

Chapter 4

Body, soul and spirit – a medical anthropology

(This is in an early draft stage, incomplete at this stage)

A medical anthropology

Get a text book on anthropology and put some quotes and definition

Also look in medical text books and see if they discuss assumptions about anthropology

Any system of health care starts with assumptions about how people are made and how they function both in health and in illness. Each of the major world cultures has an assumed anthropology which is included in the education system and becomes second nature so that most of the time we don't give it any thought. Some of my patients come from rural Bangladesh where the culture and religion is based on Islam, but in a few people also includes an element of mysticism. Thus whenever they become ill one of their reactions may be "Where did this evil spirit come from that has made me ill?"

The predominant culture in the developed world has at its heart a humanistic reductionist model of mankind with overtones from a long Christian tradition stretching over nearly 2000 years. The traditional understanding of how we are made often has a dualistic nature – that is that men and women are body and soul (or spirit), which in some unknown way are separate but joined together. The common view in most people is that at death the soul departs from the body which then dies and disintegrates in the ground. This dualistic view is most famously expressed by Descartes (add stuff here).

As the scientific revolution gained ground during the period we call the Enlightenment, this view was slowly replaced by a physical reductionist view. (ref or discussion) The existence of the soul or spirit was questioned as it could not be seen, touched or measured. The physical nature of mankind was stressed, the result of a Darwinian evolutionary process, which didn't require an external non-physical or meta-physical being to control it.

Present day western society thus has a hybrid anthropology which often causes confusion. The science of medicine is mainly based on the scientific model of a closed physical system with no place for mystical, magical or extra-physical beings. Whereas in the popular mind we are also in some way spiritual beings with extra-sensory perceptions and mystical attributes not explicable by the scientific reductionist model. Much of our modern society reflects this dualism which now has deep roots and is passed on sub-consciously from generation to generation.

If we choose to stick rigidly to the humanistic scientific model then we might characterise it as dealing purely with the physical realm. Then all psychiatric problems can be traced to brain or biochemical disorders; stress related issues are the result of hormonal imbalances; and most diseases and human reactions are pre-determined according to our genetic makeup. Treatment for ill-health will thus concentrate on the physical, so although it may be helpful to talk with a

counsellor about your depression, the real treatment will be the chemical drugs the doctor prescribes for you.

Although this is a simplistic account of our world view, it is important to stress that our medical method, diagnosis and treatment are all based on our understanding of “how things work” – our worldview, and so affects the way in which we practice medicine.

Anecdote of the famous BMJ paper of around 30 yrs ago where the GP pointed out that the patient died because he had given up. [\(Can I find this – BMJ article around 1965\)](#)

Models of mankind

How are men and women made, and how do they function? This, as I've indicated, is the vital first step which needs to be answered before a system of understanding or treatment can be built. A brief description of some of the main models which are possible are detailed below.

Scientific Reductionist

Dualistic

Trinitarian

Monistic

[\(Get an anthropology textbook and elaborate\)](#)

The body-mind problem

“The mind is what the brain does”

[Find good articles about the problem of what the mind is to go here](#)

What is the soul?

Brief historical outline of views of the Soul, from Greeks through middle ages to modernists. Conclusion is that the soul is me – myself, my person and so is the sum of all of me. The soul is the living person.

[Get a précis of my essays about the soul](#)

The “me” is not divisible, it functions as a whole. But we need to break it down somehow into manageable parts. Traditionally these have been physical – the body, psychological – the mind and emotions, and spiritual. These can be considered as three windows through which to observe the person within. Each only presents part of the picture, but can form a useful way to analyse and understand what is going on with the whole.

Three windows into a person

- Each person is a unity – indivisible in life
- We do not accept a dualistic understanding of body and soul
- But functionally it is useful to view the person’s health through 3 windows
 - physical
 - psychological
 - spiritual

We understand what the body is, a lot of debate about the mind, and all hell let loose when we begin to try and understand the spirit.

What is the spirit?

Various ways at looking at what the spirit of men and women is –

- a) that which marks humans out from the rest of the animal kingdom
- b) that part of a person which is mystical, able to communicate with the spiritual world and God
- c) just another word for some of the characteristics of humans in their behaviour.

- Old model of body, soul and spirit not helpful as leads to dualism
- New model based on universe string theory
- Seamless functioning of the spirit in ALL human activity
- Spirit unites us with spiritual beings

We have developed a seven stage understanding of the spirit for use in our whole person work. These seven stages, or more correctly attributes, help us in looking at how the patient sees the world, copes with it, and how their beliefs affect their behaviour. This will be considered in greater depth in the chapter 5.

Building an integrated and unified view of the whole person

The flow chart (Figure 1) is suggested to demonstrate the various elements which play a part in developing a model of health care. Whatever the elements and influences which create the dominant world-view of the society we live in, we have to assume that they are pretty fixed and the world-view only changes very slowly. It is this set of beliefs and assumptions which undergird any model of human activity practised within that society. There may often be differing world-views acting within the same society. This causes tension, and most people then have to live within two or more different world views at the same time.

Any model of human activity will have three main elements –

- 1 A set of assumptions or “a priori” beliefs which are usually not fully explored, but which determine the model to be developed.
- 2 A set of values, ethics and moral positions, which like the assumptions are rarely explicit.
- 3 An anthropology which defines what it is to be human

This MODEL as it is applied to individuals is rarely fully explained and is subject to constant change due to a feedback loop based on experiences. Within this model we need to fully explore how the above main elements become translated into action.

There follows a PROVISION of the model – in our case of Health Care which follows on from the model, but which is then subjected to the individuals who deliver the care – because they may prefer a different world-view, and so the beliefs of the therapist and the patient can influence how the model is delivered.

Then we have the EXPERIENCE of the model as it is provided to the patient. This again may vary according the world-view of the patient as well as that of the therapist and the original world view of society. Thus this experience may depend on the inter-action of three different world-views. For example as a GP I (MGS) work within a secular humanistic world view of medicine. However my person world view is determined by my Christian faith, and a lot of the patients I treat are devout Muslims. This could lead to conflict, but in practice we all strive to honour and respect other belief systems and seek to work in a mutually beneficial way.

Finally there is a feed-back loop of some sort which slowly changes the original world-view. Thus in our lifetimes we have seen the gradual change of our society’s world-view due to the provision and experience of alternative therapies of health care.

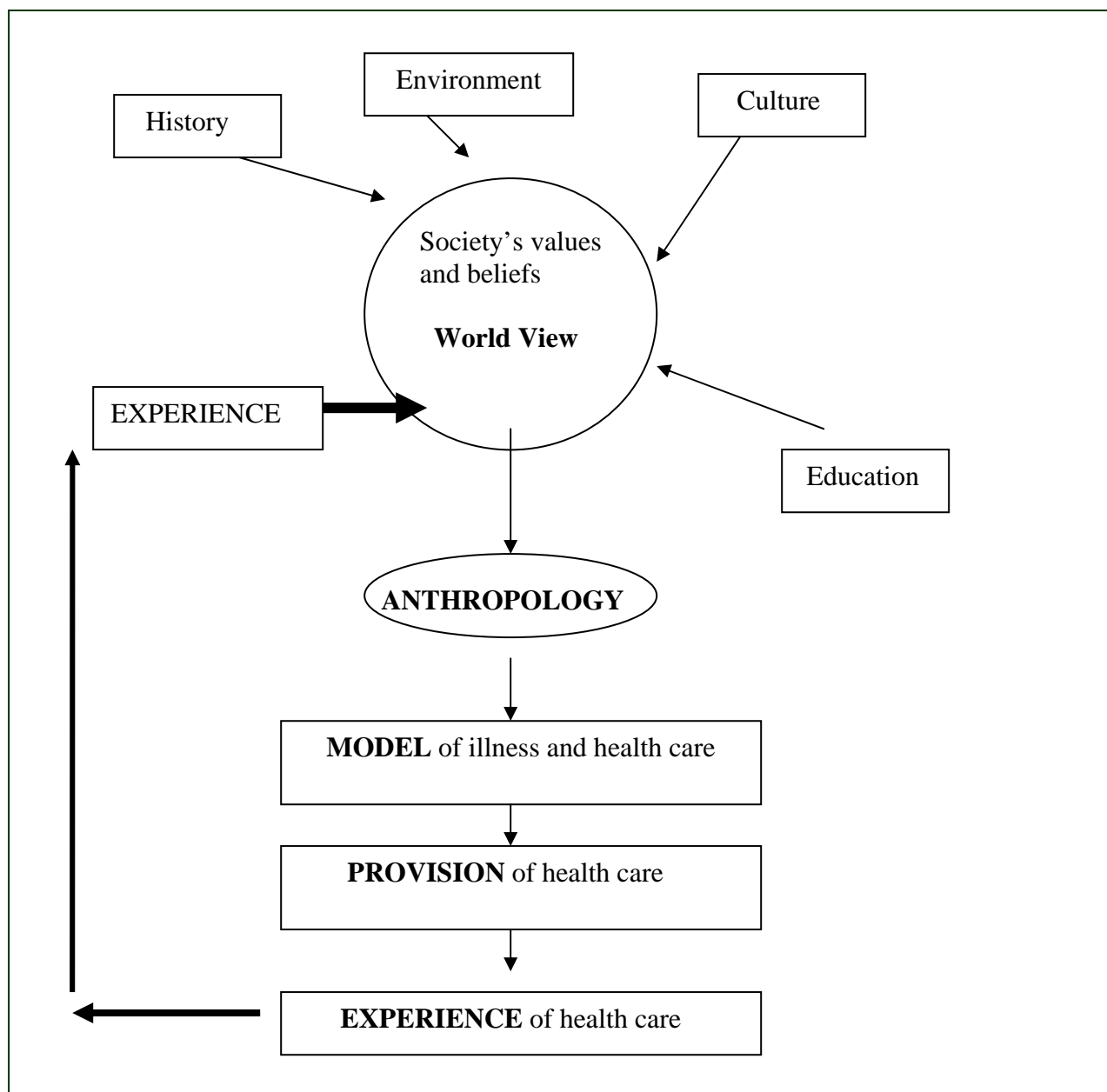


Figure 1

The PROVISION of health care

The provision of health care may vary from the original model depending on a large variety of factors, some of which are described here.

- 1 Society's view as to the rights and responsibilities of each person
- 2 Economics of the society and the way it decides priorities
- 3 Person's individual view of their rights and responsibilities
- 4 Economic provision for health care by society

- 5 Training and regulation of health care providers
- 6 Definitions of success in the outcomes of health care provision
- 7 Involvement of politics in health care

The EXPERIENCE of health care

This needs to be considered from the point of view of both the patient (and their carers) and also the professional therapists who provide the health care.

PATIENT

This experience can be broken down into

- 1 Initial expectations and beliefs
- 2 Narrative of their ill-health
- 3 Their understanding of why they are ill
- 4 Narrative of the healing process – their experience of the process
- 5 Dissonance between this process and their beliefs and expectations
- 6 Dealing with disappointments and failures of the process
- 7 Reflection, assimilation and integration which provides feedback to their first beliefs

Common world views and their effect on health behaviour

Describe how some of the common world views can affect the health behaviour of the patient –

- 1 Secular Humanist
- 2 Charismatic Christian
- 3 Muslim recently arrived from Bangladesh
- 4 Chinese visitor here on holiday

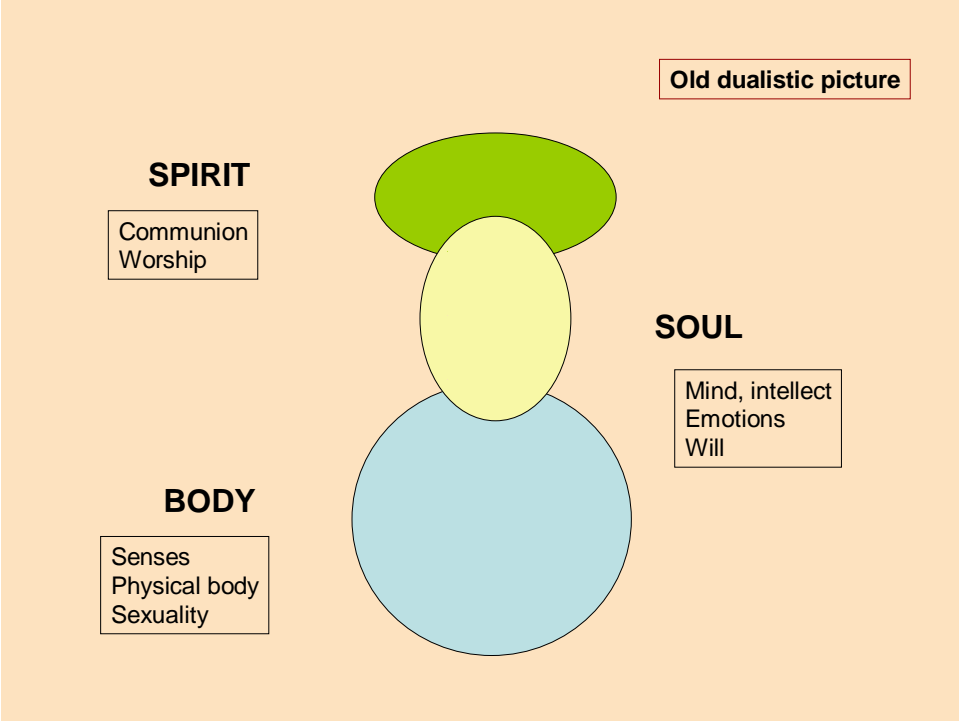
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Summary – what is human behaviour?

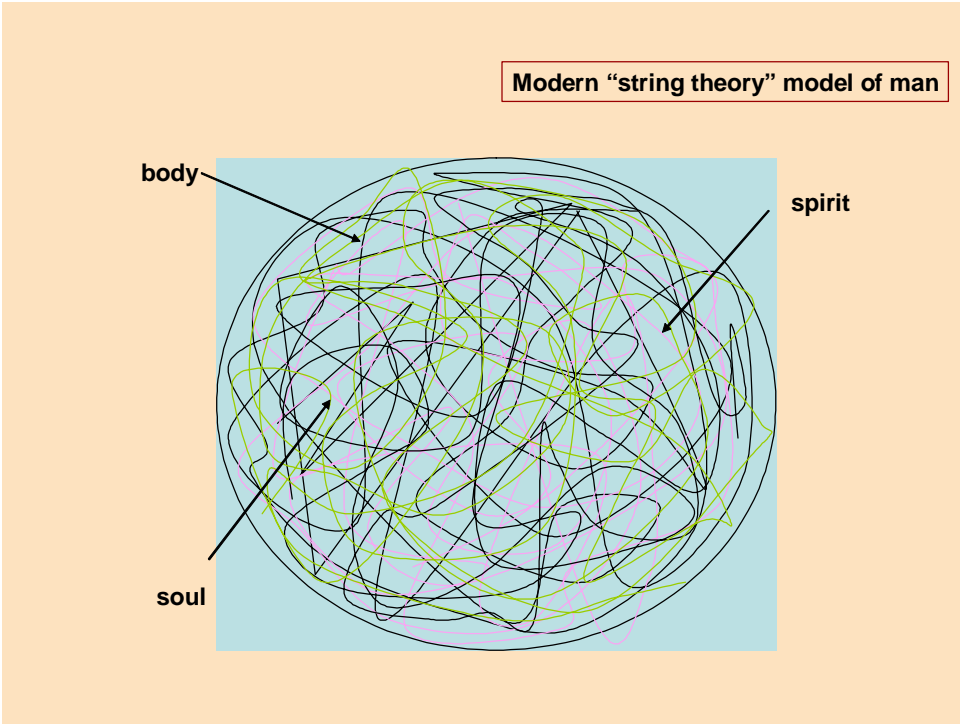
So what decides our behaviour, especially in health care?

Put all of the above together – a brief sociological view

Sum up that we are a living soul, and whilst we act and function as a whole person, it is helpful to see us as body, mind and spirit.



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