PRESENTATION AT THE 5TH WORLD CULTURAL PSYCHIATRY CONGRESS *"ACHIEVING GLOBAL MENTAL HEALTH EQUITY: MAKING CULTURAL PSYCHIATRY COUNT"*, NEW YORK, 10-13 OCTOBER 2018

ON SPIRITUALITY: WHICH LANGUAGE FOR A PSYCHIATRIC PERSPECTIVE?

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Abstract

One of the objectives of cultural psychiatry is to reconcile purely scientific methods (medical, psychological and sociological) with humanistic and existential approaches in order to provide an interpretative network for promoting the understanding of human nature. The discourse on spirituality must be addressed in scientific terms as well as in humanistic and existential terms. Both perspectives are necessary for grasping the phenomenon in its entirety, but they require different languages, which are often not easy to reconcile. This presentation has two objectives. The first is to provide a framework for the current debate on the definition of spirituality and the second is to provide a critical analysis of the different languages and narrative styles with which this topic is addressed. Not only is it important to know the different perspectives used when addressing this topic, it is also essential to know how to choose the languages that best represent the identity of cultural psychiatry.

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We live in a world in which multiculturality and different socioeconomic innovations makes it particularly difficult to formulate absolute principles on human nature and its characteristics. Spirituality bears no exception. Finding an universal definition is perhaps impossible. In this brief intervention we will try to reflect on the relationship between spirituality and religion and trace possible ways in which psychiatry can meet with spirituality. Two definitions can be highlighted:

- Spirituality: «The quality or the fact of being individuals with spiritual characteristics that are intertwined with nature and which are shown in thoughts as a spiritual tendency»; «The quality of being concerned with the human spirit or soul as opposed to material or physical things» (Calogero, 1935; Abbagnano, 1961).

- Religion: «[…] the belief in a God or Gods that must be worshipped; it is usually expressed in conduct and in the rite»; «[…] any specific system of belief, adoration, which often involves an ethical code»; «The belief in and worship of a superhuman controlling power, especially a personal God or Gods» (Abi-Hashem, 2013).

Religion is therefore a series of beliefs and rituals aimed at putting the person in a relationship with something not directly tangible, while spirituality refers to deep motivations and value orientations (Ponce, 1998) beyond the physical and pragmatic needs of everyday life. Assuming that religion is a sociocultural fact, with specific individual and social features (Parsons, 1947), we can say that it originates from man's spirituality. In turn, spirituality is deeply rooted in the individual's ability to reflect on himself. «A human being must have other roots besides that of his finiteness. Without some prior knowledge of what can not be known, there would be no research in him. He seeks the being itself, the infinite, the other. Living in the world is, by itself, a reason to realize the existence of this research; and the fact that it exists can give satisfaction» (Jaspers, 1964).

Even if it is possible to formulate a theoretical definition, we can say that any conceptual configuration of spirituality hardly encompasses all the facets of the notion itself, since spirituality develops following the currents of culture, society, and customs. This is the reason why philosophers, scientists, and historians confront

spirituality using different languages and in some cases the result is a contraposition; monotheistic doctrines and scientific thought adopt different and subjectively inconceivable views and languages (Tillich, 1959). On one side the positivistic view claims that reason triumphs over irrational beliefs while on the other side a number of authors still argue that modern Western cultures inadequately deal with the authentic meanings of human existence because they often face it in a reductionist perspective (Frenzini, 2018). In this perspective, globalization don't provide a proper "meaning of life" nor "places of self-recognition" that would be necessary for constructing individual and cultural identity. This crisis of Western culture therefore gives way to numerous shortcomings. While syncretic adoption of philosophies and practices can fill this void, Metamorphoses of spirituality, fundamentalisms, sectarianism, apocryphal visions, can be a dramatic addition (Bartocci, 2005, 2017).

But how can psychopathology and cultural psychiatry understand spirituality? Medical institutions and psychiatry have been reluctant or ambivalent in exploring spirituality as an essential part of life and thus make it an object of study (Dein, 2010, 2011). Frightened by the pitfall of prejudices and discriminations, the current nosographic systems limit themselves to cite religion and spirituality in epidemiological and statistical terms; it is stripped of its multiple meanings and is reduced to an independent variable, a response predictor, or a resilience factor (Hill, 2000).

In a different way, Cultural Psychiatry, thanks to its interdisciplinary models, becomes a *trait d'union* between scientific and humanistic thought (Hughes et al., 2000; Tseng et al., 2013; Rovera et al., 2018). A cultural psychiatrist should understand and be able to explain the multifaceted expressions of spirituality and evaluate whether they generate existential realization or hide individual or cultural dynamics that are the harbingers of discomfort and oppression. Starting from the views of an evolving Cultural Psychopathology, spirituality is not identical to religion, but rather a multidimensional construct. As Jaspers emphasizes, beliefs, spirituality, and religion are not temporary problems but rather fundamental secrets concerning each method of knowledge. An enigma is measured in relation to a particular intelligibility to a specific language and it refers to the boundary of a particular way of knowing. Myths, aspiration to deity, poetry, and literature on themes such as human freedom and

spirituality try provide some intelligibility to concrete enigmas. Man should confront these topics simultaneously using different perspectives.

In a clinical setting, the physician, psychiatrist, and other health workers must be able to harmonize the cultural universe of reference (cultural norm: both general ethics and specific "emica") through experiences of different cultural groups. In order to help the patient, a psychiatrist must be able to identify if the patient's spirituality is an integral part of a cultural identity or if it hides some source of unease. Moreover, the language of psychiatry should be compatible with the search for new identities that respect both the specific basic psychopathological components and the Western influences and preparadigms about the various cultures or sub-cultures of belonging. In recent years, anthropological issues appear to be in constant change; these may be due to the massive immigration of groups of people from non-Western countries to the urban Western areas. In Europe, countries found themselves so confronted with different cultures that to "oblige" these new patients health professionals began to question themselves not only on their relationship with the ill, but also on their cultural orientations and pharmacological, assistance, and rehabilitation choices (Cazzullo, 1997).

In the field of research, cultural psychiatry should propose hypotheses without reducing everything to a scientific examination or a mere diagnostic categorization (Hughes et al., 2000; Tseng et al., 2013; Rovera et al., 2018). Transcultural psychiatry is interdisciplinary, since it provides the privilege of being able to interface with different fields: ethno-anthropology, social work, neuroscience, psychodynamics, philosophy, and cultural mediation. Among the objectives of WCPRR there is the will to highlight that research which has a complementary approach to the traditional Western scientific method. Different narrative styles, images, novels, specialized essays, and testimonies have the power to enrich evidence-based research and allow a comprehensive view of spirituality. In a psychiatric perspective of "spirituality" it seems useful to make some reflection on the contribution of this symposium, concerning the Palio of Siena. The documentary, which was not shot by psychiatrists but by specialists who focus on culture, concerns the historical and current experiences of an Italian city that twice a year embraces significantly original behaviors and rituals. There are three levels of reading of this documentary. The first is a literal

layer; the video narrates the folklore of a city transformed for the patronal feast. The second is a cultural layer. It demonstrates how certain cultural dynamics are able to shape the reactions of individuals. The third is a layer that can be called "universal". The plot shows how the human being is more than a "system of synapses", how the universal research for what is beyond the material limit can alternatively lead to new and creative forms of aggregation and sociality (such the one of the Palio) or to cultural rigidity and radicalization.

This documentary, which highlights the overlay of the sacred with the normal, is a good conclusion to this work. It shows a possible way to solve the problems of cultural identity in human nature. It offers us a deeply touching, meaningful "narration" that lets us foresee possible solutions to the enigma of spirituality.

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