

Medical Psychology¹ – with Its Delicate Questions
– Review –

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These days the so-called medicalization of our society, world, and lives is much discussed. These do not refer only to the medical care developed and expanded by civilization, but also to the fact that the different medical considerations, views – and of course fashions and businesses – increasingly pervade and even organize the everyday lives of more and more people. Thus a portion of mankind expect an ever longer life at the end of which their bodies will be laid in the coffin or put into the furnace of the crematorium – together with an increasing number of other abandoned or institutionalized helpless fellow men – in a condition of good preservation.

The world and life, however, are not only “medicalized” but they also accelerate and twitch meanwhile. The ever faster and frequenter “shocks of future”, about which Alvin Toffler already spoke in the early 1970s,² also meant – and of course mean at present as well – that there will be or remain ever fewer human, human-faced shelters from them. For, furthermore, the acceleration and twitching must, ought to, is worth to be done – and of course endured – successfully and profitably. Therefore, besides the medicalization of the world and life, their “psychiatrization”³ is also often mentioned nowadays as some kind of seemingly possible, “emphatic”, but nevertheless medicalized shelter within medicalization.

Furthermore, by “medicalization” and “psychiatrization” usually some kind of “professionalization” is understood as well. This in turn is a continuously

¹ Doina Cosman, *Psihologie medicală* (Medical psychology) (Iaşi: Editura Polirom, 2010), 462, ISBN 978-973-46-1735-7

² See Alvin Toffler, *Şocul viitorului* (The shock of future) (Bucharest: Editura Politică, 1973), 23 and István Király V., “A jövő, avagy kérdezően lakozik a halandó ember... – Kérdés-pontok az időhöz” (The future or questioningly dwells the mortal man... – Question-points to time), in István Király V., *Halandóan lakozik szabadságában az ember...* (Mortally dwells the man in his freedom...) (Pozsony: Kalligram, 2007), 207–309.

³ See József Kovács’s study entitled *Pszichiátria és medikalizáció – A pszichiátrizálás okai* (Psychiatrization and medicalization – the causes of psychiatrization), which even mentions the “building of psychiatric and psychotherapeutic empires”.

<http://www.lam.hu/folyoiratok/lam/0407/11.htm> (accessed on 20 August 2010).

spreading phenomenon and process, to the extent that there is talk about professional art, poetry, and for example “professional philosophy” as well... “Professionalization” – which probably is entirely ignorant of the origin of its name and of the fact that it has entered the good graces of the general public from sports-grounds –, well, professionalization always means some kind of successful regularity, and, as such, some kind of disposition and striving to “success-codification”. This evidently produces all kinds of “deontological” (professional ethical) “codes” and the so-called “applied ethics” immediately connected to them. Once again without thoroughly considering what kind of “ethics” could there be which is not followed or “applied” somehow.

The treatise-like book on medical psychology by the psychiatrist Doina Cosman does not discuss these tendencies and questions directly. Nevertheless, in my opinion, it is related to them on account of the way in which it connects the meanings and horizons of meanings in a re-questioning and re-formulating manner –and precisely this urged me to write this review.

Obviously, the book must be, on the one hand, about the original and extending meanings of medicine – of any kind of medical specialization –, on the other hand, about their often schematized and codified uses and costs with regard to the medical man, medicine, its practice, and the invalid as well as to their professional, institutional, and personal relationships. For, although the book has been written first of all for doctors and medical students, it does not address only them, but also the sick, and even the healthy – more precisely the momentarily not sick or not yet sick. Namely, men in general. Because probably there is no mortal who from his/her birth to the end of his/her life does not suffer from some kind – any kind! – of illness. Sickness is in fact a human experience, or even a danger or possible danger to existence and an explicit *mode of being* too, from which none has ever had or will have any kind of ontological or existential exemption.

Therefore – in the spirit of the purest Hippocratic tradition – already Aristotle clarified that medical science and healing does not only deal with illness but with health as well. Meanwhile, it has been revealed that the ever more widely specialized medicine does not only focus on these, but also on death and dying which are closely connected to health and illness and from which there is no exemption.

Men therefore must somehow understand both their health and their sickness; and of course their death, their dying as well. These all evidently cannot be ensured by medicine alone – not even its specializations –, but it may offer some guidelines, “data”, information, and even help in this. Especially, if it truly tries to question and understand anew its real – both ontological and existential-historical – origin and essence.

“Medical psychology” was born exactly from the explicit and scientific acceptance of the realization that, *essentially*, to practice medicine, that is, to care observantly, knowingly for suffering people curing and helping them – always – means to create and sustain certain human relationships. This, of course, involves *communicational relations* as well. These, however, usually are considered to belong to the “field” of psychology. This should not mislead us with respect to the

essence of things. For, in fact, communication permeates medicine and its practice always and originally. Even if this has been explicitly declared only recently.

All this started from the – not yet general – change of attitude according to which the function of medicine and its practice is not focused merely on the sickness – the actual sick person (the “patient”) being merely an impersonal, representative “case”¹ of it –, but, together with illnesses and the historical changes in the information and interpretations-views related to them, it centred ever more decidedly on the sick, the sick man. This is based on the realization that sickness is a loss of balance, respectively its expression, which – directly or indirectly – affects the entire personality, being, the existential possibilities, and the whole world of the sick man.² Consequently, the human relationships and communication connected with such things have a quite special existential weight, meaning, and importance.

We must specify that – even if it remains unexpressed – here “communication” is not used in the sense of “offering news, information” or the so-called “furnishing medical information”, but in the original sense of *communio*. Thus it presents a special challenge not only to the doctor and the social structures related to the practice of medicine, but also to the sick person (and his/her surroundings). The challenge that he/she and they should participate actively in the healing, treatment, alleviation or mere enduring of the disease and suffering, aiding to the doctor’s efforts. Because of this it is extremely important to investigate thoroughly: what kind of human communicational relationship is created, constructed not only between the doctor and the sick man, but also “between” and amid the sick person and his/her own illness, as well as his/her “surroundings”, world; to what extent the sick person is able, can, and can be able to be sick... a sick man; and of course, to what extent the doctor or therapist is able, can, and can be able to be... a medical *man*.

As I have mentioned, in Doina Cosman’s treatise-like book all these aspects are raised and analyzed, on the one hand, with truly scientific radicalism, method, extensive information and detail enriched and ennobled by personal experiences, on the other hand, with questioning and communicating openness. In this way and because of this the volume contains some chapters discussing explicitly fundamental questions, such as *The Limits of Normality*, which – among other things – analyzes normality and abnormality, health and sickness, or the normal functioning of the psyche and its components and characteristics, as well as their scientific assessment-evaluation. All these, of course, result in the issues of human personality and its – once again scientific – assessment and its different typologies, then – extended – lead to gender and developmental psychology.

¹ Michel Foucault, *Naissance de la clinique* (Paris: Presse Universitaire de France, 1963), 9–13, 58–61. It must be mentioned that the main objective of Foucault’s research and considerations in question was to track from the 18th century to the 20th the changes in the medical *a priori*s concentrated in nodes, which determined – always and *ab ovo*, therefore transcendently – the approach of medicine as well as its practice and policy towards sickness(es) and sick people.

² Cosman, *Psihologie medicală*, 19.

This part is evidently organically connected to the chapters of the book's Second Part, which discuss the relationships between medical science and sickness, as well as between the doctor and his/her "patient". The discussions begin exactly with the sick person's psychology, the description, analysis of his/her possible states of mind; for, as I have mentioned, precisely on this – that is, the sick themselves – the change of attitude in medicine in progress would focus and this is recommended by the reviewed book as well. Nevertheless, the doctor is a human being too, and, as such, he/she – and the vocation – has also some mental-psychological aspects which must be seriously considered. For only on these bases the communicational-psychological bearings of the doctor–patient relationships can truly be discussed. Not to mention the fact that medical men have no exemption from the experience of illnesses at all. Not even if – as an example by Aristotle said – the sick doctor is his/her own "patient".

All things considered, the curative treatment of a sick person requires a change in attitude (or even in the way of life) from his/her part. At least with respect to the appropriate and consistent observation of the medical prescriptions and recommendations. Meanwhile the most desirable is the formation of a therapeutic alliance between the doctor and the patient. The book, of course, does not discuss only or first of all these "desirable" or ideal situations, relationships, but rather the many kinds of *obstacles* which obstruct their formation, and which the doctor – in order to heal, to treat, to give assistance – must learn nevertheless to conquer with his/her own tools. "Medical psychology" is – first of all – addressed thus and because of this to... medical men. They, during and for the sake of their patients' treatment, must convince them to observe the prescriptions of the treatment, which are sometimes painful, sometimes require perseverance, or sometimes change, as strictly as possible while communicating regularly with the doctor.

In this context did the author dedicate a separate chapter to the so-called iatrogenesis, or the pathologies caused by the medical treatment of the original disease, which is either unsuitable or produces unexpected effects. The psychological or relational cases of iatrogenesis triggered by inappropriate communicational attitude from the part of the doctor also belong here. The similarly serious and delicate professional, ethical, and legal problems of medical errors and malpractice, etc. are not omitted either. Then in their horizon, other issues are raised such as the relationship between stress and health as well as illness or the recommendation of a health-preserving or health-generating way of life, etc.

The Third Part of the book is about the so-called medical boundaries and the psychology of liminality. It elaborates on crises and their types, as well as on the psychology of the communal or personal traumas caused by human or natural catastrophes and their possible "treatment". A separate chapter follows on the so-called thanato-psychology. This, of course, does not refer only to issues of the medical "definition" and criteria of death, which must be reformulated by the evolution of medical science and medical practice – the revolution caused by the techniques of resuscitation and the ever widening possibilities of transplants. It also considers questions related explicitly to the – possible – both medical and psychological care and assistance of dying people and their families, including the

psychological bearings – for example counselling or even treatment – of the ordeal inflicted by the subsequent mourning.



Irina Dumitrașcu, *Self Confused 2*

Photography, 50x50 cm, 2009

Website: www.bavardestudio.ro

This is followed by a chapter on the so-called psycho-oncology and the psychology of pain. As an example of professional communication, this chapter was not written by Doina Cosman, but by Oana Dobrescu as a guest-author.¹ Cancer is still the main – and in many cases the most painful – cause of death,² therefore it is critical for both the patient and the doctor, because, together with the mental suffering which accompanies it, this disease brings the possibility, thoughts, and themes of (one's own) death oppressively near to the sufferer. Moreover, the pain and suffering caused by the drastic treatment of the illness – chemotherapy,

¹ Ibid., 374–394.

² See also Sherwin B. Nuland, *How We Die – Reflexions on Life's Final Chapter* (New York, Vintage Books, A Division of Random House Inc., 1995), 279, as well as Thomas Macho, "Sterben Heute," *Aus Politik und Zeitgeschichte*, 4 (2008): 3–4.

radiation treatment, surgeries – is added to these. Because of this reason a few subchapters on the nature of pain and the psychology of the suffering connected with it have been introduced to this part, which is followed by a final chapter on suicide written again by Doina Cosman.

Cosman is an acknowledged specialist of the issue of suicide even at an international level. Her doctoral dissertation was written on this subject,¹ and she continued her far-reaching investigations in an autonomous treatise² and in the presently reviewed book.³ Her inquiries are governed by the critical standpoint that psychiatrists narrow down the question when they trace back every suicide to some specific psychic illness. Therefore the closing chapter speaks about both the so-called rational, non-pathological and the pathological suicides, which can be traced back to certain diseases. Naturally, it does so without representing suicide itself as some kind of normality – and even less as a “norm”.

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The book therefore emphasizes and questions communication in medical practice and science. Communication permeates these in every direction, in every respect – and in fact always –, and regarding their sense. Therefore the inquiry directed to senses as a matter of course is also aimed at the origins. The actual origin of medical practice and knowledge, however, lies in the specific way we, humans relate to sicknesses, and within these, human diseases as a way of being. Therefore, from the perspective of observing-studying them which is always possible, of possibly preventing and curing them, and of possibly obliterating, easing or enduring the deficiencies and sufferings caused by them. The division of this is usually called – rather on the surfaces – the history of medical science; from shamanic healing to the latest medical knowledge and techniques.

Inquiring into medical communication, Doina Cosman's book, on the one hand, problematizes the origins of medical science and practice anew, on the other hand, by this it does not only speak to those to whom it has been first of all addressed, but to everybody who are – at least from time to time – willing to consider more thoroughly the fact that they are; that they live-exist so that their being, their life is mortally finite, and as such it is “exposed” to the inexcusable and inescapable experience of sickness. For, sooner or later, the clarifying reckoning with it will – anyway and “simply” – be impossible to delay... Because of this I should like to emphasize as a personal impression that for me the passages and chapters of the book incessantly emanate a somehow clear and clarifying “air”.

Translated by Ágnes Korondi

¹ Doina Cosman, *Sinuciderea – Studiu în perspectivă biopsihosocială* (Suicide – A study from a bio-psycho-social perspective) (Cluj-Napoca: Editura Risoprint, 2000).

² Doina Cosman, *Compendiu de suicidologie* (A compendium on the study of suicides) (Cluj-Napoca: Editura Casa Cărții de Știință, 2006).

³ She is a member of several international psychological societies and committees dealing with the questions of suicide; she founded a society in Cluj, in Romania aimed at the prevention of suicides.