Editorial

Revision and Criticism of Terms and Concepts of Psychiatric Etiology(Part I) Basic Concepts and Cultural Considerations

Exclusive causative factors could hardly exist in psychiatry. Predisposition is almost always responsible. In our culture where the rationalizing attitude predominates many irrelevant factors are claimed to be causative, not only for psychiatric disorders but also for physical illness. Jaundice, both obstructive and due to infected hepatitis could be claimed to be due to unbearable sadness or frustration. There is a saying among our lay people, especially in rural areas, describing the reaction to severe frustration as "rupture gall bladder" (maratoh itfaåit مرارته اتفقعت). This is naively correlated to the yellow colouring of the sclera in jaundiced patients. Most strokes are also directly or indirectly claimed to be due some incidence after which the patient slept while he was sad (Naam Zalaan نام زعلان). The concept of "risk factors" which is currently more used in relation to psychiatric causation depends on a mode of multifactorial means of association which is not the common mode of thinking of our people. The term "life events" referring to some specific daily stresses is least used in our relatively unstructured daily life. Moreover the list of 'life events' used to assess certain etiological factors in western culture does not relate to ours. We do not have a parallel comprehensive culturally related list.

Four basic and distinctive meanings of the word "cause" are identified since "Aristotle":

Material cause is the substance that makes things up . **Efficient** cause (mechanical) is the antecedent force or event that leads to a consequent effect. A **formal** cause (structural) is the pattern, order, structure that things take on or by which they are assembled. The **Final** cause (teleological) refers to the purpose, reason, intention or goal for the sake of which something exist or takes place. Such causes are not mutually exclusive categoric i.e. more than one may be used to explain a phenomenon. In our culture more and more emphasis is laid on both material and efficient types of causation rather than formal or final. This is theoretically contradictory with certain basic principles in our main religion. Islam specially stresses the ultimate gaol of life to Worship God (وما خلقت الجن والإنس إلا ليعبدون) . It also emphasizes that nothing could be changed unless oneself is changed(إن الله لا يغيّر ما بقوم حتى يغيروا ما بأنفسهم). It seems that this religious emphasis on formal and final causes is mainly used in relation to the After-life rather than in our daily behaviour and current existence in the here and now.

The so called medical model is more related to material and efficient causation.

However, the paradigm of causality has become more complex, but more able to describe reality. The "***linear mechanist and deterministic model***" is least satisfactory by now. Causal laws are no more sufficiently deterministic, i.e. the same conditions always produce the same results. On the other hand the "***structure or system oriented model***" is not simply conceptualized in the form of an active ef-

fector and a passive respond but the ultimate response depends on the feed back whether negative resulting in stabilizing mechanism or positive resulting in further change and evolution.

'Putting the blame' attitude sometimes called 'rationalizing persecutory mode of thinking ىis definitely prevailing in our culture. This adds to further swinging of the pendulum towards the linear deterministic and mechanistic model of causality.

The vocabulary used to identify causation should also be revised as frequent as complex pattern of human existence is explored and basic mode of thinking is reconsidered. ***Conflict is no more*** considered as the main source of tension and consequently accumulating imprisoned opposing forces. Consequently release of tension is no more the central core of therapy. The concept of catharsis to lower down tension has been replaced by concepts of unblocking and corrective rechanelling.

Man is essentially like a continually flowing river which is cyclic and changing anew. Human beings are **not** simply closed systems but are open systems i.e. processes in constant interactions and changes. Conceptualizing man along an ever pulsating biological structure adds to the complexity of both the nature of man and causality. The introduction of time dimension as the fourth dimension to be considered in any judgement has influenced most of our concepts. This is represented in understanding human existence considering the everlasting biorhythmic nature of both evolution and individual growth in health and disease (Rakhawy 1979) .

In our culture coloured mainly by both agriculture and Islam both periodic and cyclic mode of living are dominating. Most agricultural performances and Islamic rituals are programmed along the natural cycles of the sun and the moon as perceived by the lay man. On the contrary most of our academic methodology is limited to, or aborted at, the mechanistic linear attitude. This discrepancy has its negative influence on psychiatric practice. Academic knowledge persuades quantitative repair while pulsating mode of living invites corrective rechanelling via therapeutic going along with the biorhythmic mode of existence (Rakhawy, 1985).

Certain illustration of indispensable revision of certain concepts related to causality are introduced as follows:

i- **Information** is no more seen as some acquired accumulation of parts or symbols processed as separate entities apart from energy and matter. Energy, matter and information are more and more proved to be inseparable entities. "Every thing is energy and information" could be the updating of Heraclitus saying "every thing is fire and logos" . This unified concept is the one able to integrate the concept of complex etiology of psychiatric disorders. It excludes reductionism on one hand and rejects quantitative additive tendencies on the other. Psychiatric disorder is visualized in terms of 'how it happens :along with 'what had happened' and possibly 'why'.

Devices to maintain stability have been overvalued as the essential means of achieving dynamic equilibrium i.e. human ***homeostasis*** . This is no more sufficient to explain healthy human activity or growth. The nature of interaction is

much more complex and could not be explained simply by the urge for stability . Positive health harmony is more essentially related to **cyclicity** and **creative bifurcations**. The tendency to maintain constant equilibrium is only accepted in the acquisition (diastolic) phase of filling in with information. This represents only one limb of the biorhythmic cycle. The dynamic approach was revolutionized by discovery that in open systems disordered flux can spontaneously create novel structures. The so called "chaotic attractors" is related to the concept of creative bifurcations and is considered the basis of formation and partition of physical systems biological mutations and psychological creativity.

Stability as an idealized basic need as well as an ultimate goal is also considered as a specifying characteristic of our culture. This makes the ultimate goal of upbringing and therapy to achieve stable compromise rather than to unfold an open ended creative reorganization. Such tendency results in turning therapy to be a suppressive compromising device rather than unfolding and repatterning art.

Polarity mode of thinking has been responsible for the reductionistic "either-or" attitude which proved to be both handicapping and misleading in theory and practice in psychiatry. Polarity leading to frank opposition is getting to be an obsolete term unsatisfactory for conceptualization of human nature and psychiatry. For instance the Id-Ego opposition has been replaced not only by the concept of multiple ego states but by multiple alternating, interacting and /or integrating ego units (Bernie, 1961). Archetypes described by Jung converging towards individuation are interrelated organizations rather than opposing poles (Jung 1960). Concepts such as aggressivity (death) vis-a-vis constructiveness (life) or unconscious vis-a-vis unconscious or reality vis-a-vis pleasure or external vis-a-vis internal are now considered as superficial and could be misleading. Monism, opposition and creativity are examples of more appropriate universal qualities fitting for depth understanding.

The dichotomy into good versus bad, evil versus God, death versus life is prevailing in our culture. However certain Sufi experience whether in Tay practice or elaborated discipline transcend such polarity. Both religious and political authorities are intolerable to any such transcendence. In profound therapy, particularly with psychotics, it is noted that transcendence of such polarity is readily manipulated via direct comprehensive efforts of patients and therapists especially during growth oriented group therapy. (Kasr Ell-Aini).

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