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The physiological disposition of the processes of cognition and activities in the research on functional regulation: searching for solutions and philosophical reflection

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Abstract

This article considers the psychotherapeutic effect as a part of the general problem of the effect of mental on the bodily—psychosomatic. The philosophical basis of modern psychosomatics is considered in the contours of structures acting as a transfer mechanism of secondary reduction to somatics. An assessment of the effectiveness of therapeutic effects is given both in the field of official medicine and in the field of the ritual method. The vector of psychogenic mechanisms of therapy is the "doctor—disease—patient" vector, and the object-subject chain of medical and physiological truth proposes the following scheme: "disease—patient—doctor—school of medicine." Within the framework of psychoanalytic and existential medicine, special attention is paid to the study of the influence of the worldview on physiological lifestyles. It has been shown that the therapeutic effectiveness of the method with actualization of efficacy arises ambivalently to its primary objective effect. The directions of Western medicine see a mechanism of the development of the disease in the disposition of personality and personal worldview, with the ensuing medical recommendations. The philosophical aspect of the work presents the worldview as a socially embedded form of representation of the world in a person, determining their behavior and physiological state. The functional role of the worldview as a reference structure of the response algorithm is determined and a general model of the system of psychosomatic activity of the personality worldview is put forward.

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Keywords

Medicine, therapeutic impact, physiological mechanisms, psychogenic mechanisms, worldview, ritual method, algorithm, psychosomatic activity, personal values, psychophysiological problem.

Introduction

With all the prevailing variety of forms of medicine, each of which, with the subjectivity of its own theoretical provisions and methods of treatment, is practically effective, the question arises about the essence of the commonality of the mechanisms of their therapeutic effect.

The research of the mechanisms of therapeutic effect, their characteristics and specifics, depending on the belonging to the medical school or tradition, is devoted to the work of doctors, neuroscientists, philosophers [Luczak, McNaughton, Harris, 2015; Pesotskaya, Aksenova, 2017; Reimann et al., 2017, www]. Many of them point to the psychotherapeutic effect as one of the most significant manifestations of the commonality of mechanisms of influence in various schools. At the same time, the psychotherapeutic effect is a part of a more general psychosomatic problem—the problem of the impact of mental on the bodily. This was the subject of interest in this work. The problem was discussed in European countries as psychophysiological. In the twentieth century, it found its expression in the context of criticism of the Western directions of psychosomatic medicine.

Research results

A review of Western ideas in the field of the psychosomatic problem [Schreiber, 1953, 91] reflects the formation of three directions. This is: 1) a psychophysical parallelism recognizing the autonomy of the mental and somatic principle; 2) psychophysical exchange emanating from the dualism of the "soul" and body; 3) identity theory based on the monotony of "soul" and body.

In a wide philosophical consideration of the issue, two trends should be distinguished within the framework of these ideas: materialistic monism, which considers the mental product of matter, and idealistic monism, which considers the material as a product of the spiritual.

The theory of idealistic monism is the philosophical basis of modern psychosomatics. The nervous system is seen here as a "bridge from the mental to the bodily." Schreiber, in explaining the process of interaction between the mental and somatic, states: "We distinguish in the human body a certain hierarchy: an intangible soul activates vital forces that are perceived and transmitted to organs and tissues [Ibidem, 27]. The search of structures acting as a transfer mechanism for secondary reduction to soma is still underway today, in particular, also referred to as the experience of psychosomatic symptoms" [Mindell, 2021, 99]. A priori in neurophysiology, this structure is called a "command neuron."

The ability of diseases to a certain degree of regression in almost any method of treatment is periodically recognized by representatives of official medicine [Alexander, Selesnick, 1995, 396], in cases of criticism of "other people's" methods of treatment. This circumstance creates a specific picture: on the one hand, most diseases are treatable by any methods, although they are not cured by any (the doctor treats—nature heals (attributed to Hippocrates)), on the other hand, these any methods are effective in the hands of only a limited number of people. The methods of Russian medicine (for example, conspiracy) are technically simple, but may not be reproduced by everyone. In different doctors, the degree of manifestation of the therapeutic effect of the same method differs no less than the degree of manifestation of the effect of different methods of treatment. At the same time, everyone adheres to the doctrine of their own school and in most cases has a negative attitude towards other medical areas.

There is an idea of the treatment of the disease by various actions - applying heat or cold (which is real and practiced by representatives of various areas of medicine), religious attributes and others. However, all this begins to act in the field of the ritual method not in itself, but only after the doctor explains first to himself, and then to the patient the causes of the therapeutic effect. That is, a minimum possible team will be formed, united by a mythologized worldview, and the corresponding "ritual" [Pesotskaya et al., 2018].

The provision that many widely used categories of medicine are an inadequate consequence of the religious-mystical process of reflection was introduced in the twentieth century by the Russian theorist of medicine I.V. Davydovsky [Davydovskii, 1969, 20]. Medicine also seeks to exploit the therapeutic potential of ritual methods and even perceive methods of its updating, which is characteristic to many areas of medicine.

Thus, if there are psychogenic mechanisms of therapy, then the main vector of their orientation is not the patient—doctor vector, but the doctor—disease—patient vector. Insufficient attention to this circumstance, in our opinion, leads to the fact that the recommendation "to treat not the disease, but the patient" has not been properly perceived by practical doctors for two thousand years and therefore remains "forever actual."

The subject of searchable in therapy is deployed in the main object-subject relations "patient—

doctor," "disease—patient" and "disease—patient—doctor." The object-subject chain of the deployment of medical and physiological truth has a scheme: "disease—patient—doctor—school of medicine."

At the same time, confidence in the therapeutic effectiveness of the method, with the subsequent updating of this effectiveness, may arise ambivalently to its primary objective effect. This is clearly evidenced by the placebo method. Thus, the general "equation" of treatment will take the form: "doctor—medical worldview—doctrine of disease—doctrine-method—specific method—disease—ordinary worldview—doctrine of disease—sick."

The greatest attention is paid to the influence of the worldview on the physiological manifestations of vital activity within the framework of psychoanalytic and existential medicine. The term "worldview" does not use these directions, preferring the term "culture." Without going into psychoanalysis, we would like to note that the culture in its part that is "inside" of the individual is much more what is incorporated into the subconscious and acts automatically. For example, when a person performs a routine hand washing procedure (or listens to singing in a style characteristic of a particular cultural environment), in the most cases they do not realize it as a process of removing pathogens (or recombining sounds in a form consistent with this tradition of musical logic). They implement it as a manifestation of habit. At the moment of understanding of the question of the purpose of this action, the cultural manifestation of behavior is worldview determined by a meaningful answer: "Yes, I wash my hands to remove the microorganisms and harmful substances on them." In any case, what Z. Freud denoted as *Superego* also includes a vivid worldview component.

Z. Freud recognized that a person cannot be understood in isolation from the social framework in which they matured. He defined *Superego* as an imprint of prevailing social values that are passed on to the child through parental influence [Alekseev, 2005, vol. 3, 512; Freud, 1989, 438]. The disease seems to be the result of an unsuccessful attempt to avoid a conflict between the social essence of the individual and his internal aspirations [Allexander, Selesnick, 1995, 288]. The social determinant involved in this process is defined as the category of admissibility, that is, the product of the worldview. This means that the disease is an unsuccessful attempt to match its ideal. We believe that this provision is the cornerstone of most varieties of European philosophical medicine of the twentieth century.

Existential medicine sees the mechanism of the development of the disease in the insufficiency of the worldview standard and the inability to individual choice in an environment that has lost the sociogenic worldview standard. That is, in our opinion, this is the product of the inconsistency of the creative potencies of the person, which has outgrown their society, and manifests themselves: firstly, in the person's vision of the plurality of elections, and secondly, the inability to limit themselves to one of them. One way or another, such influential directions of Western philosophical medicine as psychoanalysis, existential medicine, logotherapy see the mechanism of disease development in the disposition of personality and personal worldview, that is, personality real and ideal. The process of treatment is carried out either by correcting ideals, or by correcting the forms and ways of matching the personality to their ideal.

Freud's interpretation shows that the physiological influence of the worldview is due to the fact that the "totalitarian ideology" replaces the image of the father on the apparatuses of forming the psyche of the child, becoming a "superfather." This happens as a result of the fact that a real father in modern conditions already in the early stages of the child's development demonstrates his failure as a defender against social problems.

The Western idea that body and soul are different parts of a man is methodologically outdated. Mythology, religion and philosophy at all times were concerned with elucidating the nature of their

relationship. Plato claimed that the soul dominates the body, which is only the executor of his desires and ideas. Hippocrates, on the contrary, considered mental processes no more than the secondary phenomena (epiphenomenas).

Today, when the old philosophical dichotomy "body-soul," fixed by R. Descartes, goes into the field of history and gains archival interest, we observe the correctness of the doctor Hippocrates in the field of macrophilosophical questions and ideas and the correctness of the philosopher Plato—in the field of specific medical constructions. That is, the epiphenomenal "soul" really "rules," largely determining the states of the body.

Note that the "soul rules" the body by producing ideas directed and applied not so much to the "future" as to the "past," since the formation of the worldview, its vital-practical and physiological aspects, occurs by understanding and interpreting the past, and not by designing the future. One of the most important mediators in the implementation of the pathogenetic and sanogenetic effects of the worldview is emotions. The importance of emotions in the development of the disease is illustrated by the following example: in patients with manic-depressive psychosis, myocardial infarction never develops in the manic phase, but is observed in the depressive phase of the development of the disease.

Less recognized is the fact that most of the emotions arise as an individually variable standard-reaction to deviations of the course of life from the trajectory recommended by the paradigm of a vital-practical worldview, although this fact follows from the cornerstone position of the domestic school of psychology on the socio-cultural determinism of the content of mental processes [Serzhantov, Korol'kov, Edinskaya, 1986].

Only a small part of emotions in this regard is primary, that is, a non-deterministic worldview based on biological grounds. Absolutely most of the emotions are a secondary-deterministic worldview almost to a greater extent than those circumstances of the outside world that directly cause them. The difference of emotional and physiological response (including response by disease) to the same circumstances in the field of hygiene, nutrition, sexual activity, treatment of individuals of various cultural-typical affiliation is described and especially clearly demonstrated by comparing the response forms of representatives of Euro-Christian and Zen-Buddhist cultural-typical affiliation [Clavell, 1994].

The worldview as a socially introduced form of representation of the world in a person largely determines not only their behavior, but also their physiological state. The worldview is a value directed both outside and deep into the body, a value in this capacity of a much more absolute, albeit completely different kind. In our opinion, physiological values are inextricably intertwined with moral values, constituting a significant share of their overall significance.

Research in the field of brain physiology can be interpreted in terms of the high role of various generalizations in the genesis of the regulatory process. A number of studies [Holmes, 2020; Kominsky, Keil, 2014; Moreau, Dumas, 2021] it has been demonstrated that specific brain products are formed as a result of repeated running of information coming from both outside and from memory devices through the brain structures of the right and left hemispheres, and information from memory devices (containing a complex of individual and social experience) passes a greater number of "circulations" and, therefore, plays no less role than "objective" information received at a given moment in time. Such a mechanism allows you to display reality in the form of its projection onto the mental world and synthesize external and internal data with the dominance of the latter.

There is another group of ideas, probably originating from the same Platonic position that ideas "rule" the world. In his historical comments, R. Cavendish argues that different and disconnected processes in physical and other respects can interact through a hidden relationship and sympathy thanks arising from the similarity of one or another of their external manifestations [Cavendish, 1994, 4]. As

a result, the share of their similarity in their mutual dynamics is increasing more and more. These ideas underlie sympathetic, or complementary magic, which, in its turn, underlies many methods of mystical-magic therapy, magical aggression. It is in this understanding and the formulation of these ideas is at the base of homeopathy as one of the pillars of modern official medicine. The therapeutic effectiveness of this group of methods (unlike many "solid" philosophical interpretations of the mechanisms of secondary reduction) does not allow us to condescend to their theoretical basis. In this regard, we note that Cartesianism has become a part of the European mentality, and in this regard it no longer acts in us as an expression of common sense. Cartesianism occupied the position of an out-of-thought worldview standard. Therefore, theories that contradict it are difficult to overcome, despite the fact that today's level of research in the field of brain neurophysiology allows us to raise questions about the inapplicability of fundamental laws of nature to such biological objects as the brain and consciousness.

From a logical point of view, the idea that has mastered someone's attention is realized by ideomotor action to the extent that it overcomes inhibition from other ideas (due to the immanent desire for its physical embodiment). The process of vital activity is a consequence of the process of "competition" and "mutual enrichment" of ideas in the field of natural and "artificial" selection of the external and internal environment.

The interpretation of this idea belongs to L.M. Chaylakhyan [Sprenger, Institoris, 1991], who believes that different brain products arise spontaneously and sequentially as a result of information-energy interaction, with every subsequent product (perception, thinking, secondary reduction of consciousness) arising spontaneously and directed by an integrative vector of mutually acting forces minimizing the free energy of the system as a whole.

This opinion echoes with the position of F.G. Allexander on the subordination of thinking to the general principle of economy, according to which the body seeks to maintain equilibrium with minimal energy consumption [Allexander, Selesnick, 1995]. The tendency to generalize, formulating theories as a component of a worldview, is an attempt to solve many problems using one general formula. Probably, the worldview performs the function of the basic structure of the algorithm of automated forms of response, the loss of which not only disorganizes these mechanisms, but also activates the highest intellectual functions of the nervous system in search of new regulation algorithms. This leads to a double violation of operational regulation systems. The process occurs, firstly, due to the loss of "standard programs" of the regulation process, and secondly, due to the diversion of part of the structures of the nervous system to fulfill strategic tasks for the development of new algorithms (i. e. worldview). All this leads to the insufficiency of neurogenic systems of the operational regulation of physiological functions. In our opinion, the mechanism of influence of the worldview on physiological and pathological ways of life is described by the classical theory of functional systems of P.K. Anokhin, according to which the main nodes of any functional act of regulation (behavioral reaction, act of somatic regulation, etc.) proceed in five conceptually separated stages.

- 1) Afferent synthesis, which includes the combined processing of information with inter- and exteroceptors, taking into account the dominant motivation and accompanying emotions on memory devices.
- 2) Aim setting and decision making.
- 3) Formation of an action program (act, operation, action), accompanied by the creation of an acceptor of the results of the upcoming action (i. e. sensory model of the expected outcome of the action).
- 4) Actions.
- 5) Efferent synthesis (comparison of real results with expected results) [Anokhin, 1978].

The coincidence of the principal signs of the expected and real action leads to the slowdown of the

functional system, as having fulfilled its function. The mismatch of the achieved and planned results leads to the generation of an excitation focus in the nervous system, due to which a new, more powerful functional system (a set of neurons of the brain and peripheral organs and tissues) is formed, aimed at achieving the task.

The nature of the action will change significantly depending on what the structure of the underlying acceptor of action is, or, in other words, what models it will be directed by, that is, how it is internally determined [Novembre, Iannetti, 2021; Serzhantov, Korol'kov, Edimskaya, 1986].

In our opinion, the devices for the formation of the acceptor of action are two-circuit. One of the circuits carries out the processes of operational regulation in the momentary realities of the environment, providing urgent biological needs and, therefore, is plastic and mobile. The second circuit plans and compares the results in a long-term "strategic" way. It forms during ontogenesis and is inert. Changing the "conditions of the game," that is, the worldview, and, accordingly, the reactions of society to external influence (the reaction of society depends more on the dominant worldview than on the objective reality of the world) leads to the fact that the tactical and strategic contours of the acceptor of action work in different "programs." This gives results that never coincide with those strategically expected. As a result, chronic overexcitation of the central nervous system and dysregulation of somatic functions that are manifested by the disease are formed.

Thus, the worldview is one of the components of the "software product" operating on memory devices, which takes part in: a) choosing aims and ways to achieve it; b) the functioning of the action acceptor (as its most important part), that is, in the construction of the (sublimable) expected image [Meneghetti, 2020, 184] results of the action.

Conclusion

In our opinion, the influence of the worldview on physiological functions in medicine is realized through the following channels.

- 1) Through the system of motives of the personality of the doctor and the patient: a) vital and axiological functions of an individual are ontogenetically combined and rooted in the "unconscious," because of this, their totality is very stable; b) worldview forms the personal perception of medicine; c) worldview creates operational endopsychological causality (law-making).
- 2) Through the sociocultural background: a) the degree of predictability of the doctor's actions; b) the formation of a mytho-worldview; c) "therapeutic" ritual; d) patient's awareness of positive treatment results; e) the formation of confidence and trust based on the commonality of axiological and worldview systems; f) authoritarian therapeutic effects.
- 3) Through the communicative system being formed: a) worldview forms a communicative field of interaction between a doctor and a patient; b) through an idea of the role structure and positional organization of therapeutic interaction; c) acts as a collective-forming factor; d) acts as a catalytic factor of the phenomenon of corporate consciousness.

Thus, the general model of psychosomatic medicine takes the following form.

I. System-forming properties: 1) mechanisms of secondary reduction of consciousness; 2) corporate consciousness.

II. The system-forming relationship is the physiological disposition of the processes of cognition, knowledge and activity (as a set of processes for regulating physiological functions related to the functional and physiological support of activity).

III. System-forming functions.

1. Social; A) Extra-medical; B) Medical: a) the formation of medical schools as a special kind of social pools; b) formation of systems of diagnostic, deontological and other values, theories and views ensuring the functioning of medicine; c) formation of the corporate consciousness phenomenon.

2. Individual: 1) non-medical; 2) medical:

a) passive (functioning on a "natural" worldview for a given person and society): a.1) health maintenance factor (worldview homeostasis); a.2) formation of a sector of consciousness that perceives medicine;

b) active: b.1) disease-causing factor (worldview trauma); b.2) formation of personal properties of a doctor.

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Физиологическая диспозиция процессов познания и деятельности в исследовании процессов функциональной регуляции: поиск решений и философская рефлексия

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Аннотация

В статье рассматривается психотерапевтический эффект как часть общей проблемы воздействия психического на телесное – психосоматической. Философская основа современной психосоматики рассматривается в контурах структур, выступающих как передаточный механизм вторичной редукции на соматику. Дается оценка действенности лечебных воздействий как в области официальной медицины, так и в поле ритуального метода. Вектором психогенных механизмов терапии является вектор «врач – болезнь – больной», а в качестве объект-субъектной цепи медико-физиологической истины предлагается схема «болезнь – больной – врач – школа медицины». В рамках психоаналитической и экзистенциальной медицины особое внимание уделяется изучению влияния мировоззрения на физиологические отправления жизнедеятельности. Показывается, что терапевтическая действенность метода с актуализацией эффективности возникает амбивалентно его первично-объективному эффекту. Направления западной медицины усматривают механизм развития болезни в диспозиции личности и личностного мировоззрения с вытекающими из этого лечебными рекомендациями. Философский аспект работы представляет мировоззрение как социально внедренную форму представительства мира в человеке, определяющую его поведение и физиологическое состояние. Определяется функциональная роль мировоззрения как опорной структуры алгоритма реагирования, выдвигается общая модель системы психосоматической активности мировоззрения личности.

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Ключевые слова

Медицина, лечебное воздействие, физиологические механизмы, психогенные механизмы, мировоззрение, ритуальный метод, алгоритм, психосоматическая активность, ценности личности, психофизиологическая проблема.

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