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# The Integrative Nature of Psychiatry

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It has been often stated that we human beings live “in two worlds”: a world of biology and physical causes, to which our brain also belongs, and a world of meanings, symbols and interpersonal relationships. Each of these worlds has its own processes and laws, which can be studied separately and have indeed been studied separately for several centuries. On the one hand, there is the domain of neurosciences, in which the brain has frequently been studied as a “biological machine”, isolated from social influences. On the other, there is the domain of social sciences, in which the world of human relationships has usually been explored ignoring brain processes, as if they were totally irrelevant.

Psychiatry, and in general the issue of mental disorders, has been put in the middle by this dualism. Neurobiological and psychosocial views of mental disorders have confronted each other for many decades, not only in the scientific and lay literature, but also in the perception of people with those disorders, who often conceptualize their problems in either essentially biological or essentially psychosocial terms. The specificity of psychiatric expertise and the need for a specific psychopathological language have been often put in question, and psychiatry has recurrently been warned either to become a “clinical neuroscience”, replacing descriptive psychopathology by neurobiological and behavioral measures, because mental disorders are regarded as “brain diseases”, or to adopt a psychosocial paradigm, conceptualizing mental disorders in terms of understandable responses to adverse environmental situations or problematic interpersonal relationships.

That the above two worlds do exist, that they can be studied separately, and that they cannot be reduced to each other, or fully explained each through the concepts that are specific to the other, there seems to be no doubt. But that they are independent from each other appears today implausible. The existence of the world of meanings, symbols and interpersonal relationships in which we human beings

are immersed is only made possible by the complexity of our brains.

The brain processes involved in the implementation of several aspects of social behavior (for instance, the generation and reception of facial and non-facial social signals; the perception and understanding of others’ mental states; the self-regulation of emotions in social contexts; the development and maintenance of social bonds) are now being elucidated. Furthermore, it is now clear that, not only brain damage or dysfunction can affect social behavior, but early social experiences can affect the development, structure and functioning of the brain, thereby conditioning the individual’s subsequent response to social events.

Most mental disorders are likely to emerge from a dynamic interplay between the above “two worlds”, so that, not only neither neural dysfunctions nor problematic interpersonal relationships can fully “explain” those disorders, but even identifying what is “primary” and what is “secondary” may often be a useless and misleading exercise.

We human beings are “embodied subjects”, i.e. our existing as objects (or bodies, including brains) in a physical world and as subjects in an interpersonal world are inextricably interlinked. As a consequence, mental disorders require an interdisciplinary research frame and an integrative clinical expertise.

The fact that we are “embodied subjects” is of course relevant not only to psychiatry, but to the whole of medicine. Physical diseases, even if unequivocally located in the body, may often have an interpersonal component in their determination, manifestations and course. This component may need to be recognized in clinical assessment and taken into account in management, as well as in interpreting treatment response.

In this light, psychiatry may cease to represent an “exception” in the realm of medicine, and even represent a “model” on which to reflect and from which to learn. □

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