



Person-centered Integrative Diagnosis (PID), Subjectivity, and Big Data

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As we all know, Person Centered Integrative Diagnosis (PID) is the diagnostic model developed for use under the framework of Person Centered Medicine (PCM) (Mezzich et al, 2010). That is why it is not a conventional diagnostic approach centered on diseases but a diagnostic process that covers the description of diseases plus other information related to the totality of the person of the patient and to his context in both their objectives and subjective aspects.

The PID was first drafted for psychiatry under the auspices of the World Psychiatric Association (WPA) Institutional Program for Person Centered Psychiatry (PCP) during the WPA presidency of Prof Juan Mezzich (2005-2008). It was then extended to medicine at large through the International College of Person Centered Medicine (ICPCM).

Its diagnostic process is integrative in three regards: 1) In the dimensions and levels it takes into account, 2) In the methods it uses to collect and evaluate these data, and 3) In the sources and scope of these data.

Subjectivity is a crucial domain in each of these three regards and in the definition of PCM. The method to access subjectivity is thus a central issue for PCM (Botbol et al, 2016a) in its aim at knowing and understanding the otherness of the patient as a person. Obviously, for that purpose, to observe is not enough; listening is necessary but not sufficient. Empathy is then a crucial notion to reach this goal, if we consider that empathy is not only an affective sharing but involves as well a narrative process engaging the subjectivity of the professionals in the story they build in themselves to access the subjectivity of the patient (Botbol et al 2016 b). To avoid, as much as possible, the idiosyncratic risks of such a subjective process in professionals, the narratives underlying this story building have to be submitted to the collective deliberation of the team members trained to recognize and use their conflicting subjective feelings and representations in close interaction with the patient and his/her carers. In this perspective, empathy is a complex concept, going beyond the usual definition of sympathy (Berthoz, 2014). As the philosopher Gallagher (2014) states: Empathy is not based only on the "simulation theory" in which the feeling and the behavior of the other is mirrored through the *mirror neuron system* largely studied by neuroscience. It involves as well a narrative dimension: "To understand the other according to his situational context, giving sense to his history, it is essential to have an empathic attitude with regard to him" (Gallagher, 2014). The cognitive dimensions of empathy are then at the center of many neuroscientific controversies discussing the place that have to be given to affective and emotional aspects in the empathic process (Berthoz, 2014).

What is certain is that "all that does not come through the aureole" as Ajuriagerra stressed at the time when he thought psychoanalysis, was too much indulging in this type of speculations. As in the case of Subjectivity, Empathy is the emerging property of a complex system based on objective and subjective interpersonal information, built on conscious and unconscious constructions and representations.

Big data opens innovative perspectives in this regard. In the context of medicine, however, it is generally seen as a very useful and reliable servant of Personalized Genetic Medicine rather than of Whole Person Centered Medicine. As X. Guchet (2016) put it in a recent book, this means that Big Data is indeed dealing more with *the Molecular-Person than with the Subject-Person*. Guchet offers here a new formulation of the

classical medical dichotomy between care and cure or between the person transcending his biological aspects and the individual considered as an entity objectively defined (Kessler, 2016). "There is a fundamental difference between the individual and the person" writes this author, explaining that it is because biology defines the human being as a *given* whereas the concept of person implies the idea of an *auto creation, that is to say of an autonomous subject* (in a Kantian perspective), transcending the given.

Nevertheless, the concept of Molecular Person is much more polysemic than that, when we consider that the *utopia of the totalization of the data concerning an individual* (Guchet, 2016) including subjectivity if enough information is gathered to manifest also this aspect, gives some insight into the empathic processes. Subjective feelings could then be approached through objective expression dissolving the canonic difference between subjectivity and objectivity.

Examples of such dissolution are given by the transgenerational transmission of attachment that has been extensively studied in the last decade to explain the strong convergence of the pattern of attachment between the mother and her infant in spite of the "transgenerational gap" concerning this dimension (Botbol, 2010). Several of these works showed the importance of the mothers' micro behaviors to shape the mother-infant transmission of fine grained non-genetically dependent characteristics, values and representations (Peck, 2003).

If confirmed, this point of view would force us to reconsider as well, the difference between Molecular-Person and Subject-Person giving credibility to the idea that Big Data can become, one day, useful to Whole Person Centered Medicine of Subject-Persons as it is already useful to Personalized Medicine of Molecular-Persons.

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