

EDITORIAL

## Language, psychiatry and globalization: the case for Spanish-speaking psychiatry

Fernando Lolas

Professor of Psychiatry, University of Chile, Chile

DOI:10.1111/j.1758-5872.2009.00046.x

### Spanish language and psychiatry

In 1996, during the World Psychiatric Association (WPA) World Congress of Psychiatry, I took part in a symposium entitled "Is there psychiatry in Spanish language?".

The fact that it was presented at a World Congress held in Madrid is revealing. The title does not merely suggest "psychiatry written in Spanish", for it is obvious that a large amount of psychiatry has been written in Spanish, with good examples. Implied in the title of this symposium and extensively debated was, first, the specificity or originality of psychiatry written in Spanish according to preferred topics or emphases, and second, the influence this psychiatry might have had, could have, or ought to have in the scenario of world psychiatry.

By 1996, the predominance of the English language in all scientific matters had been evident for many years. Journals with high impact were published in English and congresses were held in English. A meeting held in a non-English speaking country without English translation was unthinkable. Even in areas of scholarship closely associated with German or French, the pervasive influence of English was evident. English had become a *lingua franca* of science and other intellectual pursuits.

The title of the symposium, and the idea behind it, reflected on the relative neglect of Spanish as a scientific language in psychiatry and allied disciplines. Prominent presenters indicated that some aspects of psychiatric experience and communication made vernacular language irreplaceable. Provision was made for different forms of Spanish in its wide community of speakers. Some years must elapse, however, before we could speak of a "pan-hispanic community", including Iberoamerican countries and minorities in countries with other official languages.

---

\*Director, Bioethics Program, Pan American Health Organization, Regional Office of the World Health Organization.

Revising and renewing the considerations made at that symposium and adding a few dictated by the impact of the globalization on scientific and practice communities, the field is open to reflect upon the relationship between language and political or economic power. This analysis and its conclusion should not prevent us from carefully distinguishing between those aspects or dimensions of Spanish-speaking psychiatry that can be "globalized" and those that should be cultivated for their own value.

### What is a language in science?

Language is a "functional social phenotype". The predisposition to utter sounds with meaning for others is a human characteristic. The particular language spoken is a social acquisition modulated by the environment into which the members of a group are born. The origin of written language is an advancement of civilization and presents widely differing forms (ideographic, phonetic, and mixed). Although its analysis is beyond the scope or purpose of this paper, science historically became a collection of written texts and today's science, despite all electronic and paperless environments, remains a sum of texts. Practitioners in a field are a community able to read and write texts codifying observation and reflection that can be stored, circulated, and cited in publications. To the traditional "contexts" of observation and justification I add the "context of publication" to denote this in "research", a social process by means of which science grows beyond its frontiers and poses new questions (Lolas, 1980).

Research as "invention" or "discovery" is associated with the creation of new words that define new objects or give meaning to novel experiences. Research in a broad sense is a linguistic enterprise whereby labels are attached to experiences and become property of communities of experts. This "linguistic turn" is a point of departure for a "cognitive epidemiology":

the way ideas and thoughts are created and disseminated in communities and societies.

Scientific disciplines are webs of meanings to codify, preserve, disseminate, and use experiences transformed, from “artefacts” into “facts”. As such, they enter scientific discourse, determining paradigms, ways of thinking, and avenues of enquiry for generations of scientists. The notion of “paradigm”, in its Kuhnian version (Kuhn, 1996), did not emphasize linguistic imprint, and we should consider the relationship between language and *Weltanschauung* (Schulte-Herbrüggen, 1963). Connotations of the word “science” are not the same as the words *Wissenschaft* or *ciencia*. Each linguistic domain is also a domain of potential operations with words and utterances that derive their meaning from their use in social contexts.

### Psychiatry as a discipline and as a profession

The development of a “psychiatric science” does not only rely on objectivity and validity. It implies the universality of “laws” of Nature (as opposed to beliefs or social constructions). “Science” suggests cosmopolitanism without local character. Renal physiology should be the same in Manhattan or Lima and laboratory findings are valid worldwide because physiology, as a science, is a formulation of universal regularities. Although this universality has ideological implications and is refuted by fact, science is an accepted form of generating certitudes and beliefs more reliable than others, but its results or facts, once in the public domain, are used according to predispositions, expectations, and attitudes. Scientific assertions are neutral and universal but liable to differing interpretations and uses.

Cosmopolitanism of scientific psychiatry is no less ideological than the cosmopolitanism of physiology or anatomy. Risk factors related to cholesterol levels deemed dangerous in the United States are irrelevant in other countries. Measurements of human anatomy recorded in classical books are not applicable to all humans. In psychiatry, the pathoplastic influence of language, environment, and experience are of importance in the presentation of symptoms and syndromes. Any attempt at establishing a universal science should be considered with caution. Even “biological” data are subject to variation and interpretation.

On the other hand, psychiatry has been linked to interpersonal social skills and alluded to as “art” or

“craft”. It is assumed that empathy and understanding are essential tools of psychiatric practice and they depend heavily on language spoken in a linguistic community.

### Globalization and non-English-speaking psychiatry

The globalizing process, in economic and social terms, means increased interconnectedness of social groups throughout the world. Advocates and opponents stress positive and negative features of the globalizing process; negative underpinnings are associated with homogenizing tendencies that reduce or eliminate diversity and threaten the identity of groups or persons. It is not strange that with the emergence of globalization as a concept, strong nationalistic tendencies of ethnic groups gain momentum.

Language in which expert or lay experience is coded is not a neutral feature of description or interpretation. The message is the substance. Psychiatry retains a local character due to the language in which concepts, experiences, and interventions are phrased. Otherwise, its effectiveness may be hampered.

Human culture means diversity, and language is as much a creation as a creative force shaping experience, perception, and expectations. This was the idea behind Wilhelm von Humboldt’s distinction between language as *ergon* and language as *energeia*.

The current importance of the English language in many fields of science is not due to its more precise or rigorous expressive force. It is due to the political and economic importance of English-speaking countries. The “empires of the word” have always imposed a *Weltanschauung* that can be confused with truth, orthodoxy, or purity.

As Nietzsche once said, there are no facts but interpretations of facts. The difficult task for a multilingual community such as the one represented by global psychiatry is that of rightly interpreting what others mean when they use words that may appear similar but which convey different shades of meaning. The “meaning of meaning” is the central problem of a hermeneutically understood universal psychiatry. This assertion does not apply only to the scientific production of scholars and scientists. It also affects the way in which people relate to their caregivers. Phenomena such as alexithymia, or the inability to express feelings with words, are an interesting challenge for an ever expanding world of migrants and aliens that request help and therapy in different settings and in cultures that they did not grow up in. Language is the tool for

constructing universes of discourse, feeling, and experience.

## A “neurocultural theory” of mental disorder and the relevance of local language

In an age of “evidence-based” medical practice it is easy to forget that “scientific evidences” are just beliefs supported by accepted methodologies. Its strength lies in its reproducibility and possibility of interpretation and refutation by empirical fact. Truth, as a value, is not an essential component of scientific evidence, since science changes and what is now current thinking may be tomorrow folk-lore. In addition, psychiatry is a specialized discourse that expresses a set of technical concepts, with etymologies and applications circumscribed by the technical usage. This has been called “psycholexicology” as an attempt to give consistency to the scientific study of specialized language, with all the implication this has for translation and linguistic exchange between communities of practice (Lolas, 1997).

It is important to distinguish between beliefs and attitudes in the analysis of the linguistic fundament of psychiatric practice. Practitioners the world over may agree on certain facts and accept certain evidences. The way these facts and evidences enter practice may, however, vary according to the societal environment created by culture, and most specifically, by language. Some languages lack words for psychological distress, which is expressed in somatic terms.

There is no need to implement a “defence” of Spanish as a scientific language, even in an era of globalizing tendencies. In the past, languages have acquired predominance due to economic or military power, but it is also true that cultural power is not always correlated with those powers. When Cajal made important contributions to the structure of the nervous system, foreign scholars and scientists learned Spanish in order to read them. The future is bright and will depend on: retaining the imprint and the characteristics of the people who speak Spanish; being authentic in formulating the problems; and separating what is universal science and what is local practice in psychiatry. The latter, closely linked to the moral ethos of the profession, will never be alienated by globalizing tendencies.

The example provided should be taken as an invitation to reflect upon the implications of local languages for a universal science.

## References

- Kuhn T.S. (1996) *The Structure of Scientific Revolutions*. University of Chicago Press, Chicago.
- Lolas F. (1980) Communication modes in research. In: *Biopsychosocial Health* (eds) Day S.B., Lolas F., Kusnitz M., pp. 149–160. International Foundation for Biosocial Development and Human Health, New York.
- Lolas F. (1997) Psycholexicology: psychiatric discourse and nosological entities. *Psychopathology*. 30, 241–244.
- Schulte-Herbrüggen (1963) *El lenguaje y la visión del mundo*. Ediciones de la Universidad de Chile, Santiago.