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#### Феномени удовольствия и страдания в идейной системе антропологии здоровья восточной патристики (Часть I)

С учетом аутентичности подхода к осмыслению (специфики бытийной и сущностно-экзистенциальной сменяемости), проанализированы антропологические идеи мыслителей восточной патристики относительно функциональных проявлений способностей души – удовольствия и страдания. Выяснено, что страдания и удовольствия имеют двойной аспект жизненно-практической, ценностной и смысловой интерпретации: положительный (с позиций духовного здоровья) и отрицательный (болезней). Обоснованы принципы и перспективы достижения здорового функционального проявления изучаемых явлений на основе раскрытия соответствующих точек концептуальной перихорезы христологии и антропологии.

**Ключевые слова:** Иисус Христос, страдание, удовольствие, наслаждение, душа, здоровье, исцеление, совершенство.

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УДК 141:72

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#### METHODOLOGICAL PROBLEMS IN THE PHILOSOPHY OF MEDICINE

This article presents philosophical reflection of poststructuralist discourse in medicine, which is carried out through the study of the ideas of norm and normalization, as well as through analytics of the repressive factors in the institutional medical field. The main methodological trends of this research are two paradigms – Freudian philosophy and post-structuralism. The study results present an actual change of philosophical-religious and moral-legal discourses of domestic medicine by the biomedical perusal, which entails the number of complex problems, including the repressive practices in medicine. These appear in the active process of dehumanization of the medical profession, when valuable relationship between doctor and patient is destroyed. The doctor, whose activities must be based on charity, compassion and understanding of the other, have been placed in the soulless conditions of market relations, where the doctor-scientist completely displaces the doctor-humanist.

**Keywords:** philosophy of medicine, dehumanization of medicine, post-structuralism, standard, normalization, doctor, patient.

(стаття друкується мовою оригіналу)

An old experience that has been tested for over hundred years is a study of philosophy as the basis of a systematic and clinical thinking. Philosophy investigates principles of the world's existence and helps to understand its importance for the individual – it forms the basis of life. Exactly, it is the first and the main cause why philosophy will always be an essential principle of any educational directions of scientific research, including medicine. Philosophy allows physician to understand the peculiarities of cognitive processes, principles of organization and methods, on the basis of which a doctor is able to substantiate and resolve issues of medical theory and practice.

The philosophical culture of a doctor is guarantor from any form of spiritual totalitarianism. It gives the right and the opportunity to grow in profession freely and independently, basing on the laws of thought and humanity. Philosophy reveals the most appropriate way of medical research, it teaches to

examine all processes and phenomena in its development, changes and in connections with specific conditions.

The relevance of this work was caused by the necessity to fill the voids, which were formed in the native theoretical medicine since Soviet system time. Philosophy of medicine questions were rarely raised by Ukrainian theorists. It was believed that medicine should focus on the most practical solution, and the questions of theoretical bases of medical knowledge have been exhausted. At the time when European philosophical society actively explored social phenomena through the prism of medicine as one of the main institutions, our native science was trying to minimize the relationship of philosophy and medicine, by leaving philosophy for physicians only as a general educational acquaintance with the basic milestones of the history of philosophical thought. Now, it is time for a new approach to philosophy in the field of natural sciences, and a closer look at the possible synergies of philosophy and medicine, by dint of European experience which has accumulated the material interesting enough for us.

In a modern scientific discourse the philosophy of medicine can be represented mostly by two powerful paradigms – the Freudian philosophy and the post-structuralism. Especially these paradigms examine the philosophy of medicine and pharmacy as a reflection on the conservation of healthy individuals and society. Such phenomena as aspects of health, life span, moral harmonization of human communities can be measured, predicted and used by a person and society in the context of growing social competition. This is a normative knowledge about man, but of course it is historical.

To present philosophical reflection of poststructuralist discourse in medicine through the idea of standard and normalization, analysis of repressive factor in the institutional medical field is a purpose of this article. By the way, we need philosophical reflection of the social and cultural institutions' repressive factors when people, some part of a society, emerge the necessity for personal freedom.

Before we take up the historical aspects of methodological transformation of the philosophy of medicine, we would like to give a definition of what we mean by the phenomenon of «the philosophy of medicine» at least according to one of the proposed paradigm – post-structuralism. According to the modern philosopher Y. Hrustaliov «philosophy of medicine and pharmacy 1) is self-consciousness of a medical community, which seeks to understand and evaluate the medical knowledge of human health and the ways of its liberation from a disease; 2) is general medical understanding and awareness of clinical thinking» [5]. Y. Hrustaliov assigns that medicine mostly always faces such problems the answers to which can be given only by philosophy of medicine. These questions for example are: essence of life and death, substantiation of a healthy human's vital activity, questions of conscious and unconscious, ethical health problems and even the problem of changing discourses of power (Foucault M.) which occurs in the bosom of the philosophy of medicine.

The philosophy of medicine (pharmacy) is a kind of intellectual discourse program of an ancient occurrence – science which relates to a treatment of humans. In general, medicine is not only science about patient, but also science about healthy person. Its object is to prevent disease, promote health, the elongate active creative longevity.

Medicine and philosophy are designed to enhance people's lives physically and spiritually, to make it morally sensible. Medicine and philosophy have become the means

of manifestation of human wisdom. Not for nothing, people «dedicated to the mysteries of human nature's being» were called wise men. Only they were admitted to medical and surgical influences on a body, which preceded from the complex thought process – recognition of disease – diagnosis – doctor's wisdom area, in other words, his research activities [5].

Therefore, the subject field of the philosophy of medicine is health as the norm of life, as the success rate of life, as the norm «eternal youth». Thus, the topic of health is not only biomedical, but also social and philosophical. The idea of standards and normalization in a historical-cultural aspect is very important, because man judge about his normalcy by comparing himself with his encirclement and by focusing on the socio-cultural context.

For example, M. Foucault examines the idea of standard and normalization in the historical and methodological clue. He analyzes tendency to strengthen social, political and technical normalization which has been started to develop primarily from Enlightenment. In the field of education, for example, this trend has led to the appearance of «normal» schools, in medicine to the origin of hospital organizations; has clearly manifested in the industrial, military field and so on. On the whole, it has become a general predominance of universal over local which is the feature of modern society in contrast to traditional. M. Foucault emphasizes that the norm here is not identical to the natural law, but it plays a role of requirements and even of compulsion to some degree in its sphere.

It is possible to speak about variety of ideas about the norm, their historical conditionality which is defined by the epoch's peculiarities. Michel Foucault emphasizes the moment where the norm is an element, on which basis is justified and legitimized some action. The norm includes both the qualification principle and the principle of correction. The function of standards should not be an exception, rejection. On the contrary, it is associated with a positive interference technique, transformation, with some normative project.

Such ideas can be found in the works of Michel Foucault: «Mental illness and personality» (1954), «History of Madness in the Classical Age» (1961), «Birth of the Clinic: Archaeology of the medical gaze» (1963). Moreover, Michel Foucault tries to comprehend not the medical problem, speciality but social and cultural phenomenon of medicine in context of transformation of standard and normalization. The fact is that in medicine such qualitative state of organism's life to which the quantitative functional and morphological changes do not substantially affect within certain limits is typically reflected [1]. For Foucault the norm as the demarcation edge, within which a person can exist, society or even life can be «knowledge as power» and «disease-death» [3].

In the introduction to Foucault's book «Birth of the Clinic: Archaeology of the medical gaze» (1963) we can find such idea: «interest in medicine can be explained by the fact that topic of illness and death were according to Foucault, rather firmly associated with the central theme of his work – «knowledge – power». Exactly, illness and death as areas of the absolute power (in various ways) became a pet subject buy which model he demonstrated complex structure of simple (at first glance) things that the discourse about death and disease – in fact, is the discourse of ontological foundations the subject of life» [3].

Foucault's poststructuralist methodology made it possible to reveal the dependence of doctor's forms of activity and

the dependence of its specific knowledge from what he calls «knowledge codes».

The author brilliantly presented clinic's history that explores soul as a state corresponding to the patient body. Foucault analyzes historical paradigms (codes) based on the various descriptions of disease made by physicians at the same time. And as a rule, doctors may be unaware of their existence and power; these paradigms determine semantic vectors for the medical community. Effect of consolidation or, on the contrary, the changes of the general forms of knowledge paradigm is huge.

Foucault said that the subject of his research regarding medicine connected with explaining the problem: how cognition of a patient can be structured during time. According to him, this allows to show that «clinical experience can be possible in cognitive forms», and it leads to reorganization of the entire hospital business, to new understanding of the patient's position in society. These «deep structures», where space, language and death are woven together are usually summarized in the form of anatomical-clinical methods that form the historical condition of the development of medicine as an area of «positive» action and knowledge [3, p. 204].

Therefore, the philosophy of medicine raises questions about the current state of social culture of the society. Own social culture corresponded to each historical epoch –mainly it is an institutional «culture of coercion». The world under the influence of rationality, engineering and technology is changing permanently and all these values can organize repressive social practices under certain conditions.

Anthropological type of «consumer» and «pragmatic» and the corresponding ideological principle – hedonistic individualism that as «acid corrodes» the modern society reigns in the context of widespread economic paranoia. No doubt that all this has an influence on medicine which has usually been criticized by the majority. Why is modern society so critical and penetrates (or not penetrates) so deeply into the problems of medicine? One reason for criticism of medicine in society – is the phenomenon of «dehumanization of medicine».

Dehumanization of the institutional sphere of medicine destroys valuable relationship between doctor and patient. At the core of a doctor's activities should lay compassion, understanding and acceptance of others. But a doctor is placed today in unrealistic conditions «surviving – money-making», which makes him a «body without organs» (G. Deleuze, F. Guattari) so the doctor as a «scientist» is starting to force out the doctor as a «humanist». But this is only one aspect of the repressive practices in medicine.

The destructive potential of the contemporary industrial civilization finds its concentrate aspect in some certain repressive figures. First of all, it's all because the figure serves as the instrument for organizing community (nationalistic, political, religious, scientific, professional etc). For example, in a philosophical and political discourse such figures are considered to be Toiler, Fuhrer and even Hitman.

Secondly, it is obvious, that in the concept of a figure that includes geometry, the location of the bodies in the social space, situations, positions of the perception, held by people, the most important terms of technological chain of such a complex and often unconscious even by specialists phenomenon, what is violence can be represented most adequately.

The fact is that the violence in medicine has traditionally been associated with psychiatric hospitals, which consisted of

«sick dissent». It is not an accident that for the use of psychiatry for political purposes the Soviet Association of psychologists and psychiatrists was ruled out of the World Organization in the early 1980s. However, if revealed our eyes wider, shifting boundaries of perception, we can bring to notice the fact that the repressive nature of medicine is contained in its structural and functional grounds. One example might taken is the work of Jürgen Habermas [4], where he considers the art of dehumanization of medicine through intervention in the human nature. Philosopher notes that in this regard it may be distinguished between two types of intervention in human nature, which he calls the logic of *mechanization* and *healing* logic. The logic of *mechanization* defines manipulation of human material from the standpoints of an active participant. As an example, he cites a genetic intervention, carried out with an embryo in accordance with some objectives on the basis of simple preferences of a third party (such as parents). It must be borne in mind that Habermas considers this as an act of interference in the nature of man as a future member of social communication, without its virtual consent to this interference. Habermas writes that we should not instrumentalize *human* like a *thing* for some *other* purpose, he should be able to realize its life-purpose positions. On the other hand, *in clinical intervention* the influence corresponds to positive eugenics, «*the logic of healing*», i.e. the elimination of the evil which is subsequent to interpersonal consensus. This example confirms the fact of sense bearing existence of medicine in the twentieth century. Since the twentieth century medicine has reached a decision of the beautiful task of implementation in human life POSITIVE health figures [3]. It develops as knowledge about human health, i.e. simultaneously as the experience not of the sick and the definition of the ideal man. The desire to meet the social-norming notion of health is a choice in favor of vitality, individual potential disclosure. The transition to a higher quality of life refers to the ability to build a rational life strategy. Purposeful work on oneself, the ability to use both the vicissitudes of life and of oneself in terms of the accumulation of personal capital goes into the category of virtues. It is peculiar anything but everyone, but it can be achieved. It is obvious that health takes form of value.

In the management of human existence medicine occupies a specified position authorizing not only the simple distribution of tips on «healthy lifestyle», but justifying it for the management of physical and moral relations of the individual and the society in which it lives.

The culture pattern of modernity involves adaptation to changes and will to improve. Considered from the perspective of the biological species man is the result of a long evolutionary process. For the first time up to some extent it can choose whom he wants to be. The development of medicine and biology over the past two centuries gives it a relatively high, than sooner, ability to modify itself in accordance with its wishes («pioneers of self-instrumentalization of species», in the words of Habermas [4]). It is reflected in the nature of social sciences and the humanities, social and governance technologies, but to a lesser extent in the public morals. It provides a range of civilizational and cultural reactions, now becoming something more compassionate to the sick and the destitute, now greeting the orientation towards achievement and perfectionism.

Social theorists point out that the current forces of society own cultural codes, ideological trends and challenge each other's control over them. For example, this applies

according to K. Mangeym, to education, since it is a means of training the kind of a person who is needed to this society for its successful operation and development. In its extreme expression sometimes this idea looks like a review of the dominant ideology as the discourse of the ruling elite (which includes economic, financial). It's just a more penetrating and more diverse discourse than before. It is understood that social and cultural norms of man's relationship to himself, to his physicality, should not impede technological and economic progress. Unconscious tactics have become social strategies, therefore, the theme of figurative sexuality is coming out on top in the study of human nature, and this is another aspect of poststructuralist discourse.

The requirement of high efficiency for man in human society creates a dual classification, related to health as a condition for the disclosure of personal potential. First of all, this classification is linked with proper standard of health (more or less objectively healthy individual), and secondly, with a degree of «social loyalty» (respectively relating to itself / having bad habits, not observing the mode of treatment, irresponsible / asocial individual). In general, Michel Foucault considers medicine as the disciplinary institute with normalizing functions, having its own tools for achieving power, affecting the status and role of human position in society.

As Z. Bauman notes, there is a growing gap between individuality as a destination and individuality as a practical ability to assert itself. For example, one of the characteristics of human efficiency in society is the level of self-organization and self-control. For example, if it happens that he falls ill, it is only because he was not sufficiently resolute and consistent in keeping a healthy lifestyle. Background game rules, behaviour patterns convert physical fitness into a kind of imperative.

In place of the philosophical and religious, moral and legal comes biomedical discourse.

In everyday life, we often resort to defensive phrase: «Do not treat me, I am the doctor myself!». It happens when a way of thinking, action which is unacceptable for us is being imposed. It may seem strange, but it is obvious there is a literal, direct basis. The doctor takes a dominant position within the medical institution – since he turns it into a medical space. Yet, and this is the whole point, the doctor intrudes into the space of the hospital, not because of his knowledge and not just thanks to the power of medicine, which would be embodied in himself, and confirmed by the totality of objective scientific knowledge [3]. The doctor works in a hospital as a sage who has the right to normalize the personal lives of its patients. Where is a norm, there is a pathology. Norm – it is serious, because it is illuminated by the light of scientific rationality. Norm – it is what I understand as a doctor (and it does not matter that he knows not a lot), all the rest are labelled by «transmitted identity».

This thesis is supported by the ideas of Michel Foucault «about the objectification of the body in the hospital». The objectification of the body, the displacement of its inner life energy, the limit in the degrees of freedom of the human body is rooted in clinic's metaphysics, and is based on the fact that distinguish it from the classic hospital. The role of the hospital physician is to open the disease in the patient, and such disease's internality may be likened to the cryptogram, which should be decrypted. «In the clinic, on the contrary, we are concerned about the disease, whose bearer is indifferent. What

is presented is a disease itself in the body which is inherited to it, belong not the patient, but the truth. At the hospital, the illness, the case in a clinic patient, a case of the disease, a transient object, which he masters» [3, p. 101]. It is no accident that clinicians together call their patients «hernia», «appendicitis», «stroke», «fractures» and so on. It is not so much a tribute to the professional fashion, as a natural process arising from the formal-rational logic of technological civilization, where philosophical reflection of repressive factors of social and cultural institutions should be when people, some part or society will be in a need for personal freedom.

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#### Методологічні проблеми філософії медицини

Представлена філософська рефлексія постструктуралістського дискурсу в медицині, яка здійснюється шляхом дослідження ідей норми і нормалізації, а також через аналітику репресивних факторів в інституційній медичній сфері. Основними методологічними напрямками даного дослідження стали дві парадигми – філософія фрейдизму і постструктуралізм. Результати дослідження презентували фактичну зміну філософсько-релігійного та морально-юридичного дискурсів вітчизняної медицини медико-біологічним трактуванням, що стає причиною ряду складних проблем, які включають в себе репресивні практики в медицині. Вони проявляються в активному процесі дегуманізації професії лікаря, коли руйнуються ціннісні відносини лікар – пацієнт. Лікар, в основі діяльності якого найголовніше місце повинні займати милосердя, співчуття і розуміння іншого, поставлений в умови бездушних ринкових відносин, де лікар-вчений повністю витісняє лікар-гуманіста.

**Ключові слова:** філософія медицини, дегуманізація медицини, постструктуралізм, норма, нормалізація, лікар, пацієнт.

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#### Методологические проблемы в философии медицины

Представлена философская рефлексия постструктуралистского дискурса в медицине, которая осуществляется через исследование идей нормы и нормализации, а так же через аналитику репрессивных факторов в институциональной медицинской сфере. Основными методологическими направлениями данного исследования стали две парадигмы – философия фрейдизма и постструктурализм. Результаты исследования презентовали фактическую смену философско-религиозного и морально-юридического дискурсов отечественной медицины медико-биологическим прочтением, что влечет за собой ряд сложных проблем, включающих в себя репрессивные практики в медицине. Они проявляются в активном процессе дегуманизации профессии врача, когда разрушаются ценностные отношения врач-пациент. Врач, в основе деятельности которого самое главное место должны занимать милосердие, сострадание и понимание другого, поставлен в условия бездушных рыночных отношений, где ученый-врач полностью вытесняет врача-гуманиста.

**Ключевые слова:** философия медицины, дегуманизация медицины, постструктурализм, норма, нормализация, врач, пациент.

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УДК 314.156.(477)

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#### КОНТЕКСТНО-ЗАЛЕЖНИЙ ТА КОНТЕКСТНО-НЕЗАЛЕЖНИЙ ГЕНДЕРНІ КОГНІТИВНІ СТИЛІ ПРИЙНЯТТЯ АДАПТИВНИХ РІШЕНЬ

Які мозкові механізми різних когнітивних стилів? Чи залежать стратегії ухвалення рішень від різних частин мозку? Чи різні ці механізми у чоловіків і жінок? Стилї ухвалення рішень залежать від лобових доль. Вони також виявляють гендерні і когнітивні відмінності. Всі ці питання вивчає нейрофахівець Голодберг у своїх дослідженнях. Вивчаючи групові типи поведінки нейронних мереж, можна зрозуміти адаптивну перевагу різних стратегій ухвалення рішень – наприклад, контекстно-залежна чоловіча і контекстно-незалежна жіноча. Розуміння зв'язку облаштування особливостей головного мозку у чоловіків і жінок допоможе роз'яснити природу індивідуальних відмінностей і адаптивного значення наявності різних типів ухвалення рішень в суспільстві. Переважання однієї з цих двох схильностей ухвалення рішень можна варіювати в різних ситуаціях. Виникають питання, продиктовані специфікою сучасного суспільства. Чи стиріаються гендерні відмінності в стилях ухвалення рішень у міру того, як соціальні ролі чоловіків і жінок продовжують конвертуватися? Чи співвідносяться дві стратегії ухвалення рішень з відмінностями чоловічої і жіночої ролей в контексті успішності нашої видової адаптації? Яка з них краще підходить до певного типу когнітивних завдань?

**Ключові слова:** когнітивність, гендер, контекстно-незалежний, контекстно-залежний, трансдисциплінарність, гендерний когнітивний стиль, адаптивне рішення.

Мета статті полягає в тому, що потрібно знайти загальний когнітивний підхід чоловіків та жінок до прийняття не тільки загальних, але й адаптивних рішень. Друга наша мета – знайти нейробіологічну обумовленість гендерних когнітивних стилів. Які мозкові механізми, що відповідають за ті чи інші когнітивні стилі чоловіків та жінок? Якщо йдеться про цілі, про способи, про талант керівництва, які обумовлені гендерною мозковою діяльністю? Актуальність теми відповідає трендовим темам сучасного поєднання природних та гуманітарних наук завдяки трансдисциплінарній методиці дослідження.

Серед всесвітньо відомих вчених, які якимось чином пов'язані з ідеями гендерної когнітивності та