) is value-laden. The so-called diseases (from cancer to fractures) are all “natural and normal”, like earthquakes and floods. Humans decide that they want to avoid suffering and death, and they call “pathologic” the conditions they do not like (I’m trivializing here the great lesson by Georges Canguilhem)(Canguilhem, 1966,1991). Second, to select the proper clinical approach to “intangible” conditions (any forms of mental suffering, hysteric/conversion/neurofunctional disorders, pain, and disability) there is no need to embrace a materialistic/physicalist rather than a mentalist/panpsychistic standpoint to solve the dichotomy in practice. Medicine decides that a given condition is “pathologic” and then strives to identify a cause-effect chain. We must accept that “cause” also depends on a human perspective. In some cases, the choice is easy (pain associated due to an exposed tibial fracture is “caused” by the fracture; we must reduce the fracture, not only administer

painkillers). In other cases, the choice is more nuanced: am I depressed because I'm obese or obese because I am depressed? Once you accept a "spiraliform", not unidirectional, cause-effect chain, you need experimentation (a method that "complementary" Medicines -either Eastern or Western- do not accept)(Tesio, 2013) to identify a "cause" which can be effectively removed. This is why you can treat depression with drugs (which often work well, whichever the philosophers' opinions), words-on treatments, magnetic stimulation of the brain, or any combination of the above(Buzzoni et al., 2022).

I would not claim a philosophical solution for the cartesian dichotomy as a prerequisite to "deduct" clinical approaches. The experimental model seems a sufficient background, provided it is not interpreted in the light of one of the materialist/panpsychism extremes (again, a frequent mistake in the history of medicine). Of course, this is not to say that the experimental model suffices to extinguish the philosophical debate on the topic. Perhaps the Author might consider this pragmatic issue (but: isn't pragmatism a philosophical position, too?)

Agazzi, E. (2014). *Scientific Objectivity and Its Contexts*. Springer International Publishing.

Buzzoni, M., Tesio, L., & Stuart, M. T. (2022). Holism and Reductionism in the Illness / Disease Debate. In S. Wuppuluri & I. Stewart (Eds.), *From electrons to Elephants and Elections*. (pp. 743–778). Springer International Publishing.
<https://doi.org/10.1007/978-3-030-92192-7>

Canguilhem, G. (1991). *The Normal and the Pathological. With an introduction by Michel Foucault*. (Zone Books, Ed.; Originally).

Tesio, L. (2013). Alternative medicines: yes; alternatives to medicine: no. *American Journal of Physical Medicine & Rehabilitation*, 92(6), 542–545. <https://doi.org/10.1097/phm.0b013e318282c937>