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DIMENSIONS OF HUMAN SPIRITUALITY, LAYMAN UNDERSTANDINGS OF HEALTH AND LIMITS OF MEDICINE

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SUMMARY

The essence of human uniqueness and what is special about humans is spirituality. What is unique to every human being is his: language, sociability, politic, science, art, technical and working attitudes, playing games, fun and laughter, as well as religiosity and ethical attitudes. All of these dimensions are based upon spirituality or even the human spirit. This paper aims to relate all these dimensions of human spirituality to the sick person and establish to what extent that person is imbued with them and whether he can rely on them. Furthermore, this paper attempts to shed some light on the limits of medicine, especially as seen by Ivan Illich. In the end we are left with a series of questions, and possibly with an indisputable fact that the person who is suffering physically or mentally is "saved" by his most amazing unique trait – his religiosity.

Key words: *spirituality – health - boundaries of medicine*

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INTRODUCTION

Human uniqueness and what is truly special about humans is their spirituality: human is a spirit! Of course not a pure spirit (spiritus purus) but a limited, personalized spirit (spiritus incarnatus) or a spirit all around (spiritus in materia). It would be something for the philosophy of anthropology to explore if it wasn't for the human spiritual-somatic structure that undoubtedly lies in the essence of that complexity (Sestak 2008). Therefore medicine especially psychiatry has showed an interest for that human essence. As it is evident that many diseases and illnesses can not be explained purely by physical causes nor treated with purely physical methods (Ljubicic et al. 2007) and that several papers have been demonstrated an increasing interest and acknowledgment of the importance of spirituality and religion in psychiatric practice (Jakovljevic 2005). The beneficial impact of religion on mental health is confirmed by studies about the impact of religiosity on mental balance in a human being (Pajevic et al. 2005).

DIMENSIONS OF HUMAN SPIRITUALITY

Among numerous definitions that are used to emphasize the particularity of human nature, language deserves a special place – according to Aristotle, the human is a talking being. By using that system of signs (which enables communication among humans) thought, as a spiritual reality, is incorporated into the physical world.

Furthermore, sociability and politic attitude are unique traits that are derived from human nature. They are neither casual nor temporary characteristics because it is in human nature that one aspires for social connectedness with other people.

Also, the human being is the only being that has created science. Scientific cognition is a purely human phenomenon.

We can not deny that human beings have, by using culture, shown their intentionality and effort by digging deep into the nature of the primordial. Culture is never a result of a single human being – no matter if that single human being is a genius – but is always a result of a group of people. Therefore, culture emphasizes human sociability.

Art is another dimension of human spirituality and as a unique trait it is not only visible through the process of artistic creation. It is obvious that all people are not necessarily artists. What is also important is personal attitude towards art and artistic work, its beauty and admiration of it.

Although animals can also use "tools", particularly for obtaining food, working and technique are far more common in humans (because there is a huge difference between human and animal labor) and therefore we can conclude that work and work attitude is a human basic trait.

Furthermore, playing games, fun and laughter also reveal a bit of what is special about human beings, especially if they are not a product of instincts and natural laws but a result of adopted rules.

The category of ethical attitudes is also provided by human beings. Ethical categories can be found in the foundations of almost all legislative orders.

The phenomenon of religiosity is also something that belongs solely to human beings. Only humans can be religious "ens religiosum". Humans from all eras, civilizations and cultures have nurtured religiosity. Although the symbols were different, symbolic activity that was aimed towards establishing a relationship with the transcendent has the same meaning everywhere.

In the end, all of the aforementioned dimensions of human spirituality can really show us what is special about human nature, which is undoubtedly based on spirituality (Mondin 2000, Reichman 1985, Sestak 2008).

DIMENSIONS OF MEDICINE

If we intend to put all of these human traits through the prism of medicine, as a science about the treatment and preservation of health, we can not negate the fact that it incorporates far more of those traits than any other human activity. Medicine has its particular language, it is also a means of communication and demonstrates a certain politic attitude. Also, it is a science. Medicine can not function without hard labor and without the use of "tools" / techniques (instruments, devices and such). Furthermore, medicine is a certain type of culture and in a way a form of art (ars medica), as well as a game and a source of fun, although

within the boundaries of certain rules and ethical restrictions. In the end, medicine is religious because it often enters the realms of unknown and transcendent.

APPROACH TOWARDS HEALTH AND ILLNESS (Claudine Herzlich)

According to Claudine Herzlich and her approach towards health and illness, based upon her research of the layman view of health and illness (Herzlich 1974, Herzlich et al. 1970), we can establish the following dimensions of health:

- health in a vacuum (absence of illness, lack of awareness about one's own body or uninterestedness in its state);
- reserve of health (health as an asset, wager with whom an individual fights the illness or uses it to recover from the illness) and
- health as a balance (as something with inner harmony and balance).

According to C. Herzlich we can establish the following three metaphors for the illness, too:

- illness as a "destroyer" (illness that has disrupted normal life for an active individual);
- illness as a "liberator" (illness that has allowed an individual to be released from daily obligations and responsibility, to acquire various privileges and to be showered with special care and attention) and
- illness as a "preoccupation" (individual considers the illness to be a challenge which he has to overcome and in order to concentrate his efforts on the recovery he neglects all other activities and responsibilities).

LIMITS OF MEDICINE (Ivan Illich)

If we link everything that is noted above with the view of medicine by Ivan Illich - a controversial theoretician and critic of modern medicine (Illich 1976), we can establish the following limits or boundaries of medicine on account of:

- “iatrogenesis” of modern medicine;
- negation of human fragility in modern medicine and
- negation of human ability to fight against pain, illness and death in the modern medicine.

DISCUSSION - AND/OR UNANSWERED QUESTIONS

After Herzlich's observations we can raise the question as to how many of his unique traits and potentials of medicine has the individual deprived himself because of a fatalistic view of the illness. Also, how many of his spiritual dimensions or medical possibilities has he used in order for that illness to become a challenge and a stimulus? (Stifanic 2003).

If we link all that has been said before with the opinions of Ivan Illich, we can raise following questions:

- is Illich right when he speaks (within his boundaries of medicine) about "iatrogenesis" of modern medicine, and about a growing confrontation with the medical nemesis as a result of ignorance of the human experience of today, about the inactivity of today's health system and also about the exclusion of a treatment adaptation process, growing old and the peaceful expectation of death;
- is Illich right when he states that human's conscious reliving of frailty, individuality and affinity makes the experiences of pain, illness and death an integral parts of his existence;

- and is Illich right when he cautions that the ability to fight against the triad (pain, illness and death) is autonomous and fundamental for one's health, but as the individual becomes addicted to control of his intimacy he renounces his autonomy and therefore his health has to deteriorate (Skrbic 1985);
- is Illich also right when he cautions "do not succumb to diagnosis but rescue yourself from the illnesses of health" (Illich 2004).

As physicians we can ask ourselves are some of our patients left only with a religious dimension as the only link with their earlier spirituality and medicine, because of a preserved positive attachment derived from adequate maternal satisfaction of the child's narcissistic and relational needs that created a relationship of trust that in the end enables faith in the existence of God (Rizzuto 1998).

And finally, as psychiatrists, should we think about the role and meaning of religion closely related to communication in our mental health patients? And here we consider religion as a practical activity and to a lesser extent as a world view. To be exact, should we think about religion in the light of communicative theology, and about the use of new ideas and concepts in modern psychiatry? (Arens 2008, Blanch 2007, Margetic et al. 2008, McEwen 2005, Nikic 2008, Pajevic 2008, Pajevic et al. 2007, Taylor 2003, Zrinscak 2008).

CONCLUSION

This paper which points at dimensions of human spirituality, layman understandings of health and a criticism of modern medicine emphasizes that to insist just on somatic pathology or psychopathology by physicians and psychiatrists makes our patients even more alienated. Because of that fact, psychiatric patients could be faced with their inner struggles, burdened with doubts and anxieties in an even greater extent. Therefore, psychiatric patients can more easily resort to religion, because it has the ability to open new views and, so to say, a new life, as opposed to their previous one which they could regard as a dead-end.

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