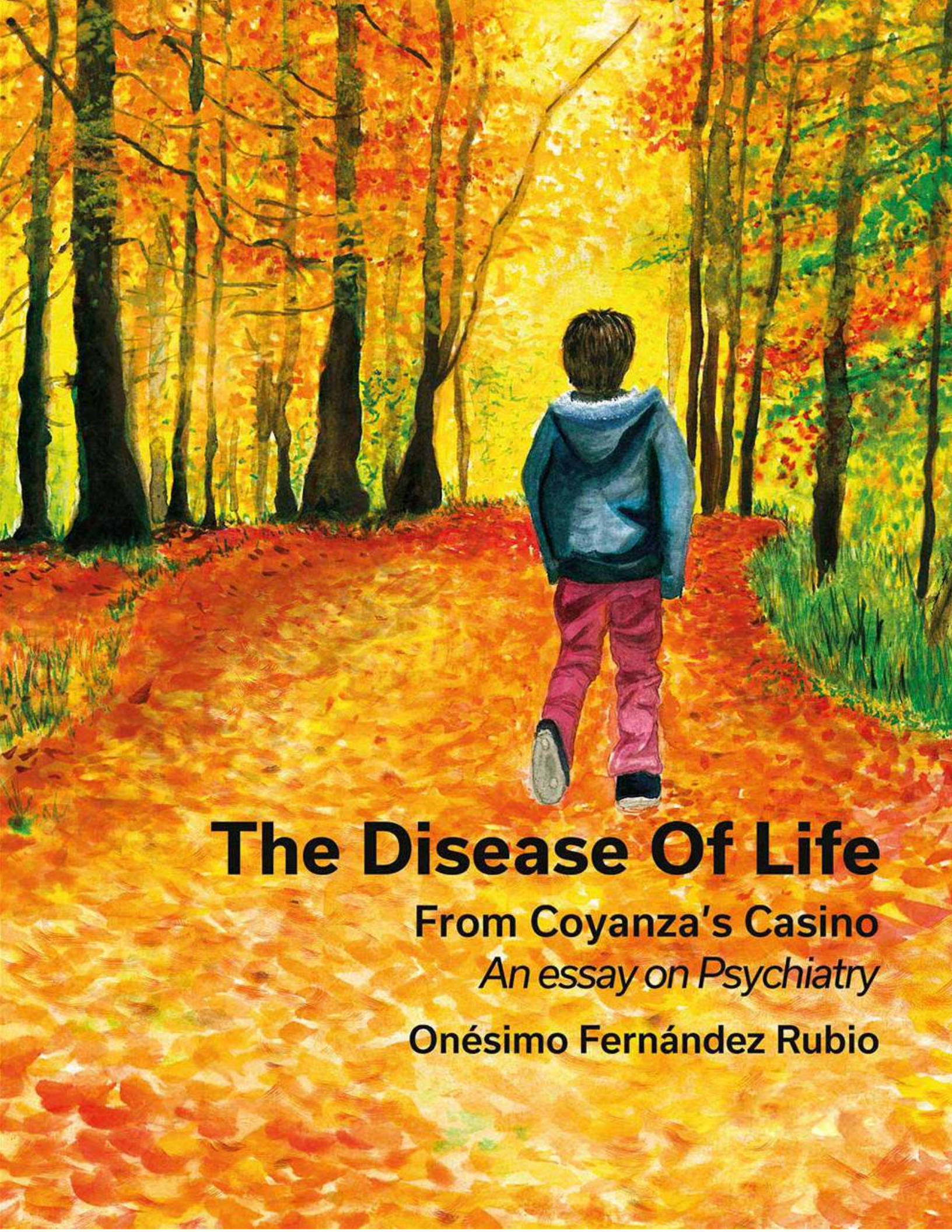

The Disease Of Life

From Coyanza's Casino

An essay on Psychiatry

Onésimo Fernández Rubio

The Disease of Life

Onésimo Fernández Rubio
(From Casino's Coyanza)

Translated from:
"La Enfermedad De La Vida"
(Desde el Casino de Coyanza)
Onésimo Fernández Rubio
(psiquiatriazaragoza@gmail.com)
USBN: 84-89859-30-2
Legal Deposit: HU-406/98
English translation by Matias Baldanza
Cover page by María Collado

I would like to dedicate this book to the good old Onésimo, the best father, who's already wandering through heavenly meadows. And to Paca, his faithful companion, and our beloved mother.

I would also like to dedicate it to Paquita, Josemari and Chenchita, my adored siblings, who dictated these words to me.

To the brothers and sisters that came later: Cianito, Angel and Cayetana, and to their children.

Through my happy days with Maricarmen, a small tree grew in our garden, and with it, our precious children blossomed: One-José, Santi, Rafa, and Javi.

The only thing missing was this book, which belongs to them all.

So for all of them it goes, and also for Piter.

Acknowledgements:

To the following people for their encouragement and advice:

Anunciata Baquer Masgrau.
Marcos Vicario Cubillo.
Dionisio González de Andrés.
Ricardo Aznar Villabona.
Rosi Miguélez Fernández

PREFACE

To read this book by Onésimo Fernández is to encounter the chronicle of an INITIATION journey.

In its pages, Onésimo weaves memories from his life and his professional practice as a psychiatrist and psychotherapist, showing his keen interest in human beings, their personalities, mysteries, and contradictions.

He walked this path with a sure step, tirelessly, gazing towards the unknown, climbing a road that led him to maturity.

The book I hold in my hands is not what matters, but the inner process that unfolded through its inception, maturation, and writing.

Only someone who has truly achieved spiritual maturity, someone who has seen how finite time is, and who has witnessed the dimensions of life and death, can write such a TESTIMONIAL book.

Dr. Rafael Cañellas Rodríguez

President of the Spanish Association for Existential Analysis

Chapter 1
THE MEANDERINGS OF VOCATION

THE BIRTH OF CURIOSITY

We are part of the few privileged generations that have had the fortune of witnessing amazing transformations in the world. The emergence of electric light and running water in our homes; the broadcast of sound through radio and moving images through television; the incredible speed of aircraft, that shortened distances that had been unmanageable in the past; the miracle of mobile communications, and the unfathomable calculation ability of computers. All of these wonders are in contrast with the radically different world we used to live in a few years ago, in which the parsimonious passing of our childhood days was only seldom interrupted by some remarkable event.

After living endless adventures in film noir movies I can still remember clearly the feeling of disbelief I experienced after landing in New York after seven hours of flight over the endless ocean, carried inside a gigantic plane of which I still suspect can only take off through some esoteric dark arts. How to reconcile such a dizzying series of events with the early memories of a world so leisurely and peaceful?

Where I was born, there were people that never got to view the sea. The narrow gauge train connecting nearby villages delayed its departure on market days to wait for some passengers’ card game to finish. After the constant struggle and worry about hunger, cold and infections, these almost festive days allowed people to spend their remaining energy on simple satisfactions.

It wasn’t until recent times that opportunities for leisure and curiosity became widely available. Now that the fear of food shortages, infectious diseases, and adverse weather conditions is greatly reduced, for the first time our attention can be drawn towards more playful subjects, away from the urgency of survival.

In the past few decades, we became able to view our Planet from outer space and gathered data that our surface-dwelling limitations had hidden from us for millennia: the secrets of the movements of air currents, the location of minerals and fossil fuels. We have also learned to produce forecasts and calculations that are instrumental for the prevalence of life in harmony with our environment. In a sense, we might say that humanity is becoming free from its bondage to immediate material needs.

A similar revolution can be produced in the self, that freeing itself from the urgency of physical survival can become its focus of attention and discovery. Oneself is also a colossal universe full of ineffability and enigma: The flow of thoughts and their organization, the roots of desire, the

awareness about the causes of action, the development of rational thought, the driving forces of behavior and the secrets behind its aspirations are mysteries that are hard to unveil.

Any conversation, without regard to where the conversation begins, inevitably ends in the captivating realm of human behavior. Nothing else, not even the amazing stories of space exploration can be as seducing as the mysteries surrounding its never-ending possibilities, making the subjects of Psychology and Psychiatry an object of constant attraction.

Rational thought begun when man realized how powerless he was against the hostile environment of this world, and has achieved material benefits that just a few decades ago would have been unimaginable. If we extrapolate, there's hope that we can master the same control over spirit and psyche applying the same mechanistic principles that were so effective in the physical realm.

If man has conquered the Moon, how could it not be possible to rule over restlessness, decay, aging, uncertainty and anguish? This aspiration would be true if the inner-self were governed by the same laws and principles that allowed him to dominate the physical world.

Some people feel that a scientific culture is the means for not feeling out of place in this world of permanent progress and transformation. But some people argue that the inherent arrogance gained from technological advancement can be an obstacle to the understanding of Psychology and Psychiatry.

As people are eager to recognize the hidden causes of human behavior, these disciplines are an abundant source of humor, comment, and conversation. There are few other fields as fascinating and compelling as the study of conduct, its diverse manifestations and the quest for life's meaning that is but one of the many disguises of our perpetual search for safety and comfort on the perilous journey of existence.

On any occasion these matters arise I prefer to take the role of observer, and though I'm usually asked to provide an authoritative point of view I choose to resist as I believe that my work as a psychiatrist should be confined to my practice. The reason for this is that I believe that the knowledge gained in my work is only fully valid in its intimate and limited setting and that the wisdom and insight that people usually associate with my profession is far from being real. Being a psychiatrist does not make me more qualified to judge life's affairs. More so, I always felt annoyed by the arrogance of some colleagues that so eagerly lecture about issues they neglect in their personal lives.

From my perspective as an observer, I have found that universal curiosity about these matters (which is in no way different from what compelled me to choose this medical specialty) has no limits. But I have also witnessed there are many misconceptions about psychiatry and psychology that are shared by laymen and professionals alike.

In many casual reunions, it's common to see how any striking behavior is shallowly studied in only a few minutes and with the same urgency as any mundane affair, but at the same time with such haste as if life or death depended on the verdict. The result is that complex matters are oversimplified and misunderstood long before they could be properly framed and comprehended, and this kind of rush is also found during a psychiatric consultation.

I can remember vividly one particular discussion between two "mãños" (natives from Aragón, in Spain). They were disputing the moral quality of one of their neighbors. Hilario was trying to prove how wicked that person was while Faustina tried to counter his arguments timidly, not quite proving him wrong but forcing his opponent to provide more arguments. Faustino grew restless as

he couldn't quite convince her and finally snapped: "Are you saying that she's a good person, after all?" And she countered: "Well, perhaps not completely good, but…" Seeing that she was cornered, he triumphantly replied: "If she's not good, she is bad, and that's it!" My point in telling this story is that this kind of generalization and simplification are far too common when people discuss personal behavior and psychiatric issues.

I've always felt deeply annoyed when people use moral labels to explain other people's behavior because no matter how absurd or clear a situation might seem real understanding calls for a deeper examination that can never occur if moral judgment gets in the way.

This perspective comes from observing people that came to the bar my family used to own when I was a child, where I was in a position to study them closely enough through the day and in different circumstances. These opportunities surely provoked more than anything else my interest in psychology.

STORIES FROM MEDICAL SCHOOL

During Medical School, my natural inclination to psychology was strengthened by a fortunate encounter with Professor Rubio, who was an assistant professor to a very prestigious professor of internal medicine who could have written the book on "Medical Chicanery." This doctor was a prosperous and sly professional who had the habit of listening to his patients' stories while he conceitedly searched in a list of doctors and priests from the area to determine which were the ones his patients knew. He then carefully mentioned them and praised their wisdom and integrity, gaining his patient's trust by association. After all this pretense, he prescribed things as swallowing some bread crumbs imbued with some medication that was just methylene blue dye to expel the "Blue illness" that supposedly was the cause of their ailment. Once the patient saw that their urine had turned blue, they saw this as an undeniable confirmation of his diagnosis, and thus this doctor's purpose was achieved. With the same kind of shamelessness he ordered Professor Rubio to "perform a psychoanalysis" to some of his patients, but with the condition that the therapy had to be finished before their bus departed to their hometown.

In such an environment my benefactor, who was the head of the Department of Psychosomatic Medicine, was forced to hunt for patients as in those times psychosomatic medicine was a mere title added to the curriculum as a guise for a level of modernity that was real only in name.

I was entrusted with completing what was called the "social history" of the patients, so I spent long hours at the bedside listening to their accounts and performing work that was apparently unrelated to what was regarded as real medicine: "scientific medicine." In that environment, I felt the confirmation of my insight that some conditions had simpler explanations than a list of complicated academic-sounding names.

I shall never forget the case of a charity patient in the hospital whose discharge was repeatedly delayed because his wound would not heal. Brainy professors offered a collection of convoluted theories to explain his condition, such as vitamin-K deficiency, neuro-vegetative asthenia, liver dysfunction and others. And just by knowing the patient and talking to him, I knew that the real reason was much simpler: Dionisio (that was the patient's name) did not have a place to stay, so every time he saw that he was going to be sent home, he carefully undid the stitches the surgeon had sewn the day before, and as a result he got infected. I thought to myself that while this

man lacked sufficient defenses against infection, he surely needed defenses against the harshness of life.

These situations increased my interest in psychology, fueling my rebellion against the habit of finding overcomplicated explanations to things that simpler and more obvious causes.

Professor Rubio became from that time my mentor and my dear friend, and his enthusiasm for psychology provided the final push for me to pursue my curiosity about these matters.

MY FIRST ENCOUNTER WITH "INSANITY."

The memory of my first encounter with psychiatry takes be back to the 60s, in the gloomy halls of the old Provincial Psychiatric Hospital in Valladolid, now called "Professor Villacián Psychiatric Hospital." I could never forget that daunting sanctuary of psychiatry.

The venerable José María Villacián was a kind and solemn man who had been a disciple of Professor Buñuelos, who had founded a prestigious school in the Medical Faculty of Valladolid. Using grave tones as it was customary for university professors at that time, he ordered some orderlies to bring a patient to the hall where other students and I were anxiously waiting for our first practical lesson to begin.

It's not easy for me to describe how I felt after that long-awaited moment though I remember it as a sensation similar to what a boxer might have felt after receiving an unexpected blow before having the chance to prepare his defense.

I had heard of the eagerness of the students before the first surgery and the elation after that first operation. My experience was not unlike the one of a lover who finally meets a woman only known by correspondence, going to his first date full of expectations and anxiety only to find that he had been duped by the picture and words of a much younger and lovelier lady.

The presentation was fashioned like a circus act in which the words "and now to make this even harder" were replaced by "and now a case that's even more strange." A middle-aged man of sallow complexion and shaved head was placed on the stage, dazed and confused, his gaze lost in towards many points across the empty room. He looked like someone so far away from a normal life that you might wonder if he would ever find his way back home.

He mumbled with some difficulty incoherent and short replies to the questions he was asked, with a look of surprise that infused the scene with a tinge of violence and absurdity. It seemed as if two different plays were being rehearsed at the same time: their dialogs overlapping in growing turmoil.

The patient finally left the room with the same clumsy steps and confused demeanor he had arrived. The professor told us with a fatherly tone that this man had been admitted a long time ago after he had begun speaking with incoherent phrases, and that the most rigorous treatments had been unable to improve his condition.

The scene had left me shaken. The words "rigorous" and "strong" always frightened me when used in the context of psychiatric treatments. Our teacher was an advocate of the German school of medicine and favored the use of electroshock without anesthetics because he believed that it was the most effective way to use it.

To this day, I still don't know what might be the scientific basis for such belief, though I presume it's related to the horrific notion that pain and progress were completely interdependent.

A macabre translation to the realm of psychiatry of the saying that goes: “spare the rod and spoil the child.”

The next patient was a woman of indeterminate age (the age of the patients is always hard to guess in an asylum) who throughout her appearance incessantly whispered long streams of unintelligible words mixed with fits of laugh and sudden tantrums, as young girls do when they want to call the attention of adults. She was very thin and her hair had grown long and was unkempt. Her movements were quick and turbulent; she had a sullen expression on her face, accentuated by bulging eyes that appeared to be struggling to break from their sockets. As she was being removed from the room, she never stopped muttering her indiscernible discourse.

I am sure that the explanation given for her state was related to a hormonal imbalance. After the birth of her only child, she became increasingly withdrawn, uninterested, and began speaking in a way that alarmed her family, which had her committed.

The last presentation of the practical lesson was a thin and tall young man who claimed to have been sent by God to as a harbinger of the end of the world, which was a very common delusion at a time when microchips and galactic transmutations had not yet appeared in the human imagination.

Immutable, as if he were beyond good and evil, he admonished us to heed his advice, warning us that if we failed to do so the most horrible fate would be unleashed upon us. He ended his sermon with a threat for those who would not listen to his message or took him as a joke.

The ill-concealed laughs of some of the students apparently made him feel that he was gaining ground, so he grew more frantic and inflamed and finally had to be removed as his audience started to grow afraid of his rage. When he was gone, our teacher explained that this patient suffered from schizophrenia, “the cancer of the mind.” After this, he left the room in silence, as did we.

I felt relieved that the lesson had finished. The ghosts we had met had been returned to their confinement. They were people that had grown apart from the human condition, forever divorced from their former lives. They had no past, no place in the world and were suspended in a state beyond reason, wandering like shadows through the derelict reality of the asylum. They truly were uncanny creatures, captive in the cobwebs of oblivion, mystery, and bewilderment.

But inside I felt the unalterable certainty that they were still as human as me and that my fate would have been similar to theirs if I hadn’t had the good fortune of receiving the loving attention of other people. The lesson had made me feel uncomfortable and out of place.

During our anatomy studies, we had corpses laid on the dissecting tables that had once belonged to living people. We inevitably wondered about who had they been and how had they become so dispossessed that nobody had claimed their bodies after death. But even as poor or alone as they had been, they’d had hearts filled with hope, and minds full of dreams and thoughts of their own. But the patients from the asylum didn’t even have that; they were completely alien.

I left the gloomy corridors of the hospital feeling that my dear project had come to an end. I left the madhouse with the intention of switching to another specialty, sensing that even in the autopsies of forensic medicine I would be able to find clearer signs of humanity than in this place.

It was my instinct of self-preservation that allowed me to make such a difficult decision because the price of breathing such a terrible atmosphere would have been more than I could have possibly paid.

Besides, all the questions that I had hoped psychiatry would answer about self-knowledge and the hidden causes of human behavior were not to be found there. The only explanation given for those poor people's condition was the possibility of damaged nervous tissue, which was impossible to prove using the available resources. This chorus I would hear again and again in the future, but it did nothing to satisfy my curiosity.

THE DAILY LIFE IN A SMALL VILLAGE

I strived to find simple and reasonable explanations. Though my experience in psychiatry was nonexistent, my time working in the family business had exposed me to simple and direct answers to common mysteries. As I told before, my parents ran a tiny hotel in a small village, and its bar provided me with a privileged vantage point from which I had quite a complete view of our community's daily affairs. Every Sunday, after the morning mass, people came to the bar wearing their best clothes to have a glass of vermouth. It was a moment of politeness and correctness, of courtesy and proper demeanor, a display of shiny shoes, freshly pressed trousers and pocket handkerchiefs.

After lunch, men rolled up their sleeves and feeling free from the controlling gaze of their wives or girlfriends, played card games, enjoyed some coffee or heavier drinks, and smoked cigars. The influence of alcohol and the heat of the card games made their voices grow louder, and their language, fowler. The afternoon hours were reserved for taking the women to the cinema, and this meant a lackluster attempt to return to the dignified behavior of the morning. But the effects of the party was evident in the untidy collars and lost pocket handkerchiefs of the men.

At the end of the day all the morning elegance was gone, neckties were off, shirts were unbuttoned, and alcohol moved the men to unexpected moments of confidence, sudden friendships, and loud conversation. The final note of the festive day usually consisted in a noisy exchange of words with the night police or some civil guards.

The bar became a lens through which I could peer into the inner workings of my community, and through gossip and the effect of booze I found clear explanations for situations that would have otherwise been just funny or strange.

Many arbitrary attitudes I'd seen were rooted in family conflicts, and the arrogance of some people that I so disliked was just an involuntary compensation for having been patronized by their superiors. I remember feeling offended by a particular customer who sometimes treated me very rudely, in spite of my always treating him in a most friendly way. This man had been crippled by polio, and he was usually shunned by people on account of having a very bad temper. When he was feeling lonely and depressed, he used to come to me for conversation, but as soon as he was feeling better he treated me like a lowly servant. In the end, I was so furious that the next time that he came to me for comfort I gave him a taste of his own cruel words though I was secretly eager to discover the reason for his behavior.

There was also a group of regulars that usually met to talk about the town, politics or religion. One of them one day told us the admiration he felt for how passionate some people were about art. He had a daughter who was starting her music studies with a local young man, and he recounted that she spent long hours in her room studying with her teacher, to the point of sometimes skipping meals. It's not hard to imagine how he was mocked by others who told him to check if art was the real focus of her interests.

I learned that people expect their personal space to be respected and that they'll fight against someone who exceeds the proper boundaries. I saw that alcohol calms sorrow, increases charm, and lends courage to the shiest of people. On many occasions, I heard others shun people who drank too much too often, and even criticized them myself. But once I learned their stories I understood that their drinking was a way of preventing their inner struggles from breaking their lives apart.

Religious boarding schools were another source of curiosity that fueled my interest in psychology. In their setting, I discovered how their austere and sometimes harsh education didn't have a uniform influence on all students. The threat of eternal damnation and hellfire didn't produce the same effect against the first temptations of the flesh. One of my friends told me jokingly that there was no hell could scare him that much while others sought confession as a way of alleviating their burdens. For me, there had to be an explanation to account for effects so dissimilar on people who received the same education. Later I would discover that early family experiences are a much stronger influence on character than any other environment.

Because of all these experiences I found a way to approach the study of behavior that was more reasonable for me, in spite of all the medical explanations rooted in the study of cells and tissues and chemical reactions.

"PEÑA RETAMA"

While I was immersed in these thoughts, another unexpected event changed the course of my life. A long time friend and colleague, Dr. Carlos González invited me to visit him at work in a small psychiatric clinic where few psychoactive drugs were prescribed. I went there feeling a bit skeptical, to be honest, as my experience in the psychiatric hospital was still fresh in my memory.

I can only describe what happened as nothing short of a miracle. Right before my eyes was the realization of my intuition. I felt my old vocation restored in that old chalet in Madrid's mountains where some 28 people, most of them young, received treatment through dialog and receiving and gaining insights through the use of verbal communication between doctor and patient. If I was hesitant at first, after a while, I accepted it as possible.

My first encounter with a sanitarium was a huge letdown for me, as it was so different to what I had been searching, and I instinctively rejected a type of treatment to which I would have never agreed to be subjected to as a patient. It's not that the way patients were treated there was evil or improper, but that I felt that the environment was too disturbing for me. I can describe my sensations as the way an animal lover would feel after visiting a zoo for the first time and seeing how alien, inappropriate and artificial it was.

In contrast, this second experience was elating because it confirmed what I had felt deep inside was best. If I had been a mental patient, I would have wanted to be treated with reason and understanding, and not to be subjected to the tyranny of blindly accepted theories.

And this is how I came to know the clinic of Peña Retama, in Hoyo de Manzanares, a magical place where I spent five unforgettable years of my life.

Having reached this milestone in my story, I am compelled to mention the exceptional character of its founder, Doctor Molina Núñez, inseparably bound to the happy days when I had the privilege of learning this specialty from the ground up. In that setting, I had the chance of developing a close and deep relationship with the patients, without ever losing my position as a professional. In

exchange, they opened themselves and gifted me the precious gift of their most intimate thoughts and feelings.

Our relationships developed without the obstacle of a desk or the false authority given by a white coat, as the only degree of ascendancy was shown in the ascendancy earned through our daily contact. This allowed me to learn how to gain their trust and to establish the adequate distance that I would need to keep with my future patients and with other people in general.

Their fascinating stories and tales were usually sad but filled with great insight, and with the keen remarks of my dear and sharp teacher they became formidable sources where many of the questions that I had, were finally answered. I gained an understanding of people that allowed me to understand myself long before I could handle all the complex and sometimes offensive vocabulary of psychiatry.

The effects of that experience continued well after I had left, analogous to a depot injection that kept releasing its beneficial chemicals for days after its application. As relationships became closer, the walls between doctors and patients disappeared.

The passing of Jerónimo Molina, which occurred when I had just returned from London after finishing my studies on psychoanalysis at his behest, marked the end of a friendship I valued deeply and the loss of a true mentor who taught me much about human reactions. I am forever in his debt for the privilege of watching the game of life from an invaluable perspective.

After that, I became deputy director of a psychiatric institution managed by my good friend Dr. Berdala, who was an outstanding psychiatrist, and eventually became the director of the Santa Isabel Psychiatric Sanitarium in León. I have the fondest memories of the extraordinary people I met there.

In summation, my professional career gave me the opportunity of viewing the practice of psychiatry from two opposing paths: the classical and the psychological approach, and to see the chasm that separates their fundamentally different ways of studying the manifestations of mental states.

In these pages, I wish to expose the negative consequences of the classical approach and its tendency to generalize from a materialistic and mechanistic standpoint how mental processes occur. This tendency derives from its disregard for psychological processes and has been the cause of great suffering for patients that would have seen their lives greatly improved if they had been treated from more humanely. I also wish to vindicate and pay homage to this dear profession that is so often mocked and misunderstood, but has become so invaluable to me.

To those who might interpret my words as an attack on ways of thinking different than mine, I plead for your understanding that my intention is not to attack other points of view. I simply want to share with my fellow colleagues from all schools of thought with whom I share the desire to fulfill our duties in the best possible way.

Those of us who viewed our profession as a journey of discovery by using logical deduction and analysis without resorting to dogmatic thinking were often criticized and treated with contempt by other colleagues who viewed our work as a fraud. This opposition and criticism led me to write this book, but it sometimes caused me great pain and most importantly, delayed the adoption of ways of treatment that would have replaced rigor and severity with a more natural, warm and friendly way of dealing the spiritual suffering of people.

There's a shallow and simplistic way of thinking that is prevalent in modern times and psychiatry's reputation has suffered from its consequences. This reasoning is behind many childish interpretations of reality such as believing that security and insurance companies cause burglaries. Thinking that without police there would be no crime; without lawyers, no legal disputes; without judges, no jails; without gravediggers, no deaths, without firefighters, no fires, and without hospitals, no disease. In this manner, some people try to escape uncertainty and feel a measure of control over things that are beyond their influence by believing that mental illnesses are not real, but a lie created by psychiatrists for their personal gain.

Another cause for the bad reputation of psychiatry is the arrogance and clumsiness with which it's been publicly discussed. I believe that if someone wanted to examine the health and core values of a society it wouldn't be necessary to resort to arcane statistical studies or lengthy investigations, but it would be enough to visit a psychiatric institution, jail, a home for the elderly and an orphanage. These four samples would be more than enough to paint a truthful picture because we can find all of society's contradictions in such places. Those places serve the same purpose of the attic of the house where clutter is kept out of sight. Perhaps that is the strongest reason for how secluded those places usually are.

Sometimes it only takes some terrible account or the news of some avoidable death to shake the public into discussing these matters, but usually after some criticism of the people in charge the issue is soon forgotten. And sadly, most plans for the modernization of psychiatric care end up on the same note as public administration reforms that, lacking the necessary practical knowledge of the subject, are inevitably doomed to failure.

If only the people in charge took upon themselves to go through the system as regular citizens, how effective their efforts would be in provoking real change! But determining how to achieve this is certainly beyond my possibilities as I write this essay.

Chapter 2
A STARTING POINT

A Brief History

Psychiatry and Life: Two Parallel Adventures

A BRIEF HISTORY

The specialty of otolaryngology studies the alterations that affect the proper working of throat, nose and ear. In the same manner, psychiatry deals with the psychological causes of distress in personal wellbeing. But as the causes studied by the former are easily recognizable through direct observation or the exploration with physical instruments, the former is forced to search for the causes in an indirect manner that requires suggestions, analysis and is open to interpretation.

This reminds me of a personal story. I was outside with a group of my colleagues when we saw someone gesturing and shouting from a hilltop to some invisible partner. Our first thought was that we were sure to be admitting that person soon as a new patient, because he clearly seemed to be talking to someone who wasn't there. As we climbed the hill, we discovered that there was someone on a neighboring hill replying to this man in a similar fashion, and both were using a set of common signs to communicate. They were surveyors and were measuring the place for the construction of a new road. So in a very short period we had two very different interpretations of the same scene, their only difference being the awareness of one simple detail.

Many psychiatric issues are similar to this story, as uncanny or unexplainable behaviors are often explained by gaining some simple but crucial piece of information. It's easy to discredit something or someone by labeling them as "troubled" because incomplete facts often lead to wrong conclusions.

Not paying attention to such basic mistakes is the cause for thinking that troubled people require special institutions to deal with alterations that without discernible physical causes, are dubbed "mental illnesses." And that was the foundation of psychiatry, a very complex discipline half-way between medicine and sociology, but prone to arbitrariness and dogma.

There are many misconceptions about psychiatry and some of its topics such as madness, obsession, melancholy, depression and distress. Those misconceptions are usually seasoned with a dab of contradiction, paradox and lack of common sense. So it's usual for people to talk about "madness" without being precise about what exactly we are talking about, and including in that simple word a wide collection of phenomena that we can't immediately understand. If there are so many subjects that at first sight can't be explained but in the light of new information come to be understood, isn't the term "madness" just a pointer to what we still don't understand? Psychiatry finds its origins in that label, born in a mist of superstitions, sin, magic, and God.

In the dawn of humanity, mental phenomena and other human reactions were considered rooted in the realm of magic and religion. Overwhelmed by his insignificance against the forces of

nature and lacking understanding of the reason of living among such chaos, man resorted to the simplest explanation at hand: The existence of an almighty being who had created all things.

Having accepted this belief in a supernatural entity as an unquestionable fact, humanity was impelled to discover in which way it could associate itself with this extraordinary power and feel secure. Under this point of view, every undesirable mental activity was seen as the result of the whims of gods, and then the only sensible course of action would be to follow strict procedures designed to gain back their good graces.

Under this tenet, we find sacrificial offerings, the ritualistic declamation of secret formulas, the anointing of hands, ceremonial dances involving shouts and contortions, the ingestion of select substance of mineral, vegetable or animal origin in a proper sequence, and other devices procured to regain a state of normalcy.

All of these performances aimed to achieve attracting the protector spirit and expelling evil from the body, which is why laxatives and emetics became highly popular.

It was believed that though the gods were omnipotent, they always had some weakness through which small enemies or demons were able to intrude. And man was in the middle of their battles, at the mercy of their whims and amusement.

The situation was tolerable while the procedures consisted of participating in rituals or dances, performing ablutions or even ingesting substances. Things turned to worse when some augur or haruspex divined the presence of an offended demon inside of the head of the person and insisted on expelling it through a procedure that if successful would kill the patient as well. This diagnosis might be the cause for trepanation, which as archeological evidence shows, might have been quite frequent in ancient civilizations.

Ancient gods were also believed to have their Achilles' heel in pride, for which it was common to wear amulets and to perform complex rituals in their honor as a way of preventing evil. From those meticulous rituals are derived the motley ceremonies of modern religions that in some cases resemble the strategies of obsessive neurosis.

The need to find an effective intermediary between gods and men gave birth to the predecessor of the modern psychiatrist: the shaman, a mixture of priest and doctor. In northern latitudes shamans conducted groups ceremonies (not quite different from a modern rock concert) that by using rhythmic sounds, violent movements and the ingestion of intoxicating substances had the effect of clouding the senses and after a climactic moment producing a cathartic release.

In ancient China, we can find that different means were used with the same intention of attracting some forces while expelling others. The practice of acupuncture, for example, aimed at restoring the free flow of masculine yin and feminine yang forces through the body, eliminating conflicts. (This simple procedure perhaps would have yielded excellent results in ending the frequent family feuds among the Greek gods that reportedly brought so much pain to humanity!)

Perhaps it was the slow but sure disintegration of the Olympus and the loss of faith in its members, who were always fighting and seeking revenge from one another, which propelled the Hellenic people to search elsewhere for security and peace. Nowadays we might find distasteful the spectacle of fathers devouring their children, children seducing their mothers, and siblings forever fighting one another. And as surely we would, the Greeks turned their faith towards reason.

One of their first theories about disease was that it was the result of an imbalance among the four humors (bodily fluids): blood, yellow bile, black bile and phlegm. The overabundance of any of

these fluids was seen as the cause of the four basic temperaments or moods (sanguine, choleric, melancholic and phlegmatic) and their related illnesses.

From that point on, disease was taken from the realm of divinity and became a human matter. Hippocrates, a Greek physician who lived four hundred years before the Christian era and known as the father of medicine, was the first to claim for humanity the study of the material causes of epilepsy, the disease that manifests through convulsions, screaming and fainting.

Later on another Greek philosopher: the sophist Protagoras, who was known for saying that "man is the measure of all things" (which is open to many different interpretations), taught his disciples that health was the result of hygienic habits. He had the courage to preach by example with so much zeal that he was exiled from Athens, and his writings were burned.

Contrary to the tradition of deprivation and sacrifice that Catholic culture has exalted as virtuous, Socrates insisted on viewing health and wellbeing as the greatest aspiration of man. He also claimed that intelligence and knowledge were gifts to be revered because humanity's fate would be directed to greater fortune through their use.

These changes in worldview were pivotal in transitioning towards abandoning the notion that man was a slave to the whims of the gods and starting to believe that human action was somehow relevant to the journey of life.

Plato viewed things clearly when he stated that irrational behavior was an inevitable condition of life and not the result of bad influences such as thoughtlessness or apathy. Galenus, another famous ancient Greek physician, was a precursor of the sexual theory of neurosis that Freud developed in modern times. He stated that semen retention and the delay of uterine contractions caused anxiety, and thus was the first to establish a link between the lack of sexual activity and hysteria (which is the development of symptoms such as paralysis or convulsions, that don't have a discernible physical cause.) This was perhaps the first appearance of the evil of sex in the realm of psychiatry. He also believed that the health of the human soul depended on the balance between its three components: reason, spirit (irrational, linked with passions and emotions), and appetite (the search for pleasure). Freud would later on systematize these three parts in his structural theory, where he called them the Ego, the Id, and the Super-Ego.

The Roman philosopher Marcus Tullius Cicero used the word "libido", which would later on be fundamental in psychoanalytic theory, to refer to the pernicious effect of violent desires. He described four classes of sentiment: suffering, fear, pleasure, and libido and believed that the cause of mental illness was to be found in their relative disproportion.

In Spain, the Roman thinker Seneca proposed to treat mental illness through rationalization and the cultivation of friendship and wisdom.

Before reaching the modern era, I'd like to mention the humanist Juan Luis Vives (1492-1540), from Levanto, who was a proponent of educating children from a young age and was a true precursor to modern psychology by stating that experimentation was the proper mean of gaining knowledge of things.

Psychiatry is said to have been born in the modern era and is the last of medical specialties to be universally accepted, after outgrowing myth, religion, moral and philosophy. Philippe Pinel (1745-1826) marked a fundamental milestone by breaking the chains of the patients of "Le Salpetierre" when he established the difference between the criminals and the sick.

But other authors remained chained to the past. Bénédict Morel (1809-1873) viewed mental illness as a phase in an irreversible degenerative process that, going from neurosis to psychosis, ended in mental deficiency. He thought that this process, that he called degeneration, also affected nations with the notable exception, as a good Frenchman, of his own.

Cesare Lombroso (1836-1909) was a professor of Psychiatry at the University of Pavia who also believed in heredity as a source of illness. He was a positivist who believed in the existence of atavistic signs that made it possible to identify criminals by studying their physical features. Forensic Psychiatry was built on that scandalous and pseudo-scientific foundation: the belief that some people are "born" criminals, and they belong to a subhuman type of man. As insane as this notion might seem today, many books on the subject still mention this nefarious man.

More recently, Emil Kraepelin (1855-1926), a professor of Medicine at the University of Munich, incorporated Psychiatry to the medical sciences by proposing the first classification scheme for mental illnesses and coining the term "dementia praecox." Later on, this term would be changed in Switzerland by Eugen Bleuler (1857-1939) to "schizophrenia". Bleuler might very well have been the first to consider dementia as a deviation from normalcy, limited to specific areas, in specific moments, and as a response to specific personality features. Both of them believed that the manifestation of psychological disorders was a consequence of alterations in the cerebral nerve tissue.

This materialistic period preceded the work of Sigmund Freud (18569-1939), who opened a new era in the study of mental illness, which he viewed as a psychological manifestation that had reasonable causes. He believed that there is a logical explanation for all psychic symptoms, and that reason is an equally fit instrument to study the mind as it is for the study of any other physical phenomenon. His findings further separated psychology from religion and myth, advancing the road that leads to man's redemption from suffering.

PSYCHIATRY AND LIFE: TWO PARALLEL ADVENTURES

Up to this point, I've given an account of the pivotal moments in the development of Psychiatry, which deals with the study of psychological phenomena. These phenomena, which are usually thought of as connected to very specific moments in life, have effects that influence all the areas of our existence.

Some still believe that external circumstances cause mental illnesses, or that they are accidental in nature, or that they are similar to traumatic injuries or infectious diseases. If that is the case, it's fundamental to open up to the idea that mental illnesses are inseparable from life and that they cannot be understood without context.

It is for this reason that I view the development of Psychiatry as a reflection of humanity's journey, and it is part of the epic fight against fear, misery, uncertainty and ignorance. Though this still ongoing battle that has now entered into a new stage thanks to technology, it has tested every possible healing therapy and devised myriad hypotheses to reach a plausible explanation for mental illness. Some of those were, for example, the influence of the moon phases on mood (hence the term "lunatic"), or that mental illness were inherited, or caused by the abuse of pleasures (masturbation, alcohol), or that such behavior is the result of an incomplete control of passions. We can see that the range of explanations for the origin of mental illness is quite broad though morality clearly influenced the majority of those explanations.

The range of therapies devised in its history is also broad. It included methods of outright torture, such as capital punishment for unsuccessful suicide attempts, restraining the body inside a wicker cage from which only the head was allowed outside, chemical burns, amputation, centrifugal devices (not unlike modern dryer machines), and baths in freezing water. Others including feeding the patient with all sorts of strange substances like urine, blood, breast milk, powdered skull bones and a very large list of substances as antimony, emeralds, air, water heated with a hot iron rod, having the patient bitten by snakes, inoculating them with scabies. Rarely the therapies were gentle and innocuous as using music though it has been used in some cases.

The history of Psychiatry if a reflection of the story of humanity, beginning with fear of helplessness and the constant threat of death, which provoked the most barbaric responses, and in our present time reaching the serenity brought by our ever improving wellbeing. Studying this history can be a good practice for developing understanding, tolerance, respect and a conciliatory spirit, and is a very effective antidote for hubris.

Chapter 3
WHAT IS PSYCHIATRY?

The True Purpose of Psychiatry

THE TRUE PURPOSE OF PSYCHIATRY

If a mountain climber got distracted by the irresistible fascination provided by the landscape or stopped to study every new flower or plant along the way, he would risk never reaching the summit. The same could happen to a lover so keen to enjoy the variety of delights in foreplay that in eventually never reaches the ultimate goal.

Something similar happens in Psychiatry, as it is so caught up in the thorough description and classification of mental phenomena that eventually never achieves a complete understanding of them; and when it does, the explanations are often incomplete, too dense, and entirely disconnected from the actual events from real life.

For every person, even for the most fortunate of people, life is an unpredictable voyage. For some, it is a journey fraught with peril, a dangerous path full of dark omens. People whose lives are stations in a life-long ordeal, a constant agony with few moments of respite and no place for rest. People that carry on with their existence walking with a heavy burden of which they can only hope to be relieved at the very end of the road.

The newspapers tell the tales of many touching life stories that ended in suicide. Stories of pain and helplessness that sought and an end to a life of suffering, with little or no hope of relief. It is common to think that it is an act of cowardice but isn't that label just a way to clumsily dehumanize something so traumatic that we deprive ourselves of the chance to see the actual person behind it and their drama, turning it into a dry anecdote?

When people living in constant fear or pain have a calm day, they only perceive it as a disguise for the storm that's about to come, ready to sink their ship. People like that never have a moment of rest; they never have good thoughts about themselves. They live in a barren land, always vigilant, having no place they can call home. Some of them feel that any change (and what is life, if not constant change) is the sign of the realization of some dreaded fate to come. They live as a soldier who is forced to walk for long days through a minefield, always in fear, heart racing, holding their breath. An uneventful day is filled with the anticipation of a future disaster, and to keep evil at bay every hour must be filled with rituals and protective exorcisms. So at last the mind grows weary from the effort, and some solace can be found in sleep, which obsession will fill with bad dreams.

Imagine the compulsion of rearranging every object without ever finding a satisfactory layout for them; or living in constant fear of having left the door unlocked and coming back to check it again and again, trying to avoid some feared calamity that feels unavoidable. Or on the bus, always searching for the seat that is nearest to the exit to avoid being trapped if there's a crash, which never happens but always might.

Imagine the fear of a mother that sees their child open their eyes for the first time, and at that very moment feels the pain of having no hope of being able to protect them. A compulsion that will drain all of her strength making her fear every moment of sleep.

Imagine a woman under the constant fear of developing a tumor and who is repeatedly checking for lumps in her breasts again and again; her search as disquieting as it is irrational and unstoppable.

Imagine someone who is hostage to the absurd inability of just going out to the street. Or someone who obsessively avoids going downtown because of the traffic, plotting alternative routes and detours because they need to get somewhere, but each day the list of acceptable streets keeps getting smaller, and the interest for things outside diminishes until they get excluded from normal life.

Imagine how it would be to feel afraid of hospitals and injections, which would make a medical procedure such as anesthesia completely impossible and would lead to an intolerable state of helplessness.

Or feeling so afraid to suffocate at any given moment that before going anywhere a long list of preparations must be done, such as having to take a bottle of water at all times.

Imagine what it would be like to feel an irresistible but unbearable disgust for your body, and having one operation after the other, expecting that the modifications obtained through surgery will make you beautiful and bring you peace, but that peace never comes.

Imagine feeling that there is something wrong in your throat and for that you stop eating and have successive exploratory procedures, each more invasive and complex than the last, without finding anything.

Imagine having the heart jump in your chest every time the idea of the Devil appears in your mind. Or feeling so afraid of losing your mind and in a psychotic episode doing the unthinkable that you lock every knife and sharp object in your house.

Imagine feeling so afraid of dangers from the outside world that you lock yourself up behind security doors, panic buttons, and electronic surveillance devices, which are ultimately useless because the real danger is already inside.

Imagine the fear of being alone even for a moment, always clinging to the presence of friends and family to the point that they get so exhausted that they finally run from you, leaving you alone.

Imagine the compulsion of rummaging several times through the garbage just in case some vital document or paper was mistakenly thrown away, resulting in ruin. Or feeling panic any time that death or judgment are mentioned.

Imagine feeling the sudden fear of driving your car, or overwhelming vertigo for that reason having no choice but to restrict your horizons. Or feeling panic every time you hear the flutter of birds nearby.

This list could go on and on and on. A whole compendium of tribulation.

Contrary to what many people believe, these cases are not suffering (as some brainy experts say) from the rush of this modern era, in which stress and consumerism are the most pervasive evils. These ails are almost exactly the same as the ones that afflicted people through history. And once again, against the most widespread “common sense”, people suffering from those issues are not different from you or me, as we also face uncertainty in our lives by using certain tactics and

precautions. The difference is that their burden is much heavier than ours and that quantitative distinction is what separates them as “sick.”

The outside appearance of a person doesn’t show the depth of the suffering inside. And usually not even the person that is suffering from is aware of their pain or can admit their problem. They believe, as everybody else does, that neurotic people (and that is a peculiar and awful name) are different or weak, that they are unable to take life seriously. That they are people with no willpower, lost in the crooked paths of comfort and pleasure. Such feeble explanations can’t resist the most basic analysis, but moral judgment replaces logic too often.

These torments are not an essential part of the people that suffer from them. They are not caused by genes, race, the hole in the ozone layer, contamination, or any such reason. These types of distress so deeper that the ones suffered by the rest of people are a mark of their personal passage through life, adversity or bad fortune. And they way bad fortune is distributed among people is unpredictable, so nobody can claim merit for being excluded from such a fateful draw. It is part of the universal and ineffable drama of life, and their only sin is being caught in the whirlwind without having had a chance of examining themselves. Without a moment of comfort, relax or leisure; every bit of strength used to resist.

And this drama has an even more painful element that the symptoms themselves, or suffering the indolence of others, their rejection, their insults or even the precariousness of life, which is those cases is common. The worst pain comes from the contempt that a person can feel for themselves. From the moment that a seed of dissent is planted in the inner dialogue, no peace will ever possible. This inner discord, encouraged by multiple insults directed to oneself and the feeling of being alien, different than regular people, this is the greatest of all evils, the most insufferable pain.

Many people succumb to their fear and pain, and they are often seen as weaker than most. From them, only a few have had a chance to escape from what our ignorant culture calls madness, and which I call a terrible burden that fate put upon them. The way they regained their freedom was finding an explanation to their torments. That is the only possible way of finding a way back into peace. They found enjoyable experiences to replace the painful ones that led them astray. Most others found inside a mental institution a way of easing the strain, sadly through paying the price of numbness and lethargy.

Most clients that come to a psychiatric practice are treated through an organicistic approach that prescribes medications. This is based on the wrong assumption that the cause of their problems is chemical in nature (when the real explanation would not be so hard to find elsewhere.) As chemistry has been found to be so effective against infections it is presumed to be equally effective in eliminating these symptoms. Then, the answer given to the enigma is not a reason but a pill, sadly resembling the ways of ancient times when magic provided the restitution of health through the expulsion of evil or the introduction of a wise spirit that from within would repair the broken mechanisms of the human spirit.

For this reason, in modern times Medicine has chosen to ignore anything that cannot be seen through the microscope or the x-ray machine. But the present crisis is leading Medicine to study human suffering in a complete way that includes the somatic and spiritual aspects of the person.

Humanity has, up to this point, dedicated attention and effort in becoming free in a material sense and ensuring survival, following the motto: “to live first, to philosophize second.”

Through history, the constant companions of the human condition have been war, disease, famine, catastrophe and cold. After so much suffering we can now hope that humanity can direct its attention towards the next great challenge. Now that humanity is becoming free from immediate material needs, at least especially in more advanced societies', it can tackle the revolution of the future: the complete understanding of man and its world, and in which none of his dimensions, physical or spiritual, are excluded.

This understanding is the fundamental issue of Psychiatry. Let's study it.

Chapter 4
THE MAIN TOPICS OF PSYCHIATRY

The artificiality of psychiatric classifications

Phases of the same reality:

Anguish

Depression

Psychosis

THE ARTIFICIALITY OF PSYCHIATRIC CLASSIFICATIONS

Through the years, I've been witness to a common theme in Psychiatry: Euphoric conventions and an endless stream of publications filled with optimism and triumph, which make up a striking contrast to the frustration that is to be found in its practice. Every speaker, without exceptions, finishes their speech by saying that "though at present the definitive solution has not been found (for this or that particular disease) the discovery of this substance (which in every case is the reason for the dissertation) is a clear foundation and clears the way for its definitive treatment and eradication." Words such as these are evidently rooted in the dubious scientific spirit that always places truth in the future, for which the philosopher Ortega y Gasset labeled it the "stultifying opium of mankind." I have seen countless endorsements of new medications that now are obsolete, vigorous expressions more of faith than of sense. Once the enthusiasm and euphoria died down, they left no more trail of their passage than fireworks after the festivities have ended, and the decorations are taken down.

Congresses on Psychiatry are based on specific topics following a trend that is always changing. Roughly between 1968 and 1975 the main topic was schizophrenia, a dreadful name coined by Eugen Bleuler (1857-1939). He described schizophrenia as a group of symptoms characterized by the prevalent manifestation of a form of irrational thought known as delusion, and a special mode of perception that doesn't conform to the real objects perceived by the senses called hallucinatory perception.

Schizophrenia became the foundation for endless discussions, and the inspiration for a myriad pseudo artists, writers and painters mostly. Under the impression that everything is valid in a split mind (schizo comes from schism, division) they found a pretext for skipping discipline, form and technique, feeling permission to paint an eye on the neck, or smile on the back.

Those were unforgettable and tumultuous times when the set of values and laws that had up to that moment ruled the lives of people was taken down. The hippie movement that was born at that time represented a break with the traditional notion of family, replacing it with a eulogy to nature, meditation, a fascination with Eastern cultures and using hashish. It is most probably the clearest example of those revisionist days of opposition and rebelliousness.

The general disillusionment with the world, immersed in constant conflict, filled with orphans, poverty, and horror, was confronted with hopes of a new reality based on peace and cooperation. This disillusionment was deeply ingrained in the spirit of this new philosophy that, lacking content of its own, limited itself to preaching against laws that smothered initiative and suppressed the spirit of adventure that every person believes they have inside.

Now that the rules were out the window, everyone could paint, write or perform. The only rule was to express what was inside, without the constraints of craft, systematic study or previous training. Velazquez wasn't the only one allowed to paint (this was a common phrase in those times). Every person had a message to convey, and they only needed to dare to express themselves.

In this way, a multitude of geniuses discovered "the artist within" without having to attend art lessons. This was the stage where provocative theater, abstract painting, protest songs, impromptu and art cinema, and grotesque culture, among others, were born.

It was only inevitable that all this cultural movement would leave a mark in Psychiatry. The notion that "everything goes" that was pervasive in those days' ideologies found a match in the passionate study of schizophrenia and delirious discourse (which is speech that comes from free association thoughts, without punctuation or any connection to what we understand as truth.) This was a proper ground for breaking apart from limitations, frustration, prudence, appropriateness and order. From this standpoint, the beginning might be located at the end, to the right or left, up or down, and everything's place was where anyone would care to put it. In any case, this was a time consistent with the previous years and closely connected to them.

But let's return to the medical conventions of the time. As there was no effective therapy for schizophrenia all efforts, mostly rhetorical in nature, were directed in the direction of establishing a diagnosis. This research became, for lack of a better word, a juggling act that allowed many erudite professors to show off a skill that is as useless as they believed it to be extraordinary.

So in the end schizophrenia, which is a diagnostic term so vague and born from the contrived need to reduce to one single word the wide gamut of personal situations, became the doom of those who couldn't establish a precise diagnosis like Frankenstein's monster rebelling against its creator. Countless hours were dedicated to defining wit accuracy what was to be understood as schizophrenia, which itself was originally devised in a theoretical and artificial manner.

These trends are not eternal, and as things go out of fashion it was only a matter of time until people grew tired of such a sterile discussion, and lack of interest brought an end to the reign of schizophrenia. Its place was taken by another condition more closely related to everyday life: depression, which up to our present day occupies the forefront of social and psychiatric attention.

Once again we seem to have found, this time in depression, a new phenomenon caused by the frenzy of modern times and its pandemics of hedonism, disbelief, and competitiveness. One might think that through history, mankind had never encountered despair before when it had always been its overt or veiled companion.

The study of depression brought the same discussions and detailed description of symptoms that are related to this diagnosis, and the firm belief that a miraculous medication could be the cure for this suffering because mainstream Psychiatry views the brain of the person who suffers from depression as a chemical laboratory that, unfortunately, lost the ability to produce some vital substance that only science can replace.

In the middle of all this mindless pursuit, psychiatrists, who were subordinated to classic medicine were so busy studying the symptoms of depression that instead of trying to understand its

workings and causes, were barely keeping up with the latest developments so they would not be taken as outsiders, charlatans or heretics. This is a prevalent fear in psychiatrists that prevents most of them from recognizing in every mental illness the clear consequence of life's circumstances.

ANXIETY

The evolution of Psychiatry walks the same path as all other knowledge disciplines, going from complexity to simplicity, and from the surface to the essence. Botanics, for example, began in its early stages through collecting specimens, describing in detail all the variations in form and particular differences, grouping them in different types and families and eventually discovering their common traits. That is, going from multiplicity to unity.

In arts happens the same thing. Painters gain through practice a command of technique that allows them to finish their works with fewer brushstrokes, needing each timeless material to express their vision, leaving the detail out in favor of broad concepts.

H grown tired of tidy descriptions of details, a branch of Psychiatry is veering towards understanding spiritual suffering, and if once it believed to have found a wide range of different ails now it wonders if they don't all have something in common, something connected perhaps to the uncertainty of life itself. As if there was some common trait among all kinds of psychological distress, born out of the relationship between the person and its helplessness in the world, and that trait is what we call anguish.

Before we deal with anguish, it's interesting to review some of its many different manifestations. All of us have experienced some measure of a singular and disconcerting feeling that is a combination of restlessness and uneasiness that is similar to fear but disconnected from an explicit origin or justification.

This unnerving combination of permanent dread, deep fear, and stress can be triggered by the most varied and unexpected situations, such as going through a tunnel, closing the doors in an elevator, climbing beyond certain height or if the name of an animal is mentioned, like a spider, a snake or a mouse.

This feeling suddenly takes over the person as a predator jumps on its prey, assaulting the mind with criminal, absurd or painful thoughts. For example, a mother might feel this as she puts her children to bed, compelling her to hide sharp instruments from her sight and compulsively closing all the windows.

This horrible sensation can present itself in the middle of the night, violently waking up its victim covered in sweat, with the vague memory of desperately trying to flee some immediate danger as their legs couldn't move. In other cases, sleep is interrupted by a sensation of not being able to breathe, feeling asphyxiated.

Someone leaving the house for work might feel, just as they're closing the door, that they might have left the gas open, and they can't leave without checking and rechecking the position of the gas tap. As time passes doubt is not dissipated by contrasting the fear with reality, and it grows stronger each day until it goes beyond reason.

Some people find themselves washing their hands multiple times without finding them to be clean enough, and as their good sense and logic grow weaker in this regard, they use stronger detergents until their skin deteriorates and fills with sores.

Anguish can take the form of fear of contracting a grave disease, condemning the person to an interminable list of medical consultations and tests, and having their cabinets transformed into stockpiles of medications. That fear sometimes subsides after a surgical procedure, even a simple one, only to return later stronger than ever, as if it could only be placated by some measure of physical pain.

A woman secluded in her religious life might begin to feel the uncanny fear of having some evil express itself through a blasphemous word or an involuntary glance at the body of Jesus, feeling that her energies are slowly and surely faltering in a fight that is uneven and incomprehensible.

After retiring, a judge begins to doubt the fairness of his past rulings and compulsively revises his court records one by one, without finding comfort, while his friends and family start to wonder about his long hours rummaging through old files.

A person might start to sweat and feel palpitations at the moment they have to sign the most ordinary of documents, having to hide from other people just to be able to do such a simple thing.

Anguish can present itself most unexpectedly, as an invisible enemy that is always ready to strike at the most common situations such as when a person receives a promotion, or some good news or is about to celebrate a happy occasion, and it forces the person to pretend, and even to quit if that will bring some measure of relief. This withdrawal from the action (or “failure syndrome” as Psychiatry named it, following the tradition of classic medicine) can originate the strangest behaviors, for example, that of a person who cannot wear new clothes unless they have been previously used by a relative.

All of these situations, which might seem comical at first if we disregard the suffering involved, are rooted in anguish. A clear example is Teresa, a middle-aged woman who was unable to establish physical contact with her mother, whom she allegedly adored and admired for being able to sustain twelve children after losing her husband. She can’t bring herself to visit her mother, and she avoids any form of contact with her mother during every encounter. In one occasion, she helplessly said that she had let her mother tumble and fall in the street without being able to help her. “I couldn’t help my mother out of fear of touching her,” she said sobbingly. “You can surely see the magnitude of my tragedy. I cannot kiss any member of my family, and I can’t stand the sight of them kissing or touching in any way, neither my children nor my husband.” Teresa’s strength is spent in trying to avert a risk that she can never completely eradicate, as something might slip past her defenses at any moment, for example through the mail, or in the propane containers delivered to her house. So she obsessively sterilizes everything with bleach before it enters her home: propane containers, mail, and even coins.

Sometimes anguish shows itself in excessive hand sweating, which can be quite the problem for someone who works with people. In other cases, it covers itself under the guise of blushing, stammering or throwing up in public, or even screaming, stripping or indecent behavior.

Some homemakers feel this in the form of anguish every time a family member goes out at night or leaves on a trip, forcing them to remain constantly alert. The vigilant behavior of some mothers which is often explained by saying that they are too loving or overzealous, is, in fact, a way of coping with anguish.

There are other cases in which anguish expresses itself openly, showing its true level of cruelty and drama. One particular case was Enrique, a 27-year-old man who had been committed several times, during which he had moments of frantic activity and was uncontrollably talkative. He was usually endearing and funny, but during his last internment he had a panic attack. His face showed an expression of deep horror and his gaze was fixed on some indefinite point in the small room he occupied as if he were watching horrific scenes and received terrible and unavoidable commands. He finally cried: “Will you never leave me be!” and suddenly threw himself out the window of the fifth floor. There was no enemy outside. The cruelest enemies always lie within. They are the most cunning and coward of enemies, those who would not kill but force people to end their lives, in a perfect crime that leaves no clues behind.

These are stories where anguish shows its highest intensity. Such was the case of Lucio. He came to the Sanitarium suffering from a mystical compulsion that moved him to continuous prayers and the endless repetition of unintelligible ceremonies. In the morning when I arrived he kissed my hand as if I were a Bishop, and in his religious fervor he came to the point of eating a plaster crucifix. On every other account, he was a gentle boy, very kind and clever. His lively face and constantly moving gaze gave him a roguish look, which added to his pleasant disposition made him quite attractive and dear to everyone.

He had lost custody of his two children and hadn’t seen them for quite some time, and I believe that, on some level, he felt that he would never see them again. On one of his visits, his father told me that I should convince him to forget all about them, by using the usual educational tone that relatives of this sort of patients employ when they want to teach someone how to bring someone back on track.

How contradictory life can be when a doctor is asked to cure his patient by telling them the very thing that might drive them insane! What kind of mental health requires losing your children?

Lucio had renounced of knowing where his children were out of fear of causing them harm. With such a heavy burden, he tried to find a home in the Sanitarium and its people but as strong as his hope was a hospital can never replace home; it is only a place to stay. In the end, he threw himself off the train that was taking him back to the home that he never felt his own, and of which he had been forced to leave at a very young age. The incredible sadness he showed every time he took his children’s pictures out of his wallet, eventually compelled him to find elsewhere the peace he had never been able to find.

Some situations are incredibly sad, as the case of Ester. She was afraid that her son might be a midget, so she constantly watched him and measured him. The reasoning and advice of her relatives and friends weren't enough to stop her absurd and compulsive behavior, even when she knew that they were right.

This horrible feeling is not reserved for adults. It also affects children, sometimes as night terrors that disturb their sleep and, like tiny sleepwalkers, tumble to the safety of their mothers’ beds. We might even consider that life isn’t but a special form of sleepwalking that takes us back to our mother’s lap, but I digress.

We could compile a very extensive catalog of distressing situations which are apparently different though all of them share the same structure: A person feels overwhelmed by an indescribable suffering, feels completely helpless against its arbitrariness, and it always leads to losing peace and progressively losing interest in life’s affairs. The reason for this detachment is that anguish forces the person to take a series of protective measures ranging from simple avoidance strategies to convoluted chains of actions that never bring security. This is the way that leads to

obsession, compulsive behavior, and phobia. The first two always present themselves together, which is why they are commonly known as obsessive-compulsive behavior, and they are active measures that try to contain anguish and work in the same way as religious rituals do: trying to twist the Divine will. Phobias, on the other hand, are acts of renouncement.

All of these examples can help us gain some understanding of anguish, and allow us to recognize its presence in some moments of our lives in nightmares, obsessions or ritualistic behavior, even though it's not a part of it now, or its influence is negligible. Perhaps this will allow us to sympathize with those people who have experienced it more strongly and for a longer time.

Some of its rituals can be found in any person's life. Walking without stepping on the lines in the sidewalk, counting the tiles on the floor, feeling disgusted by the idea of swallowing saliva and as a consequence spitting continuously (which might be a manifestation of self-disgust), or compulsively tidying up the room before sleeping or studying. All of these are externalizations of an inner conflict.

Anguish is an experience known to all people, and, for this reason, it doesn't belong to the scientific realm of discovery, but to the cumulative experience of personal history. This is the reason it's a huge mistake of classic Psychiatry to consider anguish to be an abnormal or pathological phenomenon. The terms "abnormal" and "disease", when appropriate, should be used with the utmost caution because they are imprecise and demeaning.

The great Miguel de Unamuno once wrote: "And further, man, by the very fact of being man, of possessing consciousness, is, in comparison with the ass or the crab, a diseased animal. Consciousness is a disease." So, what is the basis for psychology to speak of disease when addressing some particular trait?

Psychiatry focuses on gaining recognition as a science in the traditional sense of the word. Because of this, it addresses these phenomena as if they were extraordinary and unrelated findings. So firstly it gives them a name and follows with a definition. In this manner, French psychiatrist Pierre Janet (1859-1947) defined anguish as "aimless fear". This definition has been repeated endlessly without thinking. But as for the rational mind there is no effect without a cause, and there is no suffering without reason, we might assume that what he meant by his clever definition was that it is fear of cause unknown, not cause inexistent.

Later, Freud gave an answer to this question when he stated that there was a part of the human psyche that is beyond consciousness and named it the unconscious. In any case, providing a precise definition of anguish, as is the case with any phenomenon taken from human experience, is almost impossible. Fortunately, we don't need a perfect definition to gain an understanding of it; we just need to know its most salient features.

If there is a clear component of anguish, it is undoubtedly fear, the distress that is experienced in the anticipation of an impending evil. The feeling of helplessness against some danger sets in motion a series of defensive reactions, from muscular tension to hormonal secretion (which are always present as a general mechanism for coping with danger), and anguish brings a wide set of physical and psychic alterations.

Fear, uncertainty, panic, insecurity and despair can completely alter human behavior and cause all sorts of defensive reactions. Trying to escape anything that makes us afraid is one of the strongest and most constant drives during the day. Fear is our most inseparable companion, and though we don't see it, it at the very center of our attention and rules our every move. Anguish is a price that we pay for existence. When it becomes unmanageable, it's a clear sign that our

individuation process is stagnating, and that our process of imposing our will on the environment is about to fail or has failed. Anguish is nothing else than a telltale sign, and any attempt to suppress it without digging to find its roots will achieve nothing more that the effect of suppressing a call for help without answering it.

For this reason, when we as psychiatrists are required to certify a diagnosis of anxiety neurosis we do it reluctantly. This unwillingness is evident in medical reports so illegible that they seem to be intended for decryption rather than guidance. It is only natural to do so, as it's difficult to admit that the same diagnosis could is applicable in some degree to anyone.

Anguish permeates almost every detail of our lives. If existence were separated from fear and uncertainty, religion would become to us something insubstantial, a piece of fiction (the Latin root of religion, "religio," initially meant caution or scruple). The fundamental element in religion, which is Liturgy, is similar to the never-ending rituals of obsessive neuroses in the fact that it seeks to attract the help of higher beings. Prayer, communion and sacramental ceremonies are but remnants of ancestral rites through which men tried to secure a covenant with divinity and ensure safety. Confession, as an anticipated form of voluntary humiliation, is a way of maintaining the allegiance with divinity. Baptism is a way of placing newborns under divine protection. This can be found in every significant religious event in a person's life, a life that is constantly marked by fear.

Work, study and being permanently busy are more subtle and modern ways beyond religion, through which people try to keep uncertainty at bay. There is no circumstance in life that is free from the constant relationship with fear. Even the habit of reflecting on the day's events before going to sleep can be seen as no more than a way of putting things in order so that we can sleep soundly. And sometimes that is not enough, as nightmares (which are no more than elaborate disguises that our anguish uses to parade) bring bitterness to the moment that should be our peaceful refuge. Against such an enemy, all precautions are insufficient, and none is complete.

Anguish is inextricably connected to life; it is the result of the dialogue between ourselves and the world, a dialogue marked by the fear of not being, of disappearing, of dying not only in a physical but in a spiritual way, of ceasing to exist even if our hearts still beat in our chests.

If we search for its earliest manifestations, we find the image of a baby crying when their needs are not being fulfilled. An overwhelming frustration, angry face and cries of despair. The eyes of the child are searching around the way a lookout searches for the shore, and the tiny hands grabbing air and trying to find the folds of clothing that anticipate the presence of the mother, the one person who can put an end to this unbearable separation.

This scene contains elements that will be present in episodes of anguish: the overwhelming sensation of panic, extreme helplessness, and a collection of coping mechanisms such as involuntary movement, tachycardia, dyspnea (breathlessness), dysphagia (difficulty in swallowing), sweating, etc.

For this reason my dear Professor Gómez Bosque wrote, with the sensitivity, clarity and passion that always permeated his way of teaching, that: "Perhaps the child experienced for the first time in the desire of reaching for the maternal bosom to satisfy hunger and thirst, a need that will never disappear for the rest of his life."

The mucous tissues of the respiratory and digestive systems are the first means of contact with life, and later become the gates through which sustaining life is possible. Their sensations will channel the most primal expressions of fear, which are asphyxia, hunger, choking and palpitations, all of them heralds of anguish.

In the future, the digestive and cardio-respiratory systems will become the voice of those cries of panic that the person can't consciously express. In other words, the mysterious impulses from the depths of the human soul and its affections will translate to physical manifestations, going back to the times when the motor and verbal expression weren't developed. This phenomenon is known as somatization or body transposition of affections. It is the result of a complex process that begins with excitation of the limbic region of the brain, where supposedly emotions and affections reside, and is transformed into electrical impulses that are directed to the skeletal, vascular, visceral and glandular muscles, producing the symptoms of anguish.

This chaotic muscular discharge is the cause of many of the digestive, cardiovascular, hormonal and dermatological disturbances that are often treated as if their cause was only organic. Many symptoms commonly taken as exclusively physical in nature are veiled manifestations of anguish. In these cases, every effort of the physician in attributing them to the malfunction of one specific organ will only be able to ameliorate the symptoms or transform them into different manifestations, in a process that can be called the "symptoms dance."

This explains the case of people that repeatedly visit the physician and are subjected to numerous explorations and treatments, testing to the limit the abilities of the doctor and causing great concern, while the real cause of the problem is not to be found in cells or tissues, but in despair. As Kierkegaard called it: the one deadly disease.

On August 7, 1997, newspapers spread the news that some scientists in the United States were able to decipher the genome of the bacteria "Helicobacter Pylori." This was hailed as a fundamental milestone in finding a cure for gastric and duodenal ulcers. But one thing is to decipher the genes of said bacteria, and another is to develop specific drugs to treat ulcers. I am sure that the cause for the alterations in the mucous walls is more complex that the action of this microbe. It seems that the reductionist dream is among us once again. But let's continue with the subject of anguish.

Anguish and fear are not the same. Fear is the companion and predecessor of anguish. A person can be afraid without feeling anguish, but there is no anguish without the presence of fear. But the fear associated with anguish is not restricted to the possibility of physical demise.

As a consequence of its evolutionary development into being the dominant species, humanity has the ability to reflect, to wonder about the universe and life, to engage in an internal dialogue and to see itself as an individual entity, separate from the world and at the same time part of it.

Evolution has given mankind a capacity that is probably beyond the grasp of other species. This capacity allows it to contemplate its own existence, to envision itself from the outside and to self-regulate in the same way that a thermostat monitors the temperature of a boiler. It keeps us aware of the position we occupy in the world.

The consequence of this sense that allows us to achieve purposes other than survival is that we have to accept the experience of the fear that comes from knowing that we are living in an environment where nothing is certain. Our particular gift provides us with the possibility of knowledge, as knowledge would be unattainable if we weren't able to see ourselves as separate from what we observe. In the rest of the animal species, the blend between the observer and the observed explains their slow progress and their lack of anguish.

A friend of mine used to tell a story to show how the advantages that come from innovation bring negative consequences that did not exist before. He said that the world was ruled by the military law of night raids. If anyone asked the meaning of that, he acted the part of a military

Sergeant trying to explain to his subordinates the nuances of executing a night raid: “Soldiers! Executing an attack during the night has the great advantage that the enemy can’t see us, and the disadvantage that we can’t see them!” So, being human has positive and negative consequences.

Another part of anguish is the experience and fear of separation. It appears at the first moment of our lives when we are born when we are violently expelled from what was paradise to us. From that moment, the love, care and attentions from our mothers will be an alleviation for that first and terrible experience. In any case, birth represents the tearing of the veil of innocence and absolute trust. From that moment, the child knows that there is a price to be paid for the fleeting moments of peace.

This teaching will become deeply ingrained in the child’s soul, and will form the basis for moral consciousness, which is the residue of the love and respect for parents and will become the inner place to find shelter when the maternal care is lost. From that point, the life of the person will be defined by an inner dialogue with this moral conscience. And in the same way that an archeologist can recreate the past from traces and remains, the careful observation of this inner dialogue allows us to discover the conditions under which the person developed and to reach a satisfactory explanation for many attitudes and behaviors.

But there is another dimension to the individual. Besides being a helpless creature, it is above all things a link in the interminable chain of its species. The place each person occupies in the world, and the fundamental traits of their inner dialogue depend on both their state of helplessness, which is dependent on how they were raised and the forced resignation of selfish interests in favor of the interests of the species, which is part of education.

There are two factors in this process. On one side, there is the inner core of the person, which in psychology is known as the Ego, or Self, whose strength is inversely proportional to the intensity of the difficulties surmounted during development. On the other side, there is an element known as moral conscience, also called censorship or Super Ego, which is a representation of the authority of the parents and the demands imposed by the environment. Some examples of its effects are sphincters control, the regulation of sleep and feeding schedules, schooling, and all other factors that remove the child from dependence.

The nature of these two voices will determine the characteristics of their dialogue (which can be friendly and hospitable or accusatory and brutal), and will influence how the person will treat itself, which will be a reflection of how they were treated in their earliest childhood.

The quality of the friendships that this person will develop through life will also depend on this dialogue because usually a person will treat other in the same manner that they treat themselves. In this sense, we can say that every person has only one kind of relationship with the world though for short periods of time they can try to show another. For this reason being a loyal friend is not something that can be improvised, and is not attainable by everyone.

Anguish will present itself on every occasion where the impulses of the Ego are postponed in favor of external interests, or to put it in another way, when the Ego is forced to live a life that is not its own. Deep inside every expression of anguish there is a form of self-denial that the person is unaware of; some sacrifice of which the only trace is a feeling of anguish. This is the reason anguish is a clear sign of stagnation in the individuation process, of the person’s failure to impose their will on the world. It also explains why any attempt to eliminate its expression implies some level of spiritual death for the person.

Anguish creates an instability that needs to be resolved. Its intensity is inversely proportional to the degree of strength of the Ego. One of the spontaneous mechanisms to resolve anguish is attachment or dependence, which is reminiscent of the drive to return to the original state of the womb, where there is no need, no thirst, and no hunger; where there is no uncertainty or remorse, and there is only peace. A state of being described by the Hindu religion as Nirvana.

That liberating captivity will be pursued in vain through life. Only the successive failures to attain that state will prove it impossible. And when the impossibility of that desire is finally accepted, the person will settle for acceptable replacements that will become coping mechanisms. Their effectiveness will determine the intensity of the episodes of anguish.

Anguish not only affects behavior, but it also inspires many philosophical views. Based on the notion that life is, at best, an inexhaustible source of suffering, the cynical school of thought extols the virtue of renouncement as the best way to achieve peace. It states that if every desire breeds the possibility of frustration and suffering, the eradication of desire will protect men from pain. This attitude is not unlike the most dominant religious view through history; that states that the world is a valley of tears and that all of our hopes must be placed in a paradise that lies beyond death. And that our lives must be dedicated to dominating our passions and ambition. It's also similar to Schopenhauer's recommendation to eliminate the "will to live" as an infallible formula to emerge undamaged from the perils of life.

We must be able to discover the message hidden in the phenomenon of anguish if we want to understand some paradoxes of life, such as the one described by Erich Fromm in his book "Escape From Freedom." He writes that the conquest and enjoyment of freedom require us to renounce dependence and symbiosis, and as a consequence to accept the risks that come with being responsible for our lives. To achieve this successfully we need to have a strong Ego, in the same way that democracy, which is the ultimate expression of collective freedom, needs the support of a society that has developed culturally and economically.

Returning to how modern Psychiatry deals with the subject of anguish, some feeble minds, unable to reach beyond appearance, state that we are living in a time of anguish as if it were some temporary fashion. Such minds see the world as a succession of new and amazing phenomena to be discovered and named. In my student years, I knew a celebrated professor that believed to have discovered a new psychiatric condition that he dubbed "Anxious Thymopathy." His position allowed him to enjoy some prestige, but his discovery was forgotten not long after his retirement.

Some followers of his spirit today speak about the homemaker's anguish, or the post-partum anguish, panic attacks or other variations from the same perception that they are all different conditions. In the end, all of those "discoveries" are nothing more that mirages, figments of an imagination that see a thousand suns where there are only a thousand reflections of one sun.

We owe to Sigmund Freud and his rigorous and independent spirit the discovery of a link between all those apparently different phenomena. Thanks to him in medical psychology all of these diagnostic entities are essentially the same and they only differ in detail. And the name of this common link is anguish.

Contrary to other studies, the object of psychiatry is finding the indivisible unity of the person that always expresses itself in a complete way, even in the most insignificant and casual manifestations.

DEPRESSION

Returning to a previous explanation, one of the earliest ways of coping with the uncertainty of life is to find refuge in regression. Regression is an attempt to recreate the ideal conditions of absolute dependency that we supposedly experienced in the maternal paradise from which we were expelled at birth.

This unconscious mechanism can never fully achieve its purpose because it demands in exchange for a meager profit the amputation of much of the person's achievements. Anguish is the result of the conflict between the drive towards personal realization and the obstacles that stand in its way. It can also be explained as the effect of the resistance that the Ego presents to prevent its disappearance.

The strength of the Ego will determine the result of this struggle. If the difficulties are too great, or the Ego is too weak to face them, the state of anguish will be replaced by a state of surrender known as depression.

In the same way that a beam that has supported an overload for a long time ends up caving in, any psychic structure that bears the weight of anguish for too long will weaken and eventually collapse. Because of this, anguish and depression are stages of the same process, of which the only remedy requires a thorough understanding of the circumstances that caused them.

If we consider that the causes of this struggle are present in every person, though in different proportions in each particular case, there is no reason to consider anguish and depression as separate. They are part of the person's atmosphere through all their life through their quest for some measure of stability that will rescue them from uncertainty.

Anguish and depression are then, interdependent. Anguish is the precursor to depression, and depression is a natural consequence of prolonged anguish. Depression is but the second act of a play that always begins with anguish.

Anguish is related to struggle and life, as depression is related to cessation and death. Miguel de Unamuno writes about the Agony of Christianity, its struggle to avoid disappearing. Anguish is similar to this, as it shows interest in life, hope. But in the same way that materials are eroded, the psychic structures are weakened by excessive effort and eventually collapse. This is the reason why the meaning of hope is lost after one final disappointment, and the person feels like an exile far away from home, and life feels like it was a sarcastic joke, a nightmare.

Anguish and depression are stages of the same process. The former is a way of trying to regain balance, and it requires great amounts of energy. For this reason, anguish provokes tiredness. Depression, on the other hand, is the highest level of fatigue, decay, surrender, hopelessness, pessimism and ultimately, death.

There is no need to refine further the differences between anguish and depression.

But it's important to understand the factors that participate in their origin. Around the beginning of depression we can usually find a specific event that can be an accident, the death of a relative, a conflict at work or another event. Though they are apparently the cause, they only serve as a trigger for the recollection of past events buried in memory that are so unsettling that they've slowly undermined the whole psychic structure.

The recent events that the patient sees as the cause of their distress are only the final straw that breaks their resilience. A real traumatic event represents a break with the path that lead to the

present. On the contrary, the event that the person perceives as the cause of their breakdown is but the last of a chain of events that contributed to preventing their personal realization.

The real cause of suffering is not the separation from external things such as people, wealth or honors, but for the loss of something far more valuable: isolation from itself, from its personal project and the ideal image of self where self-value resides.

The root of spiritual suffering is always located at the beginning of life though it appears to be connected to more recent events. I remember the case of a student with a brilliant academic record that was suffering from depression. His father attributed his son's condition to some recent school failures. If this were the case, universities would be filled with future mental patients. On the contrary, it is necessary to discover which specific psychic structures are connected to recent events. Because though external circumstances can be a cause for concern, only their impact on a weak psychic structure can provoke a mental breakdown.

One of the consequences of depression, fortunately not too often, is suicide. Suicide can take two forms: Physical suicide, which is the death of the person, and the suicide of the spirit, which is madness.

In most cases, depression is consumed in the development of physical symptoms known as depressive equivalents. These manifestations can be extremely varied and under its many disguises depression usually comes to the doctor of internal medicine and finds a myriad tests and explorations that unnecessarily increase healthcare costs.

PSYCHOSIS

The symptoms of depression can be so severe and unbearable that the psychic apparatus devolves in a mysterious process that transforms depression in a completely opposite state, where passivity turns into action, pessimism becomes megalomania and tiredness disappears and is transformed into an inexhaustible vitality.

This condition is called mania, and it is recognizable by periods of frantic and ineffective activity, where the person can remain for days without the slightest sign of fatigue. Mania is not a disease in itself, but a response to an intolerable state of decay.

Organicistic scholars believe to have found an anomaly in the tail of the 18th chromosome to account for this, choosing to ignore the cyclic behavior of nature that can be seen in the motions of the sea, the successive phases of the moon and the periods of feminine fertility, among other examples.

The consequences of the prolonged conflict between the person's aspirations represented in the Ego, and the environment's demands, represented in the Super Ego, sometimes don't end in the states of anguish, depression or psychosomatic symptoms. If the conflict is too great or if it lasts too long, the psyche "resolves" it by escaping reality and creating an alternate reality that is more tolerable.

This involuntary process is present in psychotic disorders such as schizophrenia, where the Ego stops mediating and is replaced by an idealization and omnipotent version of itself. This is the case in delusional states where the person stops being insignificant and becomes an outstanding character, which can be an "envoy of God," or "the persecuted author of an invention that will change the course of history."

These fantasies relieve the stress caused by helplessness and feeling unbearably insignificant. Usually, a psychotic break is preceded by a terrible period of insomnia, confusion, and despair.

Miguel de Cervantes shows like no one the moments before the decision of Alonso Quijano of becoming a Knight-errant, showing the uncertainty and hardships that precede the psychotic break, right before fantasy becomes a reality. He tells the story of how this character, who had for some time abandoned his farm and sold most of his lands, spent a few nights awake reading chivalry books. But he had long before become fixated on the image of the Knight-errant until it had become it's only thought. This is evident in the questions he had asked his priest about who had been the greatest knight, Amadís de Gaula or Palmerín. In the end, his decision to become a knight put an end to his anguish and freed him from his feeling of insignificance.

To summarize, the feeling of helplessness is the cause of anguish. Anguish can take many different forms. Its intensity and duration can transform it into depression and somatic disorders, which can eventually become a psychosis.

The least important thing is finding a name for all these consecutive states, as they are transient, and one can lead to the other. The fundamental issue is finding a satisfactory explanation for the existential conflict, based on the personal history of the person.

Chapter 5
THE PILLARS OF PSYCHOANALYSIS

Unconscious

Transference

Repression

Freud was usually compared to Darwin and Copernicus because his work shook the foundations upon which humanity's arrogance had rested for centuries by drastically changing the way we look at ourselves.

After Darwin and Copernicus, we had to admit that we are but a part of a wide array of living things, biologically related to lesser creatures, and living on a planet that is no longer the center of the universe.

Through Freud, we learned that we have within ourselves a "back room" where we unintentionally keep many despicable affections and feelings. Freud's vision was borne of applying the principle of causation to the study of the human personality. The notion of "Psychic Determinism" was the guiding principle for his psychoanalytic theory, and its fundamental implicating is that no mental event can be taken as accidental or arbitrary. The use of determinism in the study of mental phenomena was the milestone that elevated psychiatry and psychology to the standards of science, liberating them from the deadlock where the materialistic and descriptive approaches had trapped them.

Regardless of the frequent objections to psychoanalysis, which is still considered by many to be an outlandish discipline that is closer to speculation than to academic rigor, its inception sparked a revolution in psychiatry because it provided a new way to approach mental phenomena that had been thought to be senseless and incomprehensible.

Along with Pinel, who freed the patients of La Salpetierre from their chains allowing them to regain their human dignity, Freud deserves a place of honor in psychology and psychiatry for providing unprecedented progress into understanding psychiatric symptoms.

His exceptional insight into the stories of people suffering from mental distress avoided reductionist explanations based on chemistry and biology. The story of a leisurely boat trip from a girl's dream inspired Freud's hypothesis that dreams, and most probably also the uncanny symptoms of psychiatric patients, are similar in nature to encoded messages and like them, they can be decoded with a key. Later, he established his hypothesis that dreams were but veiled attempts to fulfill desires (On the same day that she had dreamed about that boat trip, the girl of the story had been on a boat ride that was interrupted).

It is my opinion that as Freud built the formidable building of his psychoanalytic theory piece by piece, he achieved the definitive separation of psychiatry from the common core of organic medicine, marking the beginning of modern psychological medicine.

UNCONSCIOUS

For this new approach, commonly known as dynamic, psychic events are similar to an iceberg in which only a small part of them are directly observable. The rest can only be accessed using a mental process similar to the one used in the decoding of hieroglyphs. The process relied on a technique known as “free association,” in which the patient speaks freely, without interference or inhibition from social, ethical or moral considerations; that is, thinking out loud. The second part consisted of interpreting that discourse.

Before Freud, all mental phenomena were studied in a literal manner, so the accounts told by patients that had logical sense were taken (as they still are today by many people) as nonsense that had no particular cause except some chemical, metabolic or genetic alteration. This is the same explanation that somatic medicine gives to disease.

If we admit that there are mental phenomena that are not directly observable and that need to be interpreted to be understood, as encoded communications intercepted during the war, there are two conditions that must be present. The first is a censorship mechanism, and the second is a space where those phenomena can be hidden from consciousness.

Freud’s discovery of this area of the human psyche, to which he gave it the name of “unconsciousness”, was his greatest contribution to understanding many bizarre discourses and countless uncanny behaviors. At the same time, wounded human pride by diminishing the importance of reason in behavior. Besides, it also opened a rich vein of artistic creations.

To demonstrate the existence of unconsciousness, we don’t need complicated experiments. We just need to apply common sense to the study of behavior in ordinary events.

For example, the motivation for people to hoard material possessions can at first seem to be straightforward as they are aware of the actions they perform to achieve their goals, even though in their eagerness they seem to be indifferent to the effects of their desires. But when a person is so obsessed about their goal that they break the law to achieve it and eventually ends in prison, it is possible that they reflect on their actions and discover that their drive wasn’t only the desire to have things and enjoy them, but a hidden desire quest for meaning and self-importance.

The reason some ideas and feelings need to stay hidden from our consciousness is in fact quite simple: not every feeling and desire has our complete acceptance. Even more so, some of them are so detrimental to our self-esteem that our psyche removes them from our consciousness and hides them in the unconscious. The deepest drive of human behavior is to seek well-being and, consequently, to escape suffering. Because of this, we can say that the human psyche works for its own interest. Like Eva Luna, fascinating character from one of Isabel Allende’s novels, when she said: “I stopped mourning the loss of Humberto and Elvira and built within myself an acceptable image of Godmother, deleting the bad memories so I could have a good past. My mother also found a way in the shadows of the room. I felt soothed and content…”

This process of selecting feelings, affections and their related memories, and placing them in the unconscious, needs a lot of energy, proportional to the amount of elements that are hidden. This explains the apathy and exhaustion that is so common in most mental disorders, despite minimum physical exertion.

For example, let’s take the example of a soldier that is severely reprimanded in front of his subordinates for an offense he hadn’t done. As military discipline forbids showing anger in such a situation, which would allow a bigger punishment, the soldier must repeat: “Yes, Sir!” and take the

matter as settled. This response is the result of a selection process that includes other emotions and feelings that, if they were externalized, would end his career in the military. Even more so, it is possible that those feelings are even unknown by the soldier, due to his military education. In this case, we can say that his feelings of hatred and resentment were moved to an area of his mind that is hidden from consciousness.

But those feelings don't completely disappear and hidden from view, they exert influence and cause changes in behavior without showing their true nature, in the same way that blushing hides the presence of disturbing thoughts. This process explains the creation of symptoms, somatic and psychic, that are the truly encoded messages that are a deferred manifestation of something would have compromised personal prestige if they were to be expressed directly.

This implies the need for a censorship mechanism that, acting as a regulator, protects the person from the risks of reckless spontaneity. This mechanism is what Freud called moral consciousness or Super Ego. This psychic agency expresses itself in the person's continuous inner dialogue between the desires of the individual (desires and drives) and the requirements of social life (interests of the Super Ego). All drives and desires that need to be expressed and clash with the censor, find alternate motor and verbal ways of expression. This produces what we call encoded messages from the subconscious, which can be seen in dreams, fantasies, and slips, and in psychiatric symptoms such as obsessions and phobias.

In every case that censorship exists, there will be a form of camouflage or concealment, in the same way that tourists hide the forbidden goods that they don't want to lose when they pass through customs.

TRANSFERENCE

When Freud introduced the notion of the unconscious it encountered skepticism, and even mockery. His notions opened a schism in classic psychiatry, which up to that moment was limited to recording what was directly observable, disregarding the countless examples from life that questioned the notion that people's behavior had motivations based on reason and of which they were conscious about.

In the case of an employee that comes home from work and gives his son a disproportionate punishment for a mild transgression, we might find that the show of anger he displayed might have been directed to his boss who, unjustly reprimanded him earlier in the day without giving him a chance to defend himself. In a case like this it would be correct to interpret that this man is unconsciously redirection his anger from his boss to a more accessible object represented by his son.

These observations apply not only to the individual but to society as well, which is also rife with conflict. An example of this can be found in the political transition in Spain when all postboxes were painted in a different color. We can guess that, beyond aesthetics, they were painted to erase the traces of the past.

There are many examples of similar situations where actions are not just the means of achieving an immediate practical result, but a way to express hidden intentions. In these cases, there is always an emotion, love or hate, which is moved from its intended recipient to a substitute object. This process is a psychic mechanism known as "transference."

The capacity to transfer feelings and affection to people and objects is a part of our everyday lives, and it's not limited to psychic ailments. If fact, many of the most important moments in people's lives are strongly influenced by this somewhat irrational mechanism. One of its effects is how we can feel sympathy or aversion towards another person that we don't know. Because of this, transference is decisive in the formation of prejudice, and it's fundamental to the appreciation of art.

For example, if we are in an interview of which we are expecting to gain an important result, we will attach to our interviewer certain qualities or flaws that will be connected with our fears and expectations derived from previous experiences, and related to our needs.

Another simple and universal example is infatuation. In few other cases, it's so appropriate to talk about madness, seeing how our sense is clouded, and we become blind to many aspects of the person we fall in love with, projecting onto them many imaginary qualities. This accounts for how after a few years of living together, we might come to feel that our partner has changed so much that we can't recognize them. This also happens with our favorite characters, leaders, and friends.

REPRESSION

Transference is responsible for the meaning we ascribe to objects, melodies, smells, images and colors that go beyond its concrete physical reality. It's hard for people to assess events in an objective and neutral way, especially if personal interests are involved because the past always influences our present.

It is common to think that the only elements of the physical world are those that we perceive with our senses, and, in the same way, we believe that the only elements in our psychology are those within our conscious reach, and some that are forgotten but can eventually be remembered. We also believe that if we want to achieve something in the physical world that is realistically attainable, we only need to perform a proper series of concrete actions to succeed.

In other words, we take for granted that all the actions that people take are an expression of their own volition, which implies that exceptional situations aside, every human action is aimed to accomplish some personal interest. This belief is hard to reconcile with behaviors that contradict the principle of wellness and instead cause suffering and pain, such as obsessive neuroses. What we improperly call voluntary behavior is the result of a previous selection of conflicting impulses, usually hidden from the awareness of the person that believes is being the protagonist.

Freud called the process by which some elements are removed from consciousness "repression." As the repressed elements are also fundamental interests of the person, renouncing them produces some damage, because it is impossible to quit to the path that leads to self-realization without fighting or suffering some damage.

A person's aspirations, even those that they were forced to abandon, never disappear completely. They are moved into a place beyond consciousness, the unconscious, where they signal their intent by manifestations that are illogical at first, but understandable through rigorous observation. These symptoms are the signs of anxiety and are a measure of the strength of the Ego. Its importance underlines the relevance of the psychological approach to medical care, in contrast to pharmacological psychiatry and behaviorism.

From these thoughts stems a very interesting question. Is it possible for a person to live a life that is not their own? Or to put it another way, can a person live their life as a proxy for external

interests? Unfortunately, the answer is yes, because every time the inner censorship forces the person to comply with other interests this is done at the expense of personal goals.

But the censorship process is not just a collection of rules but the internalization of the prevailing code of conduct during the individual's education and formation. For this reason, the complete abdication of genuine personal aspirations is a form of death for the individual, who renounces to being what he or she is, to become someone else.

People coming from a long dynasty of renowned professionals often see their personal aspirations frustrated by the demand of continuing the family tradition, and in the process lose some part of their personal identity. This is part of a chain of frustrations that moves satisfaction to the following generation and eventually finishes with the withering of the last members. Life is full of stories of people forced to fulfill other people's dreams and aspirations.

All psychiatric conditions are an expression of the pain of abandoning self-realization and imply some partial death of the individual. For a person that lives with the firm belief of being in command of their existence, desolation and bitterness are the signs of disappointment. Anxiety is the distress signal that the Ego sends through many symptoms when its aspirations are threatened.

This approach to the interpretation of psychiatric symptoms, radically different from the viewpoint of classical psychiatry that only tries to eradicate them, is certainly an open door to hope.

Chapter 6
PSYCHOLOGY AND SCIENCE. COMMENTS ON A COMMON MISUNDERSTANDING

Science and mathematics

Science and usefulness

The role of chance

Medicine of the body and psychiatry: their differences

“The medical complex.”

The inadequacy of psychiatric terminology

1. Illness

2. Symptom

3. Treatment

4. Internment

5. The Doctor’s personality

"Look at yourself, shift your gaze from everything around you and direct it to your interior. This is the first request that philosophy makes to his apprentice. You are not going to talk about anything outside of you, but only of yourself." (Fichte)

The solemn sentence “word of God” repeated in Sunday church and for which all arguments were silenced, nowadays has been replaced by the equally absolute verdict of “scientifically demonstrated.” Many injustices were perpetrated from the pulpit of science.

Nowadays the word “scientific” is added to give weight to statements, and “science” has become the supreme dogma of faith, to the point that science has become the religion of our present day. But if we were to stop and reflect on its meaning, we would discover that it’s not set in stone, it’s not absolute, even if it’s being used as a synonym for certainty. There are many degrees of certainty, and all of them have some level of relativity, as we will see.

Our colleagues from other medical specialties usually deny the scientific status of Psychiatry, and even psychiatrists have the same view of psychoanalysis. Even though all of us shared the same classrooms and studied the same subjects through our academic journey, the psychiatrist is seen as a second-rate medical professional, a foreign element, as odd as two lefts.

Perhaps such differences would not exist if we psychiatrists used the same terminology, and we mentioned in our observations the same anatomical alterations they describe in theirs. But we become charlatans in their eyes when we state the belief that many clinical symptoms can have a psychological explanation, without resorting to theories about cellular or tissue alterations.

This criticism is shared by a large segment of the general public. Though the cause for such ill-concealed disdain for psychology is not entirely certain, it is possibly related to the fact that as

psychology can't produce objective numerical data to be measured and calculated, it is seen as a product of speculation and closer to literature than to science. If that were the case, we would do well to agree on what should be understood as science.

The word "scientific" can have different meanings. The most widespread misconception of science is to see it as a synonym for certainty, reliability or rigor. There are three possible reasons for this:

SCIENCE AND MATHEMATICS

The first of these reasons is based on the extraordinary development of technology, which led to believe that scientific and mathematical are the same thing, giving to science a sense of accuracy. Though numerical data reflecting measure and quantity play a significant role in science, it is not its only component.

Ivan Pavlov, a Russian physiologist who received the Nobel Prize for Medicine in 1904, performed a famous experiment in which every time that he brought food to a dog he sounded a bell. Over time, this established a link between one stimulus (the food) and the other (the sound of the bell), so strong that the sole presence of the bell sound made the dog salivate and secrete gastric juices as if it were in the presence of food. This example shows the influence of a psychic phenomenon such as memory in triggering a somatic response. This proved that two associated stimuli could produce an identical response after a limited series of tests.

This experiment is scientific because it established a link between cause and effect, based on observable data, even though the intensity of the responses wasn't measured or quantified and that the observations did not conform to a mathematical formula that yields precise results. So an observation can be scientific in nature without being quantitative or exact.

As an aside, we must consider that this experiment is too basic. It has too few variables to explain human behavior successfully, and the behaviorists pretension to use it for that matter was ill-fated. It is true that both dogs and people can secrete gastric juices without the need for ingesting food, but there is an abyss between that fact and concluding that all behavior is governed by conditional reflexes.

A large portion of medical knowledge is scientific without being numerically exact. For example: Through our bloodstream there are between four and five million red blood cells per cubic milliliter of blood. These are indispensable for the exchange of oxygen and carbon dioxide in our tissues. Like all living cells they are in constant change: they are born, they develop and die, and their effectiveness is directly proportional to their maturity.

If someone tried to determine what exact red blood cell count constitutes anemia, which is the condition in which a number of red blood cells in the bloodstream drops significantly, would find it impossible to be absolutely precise.

Counting so many billions of cells and in so many different states of maturity is an impossible task. But if it were possible, a second obstacle would arise: How to determine the exact number of cells at any precise moment? Heisenberg's Uncertainty Principle is also applicable to counting the elements of blood, and it establishes the impossibility of having an accurate count of moving particles due to the impossibility of determining at the same time their position and speed. Even more, if we add to the problem the continuous incorporation of new cells to the bloodstream and the elimination of old ones. This explains why the physician is forced to rely on approximations.

There is no need to list any more objections to conclude that equating medicine with accuracy is more a wish than a measure of reality. Medicine does not have such a quality and its conclusions always have a measure of inaccuracy, vagueness, and relativity, which is inherent and is not significant in the determination of a proper diagnosis, without regard to the impressive appearance of modern instruments or colorful graphs it uses to present its results.

Pharmacological prescriptions have the same pretension of accuracy. How is the exact dosage of a drug established? What is the exact reason for administering one medication in the evening but not in the morning, three doses per day instead of one? It is nonsense to speak of precision when those decisions depend on the judgment of each doctor. In this regard, medicine is closer to art than it is to math.

SCIENCE AND USEFULNESS

A second source of confusion is related to equating "scientific" to the concept of usefulness. When someone dismisses Psychiatry for being more of a theoretical discipline than a practical one, the error is confusing usefulness with truth, and power with knowledge.

In ancient Greece, there was a group of philosophers that loved knowledge for its own sake, and today are known as the Seven Sages of Greece. One of those philosophers, Thales, was frequently mocked by his neighbors for his poverty. What was the value of his philosophy, they said, if it couldn't improve his fortune? This comments wounded his pride, so with the aid of his knowledge of the celestial bodies, that on one famous occasion allowed him to predict an eclipse that interrupted an important battle, he predicted that a bumper crop of olives was near. So he bought oil presses and amphoras at low prices, speculating on their prices and made a great fortune at the moment of the harvest. His critics had to admit their mistake and recognized that a philosopher could make a fortune if he wanted and that philosophy could have practical applications.

With few exceptions, it is not common to see the immediate usefulness of knowledge. Perhaps the tendency to associate value with usefulness comes from the pragmatic spirit that commands our society, and the fact that the trader of most goods earns more money that the manufacturer. In the medical profession, there is a saying that goes: "Internists know but can't. Surgeons can but don't know. And psychiatrists can't and don't know."

But knowledge about a phenomenon and its application for practical benefits don't need to be immediately connected. We wouldn't say that the study of climate is not scientific because there is no way to manipulate it. The mental process that leads to knowledge is based on observation of phenomena, experimentation and study of their behavior under different circumstances, the elaboration of a hypothesis to account for the observations and the deduction of the laws and principles that cause them. Science is essentially this intellectual process, and not the application of that for practical benefits.

It is true that life demands that any endeavor has to provide a tangible benefit, and the psychological approach to medicine should not be exempt from that. But accepting this doesn't mean that the universal laws of causation must be subordinated to satisfying our practical needs. On the contrary, knowledge begets power, but power does not beget knowledge.

I believe that Psychiatry has been for too long focused on blindly trying to change behavior instead of trying to understand it. Many parents think that in order to have the problem of low grades fixed, children should be sent to a psychologist, and only in a few cases they desist from such

nonsense. Caught up in the modern thinking of our times, they aren't able to understand the difference between fleeting social status and true personal wellbeing. A psychological practice that accepts this folly deserves little credit.

There is a similar situation in cases of drug abuse. The psychiatrist is expected to make the addict how harmful that dependence is as if the psychiatrist had gained a special power of influence and psychiatry was meant to change other people's behavior. There is no expectation of having a sound and deep understanding of it, only the eradication of the bad habit, without any regard for the circumstances that cause it and made it somehow necessary for the person. Because of this belief, many patients are "brought" to our practices as if we were surgeons of morality, and our function was to excise those character traits that are detrimental.

Guided by the same convictions, a superior from a religious order brought a young man to me. His affliction was that he stubbornly refused to submit to the discipline of the order, which caused problems in his community. When we were left alone, the young man told me that he was astonished for his superior's insistence on taking him to a psychiatrist, saying: "Doctor, my superior is a man who can't accept idleness, and he wants everyone to work at his pace. I ask him to be clear about what he wants me to do, and in the few times that he does I do his bidding very efficiently. For example, when he told me to rearrange the library, I sorted the files by author and subject, and it has never been tidier. But he has a constant itch for activity and wants me to be always doing something because he clearly confuses agitation with efficiency. I am efficient, but he is just agitated." I share the same opinion about Psychiatry, in general, it's more driven by impatience than by sanity.

This foolish endeavor to change behavior that has been so prevalent in psychology, we would not accept in other disciplines. What would we think of an architect that wants to remove a load-bearing column to expand the kitchen just because they owner doesn't like how it looks? Even though we are not experts, we would surely be concerned, because that column is not there just to annoy the owner. Then we must accept that the same considerations must be taken regarding psychiatric treatment.

A dermatologist knows that some moles can become tumors if they are altered, and is careful not to disturb them for fear of endangering the complete health of the patient, even if they are unpleasant to see. On the contrary, on many occasions the mindless attempts to suppress a symptom drive a patient to suicide. So, in conclusion, there is no valid reason to treat psychiatric symptoms in a different way, and they should not be studied without regarding the patient as a whole.

THE ROLE OF CHANCE

So far, we have discussed two of the most common misconceptions about science, which as we have seen, is not to be confused with accuracy or utility. The word "scientific" refers to behavior, an approach, a philosophy, the spirit that precludes true knowledge. On the other hand, accuracy and utility are just circumstantial elements of practical facts.

We have also stressed the dismissive view of Psychiatry that is so common in orthodox or classic medicine, and how psychological approaches are accused by organicism of arbitrariness and quackery, forgetting how many "scientific" discoveries were achieved by chance.

Wagner Von Jauregg (1857-1940) was a famous Viennese psychiatrist who noted that patients with syphilitic dementia showed remission from their symptoms when they suffered fever caused by

infection. So he started to inoculate such patients with Plasmodium Vivax, a microorganism that causes a benign form of malaria. As unacceptable as it sounds today to perform such an empiric and debatable treatment, his discovery gained him in 1927 the only Nobel Prize of Medicine ever awarded to Psychiatry. Fortunately, this form of treatment has been abandoned a long time ago.

Something similar happened with Manfred Sakel, who attributed the agitation of morphine addicts during withdrawal to an over secretion of the thyroid gland. With little more that this risky hypothesis, he proposed that the agitation could be ameliorated by injecting the patient with a substance that reduced thyroid function, and he chose to use insulin. This was the way that insulin shock therapy, or Sakel's cure, was devised, and it will go down in history as the first biological treatment for psychiatric symptoms. Patients entered an insulin-induced coma that later was counteracted by administering glucose, in a risky procedure with no benefits that now is considered to be terrible and cruel. Conclusions drawn from false premises are necessarily untrue. Many patients had to be rescued from near death after reaching that point by the grace of insulin and lack of compassion, without any clear benefit for such a risky journey.

Ladislas J. Meduna, a Hungarian neuropsychiatrist who was head of a psychiatric hospital in Budapest, believed to have found a difference between the thickness of nervous tissue between convulsive patients and those suffering from schizophrenia, which led him to believe that these disorders were antagonistic in nature. Without any more consideration, he concluded that inducing seizures in schizophrenic patients, that is changing one disorder into the other, would have healing benefits. This led him to develop the electroconvulsive therapy, which is still a part of the psychiatric arsenal. His hypothesis was never proved, as he could not show a modification of nerve tissue caused by his therapy.

The over simplification of mistaking a part of the problem for the whole is unfortunately too widespread in psychiatric theories. It is based on isolating one feature from the rest to try to influence the whole. This is like using a rattle to cheer a patient: If one common trait of happy people is that they laugh, then we must force unhappy people to laugh and in this way make them happy.

There are countless other examples of this folly. Delay believed that glutamic acid improved intellectual performance in mentally challenged patients, so he dubbed this substance "the amino acid of intelligence." The term caught on, and the laboratory that sold it under the name Glutamyl made it famous to the point it was given to children before exams. There is no present trace of such a huge "discovery."

Chance was also a key player in the discovery of the first neuroleptic medication used in Psychiatry that certainly contributed to improving the lives of patients in psychiatric hospitals, and that allowed the boom of outpatient treatment. In a hospital in New York, patients with high blood pressure were being treated with the extract of a tropical plant called Rauwolfia Serpentina. Its active ingredient is called Reserpine, and it is extracted dried roots of the plant. When it was administered to patients that showed signs of depression, it caused their condition to deteriorate, leading in many cases to suicide.

This circumstance showed a probable connection between reserpine and depression, and to prove this hypothesis it was administered to patients with symptoms opposite to depression, which achieved a soothing effect. This was the first case of neuroleptic (antipsychotic) medication which helped to soften the living conditions of patients in psychiatric institutions though at the same time contributed to reinforcing the questionable hypothesis that mental diseases are be caused by biochemical alterations, which continues to be popular to the present day.

MEDICINE OF THE BODY AND PSYCHIATRY: THEIR DIFFERENCES.

A third source of confusion regarding the definition of science comes from the lack of distinction between physiological and psychic phenomena, and the general confusion about the best way to approach them.

Depending on the type of phenomenon to study, there are two ways of intellectual approach to a subject: one is based on using information provided by our senses, and the other is based on internally recreating the phenomenon.

The first approach is what is commonly known as observable knowledge, and the second is empathic knowledge. This distinction is due to the existence of different types of phenomena. One type of phenomena is completely external to us, which causes us to remain indifferent towards them. The second type of phenomena affect us on a deeper level and generate an emotional response in the observer. While the first type doesn't produce any level of identification on the observer, the second type does. We can find clear examples of the first type of phenomena in the ones studied by hard sciences, and examples of the second type in psychology.

The farther away from us a creature is in the biological scale, the more emotional detachment we will have in our observations. And in the opposite way, the closer we are to that which we observe, the more we will identify with it, giving way to a feeling of sympathy. To study a physical phenomenon we look outside of ourselves through our senses. But to study spiritual, emotional, psychological or human phenomena, we as observers use introspection, which inevitably implies some level of involvement with that which is being observed.

Internists usually explore the patient using the same elements as if their study only involved external elements, by using the senses. For example, by feeling the liver to determine its approximate size, and using an ultrasound scan to gather information about its structure, and a blood test that renders information about its functional state. But there is no single element or part of the patient that can evoke sympathy. It is the whole person, or the commotion of seeing the effect of disease on a human being that can provoke congeniality, a harmony of feeling, and not some piece of data that in itself is just the result of a mere examination, be that at a macroscopic, microscopic, analytic or radiological level.

Orthodox medicine, also known as classic medicine or medicine of the body, works in the same way as physical sciences. Its studies of medical phenomena from an external perspective, excluding from observation the person as a whole with its subjective qualities.

Psychology takes the opposite route because it studies the person itself, so the observation must be done from the inside, and the very soul of the observer becomes the sense for the exploration. The observer puts itself in the position of the person that is being studied, perceives their internal state of being and deduces its causes. The observer looks at the other person by looking at himself and does it from within.

The observation that is done from the outside, external, impersonal, objective is considered to be exact, mathematical and scientific, based on the wrong assumption that it can't be subjective. The kind of observation that is done from the inside, also known as internal or subjective, is taken as unscientific because it is believed to be speculative and imprecise.

Psychiatry has generally adopted an external approach to observation, which accounts for its cold, sterile and indifferent attitude towards human phenomena, and has become a descriptive, encyclopedic and manipulative discipline. The opposite approach to observation, studying from

within, causes the observer to care for that which is being studied and involves empathy. This leads to a warm, analytic, sympathetic and personalized practice of psychiatry.

While treatments based on the first approach use advice, medication, and instrumental manipulations, the second approach involves empathy, biographical studies, and transferential techniques.

THE MEDICAL COMPLEX

There is another factor that is intimately related to the historical development of Psychiatry and explains the slow growth of the psychological approach. As an offspring of medicine, psychiatry is still a promise, it still hasn't become of age and is not yet fully independent, but it craves to find its place. It behaves like a young person that is overwhelmed by the fear of separation and blindly reproduces the patterns it has learned from their parents instead of showing the signs of its personality.

Our present time is clearly defined by the continuous effort of applying medical standards to psychiatric practice. An example of this can be seen in two supposedly diagnostic tests for depression: The Hamilton rating scale for depression and the biological dexamethasone suppression test. These were expected to provide the same level of certainty as the tuberculin test did for tuberculosis, or the frog test did for pregnancy.

These expectations ignored that there is a great difference between the simplicity of the presence of a bacteria or an increase in hormonal concentration and the complexity of a mood state.

The overuse of statistics allowed by the unstoppable progress of computers encouraged the dream that it could be possible to translate into numbers the complex and tangled world of emotions and passions. Psychiatrists truly believe that the Hamilton rating scale is the instrument that will allow them to "square the circle."

The Hamilton rating scale for depression is based on asking the patient to rate their depressive state as highest, higher, equal or lower than usual, assigning a numerical value to each question from a scale. This is the fragile foundation of the research that is being performed in the psychiatry departments of our universities, of their publications and delirious doctoral theses.

Any conference or congress on psychiatry is the stage for endless presentations of statistical relationships taken from arbitrary data and leading to naive conclusions. Though all of this frenetic dance of graphs and numbers and slides, psychiatry gives the impression of reaching the level of the rest of the medical specialties.

To be able to show in charts, graphs, percentages and numbers is the golden dream of many psychiatrists, a dream inspired by our modern culture that finds security in efficiency, precision, and rigor. It as if having lost the safety of religious certainty, humanity is not yet bold enough to cross the stormy waters of uncertainty and doubt. Or it might just be that, tired of unpredictability it being seduces by the mirage of absolute certainty.

An assessment based on a multiple-choice test is usually considered inexact even for school grades because the variables are isolated and oversimplified. There is no perfect match or difference between the given choices and reality; there is always a range of answers that either approximate or diverge from it. This yields little or no actionable information in disciplines so removed from the exactness of mathematics such as psychology.

For example, an answer to the question: “Do you feel sad?” might be as simple as putting two checkboxes with the answers: “Yes, I feel sad”, and “No, I don’t feel sad.” But between absolute sadness and joy there are many intermediate states, so we might need to add other choices in between, such as: “I feel very sad”, “I feel fairly sad”, or “I feel glad.” If we give a numerical value to each choice, it might seem that we achieved this dream of translating mood states into a numerical representation.

But, when someone states that they are “very sad”, how to be sure if the level of sadness is a seven, eight or ten, and how relevant is that if we can’t be sure if the meaning of the word “sad” is even the same for the interviewer and the interviewee? These are the “solid” foundations on which rest the conclusions of published research on psychiatry. And this expeditious methodology renders conclusions such as: “forty percent of males over forty years old, single and living in rural areas suffer from depression…”

This subordination of psychiatry to classic medicine stifles initiative, numbs reasoning and creates a feeling of inferiority against physicians, and this accounts for the greater concern given to being a part of the medical council rather than gaining knowledge and applying it to the practice and development of the psychiatric specialty.

This “medical complex” is one of the causes of the disrepute of psychiatry and the wariness of the patients that feeling disappointment turns to other less radical and guilt causing practices such as naturists, homeopaths and acupuncturists. It is not uncommon for a patient to leave the consultation without having been able to explain their ailments, or receiving an explanation about the cause, meaning and consequences of them, or even an explanation for treatments that will mostly be interrupted and only add to the stockpile of medications that most people have in their homes.

The professional of psychiatry and psychology often approaches the patient in a defensive manner, replying to their conversation with a battery of questionnaires, tests, and self-assessment protocols, which transform the consultation in something similar to a police interrogation. In the end, all of this serves to avoid listening the harrowing and unmanageable stories of the patients.

This bizarre procedure that operates by anticipating the patient’s questions and using standardized tests and doesn’t let the patient talk reminds me of an old joke: Two friends meet. One of them is clearly glum and tells his friend that he’s decided not to sit for a test because he’s not sufficiently prepared. His other friend tells him that he can pass any test if he has the nerve to anticipate the questions before they are posed, telling him an account of his last mathematics test:

When the teacher asked: “Well, let’s talk about equations first…” I cut him off and asked: “Of the first, second or third degree?” To which he replied: “Second…” Then I immediately replied: “One or two unknowns?” and he replied: “Two unknowns.” Finally, reaching the end of my means I asked him: “Zero, indeterminate, infinite or impossible solution…?” and the teacher said: “You can leave. It’s quite obvious that you know the subject well”. And this is how I passed, my friend”.

The punchline of the joke is that the student went to take his test on religion and as soon as he was asked: “Please, elaborate on the Father…” he quickly replied: “Which Father?”

The negative side effects of trying to apply the classic medicine methods to psychiatry are in no way negligible, as it concerns itself with empirical treatment before its personality and competencies have been adequately established.

Even more so, this approach that only deals with external symptoms and its classification allows what we can call a “psychiatric cycle” to develop, for which the only conditions that are

treated are those that have their symptoms described in the diagnostic reference manuals. The consequence is that only severe conditions are treated, and those that are not yet at that stage are ignored until they reach a point where there is little hope for improvement. This is a common flaw in young scientific disciplines that are still in the initial stage of description and classification.

This reckless and foolish way of approaching such a delicate matter only serves to perpetuate the suffering of conditions that would improve with simple treatments at an earlier stage, and that become hopeless.

Imagine the folly if Edward Jenner (1749-1823), the English surgeon that developed the first vaccine against smallpox, had only used it in dying patients. His genius would have never achieved the eradication of such a devastating disease if it wasn't used as a way to prevent it!

This nonsensical approach allows mild cases that could be easily treated to become the diagnostic entities described in the manuals, which are extremely hard to treat, closing this circle. And psychoanalysis, which is based on the search of logical links between psychic symptoms and the personal history of the patients to account for their mental suffering, is prevented from becoming widely used and is still excluded from academic teaching after a hundred years of history.

This inferiority complex permeates an atmosphere that is saturated with the organicist bias of the medical schools, where the teachers of psychiatry are especially careful not to exclude themselves from the canon by a series of concessions and waivers that create two separate worlds within this discipline. The first is clinical and is oriented towards treatment. The second is academic and is oriented towards research, and focuses its resources on classes, conferences and publications, taking advantage of the availability of computer technology.

This academic world is in charge of the selection of knowledge, the elaboration of clinical guidelines and protocols and decides on the applicability of new medications. The result of this wisdom is in the absurd location of psychiatric units in the top floors of the general hospitals, where the patients spend their time in pointless tests while life passes beyond their reach, on the other side of the bars that protect their windows.

THE INADEQUACY OF PSYCHIATRIC TERMINOLOGY

The act of observing the psychological aspects with the same instruments used in the study of the somatic aspects, and using the same systems, deductions and technicalities without taking into account the differences, leads to wrong conclusions. The error psychiatry is derived from this faulty reasoning: Since the object of medicine is to treat disease, and psychiatry is a part of medicine, then the object of psychiatry is to treat disease. This fallacy stems from thinking that the word "disease" has the same meaning in both disciplines.

For this reason, it is important to analyze psychiatric terminology to define it precisely, because as time gives words new meanings we must refine it, clean it from obsolete or wrong assumptions and provide appropriate meanings that are better suited for true psychological medicine.

I hope that the following story shows how important this is. At one time, I was asked to provide an expert opinion on a colleague of mine, who was in prison for violent behavior at his home. I always try to avoid using terminology that might sound offensive or accusing, and as this was a colleague I tried to be more careful than usual, which caused a very uncomfortable experience.

After the initial interview and the Rorschach projective test had been finished, he urged me to present my diagnosis, and I tried to delay my response with a preamble, trying to soften what I knew would be a tense situation. But he repeatedly insisted on a diagnosis, to which I eventually had to answer that it was classified as paranoia. In a split second he yelled at me: “the only paranoid would be your father!” (it is common in Spain to redirect an insult to one’s father or mother). I was astonished because I thought I had achieved rapport and sympathy during the interview. I know that my father wasn’t paranoid, in fact, he was the most trusting person I have ever known. What moved this man to say such an angry thing?

Looking back, I have to admit that after there was no way for that interview to end well. But in our favor, both mine and my colleague’s, nobody can deny that the word “paranoid” is like a punch in the face. And the same applies to other terms such as schizophrenic, pathological gambler, immature, neurotic, bulimic, and many other niceties in psychiatric jargon that are used to describe patients.

The problem is that with use, words acquire a moral meaning. Nobody would feel offended if their doctor called them ulcerous, but if we were called a schizophrenic, it would certainly feel humiliating and even insulting. Nonetheless, for medicine there is no moral significance in those words, as both ulcer and schizophrenia are nothing more than diagnostic entities.

So we must understand that the use of language is extraordinarily important in psychological treatments, much more that it is in somatic medicine. This is the reason we must update the meaning of words such as disease, sick, medical, etiology, treatment, healing and symptom.

1. ILLNESS

Illness, or disease, is a dynamic concept that comes from classic medicine and passed into psychiatry with its original meaning unchanged. Among other things, this meaning implies that there is an affliction that is originated in external or environmental causes, beyond the control of the person, who passively suffers its consequences.

There is now a great consensus, even in the field of somatic medicine, that there is come “cooperation” among the illness, the person who suffers from it, and the environment, including social dynamics. Preventive medicine is largely based on this new notion.

The way of life, diet, and the urge to feel included in the world that on many occasions lead the person to develop unhealthy habits are closely related to a person’s health. If we accept that there is a link between tobacco consumption and lung cancer, then it is only natural to attribute some level of complicity between the smoker and their health. If we accept that overeating and a diet rich in animal fats can cause cerebral embolisms, it is only logical to accept that a person who loves banquets can’t blame having a stroke on bad luck.

The effect of this complicity between person and illness, that is only present in some somatic diseases, is more easily (and wrongly) attributed to mental illness in people’s judgments.

The classic conception of disease does not include the possible negative consequences for the patient’s personal image, because a person suffering from a somatic condition will usually have same days off work and be cared for by relatives.

In the field of psychiatry, the word illness loses most of its original meaning and acquires an undesirable moral connotation. The main consequence of what is wrongly called “mental illness” is a distortion of the relationship between the person and their environment. This makes any type of

psychological suffering from the pages of psychiatric manuals to diminish the patient's self-esteem inevitably.

For this reason, the use of the word “illness” or “disease” in psychological medicine is not the best way to initiate a therapeutical alliance between doctor and client which should always be based on mutual trust, acceptance and interest.

It is better to speak of condition or suffering, than disease or illness, because this word does not have a moral meaning and thus shows more accurately the state of things. It implies that any person, if exposed to the same environmental factors, would have developed similar symptoms.

To be sick, to suffer from a disease, to be in a state resulting from the action of causes that are beyond the patient’s will, should not have the moral, derogative or discriminatory implications that usually accompany psychological suffering. Yet, the use of these words in the field of psychology has acquired a meaning that the persona that is suffering is different and alien. To speak of mental illness is to say something bad about the person.

If we remember the example of the smoker, the fate of mental patients is much worse that the fate of people with somatic diseases. The smoker is much more responsible for his disease than say, a person who became an orphan at a young age and is destined to suffer without being able to change that.

Psychological suffering usually is inflicted by external conditions over which the person has little or no control, like in the case of a child that loses his mother, or that is forced to live in a home full of misery and conflict, where there is no way to resist fate.

The worst of this is that psychiatric patients are always victims of an ever present and unfair accusation for which there is no defense, and that is seen in the need for secrecy of psychiatric consultations and the shame that the patient usually feels for their need of attention.

2. SYMPTOM

The next element in this analysis of the psychological terminology is the word “symptom”, that is the way in which a condition manifests. As in the last case, there is a different meaning of this word in psychological and somatic medicine.

In somatic medicine, a symptom is like a messenger that announces the presence of a hidden phenomenon that must be uncovered to select the proper treatment. A treatment is etiological when it’s directed at the causes of the symptoms. On the other hand, that treatment is palliative or symptomatic when it is aimed at ameliorating the effects. The main goal of classic medicine has always been to achieve etiological treatment. In many cases, though, it can only treat the symptoms.

In psychiatry, and especially in the psychological approach, symptoms are as valuable as the northern star was for sailors, because it can provide a sound explanation for the patient's condition, their past, and their future, contrary to the classic approach that considers symptoms as something to be excised.

This difference marks the contrast between two psychiatric orientations: one that we can call pragmatic, mechanistic or urgent. The other we can call reflective because it trusts that understanding the symptom can provide a solid foundation that will make it impossible to continue.

The perfect expression of the pragmatic orientation is behaviorism because it deals with the symptom as an enemy that is to be eradicated without giving any thought to what it means to the

person as a whole. From a logical standpoint, behaviorism is the most unscientific discipline, a folly like states that by manipulating consequences we can change the cause. To even think that a symptom, which really is the final expression of the state of a dynamic system, is modifiable without consequences to the whole person is like believing that we can remove the base of a house of cards without the structure collapsing as a consequence.

Psychological psychiatry studies the symptoms to arrive at a general picture of the whole system and to know how that system really works, very similarly to the work of an archaeologist that through the interpretation of fragments of the past can reconstruct the image of world that is lost in time.

The attitude of trying to eradicate symptoms on the notion that they are undesirable of incomprehensible at first sight is as irresponsible as killing the bearer of bad news. It is not the symptom that is causing personal suffering; it is just the expression of distress that has a deeper meaning, more complex and transcendent in nature.

Internists fight the symptom without knowing its cause. Psychiatrists, on the other hand, must be extremely careful in their assessment. Here's an example: A widow who had just lost her only son in an accident comes goes to see the doctor at the behest of her family. Since that tragic event, she lies in bed all day, crying and wailing, without finding any interest in life's affairs. A doctor that is not manipulative and doesn't rush in a diagnosis might take her state as natural and would wait for the effect of the loving care of her family and the restoration of sleep to help her recover from such a painful ordeal. It would only be seen as an extreme resort to trying to suppress her grief and weeping because they are natural expressions of an Ego that is hurting from a terrible loss. This is a fundamental difference between opposite conceptions in how to treat human suffering.

3. TREATMENT

Treatment also has different meanings that will be different for the classic and psychological approaches to medicine. Treatment is viewed as passive in the former, as it is active and dynamic in the latter.

The use of the word "treatment" in psychological psychiatry is so damaging that we might just change it to the word "care". As an example, let's consider the case of a young woman who started crying at the beginning of a consultation. She then explained that from the moment when her daughter was born, only a year before, she had started to have persistent doubts about her capacity to face the demands of motherhood successfully. At the same time, she felt the uncontrollable urge to seek refuge with her mother, with whom she had always had a complex relationship, but that was the only place where she felt some measure of relief. This situation caused her marriage to suffer, and she was on the verge of divorce.

Earlier in her life, when she was fourteen years old, as she was preparing to enter boarding school, she had started to feel indifferent, lethargic and started to lose weight so rapidly that she was sent to a special institution where she was treated for nervous anorexia. Her treatment hinged on weight recovery, even resorting to force-feeding her through a gastric tube. Once she recovered her normal weight she was considered to be "cured" and that was the end of all treatment.

If we find a connection between both events, it would be natural to conclude that her later symptoms were just an update to the same original condition. A withdrawn and dependent person such as her was fearful of the separation from her parents, and her psychological structure was not ready to face neither separation nor the new demands of motherhood.

So the emergence of her old symptom of loss of appetite, which caused her internment and was the sole focus of the treatment she had been administered in the past, was only the visible face of the hidden conflict between a fearful personality and the demands of separation. As those hidden causes remained buried in her unconscious, she remained the same person, suffering from the same limitations, but in a different situation.

This example can be useful to understand the great differences that exist regarding treatment between the somatic and psychological orientations of psychiatry. For the former, every measure is aimed at eliminating the symptoms. So the patient resisted and did not lose weight during the years she spent at home. But behind the apparent success shown by the elimination of the visible symptoms, her fears caused her to reinforce her fears by restricting her personal freedom and if at first those fears had caused anorexia, now in the face of a similar demand they caused severe depression.

In the same way that the success of an archeological dig is related to the meticulous study of all remains, the future of the patient hinges on the proper understanding of the symptoms. If the cause of her anorexia had been discovered when she was fourteen, instead of just treating the consequence, and the message that her condition was trying to express had been understood, this patient would have been saved from many episodes of panic and anxiety. Even more so, she wouldn't have been trapped in the labyrinth of her latter condition, which was made only worse by the presence of a baby that needed her strength and love.

If the original treatment was successful in its initial limited scope, later on it was a complete failure because the patient now had to start over from a less favorable position.

While organicist psychiatry treats a single event in the life of the person, psychological medicine deals with the complete existential path.

As a science, psychiatry must provide to the largest possible extent, an explanation of how the person fits in the world, the nature of their reactions, their mood changes, the causes of behavior, the successive stages of the formation of the character and the complex changes of the human soul. This is the true sense of psychological care in which, unlike in somatic medicine, a symptom is never, ever something to be taken lightly.

4. INTERNMENT

The next step in this revision is a comment on internment. For organic medicine, the hospital is the natural place to care for the patient because it has all the appropriate equipment for exploration, diagnosis and treatment. Apart from the natural discomfort associated with it, internment means for the family an opportunity to take care of the family member that is sick.

In the case of psychiatric internment, the meaning is entirely different. To bring a person to a psychiatric institution as terrible as committing them to prison. Opposition, rejection, and violence are usually associated to every psychiatric internment.

If for somatic medicine to intern means to care for, to study and to alleviate, for psychiatry it usually means to exclude, to segregate and control.

5. THE DOCTOR'S PERSONALITY

The personality of the Doctor has a different importance in each different approach to healthcare. For a surgeon to be attentive, friendly or talkative is a completely secondary concern,

because his personality traits, even if we admit that they can exert a positive influence, are not determinant of his professional capacity. What is essential is that he has sufficient knowledge, experience and skill.

In the field of psychological medicine, matters are entirely different. The personality is as important for a psychologist or a psychiatrist as a scalpel is to a surgeon, as the x-ray machine is to the radiologist or the microscope to the pathologist. And his best tool is empathy, which allows him to take for a moment the place of others.

But that is not the only distinction. Internists often use technical vocabulary that is rarely affordable by regular people, and that trait is taken as a guarantee of professional standing. The client usually is not interested in knowing the inner workings of the disease and only expects the benefits of the treatment. Sometimes the patient feels the need to repeat the complex names used by the physician, feeling some awe as there is a certain level of correspondence between unintelligible names and wisdom. On the contrary, in the psychological approach the therapy requires that the causes of the condition are clearly understood by the client, as well as the different factors that are in conflict.

To recap, the main obstacles to the implementation of analytical approaches to finding the psychological causes for mental phenomena other than the hypothetical existence of chemical disturbances, are the common misconceptions about the tyrannical meaning given to the word “scientific,” which gained momentum through the progress of technology and its application in medicine. Another obstacle is the stagnant progress in the development of psychological medicine, which is always subordinated to organicist concepts.

As a matter of conclusion, here are two comments made by prominent thinkers of our time. Bertrand Russell said that “although this may seem a paradox, all exact science is dominated by the idea of approximation.” Ortega y Gasset called the hubris and arrogance of the scientific approach found in medicine, “terrorism of the laboratories”. In any case, for any procedure to be scientific, it must base its effort in establishing logical relationships between effects and their probable causes. This is just as valid for somatic medicine as it is for psychology.

Another element that hampered the widespread adoption of psychological medicine is the presence of some experts in psychiatry that work in the media in misguided works of scientific dissemination.

As Freud once said, we all feel entitled to judge human behavior.

Chapter 7
A PANORAMIC VIEW OF HEALTHCARE

VISITING GENERAL MOTORS

Recently I was invited to visit an important car factory. We were greeted at the entrance by a beautiful woman who was dressed smartly. Using rich language and elegant manners, she welcomed us and started to explain the main aspects that made her company a model in the industry. She was an excellent public relations representative, polished and confident. I thought to myself that she was the perfect calling card for a well-organized company, always ready to captivate the visitor and potential customer.

VISITING A HOSPITAL

A few days later I visited a relative in a public hospital. The receptionist was a stark contrast to the P.R. woman at the factory. The person who was sitting at the front desk, gazed at the entrance with a look of mistrust, looking disheveled and somewhat smug. Their attitude was typical of civil servants who don't yet understand that "service" is the reason for them holding their jobs.

Inside, the narrow halls were busy with people coming and going, all dressed in assorted colors, ranging from yellowish white to green pajamas, hauling carts loaded with laundry and cleaning products. There also plenty of people wearing street clothes, with a disoriented look on their faces.

Inside the room, there were two spartan beds occupied by patients, and at their sides a row of chairs for the visitors.

In the middle of this noisy setting, some people wearing stethoscopes as their mark of authority burst into the room with an authoritarian attitude and visibly annoyed at the presence of visitors. They left as quickly as they had come, without even saying hello. Suddenly, a resolute young lady came in holding a tray and snapped at the patient: "Turn around!", and without further comment applied an injection in the patient's buttocks.

So, here we have an example of two very different conceptions about how to run a company. The first one, an organization with a clear focus on engaging potential clients. The second apparently set up to "endure" the users.

The only justification for the use of huge contributions of public funds is the second organization's focus on service and care to others. But absurd planning policies force that spirit to be lost in labyrinths of crowded hallways inside towering masses of concrete, that are fortresses for arrogance, hubris, indolence, official notices, and union's claims. At the same time, the patients suffer, among timid complaints, marginalized to the bottom of their hygienic metallic beds.

This environment is the vivid reflection of the injustice and folly of medical science; that puts helpless people that are hoping to regain their health while their relatives lose theirs in sleepless nights spent sitting in hard chairs while they witness the dripping of miraculous liquids from bottles suspended on cold stainless steel supports.

The current model for hospital care evolved from old lazarettos, which were secluded hospitals meant to isolate infectious patients such as lepers and people with tuberculosis. This model is anachronistic, and it's organized under the guise of therapeutic reasons, without ever realizing that the passage of time has already invalidated the fundamental principles that inspired its creation.

In comparison to those times, the current risk of epidemics is as insignificant as is the need for patient isolation. Nonetheless, there seems to be a frenzy of the creation and maintenance of immense healthcare centers, vertical cities in fact where the queues at the bus stops are only as long as the elevators are overcrowded. A crazy world that is going backward compared to the development and communications that allow to perform complex evaluations and lab tests remotely, which largely eliminates the need to concentrate healthcare services in large sanitary cities.

Such irrationality is easily explained if the take into account the demagoguery of the political class, which is always concerned with collecting votes, added to the general helplessness of the patients and the narrow view of doctors and healthcare personnel.

Hospitals have become the bargaining chip for social demands and are the field where labor organizations of doctors, nurses, assistant and administrative workers fight, and is the ideal spot for propaganda campaigns, election promises, and union claims. The official journals have become the new required reading for all parties involved unless they want to lose ground. A true anachronism of our times.

It seems, though, that the reform that common sense hasn't been able to produce is about to be enforced on one hand, by the sorry state of the public treasury, which is insistently raided by unchecked public spending. On the other, there are growing voices of fear and concern inspired by these monstrous healthcare centers, where the impersonality of care, the reckless invasions of privacy and the failure to explain the need for invasive manipulations make the stay at a hospital an experience to be feared.

The zeal for hygiene and asepsis, which is undoubtedly indispensable in avoiding the spread of pathogenic microorganisms, has invaded the relationships between health staff and their clients, weakening the consideration and respect for the intimacy that every person is entitled to. This creates an atmosphere of coldness and detachment, and in some cases even hostility.

On a daily basis, we can see how patients are assaulted by a battery of tests, all of which are meant to comply with endless protocols in so-called research plans, which in turn churn out the bulk of medical journals, based on the number-crunching powers of computer technology.

This systematic filling of patients' charts, done without permission or justification and that is a true attack on individual liberties, has sadly replaced the conversation between physician and patient. It has also reduced the value of the patient to a mere figure, an organ an acronym ("today we have three COPDs", says the internist, referring to patients suffering from chronic obstructive pulmonary disease), or a cowering patient identified by just room number, awaiting a verdict.

All of these situations account for the animosity and mistrust among doctors and patients, which led to the advent of the aptly named "defensive medicine," and the proliferation of

millionaire malpractice insurance policies to protect the physicians against patients' claims. This comedy is more in league with Spanish satiric theater from the Spanish Golden Age that to the workings of a rational system of public healthcare.

This is the landscape of somatic hospital medicine, in which the reasons for internment and the equivalence between patients and beds are still valid, due to the complexity of the exploration and diagnostic means.

In psychiatric care, however, such measures are not valid at all, given that none of the conditions present it body medicine apply to it. Internment in psychiatric institutions was seldom due to therapeutic reasons, but to social considerations.

Let's examine the example of a patient suffering from a panic attack. Which are the therapeutic reasons to make them occupy a bed in a hospital facility? Under which therapeutic procedures is the internment necessary?

The resolution of a psychological conflict requires undoing the strain originally introduced in the patient's psyche by the influence of educational factors, which caused the erosion of their personal value.

In psychology, therapeutic procedures hinge on revealing the hidden meaning of the symptoms, and to that end: What is the reason for keeping someone in bed? On the contrary, forcibly separating this kind of patients from their world is inadvisable as treatment, given that they are already alienated from themselves and the world. An entirely different thing would be for the patient to retreat voluntarily and temporarily, as people used to do in a spa when they needed time away from the tensions of everyday life, trying to make sense of life-shattering experiences.

Outpatient care, which is inspired by a preventive approach and is based on the debatable capacity of our current knowledge to anticipate the onset of disease, in the end became only a combination of successive explorations, countless prescriptions and over-reliance on psychoactive drugs.

Pharmacological prescription is the cornerstone of non-surgical somatic medicine. Though its importance is somewhat magnified, it still makes some sense. But in the case of psychological care, how can one simple chemical substance offer the indispensable psychological explanation that intimate suffering requires?

Medication can provide beneficial effects on some partial aspects of mental function, such as restoring a healthy rhythm of wake and sleep phases which can help regain health after a long period of sleeplessness. It can also help moderate tachycardia in the midst of a panic attack, or help control appetite. Medication can also provide serenity during an anxiety disorder crisis, by acting on its somatic equivalents. In the end, it can alter some organic function, such as stimulating or inhibiting hormonal secretion, but it can't have a lasting effect on something as complex as depression, which is caused by a combination of multiple factors.

Despite the fact that I give little credit to drug prescriptions in psychological medicine, I want to point out the ambivalence of its use in the ranks of medical practitioners (both generalists and specialists), the pharmaceutical distribution networks, and the legislation that regulates their use.

There is a paradox in which these medications, being perfectly safe and clearly effective in their restricted use cases (specifically the case anxiolytic and hypnotic drugs), their commercialization and consumption are monitored more closely than some illegal substances. It is,

in fact, easier for any person to obtain cannabis, ecstasy, morphine and cocaine than to get a bottle of any anxiolytic such as a Benzodiazepine (BZD) derivative.

Medical practitioners usually regard these psychotropic drugs with more suspicion than a workaholic regards leisure, as ascetics in the face of temptation. So at the first available opportunity they suspend the prescription leaving their patients to suffer long nights of anxiety and insomnia.

The degree of contradiction on these matters has led to the development of a clandestine market for a simple, hypnotic drug such as Rohypnol.

It seems that humanity is still prisoner of the tangle of biblical fables and can't get rid of the curse of paradise lost, submitting itself to lead a life of rigor, sacrifice and temperance as a requirement to get the ultimate reward. This, without for a moment stopping to think that at best, life is a short and uncertain journey of unfathomable meaning. Smokers can't escape this alarmist streak, with all fingers, pointed at them, almost to the point of accusing them of being enemies of mankind. But let's get back to the main point.

The point is that psychological healthcare is moving towards unbridled materialism. This is evident in the unstoppable barrage of new and more expensive drugs entering the market. During the Psychiatric Congress of the Philippines, I believe it was in 1975, started the fever about beta blocker medications, of which countless unfulfilled miracles were expected.

Previously, another neurologist who was initially famous for stopping a charging bull by means of electrical stimulation through electrodes in several areas of its brain promised to develop a new drug that would cure the nascent phenomenon of drug addiction, without seeing that there is an abyss of complexity between both phenomena. To this day, nobody knows what was of suck reckless promise.

One after the other, we've witnessed an endless line of euphoric presentations for new products that promised to eradicate psychiatric conditions, but after a short-lived fame in a few medical conventions and being advertised in sensationalist publications, they were completely forgotten.

For better or worse, it is as true today as it was yesterday, and probably will be just as true in the future, that the explanation of the symptoms is an imperative condition for restoring or achieving wellbeing, and that cannot be replaced by a pill.

What would anyone think of an open university that advertised a complete education in say, electronic engineering, by periodically taking a few pills? Wouldn't we check the calendar to make sure it's not an April fools' joke? Then, how can we believe that a simple prescription can put order into the affairs of a whole lifetime?

The practice of psychiatry that is solely based on the use of prescriptions not only thwarts the hopes of patients, but it deteriorates the practitioners as well. Both the original curiosity that once moved them to choose this practice and the romantic illusions of the newcomers were flouted from the very beginning of their academic studies, and disenchantment turned the practice into a boring routine.

The life of Academia, busy with discussions and truths to be discovered, is too absorbed in the enchantment of publications to be in real contact with the ordinary events of daily life. The level of prestige attainable by a specialist is directly related to the number of published papers, without any regard to the degree of skill and understanding attained through clinical practice. So the inner

satisfaction gained by understanding the story inside the consulting room is traded by the most ephemeral satisfaction of appearances.

Among the mountain of files, computers and protocols inside the halls of academia, the future psychiatrist is soon confronted by the insurmountable wall of false science and begins to definitely separate from the patient, who instead of becoming the main protagonist will be relegated to just a small piece of data to be placed inside a box in a protocol.

Any spontaneous manifestation from the patient will be limited and disfigured by the narrow boundaries imposed by useless protocols, and though the practitioner might be ultimately deceived by such a travesty of knowledge, in reality the practice becomes inevitably deteriorated by it, as well as the practitioner's possibilities of progress.

This stupidity, this mindless cult of statistics and computing, this moronic wonder at the easy manipulation of figures and charts, are ultimately a testimony to the childish mentality of our "scientists" that impoverishes medical care and opens a wide distance between doctor and patient.

One consequence of this chain of absurdities is the gradual desertion of many patients towards the proliferation of extracurricular specialties such as the paranormal, fortune-tellers, soothsayers and card readers, seeking the attention that they couldn't find in psychiatry.

It is common to hear opinions that show this growing discontent. Some of them are especially relevant, such as the acid remark given by Isabel Allende in an interview: "Yes, I have a deep mistrust of traditional medicine. Doctors have become like gods, and hospitals are horrible places where so many humble people go to suffer and die." Also, Elena Soriano wrote a precise and vivid picture of a psychiatric care that has become erratic and disquieting, in her brave book "Maternal Testimony," a harrowing account of her experiences with her son Juanjo.

But such a state of things should not be seen as the product of a malevolent mind. Like any other phenomenon, there a history behind it that accounts for its outcomes. In the end, the deification of modern medicine is but the result of its appropriation of the advances in technology, physics and chemistry.

The great prestige gained by somatic medicine has its roots in the discovery of sulfonamides and other antibiotics, relegating psychological medicine to follow its steps. Psychiatry's emancipation began from the initial point of being part of legal and forensic medicine first, and later of neurology, in the form of neuropsychiatry.

As in any process of individuation, psychiatry hast to pay homage to its origin. We can find proof of this subjugation in the establishment of psychiatric wards in the top floors of general hospitals, and in the acceptance of medical terminology such as disease or illness, symptom, treatment, prognosis and cure, which as we have already seen are completely inappropriate.

The constant quest for a comprehensive classification is also caused by this search for autonomy. This effort is evident in the countless versions of diagnostic manuals such as the DSM and ICD, complete compendiums of clinical nonsense that were conceived as ways to simplify the psychiatric jargon and facilitate communication between psychiatrists. In practice, they are an endless tangle that complicates further with each new edition, always thicker than the previous one.

The tendency to create subspecialties is another symptom of this servitude towards somatic medicine. This is completely incompatible with the comprehensive vision that defines the psychological approach, in which the different psychiatric conditions are just appearances, shifting expressions of the same universal and intimate pain.

The history of psychiatry justifies its present state. Like all other disciplines, it was subject to the prevalent thinking of the times and temporary fashions and imperatives.

It began with a descriptive stage, followed by a classificatory stage, both of them based on materialistic explanations. The fatherhood of so-called "scientific" modern psychiatry is attributed to Emil Kraepelin. Eugen Bleuler led the first attempt to understand symptoms within the continuum of forces that shape personality. His work was continued by a Swiss psychiatrist Adolf Meyer (1866-1950) who later emigrated to the United States. Unfortunately, as it happened with other subjects, morality prevailed over reason in the statement that the personality was responsible for the disease, and that patients were in turn responsible for their personalities and as a consequence, of their undesirable habits.

The third stage began with the contributions of Sigmund Freud, who was the true founder of the rational approach to finding an explanation of psychic phenomena.

All of these elements contribute to the unhappy position of psychiatrists within the medical framework. The criticisms on the alleged lack of scientific rigor create a feeling of inferiority, which leads to making concessions in order to be accepted in the medical league, where they will always be in an uncomfortable and unstable position.

This accounts for the fact that psychiatrists accept the creation of psychiatric wards in general hospitals as proof of having their discipline accepted as legitimate. But its demotion to the top floors, away from access doors and its shroud of secrecy clearly show the low status it has achieved.

On more recent times, psychiatry has suffered the effects of the prevailing philosophy of the "right here, right now" mentality, characterized by the search for easy and instant riches without any regard to forms or proper procedures. As a consequence, the quality of psychiatric care has diminished, which contributed to delaying the implementation of psychological medicine. In medicine, as in the rest of the areas of society, it seems that having worked against a dictatorship is enough credit to hold positions of influence, which include being the head of planning for psychiatric care.

Though the psychological approach to psychiatry was the main alternative offered to a system that was deemed oppressive and fit to the nineteenth century, everything ended being no more than a rallying song for change and the system remained on the same path.

After a few years, it has become clear that the promise of a revolution in psychiatric care was just a pretext for rising to power after the change of guard, given by people that were as inexperienced as they were hungry for becoming relevant. The psychiatric hospital was linked to the image of totalitarian regime and became the target for these people's attacks, showing an unfounded aversion to these centers, given that every progress in psychiatry had been achieved inside them.

So, under the banner of modernization, the promised humanization of psychiatric care was just the scandalous and brutalizing over prescription of neuroleptic drugs. The collapse of the psychiatric hospital without updating it has worsened family dramas related to enduring chronic conditions inside their homes, which in many cases had terrible consequences on children living there.

Meanwhile, teaching plans are stuck in the past, obsolete. As proof of this, from the total of about 30 academic subjects studied in medicine, only one of them: "psychology" deals with understanding mood related phenomena from a dynamic perspective, and "psychiatry" explains

these phenomena from a materialistic point of view. Because of this, any training around the psychological approach must be taken outside of the University.

The title of Specialist in Psychiatry given by the medical school allows the lawful practice of Psychiatry, without limits or any reservation related to the lack of psychoanalytic or dynamic psychology studies, as if the only requirement for applying them was having an academic certificate. But psychological studied have to be learned, and it needs training.

All psychological orientations are based on the interpretation of manifest contents, and this interpretation in no way is related to divination, oracles or esoteric arts, but is the result of applying the same deductive reasoning that is common to all sciences. Mastering this process requires training. This is the process by which a radiologist interprets x-ray images, the pathologist interprets pathologic samples, and the internist interprets the signs and symptoms from which he deduces the nature of the patient's condition, its severity, treatment, and prognosis. The psychiatrist needs the training to be able to translate into a coherent picture the patient's manifestations, deduct their probable origins and determine the presumed consequences on the patient's future life.

It is also true that there is an extraordinarily high number of different schools and approaches (someone has counted around one hundred and thirty of them), along with the difficulty in evaluating their effectiveness. This makes the psychological approach a true Tower of Babel, a collection of fiefdoms.

And there is another crucial shortcoming: the extraordinary complexity involved in the selection of suitable candidates for this specialty, because in psychiatric care, unlike in other medical specialties, the personality of the practitioner is absolutely relevant. As an example, nobody would authorize a medical doctor who suffered from Parkinson's disease to perform surgery, and it would be ridiculous to have a blind person interpreting x-ray images. Psychiatric care must be performed by people with a stable personality, because the practitioner's personality is the instrument through which the patient's discourse is filtered, and its interpretation must always be free from personal considerations. The personality is to the psychiatrist as the scalpel is to the surgeon, or as the microscope is to the pathologist.

A final obstacle I'd like to mention is that the training in psychological medicine is very different from classical medical training. The special characteristics of dynamic psychiatry has a series of requirements that are difficult to meet: It demands a high level of dedication from the candidate, mostly at an individual level (didactic analysis and supervision, in psychoanalysis), which involves high costs of both time and money. The fierce competition for tenure in our universities is another factor that further complicates matters.

Psychological training has some characteristics that aren't present in the rest of specialties, and the tenacity in the study of reference texts is essential. In psychology, the most basic text to study is the person, for its pages to become available the reader has to earn their trust. Acquiring the gift of earning people's trust is the most important subject for psychologists because little use will they have for all the baggage of theories, figures and data without the capacity of gaining the confidence and the permission of the patient to enter the sacred world of his intimacy.

From my personal experience, one of the best training methods for dynamic psychiatry is the learning experience inside a therapeutic community. That was the way in which the clinic Peña Retama worked, as founded by doctor Molina in Hoyo de Manzanares, which helped prepare a great number of specialists. This model, which is nearly impossible to repeat today, and is fundamentally different from the academic model of teaching in medical schools, is based on the close coexistence between doctors and patients, using dialogue as the way to understanding the existential conflicts

of patients to deduce a way to recover their battered self-esteem. In this context, medications had a secondary role and were only used to restore healthy sleep patterns and diminish anxiety symptoms.

I've always felt incredibly fortunate for being able to participate in what I believe was an exceptional and unique experience. Compared to this, university studies appear to be cold, inaccurate and incomplete. Even the setting of the consulting areas where the candidates are trained in clinical practice is, in my view, contradicting the spirit of psychiatric care. The teaching of psychiatry needs a different environment than what the rigid model of hospital bed and patient offers, which though is applicable to organic medicine, psychiatry would benefit greatly from one more versatile that emphasizes the value of open spaces, freedom in choosing a professional, and a therapeutic relationship established on dialogue, friendliness, and mutual understanding.

The implementation of a psychological approach also presents serious difficulties for research, not so much because of some of its specific characteristics as for the wrong point of view of most researchers, who limit their possibilities to a statistical analysis of artificial data. Based on the availability of computing power any person is considered able to do research, even those without clinical experience. The trick is quite simple: you create a tab, you fill it with figures and you feed it to a computer. The computer will then generate a statistic such as: "how many people with blonde hair, from ages x to z, living in housing of up to x square meters, coming from the country, with a value of x on the Hamilton rating scale, shows the following percentages…"

This is just another variety of childish naivety that attributes value to mere appearances and disregards the whole because it's obsessed with the details. Statistics are undoubtedly very useful for budgetary decision making but are completely useless to understand the complex reality of a person and their behavior. This isn't but another consequence of psychiatry trying to imitate medicine. Another way of servitude and paying tribute to the inferiority complex of psychiatry.

Nowadays the opposition between psychiatrists from the "scientific" or "post kraepelian" psychiatry, and those from "unquantifiable" or psychiatry of a psychological approach should be a thing of the past. But the different psychological approaches haven't achieved their full maturity, neither academic nor in practice, after over a century since the founding of psychoanalysis. Furthermore, psychology as a discipline destined to fill the void created by somatic psychiatry has deviated into a whirlwind of acronyms, dogmas, protocols, tests and behaviorist endeavors.

Looking ahead, in the future it might be possible for psychology and psychiatry to come together by the reduction of other subjects that are more suitable to medicine itself. What seems certain is that psychiatry will differentiate from classic medicine and will give more importance to psychological training, and this might be the key to finding its language, forms of action and specific research methods, achieving in the end a personality of its own.

Chapter 8
STORIES OF DISORIENTATION

THE “CURE” FOR JEALOUSY

Looking back, I remember the beginning of my specialization in psychiatry. I combined my training in dynamic psychiatry in the Clinic “Peña Retama” as suggested by Dr. Molina, with the classic training I was receiving in the department of psychiatry of the “Hospital Clínico Universitario”, which was the University’s hospital, under Professor López Ibor.

In that place, located on the top floor of the building, our work was limited to observe the clinical consultations that the Chiefs did with the patients admitted there. The patients and doctors were always seated at opposite sides of the desk, in a configuration more suitable for a trial than for treatment.

From those patients, I remember Emilio, a middle-aged man who wasn’t very talkative and always gave short answers. He was highly skilled at crafts and was very accomplished in the occupational therapy workshop. He was originally admitted for repeatedly threatening his wife, and his deep and persistent jealousy caused concern for what irreparable deeds he would eventually commit.

In the hospital, however, he was always polite, well-mannered and helpful. When he was asked by the “tribunal” about his jealousy during his first days in the hospital, his answer was always the same: “My wife has a lover. I’ve seen many times how she stops talking in the middle of a phone conversation the moment I arrive home, and I’ve seen her exchange gestures of complicity with other neighbors. She dresses too well for visiting her sister, as she says she does when she goes out in the afternoons. Those details and many others are a confirmation of my suspicions.” After those words, the clinical chief would extend his internment and increase the dose of this patient’s neuroleptic medication.

As the days passed, Emilio must have felt tired of being confined. In the end, he was a jealous man but not a fool. So on one occasion he changed his answer to: “I’ve realized that this is all a product of my imagination. I don’t know how I could believe such a thing…” His change was attributed to the influence of the medication, so he was discharged and sent home. A few days later he killed his wife.

THE REMOVAL OF AN OBSTACLE

I also remember that one day we were asked to admit the wife of one colleague who, according to him, was suffering from acute depersonalization disorder. We broke into her bedroom

early in the morning, and after a moment of surprise and then seeing that the odds were not in her favor, the victim submitted herself to be interned, and we took her to a private clinic.

You can imagine my surprise when, a few months after, my colleague run away with another woman, taking with them a sizable part of their commonly owned assets!

Our actions ruined the poor woman's life, which was only logical given the complete lack of proper consideration and common sense in taking her on the word of our colleague.

THE TEACHINGS OF A PATIENT

The same thing happened, though without such dire consequences, at the beginning of my practice as a psychoanalyst. There was this patient who was suffering from sadness, lack of purpose, despair and a somewhat inexplicable fear of not being able to fulfill his duty as head of his household.

This man was a very prestigious business person. He had extraordinary willpower and had achieved success after overcoming great difficulties in his business. He had a very scientific view of his work, and he didn't accept things that weren't measurable or quantifiable. He had come to see me at the behest of his wife, whom he adored.

I don't know how to call the kind of "reformist fever" that I had at the time, which moved to believe that the state of mind of this patient had to be changed to one of optimism and joy. Perhaps it should be called "ignorance", or "recklessness", but it was the prevailing dogma at the time on the subject of psychiatry at medical school.

What happened was that this good man, perhaps moved by my the hubris of my ignorance, decided to teach this "young project of a doctor" some logic, with the patience that only a father can have.

He was a man deeply in love with nature. He spoke to me about how sad he was to see the deterioration of the beautiful landscapes of his younger years, the loss of small creeks and springs, and the disappearance of birds from the places where he had found comfort as a teenager.

And I, with the hubris that is so usual in my profession, again and again changed the subject trying to counter his arguments. He told me about the evils of progress; he talked about the catastrophes that humanity could cause, not because of some inherent evil of humankind but because men are limited to understanding a few of the many interrelated factors in the delicate thread of life.

It was only inevitable that as the sessions passed, I would start to feel the kind of sympathy towards this man that souls with great sensibility often provoke in others, and he certainly was one of them.

From this man, I learned that as humanity is moved by the legitimate drive to survive in this harsh world, it manipulates the environment without thinking that its action will inevitably alter the existing balance and as a consequence creates new problems.

Thinking back to that experience, I wonder if my patient gained more that a little benefit from our sessions, if any. I would feel happy to know that I didn't cause him any problems greater than those he already had. I feel that I was the one who gained more, because I received payment and some learning experience. In return, he received very little.

The conclusion to my clumsy help was obviously to lose him as a patient.

THE REFORMIST ZEAL

This irrational and selfish attitude that now I can see in the exciting days of my beginnings comes from the wrong assumption that medical knowledge has reached a level equivalent to that of mathematics and that it can establish a unique and exclusive correspondence between effect and cause. The human mind is not able to process more than just a few and basic pieces of data.

Despite this fact, doctors imagine that they're like oracles, dressed in their white coats and using their "magical" instruments. What they ignore is that their science is at the same level that it was decades ago, and technology, engineering, physics, and chemistry where the disciplines that really advanced.

Medicine itself still doesn't know the laws that govern the workings of the human body, and it's limited to experiment with discoveries made in other sciences. When physics discovered the use of electricity medicine rushed to apply it to every condition of unknown origin, and thus electro-therapy was created. The same thing happened after the discovery of the laser, which gave rise to laser therapy.

This attitude of testing every new technological advance has made the work of some doctors to be called "scavenger's work." Nonetheless, the only areas where surgical medicine has achieved advances comparable to modern engineering is in those where the body functions can be reduced to a set of a few factors, such as the case of circulatory problems caused by the narrowing of heart valves, which is a simple problem of hydraulics.

In old times, heart surgery usually ended in the death of the patient, and for years I believed that was the most probable outcome. Seeing my worried expression when a relative of mine was going to be operated for aortic stenosis, Dr. Alonso Lej, a famous surgeon, explained to me in very simple terms that the procedure was a very simple mechanical matter: "If there is a narrowing of the passage of blood, the surgeon will widen the channel. If the passage is too wide, the surgeon will narrow it while the blood flow is temporarily diverted." And that exactly is what happened. That incident showed me the spectacular progress achieved by surgery.

Psychology, on the other hand, is quite different. It is understandable that simple phenomena can profit from the progress of other scientific disciplines. But when the problem is caused by many factors, and of greater complexity, the matter is entirely different.

Here's an example of a condition with a more complex origin. A friend of mine had been suffering from a young age some sporadic episodes of phlebitis that disappeared after a few days of proper treatment. This even allowed him to participate in sports competitions, where he is quite accomplished. One day, a good doctor decided that he would stop until he found the cause of phlebitis, which, by the way, appeared once in a blue moon.

He searched here and there, prescribed all sorts of tests and analyzes and found an early stage prostate tumor. The consequence of this diagnosis was six operations that left my friend with urinary incontinence, which forced my friend to retire from his work, which along with his good character had been the foundation of his social prestige. His early retirement soured my friend's mood and made him lose his will to live, and his naturally helpful and enthusiastic disposition.

To top it all off, the cause of the phlebitis was never found, and to this day he still develops the same symptoms every now and then. The insolent curiosity of a colleague brought about a dramatic shift in my friend's life, though I must admit that he was rewarded with an unexpected albeit unnecessary discovery.

Psychiatric jargon, more suitable for insult and aggravation that for understanding and relief, shows the same state of things. As a sample, here is a literal transcription of the report about a 21 year old young lady who was rejected from the hospital where she had wanted to be admitted. “Patient admitted to this hospital on account of her deteriorated physical state and loss of weight, as a way to prevent her mild suicidal tendencies. “The patient is manipulative and fantasizes about sexual abuse…” Only in very few cases apart from psychiatry can a person receive such loaded insults and shift from patient to convict, and it’s rare to find another discipline were the quest of knowledge becomes and inquisition.

The word “treat” is perhaps better suited to the case of preserving a crop from a plague, or the preparation of food preserves, than to the practice of helping human suffering. The word “diagnosis” seen as classification seems more apt for the selection of oranges and eggs for packaging than for discriminating the different appearances of spiritual suffering. It’s not uncommon to hear the expression “it has not fully matured” as if we were discussing a melon instead of a person. Saying that someone shows “abnormal behavior” shows a clear case of discrimination and harsh judgment. We could quote countless examples of this.

Medicine calls “abnormal” any accident, x-ray image or analytical count that escapes its vague standards, and without stopping to question the foundations of its findings tries to suppress them. This situation is similar to the story of what happened in Australia when they introduced foxes to deal with the overpopulation of rabbits: foxes quickly showed a predilection for kangaroo meat.

Apparently medicine chooses to ignore the fact that everything has a cause in nature. Lacking self-criticism, it chooses to ignore that the real advancement was in technology, but still lacks insight into understanding the person. It mistakes the ability to perform tests that just a few years ago were unimaginable to real knowledge of the real effect of observable accidents in the life of any living organism. Medicine truly lacks the humility it needs to recognize that humanity, other that adding, subtracting, approximating and separating, has advanced only a few steps from its infancy. The hubris of modern medicine is comparable to that of a priest that, anointed with higher truths that shield him from uncertainty and fear, accepts them without question.

What is true in the study of matter is not directly applicable to the study of the spirit. The material world is the object of our constant study, as it is “external” to us, through our senses. To describe its properties we create the technical vocabulary that we need to study to advance our knowledge. On the other hand, psychic phenomena such as feelings, emotion, sorrow, despair, confusion, etc., are experiences that the person experiences before perceiving them in other people.

It shouldn’t be understood that I don’t feel the utmost respect for every work, attempt, and maneuver done with the intention of mitigating the unbearable pain of spiritual ailments. My purpose is to call attention to the special circumstances that surround psychological care.

From a phylogenetic perspective, the manifestations of spiritual suffering show the epic saga of humanity that began in the cave-dwellings of prehistoric times and achieved the heights of the Apollo project. From an ontogenic perspective, they are consequences of the accidents the individual encountered during their life-journey.

The intention of eliminating the pain of psychic origin through the prescription of pills or injections as if it shared the same nature of somatic pain, shows the fear and thirst for miracles that still is present in the deepest part of ourselves, still believing in the existing of a panacea.

We might gain some level of control over our environmental conditions, achieve a life of comfort and an acceptable level of security. But needs (which according to Cervantes, are the mother of all ill fates) will always allow us to be seduced by the mirage of some new product promising to stop hair loss, eliminate our wrinkles or prevent heart disease, in our never-ending fight against pain and helplessness. In this context, speaking about health and disease and daring to sort people into one or the other is pure nonsense.

Contrary to other specialties (for example, ophthalmology) where the first step is to establish clearly the object of study (the eye), followed by a precise description and functional study, psychological medicine has rushed to try to alter things that it doesn't yet understand, without stopping to define precisely the object of its study: the person.

Chapter 9
THE PURPOSE OF PSYCHOLOGY: THE PERSON

The life of the individual and the life of the species

The development of the person

The Ego as the helmsman. The Super Ego as the interlocutor

Two forms of existence: “To be oneself” and “to be another.”

The mother

THE LIFE OF THE INDIVIDUAL AND THE LIFE OF THE SPECIES

Organic medicine is the science that deals with illnesses of the body, and psychiatry deals with illnesses of the mind. Psychiatry stems from medicine, and adopted its terminology that, as we already commented, is not entirely appropriate for this new setting.

Medicine uses observation and the knowledge of the laws of physics and chemistry to study the human body to understand its workings and attempt to modify its undesirable alterations. The object of psychiatry, or psychological medicine, is to understand and provide proper care for the alterations that appear as psychological signs.

The interests of these two disciplines are for one, the physical, for one, the spiritual. Medicine’s system, also known as scientific, is based on discovering the laws that govern the workings of the human body. Psychiatry aspires to explain alterations of the mind through knowledge of the natural psyche. Without the intention of giving a judgment of value, I can state that while organic medicine’s effort is limited and partial, psychology’s aim is global and transcendent.

Gaining knowledge about the inner workings of a person seems at first unattainable. We can hardly grasp the idea of what it means for us to exist, except being the bridge that connects past generations to the future, and we have little or no insight into the influence of our behavior. The complexity of the person escapes the level of comprehension that we can show in a simple definition. Because of this we have to approach this subject indirectly, through the observation of the sum of manifestations that constitute what is known as existential commitment.

If there is a prevalent circumstance is every person’s life it is the existence of conflict. Conflict is the inevitable expression of the collision of two antagonistic ways of life that exist simultaneously through existence. One of them is being a part of the endless chain of the species, for which the person is just an instrument. The other is the existence as an individual, in a limited time frame that runs between two capital events: birth and death.

Every person bears, with a lesser or greater degree of conflict, two simultaneous representations of life: as a part of the machinery of mankind, which is timeless and eternal, and as the owner of a separate existence that is individual and finite.

The imperatives of these two lives rarely match, making human life a constant tangle, as the demands of the life of the species contradict the satisfaction of individual needs. The good of the

species implies giving up on many gratifications that our personal life demands. The means to assure that the interests of the species are not neglected are censorship, coercion, renounce and the intromission of the moral concepts of right and wrong.

The resolution of this delicate situation requires the person to have an element that can act as a mediator between those aspirations, reaching some level of agreement between the interests of the species and those of the individual. Most probably, a good definition of psychic health is just the balance that a person can strike between these conflicting demands.

For nature, the value of an individual's life, outside of being its instrument, is irrelevant, an illusion, a temporary concession. In the face of this, the need to fill individual life with relevance and purpose becomes a source of suffering, because only the life of the species deserves effort and consideration. Outside of dreams, fantasy and artistic creation, all aspirations of transcendence and permanence become a source of pain for the person, and its renounce becomes mandatory.

THE DEVELOPMENT OF THE PERSON

The interests of individual and collective life are coincidental at the beginning of life, but then they start to diverge, creating inside the person disillusionment after the loss of many hopes and dreams that had to be resigned for the sake of society.

For this reason, the education in resigning individual interests, or better still, their coordination with the species' imperatives is a vital part of acquiring a psychic equilibrium, inner peace, health, and wellbeing. It is fundamental for the person to be able to manage the conflicting demands of life.

The early days of a person's life, the time of childhood, are dominated by the processes of assimilation, incorporation, and dependence. Their outcome is preparing the person to renounce those interests that contradict those of the species when they reach an adult age.

The first part of life is the narcissistic stage, where each and every action is destined to produce self-gratification. This is the unrepeatable stage of ego-centrism, of pure "selfishness." For a more graphical representation of this, we can look no further than a child's mouth moving towards their mother's breast. Never again in life will the environment be as much in service to the satisfaction of the individual.

Much later, under the disguise of simple pastimes we will find the longing for those moments, the persistence in trying to regain the lost paradise, the nirvana. Behaviors as simple and irrational as repeatedly trying to beat fate by putting coin after coin in a slot machine, or risking fortune in a game of roulette.

At their youngest, children can't do much more than a few basic facial gestures to gain the attention of parents using laughter and crying, to have them quench the intolerable tensions of being hungry, soiled and alone. During that golden time, mother and child form an inseparable whole.

The passing of time will bring about the path to individuation, through the unavoidable milestones of potty training and the gradual introduction of feeding discipline, leading to the moment of separation. Very soon the omnipotence of the child, which is based on the immediate fulfillment of their needs, will be undermined by other interests: social interests, which will become in fact invincible.

In the face of such a challenge, the child will find refuge in their capacity to hallucinate and in the development of skills that will allow them to handle chaos and tolerate waiting.

As no suffering is without some gain, this painful experience will open the doors of recognizing themselves as an entity that is separate from the person that provides comfort. The ability to dream and seek refuge in the realm of imagination will provide solace from this first encounter with disenchantment while more robust protection mechanisms develop.

And half as a joke, in a game of sorts, the process of learning to renounce and delay satisfaction begins, and it will never stop. The person will always be at the crossroads between fulfilling their needs and the demands imposed by the environment. “Being oneself and being with others” simultaneously, that is the existential dilemma of life, and from there come all the attitudes, behaviors and personal traits observable in adulthood, along with the many variations of the epic tale of life that psychological medicine focuses on. The greatest subject of life is the conciliation between these two parallel ways of living.

When children learn that the satisfaction of their needs can produce pain or discomfort in their mother, they experience the pain of being aware of their insignificance, and the inevitable fear of abandonment. This perhaps is the first sign of individual existence.

While the mother is the first unconditional ally of the child, she is also the one who will introduce them to society, to the new world of external demands, and the form that this introduction takes will resonate forever in the person.

These first experiences when the conflict between personal and collective interest makes the person prioritize personal interests will leave a feeling of guilt, which is the first sign that will lead to anxiety. Guilt and anxiety are unavoidable phases of the existential process.

THE EGO AS THE HELMSMAN. THE SUPEREGO AS THE INTERLOCUTOR

The training in resignation, tolerance to frustration and getting used to disenchantment is a prerequisite for life. But as in sailing, managing these abilities require a skilled pilot that can steer the ship of personal life with decision and dexterity enough to keep it safe from the storms. This pilot is a symbol of the most essential part of the person, untarnished by outside influences. In psychology it is called the “Self” or “Ego.” It must have enough strength, instinct of orientation and elasticity to be able to yield in the face of the storm the space that will recover once the calm returns.

Like all things in nature, this “handler” does not appear spontaneously and instantaneously but is the result of a preparation process. Its level of strength or weakness, of optimism or despair, ability or incompetence, will depend on the participation of favorable conditions during its development. For this reason, the first part of life is vital, fundamental and will explain what will happen during the rest of life. We can see that education is the art of properly training this pilot, the captain of a ship that will sail into the ocean as one of the countless links in humanity’s chain.

The particular way in which each person behaves, what we know as their personality, is then the result of the interaction of other personalities and circumstances during these years of education. Because of this, we have to recognize that any personal manifestation, including those that might be deemed irrelevant, are a part of the person and have similar importance, as they are all rooted in the deepest and most hidden layers of the self.

This explains how nonsensical is to organize the psychiatric consultation as a single act in which listening, classification, and treatment will be contained. The complaints of the patients that come seeking help from psychological medicine are doomed to be misinterpreted if they are seen just as weird, disconnected facts with no relation to their personal history, and those patients are condemned to disappointment.

This is the way in which psychiatric consultation consumes itself in its classificatory obsession, or even worse, in moral accusations, especially in cases where it's required to provide a legally binding expert opinion. Thus, psychiatry becomes inquisitorial, trying to suppress what is and turning the final chapter of the doctor-patient relationship into disappointment.

After this detour, we should come back to the story of this helmsman's apprentice that comes from the time when the child lives in perfect symbiosis with the mother, a part of her. The acceptance of this premise is fundamental because it makes psychological medicine a true discipline of knowledge by separating itself from the notion that the Ego, the most primitive inner core of the person, is already established at the beginning of life instead of being subject to the vagaries of evolution.

From those different standpoints stem quite different conclusions. If we accept that the ego exists by itself from the beginning, we deduce that the person always has the power of choice and can be demanded to comply with the rules of society. The second perspective admits that factors outside the person influence the formation of their ego, making it at least debatable to assign absolute responsibility to the person.

The first thesis, the belief in the existence of willpower as an omnipotent quality, separate from the influence of the past, free to choose the present and alter fate is sadly the dominant philosophy in mental healthcare, a sort of somersault without an initial stance.

But willpower is nothing more than a word, an illusion, a deception tyrants created to have their own way of things. At best we can say that the performance of a specific action or the prevention of one isn't but the emergence of the instinctive impulses taking form. But the cult of willpower is the basis of all doctrines, religions, moral codes and in general, every system that preys on the helplessness of the individual.

The ability of the person to manage their interests is overrated. A person is not like a shopper that simply chooses some merchandise over others from a selection of goods. On the contrary, below the appearance of freedom is a slave of a predetermined drive.

Psychological medicine, having no philosophical content of its own, becomes a weak tool for reforming its own field. Both psychiatry and psychology as disciplines are separated more by artificial than true distinctions because they deal with the broadest definition of the person. To achieve that, they would need to provide some model that answers the existential questions, or at least to deprive of significance the study of human behavior and study the manifestations that bring patients to the consultation as simple phenomena.

Medicine of the body is atemporal, but the medicine of the soul includes the past and deals, as Heidegger put it, with the "being in the world", in a particular and precise world that is unique and incomparable, in a journey that is unique and unrepeatable. For this reason, the socializing procedures of psychiatric care are just poor simulations of real treatment.

After this new digression let's come back to the helmsman, so we can trace the steps of its evolution into its final state that, as we mentioned, will include learning how to renounce. This stems from the cataclysm of the first separation; that is preceded by a symbiotic period that is far

longer for humans than for other species. The proper end of this process implies the mother will pour herself into her child, being this the true sense of motherhood, a function that is as well studied in its biological aspects as it is neglected in psychology.

A woman can easily achieve the ability to reproduce and nonetheless and at the same time be unprepared to assist properly during this period of preparation and dependency of her child. In this sense, nature is inconsiderate if not outright cruel, because while ensures biological maturity it doesn't expect the same level of development around psychological conditions.

The proper care during the dependency stage of the children requires the mother to have finished all the moments of her psychological development: symbiosis, childhood, adolescence and youth. The frustrations of her life must not prevent her from being, as the famous poet wrote, "the bow from which the new generation will be sent forth, to a future that she cannot visit."

A proper journey in her development is the prerequisite for a happy motherhood. Religious sermons will add other many requirements such as sacrifice, righteousness, dedication, tenderness, love and many other virtues of a moral quality that have no connection to psychology nor biology.

A mother that fully lived the different stages of her life would have lived her breastfeeding stage clinging to her mother's bosom, sheltered under her care and protection. Her childhood would have been only concerned with games and the untroubled exploration of her world. Her adolescence would have been absorbed by the multiple changes in her body and the awakening of new feelings and interests. If, finally, the exploration of the new world of love and friendship had been without guilt, she would long for no other things than motherhood, and there would be no need to make an obligation of what would be a natural interest. Under these ideal conditions, there would be no part of motherhood that could be felt like a loss. On the contrary, motherhood would be a continuation of dedication to herself.

In the eyes of religions, this preparation might be seen as selfish, in the negative sense of the word, but biology and psychology know nothing about morality. For them, selfishness is an inherent quality of living organisms, and without that, they would perish. The only purpose of a living creature is to survive and to thrive. Selfishness is the essential trait of life; it is the "will to live" mentioned by Schopenhauer.

The relentless effort of beavers building dams to hold water. The laborious transport of building materials done by swallows in building their high nests defying gravity and escaping predators. The suicidal swimming against the current of salmons during their spawning season. The precise steps that lead to a wound healing itself. The complex processes that lead to clogging a bleeding blood vessel. These are all examples of the drive of living matter to remain alive.

The inner core of the Ego, which is probably equal to all people, receives the differentiating influences of the environment. Through the experience of separation, the new person becomes aware of their reality (their "self") and the existence of an outside world (the "non-self"). This is the existential moment, the first contact with anxiety and will form the pattern for its future manifestations.

TWO FORMS OF EXISTENCE: "TO BE ONESELF" AND "TO BE ANOTHER."

As a summary, the difference between the classical and the psychological approaches to psychiatry is that the former doesn't take into account the evolutionary process of the Ego because it considers it to be fully developed in adults, who are always fully responsible for their actions. In

the beginning, the Ego is undifferentiated, it is free from outside influences and strives to become established and develop its potential, subject to the code that Freud called “primary process.”

After the contact with the outside world, the Ego is forced to adopt another code, the “secondary process,” that considers the demands of reality, the rules of family and society, opportunity and convenience. The “pleasure principle” that rules the primary process is gradually replaced by the “reality principle” that governs the secondary process. The process of being, the particular way in which the individual exists in the world with others, as a result of this individual evolutionary process, is the mediator between the interests of the individual and the interests of the species, between a life that is individual and finite, and a life that is collective and transcendent. Failing to achieve this creates a state known as neurosis, which Paul Tillich in his book “The Courage to Be,” defines as “the way of avoiding nonbeing by avoiding being.”

Either to be oneself or to be unable to be oneself and be condemned to serve the interest of others. Those are the possible ways of living that derive from the first steps at the beginning of life. During the long phase of dependence, the person receives the permission or the prohibition to be oneself. Contrary to what many people might believe, it is not unusual for someone to reach the end of their life being a mere proxy for others, mistaking their interests for their own. And the worse part if that they can ignore that they are not themselves. These failed kinds of existence, where the mother plays a fundamental role, give meaning to the use of psychology and psychiatry.

THE MOTHER

Watching the poetic scenes of our great Félix Rodríguez de la Fuente, great poet of the animal kingdom, as he explained how birds patiently nurture their chicks and show them how to fly, I fear what would happen to those hatchlings if their mother should lose the way home, or if she rushed them prematurely outside the nest to a flight that would result in their deaths. The nascent lives of those creatures are at the beginning a project in the hands of their mother. In the study of animals, the disposition and attitude of the parents is of special interest, because the fate of the new creatures depends entirely on their dedication, skill, warmth and care.

Psychiatry, in dealing with the “alterations of the mind” can’t view these factors as separate from the person that suffers them, and must view the connection between the patient’s life and the lives of the people that accompanied them during the first stages of life. This is the reason we must include a section with this title that might be viewed as inappropriate in a work of scientific interest, in times when the explanation for human behavior is left to the biochemistry of the nervous system, to the complexities of neurotransmitters and their receptors. Nonetheless, there is no other element as universal, omnipresent and of greater influence than parents.

Dopamine, serotonin, adrenaline and other substances are nothing else than the physical media that supports laughter, pleasure, love, fear, anger and the different emotions, passions, affections and feelings present in people’s lives. While it can be possible that the cries of some dramatic situation might coincide with an imbalance in one of these substances, they are surely an expression of some loss through motherhood.

Loving oneself without conditions is a miraculous medicine that restores well-being. Sadly, having that attitude is not the result of a voluntary decision nor an intellectual elaboration, and it’s not available to everyone. It is given or denied by past events, of which the person was just a spectator. This is the reason for the uselessness of so many manuals that try to “teach” people how to acquire such a precious gift.

Personal life coexists with a constant dialogue between the Ego and a mysterious internal speaker known as the censorship agent, moral conscience or Super Ego, that judges actions, supervises behavior, audits every decision and determines with absolute authority if the person shall feel pride or shame in themselves.

This accounts for the person not always behaving as an indivisible and cohesive person, but frequently as something fragmented and vulnerable. This censor is the effect of the past of the species and contains fragments of both individual and collective history. It is transmitted from one generation to the next, not by genetics but by psychology, through the relationship with parents. Its presence is a compromise between individual interests and those of the species.

This inner dialogue can take many forms: it can be calm and stimulating, but it can also be harsh and discouraging; it can be friendly or threatening, unconditional or menacing. It can be so comforting that it fills life with optimism, and in can be so unbearable that it drives the person to suicide. The nature of one's self-esteem derives from its qualities.

At the beginning of life, the child is potentially open to all possibilities. This project of a person is the "tabula rasa" on which every experience will leave a mark. It has a rich repertoire of gestures that includes all possible responses to the environment, but the key to the way of being of the person is contained in the intimate and magical world of their initial relationship with the mother.

The eager look of the newborns towards their mother, their rapture and fascination, the constant expectation of finding in her face something to which they can direct their first facial gestures, those are the limits of the world were happiness or drama are born. That is the mold where children see the creation of their own image; that will be with them for the rest of their lives.

The configuration of the self is cooked in the pot of their mother's lap, tended by her caresses, warmed by her attention or abandoned by her indifference. These magical moments will determine if the new king's reign shall be solid or precarious, calm or turbulent, accepted or contested.

This scenario that Erikson viewed as the compensation that children receive for the harsh impact of birth is the embryonic stage for their personality traits. The child will either become a protagonist or will be condemned to roam through life trying to become one. The influence of these first experiences is so deep that it will determine if the person will become rich or poor, vengeful or forgiving, optimist or desperate, determined or filled with doubts. The uniqueness of those early experiences accounts for the universal love of fairy tales, because we have all been in a way, princes of princesses, or at least we should have.

The mother's face is the mirror where children learn their own image, in the only possible way. As it happens with the distorted mirrors in a fair, the quality of the mirror will determine if the reflection that the children see of themselves is accurate or distorted. The mother's expressions are the first images on the eyes of her children, and they will provide the first sensations of pleasure or displeasure. Every child looks at the world through those images, and from the mother they will receive the qualities that will become parts of itself through life, such as pride or compassion, solidarity or rebelliousness, which are wrongly attributed to personal and voluntary decisions.

The first mirror we have is our mother's expression, and our mother is the source of that interlocutor that as the northern star did for sailors, will be our guide in the days of storms and anxiety. This reflection will bring about our acceptance of rejection of ourselves, which is the origin of our spiritual suffering and wellbeing.

In the same way that a ray of light is scattered when it reaches an opaque surface, the child's hopes are lost when faced with the expressions of an unhappy mother. But a look of happiness and calmness will reflect a stronger image on the child, imprinting their personality.

The world is full of representations of the figure of the mother. The religious fervor for the holy virgin has unmistakable elements from the mother, both the real and the idealized version of her. The use of substances such as opium, cocaine or any other, the addiction to gambling and many other manifestations, are expressions of the undying eagerness to reunite with the person that once was able to bring calm and solace: the mother. Even fields as far apart from psychology as cosmetics have traces of the mother figure, as we can see in the blind belief in yet unproven effects of preparations made from human placenta.

Many mythological figures are built upon the mother archetype. One client who was very keen on Greek mythology told me he had very distressing dreams where the goddess Hecate or Hekate appeared to him. I asked him about this goddess, and he told me that she was the patron of the unburied dead, that she appeared to people at crossroads and that she usually demanded the death of the supplicant in exchange for some favor. This goddess is the representation of a cold and selfish mother, for whom the child is the embodiment of her hopes against frustration and the pillar of her strength. It is clear, though, that under such conditions, her existence implies the psychic death of her child.

Phobias are another element that hide trouble in the mother-child relationship. For example, the fear of being submerged in water, an act that represents the early experience of birth, is a representation of the primal fear of disappearing. The image of a spider waiting in the shadows for the opportunity to catch an unsuspecting fly is a common theme in nightmares. It is an image that fits some mothers that under the guise of being helpful, are expecting to live off and through their children.

Any mother that puts conditions on her love, what Erich Fromm calls deserved love, leaves the children the bitter feeling of not being loved for who they are, but for how close they are to being what their mother expects them to be, for what they should be. In every person's heart beats the same hope of receiving the same kind of appreciation that showed in the letter that Senmut and Kipa, the unforgettable characters of Mika Waltari, left to their son Sinuhé before they died. Along with the real image of oneself there's always the image of what could have been, the idealized version of the self.

The point is that only someone who has received unconditional love can give it. Erich Wittkower studied the relationships between mental states and their influences on the body and stated the mothers of asthmatic patients were usually intolerant at their children's crying when they were babies. It has also been stated that the mothers of patients suffering from ulcerative colitis used to reject them for being noisy. Regardless of the way it manifests, every psychic condition implies some prior experience of rejection, either to the child or to some partial manifestation such as crying, excessive liveliness of being too demanding.

In general terms, we can state that spiritual suffering that go beyond the immediate conditions of the environment are a consequence of experiences during the first years of life, which happened around the same time when the child's self-image was established. As an example, the irrational rejection that a patient with "Anorexia Nerviosa" has for their body is just a second version, delayed in time and placed in a different situation, of the rejection previously suffered that they can't remember. Many other conditions show the same process. I believe that all of us can feel some level of influence from those early days of our lives.

The acceptance of oneself is not, then, a voluntary decision, but the aftermath of the fortune of being loved by one's mother. With her blessing, the child gets to become him or herself. The pride of being oneself is just the extension of the original happiness found in one's mother's look.

As it happens in archeological digs, psychology has to access through indirect means those parts that are not within the reach of memory. In any retirement home, we can find the image of old people that can't remember what they ate earlier in the day, that have forgotten if they were ever married or if they had children, what time of the year it is, or even if it is day or night. They always ask about their mothers. While life's demands might have displaced the figure of the mother, it is never forgotten. At the final moments of life, the person's eyes look for the reassuring gaze of their mother. It has been said that Hitler, the terrible character that terrorized the world, was found dead with a picture of his mother clutched in his hands. Such is the resonance of the mother, who is the first and maybe the only chance of the child to have an unconditional ally.

A colleague of mine once shared this quote with me, of unknown origin: "If your mother did not smile to you, of little value to you will be the favor of the gods."

Chapter 10
OLD HOT TOPICS: DRUG ADDICTION AND ANOREXIA

The background for nonsense

Drug addiction

Anorexia

THE BACKGROUND FOR NONSENSE

It was around 1970 when I was working as an internist in the clinic "Peña Retama" in Hoyo de Manzanares, which if not the first certainly was a pioneer of the adoption of open-doors treatment and the exclusive use of psychotherapy. I visited the General Directorate of Security after one of our patients, an 18-year-old foreign young woman, was arrested.

In those times of Franco's regime, the place was intimidating. I was taken through several corridors and stairs until I was greeted by someone who I considered was a senior officer, judging from his firm demeanor and authoritative tone. He politely invited me to sit on a couch and began asking questions about our work in the clinic.

At that time, I was more of an enthusiast than an expert in dynamic psychiatry, so I enthusiastically began to lecture him about the benefits of this specialty. He interrupted me at the beginning of my spiel saying that while all of this sounded very well, we should be extremely careful in not allowing under any circumstance the situation of this patient of our clinic to be repeated because she had been caught smoking cannabis.

I remember the scene quite vividly, because it was the same time of the famous event of the Bélmez Faces. Our interview was interrupted by a phone conversation that most probably included the Civil Governor of the capital city, to which he curtly gave the ultimatum that he would be removed from his post if news of the faces continued to be in the newspapers.

Perhaps because of this outburst he compensated by being kind to the young and inexperienced doctor that I was, so he dismissed me very politely, with the attitude of a father who has just reprimanded a son for a minor mischief but making it clear that he expected it never to happen again. Needless to say that I was very grateful for his consideration, especially under the effect of such an impressive place.

In those times, drugs were only to be found in American movies, and this was my first contact with them. My views on the issue of drug addiction have changed completely since then, turning from blind enthusiasm to reflection, after the hard clash with reality. I have to admit that in that early time of my career, all my efforts were focused on trying to eliminate what was undesirable, and ignoring reality, instead of calmly examining the facts. It is only natural that we begin all our endeavors moved by excitement before we reach reflection and insight, as the adventures of love begin with temporary insanity.

The issue of drug addiction began its appearance during the last years of Franco's dictatorship, and it blossomed in full during the political transition. The almost complete abolishment of prohibition was seen as a measure of progress, as a way to modern times. The consumption of drugs

was encouraged as a way of change, and it was welcomed as if it were an exile returning home. Some of the most fervent supporters of drug use even demanded that they should be sold under the same conditions of other substances that they believed to be more harmful, such as alcohol and tobacco.

This was a childish argument at best, but most of these enthusiastic movements have a tinge of childish fervor, fanciful and cruel. If we add a second evil, the damage is usually double. As the old saying goes: “If there is no benefit, we can only be sure to lose.” After a short while the problem showed its true colors, and though nobody admitted to the mistake (which, by the way, rarely happens), it became clear that the issue was more quite complex and had reached alarming proportions.

After the invitation of the mayor of Madrid who said: “¡A colocarse y al loro!” which can be translated as “Let’s get high and enjoy!” came a long chain of lamentations, and many families paid with misery, violence and mourning the price of this bad concept of modernity. Of course, this part of the party wasn’t in the spotlight, this is the hidden side of the show that is played behind the curtain, in the dark, and that takes place in hospitals, police stations, and recovery clinics.

This ugly new reality took the medical community by surprise, and after a few initial mistakes it had to admit that it had no solution for it. But the phenomenon of drug addiction proved to be a gold mine and brought all sorts of speculation. For some politicians, it became a formidable political platform.

As the use of these substances and the general attitude towards them was linked to progress and the opposition to authoritarianism and prohibition from the previous dictatorship, a part of the population took the fight against drug use as a new banner for their cause, and it became the new scenario for old political disputes. Tragedy soon hit the homes of many, and tears replaced the initial frenzy, but this is another story.

With this new fashion, many colleagues believed they had discovered in addiction a new psychiatric condition, and psychiatry became the appropriate field to test new therapies. Some even thought they had discovered a cure in some new medication, using the advances in somatic medicine. But reality has a way of stubbornly showing its face, and the seriousness of the matter was reflected in inches and feet of newspaper columns, in heated arguments on the radio, in the demagogic proclamations made by politicians and in the increased spending of government funds. Psychiatrists were in the middle of these tensions that politicians, sociologists, and ideologists had started.

Whenever a new issue arises is psychiatry, a thousand voices rise to show their expertise and take advantage of the rising tide. Some believed that the root of the problem was to be found in brain injuries, while others thought it was caused by hormonal imbalances. Most others were fond of presynaptic theories, which were already proven “successfully” in explaining depression. Then came the trials with endorphins, heroin substitutes, and other substances.

New specialized care facilities were created to deal with this new plague, but after a short initial enthusiasm they become just new branches of detention centers. The shock of the encounter with this new reality triggered the absurd behavior of many psychiatrists that in the end punished the addicts. So the patient became a criminal, and health professionals became a new kind of police wearing white uniforms. Things got to the point of forcing upon them the humiliation of urinating in public as a requisite to pass the new customs office of psychiatric care. Something along the lines of: “show me that you don’t need attention and you shall receive it.”

The bitterness of failure was responsible for such a great change. The bond of trust between doctor and patient quickly became a relationship of mutual suspicion and dislike. Patients unable to quit the habit but in need of care and shelter soon tried to fool the controls by using urine from another person, and the situation escalated into a game of cops and robbers, a crazy outcome for a ridiculous first act.

At the same time, the fundamental questions that would have given sense to medical intervention: the why and the how of drug addiction, weren't even being discussed.

DRUG ADDICTION

I owe much of the understanding that I achieved on this issue to my eight years of experience working as director of the Santa Isabel Psychiatric Sanatorium, in León, and to the people there that taught me the understanding and tolerance that made it possible to help the people that came looking for help.

This was an unforgettable adventure because I was free from the pressure of achieving some predetermined results and could do what a curious person wants to do, which is to observe. In this pressure-free environment people were not cared for, they were accompanied through a crucial and painful part of their lives. By being at the side of others, I could learn the simultaneously complex and simple subject of substance addiction. Today I firmly believe that was the proper attitude for that situation.

We all knew that we were participating in a kind of "deception." That patients would remain in the sanatorium only while their fears kept them seeking shelter there, and that once they were better they would leave without even having finished the first of the three stages of the dishabituation program. We accepted the fact we would play a supporting role in the recovery, and we set out to become their benevolent and helpful companions though their personal drama.

Our only purpose was to become companions to those who asked for our help, without imposing any conditions except the existing regulations for the center, where other people were living. We had few successes if we measured them by the standards set in psychiatric publications. A few people were able to beat their addiction, and those who did had great support from their families. We also witnessed a darker side to it: people who "chose" suicide (if someone can choose under such conditions).

In all those cases, I could see the reason for this different behavior, beyond the simplistic explanation that their sincere repentance was able to overcome neglect and vice.

Jaime, a brawny young man with a kind face, appeared dead in the bathroom of a train station. Agustín, who wasn't a junkie in the strictest sense, because he would be just as eager to use coke as to chase some girl or drink wine, threw himself out of a moving train, maybe chasing the vision of some girl when he was getting closer to sanity. Paloma, a young poet who wrote brilliant verses, ended her life with a shot to the head. These were brutal endings for lives of misery.

After all that suffering we felt that at least we gave them a few days of peace, perhaps the happiest of their terrible lives, an oasis in the middle of a sea of accusations, a safe haven from endless days of guilt and reproach. It was an advantageous proposition for both sides: "you teach me, and I provide you with care." Though our results were not the spectacular successes seen in movies and exposed in medical conventions, the experience of those days gave me some insight into the problem of drugs, and some testimonies of gratitude.

From this experience on I prefer to talk about “accompaniment,” seeing that it best reflects the relationship between client and therapist in psychotherapy. After a while, the arrogance I had during my first years was diminished, partly by my initial failures and because of the effect of experience, giving way to a more serene, tolerant and sincere attitude.

The result of all this is that I believe that, beyond my psychological orientation, the so-called drug-addiction conditions aren’t new or different from other conditions in the psychiatric nosology. They are just manifestations of a particular way of being in the world.

After the initial days of withdrawal, the patient suffered horrible hallucinations and delusional projections, which were not different from classic psychotic episodes. These episodes show the same weaknesses of the helmsman that we called “Ego,” related to some hidden family drama. I knew cases that after a huge expense of their energy in beating the “slavery of drug addiction,” in the end, exhausted, killed themselves. This made me think that drugs were for them a crutch, a prosthetic that compensated for something they lacked, makeup covering an imperfection, as the joy of the party sometimes hides the sadness and uncertainty of the day after.

Behind the appearance of coherence lies chaos, weakness, and ruin. But this chaos is not the consequence of drugs, it is older than that. Drugs lend the person some strength that allows them to maintain an appearance, but their absence show a very different picture.

The public trial of appearances might state that an addict is a person that was initially stable and then “fell into the trap of addiction” out of simple curiosity, foolishness or under bad influences. This is a very interesting way to describe the beginning of the habit, full of religious references to temptation and sin. Surprisingly, many buildings with beautiful facades crumbled overnight, showing to the expert eye that below their solid look there was an unstable foundation that made their collapse inevitable. Many people look solid, but their structure is weak.

Understanding this dynamic requires as a first step that all moral judgments are left outside the door, as nothing that has been judged can be properly understood.

The second element in drug addiction, clearer in this case than in many other conditions, is the inner dialogue that occurs between two elements, which can explain the causes of the habit if they are studied properly. On one side of the conversation, there’s the substance itself (morphine, cocaine, cannabis, etc.) and on the other side is the person. The substance is a constant factor, with a chemical structure and it producing specific effects, though as we shall see are not always the same. The person is, on the contrary, a variable, and its reactions change because they are related to the varying emotional states. The personal reaction to the substance is often unpredictable, and it’s always related to their emotions.

Drug addiction is similar to trade in which it implies an exchange. When a person modifies their emotional state through the use of a substance, they establish a relationship with it that can be of sympathy or rejection, according to its effect.

If a person felt well about themselves before coming into contact with a substance, its effect would never be a strong dependence, even if it provided a high level of euphoria. On the other hand, a person in despair, depressed or with no enthusiasm for life would create a strong bond with any euphoria-inducing substance.

This is the harsh reality, quite different from the common belief that these drugs are so appealing that the mere contact with them can produce an unbreakable addiction, regardless of the previous condition of the person who tries them. What creates the addiction is not the substance itself, having a constant composition, but the person who has a lesser or greater need of support.

This same conclusion was expressed by Bertrand Russell when he wrote: “In intoxication, physical or spiritual, he recovers an intensity of feeling that prudence has destroyed; he finds the world full of delight and beauty, and his imagination is suddenly liberated from the prison of everyday preoccupations.”

This concept, added to the knowledge of the dynamics inside the person, provides an explanation of why addiction is for some people a permanent state while it is only casual for others.

Why is it that euphorizing substances, far from providing long lasting effects, aggravate the decline of the person, plunging them into despair? Why sometimes it causes panic, instead of reassurance? These responses are not limited to drugs. If we come to think of it, a student who is happy with his test results might find that alcohol increases their natural euphoric state while the same substance added to the pain of a recent breakup will only increase the existing sorrow.

These considerations require us to view the issue of drug addiction not as a new chapter in psychiatry, but as one of the many different expressions of the inner dialogue that people have, and that shows in their particular way of living in the world. This is not essentially different from alcohol dependence, where the person uses the substance as a way of making life more bearable. In fact, this is not different from any other habit that a person develops to find support.

This moved Otto Fenichel in 1957 to talk about addictions without drugless addictions such as addiction to food, to love, to work and reading, among others. The difference is not essential because they all show a universal search for wellbeing and security, but accidental, related to the different ways in which this security is sought.

Sometimes it’s easier to find in literature the clarity that is so elusive in “scientific” works. Ramón J. Sender puts it one of his characters these words: “One day he needed morphine, and not finding some he shot himself in the heart. He was a brilliant young man. How is it possible that there was no doctor that could give him the drug, and slowly tried to free him from its influence?”

In this subject, we can also see a difference between the somatic and psychological approaches. The somatic approach views the person as a complicated laboratory that requires a perfect balance to work. Addiction causes this balance to break. For the psychological approach, addiction is the result of the interaction of several environmental factors on the person through their history. For the former, the chemical imbalance is the cause, for the latter it’s the consequence.

These different views produce different ways of treatment. One depends on finding and administering a precise substance that can re-establish the lost equilibrium. The other depends on exposing the dialogue between the person and the world, hoping to reconcile the patient with themselves and producing a will to live that is strong enough to free the person from the addictive habit.

Advertising campaigns are based on the same mistakes. One campaign shows a famous character encouraging the public to choose another activity instead of using drugs as if the people were so clueless that they could not see the difference between a pair of shoes and a washing machine. Other campaigns are apparently targeted towards a public so timid that they just need to be encouraged by hearing the words: “if you want it, you can do it.”

Reality is stubborn and inflexible, and slowly but relentlessly it prevails over psychiatric nonsense, showing that drugs have received too much attention, and what matters is always the same: the past and present circumstances of people that hindered their full participation in life.

This is so much the case that the use of methadone is about to become legal, which is just a step in the legalization of many prohibited substances. There is another element that proves the substance itself to be of secondary importance: trauma services have proven that there is no addiction risk related to the use of morphine derivatives.

In the future, when these sad chapters of the story of addiction are told, I wonder what will our descendants think of the deranged plot of the police spying on and chasing groups of people that trafficked these substances. How these substances were being sold to the public for astronomical prices, forcing some clients to forfeit their family assets or even to crime, while the cost of production was barely greater that the cost of flour. What will they think when they learn how law enforcement complained that their vehicles were slower and less powerful than those of their adversaries, and how these organizations rivaled in power with governments, being able to buy even the will of judges and public officials? What will the explanation be for such a foolish outcome? Will people think of our present times as we now think of the Inquisition or the Prohibition in the early 20th century?

If we look at the situation from a certain distance, the show is almost comic: police chases traffickers and seizes larger and larger shipments, without ever disrupting the illegal market. Law enforcement is working with increasingly more sophisticated methods for detection, while the traffickers develop more and more elaborate means of concealment, in a never-ending comedy of cops and robbers that seems taken from the golden age of Italian cinema, or from advertising campaign devised to increase the popularity of police detective films.

It is increasingly rare to find a week without news about how a group of traffickers being detained and the seizure of drug caches of astronomical market value, without any discernible effect on the market itself. This shows the meaning of Samaniego's fable of the squirrel and the horse when it says:

"That hither, thither, restless springing -

Those ups and downs, and leaps and swinging -

And other feats more wondrous far,

Pray, tell me, of what use they are?"

In any case, psychiatry is limited to understanding the personal drama that precede drug addiction, and helping society become aware of it so it can become more tolerant and generous. Because that generosity might allow society to see that there are few reasons that can justify the prohibition of substances that people use to ease their spiritual suffering, as they are the only ones responsible for their lives. This being no different than people using analgesics to help alleviate physical pain, because people who take them don't deserve to be morally judged as junkies.

It is already hard to understand that at the current height of our civilization, society hasn't found a better option than prohibition. But the fact that psychiatry hasn't yet grasped the kind of hell that the addict is trying to escape through the use of drugs, and instead becomes its tormentor is one of the most terrible deeds perpetrated in the name of science, as ridiculous as a traumatologist who criticized a cripple for using crutches.

The belief in a vaccine that can cure addiction, as I read in a local newspaper (Heraldo de Aragón, on December 16 or 17, 1987) is not just a minor mistake. It is as ridiculous as saying that there is a vaccine against boredom or frustration, or a cure for poverty or panhandling.

We can only expect that the world community can devise a more sane approach to this subject, stopping once and for all the hemorrhage of lives and suffering that is caused by irreflexive prohibition. While it's true that these substances have negative effects, they also provide some measure of relief to people who are completely unequipped to cope with life, mitigating a pain that is only theirs. While we can hope that someday humanity will need to depend on no substance to endure the rigors of life, until that day comes there is no justification for perpetuating this horror.

ANOREXIA

Moving on from the subject of drug addiction, I'd like to make a brief comment on nervous anorexia (or Anorexia Nerviosa), which is the name given in the current psychiatric classification inspired by somatic medicine, to a new condition that has become widely popular. Nervous anorexia is the subject of countless publications, and many specialized clinics have been opened to treat it.

In anorexia, we can find the same dialogue, the same combination of attraction and rejection and the same process of "amendment" that is present in drug addiction. It is but another expression of what psychology sees as the universal conflict of existence.

The fact that it manifests through the loss of appetite, or phobias, or mood swings is secondary to the fact that it is rooted in suffering. In this case, the symptoms are low weight, extreme thinness, periods of compulsive eating followed by vomiting and periods of no appetite that can produce weight loss and drive the patient (usually female adolescents) to near death or death itself, without any evident organic cause.

Popular belief places the cause of this condition at an excessive preoccupation with physical appearance or aesthetics, which is reinforced by fashion's tendency to favor extremely thin models. This childish theory is based on the notion that imitating these models leads to food restriction habits and the loss of appetite, followed by a vicious circle of feasts followed by vomiting and more restrictions.

This is just another expression of the ancient theory of "temptation" that still clouds our collective intellect and provides ridiculously simplistic explanations for complex realities, ignoring obvious facts that disprove the theory such as the great amount of obese woman that cannot resist the pleasures of food. Again, the religious notion of men trapped between temptation and sin. As in the case of drug addiction, it seems more like a repetition of the original sin than a moment of suffering.

This shallow approach to the matter causes many mothers to obsess themselves with their daughters' diets, under the wrong idea that any oversight might lead to the terrible consequences seen on mass media. They should rest assured in knowing that the cause of anorexia lies in a suffering that is far deeper than the naive imitation of fashion models, or the natural concern that teenagers develop for their figure.

Neither is it caused by an incorrect or irregular diet, as some health institution states in its effort to open new health services to deal with this condition, adding to others that deal with pain or sleep disorders. These care facilities spare no effort in helping the patients regain their healthy weight, and these poor patients had to endure cruel treatments and horrible mistreatments in the hands of these heretics of science. Repeated measurements of hormonal and gastric functions, painful force-feeding procedures through a gastric tube, insults and reproaches for their "lack of collaboration," isolation and restraints, those are just a few samples of the arsenal available in these modern facilities.

And to add to this collection of nonsense, medicine persists in rehashing old theories such as one recently appeared in the press, which accounts for alleged discovery that some areas of the brain receive less oxygen in patients suffering from nervous anorexia. A new version of a song that we know too well.

The paradox of this situation is that few manifestations show with such clarity the conflict between the desire to live that is evident in feeding, and it's opposite that shows in vomiting and the rejection of food.

Chapter 11
PSYCHOLOGY: A JACK OF ALL TRADES

Representation

Psychiatric expert opinion as legal abuse

The birth of crime

The confusion of roles

As a care-focused discipline, psychiatry's work is done in the privacy of the consultation room, which is the sanctuary where the doctor and the client develop their relationship. But outside of that scope, psychiatry has also developed a close connection with the legal field, where its expertise is often required in an advisory capacity.

However, psychiatrists usually perform this work with obvious discomfort, as it forces them to leave the more meaningful clinical work to play the role of an expert witness, which consists in passing judgment. This becomes the first step in the transformation of a psychiatrist into a magistrate.

REPRESENTATION

Without going as far as Calderón de la Barca in his play "The Great Theatre of the World", where virtues and vices become their characters, we can view a person's life as a representation where everyone plays a preordained part. Our occupations, jobs, hierarchies, rank, are representations of the role that we play in it.

In this model, that we have come to see as natural, the person who signs the plans for a construction project must have the proper academic qualifications, even though someone who does not have them might be able to design a better building. The alternative to this rule would be that every case should be considered in particular which would lead to arbitrariness. So we all accept these rules without questioning the fairness of this social game, and we all agree to abide by a sense of representation, so we don't step on other professions' territory when we are officially representing our own.

For me, a great problem of our times and one of the main causes of disorientation is confusing the two planes of existence in our lives: our personal life and our role as actors in the complex play of social life. The person is essentially the same though they are required to behave in a way that is consistent with the character that their profession or work demands.

Nowadays people don't expect those roles to be so clearly different, and we have the paradox that judges are trying to be more "understanding," as they believe a psychiatrist should, and psychiatrists are trying to be as "resolute" as they believe a judge should. This blurred boundaries between representations cause a blend of vocabulary that breeds confusion, and that confusion is evident in the ways our institutions work: a modern-day Tower of Babel that I will try to describe.

THE LEGAL ABUSE OF PSYCHIATRIC EXPERT OPINION

A precise and mathematical dispensation of justice would require a uniform application of the law, in which a specific crime should receive a specific punishment, without care for extenuating circumstances. But at the same time that the principle of equality before the law establishes that all people should be equally responsible for their actions regardless of their position, it also takes into consideration special circumstances. Laws are written, in general, but their application is individual. So, for an equal crime, there are arguments that can cause the application of the same rule of law to end in a sentence that can be reduced, extended or suspended. The circumstances that allow these variations are called extenuating (or mitigating), aggravating and exculpatory.

Up to this point in our explanation, everything seems reasonable. Nonetheless, let's review some examples:

A father goes for a walk with his son. As they are strolling down the sidewalk, a reckless driver runs the child over with his car. In a fit of anger, the father kills the driver. It seems only fair to exempt this poor man of the culpability of his actions on account of the circumstances of the crime, and that he had no prior relationship with his victim that might imply premeditation or covert motives.

Another example: One person had been receiving a series of threats, making it impossible to lead a normal life. One day, that person felt that the pressure had become too high to bear, and killed the stalker. In this case, it is also reasonable to diminish the severity of the punishment, given the fear and obsession created by circumstances prior to the crime.

A final example: One man arrived home from work earlier than usual and finding his wife in bed with another man, killed them both. In this case, the law takes into account the emotional state of the assailant as a mitigating circumstance.

All of these examples share a common element: the existence of an objective event that the perpetrator viewed as a clear and present threat to their integrity, which at the moment they chose to eliminate. In these cases, there is an argument of either legitimate defense or being under the influence of violent emotion.

Although all of these reasons appear to be valid, not all cases are as obvious. For example, there are certain states of mind on which people feel a level of stress comparable to any of the previous cases without having an external stalker or threat, and due to the extraordinary intensity of their experience they react using the same kind of extreme violence.

On these cases, psychology acknowledges the existence of certain emotional states where the person "sees" elements that do not exist outside of their mind. These are called, "hallucinatory states."

There are other states where the person feels immersed in situations and persecutions that can't be proved objectively. One example is jealousy, which is a kind of what is called "delusional thinking."

The existence of phenomena as hallucinatory states and delusional thinking are a sample of situations where the person lives situations that are just as threatening as the previous examples, and where they can react with the same level of violence. In these cases, the consideration of extenuating circumstances might be admitted. The only difference, though, is that there is no real threat in these last cases, but there is an experience of a threat and a similar response.

On these cases, the legal system asks psychiatry to provide an expert assessment. If the accused could be considered to be under the influence of a mental state classified as “temporary insanity,” the sentence would have to consider this as a mitigating circumstance, or even consider the accused to be free of charge.

It is only natural for the legal system to require assistance in the investigation of these probable cases of insanity, but this is where the problem begins.

The combination of justice and psychology can lead to unforeseen circumstances in cases where there is a mitigating or extenuating circumstance on account of temporary insanity or altered mental state of the accused. The legal system can’t convict them as criminals in the usual sense, and sends them to a psychiatric institution that becomes in this act a sort of “psychiatric prison.” The consequence is that psychiatric care is burdened with some of the most terrible and untreatable cases of the penal system.

At this point, a series of special considerations are in order. The first one is that, given that the main goal of the administration of justice is the protection of individual and collective rights, we can ask ourselves if both sets of rights are being protected. Or is it that given the consideration that the assailant was under the influence of a temporary state of insanity, justice is only taking into consideration the individual rights of the criminal and not those of society. The reasoning that supports this decision might seem sound: If the assailant cannot be charged with a crime on account of suffering from an illness that impairs them from being themselves and having free choice of conduct at the moment of their actions, they are to be found innocent of those actions. But at the same time, society as a whole can be helpless at the risk of future similar actions. The consequence of this is that the assailant must be “cured” of their affliction, for which there is no more suitable place than a psychiatric institution, where they have to be imprisoned until a judge considers them fit for release.

This rationale is a clear example of how we can arrive at an absurd conclusion from a valid set of assumptions. The reason is that confinement in a psychiatric institution does not imply the solution of the disorder that caused or was necessary for the crime to exist. On the contrary, very often there is a paradox, where the psychiatric internment becomes a much harsher conviction than being in a regular jail, where the criminal would be eligible for a reduced sentence. The conclusion is that this kind of exculpatory sentence is a travesty of justice that hides the reality of a harsher sentence.

On top of these reasons, the justice system steps inside the psychiatric care system and violates the rights of the rest of the patients in the system, breaking one of the main tenets of justice: equality of rights.

There is a serious drawback from admitting this kind of judicially-mandated interns: the transformation of the open organization of a welfare institution into a prison facility. Judicial patients cannot leave the hospital without permission from a judge, and the decisions of the judge have to be based on new reports from the psychiatrist that will have to confirm that the “patient” is “recovered” or “cured” from the condition that acted as an exemption from prison. The problem is that most psychiatrists can’t guarantee that the patient is cured, so in many cases the outcome is that a patient who was ruled “innocent” is effectively sentenced to life imprisonment. The hospital itself becomes a prison, which draws resources from the care of other patients that will see the quality of their attention diminished.

On top of all this, there is another matter of capital importance. A verdict of guilty or not guilty, or the applicability of extenuating circumstances, related to a mental condition requires a psychiatric diagnosis that in itself has a great level of imprecision, subjectivity, and artificiality.

It is very hard to determine if someone, in a specific situation, is or is not in full possession of their mental faculties, or if their thought is lucid and coherent, or if they are acting of their own free will, because there is no precise definition of those qualities.

We can accept as a prerequisite for criminal liability, a definition of "clarity of consciousness" stated as the mental state that allows a person to understand clearly a situation without being clouded by emotion. But although this definition might sound attractive, it is a theoretical construct impossible to apply. It is obvious that the awareness of a situation might be clouded to a certain degree, as in the case of general panic in the face of a disaster, or in a psychotic break, but there is no way to quantify it.

The degree of dynamism of will is even more difficult to assert because it is directly linked with the degree of freedom, which is naturally unquantifiable and imprecise, and driven by motivations rooted in the person's instincts. We have already discussed that the foundation of the particular manifestations of those instincts comes from early family experiences.

If we observe an anxiety attack, we can see that the person is completely helpless against the situations that triggered it, in the same way that a child lost in a public place can't do anything but panic. Thinking that a person in such a state might be able to control their panic is like believing that in a limp could compete with a trained athlete if they just made a special effort. Motivations cannot be created or eliminated at will, because their roots are deeply hidden in the personal history, and in most cases they are completely subconscious. Their effect is relentless, and they predetermine behavior. If we take this into account, we can see that any belief in the absolute personal decision is nothing more than an aspiration, yet the whole legal procedure rests on that concept.

In many associations and groups of people like house-makers, families of drug addicts, parents of groups of students, and others, there are conferences with psychiatrists and psychologists. In all of them we can find a lack of mutual understanding caused by the distance between the needs of those groups and the domain knowledge of the experts. Many of these meetings end with moral considerations, or in a fruitless debate about how healthy or inconvenient are some habits, well outside the scope of psychiatry or psychology, which is the observation of phenomena and its understanding.

There is an ideological battle between groups that support the existence of free will, and others that consider that motivation is a more suitable concept to explain behavior. Those who support the first position believe that a person's willpower is enough to adjust individual behavior to social conventions and that, as a consequence, the transgression of those conventions is a moral issue. Contrary to that, supporters of the second position view psychological phenomena as separate from moral considerations.

Accepting that motivation is the driving force of behavior undermines the foundations of those that believe in the supremacy of willpower because it implies admitting that the person is not completely responsible for their behavior, and so the punishments and rewards system would become meaningless.

Motivation is to behavior what a bridle is to a horse, or what a railway is to a train. It's impossible to separate personal history from motivation. Absolute freedom of choice in any circumstance is fiction based on religious tradition, and there is the same level of freedom in acts

both criminal and lawful. A criminal has the same freedom to act well that a good citizen has to commit a crime, because motivation is what ultimately determines a person's choices, and motivation is determined by events in the personal history that predate and shape personality.

THE BIRTH OF CRIME

I believe that an example is the best way to enter the world where psychiatric care and justice overlap. Here I will present an almost literal transcription of interviews with a mother of a judicial patient, used with permission from both. The judge's leniency had the intention of avoiding the separation between mother and son, which would have been the case if he were to be interned in a psychiatric prison. The judge asked assistance from our sanatorium as an alternative to incarceration, accepting our open regime and exempting us from responsibility.

The mother came to my office and gave me the following account of her story:

When I was three years old, I had meningitis. Later I was told that it was as if I were dead. I wouldn't react even when they pricked me with pins. When I was young, I often suffered from headaches. My father was a stern man; my mother was a saint. When I was 19 years old, I got pregnant by my boyfriend. We weren't allowed to marry because his family leaned to the left, and mine was on the right, politically speaking. By this, they truly tore my life apart.

He started working as a truck driver. Later he had an accident and died. But the beginning of my ordeal was much earlier. During my pregnancy, my mother passed away, and I was left with my father. At that time, when he learned of my being pregnant, he kicked me out of the house. My father was a very hard man, not as hard as the father of this boy (pointing at her son, who was being admitted to our hospital), I had to go and live with an aunt, and there I had the baby, but later she also died.

I was still too young when I had to start working as a maid in a house, which I did until I reached thirty years old. I married then, to a tailor who was a drunk. He threatened me with his scissors. My God! I suffered so much with him.

After three years of this I left him and went to live with a woman, a neighbor of mine. She also drank too much, but she was good to me. I lived with her for two years, and then I went to live with the father of my son, who had been helping me with money from the beginning of my marriage. In exchange for living with him I cleaned and worked as his maid. I lived thirty hard years with him. He loved me very much, and even today, after all the things that passed, I can't forget him, there is not a single day that I don't think of him.

He was very hard with the son we had, this boy that I want you to admit him this hospital. He was terribly selfish and jealous! He wanted me just for him. He was so hard, he put so much pressure on this boy, and he beat him up so often that life became impossible. I remember that once he gave him a terrible beating for skipping school.

He treated this boy so badly. He made him work in the vegetable garden that we had, promising to let him play with his friends when he finished, but then he wouldn't let him go outside. If he let him play, he soon interrupted him and sent him back inside. My son would say: "But dad! I haven't even started playing!" and the father would reply: "Come on! Come on! All the other kids have fathers that can work, but your father is old, so you have to work for him!" If he wanted to go to bed at seven, the boy had to go to bed at seven as well and be quiet as a dead man. I think that this man was crazy in his head, but he would never see a doctor.

My Pedro (that was the name of the boy) had the habit of kicking things, so once his father wrapped a stone with rags as if it were a ball. Pedro kicked it so hard that he lost consciousness. He was only seven years old then. After that, he wouldn't even give him some coins to spend. And I could see disaster coming. I saw that Pedro needed to go out, like all the other kids, even with just 20 "duros" in his pocket (100 pesetas). When the boy went out, I gave him just enough money to buy a sandwich, not more because I was afraid that he would spend the money on drugs. Yes, I gave him no more than 20 "duros."

His father protested: "with that kind of money I could live for the rest of my days" meaning that it was too much money for the boy. I told him: "What do you want him to do? Do you want him to go out and steal because he has no money? You know that kids like to go out, go to a bar, somewhere!" It's not like I was giving him money to support some vice or anything like that. When I came with the money that I earned cleaning houses, I gave almost all the money to him, except a little that I kept for myself to give my son some "tips" every now and then.

Pedro's father was a very possessive man; he always wanted me all to himself. He wouldn't even allow the boy to call me "mother" and he didn't allow him to play with me. As I said, he wanted me all to himself, it's like it hurt him to see me with our son. During those years, I never knew what it was like to have a friend or to play a game with anyone…

He loved me very much, but in his way. He had a very bad temper. I say, he wasn't alright in his head. Anything, no matter how small, was enough to make him angry. For little things, he took out a leather strap and hit the boy in his legs or his back. I had a lot of fights with him, and our neighbors threatened to report him to the police. But he always said that he respected them and never messed with their lives, but that this was his house, and here he did as he pleased. Once he even got to the point of putting a rifle to the chest of my son. My poor son, he had to swallow a lot of anger, a lot of bad situations, and never stood up against his father, at least until that day.

When he was fourteen, he worked in a shop, and the owners were very happy with him because he was very a very sharp kid. But his father insisted until he got him out of there, saying that he would never be a man unless he had a tool in his hands. From there the boy got another job, and when we was well and happy, his father again made him quit, saying that it wasn't a good job for him, forcing him to become an apprentice. That summer, Pedro had to carry some tubes inside and sand them, under a scorching heat that suffocated him. When he could resist no more, he went to work at a garage, where his bosses were delighted to have him. Up to this day, they still remember Pedro and how much they liked him. He made very little money, but he gave it all to us. He always settled for little.

As Pedro grew taller, he became less and less tolerant of his father, and he resented that he sometimes called me a bitch. Until one day, he stood up to his father and told him: "Look! The next time you call my mother a bitch, I will bury you!" I will never forget the day when, being only fifteen years old, Pedro left home. My God! That was the beginning of another ordeal!

Just one month after leaving home, the police apprehended him for stealing a car and sent him to jail. There, he got started on drugs and ended up with psychiatric treatment. After that, I went to see him and for a few weeks we were very happy. One day, seeing me that I was very quiet and thinking to myself, he asked me: "Mother, what is it that you're thinking? Are you thinking about the Old Man?" I told him that I was and added: "Look son. Before he dies, you know he's very ill, I'd like him to come here and spend a couple of weeks with us. I want him to know the sea."

Pedro stopped eating and suddenly became very sad and quiet. I asked him: "What's the matter, son?" His reaction was so spontaneous that I'll never forget it… He told me: "Mother, I'm

not a fool, and I'm not crazy. I have this thing… deep inside me, that I can't tell anyone, but if I don't tell someone about it, it will kill me!"

I remembered what the doctor had said to me about these mental illnesses that put absurd ideas into people's minds. So I asked him: "What's the matter son? What have you done? Spit it out!" Then, crying, he said: "I can't tell you, mother! I can't! What happened is that father messed with me! He raped me! That's the truth! And I don't want to go back home!"

I told him: "Son! You're coming home with me." But, I did it selfishly. I believed that the doctor that was treating him would be able to cure him. And I added: "As soon as you finish your treatment, you come home." He didn't want to, at first, he was already using heroin. In the end, he accepted to come.

We came back, and as our cab reached our front door, the father came out to receive us. The boy took the bags and didn't say a word to him. Imagine how I felt after what the boy had told me! I don't remember what we talked about then, but we soon went to bed. The following morning the father asked me about what was in our suitcases, to which I said that it was some new linens for our bed. He replied that those were surely for using with someone else. His insult hurt me so deeply that I lashed out: "I can't believe that you would say such a thing to me after I dedicated my life to taking care of you since I was thirty years old. I have been your slave, and then I had to work, breaking my back for you!" And added: "And… there is no name for what you've done; that is something that no father does to their children!"

The next day, when I came back from work, Pedro asked me if I had told anything to his father. As soon as I had left for work he took him, insulted him and told him that he had no business telling about these things to mother, that he should not have told anyone about it, because it was private and intimate stuff."

As my son later told me, the day after that event, once I had left the house for work, he called Pedro saying: "Come here, you scoundrel!", and tried to return to his old tricks, to which Pedro replied with "Get out of here or I'll beat you up!" The father insisted in his intentions, and Pedro told him to go to hell. "Is that the way you treat your father?" And he tried to stab the boy with the same knife he was using to carve a piece of ham. The boy tried to escape, but his father got to the door first and shut it close. Pedro tried to defend himself, and during the struggle took the knife from his father's hands, his father was a burly man, finally stuck it in the old man's neck.

My son, packing, thought about running away, but he called an ambulance instead, thinking: "If I leave, I will kill my mother with this." And as a lamb he came looking for me. I had been restless all morning as if something terrible would happen. Besides, Pedro had been very upset lately and had been mixing gin with Nolotil (Metamizole, a painkiller) which made restless and nervous. When he got to the house where I worked, he was very pale, like a corpse… He asked me some money to have some coffee, and he didn't say a word on our way back home. As we approached the house, I saw that the street was full of people. I saw one of our neighbors and asked him what the matter was, and though he knew he wouldn't tell me. Then I say four or five police cars parked in front of my house. Imagine mi reaction! I cried: "Son! Something's happened to your father!"

"Your husband is dead," that's what they told me. The police asked me if he was my son. I looked at him. They looked at him and told him: "Come with us!" He went with them meek as a lamb. They wouldn't let me see him, afterwards. That was the greatest tragedy I had in my entire life."

This step-by-step account of this series of terrible events is a proper example to study the controversy between those that believe the notion of free will, and those who see that in every person's history the inescapable causes of motivation and behavior. It is, in fact, not at all unlike the web a spider weaves to catch its victim. The backdrop of this discussion is the existence of personal choice, and the adoption of either one of those points of view has very clear consequences.

Those who believe in the final responsibility of free will see the person as independent of their circumstances, as a moral subject able to command their behavior in any situation, and who is solely responsible for its consequences. On the other side, those who find motivation as the ultimate cause, see fate as the final responsible for our actions.

If psychology truly aspires to understand mental phenomena, it inevitably has to doubt the notion that the protagonist of this story acted entirely on his free will and was the only architect of the events that fouled up his life. All the evidence leads us to understand that he was heir only to his circumstances.

THE CONFUSION OF ROLES

Justice is represented by a scale held up by a person wearing a blindfold, meaning that the application of justice is equal for all men. After hearing this story, we know that not all men are equal in the eyes of justice. The introduction in the criminal code of legal entities such as temporary insanity and mental derangement, is in reality a form of discrimination that leads to recognizing two different kinds of offenders. One that acts without intention and under the influence of incomprehensible disorders, and another that acts moved by the intention of causing harm ("mens rea" or guilty mind). The former cannot be charged with blame, but the latter can. The first kind of offenders act without volition and moved by an uncontrollable urge; the second act with premeditation and full awareness of their actions.

The alteration of any part of our mental functions, such as consciousness, judgment or will that takes part in what we call temporary mental disorder, is the basis for any judge declaring a crime as immune from prosecution. This kind of reasoning leads to the statement that there is the possibility of exculpation in any case where there is a plausible explanation. As a consequence, the only cases where an accused is guilty of a crime are those where the acts were committed deliberately and with full awareness of the consequences because intention and consciousness are necessary conditions for the application of punishment under the law.

This way leads to some uncanny conclusions, such as establishing that there are three kinds of people: ones who don't commit crimes because they are righteous, others that commit crimes because they are under influences beyond their will, and finally a third kind of people that, for lack of a better term, "enjoy" breaking the laws of our society, which makes them deserving the punishments in the criminal code.

Perhaps the justice system has no other way to uphold its principles than to use this contrived classification of people, and, therefore, finds that coercion is the only means to protect society. But trying to apply this same principle to psychological care is pure nonsense because, in psychology, there is no exception to the principle that states that the explanation of our actions lies in personal history.

For this reason, every time a psychiatrist goes beyond consultation room to provide a legally-binding expert opinion, it's as contradictory as a laboratory analyst that, out of personal prejudice, decides to exclude from his work the counting of white blood cells. The foundation for professional

practice in psychiatry and psychology is gaining an understanding of human behavior within their personal history, not the moral or legal judgment that will be based on their assessment.

Moral or legal judgment represents is an unbridgeable divide between law and psychology. In subjects such as psychiatry, where the only aim is to provide insight into a phenomenon, what is the sense of providing a verdict? All moral considerations of behavior disappear when we arrive at the cause. This explains why the psychiatrist or psychologist in this cases usually shows spontaneous sympathy for the person and a natural rejection of all tasks that require passing judgment.

The distinction between two types of delinquency, one motivated by mental disorders and another as a pure violation of the law, was created exclusively for legal reasons. As far as psychology is concerned, all conflict stems from life's particular circumstances, which means that the concept of mental illness is a theoretical figure, an artificial construct.

How is it fair then to accept the validity of all the sentences that depend on the labels provided by diagnosis? There must be a clear separation between justice and psychiatry. Justice measures conduct against a code of law that is previously set, and under that code determines a sentence, which might imply an appropriate punishment. Justice only examines the final product, the consequence of mental phenomena. Contrary to this, psychiatry tries to provide a reconstruction of the mental paths that led to those consequences. When justice only cares about effects, medicine cares about causes, and the processes that lead to actions and behaviors, regardless of any legal or moral considerations.

The work of psychiatrists and psychologists rests on the foundation that in the personal history of any person, regardless of them breaking or not any law, lies a reasonable and proper explanation of their behavior. Because of this, it is necessary to accept, out of simple logic, that any person that is convicted of a crime had their normal communication with the world (if they ever had it) altered in some way. Then, their transgressions of social conventions are not really meant to harm any particular person of the actual world, which they might not even really acknowledge, but they are reacting to a representation of their past.

Now, having said this, it must become clear that understanding does not imply justification. Understanding is a psychological term; justification is a concept that belongs to moral and legal terminology.

The confusion of the actual role of psychiatrists accounts for many ridiculous rulings. The following is one example, found in a newspaper, connected to an expert assessment on one person accused of rape: "…not mentally ill. The subject has a clear distinction between good and evil. But it has a cruel nature, devoid of mercy and regret." I wonder: Is it possible to produce such a bold statement as a result of the application of knowledge from a medical specialty such as psychiatry, which strives to be scientific? Are the terms "mercy", "regret", "cruelty", "good", "evil" in any way related to knowledge? The use of these words is evidence of the complete confusion of psychological medicine when it works for the justice system.

It seems that there is no question of the fact that the creation and application of a legal code to human behavior are indispensable for social harmony, but this need is not a justification for confusing activities as different as the dispensation of justice and psychological healthcare. Judges should deal with the application of the law to specific behaviors, and psychologist should limit themselves to the isolated study of the background that conditions and leads to that behavior. But when an expert psychological assessment is used to support the legal entity of two different types of people, it's contradicting its foundations.

Chapter 12
A BIT OF EVERYTHING

The importance of the past

Education, teaching, and competitiveness

Sexuality

Reason and emotion

Love

Gambling

Freedom

Advice

Lying and Dissimulation

Merit

Old age

Alzheimer

Death

Suicide

The gift

THE IMPORTANCE OF THE PAST

There is probably no person who hasn't tried to define life, its meaning, and purpose, but setting aside religious considerations, only a few have added something more than just a new opinion on the matter. When we discuss our existence, everything becomes ambiguous, vague and confusing. We only know for sure that existence is a series of events between two specific moments: birth and death. But all else is just speculation.

At the moment of birth, which is the beginning of our never-ending process of learning and education, we are helpless, powerless and in need of permanent care. Though it might not be relevant to mention this now, it has been said that humans owe our dominion over nature to this long period of childhood.

The helplessness of the newborn babies and their long period of complete dependency are some of the characteristics that point out that the person is not a final product or a completed project, but the result of an endless process of gradual development that spans their complete history. The effects of the care provided for the baby doesn't end when that attention is finished. On the contrary, those effects are long-lasting. Any event, pleasant or upsetting, pleasurable of painful, resonates forever and is incorporated into the historic heritage of the person, and along with it will influence all future reactions to the demands of life. The human being is an animal in perpetual training, and this evolutionary character is the true essence of its nature.

This process implies that the person will respond with all of its historical burden to any stimulus, and at any given moment is the result of everything it has already been. Religious beliefs aside, this characteristic defines the person as someone whose fate is given, and whose power to act is no different to the role an actor plays. Because, though actors playing their part might seem to shine with a light of their own, they are doomed to reprise their assigned roles in the theatrical play, they only recite what the author was inspired to write.

The "luck" of any person is rigidly determined by the events of their past. Only religion, in its view of life as a transcendent phenomenon, moves us to believe in personal freedom. A more dispassionate analysis, though, will reduce that pretentious proposition and bring it to a more trivial field, where causes and effects are inextricably connected.

The initial characteristics of complete dependency and helplessness leave a deep mark in the features of the future personality. For this reason, psychological medicine needs to begin by understanding these basic considerations if it truly aspires to become effective in dealing with psychological suffering. In the past of every person, we can find the true essence of their being. Separating the person from their history is not only a useless and artificial maneuver, but it is also a damaging attempt that can only produce estrangement. It makes them feel something else that what they are and behave like someone else. This uprooting is the start of alienation and is frequently ignored in psychiatric consultations.

If we don't begin by understanding these fundamental considerations, how can we embark on our delicate journey? Which will be the aims of our efforts? Without these rudimentary tools, how can we be more than blind pilots flying without a compass, and lost within our fancy words and our hubris?

Psychological medicine is meant to provide relief to all conditions that mask spiritual suffering, going through its complete range of manifestation that go from obsession to phobia.

Providing care to a person, in a psychological sense is providing accompaniment. This cannot be reduced to pious exercise where sympathy for the patient is the only means of communication. On the contrary, to accompany implies a different meaning that is more rich and complex and is based on understanding the other person as a first step in accepting them. Nobody can accept someone who they don't understand. If they don't, the most they can achieve is accepting the other person in a religious sense, similar to the Gospel's parables of the lost sheep and the prodigal son.

Psychological assistance must be based on expanding consciousness through the revelation of the person's history, which comes from studying their biography without the clout of ethical or moral judgment, or concepts of good, or evil, or speculation. It should be based on a special sensitivity towards existential facts.

Unfortunately, many findings of psychology and psychiatry rest on this fragile foundation of morality, in their educational and assistive orientations. Through this irreconcilable association, psychiatrists and psychologists have become "pious" receivers of confessions that they judge as deviations caused by the evil will of their patients. Behind the doctors' thin coating of professional "sympathy", there is a deep sense of revulsion. This accounts for the fact that psychiatric care combines medication with "prudent" advice ("what you should do…", "it's not good that you…"), warnings and subtle reprimands that subtly invite the patients to stop being who they are.

Not paying attention to this evolutionary character of life is evident in other activities outside the scope of psychological assistance. For example, in this statement taken from an essay on ethics: "…what we do in our lives is, at least in part, the result of what every person wants…" Would we

think such a thing of some withered flowers, which they became so by their own volition? Or would we infer that the cause of their condition is that they were under the shade and without water? This childish way of thinking might lead us to believe that their own volition causes the terrible suffering of a psychotic or obsessive person, also. This twisted logic leads to believing that suffering is caused by what the person "seeks" for themselves.

This complete misinterpretation of the importance of the past leads to the error of believing that every person is in the same position to deal with and solve in a rational way the different events of life. It also moves us to use moral adjectives such as apathy, stubbornness, selfishness, laziness, vice, and others, to pass judgment on those persons that fail to obey the healthy tenets of reason and logic.

In this regard, classic psychiatry is the only science that chooses to ignore the fact that nature doesn't take leaps. Apparently, the evidence that point to life as the result of a complex and slow evolutionary process doesn't count.

EDUCATION, TEACHING, AND COMPETITIVENESS

As we move on to the different stages that a person moves through in life, we find that birth marks the beginning of a period of learning that only ends when death comes. Children spend their first years at home, and the importance of those years has already been sufficiently established. From there, they move to school centers to continue with their education. This merits a few comments about school education.

Teaching and psychological care have several common features. The complexity of their respective fields and the importance of their aims make both disciplines a rich culture medium for people who are trying to compensate their frustrated aspirations, and a perfect place for endless debates about philosophy and scope, which are not always clearly defined.

Education also leads to speculation, discussion, objectives definition, and meetings. For many teachers, it is also a source of disappointment. Providing children with knowledge is but one aspect of education. If we agree with a more holistic approach to education, it also includes the rest of the aspects that contribute to a balanced development of the person. Freud had the opinion that there were impossible professions: education, psychoanalysis and government ("educating, healing and governing"), on account of the many conflicting interests within them. The process of psychoanalysis is a true work of re-education and is based on the careful mediation of forces in conflict.

There is no need to quote extreme examples as the suicide of a student to agree on the tremendous weight that school experiences have on the lives of children, or to emphasize the significance of the school environment. This environment is not only greatly determined by school plans, and the teachers' knowledge and capacity to teach, but also by the teachers' personal ability to turn the school into a rewarding experience beyond grades and test results.

In this regard, the reputation of a specific school should not be determined by the academic grades of their students, or even by the achievements and social status of former students. Instead, that reputation should derive from the quality of education, in its broadest and most ambitious sense. If we are to achieve a more stable society, those school institutions that boast a rigorous selection of applicants become breeding places for frustration and resentment, true cancers such as those "schools for the gifted", which are true perversions of common sense.

For children, school is the first experience of a new world, a world that is much more strict that home. In this new environment, they will prepare to enter another which is more complex and definitive, through games and small crises. These are the first steps in socialization, which is a series of experiences where curiosity, frustration and scorn are common. The transformations of adolescence are also lived during school years, and with them come new interests and worries that preamble the greatest promises of life: love, sex and the possibility of an independent life. These changes cause the student to need more understanding than knowledge.

The importance of all these transformations should move us to consider the values of our society, parent's behavior, the guiding role of psychologists and psychiatrists and many other considerations.

The social fashion of our modern times, consisting in the over-importance of competition as the supreme measure of individual value does not help in the development of healthy personalities. The American movie slogan: "if you want it, you can do it!" as an example of the struggle for victory, is just a way of glorification of "staying" at the expense of "being." As not all people have the same conditions, it has become an expression of injustice.

This deranged competition that begins on the outskirts of the family and is encouraged in schools is the cause of many feelings of inferiority, failure, disorientation and depression in our youth and children. Perhaps, instead of all the seriousness and fabricated sense of transcendence that we place on adult activities, we should view them as no more than extensions of childish play. Children, those projects of people that we have all been in the past, are "thrown into existence" as Martin Heidegger put it. Their presence in existence is entirely involuntary they are free from all responsibility. As responsibility cannot be charged without a previous agreement, and there can be no agreement without free choice.

All of this means that the phrase: "if you want it, you can do it!" is a blunder, a sybilline trap, a cryptic ruse cause many problems to our society. A society that has developed to a level that demands a better solution for the integration of the individual into the social fabric. Far from it, educational planning, which is fundamental in schools, has lost its way and was misled by the pressure of competition into its traits of severity, tests, suspicion and mistrust.

So, the long journey through the school system, which should be a relief and balance against any negative family experiences, only brings severity, suspicion, and rejection. If this experience can be dubiously invigorating for those who are strong, it is surely exhausting for the weak.

We have to consider the possibility of designing a school plan without tests, controls and evaluations before the age of fourteen. School should be more than anything a gentle environment where young children can acquire or develop a complete sense of unconditional self-acceptance. It should not be a collection of endless hours lived immobile, behind desks, among tests and homework, filling them with uncertainty, anxiety, bitterness, and external responsibilities. The current school plans, severe and strict, haven't to this day contributed to any extraordinary intellectual advancement to our society.

It seems as if the only form of education is the education based on "morality" and "setting examples", and the main activities in education consist in providing rules to which the students must adapt their behavior.

From time to time comes the voices of conscience prevail, and new education plans promise to eliminate homework, but these reforms last very little, and soon children go home with increasing amounts of it.

Our school system even ignores the physical development of children, who are forced to carry heavy backpacks that weigh on their shoulders and damage their spines. These contradictions are too common and even greater. That is the case of “high-performance sports training” in some schools, which are true centers of torture that produce skinny gymnasts as a result of their deformed formation. It is absolutely surprising that we still haven’t found a better way to provide education.

Education also chooses to disregard the irrefutable fact that personality development is an evolutionary process and works tries to overcome the initial discomfort of school tasks through provocation and judgment, stating that study is good and natural to hardworking people, and that inactivity is typical of lazy and deviant people. The truth is that leisure, understood as the state of peace devoid of stress, is a common goal of all mortals, and if it weren't such a great temptation there would be no need to fight it and discredit it with such violence.

It is true that any person can achieve a greater and longer-lasting level of well-being if they master a task of their liking through a self-imposed discipline, and that the skills they learn can help them in moments of boredom and solitude. But learning is ineffective if it comes only as the result of sustained effort, because it is perceived as obeying an externally imposed duty, instead of being a spontaneous continuation of the games and experiences of childhood, which lead to self-realization.

Truths that are sufficient to provide motivation for any person should not need to be accompanied by insults or threats that in the end can only create a deep aversion to studying and intolerable feelings of guilt.

Tasks that are not intrinsically satisfying should not be forced upon children. Initial resistance can be overcome by gently arousing their natural curiosity. A very dear professor of mine believed that the ability to teach a subject properly, demands a previous study and love for them until they become a part of the teacher. On the contrary, boring expositions are clear evidence of lack of understanding, if not of a disguised dislike for the subject. The greatest fortune a person can have, besides caring parents, is a true teacher, one that not only cares in transmitting knowledge but in the persons they are teaching.

We have already mentioned the similarity between education and psychiatric care. That similarity extends to the behavior of the professionals of both disciplines. In this regard, it is hardly surprising that given the conflictive situations and mediocre results common to both disciplines, many professors, and psychiatrists usually prefer to work in areas far from direct professional practice, such as courses, conferences, meetings and debates about planning.

The ideologies that govern education fluctuate between two conflicting visions. One emphasizes the use of methods based on discipline and rigor as the best way to achieve personal development. The other favors permissiveness as a way of helping the children develop a strong foundation that will help them overcome the inevitable conflicts they will encounter in the future.

The former are inevitably interventionist in nature and are founded on the belief that it is possible to accelerate natural maturation processes, and that toughening up the children at an early stage will prepare them for the demands of life.

The latter, believe that following up on natural development, without imposing greater demands, will help develop a solid structure that will be able to face the future.

As the first approach relies on anticipation, the second is based on patience. I’m a firm believer in the second approach, on expecting the mysterious course of nature.

In any case, we should know that in education, as in any other human activity, there are two clearly defined areas whose interests are not always the same. One is the aim of the activity itself, which in education is the acquisition of knowledge. The other is the inner purpose of the person, which is always oriented to achieving personal fulfillment and well-being.

Though it is not surprising that educational plans are not taking these considerations into account, it is astonishing that psychology subordinates itself to this vision and provides useless tests that can only provide an arbitrary judgment that restrains the free choice of careers and professions.

Here, as in the case of legal expert assessments, psychology is running off its tracks, without direction. This commercialistic philosophy, mortgaged by the spirit of competition, causes psychology to lose its identity, its purpose as a tool for understanding the students beyond the measure of their grades, to contribute to the creation of a healthy school environment. Troublesome concepts such as “performance” and “school failure” are offensive terms that should be banished from psychology’s lexicon.

A demand for general application of psychological medicine might be as unreasonable as asking for cosmetic surgery in a field hospital in the middle of a battle. But, surely the future planning of daycare facilities, schools and teachers’ training will take into account the experience in psychology and psychiatry.

SEXUALITY

What about sex? Though it is reasonable that psychiatry will voice its opinion on all matters of current concern, it should rely not only on opportunity but common sense also. Population studies of different animal species and the evolution of forest areas are the field of natural sciences, but trying to teach larks how to nest, or teaching ivy to climb a wall would be an overreach.

In the same way, psychology and psychiatry show the measure of their confusion when they consider that instinctive behavior can be taught. Current programs on sexual education and the creation of modern subspecialties such as medical sexology are based on the naive premise that the difficulties of their application are caused by ignorance or lack of attention to detail as if reason could influence the maneuvers for achieving sexual pleasure and the reproductive drive.

Whoever has any doubt in this regard only has to visit a psychiatric hospital and will notice the unstoppable inclination and innate ability for sex that people with mentally challenged people have, without having ever being taught anatomy or seeing any videos or slides on the matter.

The personality, so clearly evident in every action such as the way people write, their tastes, preferences, opinions, etc., is also present in sexuality. So, sexuality is another expression of personality traits and is a result of its evolution through the previous stages of life.

Sexuality is just the expression of the person through the language of sex, as writing is the written expression of the mind. Any stumbling blocks during development will have an influence on sex.

It seems childish to try to teach living organisms how to reproduce, especially when they are busy enough trying to avoid the undesired consequences of their impulses.

But this line of reasoning has affected not only psychology but also the arts. In many modern museums, art is believed to be unable to be properly appreciated without being instructed by experts, as we cannot enjoy a movie or a book without reading the review first.

One final comment about the exaltation of erotic foreplay that is described so meticulously and lavishly exposed in movies and T.V. It has grown to become more like strenuous gymnastics than spontaneous pleasure, which creates in the audience more feelings of inferiority and inability.

Modern times have weakened censorship on sex, but the effects of that repression are still strong. All the issues that sexology strives to solve are caused not by ignorance, but by the effects of repression and guilt on moral conscience.

REASON AND EMOTION

The early experiences in life determine the unique ways each person has to observe and interpret events. Quite often we have seen how people's reasoning contradicts logic. For example, when parents believe that the cause of their son's bad behavior is the negative influence of friends, they are not actually searching for a plausible explanation. Instead, they are trying to escape their own responsibility. Another example is people's belief that mood is affected by the seasons. There is a common belief that spring and autumn cause depression, without considering the symbolic connection that those seasons have with life, with spring being related to its blossoming and autumn to its decline. The contemplation of both states of life can make people reflect on their distance with life, which intensifies pre-existing feelings of sadness. But reaching to the conclusion that those moods are caused by the seasons is more than a stretch.

There is a deeply ingrained religious belief that evil spreads like a contagion and is behind many baseless opinions from psychologists and psychiatrists. For example, that toy weapons predispose children to violence, or that consumerism is the cause of humanity's decadence. Sometimes people believe that T.V. can "infect" minds, enslaving attention and will, but at the same time they choose to ignore that children are using T.V. as a substitute for other more attractive and pleasurable stimuli that they are not receiving. These oversimplifications are useful in silencing uncomfortable questions, or in persuading undemanding minds.

We are used to believing that the person is the pilot who must overcome the external forces of nature because we see them as the only obstacle in the way. But reality is different, as the greatest difficulties come from within. We assume that people are free to choose how to respond to events and that behavior only depends on comprehension and willpower. At least that is the concept that education has taught with the strong influence of religion. For this reason, we say that one thing is good while another is not; that one thing is desirable, and another is damaging; that one thing is virtuous, and another is evil. All this based on the premise that the burden of choice rests solely on the person, and their personal history wasn't shaping their way of being in the world.

If all of our decisions were based on our intelligence and will, if behavior were just a rational response to a stimulus, how can we classify the wide range of psychiatric symptoms that, at first glance do not have share the logical connections that proper and coherent behavior shows in the pursuit of a defined purpose? How can we understand the obsessive behavior that moves a person to return again and again to check if the gas valve is closed, or the position of a trash can? If reason truly governed human behavior, how can it be possible that small impressions such as the fluttering of a pigeon's wings, or the mention of a reptile, can trigger a panic situation?

In our specialty, we are witness to situations that require an approach to behavior that is different from Cartesian logic. We all know that an elevator is a comfortable way to access the top floors of a building and that the risk of getting inside one is statistically negligible. But regardless of this reasoning, there are people who are “unable” to get inside and elevator. This demonstrates that reason is not the determinant factor of behavior.

Even though sleep is desirable, because it allows us to replenish our strengths for the following day, but there are people who cannot sleep. And for some people, the simple act of lying down, motionless, alone with their thoughts and waiting for sleep to come, is a cause of overwhelming anxiety.

All of this examples point out that reason is not the only force that shapes human behavior, and that actions that are not supported by logic are not meaningless. The explanation for our behavior lies in the circumstances of our education. If their effects are permanent, how can we say that people are free? Being free and being conditioned are two mutually exclusive concepts. Ordinary life is full of examples that show that people are subject to apparently irrational forces.

LOVE

Between the two extreme events of birth and death, there is life, with its various elements that psychology can help understand.

Since Freud, psychology has created a precise definition of love: Love is the affection to a psychological object that implies accepting it completely and includes the renounce to its modification.

In psychology, the meaning of the word “love” is completely unrelated to romance. Every relationship that a person develops with objects and other people are an extension of their own inner relationship, and, for this reason, the characteristics of how people relate to someone they love, are the same as those of the love they feel for themselves. This means that the features of the lover can be seen in the beloved, or as the old saying goes: “Tell me who your friends are and I’ll tell you who you are.”

Each person is searching for their unconsciously searching for their complement. So, a fearful person will search for someone who will demand their full attention, insecure people will love with unease, and trusting people will love with generosity. Not even in love behavior is conducive to what the heart wants, or is free from the influence of the past. Jealousy, for example, is an expression of the deep distrust that lovers feel for themselves. This is the reason there is no proof of fidelity that can calm the fear of a jealous person, as their fear lies not in the object of their affection, but in their lack of trust in themselves. The aggravation of a jealous person is not caused by an external treason, easily dismissed by logic and common sense. On the contrary, that grievance is pre-existing, unconscious and deeply buried inside them. Which miraculous pill might heal these wounds if they are so deep and so hard to find, even for the best detectives?

The media is full of accounts of the uncanny behaviors, followed by an analysis that always ends in a qualifying adjective, and a call for common sense as a way of resolving them. These interpretations are not taking into account that those behaviors are not directly connected to their apparent purpose, but to other that are covert.

We live in a time when the importance of personal prominence, money and power is greatly exaggerated. This is easily verifiable in the glittering path of celebrities that after a meteoric rise,

suddenly fall into oblivion. The misguided response to this, in psychology, is to rule that such pursuits are wrong, ignoring that they are those goals are just surrogates for a different kind of security that people are chasing through a convoluted path.

The drama lies not in the misguided means of searching, but in the heart of the person, who is unaware of the true dimension of the problem, and for which there is no amount of money, fame or power that can compensate their need.

GAMBLING

It is a puzzling sight to see how some people, almost every day the same, are glued to the slot machines, in a senseless struggle against fortune, spending disproportionate amounts of money in exchange for a meager reward, in the best cases.

The irrationality of this scene is at the same time so clearly visible for everyone else, and so difficult to understand that we have to use our imagination as if we were deciphering hieroglyphs.

As the winnings don't justify the risk, the level of persistence involved implies that the prize is just a substitute, a pretext; an illusion that represents a deeper desire that once revealed would explain this unreasonable behavior. The thing that the monetary prize represents must be something much more valuable, something with the power to eradicate uncertainty.

In the past of each one of these people, there is a specific void that is not directly related to money, and that can be connected to the scarce presence or the absence of a caring mother that is what each gambler seeks through their obsessive behavior. The gambler unconsciously searches that thing that every child consciously knows: that she is the only thing that can eliminate the feeling of helplessness against the imaginary or real enemies in life.

The fortune or good luck, disguised as a prize are a surrogate for the mother figure, in a search that is as frantic as it is misguided. This is the cause of the endless routine, where every loss is a beacon in the journey of their fragile boats, searching for the repayment of a debt that will never be paid.

FREEDOM

Another misguided concept leads to the frustration of our legitimate aspirations for freedom and justice. The pride that we feel about the incredible technological advances of our time, or the sheer need to feel that the decisions of life rest in our hands, lead to an exaggerated perception of our power.

On the other hand, the calm examination of human events, the dispassionate analysis of their motivations and the consideration of the influence that historical and biographical traits in the fate of people, lead to a healthy level of skepticism.

We are used to regarding facts in an incomplete manner, and to view them in isolation of their precedents, and to believe that their effects are limited to the time we dedicate to their observation. It is imperative that we abandon this bias, and we study the surroundings of those facts if we are to understand really them.

For example, if we see a person with a book we might infer that they are studying, and through this assertion we project on that person the power of choosing to study instead of going to see a movie. Nonetheless, the decision to study does not only depend on the use of free will to

choose from different alternatives; but there is also another hidden force behind that decision that is too complex to describe. If we could outline all the circumstances that influence a simple everyday decision such as motivation, personality, degree of autonomy and level of desire for every choice, our description would be interminable. For practical reasons, we need to exclude those factors from our description. But that discrimination does not imply that those factors are inexistent. Our vision in necessarily limited and partial.

The theoretical concept of freedom that we usually use in our conversations, that we can define as a person's ability to change certain behavioral patterns at will, is entirely fictitious for any psychiatrist trained in the observation of the inner dialogue of people. The laws of physics determine that a moving object will continue the course set by the forces that put it in motion, as long as there are no opposing forces. To believe that a moving object will change its course at any given moment would need the existence of a new and mysterious force, independent of the original force that moved it and of the laws that govern bodies in motion.

Freedom in a strict sense, the ability to choose free from external influences, is then more an aspiration than a reality. We know that the person of the present is influenced by their past and that any previous experience will weigh on the available choices, tilting the scale to one over the other. In any case that the person has experienced pain, and thus developed strategies to avoid it, that person will not be completely free, and if, by virtue of some miracle they could be, they wouldn't want to be free.

A viewer seeing the scene where Nuria, weary from living in an orphanage, climbs to the ledge of a window in the fifth floor, half her body leaning dangerously to the void, defying her caretakers, might believe that the character is free to choose from two possibilities: To flung herself out the windows or to return to the rigor of her life. But to a viewer able to see inside her mind, her fate is already decided. The decisions that Nuria might take are just a mirage, for the loss of her parents, the coldness of the orphanage and the little compassion of her caretakers have already determined her fate.

Existential philosophy is an interesting attempt to understand the reality of the person within the world as an indivisible whole. But it has the weakness of not renouncing to the concept of freedom. Martin Heidegger believed that the exercise of freedom was the factor that established true existential commitment and that the source of anxiety was the responsibility for any wrong choices. Erich Fromm probably based his famous book "The Fear of Freedom" on those ideas.

Nonetheless, the true cause for anxiety is not freedom, but the inability to choose the option that serves the interests of the Ego. Existentialism sees anxiety as the as the burden a traveler feels for fear of choosing the wrong way in every fork in the road, based on the premise that both choices are presented equally probable. But in reality, both decision between any of those paths is limited by factors that leave no room for choice.

The practice of psychoanalysis is a journey into a world where there is no freedom, and where decisions are the mirages that the weary traveler sees out of their own need of importance and power. Freedom is just an aspiration.

We can immediately recognize the illusion of freedom in the intentions of a person who is a prisoner of an addiction to drugs, in the terrible pain visible on their face, in their restlessness and uncontrollable grief. The only complaints that make sense are those directed at bad fortune, because the quest for a future change is a swan song of imaginary power.

Freedom is the dream that allows a person to escape despair for a moment; it is a glimmer of hope, an inescapable form of madness. After learning the lesson of disappointment, we know for sure that all of our efforts to change a habit without enough power is doomed to failure, and we blame our fate for not knowing the rules of the game.

At the moment of choice, we feel as powerful as we are ignorant of the weight that our personal history has given to one alternative over the other. The possibilities seem to be unrelated to ourselves, equally attainable, and during that moment we believe to be captains of our destiny, but we are wrong.

An effective dose of a tranquilizer does not depend only on the specific qualities of the substance. It also depends on the needs of rest of the person that is overwhelmed by the storms of life for which is not prepared.

A person in the cockpit of a plane that is falling from the sky, facing the complex dashboard, would be a fool to believe that they can simply choose between flying the plane to its destination and crashing down.

ADVICE

There are opinions that we provide generously without considering their usefulness. Advice is one kind of those opinions, always the foundation of opportunistic manuals, but never a part of transcendent works.

Advice is a form of invasion of the other person, a subtle form of psychological violence and transgression of other people's boundaries. It is a covert way of disrespect. Fortunately, its effects aren't permanent outside of providing temporary confusion to the person who receives it.

Advice is also an act of arrogance of the person who gives it because they act as if they could see the future. Advice is a way of inducing a person to forgo personal experience in exchange for the experience of other people. This is a form of theft, an act of abuse and something unreasonable. Hence the saying that states that unwanted advice is an offense. It is a way to influence others, a selfish maneuver to exert influence on other people and to hinder the growth and autonomy that comes from experience.

It is a veiled form of domination that, disguised behind the "good intentions" of providing protection against the perils of inexperience, aspires to rule over the will of the advised person.

The best advice can never be as profitable as a good example. There is a difference between teaching and advising. Advice is an expression of the ultimate selfishness and the most surreptitious form of tyranny.

The habit of giving advice is proof of a surprising and tragic fact: that the person who gives advice hasn't lived a life of their own, because only a person who wasn't allowed to experience life and was a proxy for other people's interests will feel the need to project that process unto others through the generous dispensation of advice.

LYING AND DISSIMULATION

Lies deserve a comment because the act of lying is sufficiently prominent in the relationship between the person and the world. Lies have meaning beyond the realm of moral judgment and are one of the few manifestations that clearly show the conflict between the Ego, the Id and the

Superego as described by Freud: The person does not lie for pleasure. A lie is a compromise solution between conflicting forces. The lie is the currency used to compensate the person that is being deceived for a transgression that the liar made.

Lying is evidence of a weak Ego or an overly strong censorship. Lying is also a form of dialogue among accomplices. Whoever feels offended by a lie from a subordinate is being hypocritical, because the lie is a natural response to their own intolerance. The author of a lie feels that lying is the only possible solution to the conflict posed by an unfavorable relationship.

Sartre made a distinction between two forms of lying. One lie is conscious and is used to deceive others. The type of lie, also known as "bad faith," is self-deception, which is unconscious. This latter form of deception also deceives the deceiver. Both cases are different degrees of conflict between "being oneself" and the external demands of being a different person. Lies are evidence of the obstacles that the person has faced in the path of their differentiation and self-realization.

What we've discussed about lying is also true for dissimulation, because both imply a level of concealment of the true identity of the person. From the analysis of both lying and dissimulation as the unavoidable consequences of "being in the world with others", Heidegger infers the possible ways of existence: "existing with others," "existing for others", and "the existence of others for myself."

MERIT

As in the case of freedom, merit is an artificial construct when viewed outside the scope of morality. Can anyone credit themselves for the environment in which we are born?

Most of the times, praising the virtue of others is a strategy to gain favors through flattery, a covert form of blackmail. Merit is void of intellectual meaning, like all other personal epithets. It would be absurd to say that gravity is good because it reaches a certain intensity, or that the Ebro is the best of rivers because it passes close to the Basilica of Our Lady of the Pillar, in Zaragoza. Those are just facts, and they don't have any moral connotations. They are neither good nor bad: they just are.

Any rational approach to the study of behavior must begin with the idea that they are phenomena to be studied, regardless of their consequences.

Any procedure that from the outset rejects the object of study is not scientific. There is no room for moral judgment in science because science only studies the relationships between causes and effects.

OLD AGE

Old age is a stage of preparation for the end of the human life cycle. It is characterized by the decline of all physical and intellectual faculties. It is also known by the names of senescence and aging, and it precedes the end of existence. The natural processes of incorporation and assimilation that were fully active in the initial stages of life slow down until they stop. Body mass decreases, the body loses weight and size, and original body parts fail and are replaced by prosthetics.

At the same time, the interest in learning new things diminishes and the person slowly retreats into the past, which becomes the center of their thoughts and memories. As yesterday invades the present and the future grows weaker, the spirit grows weary and feeds on nostalgia.

Old age marks the beginning of an end that we hardly accept. So we disguise it with euphemisms, calling people on that stage “senior citizens”, or “the elderly people”, in the same way that we try to sweeten the name of things by calling the blind “visually challenged”, calling a disability a “special need”, and calling theft and fraud “financial engineering.” Everything is “light” in modern times.

As only those who are willing to lose can enjoy a game of cards, the only people able to enjoy life are those who accept death. To accept death, one needs to have lived an authentic life, with the fortune of aging gracefully.

In modern times, there seems to be a cult of old age that excludes youth from being the center of life and work. But the acceptance of senility is directly related to how life was lived in the previous years. I was surprised to hear on the radio the idea of one of our modern “geniuses” of psychiatry, who was talking about a technique to “teach people how to grow old,” as if growing old was just a school subject to be taught and learned. He explained that he had discovered three factors that cause aging: genetics, eating habits and stress, which could be effectively counteracted by disciplines such as “avoiding upsetting situations,” “avoiding stress,” and “being optimistic.” Simple enough! There was no need for baggage on such a journey, as he provided no way to acquire such wonderful remedies. It’s as if we’ve all become suddenly dumber.

Most self-help manuals that try to teach people how to live in a certain way are useless because nobody can behave differently from what they are, and the way we are is the result of what we have been.

There are as many ways to grow old as people exist because the circumstances of each person’s life are different. Irritability, selfishness, and discomfort are consequences of a life where the inner-self has lost the struggle against external influences. In that case, all forms of advice are useless, because we can’t change how we grow old after the fact.

The way we grow old is a consequence of how we lived. Feeling despair for passing of days and the arrival of the autumn of life is a sign a past filled with frustration. The obsession with permanence that is evident in the accumulation of things that have no further use is another evidence of the irrelevance of past days.

Among the diversity of days and events, there is something immutable, something essential that defines the person in any time, place or condition. This constant that resists the passage of time, and the environment is recognizable in any circumstance. Old age is not the sudden emergence of a new stage of life, but the continuation of the past days. We grow old, and we die in the same way that we have lived, and all the acts of our lives are imprinted with our personal traits.

Every action is witness to the qualities of its author and its history, so it’s irrelevant to talk about accidental changes in the inner structure of the person. Every day of our lives grows around a structure, as stalactites grow around a center, and each new layer is like the rings in a tree trunk, a testament to the past seasons. As nothing in nature changes suddenly, there are no sudden changes in the person.

But due to the influence of misunderstood technicalities we seem to believe that old age and death are accidents that medicine can somehow prevent or reverse. Nobody seems to believe that each passing day draws us closer to the inevitable, and it seems anathema to consider even that the irreparable fatigue will end in decay and death.

The hubris of modern medicine is to believe that old age is a disease, and death is but an accident caused by medical malpractice of neglect on the part of the deceased.

ALZHEIMER

The fragility of the present and the uncertainty of the future force old people to seek refuge in childhood, in the same way that drunks feel joy when their sorrows are submerged in alcohol. The way the past emerges, full of vivid details and clear memories, is a measure of the hardships of life though some colleagues reduce this phenomenon to a lack of cerebral irrigation.

Ignoring this reality is what encouraged the current spread of Alzheimer's disease, which is the condition that Alois Alzheimer described in 1906 as a severe intellectual deterioration and neural atrophy that we called pre-senile dementia.

In its arrogance and opportunistic zeal, medicine found in this condition a new vein to exploit, ignoring that when the physical and mental states of a person do not walk in unison, the extension of life implies an increase in senile dementia that is similar to the increase of other conditions such as cataracts.

One can only wonder: What is the aim of a publicity spot such as the one that shows a grandfather telling his grandson the story of Pinocchio and forgets the ending, after which the audience is warned about the possibility of suffering this problem and is invited to visit the doctor's office. A mere pretext to sell some pills that are as useless as they are expensive. An even greater nonsense is the proposed discovery of a gene responsible for this condition.

The same comment applies to cerebral arteriosclerosis, believed to cause the same dramatic changes in the behavior of patients though a more careful analysis shows the same psychological roots of the problem.

DEATH

The same considerations apply to death. Seneca foresaw the difficulty of learning about these matters, as he wrote that "Throughout the whole of life one must continue to learn to live, and what will amaze you even more, throughout life you must learn to die."

There are many different ways to face the end, and none of them are chosen freely. A person dies in the same way that they lived. Seneca also wrote that: "who has had the fortune of living a judicious life, living for themselves, when death comes they simply move on; for a person who hasn't, death is experienced as the loss of life."

Moving beyond these psychological considerations, medicine would gain much by updating its view of death. The stubborn extension of life deprives medicine of one of its most basic aims: the mitigation of suffering. In the modern ICUs of our hospitals the extension of life is confused with sustaining a heartbeat, though both are different. In this way, hubris turns medicine into torture.

SUICIDE

Death is the final act of life, which can be the outcome devised by nature, an accidental interruption of life, or the result of a "voluntary" decision in the case of suicide.

The latest trends in psychiatry call, "partial death" and "chronic suicide" the behaviors of people who abuse alcohol, tobacco, food or even speed. Those trends obviously consider that life is a school for improvement, or a gymnastics table, ignoring that the main drive of life is avoiding suffering and that learning is a requirement, but not the ultimate goal.

Medicine has become a bogeyman that reminds its customers of the apocalyptic end that awaits those who ignore its recommendations. All the campaigns against diabetes, cholesterol, triglycerides, high blood pressure, early carcinoma, glaucoma, smoking, drinking, gambling and Alzheimer have become the new "spiritual exercises" devised to ward off the demons of disease.

The ways in which we approach suicide are, at the very least, curious. On the radio, I heard surprising comments about the probable causes that led a celebrity to commit suicide. One said that it was caused by loneliness, at described it as the absence of the company of other people, instead of its more profound meaning that implies the person's self-abandonment. Another linked suicide to the effects of the "Tramontana", which is a wind current in Catalonia that is believed to release into the atmosphere particles from slate soil that is believed to increase dramatically the number of depressive states and the breakup of personal friendships. A third expert explained another cause: the lack of natural sunlight, which accounted for the high incidence of suicide in Nordic countries. A fourth commenter discussed the relation of suicide with spring asthenia, caused by the restricted diet of winter. Another believed that it was caused by the prevalent loss of moral and ethical values, and explanation that seems to serve for everything. Finally, one colleague mentioned the adverse effect of neuropeptides, found in the bloodstream of many suicides. None of these experts mentioned the influence of the past.

Leaving aside all these childish explanations, the most sensible thing to say is that suicide has no relation to courage or cowardice, which are the most common sentences for this dramatic event. Suicide is the outcome of an unbearable existence, and as many other acts that seem to be caused by the "free choice" of the individual, is the outcome of historical and biographical elements of the past.

Suicide is one of the extreme events that show how difficult life can be, regardless of race, gender or social status.

THE GIFT

In establishing its scope, Psychology should have never lost sight that all the phenomena it studies are a part of life, and they cannot be understood from partial or accidental approaches. Instead, they require a vision that is global and holistic.

Life can be seen as a long march that the person begins inside and goes into the world and the relationships with others, to finally return to the starting point with the sum of all the experiences. Freud said that the first stage of life was "narcissistic," because the child only recognized its needs. Then he called the following stage "objective," because it included an awareness of an outside world with its own demands. This brilliant description provides a paradigm to study many ordinary human behaviors, such as giving.

The act of giving includes two essential aspects of the dialogue between the person and the world. The way in which a person gives shows the personality traits of the giver, their intentions, and the value they place on the recipient of the gift. Anybody who has had trouble in the narcissistic stage will have great difficulty in giving something from themselves. This explains how sometimes the gift seems to be more destined to please the giver than the recipient, due to an irrepressible desire to survive through the gift.

For this reason, unconditional generosity is very rare, even with our own offspring. The way of offering and giving shows the development stage of the person and to which extent the conditions of their environment allowed them to move from themselves and into the world. One neighbor, a

friend of my children, once challenged me to define what a sweater was. When I gave up, he said that “a sweater is a garment that mothers put on their children when they are cold.”

The desire to exist is so strong, and the fear of disappearing (that is not the same as physical death) is so great, that we can find the most extravagant requests in the last wishes of the dying, only explainable by the firm belief that life goes on. An example of this are the precise instructions left about where and how the ashes of the dead should be spread after death. This is a clear consequence of Freud’s concept that “death is an abstract concept with negative content, without any existence in the unconscious.” “In the unconscious every one of us is convinced of its own immortality.” This means that deep inside, nobody disappears. Everyone believes that they will live on through some testimony, painting, the name of a street, a foundation, and award, a collection or any object that prevents their existence from falling into oblivion.

Chapter 13
MEDICINE: A CULT OF OUR TIMES

From the age where we lived inside caves to our present time, humanity has made considerable progress and conquered many issues that allowed mankind to escape the hunger, darkness, helplessness and cold that our ancestors were subject to.

Perhaps the unawareness of that harsh reality was, as in the case of animals, protection against anxiety. In any case, we can state with almost complete certainty that the main theme of the symphony of those times was helplessness. Today we enjoy, among many other blessings, ways to cool ourselves on hot days, and warmth during the cold days of winter. We can hear any music that we like only by pressing a button, we can stock food to last for months, we can be financially prepared for disease and communicate with our loved ones at any possible distances, and we can even see what our planet looks like from the outside. All of these and many other things allow us to take better care of ourselves.

Looking back, we realize the measure of our progress, and the long way we have traveled from those grueling conditions. This enormous change is a reasonable foundation for humanity's pride, which allows us to dream of a future where we can be safe from the terrible biblical sentence: "In pain you shall bring forth children." That sentence might very soon become just a protest from gods that only exist inside of us, gods of fear that are nurtured with our helplessness.

And yet, how great were the hardships that our human race had to endure throughout this long journey! How many stories of orphanhood, misery, pain, neglect, confusion and chaos! Fortunately, even if we still haven't been able to put an end to the struggle, and perhaps we never will, at least we can have the illusion of believing that we are on the verge of defeating material needs and even physical pain!

Among such mighty forces, being just powerless prisoners at the mercy of so many hostile elements, it is only logical that mankind would use the recently attained capacity to understand the principle of cause and effect to search for an all-powerful ally in this uneven endeavor.

This feeling of terrible despair might very well be the origin of one of the first coping mechanisms that brought a measure of relief and power to all men: religion, under the common assumption that some powerful beings existed, and that we would profit from their allegiance.

But that comfort lasted very little, and before we knew it, the gods that we had envisioned behaved as any omnipotent, fanciful, irritable and cruel creature would. They separated from us, their creators, and tortured us with the same threats of catastrophes, misery, and torment that they were supposed to protect us from.

As a result, all of those evils became in our eyes diseases sent by the gods, curses that punished our unacceptable behavior. Surely, this is how disease became connected with religion, and medicine was born as religious rites aimed to prevent and relieve us of it.

For millennia, disease and sin, punishment and penance were connected. In any case, all of our fears caused by uncontrollable, frequent and devastating natural phenomena were transferred to religion, and religion became our ruler. For centuries, mankind lived under the fear of the wrath of God, and the meticulous fulfillment of liturgy and ritual. This is a very early precedent of sadistic and masochistic tendencies.

Priests, warlocks, sorcerers, and shamans were the brokers between gods and men, as sole custodians of the secret formulas that could earn us the divine grace, or at least protect us from their unpredictable tantrums that in any moment could provoke a flood and erase entire cities as a warning for our obedience.

The long era of religious dominance brew an underground opposition, a revolt among the general submission, which would end in the Lutheran Reformation. This first great expression of rebellion undermining dogma would open the gates to a fresh wind of change brought by empirical thought, and the ultimate advent of science.

The momentous achievements of this new way of thinking and the time dedicated to research shifted the focus from religion to science. The results of this process are evident in our current technological progress. In a gentler way, science became the new source of dogma, demanding submission from mankind as well.

Founded on the undeniable progress of physics gained by the newly conquered freedom of experimentation, technology became the lever that moves humanity's hopes of freedom from fear of its helplessness. It allows humanity to feel closer to the lost paradise after walking through the valley of tears, to feel confidence that in the future, pain and sorrow will not be the foremost emotions in our lives.

All of our hopes are placed in science, which brought an age of less insolence and tyranny than religion. The setting of our struggles is changing, though deep down we are still small and fearful and expect to find relief to our uncertainties in the outside.

Among such great changes, it is still hard to determine if personal development has advanced as much as our times, but what is certain is that our need to depend on supernatural explanations has changed. The quests for a philosopher's stone, a talisman, a universal remedy, a golden city or a mythical paradise are seen as something childish. Our dreams have become closer to earth.

Nonetheless, even when our conditions are so much better nowadays, our attitudes and beliefs towards life still show traces of our old ways. We are still prisoners of the fears that made us create our religious rituals. We are, in essence, the same as we were. Our terror of that which we cannot understand is so powerful that we hardly feel responsible for our progress, as if such a thought would unleash the wrath of the gods we abandoned, bringing forth the end of days.

Fear still lives in the fibers of the human heart. Though reason tries to bring sense to such irrationality, it has little power against the primal fear inside our souls. Among our rich variety of emotions and feelings, we still have the same old despair that our ancestors felt in the presence of the unknown. It is true that our stomachs don't feel the pangs of hunger as often as they once did, but the feeling of emptiness still lives in our collective memories.

If we were to classify the successive stages of the evolution of mankind, the first of those stages would be one we can call "primitive," in reference to that early stage where mankind lived at the mercy of chance and the forces of nature, where our only defense was natural accidents. The name of the second stage would be "religious," where humanity started to change its environment and through obedience sought the favor of the gods. A third stage, where humanity begins to envision a real possibility to win the battle against material needs, is the "scientific" stage. Here the advancement of science has mitigated our fears, hiding them behind many different disguises that we call somatizations, which are the physical consequences of our hidden fears.

Perhaps our relative freedom and independence from immediate needs, our protection from risks, have given us the necessary foundation for the peace of mind we need to enter a more

ambitious stage where we might finally conquer our existence: the integration of our neglected psychic aspects. In the same way that surgery ceased to be the only way of medical treatment, perhaps we can finally abandon moral judgment as the only way to measure our psychic manifestations.

Nonetheless, hat still belongs to the realm of future possibilities. We are still deeply immersed in the third stage of human development, the scientific stage, where our hopes are based on the expectations of scientific progress. The popularity of religious vocation has decreased considerably, and many religious seminaries have closed their doors for lack of candidates. Also, most religions are suffering from mass defections, even as the traditional rigor and solemnity have diminished. Religion is losing importance in society, and states have created secular constitutions.

Nowadays, medicine seems to have conquered much of the terrain lost by religion, and there is a curious parallel between the religious life of the past and the world of sanitation. For example, the constant visits to temples have been replaced by consultations to social security, and the torments of religion have transformed into an obsession for the workings of our bodies.

In this setting, there is a huge similarity between the relationship of the figure of the priest or doctor, and the believer or patient. Many of the characteristics of the relationship between the clergy and the faithful are now present between doctors and patients. The most salient one is faith, perhaps because we still feel the same helplessness against pain and disease that made us envision a complex mythology.

Now that science is king, priests are leaving the stage for doctors. Pills have become the new form of communion, and medical consultation has become a milder variety of confession. Patients feel the same submission towards doctors that the faithful used to feel for priests, leading to obedience without question. The legend of holy people that used to be the reason for long pilgrimages has been replaced by the halo of wisdom that some famous doctors have. Holy places were miracles were performed have been eclipsed by the renowned clinics and hospitals. The Hospital of the University of Navarra is the new Shrine of the Virgin of Fatima, and Houston has replaced Lourdes in the hearts of the new believers.

Medicine is the substitute for the old gods, and doctors are the new high priests. Diets are the new versions of penance. Viruses are tiny reincarnations of Satan's minions (and, we might even think that their size reduction might be caused by the unstoppable advance of the forces of good!) Modern aseptic techniques have displaced the transcripts of religious ceremonies.

And eventually medicine has reached the same heights of old religions, and same as they did, it has grown insolent, proud and ruthless; and its code of conduct has become a form of inquisition. Campaigns against the evils of tobacco, alcohol, food, gambling and lack of rest, remind us of the severity of the Ten Commandments. Dentists admonish us to have periodically our teeth checked. Gynecologists extend protection against cervix and breast cancer in exchange for regular tests, and we hear threats of lung cancer that kill over forty thousand people every per period of time, or so we are told.

A frequent medical checkup is the new papal bull that assures us of a healthy life. Pig and bluefish are again considered healthy after decades of excommunication, and the Mediterranean diet is now the non-plus-ultra of scientific eating, after being considered a miserable way to start the day. Gyms are the new places for spiritual exercise, and their machines and contraptions are like the cilice, new tools of corporal mortification. Someone might become sick of being so healthy among so many resources for taking care of our health!

This foolish migration of religious faith in medical science happened on account of our belief that medicine has reached the same level of progress that technology achieved, and that it has resources for every possible need.

Here's a small consideration exposing the fallacy of equating medicine to technology. The most amazing and greatest advancement in medical science is the use of modern and highly complex exploratory devices that are simply a medical application of modern physics. An entirely different thing and truly something that belongs to the field of medicine itself is the correct interpretation of the data gathered by that equipment.

The possibility of having a record of what lies beneath the skin of a patient without the need of using scalpels or inflicting pain is a true advancement that a few years ago we couldn't even dream about. But to think that this technological miracle in itself provides an accurate assessment of what that information means, that is another thing entirely, dangerously close to the arts of ancient priests that claimed to read the future by inspecting the entrails of an animal. Again, this so-called progress of medicine is mostly a progress of technology applied to medical exploration.

The custom of choosing some first events or people as the initiators of scientific medicine is not unlike any sanctification. We seem to enjoy extracting facts even at the expense of truth, showing our knowledge and our ideological bias. For example, let's take the case of German physician Paul Ehrlich around 1896, using Salvarsan (arsphenamine) for the treatment of syphilis, and the use of sulfonamide drugs by Gerhard Domagk, another German physician, in 1932 as one of the first steps in modern medicine. That same modern medicine that we like to call scientific.

This oversimplification of facts ignores the merits of other people, such as Miguel Server (Michael Servetus), a true Renaissance man who was burned at the stake by Calvinists in Geneva, in 1553. He was a freethinker that, among other crimes, wasn't comfortable with the myth of the Holy Trinity and the belief of the influence of the stars on human health, and was a proponent of the separation of Church and State. Among his writings, we can find the first published description of pulmonary circulation.

Another man worthy of mention is William Harver, and English physician that was the first to describe systemic circulation and stated that the heart was responsible for pumping blood through the human body.

Most probably, the discovery of Penicillin by the English physician Alexander Fleming in 1928, and its use in 1941, was the pivotal event in the migration of faltering religious faith into the new field of science, opening the doors to the process that turned medicine into the new religion of our times.

No one can deny the contribution of such discoveries, and those that would come after, to Humanity's well-being, and their decisive influence in our breaking the chains of magical thinking. But we have to agree, if we are to examine the facts dispassionately, that other factors besides medication were pivotal in conquering infectious disease: The radical changes in our living conditions, hygiene, and comfort in our homes. The elimination of many hard and unhealthy jobs by the use of machine tools. The decrease of work hours. The creation of health and disability insurance. The increase of leisure time. We must not forget that infection, as any other life process, is the result of "dialogue" between the host and the infectious agent.

The simplification of the analysis of body fluids allowed by the progress in chemistry does not mean that we have made the same level of progress in its interpretation. Observation and interpretation are two different aspects of the medical act. Many of our beliefs in the power of

medicine are based on ignorance and blind faith, which account for the common belief that medicine has enough resources to anticipate the future and change its course.

Again, times are changing, and there is a new wave of criticism aimed at medical care, and its restricted vision, its shortsightedness, its tendency to oversimplify facts and its reductionist bias that moves it to study a single organ as an entity that is to be studied and treated in isolation from the rest of the body, and without any regard for the personal history of its owner. A classic example of this is the immediate prescription of multiple drugs to a patient, all focused on a single organ: a blue pill for brain circulation, a green one for the prostate, an orange pill for the back pain and another for hiatal hernia… Only blind faith can be so obsessed with detail that it comes to ignore the fact that disease involves a whole host of factors, as a result of the exchange between the person and their environment.

Finally, I propose that we consider these comments as a sample of a new movement that will surely lead us to the beginning of our next fourth stage, the establishment of our inner self, the understanding of the human being as an indivisible combination of spirit, matter and environment. In the same way that the arrival of existentialism allowed philosophy to view the human existence as a confluence of the person and the world, medical science might achieve the integration of the elements that traditionally have been forcibly separated: spirit and matter.

Logic dictates that psychiatry is destined to lead this transformation, though I fear that its opportunity might have passed. Unable to overcome its inferiority complex, it has sold its birthright for the “pottage of lentils” represented by its apparent adoption into the family of science; it has lost its strength by reaching a contrived alliance with organic medicine; and it has finally lost its way, deep in the delirium of imitation, and astray in the maze of MAOIs, lithaemia and neurotransmitters.

Psychiatry, having failed to defend its sacred distinctive: the prefix “psych” from the advance of the mechanistic spirit of our times, it is content with a few chairs in medical faculty and its ridiculous placement in the secluded top floors of clinical hospitals, not unlike a fool that risks losing the love of their life for the temporary enjoyment of a night of party. Sadly, psychiatry has been tempted as a child by the immediate delight of some candy and chose to resign the nurturing meal of its most valuable asset: curiosity.

What kind of hubris seizes us, psychiatrists and psychologists, that at our first contact with our patient we are already devising ways to change them into something different than what they are? Is it that our fear of becoming irrelevant makes us become arrogant and show some results to show that we can hold our ground? Isn’t the tingle of curiosity enough to wake our spirit of research, to solve the enigmas that our patients present? What happened to our spirit of adventure?

There are few professions as seductive as psychology, and fewer still can provide for our material needs at the same time that they excite our curiosity. To meet a person and to begin to unravel the puzzle that they represent, is as fascinating an endeavor as the quest of an archaeologist trying to connect the few clues, signs and testimonies of ancient times, breathing life into the ruins of the past. This is the reason why every time that our hypotheses match the evidence we enjoy the intoxicating feeling of triumph. Unveiling the factors that rule the behavior of the person that comes to the consultation looking for answers, is a most privileged line of work. What measure of bitterness can account for our perverted deeds?

On the contrary, psychiatry should be firmly supported by the drive of understanding the person, and not restricting this to their anatomy and physiology, and it should have a broad and deep vision, devoid of narrow thinking, always reflective, and well away from dogma, moral judgments and verdicts.

An example will help to make this clear. A middle-aged woman came to see me, saying that she had been suffering from acute sadness and depressive states for over eight years. She believed that this was caused by her marriage, which had always been difficult, though she had always kept quiet about this in public to save appearances.

She had been born out of wedlock and had seen the terrible efforts her mother had made to provide for her, in times of great hardships, filled with misery and lack of understanding. At the same time, those reasons had made her live through moments of great isolation without protesting, which caused her to feel enormous guilt. She had been married for thirty years and had two children who were already independent and had left her home.

She had exquisite taste and liked to move in artistic circles. Once, in a painting workshop that she was particularly fond of, she became friends with another woman. This friendship grew over time, filling the void left in her life by her becoming free of home responsibilities. Friendship became strong affection, and then grew into an infatuation, similar to that of teenage girls.

One letter of said friend got to his husband, who immediately made her see a psychiatrist. The doctor in turn ordered her to break all contact with her friend. The conclusion is that a simple, happy and emotional event was labeled as lesbianism, which made this patient suffer all kinds of affronts, through words and medication. And a tender episode of circumstantial substitution of her mother figure for another person (her mother had already passed away), was morally judged by the biased mind of one psychiatrist, too busy with neurotransmitters, neuromodulators, noradrenergic neurons, monoamine neurotransmitters, glutamic acid and a myriad other modern demons.

The consequence of this foolishness was a wrecked home, without any intention of this poor woman to achieve such a thing.

In building its theoretical scaffolding and in elaborating its training programs, psychiatry erred in beginning its journey based on the-the assumption of the existence of “mental disease” (foolish as any endeavor that tries to prove the existing of an entirely artificial and unnatural construct). Instead, it should have dealt with matters directly connected to human life: its meaning and transcendence; the possible reasons that justify our existence; the justification for our desires and pursuits; the hidden motivations behind apparent arbitrariness; and especially on the many different expressions of each person’s way of living in the world, and the processes that produce our human personalities, our existential traits.

To comprehend, long before trying to attend, should have been the natural orientation of this discipline that foolishly aimed to correct an accident before trying to discern its meaning, very much like an ignorant mason that tears down a load-bearing wall to broaden a dining hall.

There is a strong chance that none of these questions will have a compelling answer. Ancient Greek philosophers also made many questions that have no definitive answer, and that didn’t make their star any dimmer or undermined our admiration for their work. There are so few things that we really know. Perhaps, our work in psychological care does not need as many certainties, and it’s enough if we have an attitude of “supportive accompaniment” for our clients. We don’t really have much evidence in this regard, but we are sure that our hearts beat the same as many other during our existence, where the details of our fate are uncertain, but the end is always the same.

We do know, that our feelings change all the time, moving from joy to sadness, from hope to despair, from enthusiasm to indifference, and from exhilaration to bitterness. Our common experience, beyond our particular circumstances, is that we instinctively try to connect those moods with our recent experiences. Perhaps that connection is just a mirage, an illusion of knowledge, and

effects can exist without a cause; but this instinct that we have is the foundation for all our possibilities to connect with ourselves and with the world around us. This might be one of those truths that Kant called synthetic truths, that are valid by virtue of fact alone and that need no demonstration to be valid.

Chapter 14
THE PURSUIT OF HAPPINESS

RECIPE BOOK

Inside a treaty on psychological medicine, we would normally expect to find a description of the behavior patterns that lead to a happier life. Those would either be: guidelines and recommendations to escape anxiety and stagnation; or guidance to avoid "falling" into habits that threaten individual freedom; or a list of key elements needed to achieve social success, a widely popular aspiration in our time.

The infinite gullibility of people leads them to believe in the miraculous claims of new hair loss products, or of creams that claim to prevent the signs of age in our skin, or even reverse them. It is only natural, then, that these pages might disappoint them, as they lack in advice and guidelines to follow, among other things.

But, if we've come to see life as a series of event that we cannot control, linked to one another in a chain of causes and effects, a long line of endless suffering; if the awareness of our own helplessness taught us about the falsity of merit and the unlimited power of chance; if we have downplayed the value of advice and saw that life's circumstances are the sole authors of the tragedies that haunt humanity; if we have understood that blame is just a ruse created to bend other people's wills in the service of sometimes despicable motives; if we have seen the connection between drug abuse and other habits such as workaholism, the search for other people's applause, unconditional and fanatic following of a sports team, the hunger for success, power and money, among others; if we have seen vocation as the hope for ensuring that our choice of an occupation is both definitive and fit for us; if before getting married, we have ever considered that if Shakespeare hadn't written a tragic end to the story of Romeo and Juliet, if would have ended with Juliet choosing the best produce in the market to receive his beloved, weary from work; finally, if we have gained the same insights regarding motivation and willpower, there is little else to sell here: no guidelines, no message, no magic formula to add to the hoard of energizing, hair-recovery or anti-wrinkle products.

I believe that the miraculous advancements of technology, especially brilliant in telecommunications, is responsible for humanity's impressive development. Nevertheless, it had the side effect of bringing about an excessive cult of pragmatism, which led us to the mistake of believing that the cause of psychological suffering, aging and death, are based on the same principles as infectious diseases. The consequence of this line of thinking is that they can be similarly countered by human resourcefulness.

Humanity's pride and praise of technology is justified by the way household appliances provided simplification of household chores, and machine tools liberated us from strenuous physical

labor. But the extension of its benefits to medicine requires some changes, with the exception of purely mechanical problems such as replacing coronary valves, prosthetics, and explorations. However, trying to apply directly the principles of technology to psychological medicine is absurd, because a person is a “machine” much more intricate and complex in which innumerable variables are at play. Unfortunately, all of our recent accomplishments have made us too proud of ourselves, to the point of believing that we are destined to prevail.

There is probably no human action that isn’t driven by the desire of escaping pain or acquiring a higher degree of security, instead of free will. It is entirely plausible that the state of need is what propels our bodies and minds into action. But people, clinging to the illusion of being in charge, feel capable of solving existential conflicts in the same way that they learned to seek cover from hunger and weather, without recognizing the fundamental differences between those endeavors.

Mankind has developed the naive belief of being the author and responsible for many events of which it’s only been a spectator. We distinguish ourselves from the rest of the animal kingdom by our ability to perform a set of basic operations on the materials at hand: adding, subtracting, combining, separating, heating and cooling them. From procedures so simple we achieved an extraordinary level of evolution in technology that enables us to face the future without being materially helpless though that doesn’t mean that we have become masters of our circumstances.

Driven by the same pride, our books are full of recommendations, advice, guidelines, warnings, discipline and taboos aimed at protecting people from uncertainty, pain and despair. On the same foundations, schools, doctrines, and authors attempted a wide range of ideas, codes, and instructions.

Confucius proposed harmonizing the principles of *Jen* (a kind of ideal relationship between people) and *Li* (the desire of ownership) as a way of becoming virtuous. We can suppose that for him, virtue and wellbeing were twins, or else we might question the benefit of such discipline, other than an exalted position in another life.

Heraclitus stated that human misery is caused by not understanding the *Logos*, a kind of universal and omniscient principle applicable to anything, and advised to adjust our behavior to that mysterious principle.

For Mo Tzu, who probably was a pioneer of modern school education, the secret was “universal love”, attainable through a wise system of reward and punishment, but without drawing the limits for them. Using economics as an argument, he argued that war was unjustified because it wasn’t politically or economically profitable: so in the case of an impending conflagration the best policy would be to gather the rivals and run the numbers to dissuade them from their costly adventures. Sadly, the ways of attaining that universal love weren’t so clear.

Democritus also tried to find the source of happiness and believed that *wisdom* would be able to put an end to greed. The problem is, how can we discern what is wisdom among so many vacuous ideas disguised as intellect?

Socrates bet on *goodness* though he doubted that it could be taught, as proved by how educators failed to teach it to their own children.

For Aristotle, the goodness in people was the same as happiness, and this depended on achieving the essence of nature. But what is this essence of nature? And, how to achieve it? That remains a mystery. Perhaps the lack of an answer to this questions made him state that the highest aspiration of people was to lead a life of contemplation.

Meng Tzu inferred that since every person is born good, the secret of happiness is to persevere in their original nature. Nevertheless, people aren't born neither good nor bad; they are just born. Again, we find ourselves in the same spot as with other philosophies, because, how to define this original nature?

Chuang Tzu, another Chinese philosopher who lived four centuries before Christ, wrote that the only hope of salvation was to identify with the Tao, an omnipotent universal principle in the face of which nothing can be done except accepting life as is, without challenges or goals.

Epicurus, who went into history as the symbol of pleasure-seeking, was nevertheless very rigorous in recommending moderation, a responsible enjoyment of pleasures, prudence and the study of philosophy.

Lao Tzu was another of the Eastern thinkers who became inexplicably famous among healthy recommendations in the West. He advised a return to childhood, non-action and the control of breathing as ways to achieve Tao.

Epictetus, closer to modern psychological trends, equaled wellbeing with inner peace, attainable through living according to our nature, the use of reason and searching for the truth. The first step to achieving them was dominating desire. Quite a complex structure for the common man.

Sixtus Empiricus, physician, astronomer and skeptical philosopher, gained his name by importing the principles of empiricism into medicine. He proposed that the root of suffering was the illusion that knowledge is attainable, so he recommended the use of doubt and suspending judgment and belief altogether.

Saint Augustine marks the beginning of Christian philosophy, in which happiness (here as a synonym for salvation) is in faith, which is the only cure for the corruption of the human will.

Boethius, seeing the fickleness of nature, preached self-sufficiency as a way of escaping the changes of fortune and having serenity of mind.

Shankara believed that the key to success was achieving Nirvana, and to that end people should distinguish what changes from what is unchanging, and focusing in Brahma, the essence of essences.

Saint Thomas Aquinas did not believe that happiness could gained in this valley of tears, and recommended preparation for the afterlife.

Saint Thomas More, in his "Utopia", an imaginary nation similar to Neverland, described the world in which gold has no value, work is done cooperatively, and enjoyment is according to virtue.

Pascal called for obeying tradition and law, as a remedy for will being subject to human passions.

Rousseau, a pioneer of modern ecologists, thought that the solution was going back to nature, an idea as trite as is popular, but vague, as we will never know if it refers to abandoning modern comforts such as air conditioning and synthetic fabrics to go back to wearing animal skins, or if it is a calling to scamper after beautiful girls in our distorted memories of paradise. There is a paradox, though: members of savage tribes have never wanted to return to their old ways after tasting the fruits of progress.

Kant anticipated modern psychology when he warned that an exclusively intellectual approach was incomplete, as he saw that there were two sources of knowledge: introspection (which he called "inner sense") and reason.

All these examples have a common element: In order to describe a path to achieving relief, wellbeing, bliss, inner peace or however we might call the ineffable state of happiness, the authors propose a series of requirements (Tao, Logos, Pneuma, Nature, etc.) so enigmatic that any analysis ends in mere wordplay. It reminds me of a trip I once made. I asked a man for directions to the main square, to which he gave me a series of instructions that began at the Tower of Saint Phillip. As it was the first time I visited the city I did not know the aforementioned tower, which was the point of reference for all the following steps, so at the end of the explanations I was as ignorant about how to get there as I was at the beginning.

In the end, all those explanations about happiness are as useful as saying that the best way achieve happiness is to be simply happy.

TOWARDS SIMPLICITY

As we can see, the great majority of doctrines are based on three false premises: One, that the person is some sort of disoriented traveler that only needs to be put on the right path to get to their destination; two, that the afflictions we suffer come from the environment, they are external; and three, that there is someone who is capable of known the formula for happiness.

Regarding the first point, which is the one that is most directly linked to psychology, all recommendations are founded on a misconception about the person, who is believed to be able to use willpower to follow every instruction. That belief chooses to ignore the evolutionary process of education, and the great importance of the past. If a person is the consequence of a particular set of conditions operating on an inner core or essence that is unique to that person (namely the Ego, Self, or I), then every person is different. Because of this, it is unreasonable to expect that every person will respond equally to the same stimulus.

Even neurology, so keen on mechanistic explanations, had to recognize the evidence that every action is preceded by unconscious preparatory activities that are possible based on the frontal lobe of the brain. In other words, any action, regardless of its intention, is affected by the historical experiences of the person, and this proves false the hypothesis that every person should respond in the same identical way by force of will.

The experiences of past days, the remains of personal history, have been left out of all behavioral trials and tests. Psychiatry also made this terrible mistake. Nevertheless, the past is a part of every action, because in order to “be”, we have to “have been”. The process psychological development cannot be understood without the past. If we strip people from the incidental consequences of fortune, the only thing left is their past, their true identity, their value. This is applicable not only to individuals but to entire nations, which explains the resurgence of nationalism. This disregard for the past is also present in the studies of collective behavior.

The world did not begin yesterday, and people who try to make us believe that we must forget the past and that there’s little of it that’s valuable to be taken with us on our journey to the future are irrational and worthy of pity.

The colossal effort in the struggle for survival, against hunger, nature and pain are part of the hardships that our ancestors endured with their vision fixated on the only possible prize: the hope of a better future. Such a commitment might seem irrational today, and it probably was, being such a disproportionate challenge.

We show disdain for all the resources that our ancestors left us, we enjoy them but at the same time we have the cynicism to denounce them as the root of all evils of our “consumerist society”. This is as full of hypocrisy as the tantrums of an heir that protests against their rich parents while staying comfortable in bed until noon.

While we continue to enjoy the fruits gained by the sweat of our predecessors, we accuse them of short-sightedness, in an effort to avoid repaying them with some well-deserved gratitude. And on top of that we have the nerve to call “uneducated” the people that put at our disposal incredible possibilities, such as being able to enjoy any artistic or musical performance anytime and anywhere.

We say that the people that cut down forests are “savages” when they did it more out of need than out of an appetite for destruction, and surely with the hope that we would find another source of heat that one day would make up for what they had to sacrifice. Surely they loved more the forests, companions of their existential drama, than all of today’s fashionable ecologists. We inherited our comforts from brave and tenacious fathers who could not dedicate their lives to contemplation. But we believe that the only thing from the past that deserves respect is a short list of names, mostly artists, and we deliberately silence the reality that there would be no “us” today if not the universal struggle of the past.

Do we need to remind all of those arrogant people of all the links that form this endless chain, ones connected to the others and all connected to an ultimate purpose that we cannot yet understand? The arrogance and hubris of these modern times make them the most irrational period of our history. Our own pettiness is at work, labeling some events as transcendent and others as irrelevant, as a way to justify avoiding those events that make us feel uncomfortable.

As any emotion is an expression of the person as a whole, any social phenomenon, no matter how small, is the precedent for others apparently more important. None of the events that we call important would have ever come to pass if they were not connected to smaller previous events.

Many intellectual pygmies propose that special men changed the course of history, without knowing that history has a course of its own, with its own laws, and as if it were a play it puts some characters in the foreground to perform a part within the whole scene. Such ignorance supports the irrational idea of spontaneous generation by stating that everything began with some person born out of no one, and who is consequence of nothing before, as a primordial engine that is not powered by any external energy source.

The loathing for the past, the shame for one’s parents, is the cause of the decline of many bright minds that lost their fame when resentment stopped being fashionable, showing in the end that the source of their agitation was not genius, but resentment.

Many members of the legion of opportunists that proclaim that they “support nature” feel that they are opposing an imaginary group of people that love destroying it. Many people claim that they “support peace and stand against violence” as if there were people who love horror and death on the other side of the debate. Many other defenders without adversaries claim to be “on the side of life” in debates against abortion or euthanasia, but one might wonder how easily they could be defending the opposite view.

There is apparently no sense for how mankind despises all the things that provided the foundation for its current mastery over the environment. The faith that in the past supported so many endeavors was replaced by science. And science, with its focus on external phenomena, has achieved incredible progress.

Then, how is it that we have become so lacking in confidence? Quite possibly, the pride that science and its practitioners evoke is racial, collective pride, something related to lineage. This was necessary as a testament to the superiority of one group over their rivals. But now it is time for us to look inside ourselves, to our inner solitude and intimacy, and claim for our individual selves what we've already gained at a collective level.

Perhaps this crisis is natural in someone who has just reached a goal and is already wondering about the next step. This disdain for the past is not, then, the discontent that comes from failure. Not at all! It is the temporary disorientation of someone who is thinking about the following adventure at the end of a long quest. Fatigue and fear might make us falter and question if the future is worth the effort, or if there is any merit in the past.

But this is just an ephemeral falter. It might sound like the voice of universal discontent when we hear it from resentful people, but it's only the expression of disappointment that only exists within themselves. That voice does not represent the myriad rowers toiling in the ship of humanity, who gather their best efforts thinking of how their children, as relay runners, will proudly move a bit further the baton passed on by their fathers. That great majority of people have already admitted in their humility that they are not the main characters of history, that their lives are indistinguishable from the whole and accepted the arbitrary laws of life. They know that after destruction comes order and after the chaos that brings new days of glory that their descendants will be able to enjoy. But those whose past has only left them bitterness, those who curse their fate and blame humanity for their misfortune, all they have is lamentations and contempt.

This catastrophism is absurd now that we are living at the moment of our greatest splendor, when we are able listen to a symphony whenever and wherever we want, or when the independence of temperature conditions is becoming almost universal, when we are enjoying (at least in the Western Hemisphere) a long period without wars. It is as if humanity were intimidated by so many advantages. It is similar to the mental state of a student after the tests are over, feeling happy and at the same time sad now that the challenge is over after so many sleepless nights of studying. Perhaps that is the state of mind that we will have until we apply the same persistence to our own self-mastery that we did to master our environment.

Freudian psychoanalysis was the first method of psychological research that took into account the characteristics of our psychology: its evolution and inner dialogue. The three parts of his structural model of the psyche: the Ego, the Id, and the Superego, describe the reality of the person as something that is never finished. Being is, at any given moment, the provisional result of historical dialogue. If the conditions of that dialogue are adverse, being can become a way of not-being, or being in a way dictated by others.

I am sure that at the foundation of every psychological disorder, in many somatic conditions and in general, in every way of spiritual suffering, we can find the interference of others as an impediment to the establishment of a strong sense of self.

From an existentialist point of view, every mental "illness" is the result of replacing an existence of being oneself for being another person, and in that context the symptoms represent the first cry for help.

That "other person", incarnated in what psychoanalysis calls moral conscience or Superego, suppresses the expression of the person. This suppression cannot exist without some form of protest or rebellion, and it shows as a symptom that translates the response into a symbolic language that can safely bypass censorship. This is the true dynamic significance of a symptom, and

studying it as a mere accident or nuisance is an intellectual barbarism. The symptom always speaks for and expresses the historical ordeal of a being that is in pain for not being able to be its true self.

As a consequence, any form of psychological care that does not take into consideration these characteristics of existential dynamics will become a weapon of torture and affront, and will contribute to the generalized dehumanization of organicistic medicine that erases the deep meaning of the symptom with medication.

Phrases as “your future depends on yourself”, or “whatever you want from life depends on your decisions” are gross simplifications that show that our so-called pragmatic spirit has forgotten the past. All the explanations and sermons from the wise priests of modern medicine aside, spiritual suffering, is the inevitable outcome of a distorted dialogue with the world. Being oneself implies the absence of spiritual suffering.

There is another widespread belief: that mental suffering is caused by external offenses such as deaths, losses, misfortunes, accidents or any form of frustration, but that is not true. A person does not suffer, in an existential sense (which is the appropriate perspective for mental suffering) for what they don’t have and want to obtain, or by the losses or hardships they endure. For example, extraordinary circumstances such as war, concentration camps or kidnappings don’t necessarily imply a psychiatric manifestation. The fundamental causes of mental suffering are the previous conditions of the person, and those are determined by their personal history. The past is always present in our perceptions and in the way we understand the world around us.

Battista Vico stated that all cultures went through three stages or “corsi”: the ages of gods, heroes, and men. If that were true, we are at the end of our second age, and we are stumbling through our first steps into the age of men, that revolves around a holistic view of the person and its history.

Up to this moment, everything hinged on “how the person should be” because we have been too busy to consider “what the person is.” This is the reason why our evolution and our past haven’t received the proper attention. The person was viewed as a complete unit though inside there are parts that keep it fragmented.

Universal commandments and laws ignore the particular details that make it impossible for all people to follow them. The prohibition of stealing does not require the same effort from the poor and the rich. The love of neighbor will not require the same effort from someone who has led a happy life than from someone who lived among hardships and violence. But, in the eyes of both religion and law, both are bound by the same obedience. Medicine should at least be an exception to this inflexibility.

Psychiatry should have gone out to the market of life, to breathe the air of daily events, to walk through the common places where everyday interests are bargained, where ambitions, vanities, dreams, despairs, and frustrations meet.

Psychiatry should have immersed itself in literature, philosophy, cinematography, theater, and life. Out of the laboratories where it languishes in fictitious life, life a greenhouse plant, sheltered from the real facts of life and the healthy changes of weather.

If psychiatry had allowed itself to be seduced by the facts of ordinary life it would have discovered that the elusive answers that it couldn’t find in microscope slides, x-ray images or endless lab tests, are hidden in the thousand subtle nuances of essays, novels, paintings, sculptures and common sayings.

It would have eliminated the vague and pretentious concept of “disease,” connecting it to the more natural concept of wellbeing, and would have envisioned what writers as Søren Kierkegaard saw, when he stated that “the unhappy person is one who has his ideal, the content of his life, the fullness of his consciousness, the essence of his being, in some manner outside of himself.”

Psychiatry would have understood how, under certain circumstances, people could have lived absent from themselves in the past, continue to live in the same way in the present, and worse still, be doomed to continue living in that way forever. It would have never ignored the rich heritage of our language, that spoke of “alienation” (etymologically: transfer, surrender) or “estrangement” (Lat. Extraneus: foreign) to reveal with incredible precision how someone can live for the benefit of others and not being oneself.

It would have acknowledged the overwhelming reality that when the word “absent” is applied to a person, it doesn’t mean that they are empty of consciousness, but that its content is occupied with foreign interests. Finally, it would have understood that what it calls “disease” is an undesired state of being and never an intrinsic quality of the person.

I must insist on the idea that psychiatry should have come down from the Olympus and immersed itself in the ordinary affairs of life: family, love, friendship, and dealt with the fragile but defining relationship between parents and children, adoption and child protection services, childcare, education and all the spaces where the improvement of the human environment have a direct impact on general welfare.

Issues apparently as divergent from psychiatry’s interests as urban planning would have been enriched by the influence of psychology as they directly impact the healthy development of families. Instead, they depend on the decisions of a few people who are usually more interested in their personal gain through the arbitrary zoning of land instead of working towards the improvement of living standards and urban embellishment.

If we study the person in its most comprehensive definition: “being in the world with others,” we will realize that all subjects related to the circumstances and characteristics of our environment are paramount, and would be greatly improved by the aid of psychiatry.

The shocking behavior of judicial institutions and the contradictions that some of their verdicts undermine its credibility. How is it reasonable that, in these modern times, all training programs and selection standards are limited exclusively to the rote knowledge of the law, overlooking the fact that the people that interpret the law are naturally biased by their personality? Is it impossible to imagine in the future a complete training in psychology for our judges? The same considerations are fit for the selection of other public servants such as teachers, who have a direct influence in society through the education of children.

But, far away from these realities, academic psychiatry is enraptured in discovering new imaginary disorders, synaptic theories, conventions, slides and presentations, antidepressants, self-rated scales and statistics. Its Saxon heritage, strong in technology but naive and weak in humanistic studies, keeps it disoriented and irreflexive.

Psychiatry is living the life of self-made people, deep in the age of heroes, entranced in a world of youth, beauty, and success, set in the stage of bright lights and glamour. It lives in the world where the abilities of men are publicly celebrated, but in its backstage the misery of the outcast is hidden in the sidelines of a ruthless race for success. This is an attitude that on one side praises the virtues of people while at the same time provokes the deepest loathing for their

miseries. In a test's ranking, there is always a first, second, and last place. But, why do we reduce life to endless competition?

Our old and venerable society, so insightful at times, has succumbed to the vulgar spirit of our modern times. We are finishing an age where fast money, so highly praised in American culture, is considered a badge of triumph, leaving the rest of the people who did not have the ability to attain it, or simply had a more profound idea of life, as fools.

We have seen how public figures pursue success without thinking about the negative consequences they would face in the long term. This spirit, a mixture of foolishness and malice, has invaded very social activity, and medicine was not an exception.

This cult of immediacy and shallowness explains why psychiatry and psychology reduced symptoms to a simple proof of stupidity, neglect or biochemical imbalance. The private environment of the consultation room moved to the public square, and scholars invaded mass media with their enthusiasm for computers and announced new and fabulous breakthroughs in the treatment of new diseases. As soon as a new medication is discovered, we hear the announcement of how some poorly defined new illness will be eradicated.

Our professional behavior is returning to childhood. We only have to attend to some congress or conference to see how resistant we have become to stupidity. In all these events, we can see a parade of speakers with their slides, reading their content with a pointer as if they were elementary school students giving a presentation. There is a new breed of doctors, specialized in congresses, which go from one event to the next promoting more or less overtly the miraculous effects of new medications.

At the same time, advertisement announces the benefits of new devices that promise rest and relaxation by stimulating the brain activity patterns of sleep.

The substitution of the whole for one of its parts is now scientific. We mistake joy for happiness, seriousness for wisdom, quackery for common sense, gray hair for experience, charisma for value, action for efficiency, and success for wellbeing.

Culture stopped being the consequence of curiosity, and something that can make our days enjoyable. It has become a new form of competition instead. We live in a world of appearances, in the height of the culture of immediate, "right here, right now" results.

And that is the sign of our times. Quite a disheartening sigh for common sense. A series of blunders based on the false premise that the people can change by themselves, conquer every dream and get rid of any torment. A concept as foolish as believing that we can fly by pulling our ears up. In this vision, suffering and failure have become synonyms.

Psychiatry is not free from this mercantilism, in which our clients have become machines that we can fix by replacing or repairing some broken parts. A frantic race full of acronyms that pretend to show rigor and efficiency but aren't in reality more than an elaborate childish game that we play with seriousness and arrogance. A foolish road that leads to nowhere.

Habit leads us to think that all manifestations have a cause and follow a purpose. So we ask ourselves if spiritual suffering also has purpose and meaning. We have already discussed that those manifestations are the natural consequence of our awareness, which leads us to question what we see and see that we are immersed in an environment that we cannot control. For this reason, anxiety is not a disorder in the traditional sense, but the inevitable consequence of living. The

symptoms of mental suffering, always changing according to our time in history, show the journey of our species' development.

If we wonder if these manifestations can be "cured" in the general sense, we must know that they can't. What is then, the purpose of psychological medicine, which aims to treat "mental illnesses"? If mental suffering is the unavoidable side-effect of a life that includes a past; if we are the extension of what we have been, is there any strategy that can influence past events? How can we change the past, if by definition it has already passed?

The answer to this question is simple. It is obvious that the past cannot be changed, but its effects on the present can be ameliorated. For example, imagine a child that was unjustly reprimanded at school by his teacher, who called it lazy, or dumb, and threatened to tell his parents about this. This child's self-image could be affected by the negative comments of the teacher, and even more so by the fear of being rejected by his parents. If, when he arrives at home, his mother sees his distress, asks him about what happened, and embracing him makes him feel reassured that none of that will make her stop loving him, the effects of the reprimand will change, even if the past event did not.

This is the foundation of psychoanalysis, and also the cause of its bad reputation among other medical specialties. Psychoanalysis puts miracles back into their religious background and proposes a therapy that is based on a reasoned collaboration with the patients. It only promises to mitigate the effects of the past by providing understanding and the healthy emotional experience that comes from a long relationship between two people that move together through the psychoanalytic process. This therapy has the value of being a set of conciliatory experiences through which the person can gain a better understanding of itself, free from the past mistakes that damaged its self-esteem.

This existential definition of spiritual suffering explains how foolish it is to believe that such complex ailments could be solved with medication, or that no future discovery might miraculously remedy the effects of the past.

Human progress will cause many psychiatric conditions to disappear, in the way that many past disorders that were described in great detail in the recent past have vanished. One example of this change is the common characteristics of delusional thinking that used to be almost exclusively related to religious thinking. When I was very young I saw how a miller from a neighboring village threatened people who took their grains to a competitor's more modern mill (showing that even in absurd situations there is always some reasonable cause.) He claimed that God had appeared to him and commanded him to warn his neighbors. Nowadays, delusional thinking is usually about electronics, video surveillance, tiny microphones, and aliens.

Spiritual suffering is not an anomaly. Even if they bring pain to the lives of people, they are always the result of a coherent and inevitable development of the specific time and environment where they developed.

We know the meaning of these sufferings, but we know nothing about their purpose. Stoic philosophers thought that everything that happens, no matter how painful or inconvenient to us, adds to the health of the universe and to the "benefit of the whole." But this belief, even if it's intellectually interesting, brings no comfort to the person who is in pain.

Perhaps, what we call "madness" and everything connected to it is not a disadvantage, but a marker for a new stage in our phylogenetic development. That humanity's existence is like a deep mine, with treasures that can only be obtained by overcoming thousands of difficulties. Perhaps our

past and present days are just stages in humanity's journey towards our final integration. But, who knows?

In any case, the evolution of psychiatry shows a series of stages that, as different historical periods, began with pictures of demonic possession, followed by an age of mendicity, delinquency, and mental incapacity, and after passing through the age of schizophrenia and depression has now reached the age of anxiety.

This is a journey of progressive approach to conditions that are simpler, less exotic and easier to understand without personal interpretation. The object of study of psychology, human experience, is abandoning the language of hieroglyphs and is opening its meaning in a clearer way. Perhaps time will lead us, without the need of any discovery, to a world free from our most ordinary suffering, in the same way, which many disorders common in classical psychiatric treatises have disappeared.

Perhaps in the immediate future, even somatic medicine will gain the benefit of the insights of psychology. If now it begins with a physical examination aimed at ruling out any organic condition, in the future the examination might begin by searching for any psychological conflicts that are strong enough to cause somatic consequences, avoiding in many cases useless and invasive analysis and explorations, increasing the effectiveness of medical care.

It is time to settle the debate about the origin of diseases and end the rivalries among medical orientations. It is the time that every specialty contributes to treatment and knowledge, accepting that every medical entity extends beyond the symptoms and affects the somatic and spiritual areas of the person.

Though prediction is an area that sparks the imagination, the purpose of this book is not to anticipate the future. In the meantime, medicine and psychology can profit greatly by abandoning its "scientific" arrogance and go back to the simple spirit of the "family doctor." A figure that was founded on a sensible relationship between doctor and patient, collaborative, participative and especially amicable, free from judgment, insults and disqualification. If we can understand that "madness" is the involuntary emergence of an alternate reality in the mind of a person, we can see that to some degree it is an experience shared by all people from the beginning of time, not a distinctive quality exclusive to a small group.

Synopsis.

This work, "The Disease of Life", translation of the original, "La Enfermedad de La Vida" is an essay on Psychiatry in which the biographical details of the author go hand in hand with the medical studies.

It aims to provide a simplification of this medical discipline, often presented from the academic world as abstruse, in order to his easier understanding.

Biography.

The author was born in Valencia de Don Juan, also called Coyanza, a town in the province of Leon (Spain) in 1941.

He is studying medicine in Valladolid.

Meet the specialty in Madrid, in the clinic, "Peña Retama" under the direction of Dr. Jerome Molina who is recognized as his true master.

Later he moved to London to further studies.

Back in Spain, he holds the position of director of the Psychiatric Hospital "Santa Isabel" in Leon, for eight years (1980-1988).