

Scientific perspective of emotional management in health professionals

Perspectiva científica de la gestión emocional en profesionales de la salud

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This letter focuses on the interesting article entitled “Melancholy as a Healthy Strategy in Times of Great Human Crisis”¹, where a series of very respectful observations and reflections are made:



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First, we raise the convenience of reorienting the worldview presented in the article since it establishes a tragic image of life (death). Not only because it implies the idea of the end of the world as the basis of the population's anxieties and obsessions but also because it presupposes that the modernly conceived world is unlivable due to the level of stress endured because of uncertainty and change. Moreover, it presents melancholy and bitterness as strategies to be applied as a remedy to the living crisis and to achieve mental health. Certainly, behaviors that do not have a profile of harmony or internal coherence in the subject but of disorganization and a healthy lack of response to life.

The second observation is a theoretical proposal of a materialistic and systemic, i.e., scientific nature. While it is true that the conditions we live in today are complex, uncertain and changing. It is also true that theoretical proposals such as resilience come from social psychology, which proposes assertive, proactive behaviors that look more positively to the health of citizens without reaching romantic explanations such as the possible exercise of freedom (subjectivism and idealism) or the ideal of the self (patent presence of psychoanalysis). These terms are not only insubstantial but have no known therapeutic correlation. Therefore, the population demands a clear and realistic vision of mental health to structure concrete ways out of their stress, depression, or anxiety.

The third observation taking the terms melancholy and bitterness out of context, considering them as strategies to make life viable under challenging times, when in fact, they are part of the primary symptomatology of depression, which is often present due to the limited responses that people have to make realistic confrontations with the surrounding world.

Fourthly, critical thinking is wrong since it consists of analyzing and evaluating the existing information on a subject or situation, clarifying the veracity of such information and reaching a justified idea about it, ignoring possible external biases. We do not unquestioningly accept what others tell us but elaborate our point of view based on the verification and contrasting of data. Critical thinking also implies being objective, based on the engagement of one's ideas according to their environment as individual beliefs². However, in the text, it is used as a tool of subjective ascertainment.

Fifth, strategy and method are equated and taken as synonyms because they are well-known topics in cognitive psychology. The method is considered as the path or the steps to be taken

to reach an objective. The strategy is a work guide, which implies using a set of methods and techniques for the realization of activities in order to achieve a goal ³.

Therefore, under the new circumstances that societies are going through in the 21st century, there is a need for modern, precise approaches linked to the most updated scientific explanations, such as neuroscience ⁴ and psychobiology ⁵. In this same line, it must be considered that all actions related to mental health must be based on emotion and its relationship with cognition ⁶⁻⁸.

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LETTERS TO EDITOR

Response to a critical reader of my essay on melancholy

Respuesta a un lector crítico de mi ensayo sobre la melancolía

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With the title “Scientific perspective of emotional management in health professionals”, the reader presents a series of considerations based on “very respectful observations and reflections”, five in total, to which I wish to respond after thanking the Journal and the reader, because with its publication it contributes to stimulate the healthy debate that must exist in the field of knowledge that defines human behavior as an object.

But first I want to state that, with the publication of my essay, I move away from any mood aimed at managing emotions in health professionals, whatever this means. Like everyone who publishes, I am encouraged by the desire to be read and the critical reader testifies to this, but, following the line of argument of his criticism of my essay, I depart from considering that the readers of this magazine are waiting for healthy recommendations for their ways of life. With Foucault I share the radical criticism he makes of this type of psychoanalysis - and other so-called behavioral sciences - that tend to become preaching. I suppose (and desire) an adult reader and able to discern with my writing, in favor or not of the content of this. And as in any essay, I use a vital experience that continues to be nourished by conceptual references produced from various areas of knowledge, in order to fulfill one of the essential objectives of any essay: to investigate a topic and involve the reader and that, finally, does not require exhaustiveness and declares mandatory the subjectivity of the essayist with total freedom in the structure, the tone and style of the text.

Beginning at the end of the letter to the editor

Based on his five observations, the reader ends his letter to the Editor as follows:

“Therefore, under the new circumstances that societies are going through in the twenty-first century, modern, precise approaches linked to the most up-to-date scientific explanations such as neurosciences and psychobiology are needed. In this same line, we must take into account that all actions related to mental health must be based on emotion and its relationship with cognition.”

To support this global conclusion, the reader relies on various authors who stand out in the field of psychobiology and cognitivism, with Mario Bunge at the head, the outstanding Argentine philosopher now deceased and known for his animosity to all social science that does not rely on statistics and mathematics.

It is, therefore, a recommendation in tune with the desire to manage emotions in health professionals, as announced in the title he gives to his letter to the editor. The reader confuses modernity with actuality: For him it is about satisfying a need with approaches that he calls *modern* (ignoring that the term should not be confused with actuality or contemporaneity but refers to all knowledge that has been able to introduce new paradigms that question the

existing ones, as, for example, Christianity did with respect to Roman paganism, for example...). On the other hand, his recommendation is a prisoner of the idea, already questioned for a long time by epistemology, that the knowledge of truth advances progressively until it is established in "neurosciences and psychobiology". This is a true idealist conception of science that, establishing continuity as permanent, ignores the times in which it is interrupted, the discontinuous, the limits and obstacles with which it finds itself.

The fundamental criticism of my essay would then be the non-adherence to these sciences and their support in ancient knowledge, which he confuses with modern "no".

Of history and stories

With regard to the fourth and fifth considerations of your letter, I only express my conviction that the essay, as such, is an exercise, par excellence, of critical thinking since it appeals to reconsider melancholy from a much broader scope than that of the reduction to psychopathology. And with respect to confusing strategy with method, I make it valid that an author like Don Miguel de Unamuno grants the actions of an Alonso Quijano, to proceed in the manner of a "melancholic strategy" and, more recent years, another author, Cristian Ferrer, refers to the theoretical practice of a thinker like Ezequiel Martínez, as "methodical bitterness". A closer reading of the essay allows us to include the two terms (melancholic strategy and methodical bitterness) in reference to the two thinkers mentioned and not to a confusion between strategy and method.

I dwell on your third point:

"Third observation, to take out of context the terms melancholy and bitterness, considering as strategies to make a life viable in difficult times, when in reality they are part of the basic symptomatology of depression pictures, and that occurs frequently due to the limited responses that people have to face the surrounding world realistically."

To take out of which context? For the reader, the context of melancholy and bitterness is precisely what history demonstrates as reduction, that is, the only psychopathological knowledge, the result of taking a concept that, like melancholy, is part of the cultural history of humanity, to which, psychopathological knowledge has been added from the foundation of psychiatry as a discipline.

In this true context (the history of how melancholy has been thought of in the West, from the Greeks to the present) an event occurs that shows the obstacles and limits that critical thinking about melancholy encounters: while from the Greeks until the Renaissance melancholy was granted to be the "state of mind", The "way of being" typical of the great men, from the eighteenth century this conception falls progressively as the idea is imposed that genius is the **pathological** trait of the nervous excitability of the person ^{1,2}.

For this reason and with reason, a contemporary reference of Psychiatry, Dr. José María Álvarez, assures in the preliminary words of a book like that of Dr. David Pujante ³ that:

"(The book)... It is part of a collection of psychiatry that aspires to be a humanistic alternative to pragmatic scientism, to the biological reductionism that has hijacked the discipline. And this rebellious orientation, which has numerous supports - phenomenological, existentialist, hermeneutical or linguistic - has in melancholy one of its main refuges. First, because it is a concept inscribed in history, as the author makes us see brilliantly in his long journey through culture. And, secondly, because it represents the immaterial sadness of men, a moral pain very accessible to subjective assessment, without the need to resort to medical or scientific considerations for its explanation. Sadness is the privileged link that psychiatry maintains with the human sciences, from whose bosom it

*should only partially depart instead of excluding itself as it has done during the last decades with singular crudeness. After all, positive science has little to say about the melancholy of the soul, and only succeeds in reducing it to a neurotransmitter humoralism that, to its regret, has much to do with the humoral dyscrasia of the ancient Hippocratic theory, but very little with the enormous symbolic and allegorical richness of its predecessor*³.

So here, the gentle reader, has an answer to your mistaken approach to the context of melancholy. My essay is inscribed precisely in that critique of positivism that continues to confuse modernity with contemporaneity, science with matter and psychopathology as the only legitimate truth.

Final words

In his “second observation” our reader points out bluntly:

“Second observation, a theoretical proposal of materialistic and systemic cut, that is, scientific. While it is true that the conditions in which we live contemporaneously are complex, uncertain, and changing. It is also true that there are theoretical proposals such as resilience that come from social psychology, which propose assertive, proactive behaviors that see the health of citizens in a more positive way. Without reaching romantic explanations such as the possible exercise of freedom (subjectivism and idealism) or the ideal of the self (patent presence of psychoanalysis). Terms that are not only insubstantial, but have no known therapeutic correlate. Therefore, what the population demands is a clear, realistic vision of mental health to structure concrete ways out of their stress, depression, or anxiety.”

The reader wants to clarify that for “emotional management in health professionals” a theoretical proposal is necessary that according to him is scientific because it is materialistic and systemic ... Already here one begins to breathe the aroma of science as Speech of the Master and it is not surprising when his letter is protected in speeches like that of Mario Bunge. It does not fail to recognize (other sciences?) that it also makes its contribution with that concept that resulted from the transfer of a quality of metals to human behavior and that is known as resilience, from social and humanistic psychology, surely the version of these as materialistic and systemic sciences ...

For the reader this implies separating himself from what he calls “romantic explanations” [“such as the possible exercise of freedom (subjectivism and idealism) or the ideal of the self (patent presence of psychoanalysis)].” His attachment to Mario Bunge’s version, to absolute determinism and to the consideration that psychoanalysis is frankly harmful, as his intellectual mentor assured, is undeniable, but the reader piously considers freedom and the ideal of the self as well as insubstantial terms lacking known therapeutic correlate. Of course: known to him.

I am not sure that at the moment “what the population demands is a clear and realistic vision of mental health to structure concrete ways out of their stress, depression or anxiety.” For the length of this matter, I am scarcely skeptical of this idealized and illusory community conceived by the reader.

Now the first observation:

“In the first place, we propose the convenience of reorienting the vision of the world that is presented in the article, since it establishes a tragic image of life (death). Not only because it implies the idea of the end of the world as the basis of the anxieties and obsessions of the population, but it even presupposes that the world conceived modernly is unlivable due to the level of stress that is endured due to uncertainty and changes. Moreover, it presents as strategies to be applied as a remedy to the crisis of living and, to achieve mental health, melancholy, and bitterness. Certainly, behaviors that do not have a profile of harmony or internal coherence in the subject, but of disorganization and healthy lack of response to life.”

This, written in the first-person plural and which I would expect to appear in the conclusions, is a call to the journal to reorient the worldview presented in the article... And this is recommended since this article establishes a tragic image of life (death)...

The reader's reading seems not to have stopped at my point according to which it is possible to notice ways of proceeding to face the inevitably calamitous of existence, intensified in times of great crisis. That is, it is about making "livable" a world that has great and inevitable times of difficulty (since they do not depend on the mere will of men).

The reiteration of the melancholic strategy (Unamuno) and the methodical bitterness (Martínez) are radically far from proposing the disease as a strategy given the above considerations. If our kind reader, instead of proposing actions of censorship, had taken care to apply methodical bitterness, suspending his own prejudices and striving to go to the letter of what he read, he would have glimpsed that the proposal is not directed as a recommendation for anyone but as an essay to understand how it has resulted in the past (and can serve in the present) the facing of the times difficult, those that for Borges, have always affected humanity.

It is regrettable, then, that by force of a lack of knowledge about the cultural history of melancholy, the reader protected his conclusions and invitations to the magazine, in that contemporary prejudice for which history has ceased to exist. Let's say in Einstein's words:

"The most beautiful thing we can experience is mystery. It is the source of all art and all science."

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