The Disease as Oracle: Anamnesis, Diagnosis and Prognosis; Past, Present and Future

Vitor Pordeus MD1,2* and Louise Rosenberg1

1DyoNises Theater Montreal, Université Populaire pour l’art et science, Montréal, Québec, Canada
2Universidade Popular de Arte e Ciência, Rio de Janeiro, Brazil

*Corresponding Author: Vitor Pordeus, DyoNises Theater Montreal, Université Populaire pour l’art et science, Montréal, Québec, Canada.

Received: August 24, 2017; Published: September 13, 2017

Abstract

Health/Disease expressions are reflective and predictive of the cultural behaviour of the community, as said before by Susan Sontag: diseases are cultural metaphors. Through a more attentive analysis of historical patterns of morbid cultural expressions we can have a clearer picture of the condition of the community, its past and future, as preached in millennial medical traditions through the concepts of anamnesis, diagnosis and prognosis. In this paper we discuss some of the information we gathered in our clinical experience and research about origins of the sexual traumatic history of western civilization producing different health disorders in contemporary society verifiable through our experience in theater and transcultural psychiatry in Montreal, Canada.

Keywords: Disease; Anamnesis; Diagnosis; Prognosis; Oracle; Art of Healing; Transcultural Psychiatry; Trauma; Mental Health; Crisis; Autoimmune Diseases; Immunology; Culture

Introduction

The American intellectual Susan Sontag made a inestimable contribution to medicine when she published in 1978 the world bestseller “Illness as Metaphor”, later, she would also publish “AIDS and its metaphors” [2]. The importance of symbolic and metaphoric values in the cultural construction of health and disease has always been present in human history, verifiable in all systems of knowledge of primeval cultures, with gods dedicated to healing and diseases usually depicted as dangerous unconscious and demonic forces throughout the early narratives of human culture. Those symbolic and cultural learnings from disease entities and healing gods would express the world vision and practices of each civilization and its historical momentum [3].

In modern age, however, the excessive mechanization and reductionism of human psyche led to a society excessively materialistic, pragmatic, where diseases are supposed to be broken parts and engines in a complex machine, nothing more. Symbolic processes have been utterly ignored in the last centuries and suddenly a mental health pandemic falls upon humankind and no one seems to be sane enough to interpret the symbols, as did our ancestor healers, and point to an efficient direction of action that might resolve and relieve the suffering of the most vulnerable individuals inside dysfunctional families and communities. Suicides, homicides, genocide, depression epidemics, wars, invasions, terrorism; we live in a virtually highly connected world but in real terms we experience highly fragmented and tense communities. As in the case of Brazil’s recent political development when a group of lawyers and politicians, all old foxes in Brazilian politics, organized themselves and staged a coup d’état in May 2016 with ominous consequences for Brazilian poorer populations who are historically vulnerable to violent traumas [4].

World in Crisis

In addition to already very high homicide rates worldwide, now an increasing trend announces the intensification of one more contemporary genocide: the genocide of poor people all over the world, poor and vulnerable people, who have no access to clean water, to basic sanitation, to learning how to read and write. People who have been historically massacred and for whom all this unrest and suffering has deeper historical and collective roots [5].

Citation: Vitor Pordeus MD and Louise Rosenberg. “The Disease as Oracle: Anamnesis, Diagnosis and Prognosis; Past, Present and Future”. **EC Psychology and Psychiatry** 5.3 (2017): 81-86.
Communities and families have been living in an extremely marginalized environment for generations, particularly in countries marked by centuries of war and colonization: genocide, patriarchal systems of abuse, rape and predatory exploitation of nature, systematic violence against women and children, and systematic occurrence of wars for power and money; for the accumulation of all resources in the hands of a few [6].

Origins of Traumatic History

It is necessary to recognize the traumatic nature of this history of oppressed and oppressor, as a pattern in human behaviour, with marked acceleration in the last 5 thousand years, when the first sacred scriptures appeared, creating civilizations stemming from Sumeria, Egypt, Middle East and the Mediterranean. Along with many other synchronicities men started to write and store sacred memories, and reaffirm them constantly, leading to the emergence of fanatic patriarchates and constant war making as essays of domination and rape of other territories and cultures. In our research, this period is key to comprehend the origins of sexual trauma and violence in childhood and family life [7].

We see the archetypal theme of the Solar King Marduk who brutally killed the Goddess Tiamat, represented as a Dragon, repeated over and over again in the images of nature being brutalized by fanatic men, the abuses of children who grow up to become psychiatric patients whom I constantly meet in my work over the last eight years: always the same theme, older men, fathers, brothers, uncles abusing young girls and boys, who later become violent, aggressive, depressed or express obscure deviant behaviours which are manifestations of anger, frustration and fears buried in the family’s collective unconscious.
Common Roots of Immunological and Psychiatric Diseases

These unconscious traumas may appear as psychiatric symptoms or as immune-inflammatory diseases. The association of childhood abuse and trauma and classical autoimmune diseases is constantly reported in literature, such as Multiple Sclerosis [8], Rheumatoid arthritis and Systemic Lupus Erythematosus [9]. In the fields of autoimmune diseases and psychiatry there is a majority of women and if we consider this seriously enough, we may find historical and anthropological reasons why women seem particularly under attack of certain immunological and psychiatric conditions. Childhood abuses have been associated to higher mortality [10] and constitutes a major pathogenic factor to be considered and properly addressed by contemporary medicine.

Feminine Trauma from Arthritis to Depression

Working in the DyoNises Theatre in Montreal, Quebec, Canada, with a group of Québécois women, I identified the archetype - affect-image - of the witch/bacchae emerging spontaneously in performances. This image evoked many different characters and stories, Medea, Ariadne, Persephone, the lineage of the feminine as we learned from Jung. I proposed to the group to work with Shakespeare's Macbeth, known for the richness of the female characters in this play, ranging from the conclave of witches, to Lady Macbeth and Queen Hecate, the queen of witches that Shakespeare alchemically brought into scene to glorify the deep feminine personified by this old archetype of Hecate, the dark goddess, with the power of creative destruction, of giving birth and devouring her own child [11].

As our collective research developed we came to perceive the pervasive and immense importance of the “trauma of the feminine”, as we unveiled Shakespeare's universe once more, we found out about the witch-hunt craze that dominated masculine renaissance's affirmation of science and reason, as whole societies were burning old and wise women, in the name of God and Reason, leaving a permanent trauma in western minds, the loss of power of women, the power of healing and cultivating a relationship with nature [12]. Disgracefully, our world society, in the middle of mental illness pandemics, keeps advancing blindly against nature and humankind. New and more radical masculine unbalanced leadership points towards a future of more intolerance and work concentrated on money and limitless exploitation, the return of slavery, under a new fashion [13].

To provide some insight into our process we are including a personal account written by Louise Rosenberg who has been a participant in this project from the beginning and who is involved in her own research using theatre and performative writing as methods of healing (Box 1).
New research and open mind

We, physicians, health professional and healers, we must open ourselves to methodical research and above all be able to scrutinize research experiences published and being published worldwide through the internet. It is a never seen historical opportunity of information exchange that allow us, today, to access considerable amount of information about experiences virtually from every part and culture of the planet earth.

Figure 3: Nelson Vaz, Irun Cohen, Luiz Moura and Niels Jerne.

In the fields of immunology and clinical immunology for clinical medicine, I cite the Professors, Nelson Vaz [17], Irun Cohen [18], Luiz Moura [19], Niels Jerne [20] (this last one won the Nobel Prize of Medicine in 1984) and a long list of ecologic immunologists that point towards biology and ecology as ways to provide network models that may help us to understand the nature of immunological and inflammatory disorders that affect huge parts of human population.

Mind/body in clinical medicine

It has, however, been clinically observed that psychic disorders precede and follow physical disorders. Mental health is a much more sensible thermometer of how the body is going, and it has been shown in international medical literature that real health promotion, means mental health promotion [21] and the state of permanent development of the personality and physical health of an individual, a family and a community. As well has been well documented and debated that emotions play a central role in psychiatric and immunological disorders that may have common roots in abuse as physical and psychological violence [22].

Citation: Vitor Pordeus MD and Louise Rosenberg. “The Disease as Oracle: Anamnesis, Diagnosis and Prognosis; Past, Present and Future”. EC Psychology and Psychiatry 5.3 (2017): 81-86.
Patterns of Traumatic History and its Mythological Parallels

To reach this level of conclusion and identify the roots of traumatic history being expressed by a morbid syndrome, whether psychiatric, immunologic or both at the same time, will demand of the physician and the health professional a good medical and scientific formation with solid understandings of biology, ecology, evolution, developmental biology [23], basic and clinical immunology [24], anthropology of medicine, philosophy of medicine [25], semiotics, art history, religions history, mythology and psychology [26]. We will find the footsteps of great physicians like Sigmund Freud [27], Carl Jung [28], Nise da Silveira [29], John Weir Perry [30] that all of them managed to dive into the human memories, individual and collective, and help suffering men and women to find their pathway of development.

![Figure 4: Sigmund Freud, Carl Jung, Nise da Silveira, John Weir Perry.](image)

It will be necessary to consider the oracular value of disease and pain, followed by the understanding that human development is so intricate and unconscious in such a fashion that we culturally express pain in many different and varied ways, and original mythologies express our early and primordial experiences in coping and overcoming pain and distress, with psychic transformations and the evolution of human living [31]. As it has been demonstrated by historical experiences in psychiatry and medicine [32].

To understand the disease as a oracle, as a revelatory information about the future of the community will force us to restore a ancient notion that madness and disease is sacred, because it bears secrets about the society, that reveal our deeper nature, our bad behaviour, our violence and anti-social compulsive behaviour [33]. To pay real attention to the oracle of disease is to observe the expression of real humanity, and the discovery that those pains may bear healing information for those who are humble and are willing to learn maximally from the experience, whereas, for those who are arrogant the disgrace will be inevitable [1].
The Disease as Oracle: Anamnesis, Diagnosis and Prognosis; Past, Present and Future

Conclusion


32. Gilchrist Scott F. “Ecological Developmental Biology: Integrating Epigenetics, Medicine”.


29. Jung and Da Silveira that have studied hundred of severe psychiatric patients in light of comparative mythology and found patterns that confirm historical evolution of images, narratives, as well as the evolution of human biology and it body parts and organs evolve histori-


19. Thomas Philippe. “The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

18. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

17. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

16. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

15. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

14. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

13. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

12. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

11. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

10. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

9. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

8. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

7. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

6. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

5. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

4. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

3. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

2. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

1. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

Acknowledgements

I dedicate this paper to all my collaborators, patients and actors that teach me the mysteries of medicine and culture. I deeply thank my little cat Ursula (2008-2017) that have been revealing for us the oracle mechanism of health and disease.

Bibliography


3. I was surprised to verify in published scientific literature the connection to immunological diseases too. I believe it reveals a repetitive


6. I dedicate this paper to all my collaborators, patients and actors that teach me the mysteries of medicine and culture. I deeply thank my little cat Ursula (2008-2017) that have been revealing for us the oracle mechanism of health and disease.

7. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

8. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

9. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

10. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

11. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

12. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

13. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

14. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

15. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

16. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

17. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

18. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

19. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an

20. The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an


