

Letter to the Editor

Chronic Daily Headache as a Philosophical Issue

Our traditional evaluative maneuvers probably do not fully capture the complex issue of chronic headache. Headache physicians have all likely experienced the patient who, after years of pain, eventually responds to therapeutic maneuvers and reports little or no headache but who nonetheless shows no observable change in affect as a result; he is apparently just as unhappy. Is he simply depressed in the wake of his pain or does this reflect his view of life? The idealist philosopher Schopenhauer wrote, "Whatever one may say, the happiest moment of the happy man is the moment of his falling asleep, and the unhappiest moment of the unhappy man that of his waking. . . . Human life must be some kind of mistake."¹ This sentiment has been echoed over the years by chronic headache patients whose only relief they say is sleep and who appear miserable every waking minute. Would it help us better understand these patients to view their headache in the context of their philosophy of life?

Why question the patient's philosophy? "A philosophic system is an integrated view of existence," writes Ayn Rand. "As a human being, you have no choice about the fact that you need a philosophy. Your only choice is whether you define your philosophy by a conscious, rational disciplined process of thought . . . or let your unconscious accumulate a junk heap of unwarranted conclusions, false generalizations, undefined contradictions, undigested wishes, doubts and fears, thrown together by chance, but integrated by your subconscious into a kind of mongrel philosophy and fused into a single, solid weight: *self-doubt*."¹

There is movement in the literature in this direction. A recent study in [headache](#)² showed an independent but incomplete correlation between MMPI-2 scores and long-term prognosis in chronic migraine, controlling for psychiatric diagnoses. Another study³ attempting to connect personality type to one's philosophical tendency failed to show a correlation but hypothesized that it was the presence of ethical considerations contained within philosophi-

cal tendencies and not present in the criteria for personality types that explained the difference. Thus, a connection between philosophy and headache may be developing albeit across disciplines.

How might philosophy play a role in headache? The 2 dominant popular philosophical viewpoints in this country at present, it could be argued, are mysticism and subjectivism; in the first all meaning and structure emanate from a creator and in the second from man's consciousness. The mystical tradition underlies such contradictory notions as the Christian ideal to love one's neighbor as oneself and, at the same time, the Islamic fundamentalist's campaign of terror against those considered infidels. The subjectivist tradition holds that group consensus and decision underlie reality, that there is no objective right or wrong, that the world is what we decide that it is. This process of the operational definition of ethics and of herd mentality can, for example, be seen as the basis of the rampant political correctness present in society today.

Consider instead another philosophical viewpoint, that of objectivism. What if the world is what it is ("existence exists") and we, who are alive in it, come to know it through our senses, and integrate that information into concepts which progressively build toward more and more complex knowledge of how we and the world work, ie, our epistemology and metaphysics respectively? And what if health is viewed as the practical result of man's optimal functioning in that world, the success of which is expressed as happiness? This is the objectivist viewpoint espoused by Ayn Rand and her followers. Happiness, according to the objectivists, is the only moral purpose of life¹ and chronic pain would then be inconsistent with that morality.

Such a noncontradictory exuberant existence could at least be viewed as poor soil in which to sow the seed of chronic headache. On the other hand, the confused, conflicted altruistic existence exemplified by a recent patient, a nurse who reported with pride that everyone in the family from her dying parents to her alcoholic husband to her troubled teenagers looked to her for support, I believe better characterizes the typical chronic headache patient we see. It could thus be argued that these patients are



1 hampered at least as much by their philosophy as their
2 physiology. Attention on the part of clinicians and research-
3 ers to how patients perceive their existence, with perhaps
4 specific attention to the ethical aspects involved, may
5 produce therapeutic gains.

6 If the headache patient's basic assumptions about life
7 are conflicted and bankrupt, even well-conceived and suc-
8 cessful therapy for the pain will not cure the individual, ie,
9 restore happiness. For too long, the shortfall between
10 these 2 states has been viewed as the purview of psychol-
11 ogy. These patients, however, are not exhibiting diseases
12 of the mind or of emotion, or even perhaps personality
13 disorders, but defects in their choice of life views, their
14 philosophies. They live as Rand said in "self-doubt."
15 Going forward, attention to philosophical issues in the
16 therapeutic environment could produce rewards in our

17 understanding, research, and management of these
18 complex patients.

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