The mind-body connection, the core of psychodermatology: a trip through the history of philosophical thought

La conexión mente-cuerpo, el núcleo de psicodermatología: un viaje por la historia del pensamiento filosófico

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ABSTRACT

Introduction: The link between mind and some dermatoses has been studied by psychodermatology, an emerging field in dermatology. Philosophy of mind is a branch of philosophy which analyses the link between the mind and the matter at a conceptual level. It has analysed the concept of consciousness. Objectives: To explore the mind-skin connection through the concepts of philosophy of mind. Methods: A review of the concepts of philosophy of mind are applied to psychodermatology. Results: Psychosocial stress factors are linked with the natural history of some dermatoses. This connection has a biological substrate. However, we also need to clarify what makes something to be a psychological stress factor and the symbolic meaning. This requires a deep analysis of the patient’s life history. It is important to articulate biological and phenomenological aspects of the conscious experience. This is a topic of full relevance to understand the mind and, thereby, psychopathology. As psychodermatology is the interface between psychiatry and dermatology, philosophy of mind is also important to clarify psychodermatologic pathologies, with therapeutic relevance. Conclusions: The concepts of philosophy of mind are relevant to better understand psychodermatologic diseases. This point reinforces that we should look into these diseases through a real biopsychosocial model.

INTRODUCTION

The link between mind—and psychopathology—and some dermatoses, namely psychophysiological disorders, such as psoriasis, urticaria and atopic dermatitis, has been studied by Psychodermatology, an emerging field in Dermatology with increasing recognition and research during the last few years.

However, the definition of what mind means (and its connection with the body) is not clearly understood.¹ In Psychiatry, this problem is now still under important debate since the clarification of psychiatric disease still remain in the boundary between Neuropathology and Philosophy. Since Psychodermatology is between Dermatology and Psychiatry, this matter also concerns Psychodermatology.

Thus, the purpose of this paper is a critical review of the historical evolution of the philosophical thought that sustains the conceptual bases of psychopathology in order to understand the mind-body (and then the mind-skin) connection.
THE HISTORY OF PHILOSOPHICAL THOUGHT BEHIND PSYCHODERMATOLOGY

The topic of mind-body relationship has been matter of deep discussion and reflection throughout the time. Hippocrates, the father of Medicine, was the first who described a relationship between human body and mental processes. In turn, Plato (427-347 B.C.E.), one of the first philosophers, had also suggested the ontological and gnosiological dualism to explain the reality. This means that, according to Plato, there would be, first, a division of reality, more precisely the world in two worlds: the sensible world and the intelligible world. This dualism would lead to other dualism: a separation between the mind and the body. Actually, Plato thought that the matter (and, so, the body) belonged to the sensible world and the mind was the combination of different methods of research provided by Science and Philosophy has been crucial to explore this topic.

Philosophy of Mind is a branch of Philosophy introduced by the English philosopher Gilbert Ryle, in 1949. Some of the questions that Philosophy of Mind aims to answer are: «What is the difference between the mind and the matter?»; «Is there any kind of difference between them?»; «What is the consciousness?» and «What are exactly the thought, the feelings and the memory?».

In the first part of the 20th century, the problem of the consciousness was otherwise placed. Sigmund Freud introduced the term «psychoanalysis» in the scientific world as a new way to treat several psychiatric conditions. His idea provoked a revolution in the philosophical discussions, as well. Actually, apart from the idea of a new way to treat the psychiatric diseases, he proposed that the unconscious world would have a stronger impact on the human behaviour than the conscious part of our mind. Freud explained that some neuroses could be solved looking into the deepest part of our mind, which means, its unconscious contents. These contents would be our worst memories, that our consciousness tried to repress and, thus, they would lead to a lasting interior conflict. As a consequence, these «traumatic memories» would appear in our dreams or in our body, through a symbolic way. This would be the way our organism could eliminate these «harmful» contents to our mind. We may stabilish an analogy with, for instance, the urinary or digestive systems, which have their own ways of eliminating what they do not need and the «harmful» contents. Through psychoanalysis, we could have access to this obscure side of our mind, and discover the «latent content» and, thereby, its body expression could be solved.

In the same century, the philosopher Edmund Husserl came to advocate the central role of conscious content of our mind. We may say he overvalued consciousness as Freud did for the unconscious content of our mind. Like Freud can be considered the father of psychoanalysis, Husserl is the father of «phenomenology», According to him, the meaning of a specific object depends on the meaning it has to the subject with whom it is related to. In other words, the things we have in our mind are in strict relationship with our consciousness. They would not be there if they were not analysed by the consciousness of a specific subject. So, mental processes have intentionality. What still needs further understanding is how we can find the characteristics of phenomenology, more precisely, intentionality in the matter. The central point of this analysis of the concept of intentionality is the aim of understanding the meaning that things have to the self.
Actually, meaning is a basic concept for life. The different meaning that things have to people may explain, for example, why different social events may have a bad impact to one but not to other person (having, perhaps, an etiopathogenic correlation with psychosomatic diseases).

Furthermore, regarding the concept of «meaning», the philosopher Mark Johnson, wrote in his book «Meaning of the Body», in 2007, that «meaning is not just what is consciously entertained in acts of feeling and thought; instead, meaning reaches deep down into our corporal encounter with our environment».12 This brings us to the concept of «embodied meaning», a topic of full relevance to understand human mind and psychopathology. Actually, «intentionality» and «embodied» meaning are deeply relevant when we discuss «meaning». In everyday language, «intentionality» refers to the mental activity that precedes and prefigures the activity. The real movement, once carried out, may or may not correspond to the intended results. If there is a correspondence, we may then say that the activity is «meaningful».13

Francisco Varela, philosopher and neuroscientist, had also proposed a scientific research program, which he called «neurophenomenology». The aim was to study the relationships between our subjective experience and our objective bio-physical embodiment. According to him, the issue of the mind only could be seen in strict relationship with the «self». He states that there is a «capacity of living systems to maintain their identity in spite of the fluctuations which affect them». Francisco Varela pointed out that «the mind cannot be separated from the entire organism». He explains that we tend to think that the mind is separately from the body, located in the brain, but the fact is that the brain is intimately connected to all the systems: the skeletal system, the immune system, the endocrine system. Furthermore, he pointed out the skin as the limit of the living systems, having, therefore, a central role. The body is a dynamic connection of several elements that live in a stable inner environment. The outer environment is not so stable. The skin is between these two worlds, capturing variations of the outer environment and exploring them in order to protect the stability of the organism. This «take advantage of» the outer environment through our corporal limit, the skin, is what intentionality, a core concept to understand psychopathology, represents.14 At a biochemical level, O’Sullivan et al. described the neuro-immuno-cutaneous-endocrine model to explain the mind-skin connection. This means that there is a biological link between skin, central nervous system, endocrine system and immunity. At a clinical level, this model explains how many dermatoses are triggered or exacerbated by stress factors, including psychological stress.15

There is a link between the mind and the body, being the relationship between the mind and the skin (psychodermatology) a paradigmatic example. Indeed, the skin is the interface between the inner and the outer and, so, it is the place of expression of the state of inner and external environments. The impact of stress factors on the skin is interesting: from physical agents to psychosocial stress factors, all are linked with the natural history of several dermatoses. With regard to psychosocial stress factors, they can trigger and worsen several skin diseases and it is important to explore what makes something to be a psychological stress factor. For some skin lesions, a symbolic meaning may be present. Therefore, the «intention» and the «meaning» connected with the life history, the social environment and the behaviours of patients should be analysed.13

A deep analysis of the patient’s psychosocial history should be performed in clinical practice, as it can be seen in the clinical examples given by Herman Musaph, the father of psychodermatology, in his book about psychodynamics in dermatology. For instance, the skin of a patient with idiopathic chronic urticaria seems to have a similar physiological reaction as it had been slapped. It seems that psychological stress factors may have the same impact on the body (on the skin) as do the physical stress factors; in other words, the impact of a psychological stress factor on skin seems to be similar to the physical act of slapping. Besides, it shows the interconnection between mind (psychosocial factors) and body (through the expression of a skin disease).16

From the foregoing we may defend that the knowledge on philosophy is relevant because it brings us to a reflection on the main ideas throughout the time and, thereby, to the aim of reach a deeper understanding on the matter to which we are looking into.16 In this context, because philosophy of mind intends to clarify what is our mind and why mind and body are connected, it helps to understand the connection between psychopathology and some dermatoses and, finally, the benefits of psychological interventions, as described by Herman Musaph.17 On the other hand, philosophy of mind amplifies our vision of the role of our corporal limits. There is no autopoietic system without a clearly defined limit. It makes us thinking better about the relevance of our skin to our identity and its relationship with the world (both the inner and the outer). As psychodermatology is the study of the interface between psychiatry and dermatology, philosophy of mind is also important to clarify psychodermatologic pathologies.
These pathologies should be analysed through a real biopsychosocial model.

However, reflection provided by Philosophy of Mind should continue. Further analysis is required on several fields, such as, neurosciences, physics and phenomenology to maintain the research on the question of the mind-skin connection, the core question in Psychodermatology. Psychodermatology is a relatively new subspecialty of Dermatology and most of its pathologies are not fully understood. The purpose would be to explain the mind-skin relationship, to clearly define the underlying mechanisms behind psychodermatologic diseases, improving the treatment, for the benefit of the patients.18

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