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HEALTH AND ILLNESS IN THE SYSTEMIC VIEW

1. Why the systemic approach should be used in the sciences. Implications of the systemic approach in psychiatry

I would like to linger on some important systemic concepts, highlighted by Marconi, which are able to trigger relevant transformations also in other disciplines, including philosophy.

Systems thinking is a powerful tool of conceptual unification, since all systems can be described without making any reference to their ontological domain and to their specific features. We consider to be a system any object showing the so called «emergent» properties, which are properties that do not belong to its parts. This conceptual unification is the main topic of the theory of systems, which – it should be added – is far from leading to a form of ontological monism, in as much as all objects are holders of new specific properties – the so called «emergent properties» – that cannot be deducted or foreseen, but must be discovered, observed and described.

This is a form of ontological pluralism, in line with Dupré position, which recognizes a whole world of different things intertwined and connected, to be described by means of a pluralist epistemological approach. According to the systemic view, there are no fundamental objects, which entails that there is no fundamental science; the legitimacy of several different disciplines, each having its own object and criteria of inquiry, has therefore to be acknowledged. It also follows that there is not one or «the best» method of inquiry, but many and different: physics loses its leadership and mathematics is no longer the compulsory universal language for all sciences.

It also derives from system thinking that sciences, although maintaining their autonomy, are neither isolated nor independent from the context. Each science is autonomous as to its object, its status and proper criteria of investigation and validation. However, each science is also unavoidably affected by knowledges derived from other disciplines interacting with them within the wide and movable human cultural environment. The reactivity of each discipline to the changes of context should not be

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regarded as a form of yielding to undesirable external influences. It should rather be appreciated as it triggers rethinking processes and adaptational dynamics that enrich the innovation skills of each science. Therefore interdisciplinary dialogue should be promoted and favoured as source of conceptual enhancement for each discipline.

2. *Illness (psychiatric and not)*

Still today «health» and «illness» have not found a commonly accepted definition neither among medical disciplines, nor through theoretical approaches, such as philosophical anthropology or social sciences. Also in this case the systemic view provides a useful suggestion, embraced by Marconi while defining «pathology» as the loss of adaptational and harmonization abilities. Any definition of illness, including Marconi's one, entails a corresponding definition of health, which may be in this case explicated as follows: a system is said to be «healthy» or «having health» in as much as it actively preserves the harmonious interactions among its parts in answer to both internal and external perturbations, hence continuously restoring the values of the variables that support the system. In other words, «health» is the capability of a system to retrieve its homeodynamic balance in response to environmental perturbations.

Other systemic definitions of pathology and health, besides Marconi's one, originated from the research activity carried out through several seminars and debates, which greatly benefited also from Bertolaso's contributions coming from biology.

Illness may be regarded as the exclusion of a part from the interaction with the whole system; as a consequence of such a loss of bonds, the part acquires a certain autonomy which is very expensive for the system, that increases accordingly its energetic needs to keep its unity. When illness occurs cooperative interactions among parts are replaced by expensive conflictual activities, the flexibility of the system decreases – thus losing some degree of freedom – and the relationship with the social environment is impoverished.

Marconi has also provided many other references and hints for further investigation on different issues, on which one could linger for a long time. I will briefly consider here freedom, which has been and still is a greatly debated philosophical issue. Marconi's proposal notably highlights a feature of freedom often neglected in philosophy. He stressed that freedom is a function of complexity and since human beings are the most complex and full of bonds systems ever existing, the more they keep their complexity maintaining the integration among parts, the more they are free. We can thus infer an interesting consequence: freedom is an emergent systemic property belonging to humans, that has to be continuously activated and conquered since – perfectly in line with Dupré claims – we do not have static, motionless qualities always belonging to us no matter what, but all our properties, freedom included, are outcomes of the continuous process of being humans.

Philosophy, from its side, may propose to psychiatry a general view of human beings which could well be used as to escape from the long reductionist season common to many sciences. Along with this view, illness finds its place as a dysfunction of the human system considered as a unitarian whole and should not be attributed or sought in one of its parts. Much care must be taken as to avoid errors of level - also on this point Bertolaso's lesson has been precious – and mental illness be posited in refer-

ence to system level. By taking the mind – and its possible illnesses – as an emerging property of the entire human system, the brain is to be posed at an underlevel, being only a part; mind and brain occupy different levels, although they are obviously interacting. Special attention is then required as to direct to the suitable level all therapeutic interventions in order to avoid level errors. The systemic view Marconi introduces in psychiatry may usefully help to correct this kind of errors.

3. Identity and free redefinition of self

Dupré has claimed that human beings are to be considered as cyclical processes, and that the human species has some flexibility and plasticity qualities that account for the great variety of behaviours we exhibit. We are not things, to which one may assign somehow persistent features, but rather processes continuously developing different activities and properties. Does accepting Dupré proposal entail giving up on personal identity? Or is rather requested a further rethinking of it? May being a process and having an identity stand together? Marconi provides an answer in favour of coexistence, as he claims that each human being has peculiar ways to behave in reaction to environmental perturbations, which often become tendencies governing his/her process dynamics, called «attractors» by Marconi. An attractor is neither an object nor a quality. It is rather the harmonization with the environment that each of us historically builds up thus leading to the construction of an interiorized I, which is the reference for both identity and identification.

In systemic terms personal identity is an emergent property continuously acquired in the dynamics of human systems, to be seen as the thickening of bonds which change in correspondence with the changing weave of the environmental perturbations.

Abstract

In the systemic view different objects are identified through their second level (or emergent) properties. A system able to sustain and preserve such properties can be said «healthy», whilst «illness» will be the consequence of the exclusion of a part from the systemic interactions. Health and illness are part of the process through which human beings construct their identity in their life time.

Keywords: Health, Illness, Harmonization, Process, Identity