



Biosemiotic Medicine: Healing in the World of Meaning

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Book Review

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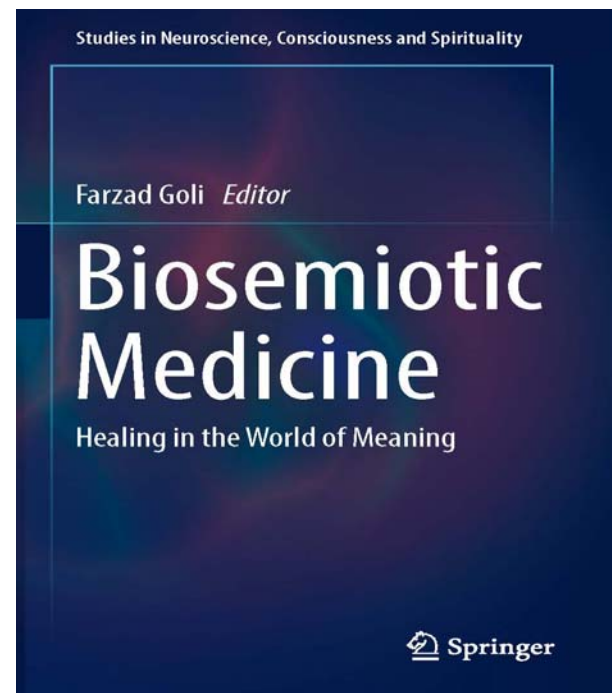
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From the back cover

This book presents an interpretation of pharmaceutical, surgical, and psychotherapeutic interventions based on a univalent metalanguage: biosemiotics. It proposes that a metalanguage for the physical, mental, social, and cultural aspects of health and medicine could bring all parts and aspects of human life together, and thus, shape a picture of the human being as a whole, made up of the heterogeneous images of the vast variety of sciences and technologies in medicine discourse. The book adopts a biosemiotics clinical model of thinking, because, similar to the ancient principle of alchemy, *tam ethice quam physice*, everything in this model is as much physical as it is mental. Signs, in the forms of vibrations, molecules, cells, words, images, reflections, and rites, conform to cultural, mental, physical, and social phenomena. The book decodes healing, dealing with health, illness, and therapy by emphasizing the first-person experience as well as objective events.

It allows readers to follow the energy information flows through and between embodied minds and to see how they form physiological functions such as our emotions and narratives.



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Life is nothing but information in practice

The more informed, the more alive one is (Rumi): Numerous studies in the recent decades have revealed that we are experiencing a shift from the biological paradigm to systemic paradigm in medicine. However, this is not an omnipresent transformation; it is rather the average of diverse and, at times, opposite processes. On the one hand, the accomplishments of genetic engineering in cloning, stem cells, or screening, and genetic manipulations confirm the mechanical model of biomedicine that has provided the grounds for the selection and promotion of genetic programs or even mass production and change of the organs. On the other hand, multiple studies in other fields of science such as psychoneuroimmunology and epigenetics have deeply challenged the approach of biomedicine. It seems that reductionism still proves itself to be pragmatic for non-chronic conditions.

In emergency and acute conditions, the agency of the patient and coping strategies are less important and mechanical approaches are more efficient to a great extent. However, in chronic conditions and planning of macro health programs, the inefficiencies and insufficiencies of the mechanical approach reveal themselves more dramatically and the need for a systemic model becomes obvious. In order to establish such a systematic model, we need to develop interdisciplinary knowledge and the necessary methods.

Systematic clinical studies and the developing fields of medical anthropology, health psychology, and psychosomatic medicine make evident the interference of symbolic and physical worlds more and more. They uncover how our health and illnesses are formed in a multifaceted heterogeneous matrix of biological, emotional, social, cultural, and spiritual factors.

Tolerating this multilingual and interdisciplinary medium, after several centuries of attempts at establishing a single

pure chemophysical language, is tremendously difficult for medical discourse. It seems that for explanation, clinical reasoning, and management in the systemic approach, we should prepare ourselves for a more complicated chaotic system with increasing uncertainty. This way we might be able to substitute human and societies' health with the diseases and their potential causes as the subject of medicine and move towards the development of sustainable happiness. It seems that we need transdisciplinary groundwork to integrate such a vast anisotropic field of knowledge and practice.

Contemporary theorist scholars no longer believe in a single metanarration that explains all levels of organization and all life worlds. Moreover, they no longer believe people, similar to early Wittgenstein, should be silent about things that cannot be described with experimental and observable language. These scholars concur more with the late Wittgenstein's acceptance of the interaction and coexistence of language games. From this vantage point, love is neither reduced to biochemical fluctuations, nor to a conditioned social pattern that people imitate in certain situations; not even a psychodynamic regression, and not necessarily a pure experience of selflessness and devotion. To understand these phenomena, we must first go beyond the objective and categorical level and explore the phenomenon itself; who actually experiences love. We should also be open to all subjective and objective dimensions to be able to reframe these experiences in the bio-psycho-social framework. We should be aware that we are now part of that context and its result is an interpersonal interpretation that might lead us to the prescription of a remedial package including medicine therapy, psychotherapy, meditation, family therapy, and even environmental and social modifications. In order to integrate such a health service system that entails all of the intra/inter/transpersonal fields, we need

something beyond a multidisciplinary approach that can trace the flow of signs in the body, mind, society, and culture and is also able to devise management plans.

Some psychosomatic medical theorists such as Thure von Üexkull have considered biosemiotics as an approach that can explain the mental and the physical in a single ground called semiosis, away from being limited in the Cartesian dualism boundaries. To speak of the mind from this perspective is in fact to talk of a self-organizing order, from a phenomenal world that perceives the world in a particular way and acts the same way; a differential system that differentiates stimulations in a systemic way. In other words, a mind is a specific way of being in the world. Now, if we return to the definition of life, we recognize that it has a similar domain with the mind as per the above definitions, and that all of the descriptions also apply to the living body. In the systemic approach, mind is not only embodied in the form of the elemental body, but it is also embodied in the discourses and institutions.

The four different physical, emotional, cognitive, and social phenomena are indeed emergent recreations of mind in different levels of organization that has its own specific language and rules at each level. In Luhmann's opinion, each of these levels has its functional closure. At the same time, levels are structurally open to each other; this is why the sign systems interact with each other, and the semiosis freely moves through and between the systems.

The inclusive phenomena of meaning response, that is traditionally called the placebo effect, is a distinguished example of relations between the levels of organization and one of the biomedicine anomalies that made us think about the function of interpretation from symbolic components to physical components. To think about a language that can transform an idea or image into a chain of physiological changes. This phenomenon accompanies all remedial interventions like a shadow and is

responsible for a large part of effectiveness of all psychological, chemical, and physical interventions. It is not a fixed coefficient and not a non-specific effect, but rather a specific biosemiotic formula that acts in a special way and to a special amount in any psychosocial context.

Biosemiotic interpretation of the placebo response is our point of departure in this book. We have attempted to show how the process of meaning making and interpreting can play a role not only in symptom formation and psychoneuroimmunologic responses, but also in health/illness behavior, epigenetic patterns, and of course, in psychosomatic treatments. In addition, through biosemiotic lenses, we observe that direct mechanical or chemical agents do not result in healing symptoms, but in reality, it is the organism's interpretation of the chemical and physical signs that can lead to healing.

In the first chapter of this book, my colleagues, Dr. Rafieian and Dr. Atarodi, and I have initially aimed at addressing the complexities of the phenomena of placebo and stated that the explanation and conscious application of these phenomena with a pure biological behavioral approach would be an arduous task which would ultimately be inefficient. For this reason, we have addressed the methodological (noise vs. signal), the pragmatic (meaning-specific vs. non-specific), and the ethical (beneficence vs. autonomy) dilemmas. Later in the chapter, we explore some solutions in the systemic model for the dilemmas to convene these so-called heterogeneous dimensions. Finally, we proceed with the semiotic approach to understand how it can explain and solve the psychosomatic phenomena.

In the second chapter of this book, Professor Brier, a science philosopher and a theorist of cybersemiotics, elaborates this transdisciplinary pattern rather extensively and explicates how this pattern can provide a common groundwork for social sciences, psychology, biology, chemistry, and physics; a context that seems to be essential for an

interdisciplinary field like medicine.

With the combination of the two metalanguages –the cybernetic-informational approach focusing on the bottom-up organization, and the semiotic-hermeneutic approach explicating the top-down organization– Professor Brier has created this inspiring model that can illuminate psychosomatic phenomena such as placebo responses convincingly.

In the third chapter of this book, psychoanalyst and psychosomatic specialist, Professor Scheidt has focused on how biology and biography intersect. Furthermore, he has clarified how hermeneutic procedures can lead symptom formation, therapeutic relationship, and even bodily responses. He has gone further in illustrating the non-substance-bound healing effects in the narrative medicine framework in a quite elucidating and inspiring way. In this chapter, Professor Scheidt has demonstrated how we narrate the self and the world with our body and language, and how we construct our world in this way. When we experience a powerful, unpleasant event, and our previous narration loses its cohesion and consistency, we should reconstruct it more consistently with the other components. Each therapy, regardless of its verum effects, could be considered as a promising change in patients' narrations.

The truth is that we do not solely enter the patient's body with chemical and physical interventions. We intervene directly with inductions and interventions, and also indirectly, by entering the patient's narration and web of beliefs. It is evident that when therapeutic narrations are more compatible with patients' narrations, there is a more profound impact, and therefore, a greater motivation for the patient to change his/her narration. Entering the web of beliefs of an individual and a society, in order to create a more congenial, salutogenic, and positive narration, is undoubtedly a delicate, complicated, and time-consuming task.

Dr. Johari Fard, clinical psychologist, and I

have attempted to present an outlook of intertwined webs of beliefs in the fourth chapter. We have displayed how the webs of belief of a person, a culture, and also a healing system interact with each other and their interventions could resonate or destroy a placebo effect. Globalized statistics alone will not suffice for optimizing the meaning effect; we must also consider the compliance, the individual's anticipations, and the culture or the sub-culture of the individual. This might be the solution for the resistances and chaotic phenomena in response to various treatments. Through the use of this model, more suitable, more effective, and more democratic clinical settings may be within reach.

Dr. Farzanegan, psychosomatic medicine practitioner, and I decided to devote the fifth chapter of this book to the ritual effect and the structuralistic-anthropologic analysis of the treatment patterns and methods. We have presented how the form of each medical model and clinical setting, along with direct inductions (doctrines, prognoses, and instructions) and indirect inductions (treatment metaphors, traditions, rituals, and psalms), can systemically moderate individuals' beliefs, behaviors, and psychoneuroimmune responses.

An important point that is frequently ignored in health training and medical advertisements, due to different reasons, is that information, similar to drugs, should be formulized and prescribed at certain measured doses; otherwise, it could lead to side effects or even worse, without any positive effect, produce a nocebo effect. Increasing the risk of avoiding danger can cause increased health anxiety and, paradoxically, lead to the reduction of immune system functionality and the rise in susceptibility to illnesses which ultimately causes symptoms and even illnesses.

The discussion about the performance and metaphoric aspect of healing is continued in chapter six. Dr. Rafieian and Professor Davis, social theorist, address the role of performance and interpersonal interaction between health-

care professionals and patients using examples of hypnosis and placebo research. They illustrate the health-care system from a sociocognitive view and show the importance of performance in medical practice.

The sociocognitive theorists of hypnosis believe that trance is not necessary for the experience of hypnotic phenomena. In their view, suggestions, belief, and expectancy are the key components for the development of hypnotic experiences. Consequently, they have described hypnosis as "believed-in imaginings" and defined it as a kind of role-taking. Placebos have also been used for a long time in medicine and are still used widely in medical practice. As the placebo itself is inert, it has been proposed that the mind-body mechanisms surrounding the prescription of placebo are instrumental in healing formation. As with hypnosis, suggestion, expectancy, and belief are also the main components here. These findings cement the importance of performance practices and the verbal and non-verbal communication between the health-care professional and the care seeker in the clinical setting.

In the seventh chapter, Dr. Monajemi, practitioner and cognitive psychologist, Dr. Malekian, psychiatrist with a fellowship in psychosomatics, Dr. Ahmad Zadeh, psychiatrist, and I have addressed different dimensions of medicalization and their context, personal impacts, and social effects. We have illuminated the iatrogenic disorders of informational interventions. At the end of this chapter, we have tried to present practical solutions for optimizing the effects of informational drugs and minimizing their side effects.

In the eighth chapter, Professor Schmidt, clinical psychologist, and Professor Wallach, clinical psychologist and science philosopher, who have conducted several valuable studies in the placebo responses and parapsychology fields, address this topic from the mind-matter interactions perspective. Structural analysis of the previous chapter can be followed here to explore how a treatment

process can systemically correlate a group of symbols with specific psychosomatic changes. Casual and mechanical patterns cannot explain such phenomena; hence, a correlational-semiotic pattern seems essential.

The concept of pseudomachine that authors have borrowed from von Lucadou is fully innovative and illuminative in the structural and semiotic explanation of the placebo response. From this point of view, any treatment process can be considered a pseudomachine that can condition the expectation of psychophysical changes to behaviors (referring to the healer, drug consumption, therapeutic procedures, and regimes), objects (doctor, drug, and devices), locations (clinic, operation room, and ashram), and of course, specific beliefs. Numerous studies have revealed that even in effective treatments, active agents commonly constitute a smaller portion of the treatment effects, and the larger part of the treatment is due to semiotic factors.

In the final chapter, I have aimed at presenting a bigger picture of life and medicine from the biosemiotic perspective; a picture that can demonstrate a more profound and efficient meaning for life, health, illness, and medical practice. The human organism is a self-organizing and self-narrating stream of signs that lives in/with an infinite ocean of semiospheres. Throughout the history of evolution, unlimited semiosis has inclined towards progressive coherence of signs and has gradually created more complicated and emergent characteristics. The omnipresent process, called Agapism by Peirce, entails the universal love that is present beyond Darwinian wars between organic systems and expands the meaning of the signs by creating more complex systems and higher levels of organizations. The evolutionary love is the tendency of life to form new and more complex forms and habits.

Medicine in such a world, where even the hard realities are nothing except natural habits, should be a more fluid, more creative,

and more humane art. Semiotics not only interprets the psychological effects, but also the effects of the chemical and physical factors which depend on its interpretations. Ethics, psychology, and sociology in this view are as bodily and medical as drugs and surgeries, and all of them are semiotic agents. The healing responses are formed via interpretation of these meaningful agents by the whole organism. The formula of a patient-doctor relationship or a public health training program needs a great deal of precise semiotic accuracy, like the synthesis of a drug. The difference is that the relationship formula is formed not only on the basis of predetermined instructions, but is also constructed in live

processes of relationship.

Thus, attuning to the developing cohesion of the signs towards the sustainable development of health –in addition to meticulous psychological, sociological, anthropological, and semiotic studies– requires consideration of the qualitative, improvisational, and chaotic dimensions of therapeutic relations. As such, we need something more than medical science and technology; we need a hermeneutic participatory art of healing. "Doctor is medicine", as Michael Balint stated, and this medicine can heal well when the healing system, healer, and client are attached to the evolutionary love.