Explaining the unexplained? Overcoming the distortions of a dualist understanding of medically unexplained illness

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Abstract

Our understanding of medically unexplained illnesses (MUI) is distorted by a culturally prevalent dualism where symptoms are either “real” or “psychological”. This paper aims to outline the philosophic and scientific evolution of this dualism and from this to develop an alternative ontology more appropriate for understanding MUI. It begins by considering the work of Descartes, the “father” of the mind body split, then traces this split through the scepticism of Hume, through the idealism of Kant and finally to the work of modern cognitive science. The latter is also seen to have been foreshadowed by the philosopher Jeremy Bentham, who outlined the important notion of societal “fictions”. The historical development of Cartesian dualism is seen to be towards an increasing interaction and co-dependency of mind and world. Using the interactionist paradigm whose evolution has been traced, the materialism and epiphenomenalism of the “old” paradigm is highlighted and an attempt is made to apply a new ontological model to MUI. It is argued that in so doing these become far less inexplicable. Similarities between this ontology and the cognitive behavioural world view are indicated. Finally it is suggested that the main barriers to our understanding of MUI may be ideological.

Keywords: Medically unexplained illness, chronic fatigue syndrome, ontology, philosophy/dualism, Descartes, Kant, Bentham, fiction, cognitive behavioural therapy

Introduction: Esther Rantzen and the truth about Chronic Fatigue Syndrome

In her book, Hystories, Elaine Showalter describes one of the defining moments in the media representations of “ME” (Myalgic Encephalomyelitis a.k.a. Chronic Fatigue Syndrome [CFS]). Esther Rantzen stages a confrontation between an audience of sufferers and The Times medical correspondent Dr Thomas Stuttaford “who represented the 75% of British Physicians who view ME as a psychological problem” (Showalter, 1997). Predictably the confrontation is a pantomime rather than a debate. Dr Stuttaford is booed and hissed and no dialogue is achieved.

“The audience was hostile” [Dr Stuttaford] said “because there are people who have not yet learned to regard psychiatric disease as a proper illness” (Showalter, 1997).

So the truth of their condition, by implication, is that it is a psychological problem being expressed in the register of the physical. Patients are making a kind of epistemic error,
misinterpreting and misrepresenting psychological distress as physical symptoms. On the other hand...

...many leading researchers are now convinced that patients are telling the truth... One compelling reason stems from research on cytokines... When healthy volunteers are injected with cytokines... they feel awful and exhausted, exactly as chronic fatigue patients do.” (Blakeslee, 1993) (my italics)

What notion of truth is at work here? Precisely the same one as above, seen as it were, from the other side. The symptoms of CFS are, in fact, being expressed in their “proper” register – they are the physical manifestation of an organic pathology.

The debate over CFS then, would appear to be an either/or one. Either there is a physical explanation for symptoms (in which case patients are ‘telling the truth’), or symptoms are the indirect expression of psychic distress (in which case patients are delusional and literally hysterical). What is at stake in this debate is the ontology of CFS, i.e., what is it really? In fact we should be grateful to Esther Rantzen for so dramatically demonstrating that these two positions are the opposite poles of the same ontology, one in which the only real things are physical and the mental is a synonym for the intangible, the imaginary, the unreal.

Showalter attempts to heal the divide by revivifying the Freudian concept of hysteria. However rather than acting as a bridge, this concept presupposes the mental/physical division it seeks to close. Hysteria, functioning as an occult conduit between two otherwise separate realms, is but a third term in the same ontology. Through this poorly described channel of conversion, mental distress is somehow transmitted to the body for expression. This model structures most western medical understanding of disease and even our institutions, where hospitals are either psychiatric or medical, the latter usually containing a poorly understood department called ‘psychological medicine’ where the ‘hysterical’ are seen.

How then is the question of the truth of CFS to be answered, if not within this dualist ontology? In the following I will suggest that an alternative ontology already exists, one which also owes it origins to the man we hold accountable for our endemic dualism.

Descartes (1596 – 1650)

Generally agreed to be the father of mind/body dualism, Descartes is the man that many would ultimately blame for Esther Rantzen’s pantomime. However the truth is more complex. Descartes did not separate mind from body, he separated mind from everything else, hypothesizing that the world was composed of two distinct substances, res extensa, the material world, including the body, and res cogitans, the immaterial realm of thought. Res extensa was a vast clockwork machine, obeying the laws of mathematics and causality, and immune to the supernatural interventions of either God or mind. Being purely mechanical, the laws of the world were discoverable through the faculty of rationality, the chief attribute of res cogitans (Descartes, 1641).

It is hard for us now to appreciate the radicality of this formulation, chiefly because this is the scientific world view – a physical world obeying immutable laws that are amenable to rationale investigation. However Descartes’ work, along with the earlier work of Galileo, was a key turning point in the demise of the pre-modern conception of the world as an essentially inscrutable conglomeration of God, mind, spirit and matter. Descartes’ separation of mind and world was a methodologically absolutely necessary phase in the development of both science and philosophy, and he is rightly acknowledged as the father of the Enlightenment,
that great burgeoning of rational thought which inaugurated what we recognize as the modern world view (Coplestone, 1963).

**Hume (1711–1776)**

The Cartesian method of rationale investigation of the world became part of the Enlightenment intellectual cannon. Implicit within it is the assumption that we have unproblematic and direct access to reality, that the mind is a mirror of nature. Once established, this presupposition quickly became the new dogma, not surprisingly since, as scientific methodology, it was such a fruitful proposition.

It was, according to Kant, the Edinburgh philosopher David Hume who awoke Europe from its “dogmatic slumber” (Kant, 1783). Hume’s project began optimistically. He wanted, like Descartes, to apply the principle of rationality to the world to understand it better. Reasonably, he argued that the first object to be studied ought to be the organ of understanding itself, the human mind. However, on close analysis Hume concluded that all we had were a series of sense impressions and that: “the mind [cannot] go beyond what is immediately present to the senses, either to discover the real existence or the relations of objects” (Hume, 1739).

All we can do is “fill in the gaps” between successive sense impressions with our notions of temporality and causality. His analysis of causality was, and remains, of particular significance. In sum, he concluded that causality was not a quality residing in objects, not an attribute of the external world, but merely the arbitrary inference of the observing mind, lending our experience the impression of continuity, but ultimately unjustifiable by either reason or experience. With this analysis:

...he turned the Enlightenment on it’s ear...Reason and experience could not even justify our most basic beliefs about the world such as, for instance, that ...a world exists outside of our experience. (Solomon, 1988)

This radically sceptical conclusion, apparently the product of a scrupulous application of the principles of reason and empirical investigation, sent shock waves through intellectual Europe. It seemed reliance on reason was as much an act of faith as the previous reliance on God.

**Kant (1724–1804)**

There is a recurrent danger of bathos in discussing historically radical ideas. They create the standards by which they come to be judged and the scandal of their novelty is something we can never recover. So with the ideas of Descartes and Hume, but perhaps most of all with the philosophy of Immanuel Kant, here it is in essence:

What man knows is a world permeated by his knowledge, and causality and the necessary laws of science are built into the framework of his cognition. Observations alone do not give man certain laws; rather those laws reflect the laws of man’s mental organisation. In the act of human cognition, the mind does not conform to things; rather, things conform to the mind. (Tarnas, 1991)

This is Kant’s solution to Hume’s scepticism. The mind is neither the passive Cartesian mirror, nor Hume’s disconnected and arbitrary bundle of ideas and sense impressions. It is
an active agent constructing the world. Space, time and causality are not found in nature, nor are they inferred from observation, rather they are a priori, given, categories of perception. These categories are, contra Hume, not arbitrary but transcendental, i.e., universal, necessary and impersonal, unconditioned by the contingencies of psychology or culture. Without them there could be no world (Kant, 1787).

This is Kant’s second “Copernican Revolution” (Kant, 1787). The perceiving subject is now at the centre of the universe, and all philosophy and science become about the world as constructed by our observation of it. Whilst Kant is not arguing that the world “out there” doesn’t exist, he is arguing that we can never have unmediated access to it. The noumenal world, the world as it is in itself, can never be known. The mind is no longer an alien substance in a material world, it is the world, “the world is the world of our experience, not something outside it” (Solomon, 1988).

The subjective nature of reality is, in the 21st century a core tenet of modern physics, a commonplace of the humanities and the basic presupposition of cognitive science. The latter is Kant’s natural heir. Where he tried to deduce through reason alone the necessary conditions of human experience, it attempts to discover them through research and experiment, but the premise is the same, that reality is not presented unadulterated to a blank slate, but is actively posited by the observational machinery.

The embodied mind

Two kinds of problem about the mind might be distinguished. There is the “hard problem” of neuroscience (Dennett, 1991), which is how the brain gives rise to our subjectivity and consciousness. In some ways this problem had not moved on since Descartes, who proposed them separate, yet linked through the pineal gland. Modern accounts are more sophisticated, non-dualistic and have solved some of the computational/representational problems, but they have yet to account for how material substance gives rise to the subjectivity we all inhabit. The other problem is how the mind relates to the world, and this we might call functional dualism. This has progressed considerably and we have traced the main course of its development above, from their separation in Descartes to their re-uniting in Kant, who argued that their inter-penetration is the world as such. We now follow its course through the cognitive sciences.

The reciprocal relationship between mind and world has been the main focus of Andy Clark, Director of the Philosophy/Neuroscience/Psychology Program at Washington University. His approach is best illustrated by example. In writing this piece I am reliant on what Clark calls “scaffolding” (Clark, 1997). Sitting on a chair, at a desk, surrounded by notes and papers, using a word-processor, cultural artifacts aid and abet my labours. There are others yet more crucial. Prior to writing, I had a vague notion of what I intended to say, but even that was dependent on a pre-existent system for symbolic representation – language. In the process of actually writing it, my ability to transcribe and interact with my own recorded thoughts enormously augments my cognitive capability, allowing the sustained adumbration of an idea, a task which my unaided, “unscaffolded” memory would be incapable of. Anyone who has written even a shopping list has similarly depended on such cognitive prostheses.

Clark’s point is that:

The coherence and problem solving power of much human activity, it seems, may be rooted in the simple yet often ignored fact that we are the most prodigious creators and exploiters of external scaffolding on the planet. We build “designer environments” in
which human reason is able to far outstrip the computational ambit of the unaugmented biological brain. (Clark, 1997)

Professor and Director of Cognitive Studies at Tufts University, Daniel Dennett makes a similar point. Genetic “research and development”, the billion year old trial and error accumulation of complexity, has lead to the evolution of living things, repositories of genetic information, passed onto each new generation through the medium of reproduction. In a few species there are hints of another medium of transmission of information. In some primates, for example, there is rudimentary transmission of simple tool use through observation and imitation. This cultural or horizontal transmission (as opposed to the vertical descent of genetic information) is a very minor part of each generation’s inheritance. Except . . .

. . .there is one species, Homo sapiens, that has made cultural transmission its information superhighway, generating great ramifying families of families of cultural entities, and transforming its members by the culturally transmitted habit of vigorously installing as much culture as possible in the young, as soon as they can absorb it. This innovation in horizontal transmission is so revolutionary that the primates that are its hosts deserve a new name. . .[but] we could use the vernacular and call them persons. A person is a hominid with an infected brain, host to millions of cultural symbionts, and the chief enablers of these are the symbiont systems known as languages. (Dennett, 2003)

Dennett delights in talking of the enculturation process as a “parasitization” and he uses the language of invasion and infection. Andy Clarke, by contrast, highlights how much of cognition is externalised, “downloaded” onto the environment and that:

. . .advanced cognition depends crucially on our ability to dissipate reasoning: to diffuse achieved knowledge and practical wisdom through complex social structures, and to reduce the loads on individual brains by locating those brains in complex webs of linguistic, social, political and institutional constraints. (Clark, 1997)

Although their emphasis is different, they agree that what makes us human is our immersion in a world of meaning and symbols, be they external or internal. Interestingly we find almost identical arguments in both extremes of theoretical psychotherapy. The so called “radical behaviourist” Stephen Hayes has proposed in his detailed, empirical Relational Frame Theory that our acquisition of symbol use and their manipulation is definitive of both our identity and its pathologies (Hayes et al., 1999). Similarly the psychoanalyst Jacques Lacan has argued that our place within the “symbolic order” is constitutive of our subjectivity (Lacan, 1981).

In essence each of these thinkers is arguing that everything is “all in the mind”. There is no experience of reality possible without the mediation of meaning. This thoroughly Kantian position differs from Kant only in its complexity and evidence base. He deduced from reason alone 12 fixed, internal, universal categories of perception. The modern model is more multiple, modular, decentralised and context dependent, where systems of representation are simultaneously internal to the individual and resident in the environment, all hard and fast distinctions between subject and object, mental and physical, effectively untenable. Here we have an ontology where mind and matter are inextricably linked. And all these thinkers agree on this: language is not just another tool, rather the imposition of language and culture on the plastic architecture of the human brain is what turns these biological machines into thinking things, what turns a body into a self-in-a-world.
Reality as fiction

Let us equip ourselves with one last philosophical notion, before we return to our ontology of medically unexplained illness. In a contribution as prophetic as it is neglected, Jeremy Bentham (1748 – 1832) described in his “Fragment on Ontology” (Bentham, 1838 – 43) a category of social objects he called “fictions”, such as: “right, duty, property, obligation, immunity, privilege – the whole language of the law” (Harrison, 1983).

These are fictional in the sense that they have no reality independent of human minds and the culture they serve to construct, however...

...there is nothing imaginary about [the fictional notion of a “contract”]; it is not an imaginary representation fabricated by the mind and, furthermore, it serves... as a tool for bringing about a series of real effects. “Contract” obliges me to accomplish real acts comprised by the fictitious term “obligation”, or another kind of real effect comprised by the fictitious term “damages” befalls me. (Zizek, 1993)

Much of our civilized behaviour then, is governed by such consensual and collective fictions. There is a striking foreshadowing here of the analyses of both Clark and Dennett, and in some ways an advance upon them. Bentham gives quotidian, empirical examples of the ideological constitution of human reality, effectively undermining an ontology that would have the mental as a mere contingent side effect of the physical.

This then is how Cartesian dualism has evolved. The mind once separate, secondary and passive is now so thoroughly tangled up with the world, the world so overwritten and constituted by the mind, that we cannot separate them, cannot conceive of a world outside of the mind and its categories of understanding. Functionally then, there is no distinction between the mental and the physical, and the latter has no claim to ontological priority. There is only the phenomenology of a human-being-in-the-world, a world saturated and defined by meaning.

Why are symptoms medically unexplained?

How then is this more interactionist ontology better able to comprehend the phenomena of medically unexplained illness? Well one thing it can do is highlight the “old” ontology structuring the Rantzen debate. It is not only that the old model works on the assumption of a hard and fast dichotomy of the mental and the physical, this model, as indicated, further assumes that the former is contingent upon the latter. As such it entails a hierarchical model of causality which we could call, after the philosopher Deleuze, a “tree” model (Deleuze & Guattari, 1980). With reference to illness, this model assumes there is a central, physical, ontologically prior process, the roots and trunk of the tree, which gives rise to various subsidiary disease-processes, its branches. These in turn produce symptoms. More generally within this model, the traffic between the physical and the mental is also hierarchically structured and one way, from root physical cause to mental epiphenomenon. Except, that is, in the case of disease in the absence of a physical cause. It is here this model runs into trouble.

As the inadequacies of Newtonian mechanics at physical extremes forced Einstein to rethink the ontology of physics, so medically unexplained illnesses are the “limit cases” for our old ontology, where it begins to function poorly, or not at all, as illustrated so dramatically by Esther Rantzen. The poorly conceptualized notion of hysteria attempts to patch up the inadequacy of this model, but its under-conceptualization is no accident, for
within this model it is not clear how the mental, which is essentially a by-product of the physical, can influence its own cause. It is rather like trying to argue that the commentary can determine the football game. Small wonder that most versions of hysteria are incoherent or at best, like Lacan’s, poetic and suggestive.

Towards an alternative ontology

Against the metaphor of the “tree” that we see at work in the biomedical model of illness, Deleuze proffers the example of the rhizome, a “horizontally” organized root system, with no centre or hierarchical structure, but rather an intermeshing of co-dependent but distinct regions and parts. In terms of understanding unexplained illness, we could imagine an explanatory model in which rather than a “psychological cause” somehow giving rise to a set of symptoms, what we have instead are a network of physical processes, beliefs, behaviours, Benthamite fictions and cultural scaffolding interacting to shape the disease experience of an individual, none having causal priority over another. Wade and Halligan (2004) have recently made a similar suggestion, urging for a more systemic perspective. Medically unexplained symptoms may only be unexplained as long as we maintain the old ontology. So how might this new model look in practice?

An imaginary illness

Picture an individual who, through a series of life events, predisposing vulnerabilities and psychoneuroimmunological processes, develops a host of physical symptoms. There then lies in front of them a choice of regulative/normative versions of their symptoms which, like Bentham’s fictions, will have real effects. One such version is that the apparent motley of causes, processes and symptoms are in fact the manifestation of one underlying pathophysiological mechanism, as yet undiscovered. There is a hidden root of the tree. This notion, if believed, has consequences. It might entail an energetically expensive and frustrating quest for the root cause. It could also entail an attitude of waiting for the root to be discovered, decreased self efficacy and a suspension of normal life. Plus there may be a set of subsidiary commitments entailed by buying into this biomedical version, not unlike subscribing to a contract. For instance, the sufferer might be obliged/advised to rest more, to stop activity in response to symptoms. There may be the “threat” that breaking this contractual obligation could lead to further physical damage. This produces changes in behaviour which in turn produce physiological and symptomatic changes. In this ongoing interplay between physiology, behaviour and beliefs, patterns become established that further serve to promote the symptoms, and the regulative version of the persons symptoms, the “fiction”, becomes a self fulfilling prophecy. Thus the rhizomatic network becomes ever more densely woven. Note that there is nothing “psychological” at work in this model. There are no hidden traumas expressing themselves as symptoms. Rather, all the beliefs and prescribed behaviours are “out there”, cultural scaffolding validated and supported by multiple external agencies. It is in the meeting of the individual and their illness with a version of their symptoms which serves to perpetuate them that the problem lies, not within the individual.

Of course this is an imaginary example. The key point is that from the perspective of this ontology, there are mutual non-hierarchical relationships between physical processes, beliefs, behaviours and the culturally available versions of the person’s experience. The latter factor in particular should awaken within us a certain caution in our practice of identifying
and naming syndromes and disease processes. In doing so we create the possibility for a species of logical fallacy, that of mistaking description for explanation, a mistake which can have very real consequences. Cautioning against the medical reification of conditions in the 1920’s the doctor F. G. Crookshank wrote:

...it is a vulgar medical error to speak, write and ultimately to think, as if these diseases we name, these general references we symbolise, were single things with external existence. (Sturrock, 2004)

However, as John Sturrock notes in his commentary on Crookshank, we are increasingly prone to label collections of symptoms as diseases, and to then assume our label’s referent is a pre-existent but as yet undiscovered disease process, the symptoms’ ‘real cause’. Finding none, the psychiatrists will locate the latter in the “subconscious” and the sufferers and their sympathizers in a lack of proper funding and research. Both sides, consciously or not, are promulgating the same old ontology of illness and this implicit ideological conviction will have potentially profound effects on their lives, serving to prevent the professional from helping and the sufferers from receiving help. Esther Rantzen’s debate was not just theoretical, or rather it demonstrated the central role that theory plays in constructing our lives.

Not so mysterious?

Perspicacious readers will have noted that this new post-Kantian, “rhizomatic” ontology is consonant with the world view of cognitive behavioural therapy (CBT). This should come as no surprise. CBT is but one manifestation of a wider cultural movement which has, in the last 200 years, realized that there is no experience of reality unmediated by our symbol systems and interpretations. There has however been considerable resistance to the application of this understanding to disease processes, particularly to CFS, where it has been perceived as “psychologizing”. Needless to say the latter notion remains part of the dualist ontology which the cognitive scientists have been instrumental in reforming. But old habits die hard, and practitioners and clients alike continue to think in terms of the old certainties. However to properly apply this new system of understanding to CFS does it no more disservice than is done to heart disease, cancer or diabetes, all of which have been well served by being so considered.

However in one way CFS and all other medically unexplained conditions are unique, in that they challenge the prevailing dualist ontology in a way no other diseases do. They are, as should now be clear, only unexplained in the context of an explanatory system that is several centuries out of date. The explanatory deficit lies not in some occult quality of the conditions themselves, but in the inadequacy of the framework applied to them. It could be, given a more nuanced understanding, that these mystery illnesses are not so mysterious after all (Wade & Halligan, 2004). It could be that on closer examination we would find a collection of at least partially understood physiological mechanisms, behaviours and cognitions, life events and their sequelae, all corralled within the confines of a societally endorsed but disputed attribution that only serves to maintain them. It could be that CBT is, when well applied, currently the most successful treatment for CFS not because it is a psychological treatment for a psychological condition, far from it, but because it partakes of a more modern and accurate model of how human reality is shaped.
Conclusion

All illnesses could be understood within the framework of this new ontology, not just those that are "unexplained". Even if a central defining physical mechanism in CFS were discovered, this would not invalidate the model, rather it would shift the weighting of factors within it. Just to be clear, none of this is to say that research into the physiological processes involved in CFS and other medically unexplained symptoms should cease. Rather, that existing and future research needs to be shaped by a more sophisticated, modern understanding of the inter-relationship of physiology, beliefs, behaviour and ideology. It is the latter that may well be the single greatest impediment to our understanding.

References


