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THE CULTURAL CONSTRUCTION OF THE WESTERN CONCEPTION OF THE SACRED: PATHOPLASTIC AND PATHOGENETIC CONSEQUENCES

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Abstract

Background: The cultural approach has long been considered the appropriate methodology to analyze: a) how the "supernatural" dimension varies within different ethnographic frames; b) the clinical repercussion of magical or religious thinking; c) the diverse therapeutic procedures associated with religious thought adopted in different cultural contexts; d) the recent resurgence in western and/or westernized societies of a plethora of polymorphous spiritual healing practices; e) the influence exerted by the mass media in validating phenomena and extreme cultural beliefs that differ entirely from the paradigms of western scientific and humanistic world view and may be considered "cultural delusions". Aims: To promote participants' competence in handling Cultural Dynamic Psychiatry to be able to analyze crossbreeds between religious factors' routes and predominant psychopathological syndromes' mutations. Methods: The presentation develops the theoretical bases which

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brought to the establishment of the WACP and the WCPRR. The fundamental aim consisted in shifting cultural psychiatrists' focus not only towards other "culturally different people", but also and foremost towards our own culture of origin, being on one side the holder of dominant psychiatric parameters and on the other a culture deserving notice just like the others. **Results***: The western construction of the realm of the sacred implies pathoplastic and pathogenetic consequences regarding old and new psychopathological syndromes, as well as interference in the doctor-patient relationship.* **Discussion***: In order to avoid an interreligious clash within psychotherapeutic setting, it can be useful to consider that even senior clinicians cannot be considered "culture-free", especially for what concerns religious prejudices. Analyzing and managing such cultural-relational dynamics may help doctors overcome their cultural bias - particularly the religious ones - lessening the patient's experience of it and consequently attenuating his resistance.*

The presentation is divided into three brief sections:

First section – Illustrative standards to define the borders of the *Dimension of the Sacred*

Second section – *States of consciousness and Metaself:* a dialogue between general psychopathology and cultural psychiatry

Third section – *Transcendence techniques, Dissociation and Double Cultural Register.* Biopsychocultural circumstances that can lead to *delusionary cultural beliefs*

Nature or nurture? What kind of cultural beliefs are worthy of neuronal reproduction?

Murphy pointed out the influence of culture on the mind as follows: "It can be said that culture comprises the ideas, values, habits and other patterns of behaviour which a human group consciously or unconsciously transmits from one generation to another and hence usually treats as traditional or worthy of reproduction." (Murphy 1982).

At this point a first, crucial question arises: does culture always transmit ideas, values, beliefs and patterns of behaviour worthy of reproduction? In particular the question is:

Is the belief in a disembodied intentional agency influencing human actions in such a functional way to be worthy of cultural and neuronal reproduction? The term disembodied intentional agency is the way Littlewood defines our Monotheistic God. Probably you've noticed that I insisted in mentioning neuronal reproduction of the sacred. Well, on this regard let me underline the importance of Tseng's (2001) seminal assumption:*" By the habital act of thinking in a particular language, or believing in the forms of a particular religion, those thoughts assume a type of physical reality in the organization of neural networks in the brain".*

A brief orientation on the concept of the Sacred

The dimension of the Sacred has to be skilfully handled, because the Sacred has been deemed by many (Eliade 1982) as the foundation of our civilization. Durkheim claimed that the aim of religion is to administer the Sacred. I invite you to consider three elements that characterize the essence of the Sacred:

1 - The process in conceiving what has to be considered sacred, is connected to the hierophanic groove cut by clergyman to distinguish the sacred area from the profane one. Let me remind you that the foundation of Rome started from the ploughing of the sacred line by Romolo and, subsequently, from the murder of his brother Remo after he had crossed the groove without permission.

2 - The history and the symbol of the sacred groove are important to psychiatry, because the term delusion (delirio) comes from the latin *de-lira,* which means coming out (*de*) of the groove *(lira).*

3 - The not-to-be-crossed sacred groove is not only the one ploughed (plaud) in the earth or in the temples, but it can also be an inner threshold, built by an individual state of consciousness provided by experience and culture.

The transcendental course of the states of consciousness

In 1979 Prince claimed that the religious and spiritual experience may be defined as an *altered state of consciousness* which the individual, by not perceiving a threat to his Self, tends to reproduce. In 1988 Kleinman defines a historical path of the Self which, by starting from the so-called Social Self of the traditional population, culminates in western societies with a sort of *Metaself,* capable of extreme symbolic and abstract way of thinking. Csordas, likewise, proposes in 1994 a construction, even in the most technology-based societies (Robbins 2004), of a permanent state of meta-consciousness, referred to as *Sacred Self*. Once this kind of notions on the transcendental Self get endorsed on a social level, they become "real" and become part of the Self. (Crick, 1995). These premises about the meta-Self allow us to better understand what Dodds (1993) pointed out the acceptance of the divine intervention coming from outside "opens the door wide to the idea of the NON –SELF".

From the meta-Self to dereism and cultural delusion

In 1982, Murphy introduces the term delusory cultural beliefs to define those collective ideals which have become part of individual cultures. For Murphy, a delusory cultural belief: *"receives general acceptance within a cultural unit but appears to outsiders (especially those who have the task of reporting on the specific belief) to lack objective verification...".* By the way, the topic of delusory cultural belief will be dealt in the Symposium "Psychological Climate, Cultural Delusions and New Pathologies of the West", which will follow this Session.

Pathoplastic and pathogenetic consequences of the double cultural register

In Fig. 1 we can see a detail of Raffaello's painting titled The Transfiguration, which was used as cover picture for the Annual SSPC Meeting held in Narni (Italy) in 1992 and for the following conference entitled Psychopathology, Culture and Dimension of the Sacred.
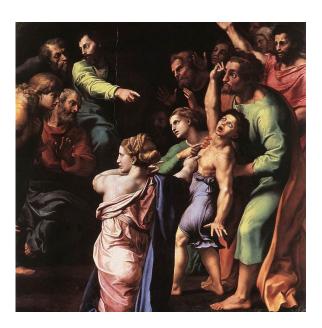
Fig. 1. Raffaello, "The Transfiguration" 1518-1520 ca

Here (Fig. 2) is the whole painting for you to observe it in its entirety. As you can see, the composition of the painting focuses mainly on the scene on earth, rather than on Christ's transfiguration.

Fig. 2

I insist on this detail, namely the strabismus of the possessed boy (Fig.3), because I believe it is not meant to indicate a previous illness, as art critics seem to take for granted. Crossed eyes represent a specific dynamic: the extreme psychobiological reaction to the apparition of the numinous.

Fig. 3

In the paper entitled *Detachment: Gateway to the world of spirituality.* Bartocci & Dein (2005) investigated detachment dynamics by considering them as the probable cause for the increase of dissociative syndromes in the West. Littlewood and Bartocci speculate that the increasing of dissociative syndromes in the West may be linked to the activation of different states of consciousness, made necessary by the need of relating to a double cultural reality. The engagement with ordinary or extraordinary phenomena, such as miracles, brings the state of consciousness to a continuous shifting, and this forces the Self to detach itself from the ordinary state of consciousness, in order to access the extraordinary one. At the Pre Congress (Bartocci, 2019) I've reported as an example of a cultural imposed double register the case of the Pope and two cardinals who, in 1933, saw the healing-Saint Padre Pio bilocated in the Vatican while he was physically in South Italy. The "flip side of consciousness" inherent to such powerful miracle, compels us to re-conceptualize the notion of dissociation.

The dissociative phenomenon has to be considered not only from the reactive point of view, namely as a reaction to avoid being overwhelmed by a trauma, but also and rather as a mental mechanism, endorsed by and through culture, in order to detach oneself unconsciously from the flowing of events and thoughts deemed cumbersome or considered to be a probable source of heavy psychological turmoil (Bartocci, 2011).

Conclusion. "It's not such a huge goal.."

For now, in this wonderful conference day, let me conclude this presentation with a quote by our friend and mentor Tseng: *"..but we also need to expand the scope more widely, including religious and philosophical aspects which have significant impact on our human life, and, at the same time from a public health perspective, to pay attention to themes concerning the whole society beyond clinical work, to engage in the public education for improving inter-ethnic, inter-racial, inter-faith relationships and to seek for mutual understanding and co-existence in the globalizing contemporary world"* (Tseng e al., 2014).

Well, once we join forces, and by "we" I mean the fourth generation of cultural psychiatry scholars, I'm sure that understanding the influence of the religious factor in the psychic processes will not seem such a huge goal to achieve

Detail: man pointing at the obsessed youth

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