



EDUCATIONAL LECTURE PRESENTED AT PRCP & WACP 2025  
JOINT CONGRESS “WHERE THE PACIFIC RIM MEETS THE  
WORLD; THE HOPE TO INTEGRATE CULTURE INTO  
PSYCHIATRY”

## **FROM TRANSCULTURAL PSYCHIATRY TO CULTURAL PSYCHIATRY**

**The role of old mythologies and new scientific approaches in the  
construction of bio-cultural identities**

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ISSN: 2283-8961

### **Introduction**

Good morning, ladies and gentlemen, and thanks for being here. I am honoured to be a guest in your wonderful country and have the chance to have a dialogue with you.

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I am particularly happy that Prof. Roberto Lewis Fernandez is chairing this session. Thanks, Roberto, for your friendship and for mentioning my attachment to Profs. Tseng, Prince, Jilek, Wintrob, Okpaku who were my mentors and friends.

Before starting my presentation, I wish to express my thanks to Dr. Micol Ascoli who will sit next to me and intervene in case I get stuck during my impromptu speech.

I choose to deliver this lecture in a colloquial fashion, without statistics. In fact, the term “Educational” in Italian does not indicate a strict report accompanied by rows of numbers which are bound to fully adhere to gain CME credits.

The term Educational, in fact, comes from Latin namely from the term “*e-ducere*” which means to extract knowledge from those who have something to teach to young generations. This seems to fit an old man like me who has experienced many aspects of life.

I was given the task of illustrating how Cultural Psychiatry (CP) emerged within the framework and throughout the development of Transcultural Psychiatry (TP). I am happy to do that.

Since a big part of my experiences concerning Cultural Psychiatry is linked both to field research and to clinical studies, this lecture will be based on both.

I divided this presentation into three parts: the first one will be more clinical; the second one will briefly illustrate an event in the history of World Association Cultural Psychiatry (WACP), namely the “Florence events” in the year 2004. This moment has been crucial to shift from the World Psychiatric Association Transcultural Psychiatry Section to the foundation in the same year of the World Association of Cultural Psychiatry; in the third part I will try to interbreed phenomenology and clinical psychiatry with speculative neuroscience.

## **First part**

### **Brief acute confusional reactions**

Well, in this initial clinical part, I will present some reports made by post-colonial psychiatrists and my own observations on native South African and Australian Aborigines.

All these reports demonstrated the prevalence of diagnosis of brief acute reactions in these populations. This is in contrast with the current worldwide prevalence of chronic schizophrenic-like syndromes in the West.

Brief acute confusional reactions can be dynamically explained as coming from a sudden sensation of loss of one's presence in the world, in other words the intuition of the possibility of losing the self. This floating intuition is often connected with the intervention of dimension of the supernatural.

The advances in dynamic cultural psychiatry and neurosciences in this clinical field are crucial because the loss of the Self, for whatever reason, leads to the belief of being subjected to external intentions.

The belief of being subjected to external locus of control, be it from malignant human intentions or from unpredictable divine interventions, leads to conceptualizing two pre-psychotic thoughts:

A) the loss of responsibility for one's own actions.

B) the detachment from the "real" world: e.g. the world as it is perceived by human species sensory equipment.

Pioneers in TP who dealt with these brief acute reactions agreed to perform similar definitions for explaining the development of these disorders: Lambo (Director Aro Villages in Nigeria and then WHO president) faced these reactions underling that "confusional states of varying degrees seem to emerge as a prominent pseudo-psychotic-

like symptom. In the rural non-literate Africans, the delusional contents<sup>2</sup> are often centered around concepts of supernaturalism and ancestral cults”. It’s interesting that French colleagues prefer to name these syndromes as oneiroid confusional states with florid symptoms. Lambo continues his description with the following words: “Therefore the picture of mental confusion invariably dominates the acute stage of the disease. The psychodynamic function of mental confusion appears to be that of defence. Confusion in fact keeps out the awareness of various emotions which are intolerable to the ego [...]. Confusion is a mental mechanism manifestly brought into play to prevent a break with reality [...]. Symptoms may disappear at any time and leave no trace.”

Murphy, as a great pioneer in TP, uses a Kraepelian comparative method: “It does appear likely that acute transient psychoses were more common in Europe in the early nineteenth century than they were at its end. It is with industrialization that schizophrenia comes to replace the more transient psychoses [...]. Usually, the patient feels ridden by fears of forces which they could not manage.”

Kleinman in his book *Rethinking Psychiatry* underlines that “the course of schizophrenia has been shown to be better in less technologically developed countries and worse in the most technologically advanced ones”.

Finally, I quote my mentor W.S. Tseng: in his *Handbook of Cultural Psychiatry* (Academic Press 2001), Chapter 28 “Classification of Disorders in the Paragraph Acute, Transient Psychogenic Psychosis”, he declares: “One of the diagnostic disorders that is not present in the American classification system but is recognized in the classification systems of other countries, such as China, France, Scandinavia, and Africa, is acute or reactive psychosis. This describes a clinical condition that tends to occur as a reaction to external stress, has a brief and transient course, and a relatively benign prognosis. It is commonly observed in many developing countries [...]. **However, the question is why? American psychiatrists ignore or resist entertaining such diagnostic nosology in their national classification systems?**”.

Those who have met Prof Tseng’s elegance know that he never acted out to be disappointed about something. In this case he was really upset.

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<sup>2</sup> In my opinion it’s probably better to use the term “visionary” rather than delusion or hallucination.

Why have the brief acute reactions been substituted in the West by the “normality” of lucid dissociative responses as shown by bio-psycho-cultural standing psychopathology?

For many years, significant transculturalists had the determination to stress that Western culture did not only invade uncontaminated populations with tuberculosis and syphilis, but also with schizophrenia. As attested by R. Littlewood in his paper “The Seligman error”, it is probably true that in Papua New Guinea local populations didn't present schizophrenic syndromes. Kraepelin's comparative method to detect differences in the epidemiology of mental health disturbances is still valid to perform intracultural investigation on the scotoma by Western psychopathology on the metamorphosis of its own dominant psychopathologies.

Let me to say that the damages by the recent flattening of phenomenology and general psychopathology are akin to what Ruffiè (1976) wrote regarding the globalization of cultures: “After the political and economic turmoil post-World War II many traditional cultures are rapidly disappearing. For the human species this cultural impoverishment is as dangerous as genetic impoverishment for an animal species”.

As far as it concerns Italy, in the fifties E. De Martino (an anthropologist and professor of history of religions at Cagliari University) in his book “The Cultural Apocalypse” (not available in English) accomplishes the above mentioned Ruffiè quotation. The crucial point of De Martino's influence on Italian Anthropology in those years may be summarized with his approach to the diversity of religious experiences where he attests that the magic thought is a coherent world view having an equal validity and equally worthy of respect as compared to monotheistic theological beliefs. In other words, De Martino disagreed that monotheism transmitted through standing institutional churches is a devotional attitude hierarchically more advanced than the belief in magic (Bartocci & Prince, 1998).

In the history of Western culture, it is possible to find a sort of arrogance when it has been strongly proposed the primacy of Logos. This Latin term is used in Italy to mean the capacity of rational performances to name the biblical God. Only kneeling to intellectual/divine performances has located magic at the lowest levels of the cone of authority of human religious performances. What is astonishing to psychiatry is that

nowadays, notwithstanding the primacy of many discoveries by physics (as the discovery of quanta, relativity, etc), which opened the door to the study of a not stationary universe, we keep alive the belief we are acted out by a disembodied intentional agency protected by taboo to approach its mystery.

This kind of agency, that operates over the responsibilities of the living members of a society, shifts the locus of control far beyond the point of the magic world where the intentions of living persons and especially of traditional healers (the shaman and the medicine man) taking responsibility for interpersonal events and the treatment of illness.

Now a few words to differentiate the “social” from the “cultural”. In Italy, I am often asked what is the difference between Social Psychiatry and Cultural Psychiatry? It is difficult to differentiate between two dimensions that are twin sisters but not identical. They both deal with mental health, but in two different ways.

In Italy, Social Psychiatry, that had been fighting for the psychiatric reform and for the closure of the asylums, looked with suspicion at the diagnostic focus and the epistemological competence of Cultural Psychiatry. Although in Italy we are witnessing a melting process between Cultural and Social Psychiatry, it is ultimately difficult to establish which of the two gets the medal for being the eldest or the most efficient in handling the roots of mental health. I personally believe that the relationship between the social and the cultural dimensions is a circular one, where the social is an extension, the armed branch so to speak, of culture.

When I asked Prof. Littlewood his opinion on the establishment of the criteria based on which to differentiate the social from the cultural in the onset and treatment of mental disorders, he told me that each of the two fields is subject to causation process that can result in the most diverse consequences. As an example, he said, consider a man dressed in white running on the streets claiming to be the Messiah. If he encounters a police car, two things can happen: if he has no followers, he will be taken to a psychiatric hospital; but if he has many followers confirming that he is the Messiah, this popular acceptance will mark the onset of a new religious movement which will become culture.

## **Second part**

### **The Florence events**

What I call the “Florence events” is an anecdote which dates back to 2004 - a long time ago, but it is worth mentioning it because it may explain that some specific tasks pursued by Cultural Psychiatry that are not always acceptable to mainstream psychiatry.

Before focusing on this 2004 backstage event which contributed to the establishment of the WACP, I would like to frame the psychological climate driving Transcultural Psychiatry in that period.

It has been possible to me to merge in the naval manoeuvres until in the years between 1998 and 2005, when I had the honour of being elected for two terms as President of the Transcultural Psychiatry Section of the WPA, just after that Wittkower, Tseng and Jilek had marked with their strenuous research this field of study. In those years, many colleagues encouraged me to explore the role of beliefs involved in the influence on different states of consciousness. They invited me to go deeper into the debate occurring by Holy See, through a big congress titled Faith and Science.

As a matter of fact at this time, it was a scientific duty of a scholar in Cultural Psychiatry to face these topics. For example, Littlewood, in the Journal PPP (1997), when involved in a multiple review of the paper by Fulford and Jackson titled “Spiritual experience and Psychopathology”, underlined that spirituality and psychopathology are experienced through cultural meanings. Mental illness and spirituality are not two distinct natural phenomena out there existing independently of human volition. They are both socio-cultural if one prefers this ascription”. Please, do notice that with these words mental health and spirituality are not influenced, as we usually say, but are created by socio-cultural pre-ordinate settings.

I dare to submit you a self-quotation from the WPA Forum on Culture, Spirituality and Psychiatry in 2000<sup>3</sup>: “The age-old question of compatibility between spirituality and psychiatry can be turned into a useful debate if we introduce the cultural variable. The cultural and transcultural approach is indeed capable of removing the aura of heuristic

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<sup>3</sup> Concerning researching in the area of culture, transcendence and biodynamic inherent social actions I would like to thank Prof Laurence Kirmayer, who let me be the editor of one issue of the Journal of Transcultural Psychiatry (Vol 42(4): 523-525 (2005)) entirely dedicated to Psychiatry, Religion and Spirituality.

invisibility which surrounds the spiritual dimension, turning it into ‘an intellectually respectable object of study’ [...]. How can we succeed in bridging the epistemological gap between spirituality *sine substrato* (without biological roots) and psychiatry with an organic substrate? If we make it clear that spirituality is our object of study and not the extramundane subject motivating our research efforts, we can effectively cast light on the interactions between culture and the construction of the Self which, after all, is the implicit topic of this debate”.

As far as it concerns the Florence events, they occurred during an important WPA Congress. As usual the WPA Sections Chairs were gathered to meet the instructions by WPA Section Secretary. He announced an imminent top-down clustering of a few Sections. I was not sure what he intended by top-down clustering, but I understood the meaning when a couple of Sections accepted the clustering so to be deleted.

It was then announced, much to my surprise, that the Transcultural Psychiatry Section would be merged with the Social Psychiatry Section, thereby creating a Socio-Cultural Psychiatry Section under chairmanship of standing Social Psychiatry Section.

In my view (actually, not only mine) this proposal also went against the notion of the epistemological differences between social and cultural psychiatry. I refused to accept the clustering without putting the proposal to the vote among the members of the Transcultural Psychiatry Section.

A couple of months later, the joint congress of the Society for the Study of Psychiatry and Culture and the WPA Transcultural Psychiatry Section took place in Providence, Rhode Island. It was there that, after a brief discussion among us, the WACP was founded as a free-standing association. The members’ assembly enthusiastically approved our proposal.

Professor Tseng and I took on the responsibility to make all the practical steps to establish the World Association of Cultural Psychiatry. The following year, inspired by Raymond Prince, I founded the journal *World Cultural Research Review* as Editor-in-chief. The rest of the story is known to you all. As a matter of fact, WPA did not mention anymore to cluster the TP Section which is still operating under this name.

The first WACP world congress took place in Beijing in 2006, the next one took place in Italy, in Norcia, in 2009 and so on every three years.

Generally speaking, nowadays it seems like the cultural factor in mental healthcare has conquered a central position in mainstream psychiatry. Despite this apparent success, which attributes to cultural backgrounds the responsibility of many if not all the events concerning social and individual events, it is fair to say that a deep clinical study on the link between Culture and Mental Health in the West is in a condition of stagnation.

To cut a long story short, it is still on fashion Murphy's advice to scholars in TP: "Dear colleagues, remember, when you study the pathways of dominant cultures, you must be careful not to overcome certain limits and to accept the restrictions imposed by our universities".

Murphy quoted the well know proverb: "the neighbour's grass is always greener than our garden", making a change: in order to maintain a good career in cultural psychiatry one needs to say "the neighbour's grass must always be less green than ours".

### **Third Part**

#### **Cultural psychiatry and speculative neuroscience**

This is the most difficult part of this Educational Lecture. The starting point of this part is rooted on the ascertainment that Cultural Psychiatry has the tools to understand and intervene on the state of consciousness.

Human sciences, anthropology, psychiatry, psychoanalysis and, more recently, neurosciences and cultural psychiatry have shifted the definition of the driving engine of the individual from what was previously designated as *soul* to a variety of interchangeable secular terms, such as: state of consciousness, I, Ego, Self, personhood, identity, personality, cultural self, evolutionary self, ethnic self or, in neuroscientific terms, assembly of qualia. For once, neurosciences and psychiatry walk hand-in-hand in defining the concept of the state of consciousness. Primary consciousness is attributed to animals: namely, the capacity to respond to sensorial perceptions, enabling them to respond to the perceived stimulus in a present point in time based on hierarchically organized instincts. High order consciousness attributed to humans is characterized by

“a sense of self and the ability in the waking state explicitly to construct and connect past and future scenes” (Edelman and Tononi, 2000).

The human species is allegedly endowed with the specificity of potentially storing in the mind a considerable number of sophisticated experiences and notions that enable people to process thoughts, images, and attribute a meaning to what they experience in the waking or sleeping state.

Thus, man, free from contingent constraints, by means of transcendence is a machine capable of producing a large number of innovations, including the capacity to lie and therefore, to invent completely false stories (Edelman, 1993).

Actually, it is worth noticing that, besides the high order of consciousness, there is another widely acknowledged, particular kind of consciousness, which Scharfetter calls *cosmic, divine supra-consciousness*, in which the spirit is utterly clear, active and concentrated, and is often related to deep meditation, religious ecstasy and transcendence experience.

Kleinmann (1998) in his seminal book *Rethinking Psychiatry*, at the paragraph entitled *Psychophysiological Experiences*, goes well beyond the notion of a temporary divine state of consciousness. He outlines a historical itinerary of the Self that, starting from the syncretic and social Self of so-called traditional peoples, has resulted in our Western societies in forms of a *metaself*. Following the path of modern technological societies that have embodied in their brain a *metaself* as a permanent state of meta-consciousness, Csordas (1994) prompts us to reflect on the cultural construction of a *Sacred Self*.

Is the *metaself* or the *sacred self* the best pole position for gaining wellbeing?

The term “*meta*” points out a special function of the mind which goes beyond sensorial perception to experience an infinite over the standard perception. The Italian language dictionary has borrowed from ancient Greek this term to mean that we may reach a large variety of psychic dimensions located beyond the concept of the Self which is a psychic nucleus built by manifest experience data.

Is art, poetry, romantic love, as in the *Divine comedy* by Dante a result of the *metaself*?

Moving to Csordas hypothesis on the construction of a *sacred self* built in the last millenniums we are again pushed forward to see the dictionary. Now we find a striking tautology: at the term sacred you find “it is a space inherent taboo”; if you see the term “find “it is what is connected to the sacred”. No way to pursue a way that does not drive to describing religious belief.

Since this congress is dedicated to join cultural psychiatry and neurology and not philology, I wish to underline that in the field of cultural psychiatry, the starting whistle connecting evolutionism, neural shaping and religious mental models, was already blown by Tseng in his textbook (2000): “By the habitual 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. (Tseng, 2000, p.25).

Now, in the search for finding a bio-psycho-cultural epistemological approach to the study of the interplay between the epigenetic influence of cultural factors and the physical brain, I dare it is worth mentioning a data hidden in the multitude of information provided by neuroscience: there aren't “non-I” neurons in the brain (Crick, 1995). For example, you cannot be aware of a defect in your brain unless there are neurons whose firing symbolizes that defect. There is no separate “I” who can recognize the defect independent of neural firing. In the same way, you do not normally know where something is happening in your brain because there are no neurons in your brain whose firing symbolizes where they or any other neurons in your brain are situated (Crick, 1995).

The statement that a “separate I” does not exist introduces us to an extremely broad hermeneutic area. The lack of neurons that can locate where other working neurons are situated can be translated in medical jargon as a “scotoma” in the panoramic view of one's psychic functioning. In other words, the neural activity is unable to locate the sources of its own being.

Hence, the human being as an animal *metaphysicum* has somehow tried to fill this a gap through a variety of narrative idioms: poetry, fairy tales, legends, mythology, articles of faith, fake news, or practical innovations in technological devices far from common people's capacity to know how they work.

Is technology a substitute for the genetic gap?

In conclusion, Edelman's dynamic framework (1980-1990) searching to explain the construction of the *metaself* is based on a specific function of the brain: the intuition of duality. This intuition enables the realization of a *self beyond* or, in harder terminology, the non-self.

In fact, Edelman declares that without the interaction between Self and non-Self there would have been no development of speech, numbers, technology. He opened the way to a new epistemological approach named "Speculative neurology" (Edelman & Tononi, 2000).

I hope that the epistemological flexibility of Cultural Psychiatry once interbred with speculative neurosciences will be able to explain the nowadays tendency to dissociate.

To make an endless story shorter, Osterreich (1930) summarized the steps of the cultural dissociative path in this precise words: "*Much more probably it was rather the conviction of being possessed which brought about a real division of the mind, whereas in the divisions observed today the relation is reversed: first there arises a genuine division of the inner life and then the individual declares himself 'dual'*".

In relation to the dichotomy between the ego and the body which pervaded the Mediterranean civilizations with Plato, Dodds in his book *The Greek and Irrationality* turned into a psychopathologist when he made the following statement: "*The psychophysical unity had split in two not only in theory but also in practice. This dichotomy naturally comes from classical Greece, and it is the richest in consequences and perhaps most debatable among all the gifts that Greece has bestowed upon human culture*".

In psychodynamic terms. it happens that people are obliged to find orientation in a double cultural register in order to connect in turn the Self in a mundane/extramundane shared world. It becomes necessary to constantly use a flip side of consciousness from two levels of reality: the "ordinary" reality and the "non ordinary" one.

Is this kind of neural gymnastic a benefit to the brain?

Approaching the conclusion of my Educational Lecture, I thrive on Raymond Prince's long-lasting research on ecstasy and altered states of consciousness. In seeking to define the set of false and incorrigible beliefs connected to the variety of religious experiences, Prince coins a new term: *integrantal beliefs*.

With the term "integrantal" Prince refers to beliefs that, despite being unrealistic or at any rate unverifiable and resistant to change, have the function of integrating or binding together people into social groups. From this point of view, shared beliefs like "Jesus was borne by a Virgin", "If I confess my sins I will go to paradise when I die", "if I sacrifice my life in honour of Mohamed, I shall be met by a host of virgins in paradise", despite their potential as social glue, are underlined by Prince as puzzling phenomena needing attention because of their proximity to the rigidity of delusions.

Prince did not hesitate to describe *integrantal beliefs* as being quite similar to psychotic delusions: the difference between the two being that once religious thoughts are validated by society, they are no longer defined as abnormal or pathological.

Why do I point out the danger of losing neural flexibility?

In trying to track the causes of the persistence of extreme convictions, Tatossian warned us with the following words: "[Delusion] occupies a lot of space to the extent that these beliefs do not "leave room" for other interpretations of the world".

Thank you for your attention.