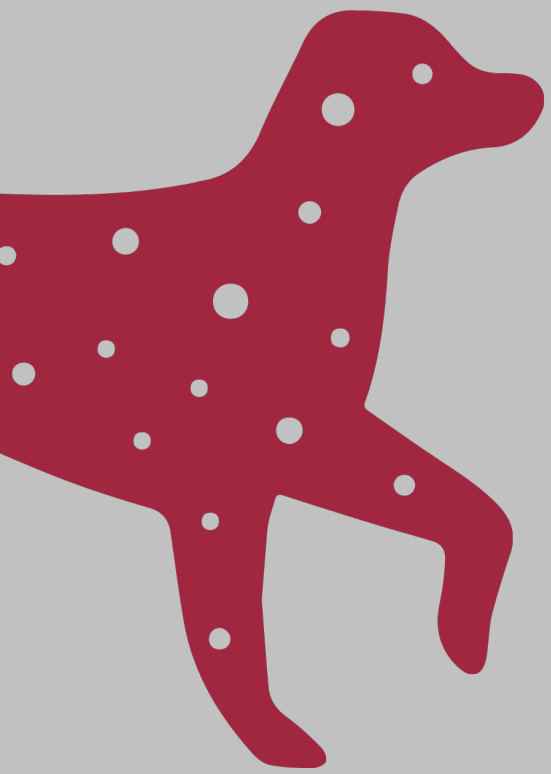
Annual Booklets



Fundación Canis Majoris

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ANNUAL BOOCKLETS

SCHEDULE

I. Presentation of the publications by Dr. Ángeles Roig Moliner, Coordinator of the Technical Conference

The set of works presented here is a summary of the contributions made by several speakers who participated in the III Technical Conference:

"The practice of SM in the XXI century. Interpellation to its foundations ".

I hope that the content of these summaries can give an idea of the level reached in this event and that the opinions, reflections and reasoning expressed here can enrich the debates that are currently taking place in the field of Mental Health, not only in Spain but also in English speaking countries.

Also note that each summary is accompanied by key words and the author's email so that any interested reader can address them.

Dra. Ángeles Roig Moliner

Coordinator of the III Technical Conference

Title:
(How) To be or not to be (a Scientist): current state of the question

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Keywords: R & D + i models. Scientific Publications. Neuroscience Scientific career.

Never before has expenditure on scientific research in biomedicine been so high. Despite the evident shortcomings shown by the research system in our country and even in many of the countries of the European Union, investment in research, in percentage terms of the Gross Domestic Product is significant when compared with the contributions made by the state in previous centuries, when the funding of research was based, almost exclusively, on the contributions of so-called patrons. However, the generation of valid and reliable knowledge by the current scientific community is at its worst moment, possibly due to the requirement to publish several articles per year in high-impact journals, the quality of published data, the veracity of the same, the methodology used and even the structure of the research system itself, which implies a true reflection of the university as a focus of corruption.

These factors mean that Science is going through what has come to be called "The crisis of replicability of results", which means that more than 70% of scientists interviewed by a prestigious scientific journal have been unable to reproduce the results obtained in other experiments carried out by their colleagues and that more than half of these same researchers have been unable to reproduce the results obtained in their own experiments. This fact goes against one of the basic principles of Science that pursues the establishment of universal laws.

As scientists, we try to look for general laws that explain a certain phenomenon regardless of who is studying it and where it is being carried out, provided that a series of minimum conditions are met. In psychiatry this phenomenon is especially relevant since, to date, it has not been possible to establish an association between the clinical aspects of severe mental disorders and their posible biological correlation.

The contributions made from molecular biology have been limited to following an inductive methodology that has not done anything other than spread confusion and increase the number of "relevant" variables that are impossible to replicate. In this article, the possible causes of this crisis are explored and different proposals are proposed for research based on excellence that undergoes the evaluation of the proposed ideas to the detriment of the articles

published by a researcher, in the profound modification of the system of R & D and in the promotion of patronage as a form of private investment.

Title:

Knowledge of the Subject and Added Knowledge. An outline of the Psychiatrist-Patient relationship

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Keywords: Subject. Types of Knowledge. Transmission of knowledge

Following a line of research that the author has maintained since the 90s of last century, we proceed to study the Psychiatrist-Patient relationship. To begin with, we can affirm that this is not a simple relationship in which the symptoms and signs of the Patient and the theory of the Therapist are simply put into play. In fact, and any astute observer could realize this, in the psychiatrist-patient relationship many factors intervene that, starting from the very center of this question, unfold in various theoretical and practical possibilities; we refer, for example, to the social contexts, to the different values and opinions that both the Patient and the Psychiatrist bring with them to the therapeutic encounter and, of course, to everything that is put into play in that process.

In our work we want to outline the Therapeutic Relationship in this last sense; that is to say, to analyze what is happening in that space and moment in which Patient and Therapist work to reach a new enlightening Discourse. We must note that when we say Psychiatrist we refer to the therapeutic function with the use of the word. It being well understood that there is another series of functions that move away from this circumstance even when within them -use of medication, administrative tasks, etc.- are present, to a certain extent, in the principles that are exposed here. To achieve our purpose, we take a journey through the clarification of the notion of Subject, the Subjective Knowledge, that other set of Knowledge that we call Aggregate Knowledge and, finally, we outline what is put into play in the Therapeutic Relationship and we identify some problems that arise within it.

If the nineteenth century was characterized by the staging of merchandise and its relationship with daily living and theoretical work, our era is that of a Knowledge Society, conceived as a process, and where citizens, in the category of users of such, are subject to Knowledge which can be seen as unlimited . This Knowledge does not have the same epistemological value in terms of contents and the relationship with the Subject is not univocal. Taking this last aspect as a reference and in relation to the objective of our work, we can differentiate between Knowledge of the Subject and Knowledge or Aggregate Knowledge. Schematically we can say that what we call Knowledge of the Subject is an internalized Knowledge integrated in the subjective matrix, while the Aggregate Knowledge is epidermal and, to a large extent, orthopedic. To further clarify this difference, it must be

noted that we must understand the category of Subject as different from Personality, Individual, User or Citizen. In the context of this work, the category of Subject is linked to the Discourse, to Desire, therefore to speech, and, of course, to the Unconscious. In other words, the Subject, and therefore the Discourse, will be subject to the logical call of the Desire that in its structure and genesis is expressed in the so-called Symbolic, Imaginary and Real register.

In a knowledge society like the present one, the multiplicity of Knowledge that gravitates on the Subject operates producing changes in the levels of Necessity and Demand. These types of Knowledge that we can call Aggregates to subjectivity, in most cases have the characteristics of simulated Knowledge; that is, Knowledge, that originating from other Knowledge with clearer identities and with more precise relations with the social order, present characteristics that allow the Subject to bind and detach from them with some ease. Having said this, within this process of mutation, they are supported and immersed in a matrix of outright alienation. The linking of such Knowledge with a subjective knowledge that is introjected and put into circulation in the discursive category is conditioned by its possibilities of production and reproduction. In these last processes we must emphasize the institutionalization of Knowledge, which, as is well known, conditions it, but also, in the same manner as that of a loudspeaker, it broadens and registers it fully in the social order.

This dialectic between a subjective Knowledge that tries to emancipate itself from the institution, along with the collective and the Aggregate Knowledge that adhere to the Subject in an orthopedic manner, will constitute the equipment of the discourse of both, the Patient and of the Psychiatrist, in what we call the Therapeutic relationship.

Now to fully deal with the Therapeutic Relationship, we must warn, as a starting point, that it is structured asymmetrically, meaning that the Psychiatrist or Therapist speaks from a position of power and the Patient remains, in a first approximation, in a position of servitude. Nonetheless, the mere description of the binomial Psychiatrist-Patient should not hide what is actually put into play in the therapeutic experience itself. It can be said that the therapeutic relationship is first and foremost an Experience and, more precisely, we can affirm that it is the opening of a space where both the experience and its consequences will be lived in the here and now, by both protagonists. Taking the aforementioned into account, we must remember that this Experience is first and foremost an Experience of Discourse and as such is conformed by an amalgam of deeply internalized subjective Knowledge and others that are more epidermic.

In the heart of this space or discursive warp and weft that constitutes the Therapist-Patient relationship is where the Meaning or Sense must be found. We must warn that this concept necessarily and complementarily requires distinction between Meaning and Direction. In other words, the relationship between the Psychiatrist and the Patient must serve to find Meaning (to give Sense) to what is expressed and lived there so that a new Discourse allowing greater Enlightenment of both protagonists can emerge. On the other hand, the Meaning (Sense) is also Direction in that it has the purpose of -Illustration- on the part of the Patient, therefore the Meaning must be routed towards the Illustration of the

Therapist, this being a non-sought yet necessary consequence in the task of reaching a Sense or attaining Meaning..

These formal aspects -that could be called structural in some way- are the framework where more detailed processes are developed yet divert from the object of our reflection, nevertheless, it is convenient to remember some of them as complementary elements of this work. It is necessary to mention the elements of transference and counter-transference that have their conceptual roots in the child's development and in the elaboration and defense mechanisms. Likewise, we must refer to the fact that the matrix that makes up the Subject is offered to the interpersonal relationship, and of course to the Therapeutic Relationship, with very varied contents; in such a way, that it could be legitimate to speak of a multitude of subjects that in their linguistic formulations express the contradictions and ambivalences of the Individual. These and other aspects are open for future reflection.

Title:
AEG / On the training of psychiatrists in Spain An analysis based on the lived experience)

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Keywords: History, training, university, educational reform, medical specialties.

The system for training specialists in Spain, known as MIR system, has become one of the "crown jewels" of our National Health System, together with the National Transplant Program, yet not much else.

Despite establishing the definitive institutional consolidation in 1984, year in which the Royal Decree that regulated the specialized medical training and obtaining the title of specialist was approved, during the first socialist legislature and Ernest Lluch being Minister of Health, the The path taken towards the institutionalization of the MIR has been long and tortuous, and its initial impulse - and essential, in view of the final result -, is owed, in the midst of the dictatorship, to a core of young professionals who had been trained outside our country and that upon their return in the 1960s and with the growing support of the new Spanish graduates, established step by step the basis of what is now our excellent training system, opening the way, in addition, to the modernization of the old health system of the dictatorship by promoting an updated and professional management of the new hospitals promoted by the Spanish Department of Social Security.

Here, we are referring to two collectives that played a leading role in this historic period: the Hospital Seminary and the MIR movement.

We can not understand the success of this process without considering the new conditions of the regime since the 1960s, both in terms of its economic take-off and the new health investments aimed at modernizing the hospital network - with the intervention of new qualified managers within the INP -, as well as the fundamental changes that were operating in the customs of the Spaniards, after the years of autarky of autarky and the growing need of the regime of trying to improve its own image both inside and outside of Spain..

All this would permit the beginning of reforms, that despite having to wait for the arrival of democracy to consolidate and give rise to a leading organization such as the National Health System promoted by the General Health Law of 1986.

And Meanwhile, what was happening in Spanish psychiatry?

Even then it was commonplace to refer to it as the "Cinderella of health", marginalized as it was by new developments driven by the INP

However, and in parallel to the movement of internal and resident doctors, with the MIR came the creation of the Psychiatric Coordinator, which would have many points in common with the MIR - their type of organization, their semi-clandestinity, their activest nature and their mutually supportive character in the face of conflicts and their impulse in favor of the democratization of the country. However, we must take into account some specific aspects of the different political-institutional contexts in which both movements developed their activity: the old psychiatric hospitals in front of the new hospital network of the Social Security; the local Corporations and the PANAP in front of the new well-endowed player on the Spanish health scene, the INP.

The existing differences already in the starting point of the reforms together with the differences of objectives existing within the sector itself, were to condition the process of changes operated in Spanish psychiatry and in its training conditions. These changes that were to advance - not without difficulties of articulation in terms of the training of the residents and would reach a turning point in 1994 due to the open confrontation within the National Commission of the Specialty regarding the new teaching program and the new conditions set for its development, which tried to break away from the monopoly exercised until then by the hospital sector in the management of the training of residents of psychiatry and thereby opening it to the participation of professionals in the health area.

In the background remained the existing differences about the type of psychiatrists we wanted to form for the future.

Nor should we forget, in this case, the political context of institutional weakness in which the socialist government found itself, which undoubtedly, facilitated that the interested parties would prefer to avoid a possible dialogue and rather opt for a direct confrontation that would take down the President and the Secretary of the National Commission on Spatiality

From then on, and in the opinion of the author, the process followed by Spanish psychiatry in both its healthcare and training has undergone a change of direction, which has not been alien to the arrival of the government of the Popular Party in 1996.

In order to be able to make an in depth analysis as to how we have arrived at the current training situation (something that is not done in this work) we must understand in some detail both the impact of the 2003 Law of health professions on the attempt to reorganize the specialties - an issue that 15 years later seems to remain unresolved - as the regression itself generalized in our health from the economic crisis of 2008, without forgetting the changes in these years in the profile of our new specialists.

With all of this, along with the (as yet) non existence of many elements for optimism, the author thinks that we are experiencing moments of uncertainty regarding the future of the training of our psychiatrists, in addition to what has been happening in the field of psychiatric healthcare.

Title:

Is the Spanish University system in crisis. Reflections from and for the 21st century.

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Keywords: Spanish University. Historical background. Crisis. Reform.

A University is the institution that best defines a nation or a country, since in my opinion it is much more representative than an army, than a political and legal system and even a territory and its borders, precisely for being the guarantor of knowledge, education and culture of a people, which is undoubtedly the great wealth to generate and accumulate because it allows us to make our decisions without masters or conditions and consequently makes us free and democratic.

Alfonso IX founded the "estudio salmantino" at the beginning of the thirteenth century (1208) and is the current University of Salamanca. Alfonso X protected and granted his status in 1254, to obtain the papal bull, the universal validity of their titles and the use of an own seal in the following year. Alfonso X el Sabio (the Wise), defined the University as the City Council of teachers and schoolchildren, that is, imbued with the community character of the Institution.

At the end of the thirteenth century King Sancho IV created the "estudio de Valladolid" that absorbed Palencia, and was, by the way, the first to appear in Spain, and he also created the study of the general schools of Alcalá, which would subsequently give rise (some two centuries later) to the Complutense University of Cardinal Francisco Jiménez de Cisneros.

In the sixteenth century, the three largest universities in the kingdom were; Valladolid, Salamanca and Alcalá de Henares. The University of Alcala de Henares was consolidated as the most important, due to its good organization, the right choice of teaching staff and the construction of splendid university buildings. The curricula and the continuous growth of the colleges attracted more and more students, in addition it counted on royal and papal protection thanks to Cardinal Cisneros and therefore did not lack the consequent endowment that guaranteed its economic autonomy.

Until the nineteenth century, universities were largely elite centers, under the protection of the church, in which only a percentage of the population had university studies. The configuration of the university at the end of the 19th century and of its teaching staff is the result of the centralization carried out by the State. The nineteenth century saw, in effect the absolute seizure of control of the Spanish university by state power, the Pidal Law (1845) by

Pedro José Pidal and the Moyano Law of 1857, which in many aspects lasts until the General Law of Education (LGE) of 1970, more than one hundred years.

Since the end of the nineteenth century the main pending issue in the university is the achievement of autonomy and then being Minister D. César Silió, he published an unexpected decree in May 1919 of autonomy. The Silió reform did not eventually prosper, and we had to wait until the emergence of the White Paper on Education in Spain (Villar Palasí 1969) and the General Law of Education (LGE) of 1970, which updated the objectives of the university, although autonomy is still lacking:

1. To offer a solid scientific training and professional preparation to their graduates in addition to providing them with a living awareness of the problems of the society in which they are to to form part of.

2. Train teachers to promote the intellectual and scientific development of the country and provide their cadres.

3. Contribute to the improvement of the educational system, as well as to the social and economic development of the country.

The subsequent debate on the much-discussed and well-trodden aspect of university autonomy is debated with the preparation of the University Autonomy Law (LAU) in 1979, which takes up Silió's idea of 1919 yet does not prosper, giving way to the Organic Law of University Reform of August 25, 1983 (LRU) by which time there are already 30 universities, that comes to replace the LGE of 1970 and that is based on the idea that the University is not patrimony of the members of the university community, but constitutes an authentic public service referring to the general interests of the nation and of their respective Autonomous Communities.

In my opinion, it is time to speak of a full and consolidated university that perfectly assumes the description offered by John Henry Newman in the nineteenth century, that says: "To start and sustain a real university can only be achieved if it is understood what the university means, one of those enormous feats, gigantic in its difficulty and in its importance, in which the most chosen intelligence and the most varied gifts and talents are deservedly used. This is above all because the university professes to teach everything that has to be taught in any domain of human knowledge and includes in its mission the highest topics of thought and the richest fields of knowledge ".

It is evident that the university can not be considered as a mere training center for professionals, or much less, as a factory of titles or qualifications, but as a center in which its scientific and technical training is impregnated with the sufficient human quality that defines the university with a style and an attitude that make its subsequent usefulness in professional practice merit the highest and most delicate positions of the social structure.

Therefore, the university has an clear role in contributing to the country's culture, the work of its professors in research and teaching. This of course has an obligated reference to bioethical compliance and honesty in the teaching and research work of their teaching staff.

Spain now has a public university system composed of fifty universities; one designed for distance learning (UNED) and thirty-three (33) private universities.

The design of a public university system is directly related to the resources available for its development, in fact, our resources are limited as yet, still immersed in the crisis of 2008-2010 and administered by the 17 regional autonomies. Nonetheless, the main condition is that our society assumes this as an investment of sacrifice for the future of its current economic needs in order to generate the great cultural wealth of the country. On the other hand, and possibly as a consequence of our idiosyncrasy, we convert all educational issues into a political confrontation, in fact, even today, politicians still debate a national educational plan.

In the two decades of the 1970s and 1980s Spain went from being a country with an agrarian economy to become a country with an industrialized economy and services sector. The problem facing the university, is that although the doors of the university are open and accessible to all, including access for young people with disabilities which is practically resolved, unfortunately however, this is precisely the beginning of the problem of the university.

In a large university, the first obstacle is precisely what a student wants to study, a large part of those who access, end up in second, third and even collector faculties by the cut off or admission grade, in these cases, except on rare exceptions, the student only serves the university as a means to obtain the title that society claims and in the face of this greater concern it is normal that cultural demands, deep knowledge, the assumption of responsibilities and participation in university life be something of others and not of him/herself.

It is clear that five years of studies are an obstacle course, and that when they are finished comes the beginning of new hardship due to the barriers of insertion, due to uncertainty in their professional future, and therefore personal and social impoverishment which is to be expected, for the lack of aspirations and the low levels of demand in knowledge, in education and in culture.

The adaptive response to the university of masses has been the oversizing of the university system, and the criticism that first comes to mind is the enormous number of universities whereby autonomous regional administrations stimulate new universities with a clear economic and commercial vision without taking into account its level, or its competitiveness, which is therefore a clear path of deterioration, since there is a clear mercantilist deviation, when it is not regionalist and nationalist, of the essential objectives of the university.

It is necessary to update university education, it is necessary to propose a realistic consideration of the current and future situation of society, to research, not only as a country, but as a member of the European Union to be able to also consider the trends and influences, increasingly unavoidable, from the countries around us.

The following are pending tasks: new study plans, the improvement of the scholarship policy, the modification of the governing bodies, the improvement of internal management and the rethinking of the competences of the autonomous communities and the functions of the Council of Universities.

We can see, then, that the ambitious reform of higher education is far from having met the aspirations of society, but in addition to this situation there are commitments to fulfill our full participation in the European Union, we are immersed in the Plan Bologna (1999), which contains three fundamental changes, the introduction of the European Credit Transfer System (ECTS), which implies the reduction of classroom hours in favor of supervised internships by the teaching staff, the division of higher education in two cycles, which is intended that students acquire skills in the face of knowledge in order to respond to the labor needs of society and the creation of accreditation systems with internal and external evaluations which, of course, is an increase in their bureaucracy.

The most controversial aspect of this reform is that the transmission of knowledge is essentially replaced by the acquisition of skills, competencies and ability. The model is based on enhancing skills yet fleeing from the curriculum based on contents.

Although it may seem strange and hard to believe, the plan has generated perverse incentives that are destroying reflection and critical thinking at all levels of knowledge. In the Spanish university system is not valued or encouraged at all that the faculty members prepare classes, try to teach citizens with their own ideas, collaborate with social organizations or worry about influencing their closest environments. Whoever carries out this type of activity is simply wasting time instead of employing it in what is most valued in the Spanish university, which is publishing scientific articles in journals with high impact. It can be said that the historical and essential task of the faculty is being undermined as a basis for the function and mission of the university. The rules of the game in the Spanish university have modified the motivations and behaviors of its faculty.

It is clear that a university degree should be structured based on the activities that the graduate will be able to perform, but the transmission and generation of knowledge that characterizes the university can not be sacrificed for the exclusive purpose of satisfying employers' demands. What now happens is that, instead of transmitting some qualified and useful knowledge, the teacher becomes the vehicle for acquiring technical, tactical and instrumental skills.

Here is the most important cause of the crisis that is affecting the Spanish university system, which is nothing more than the loss of its function and mission in order to improve its objectives. On the other hand, in today's society, access to information is immediate at any time, anywhere, and for any age, sex and condition of the person, therefore if I have the information, why would I bother to strive to acquire knowledge? This is without a doubt the dismantling of the purest mission of the university.

It is very difficult to decide where a profound and up-to-date reform of the Spanish university model could begin when ultimately, we find a chained and closed system which maintains an iron-clad structure in which the vested interests are in most cases the functional

motivation, thus making it practically useless to try to transform the intellectual property that a professor acquires when they are in a permanent tenure.

I believe it is necessary to articulate a teaching degree which has the goal of ensuring the appointment of the most brilliant university professors who assume the rules of play linked to productivity and therefore in a contractual situation, knowing precisely that their future is guaranteed if they comply with the objectives that are established by the organs of government, and thus avoid the stagnation and the mere fulfillment of minimum requirements in their teaching and research through economic incentives along with social recognition.

Therefore the establishment of a bonus or extra pay for productivity and competition is from my point of view a position diametrically opposed to the one that currently prevails, which undoubtedly blocks access to the best, simply by salary, except for highly vocational exceptions, and obliges universities to replace their teaching staff with the end products of their activity, that is to say, their own doctors, the result of which is ultimately scientific and academic impoverishment and inbreeding.

With respect to the student, who is offered equal opportunities in public education and who does not really have any barrier or difficulty in accessing university, positive discrimination should be done selecting the best, the most prepared and this requires a economic support that facilitates mobility and access to the best universities and the best degrees in a determined and motivated choice. It is in these conditions where the scholarship policy makes sense, naturally with the quality control of its measuring criteria nd the responsible response of the student for each academic year expired.

Any change or reform is subject to its financing and ultimately the money, even if it is managed by politicians and has a social purpose, has the issue of profitability implied but as I said before, financing should be considered as an investment for the future .

In practice this would mean the monetary recognition of talent, dedication and effort of the university community and as a counterpart would stop paying the inefficiency, stagnation or even the setback in the tasks that society and the public contribution wants from the university . On the other hand, the university has to be interested in finding resources, regardless of basic and applied research, a regenerated, competitive and brilliant university has to offer custom-made and on-demand training for an affordable and sustainable number of foreign professionals in as many qualifications and specializations as it could develop and carry out.

I certainly think that the most difficult and controversial point that we need to reform is the one that affects the unipersonal organs of the university and in particular the condition of the Dean. One could think of separating the administration and academic management and the administration and economic management with an independent dean and an independent manager, both under the control of the social council to whom they account for their responsibilities.

It is possible therefore to achieve a regeneration of the university system but it is, from my point of view, essential to revitalize our universities and in this sense I believe that the role of companies and especially the role of business and private foundations is the key to achieving anchoring and the insertion of the university with society, thereby facilitating, in particular, the research task as a source of use of knowledge and as a vehicle for their application, which undoubtedly has to positively influence the economic and social profitability of their participation and to avoid the economic vulnerability of the university itself.

I can not end this work without expressing my gratitude without prejudice, or palliative, to the Autonomous University of Madrid, regardless of my thoughts, ideas and reasons expressed in this writing, I must recognize its greatness and the respect it deserves from me as an institution to which I have dedicated more than thirty years of my life and of which I.

Title:

Psychopathological knowledge and its instruments. The construct of health, disease and stigma

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Keywords: Know psychopathological. Subjectivity. Language. Narration. Narrative identity Health. Disease. Stigma.

Psychopathological knowledge is nourished by two areas of knowledge: clinical knowledge and scientific knowledge. The foundations, objectives, instruments, methods and purposes that characterize both of these are expounded below.

The two registers or specific and differential instruments of clinical work and psychopathological practice are mentioned: language and subjectivity.

The value and function of language, of the word, the narration, of the biography, of everything that is going to construct the narrative identity, against the nosological or diagnostic identities, alien, alienating, reifying and stigmatizing are analyzed here.

The human being lives in language as speaking beings. They are immersed in language, in which they are preceded, immersed, it pre-exists them, and inscribe s them in the symbolic and cultural order, specific to that which is human and not reduced to mere organism or animal condition.

The word is not something immaterial, ethereal. It is matter, it produces physicochemical effects. They are waves and particles that produce effects on the brain. Mechanisms and neuro-biochemical reactions that are not limited to these mechanisms, but are also concepts and verbal images, mental representations, as social constructs that are inscribed in a subject that thinks, suffers, enjoys. The word comes inserted in a social and cultural history, in a story, in a biography. It is a word of love, hate, affection, respect, admiration, aggression, etc., always directed at another. Words afflict us, alter us, depress us, enchant us, relieve us, etc.

The function and effects of language are accounted for by the neurosciences in their studies, confirming that the words produce effects in the brain. The word is a pharmacon, poison or medication, according to the intentions with which it is used. The word is a gift of language, it is a subtle body, words are trapped in all the bodily images that captivate the subject.

If the symptoms of psychiatric condition are detected because they are spoken to us, it is important to know the contributions of Saussure and linguistics about the difference between speech and language, between signal, sign and symbol, the relationship between meaning-signifier, etc. that enrich the understanding of psychopathological processes.

As clinicians we deal with a demand that is articulated in a story, in a biography, through an anamnesis, which collects the patient's story, which narrates to us the person of the action: the narrative identity. Life becomes the fabric of narrated stories, constructed in the light of the stories that inscribe us in a culture and a family and social history. The story is the linguistic dimension we give to the temporal dimension of a life, it contributes to making life in the biological sense, a human life.

The narrated stories are not limited to being descriptive of events, they are constitutive of facts, stories, stories that shape life, produce realities, events which constitute our existence, forming a social bond.

Facing the physical-mathematical reason there is a narrative reason. To understand something humanly personal or humanly collective, it is necessary to tell a story. Man does not have nature, he has history. In human life, the radical meaning of the word life is used in the sense of biography and not of biology. The vital events, the events, when narrated, are vital facts inscribed in a biography, in a history, are therefore singular.

The narrative identity differs from the nosological or diagnostic identity and from the genetic identity, or from that of the DNI. If when listening to a story, a biography, a story we only hear what fits in the diagnostic items looking for a label, there is a scotomization of the patient's listening and saying. It is necessary to listen to what the patient brings us and not to replace it with tests, scales, questionnaires, etc. in search of a knowledge and identity that fits with the diagnoses and nosological labels that ascribe an alien identity, prefixed and universal, erasing their narrative identity, their history, their story.

Subjectivity is analyzed as the other register and instrument of the psychopathological, understanding the subject as a historical and social subject, subject of the unconscious, not reduced to a mere organism.

It emphasizes the importance of subjective experiences in mental processes, qualia, first or third person statements, etc. Subjectivity can not be codified, there is no neurological correlation of the Self. Subjectivity is an alteration of bodily life and instinctive life, it introduces an immeasurable dimension. Subjectivity prevents a conception of normality.

Mental terms not only have a different meaning from the neurophysiological terms, but also a different logic. The images and the cerebral areas affected by a pain, by a sensation, etc., can be visualized. but it will be the patients, the subject, who will know the quality and experience of their pain, their sensation, etc.

Science lacks a convenient theory to explain how an objective phenomenon such as electrical signals in the brain can cause a subjective experience such as pain; the problem is that of subjectivity, how one feels subjectively before the same perception and the same brain record and, if possible, any characteristic of consciousness that is common to all.

The properties of life as consciousness may not make sense at the molecular level. Brain / mind relationships are different realities. The mental property is a phenomenon emerging from the brain.

The cancellation of subjectivity, will entail the ontologization of the disease, such as an entity without subject, nor subjective reference, which supposes an elimination of the subject that suffers.

The construct of health, disease and stigma is addressed breaking with the dominant and established ideas of seeing the disease as lack, deficit, disvalue, in order to understand it as another way of being-in-the-world and as a reconstructive and adaptive process, as a dynamic physiological process, common to all functioning of the living being. In other words, the understanding of health from variations and anomalies. There is no strict science of health.

In short, two cultural ways of conceiving the disease, one geographical, the other historical. One focused on the geography of the body, the other on the patient's narrative. The map of the clinical record is not the territory of human suffering.

Tittle:

The construction of the specialty of Clinical Psychology from the framework of the Psychiatric Reform and construction of the Mental Health Services Network in Spain. The PIR Training. Thinking the future from experience

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Keywords: Health specialties. Clinical psychology. Spanish public health. Reform. Interdisciplinarity. Transdisciplinarity. Complexity.

The knowledge and therefore the formation of health specialists can be conceived, as the set of actions (external and internal) with a contextual and phenomenologically designed and programmable base in its contents in order to incorporate into the consciousness of the formed (theory and praxis) the system information/knowledge, of formal and informal relations, which have as effects the consolidation of perspectives, the conformation of identities, the establishment of new ways of looking, of seeing, of promoting the specialized concomitant action that is directed to the "intervention" on and/or with other/s in the Mental Health clinic.

The model established in our country, recognized as one of the best in the world, surely requires the knowledge of the vicissitudes and efforts for its official establishment around Clinical Psychology (as a health specialty of Psychology) within the framework of the processes of the Psychiatric Reform in Spain in whose framework it means a contribution for the processes and contents provided. And even with important and necessary chapters without ending in this domain of official institutionalization, it also requires the broadening of the view, since it is a knowledge that authentically requires the elaboration of the unique experience that makes up the PIR (Resident Internal Psychologists) for internal modifications necessary in the perception and in the relationship with the other with whom we will work.

If by experience we understand (Lledó, 1998), the central element of applied knowledge, the need for elaboration, we will observe that we start from a double principle of knowledge and therefore of Formation:

- The principle of external reality, which must be elaborated (and reelaborated) by elements that are not external and that are substantial, because they change the exteriority, configuring the applied knowledge and its external schemes (towards the exercise of the action of in question) and
- inwards, modeling identity (Lledó, 1998).

So, a confluence is established that establishes a relationship between elements.
Let's go back to the period of the end of the '70s and beginning of the '80s with its process of Reform and transformation of the Public Health towards the construction of the National Health System, the Psychiatric Reform in what refers to both the lines of overcoming of the hospital psychiatric and to two aspects that are complementary and at the same time its development is very difficult:

1. The development of a network of new Mental Health services and devices (the structure)
2. The model of attention that was particularly promoted since the 1980s and that is now in regression.

However, and in that context, the establishment of new frameworks and conceptions about the training of health specialists and the creation of Clinical Psychology as a Health Specialty through the R.D. 2490, have come together in a set of transformations where the participation of psychologists with their contributions is an incontrovertible fact.

All this has established in what refers to Clinical Psychology, a configuration of what to do both in the training of specialists and in their development applied in Public Health that inexcusably refers to interdisciplinarity as an articulating axis.

Kuhn (1987), among others, highlights the need to know the framework of socio-cultural conditions and the system of relationships between ideas, concepts, needs, collective convictions, practices, etc. in which a certain science or scientific paradigm emerges to try to understand its scope and meaning. And probably this is also the case with regard to the context of application of a discipline in the most significant organizations of the social fabric. I will refer to them later, to understand the role that Clinical Psychology has sought and intended to play as a health specialty of Psychology in its trajectory, since its emergence in a determined socio-historical context in which it is explained and in which it sought to influence together with other knowledges, with its new answers to old and new needs.

Sánchez Ron (1992) presents professionalization as a component of the Western scientific development model that has become an instrument of social power even regardless of the intentions of its protagonists. In fact, not only the scientific development but the institutionalization of the scientific application through the professions, have modified during this century and particularly after each of the two world wars, the social and daily life of the populations, the collective ways of looking and facing problems.

For this reason, scientists and professionals are nowadays perceived as agents of influence in the societies of which they participate, having a social relevance that was unthinkable just a century ago. Thus, it cannot be surprising the effort towards the professionalization of each scientific discipline, its status in relation to the rest, nor the concurrence of strong corporatist patrimonialisms that can sometimes revert to condition

the professional contributions of one or another scientific discipline to the social environment that claims them.

On the other hand, but of no less importance, we do not count today on the principle of absolute truth neither in knowledge nor in public spheres, and applied science is one of these. The different professions, depending on the social dialectic in which they are included and of which they participate, defend their interests and values as public. But today the public sphere is marked by pluralism and therefore by relativism. Thus, each scientific-professional collective is bound not only by its instrumental and knowledge codes, but also by respect for pluralism and the relative valuation of its own principles and foundations in the framework of changing social dynamics driven by contradictions.

Its instruments will be legitimated operationally if they engage in discourses of conceptions and orientation of social dynamics in different lines, of establishing ideas, knowledge, objectives and priorities based on collective ethics. (Olabarría, B. et al., 1993).

We will see below the data that allow us to conform a representation of the vicissitudes of the process of configuration of Clinical Psychology as a health specialty of Psychology and the training system in which it participates (Model of Resident Interns) and also some lines whose brief exposition does not hides its proposal for reflection and debate and that are located in different scopes: epistemological, theoretical-technical, research, operational application, training.

From its intricate imbrication results the existing situation of Clinical Psychology in Spain and possibly that of the next future: it is necessary to address the epistemic reflection about complexity versus simplicity both in what refers to what is knowledge and how it is learned, as to the causality in the psychopathological processes, at the levels of analysis of the reality in the psychic and the interaction between them, the multidetermination and the circulating information as elements operatively set in motion and that come to question –as far as Psychology (although not only) refers– to the uniqueness of concepts (E. Morin, 1986), the consideration of the plurality of theoretical-technical models, of a tendency to change the explanatory or basic scientific paradigm: from physics to evolutionary and interactionist biology (Maturana, 1984), and all this in an ongoing epistemological loop that encompasses anthroposophic, ethical, conceptions of the relations in the attention ... and from another point of view (Bateson, 1972) the consideration of how to pose this in the interior of the organization of the knowledge.

I do not want to continue without specifying that in the second part of the article some elements referring to new needs in the knowledge for specialists.

Since the late 60's Bateson, and since the 80's, Maturana and Morin have proposed and developed the epistemology of *Complexity*, from which I will speak and propose. We have the official framework of the Resident Interns System for Psychiatry and Clinical Psychology, an excellent framework, officially established by the Ministry of Health and the Ministry of Education. Good training programs basically carried out in accredited network health

services for teaching functions. Some important instruments, surely pending improvements in their application: the role of Mentoring and the "Book of Resident", the latter as a complementary monitoring and control instrument.

We need now to think about what develops within that framework. Knowing, its notions, developments and approaches.

Complexity conceives and approaches knowledge as a process that goes beyond the merely "cognitive", as simultaneously biological, relational, cerebral, spiritual, linguistic, emotional, historical, cultural, social.

As epistemology, in addition to the impact it is generating in multiple fields of scientific knowledge, it has enormous consequences in the approach of the sciences and their applications (among many others).

I think it is worth pointing out that Complexity is presented with the disturbing features of disorder, ambiguity, uncertainty: at the human level it is the fabric of facts, information, knowledge, actions, experience, history, relational interactions and feedback, determinations, hazards of our *vital phenomenology*...

Thus, complex knowledge:

- sustains a permanent tension between the search for a non-parceled / summative knowledge and the recognition of the incomplete and unfinished knowledge
- It is strategic and does not conform to timeless predeterminations

The strategy allows starting from an initial decision, imagine a certain number of scenarios for the action of building knowledge with meaning from different areas and levels.

These scenarios turn out to be mobile, that is, they can be modified according to the information produced in the course of the construction action of knowledge. In the case of the training of specialists, linked to needs (given by rules, regulated knowledge and definitions) and context.

This action to build knowledge implies complexity, that is, new initiatives, decisions, new states of consciousness, new inclusions and relational participation in different fields.

In mental health clinic, working from *complexity* involves incorporating a view that establishes connections of *meaning* through the establishment of a privileged and significant relationship, therapeutics, between different levels of logical complexity and between different areas of organization of the significant context, which respond to what Varela called the "intricate hierarchy":

- ✓ Situate in several levels of organization simultaneously

- ✓ Intricate and circular causal chains
- ✓ Recursive processes
- ✓ Overdeterminations that intermingle

Addressing the search for a clinical exercise with "sense" implies DIFFICULTIES, some of which we will mention:

The "sense" is a new construction shared collectively in a substantive way, although never complete. This "never finished" character has the benefit of permanent openness, and the risk of dysfunctional closures.

The *sense* supposes a construction shared with others, a certain mode of consensus that favors participatory location, but it also has its own imbrications, personalized and in that sense unique, intimate, and to some extent unknown to the subject.
Complexity as a phenomenon depends on the observer (perception and "reading"). And human beings and their context are always in an evolution in which this in turn is affected by events and relationships of which it participates (even not being present at the time of its phenomenological production).

Let's take all of this again for specialized training towards the mental health clinic, which has to establish the connections between the different levels of organization:

A) in their program designs (both organizational-assistance and intervention in "case")

B) assess and operationally contemplate the levels of complexity ("logical levels" of Bateson, 1972) and the "contexts of development" (Brofenbrenner, 1987) at play

The epistemology of complexity in the Formation has to integrate diverse contexts of reference to make possible the integration of dispersed knowledge.

In this way, the epistemology of Complexity introduces the idea of Formation as a fabric of inseparably associated heterogeneous constituents (paradox of the one / multiple) defining that what cannot be traced back to a simple idea and is not "complex" equivalent to "complicated". Equally the simple can be complex and the complicated can be simple.

In my opinion it is necessary to pay ATTENTION to some aspects that can easily go unnoticed despite the weight of its role in the training of mental health specialists:

- The material and human elements that the services and devices that make up the Mental Health network and work in the community as supports for clinical-therapeutic assistance may or may not exercise a therapeutic function, since it depends on the action taken from them.

- the training functions CAN BE EXERCISED FROM SIMPLIFICATION (even with actions that produce harmful elements) hindering the continuity of autonomous development and / or favoring assistance and recurrent dependencies in the assisted population.
- A planning or programming of the training of specialists from the network of devices should also assess how to help to activate other potential resources of the community

Reductionism is not something old and surpassed, it has not only caught the discourse of nosography or biologism. It is alive and is part of the regressive processes that are today as virulent as extended in mental health services in most of the country. Also in the accredited services that form the Accredited Teaching Units (UDAs) where the future "residents" specialists are trained. Undoubtedly also to the training of Mental Health specialists, who have a functional and phenomenologically favorable scenario (the Resident Interns System, today at risk due to the ambitions of sectors related to the Academy and Industry and possibly to the silence of professionals). This complicates and even compromises the incorporation of Complexity as epistemology and method, so the risks of reductionist simplification advance.

This epistemological notion of the Complexity in Formation requires the consideration that there is no room for an evolution without interaction in and with the significant context. A formative development that is established in the majority of those who access it in an important and open phase of the *life cycle* in which it introduces new and central conceptions and instruments, being able to configure in itself a subprocess or significant life event.

Title:
An interpellation to the foundations of mental health: from doxa to theory

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Keywords: Psychopathology. Castilla del Pino. Critical psychiatry

As is known, current psychiatry was configured in the second half of the twentieth century. From 1945, when the Second World War ended, psychiatry went from being primarily phenomenal and, therefore, based on the description of form and experience, to include a more complete view of the person in their anthropological aspect. This is so, and if we focus on the last 50-70 years, we discover that profound changes in the field of mental health have been experienced at all levels: psychopathological, legislative, healthcare, even in the experience and demand of one's own patients; changes framed in the social and political transformations of our western society, including the Spanish one. In order to reflect on the influence of these transformations on current mental health I will raise some questions that I consider necessary in the debate regarding the so-called discourse of psychiatry and psychopathology. It is necessary to warn that the scenarios where my proposals are located are extremely complex because there are numerous schools and currents, including the phenomenological itself. This forces me to be schematic given that the subject would require a much more extensive and elaborate study exclusively dedicated to this topic.

My first thesis is that any approach to psychiatry, including healthcare and legal, requires a critical approach to its psychopathological foundations. I have chosen the work of the psychiatrist Castilla del Pino as a model of psychopathological work, for his contribution to the clinic, always looking for an objectivable psychopathology. I adhere to those of her first period yet it is clearly understood that this author has important contributions at another level on the hermeneutics of language.

Castilla del Pino, C established how the psychiatric event was conceptualized in the 1950s**.** He confirms the crisis of Kraepelin's psychiatry by questioning, above all, the identity and limits of the two endogenous psychoses as the main nosological entities: *dementia praecox*/schizophrenia and manic-depressive madness. He pointed out the emergence and rigor of intermediate entities such as atypical cases (psychosis) and/or marginal psychoses, conceived, some as *mixed states*, others as *autochthonous degenerative psychoses*, as Keist called them. I note, in a very schematic way, that Castilla discovers a very conscientious map of a crisis that has lasted until today, expanding, in my opinion, with the new operational classifications. The transition from Kraepelinian psychiatry to one that at that time was thought to be more appropriate to the clinical reality of the time, should include the influences of scientific-natural progress and those that took place in philosophical thought; both questions, the scientific-natural avatars and the new philosophical currents, should

influence the epistemology of psychiatry and, of course, the "psychiatric morphology" of the moment. In his constant concern for epistemology, this eminent psychiatrist comes to the conclusion that psychology should be our key to understanding what and how, in quantity and quality, is "damaged" in the psyche and stops functioning in a normal manner thus becoming pathological . For him, in those years, this should be the task of the psychopathologist. In other words, the study of what we can call organic is governed by the laws of physics; whereas the psyche, which not only presupposes the organism, but is also governed by the laws of motivation, the study of which leads us to the search for the meaning of the performance of a subject, that of a human being.

Another author, who complements, to a certain extent, the theories of the above noted author is Kurt Schneider who, together with the school of Heidelberg, revitalized the so-called phenomenological psychiatry. In my opinion, the current interest in the work of this psychiatrist lies fundamentally in two elements: the delimitation of what is mental illness and the hierarchy of symptoms in schizophrenia. Both manic-depressive psychosis, which he called cyclothymia, and schizophrenia places them at the level of diseases in which we still have an etiological and pathogenic conjecture, a working hypothesis, because we do not know the pathological processes on which they are based, while excluding it from being considered an illness but rather what at that time were called abnormal experiential reactions -including neuroses- and abnormal personalities, placing them on a *continuum* with normal reactions and personalities.

This particular psychiatric discourse -not only that of K Schneider- had a clear support in the scientific paradigm of seamless rationality of the time. This led to some questioning by other groups of professionals in Psychiatry and other disciplines of Mental Health, covering an analysis ranging from the links of psychiatry with power (let's not forget Foucault) to a questioning of the very existence of mental illness, as illustrated by T Szasz. This network of opposition with diverse interests and postulates originated from very different authors but came to constitute a critical current, although not homogeneous; It was what came to be called anti-psychiatry, creating and opening a way for the debate in which we are still immersed.

To give some notes on the current state of mental health it must be taken into account that the operational classifications and the underlying conceptual slides oblige us to reflect on some consequences of this pathologization of behavior that is revealed by incorporating different social environments and life situations into the classification. We can say in a schematic way that traditional psychiatry thought about the direction of the mental and emotional pathology towards behavior and the psychiatrist that relies on the new classifications, when presenting in his Criteria that exuberance of acts of conduct, he is forced to proceed in the opposite direction if he wants find some meaning to these, from behavior to thought, emotion and intentionality. To abound in the subject we no longer include the need to conceptualize mental illness, leading us to understand that it no longer exists, being subsumed in the ambiguous term of mental disorder. On the other hand, the obligation to think about the systematics of psychopathology, nosology, has disappeared, assuming that everything is about comparable mental disorders that are communicable thanks to the definition of traits that are grouped together.

It should be noted that the crisis of psychiatry is not expressed equally at all levels; for example, there is great consensus on some aspects of healthcare, to the extent that the psychiatric hospital, former asylum, has lost its functions, both supposedly curative and custodial. In the same way, patients today enjoy freedoms and rights that were unthinkable 50 years ago. On the other hand, as I have tried to develop in these pages, psychiatric thought, the foundations of its knowledge, does not find such equally majoritarian consensus bases. On the other hand, it should be noted that this long crisis of psychiatry has not been trivial in that it has fostered numerous works, reflections and questions that have led to advances and improvements in both psychiatric care and the approach to the position of the patients, who not only in theory have gone on from being patients to become users of the healthcare system.

In any case, in my opinion, the inexcusable task of psychopathology is to introduce the concept of the subject as an important element of the psychopathological episteme. For the interpretation of the meaning of any manifestation, be it verbal or extraverbal language, it must ultimately refer to a reconstruction of the subject. This raises several epistemological problems; In my opinion, two would be more relevant: on the one hand, analyzing the behavior of the subject demands a psychopathological theory considered in a broad sense, be it psychoanalytic, systemic or any other referential scheme. Otherwise, if the psychiatrist relies on his *doxa,* his beliefs, he projects values on the subject which perhaps had nothing to do with him or her.. On the other hand, the subject is not confined to the mere interpretation of a certain behavior, on the contrary, the subject is the consequence of a recursive interrelation of multiple relationships. In short, what we understand is not only a behavior, but we must interpret the subject themselves, which is thus constituted as a hermeneutical object.

In the 21st century, the progression of thought and the theoretical elaborations develop mainly in the debate and in the contrast of opinions. ICT (information and communication technologies) are essential tools today but what sustains and enhances them is the cross-disciplinary, multidisciplinary and interdisciplinary debate where ideas are modified, nuanced or enriched by others. However, this debate puts aspects into play which should not be overlooked. In order for the ideas to flow, we need the necessary receptive attitude of the components themselves, the self-critical capacity and necessary freedom which all of these must be united. Nobody can be protected by qualifications or experiences; only contextualized ideas are what should govern the hierarchy of discourse. Having said the above, undoubtably, the use of drugs, the freedom of medical choice, the responsibility of professionals and patients are hot topics, but these can not be approached in isolation. They must be taken into account within the framework in the whole of the theory and practice of mental health.

In any case, and referring to the set of ideas expressed throughout this article, I would like to emphasize that any substantive revision of psychopathology has to advance along the path traced historically by this discipline, reviewing in depth its postulates and proposing alternatives although these be no more than limited, which does not exclude but rather demands, contextualization it in its time.

Title:
About Edgar Morin´s seven complex lessons for the future

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Keywords: Anthroposocial. Transdisciplinary. Science. Politics. Teaching. Ethics.

From Anthropology to Anthropoetics

The seven complex lessons for the future are but a small compendium of the development of Morin's work over the years, in which we can find the Morinian contributions that I convey in two senses:

-the study of diverse disciplines such as anthropology, sociology, politics, physics, biology, ethics;

-the complex thought, that was developing in his diverse research that took to him an epistemological and methodological revision that culminates in two key notions for the understanding and explanation of any phenomenon or concept: dialogical and loop.

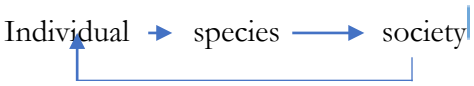
Therefore, I begin this article with a short introduction to his life and his work, then move on to reflect on the seven complex lessons, where I emphasize the social, political and scientific interests that led him, from his first work *Man and Death* to the last volume of *The Method, Ethics,* to the foundation of a planetary, ecological vision of a human being clothed with ethical values.

The seven complex lessons

On what theoretical foundations can we think about the future? In his link between epistemology and knowledge of things Morin identifies that the *first complex lesson* that must be transmitted in education is the awareness that humans can fall into error and illusion: we therefore need to study the cerebral, mental and cultural aspects of knowledge

His *second complex lesson* is also an epistemological reflection from the focus of systemism: we need knowledge that knows how to combine the global and the local, that knows how to deal with the multidimensional. It makes a critique of the disciplinary fragmentation that prevents the apprehending of objects in their context.

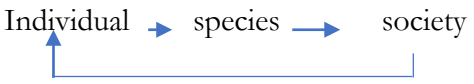
In the third complex lesson, he proposes that we think about the condition from the perspective of transdisciplinarity, using various loops that allow us to reconnect the biological with the cultural, the brain with the mind and culture, reason with affection and impulse, which leads us to a fundamental loop to reflect on humans:



And, after the human condition, the fourth complex lesson deals with the earthly identity. Human beings are unique while being the same. The planet also brings together diverse cultures with common bases: we share the same problems: pollution, destruction, etc. The awareness of planetary unity is concretized in the need for development of various takes of consciousness: anthropological, ecological, earthly.
The fifth complex lesson returns to epistemology, the human condition, the planetary condition entails uncertainties. Lack of absolute certainties with which the sciences have also been found: physics, biology, history. The unpredictability pertains to History, to Sociology, but also to Physics. We will therefore have to teach how to work with different principles of uncertainty: logical, rational, psychological. All of which leads us to think about the action, which involves decision, choice and bet. For this we will find it very useful to work with his methodological proposal of an *ecology of action.*

In the sixth complex lesson we are entering the field of ethics: we must teach understanding. For there to be communication between humans, between cultures it is necessary to leave the egocentric position. Education should help overcome obstacles to understanding. You have to practice a planetary democracy with the help of introspection, the internalization of tolerance.

In the seventh complex lesson Morin proposes the teaching of gender ethics of the human race, an "anthropo-ethics". Democracy is once again the indispensable vehicle: here, it is a complex democracy that involves: self-limitation (due to the separation of powers), the coexistence of different interests and ideas. The planetary destiny of humanity to be carried out with a different policy, this being the politics of civilization, which assumes in its democratic complexity the following scheme:



The interrelationships between these three aspects have a dialogical character: they can be both complementary, concurrent and antagonistic; which allows us to assume the contradiction of having to live with it.

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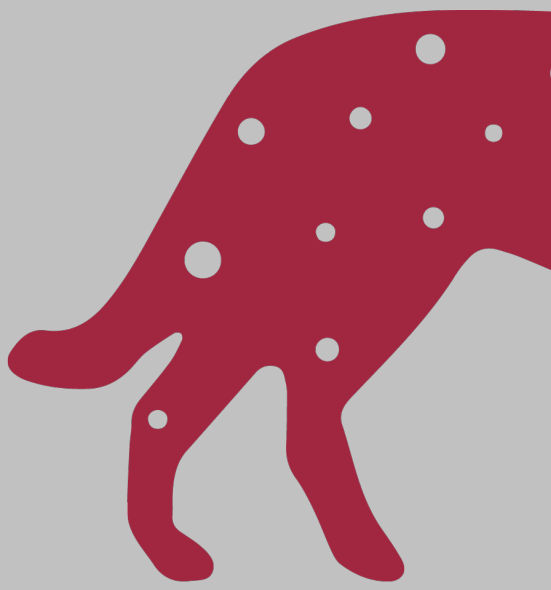

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