



Are we more than the sum of our parts?

Should we listen to Albert Einstein?

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As mentioned by Cowap,¹ psychoanalysis has become less popular in psychiatry over the past decade. In fact, there has been a paradigm shift in psychiatry over the past 2 decades from an emphasis on psychotherapy to biological psychiatry.

The biological approach

Advances in psychopharmacology and medical technology have equipped both physicians and researchers with a new perspective on mental illness. This has given rise to an exponential growth of basic and clinical research in neuroscience and neuropsychiatry, and a view that such advances will provide the ultimate solutions in the treatment of mental illness.

Advances in neurobiochemistry and neurophysiology have also affected both how society views mental illness, and how we practise medicine. For example, we explain psychiatric diagnoses to patients in terms of 'imbalance in neurotransmitters in the hippocampus', or 'a deficiency of serotonin in the amygdala'. Similarly, patients can tell their families or colleagues that their anxiety or depression is due to a deficiency of neurochemicals in their brain. Without a doubt, this model has its advantages. Patients are less likely to attribute the cause of their mental illness to their own character flaws, may be more agreeable to taking medications for the treatment of their 'neurochemical imbalance', and colleagues, friends and families are often more understanding and accepting of their disease.

However, there are also disadvantages that we should consider before embracing the approach wholeheartedly. For example, I find patients often look for more than just a physiological explanation of their symptoms and illness. In fact, many of them often ask, at a deeper level, the meaning of their suffering, and it is often these patients who are most resistant to medical treatment. Sometimes attributing symptoms to physiological processes validates the patient's belief that their sufferings are meaningless.

The psychosocial approach

How can we best explain patients' symptoms? Maybe we can take a more psychosocial approach, explaining that their symptoms are a result of the interaction between their genes and social circumstances, causing an imbalance in neurochemicals that result in the presenting psychiatric symptoms. Although this may be a better approach, it is still suboptimal as it has not answered the question 'Why me?' that is often raised by patients.

The philosophical approach

Perhaps another way is with a philosophical approach: helping patients find their unique meaning in life. The importance of 'meaning' in psychotherapy is not a new concept.² Viktor Frankl, a Viennese psychiatrist and a holocaust survivor, emphasised the importance of 'meaning' in caring for patients with psychological diseases in his book *Man's*

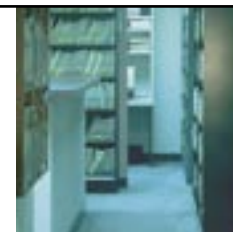
search for meaning,³ which has been translated into 30 languages and remains one of the most widely read testimonies on Holocaust survival. He recognised that many patients presenting with psychological symptoms were suffering from what he termed 'existential vacuum' – a sense of lack of meaning in life.

By helping his patients find the unique meaning of their lives and sufferings, he observed clinical improvement in his patients. It is with this view that he founded 'logotherapy', after the Greek word 'logo' which means 'meaning'.

The theological components of this therapy and its lack of well defined structure probably have limited its practicality and acceptability in mainstream clinical practice. Nevertheless, it has highlighted the therapeutic potential and importance of helping patients find 'meaning' in psychological medicine.

Man has a basic will to survive and a need to believe in purpose. To satisfy this need to believe in purpose, man invented religion and moral codes by which to live. If this is true, and if we are merely individuals who invented religion and moral codes to serve our needs to believe in purpose, is it possible for us to live meaningfully without being religious?

The answer is 'maybe'. One way to achieve this could be by engaging in altruistic acts. Schwartz et al⁴ showed that altruistic social interest behaviours such as engaging in helping others were associated with better mental health in a stratified random sample of more than 2000 Church members. In another



study on altruism and Vietnam war veterans,⁵ higher levels of altruism were associated with lower levels of post-traumatic stress symptomatology.

It is possible that engaging in altruistic acts not only gives us more meaning in our lives, but also indirectly stops us from focussing on and magnifying our own suffering and pain. Perhaps we can learn from the greatest scientist of our time, Albert Einstein, who said,

'A human being is a part of the whole, called by us 'universe', a part limited in time and space. He experiences himself, his thoughts and feelings as something separated from the rest – a kind of optical delusion of his consciousness. This delusion is a kind of prison for us, restricting us to our personal desires and to affection for a few persons nearest to us. Our task must be to free ourselves from this prison by widening our circle of compassion to embrace all living creatures and the whole nature in its beauty. Nobody is able to achieve this completely, but the striving for such achievement is in itself a part of the liberation, and a foundation for inner security'.⁶

For the sake of our mental health, perhaps what we need, in addition to more scientific discoveries and technological advances, is a cultivation of compassion for others and all living beings, and a sense of meaning in our lives.

Conflict of interest: none declared.

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