

1
culture, Spirituality and Psychology

by Horacio Fabry Jr.

comments by J.J.

The main message of the article is easy to accept: there are spiritual and cultural aspects as essential as biological ones, involved in mental diseases and by extension in all human diseases. The main problem is how to integrate them, and the author gives some recommendations.

The first thing is to analyze ~~the~~ the origin of the difficulties, which lie in the "clash of values between science and secularism versus spirituality and culture" (H.F.). I would add that the clash is even deeper. There are two conflicting ways of confronting the meaning of nature, the sense of life, the origins and destiny of human existence. One is the spiritual as H.F. mentions, which accepts a nature ^(nature naturans) beyond nature (nature naturans^{ta}).

in the form of God (or gods) allmighty and giving
sense to nature, ~~The other one tries~~ ^{to whom} the individual yields.

The second one tries to control nature in order to
prevent damage, and is represented by the gnostical
philosophy which, no wonder was often considered
by religion as a form of heresy and led to occultism.
Modern science, which has, among others, roots in
the philosopher Descartes and Spinoza, is a direct
descendant from gnosticism. Even psychoanalysis
which always wanted to be a science of
the mind or soul (Freud utilizes ^{every day} the word seele,
'soul', often translated by technicians such as
"psychic apparatus"), has strong gnostical influence
as described by Lopez Barro. (Freud y sus

ocultas cosas, -----).

Psychopathology (meaning the science of abnormal mental phenomena, as ^{patho}physiology is the science of abnormal biological phenomena) is permeated by

the Cartesian dualism. For instance, ~~Freud~~ ^{K. Schneider}

(1896) differentiates ^{the psychoses} ~~on the one side the mental diseases~~

which are brain diseases, ~~from~~ and therefore

real diseases, from the abnormal reactions of

the psychological way of being ^{which come suffering} (neuroses, abnormal personalities). Only the firsts are real diseases.

~~Very often psychiatry has~~

psychotic patients confront themselves with radical

spiritual and cultural problems: the meaning of

existence (in neurosis), of death and dying (in depression)

of the world (in schizophrenia), and so on.

As a consequence, psychoanalysts have often interpreted such phenomena as psychopathological. Religion ~~is~~ is according to Freud a collective neurosis, built around obsessions. This is a form of abuse, and thinking correctly religion and obsession are not ~~strictly~~ similar, there are opposite. The ~~religious~~ rituals of religion are a way of giving transcendence to own actions and to unite the believers in a ceremony, which unites them with all the believers ~~which~~ in the past participated in it. The obsessions are in this context immoral, they begin and end in the same person which makes a form of ritual which has no meaning for the others.

Even in countries belonging to the same part of the world there are strong cultural differences -

For instance, a similar way of practice is called differently: ~~family practice~~, ^{community} primary practice, ~~community~~ practice, general practice and ^{community} family practice. In the first instance the issue is the two ~~parts~~ ^{levels} of a system (primary vs secondary and tertiary), in the second it is the issue of two approaches to disease (general vs. specialist), in the third is the setting (the community vs the hospital) and in the fourth an holistic vs a specific approach (the family vs the individual).

In spite of the differences there is a long ~~and~~ tradition of humane doctors, both in West and East, which have tried to bring to the scene and practice of medicine spiritual and cultural aspects. Not all of them

where psychiatrists and reversal of them have
a strong impact in psychosomatic medicine. For

~~those who speak Spanish I would recommend~~

~~Prof. Berke, Löper (more specially in Europe~~

(von Weizsäcker, von Gebsattel, Löper (for Sr., Prof

Carbello, Merello, Wyss, Tellenbach, and so on).

La cuestión de la psicofisiología que comenta H.F. es crucial.

Frente a ello no pueden tener un protagonismo

ambas dependientes, una psicofisiología y otra

basada en la cultural psychology. Las clasificaciones

actuales, desde el DSM-III han resuelto el problema

de la comunicación porque se basan en la fenomenología

clínica observable, los síntomas, que son más

en
inflú

Similar than disintegrations along the world. But they say nothing about what a disease really is.

Even, they ~~can't~~ are unable to define what is a disease. That's why the ambiguous word

disorder. The task of constructing a medical system which takes into account that "cultural

(refuter)

meaning systems are integral components of the
biological markers or criteria of psychiatric disorders, (H.F.)

seems to me both attractive and colossal. If a
a definition is purely biological, disease can be
attacked ^(H.F.) with biological weapons. But under a more
complex perspective, the attacks can be more meaningful.
If psychiatry could progress ^{under} this perspective,
it would ~~for~~ be able to change the rest

of medicine, which shares with mental
medicine the same challenges.