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Toward a Holistic, Intercultural, and Polyphonic Perspective on Health Care: A Brief Prologue to the Paper Titled “Understanding the Personalistic Aspects of Jola Ethnomedicine.”¹

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ABSTRACT

As a prologue to the paper titled “Understanding the Personalistic Aspects of Jola Ethnomedicine,” the present essay provides a brief anthropologico-philosophical reflection, starting with classic Roman philosopher Seneca and his dictum that “each passing day we die,” and continuing on to the profound existential questions pondered by more contemporary thinkers, including Heidegger and Levinas, about life, death, being, time, totality, and infinity. These agonically deep questions are intimately related to the universal human angst about health, illness, and death and the seeking of a restoration to a functional corporal and mental harmony and well-being through various means and methods, whether based on traditional religious or mythical beliefs and practices or on more modern medical practices. This essay also provides a diachronic philological analysis of the evolution of the word “health” in various languages and its age-old semantic connections to the idea of the “holly” and the “sacred.” These semantic roots lead the author to define health as a “holistic, cosmic, integral, and sacred state of dynamic harmony.”

In the context of a transtemporal, holistic, intercultural, and polyphonic perspective on health care, it seems essential and meaningful to call to mind the renowned dictum of classical Roman philosopher Lucius Annaeus Seneca,² according to which “each passing day we die” (cotidie morimur).

This dictum is, as we know, complemented and corroborated, closer to our time, by the German philosopher Martin Heidegger when he tells us, in *Sein und Zeit* (1967),³ that “existence, facticity and decline characterize the ‘being-towards-the-end’ and are, therefore, constitutive of the existential concept of death” (Existenz, Faktizität, Verfallen charakterisieren das Sein zum Ende und sind demnach konstitutiv für den existenzialen Begriff des Todes”).

It is likewise important to underscore that this inescapable condition of “being-towards-death” (Sein-zum-Tode), more than the “radical and absurd failure of human existence” (Gevaert 2003:296) and more than the ultimate outcome of our unstoppable and irreversible trajectory towards nothingness, must be understood and assumed, serenely and with hope, to be our

congenial, natural, and authentic way of being, living, thinking, acting, and existing in the anthroposphere.⁴

Taking the philosophical framework briefly delineated above as the point of departure, the meditative reflection that follows, about our “bio-entropy” and our diachronic and progressive degradation, as well as our “onto-biological disaggregation,” leads us to recognize that the answers to the agonically deepest and truly crucial questions—which make us acutely aware of our finitude, lability, and ephemerality—are to be found in the field of dialectics and dialogy between Life and Immortality.⁵ This is even more so when we take into consideration, and still according to Heidegger,⁶ that “death is the possibility of the absolute impossibility of the ‘being-there’”—Dasein—that is, of the human being thought of in his existential and situated epiphany in the World.⁷

And this illuminated and clarified awareness will also take into consideration, with Emmanuel Levinas,⁸ that “being to infinity . . . means to exist without limits” and that “the time in which the being to infinity occurs goes far beyond the possible.”

It is truly from the abysses of this meditation and acquired awareness that in all cultures and civilizations arise the excruciating angsts brought about by situations of suffering and illness, especially when presented in their extreme intolerability and gravity, that is, in their “limit-situations,” in the Jasperian acceptance of this expression.⁹ These angsts develop in the *untranscendable* existential frontier between life and death, all and nothing, and always with our “back against the wall” or on a “knife’s edge.”

These situations, as a rule, are in the origin of the nonconforming and desperate anxieties and *pulsions* that lead human beings to search (by all means at their disposal, as long as they are ethically acceptable) for the reposition of the so-desired “states of health” and, whenever lucidity still permits it, to a longed-for placid serenity and self-confidence that lead to a restorative “soliloquy” with ineffability, which prefigures an openness to transcendence, in the interminable horizon of, as Levinas says, the “unlimited infinity of the future.”¹⁰

And the question of what will unlimitedly come (the question of the absolute future, and, along with it, that of eschatology) remits us in effect—and as an alternative to the absurd and to existential nihilism—to the meaning of “the absolutely new” and to the surprising intangible *ultimities*, placing the centrality of the mystery of the “beyond” at the pulsing heart of faith, hope, and love and at the *plenificant* horizon of revelation and redemption, of an overcoming of death in the final resurrection.¹¹

This is so because, as underlined by Bonhoeffer, it is “only when we love life and earth so much, and everything seems lost and finished with them, that we can believe in the resurrection of the dead and in a new world” (p. 189).

But situating ourselves, now, in the terrain of concrete existence and of “Life’s World” (*Lebenswelt*), it is the harrowing agony of suffering and the somber climate of sickness—in a straight and direct dialogue between “wanting to live and having to die” (and always with the “*effrayante*” and “*angoissante*” imminence of death (Ricouer 2000:467) in front of our eyes)—that bring about, in a type of balsamic, lenitive, and calming counterpoint, the universal understanding that *health is the condition that enables the integrated and integrating vital harmony of the all-encompassing state of dynamic equilibrium, of the self-regulating, stabilizing, and substant homeostasis, and of corporeal and mental well-being* (bio-socio-psycho-physical).

This places health at the top of the axiological scale, judicative and evaluative as a foundational good, on which depend all other goods that we may enjoy.¹²

Health, therefore, is one of the primordial areas of the social and political domains, in as much as we increasingly invest in it and solidarily make decisions concerning the guaranteed safeguarding of the capital value and true angular stone in the construction of all of humanity's codes: THE VALUE OF LIFE. We safeguard it institutionally through a strategic network of services, mechanisms, and dynamics that aim to predict, prevent, resolve, or even neutralize and eradicate any harbinger of an ethio-symptomatologic nature, which might be a threat to the aforementioned structural and functional harmony of our somato-psycho-sociosphere in its constitutive, endogenous, and exogenous factors.¹³

The problematic dialectic of health and illness thus surely, in a most profound, flagrant, and radical manner, places in evidence the fragile, precarious, and finite nature of our human condition, and, for that reason, it invokes and implies a sense of priority and solidarity in our thinking and action. And in the aforementioned “limit situations,” it leads us, even more so, to call forth (or to convoke) the transcendental intervention of a divinity, whether one that is portrayed and manifested in the traditions of myths or one that is part of religious and sacred beliefs and rituals or of the ancestral practices of superstition, magic, and even witchcraft or sorcery.

It is not by happenstance that the most universalized linguistic designation of the idea of health—whether through the Latin words *salus salutis* and their Romanic derivatives¹⁴ or whether through the words *health* in English, *hesle* in Norwegian, *hälsa* in Swedish, *hailithō*, in Germanic, or *heisla* in Icelandic, among many others—have age-old and profound connections with the ideas of the “sacred” and the “divine.”

In fact, the Indo-European root *sol-* / *sal-* (with its phonetically evolved variant *hol-* / *hal-*), which constitutes the semiogenic nucleus of the Latin lexeme *salus salutis*, is present in the constitution of innumerable words of the lexical inventory of different languages, with special prominence for words of the Romance languages, such as *safe*, *safeguard*, *safety*, *sage*, *salubrious*, *salubrity*, *save*, *saving*, *salvation*, *savior*, *salutary*, *salute*, *salutation*, *salvage*, *holism*, *holistic*, *solid*, *solidity*, and *solidarity*.¹⁵

But it is also equally present in other English words, such as *hale*, *holy*, *holiday*, and *whole*, in Old English *hāl* and *hālig*, in Old Saxon *hēlag*, in Old Norse *heill*, in Old Frisian *hēlich*, in German *heilig*, in Old High German *heilag*, in Greek *hólos*, in Latin *saluus*, in Sanskrit *sarvah*, and others, all of them carriers of the transversal semantic markers of the “sacred, saint, saved, intact, entire, integral, total.”¹⁶

It is within this context that the word health—which designates and identifies the correspondent and thusly named “ontological, noetic, sophico-epistemic, cultural and axiological content” (conceptualizing of the object, the objectives, and the finalities of medicine's existence, as a specific curricular terrain of specialized knowledge of a *theoretical*, *praxico-technical*, *clinical-therapeutic*, *reconstructive-surgical*, *plastic-poietic*, and *ethico-deontological* nature)—evokes and convokes terms and concepts such as *saving*, *salvation*, *salubrity*, *holism*, *solidity*, *solidarity*, and *solicitude*, which, on their own accord, bring forth, isotopically, ideas such as *totality*, *wholeness*, *integrity*, *inclusion*, *density*, *combination*, *articulation*, *orchestration*, *harmonization*, and *an enlarged and profound syntony of everything related to the organic and functional (anatomical and physiological) complexity of our living body and its ecosystem*.

Health, thus, justly understood, is a “holistic, cosmic, integral and sacred state of dynamic harmony,” in such a way that the doctors and medics that attend to it have a genealogy of “divine” origin: They are, on Earth, the descendants of Asclepius or Aesculapius, and their universal emblem is the caduceus, the unmistakable symbol of medicine, which is very patent, indeed, on the flag of the World Health Organization (WHO).



In closing, it seems that it is within the envelopment made possible by the above philosophical and hermeneutic framing (although a very synthetic one) that the interesting paper titled “Understanding the Personalistic Aspects of Jola Ethnomedicine” acquires a real and more profound meaning and reach.

Without forgetting, however, that even when, or perhaps above all, in sickness, whether severer or lighter (as normally occurs with a regular cold), it is important to discover the always transcending horizons of poetic creativity that confer to life its highest greatness, as it was done, for example, by the great Lusian poet Fernando Pessoa through one of his heteronyms, Álvaro de Campos (1980):

I have a terrible cold,
 And everyone knows how terrible colds
 Alter the whole system of the universe,
 Turn us against life,
 And make us to sneeze into metaphysics.
 I have wasted the whole day blowing my nose.
 My head is aching vaguely.
 A sad condition for a minor poet!
 Today I am really and truly a minor poet.
 What I was in old days was a wish; it's gone.

Goodbye forever, o faeries queen!
 Your wings were made of sun, and here I am going.
 I shan't get well unless I go and lie down on my bed.
 I never was well except when lying down on the Universe.

Excusez un peu ... What a terrible cold! ... it's physical!
 I need truth and aspirin. (P. 48)

ENDNOTES

1. This essay was translated from Portuguese to English by Dulce Maria Scott, Anderson University.
2. Cf. Seneca: “Cotidie morimur; cotidie enim demitur aliqua pars vitae, et tunc quoque cum crescimus vita decrescit. Infantiam amisimus, deinde pueritiam, deinde adulescentiam” (p. 20).
3. Cf. Heidegger 1967 (§§ 50–53): “Existenz, Faktizität, Verfallen charakterisieren das Sein zum Ende und sind demnach konstitutiv für den existenzialen Begriff des Todes.” Because I feel linguistically more comfortable with Spanish than with German, I followed the excellent Spanish translation of José Gaos (1971:258–91), having retained the following topical summary developed therein: “La posibilidad de experimentar la muerte de los otros y la de apprehender un ‘ser ahí’ todo (§ 47); ‘lo que falta,’ el ‘fin’ y la ‘totalidad’ (§48); deslinde del análisis existencial de la muerte por respecto a otras exégesis posibles del fenómeno (§49); diseño de la estructura ontológico-existencial de la muerte (§ 50); el ‘ser relativamente a la muerte’ y la cotidianidad del ‘ser ahí’ (§ 51); el cotidiano ‘ser relativamente a la muerte’ y el pleno concepto existencial de la muerte (§ 52); ‘proyección’ existencial de un ‘ser relativamente a la muerte’ propio (§ 53).”
4. Cf. Baptista 1993:12–13.
5. Even if, paradoxically, we recognize, along with Hans Jonas (2000) that “the being is only comprehensible, only is real as life” [el ser solamente es comprensible, solamente es real como vida (p. 23)] and that “modern man is little inclined to accept the idea of immortality [(el hombre actual está poco inclinado a aceptar la idea de inmortalidad (p. 303)], “with a notorious lack of hospitality” (falta de hospitalidade) for the contemporary spirit of that idea (p. 304), especially if thought of in a framework of transfinite and transcendent eternity parameters, which, therefore, fall outside of the ephemeral and illusory contexts that are celebratory, laudatory, and *pantheonic* of “fame” and the historical-diachronic continuity of the great achievements of man (pp. 304–23).
6. Cf. Gaos 1971:274.
7. For Heidegger, *being to totality does not mean being to infinity*. On the contrary, it is only possible for *Dasein*, the being-there, to be totally *within the context of a boundary that determines the ambit and reach of that totality*, or, in other words, *the totality of Dasein is grounded in temporality*. For the philosopher from Meßkirch, total being presupposes the existence of an “end” that limits *Dasein*; in *Being and Time*, totality presupposes finitude. And the “end” of *Dasein* is death. [Cf. Rodrigo Guerizoli in his interesting essay “Compreensão do ser” como barreira ao outro? Lévinas, *Ser e Tempo* and the second Heidegger *Natureza Humana* 7(January–June 2005):159–77. Retrieved (http://www.centrowinnicott.com.br/grupofpp/modules/mastop_publish/?tac=56).]
8. Cf. Levinas 2000:288. Joseph Gevaert (2003) thinks in a convergent manner when he affirms: “El sentido de totalidad que la muerte confiere a la existencia humana se revela, en definitiva, como una experiencia de finitud. Ante la muerte, la existencia humana se concentra como en un solo punto, a saber, en la posibilidad de perderse por completo, en la necesidad de salvarse por completo. Se puede estar de acuerdo con M. Heidegger al menos en que *la muerte es la expresión más concreta y radical de la finitud humana*” (p. 306, emphasis added).
9. Cf. Abbagnano 1970:235.
10. Cf. Levinas (2000): “La verdadera temporalidad, en la que lo definitivo no es definitivo, supone la posibilidad, no de recuperar todo aquello que podría ter sido, sino la de no arrepentirse más por las ocasiones perdidas ante lo infinito ilimitado del porvenir” (p. 289).

11. Cf. Forte 2005:189, remitting us to the nuclear “philosophic-theologic positions” of Dietrich Bonhoeffer, Karl Barth, and Rudolf Bultmann, among other things (pp. 155–96).
12. Cf. Baptista 2010:296–98, 304, 310, 316, 346.
13. Cf. Baptista 2010:347.
14. Let us consider, for this purpose, the designators of the idea of health in the universe of the Romance languages: in Portuguese *saúde*, in French *santé*, in Spanish *salud*, in Catalan *salut*, in Italian *salute*, in Romanian *sănătate*.
15. Cf. Baptista 2003:449–50, *n* 3.
16. Cf. Barnhart 2001, the entries, “health,” “holy,” “holism,” “safe,” “salute,” “save,” “whole.” See also the same entries in *Online Etymology Dictionary*: <http://www.etymonline.com/index.php>.

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POSTSCRIPT

As a frequent reader of academic works written in English, I must express my high appreciation for the excellent translation from Portuguese to English made by Professor Dulce Maria Scott. I am well aware that, due to the philosophico-anthropological, philological, and even poetic nature of its dense content and complex argumentation, it is not an easy text to translate.

Such a remarkable effort was made possible by the Lusiad passion she feels for her ancestral language—the Portuguese language—in conjunction with her superb grasp of English and, above all, her consistent and substantiated understanding of the cognitive content in question, demonstrating again that Hans-Georg Gadamer was right when he said that “every translator is an interpreter.” In fact, Professor Scott knew how to interpret, accurately and with exemplary hermeneutic consistency, my original text. And now, when I compare her translation with the original Portuguese version, I feel an added pleasure; that is, I feel that my brief and reflexive prologue has become richer and more valuable, not only for its thoroughness but also for its expressiveness. But I want as well to take this opportunity to express my grateful appreciation to the Editorial Office of the Journal of the Indiana Academy of the Social Sciences. It is a very important and laudable editorial initiative of an academic nature that will continue to contribute to the enhancement of inter-university culture in America and in the world. It is for me a huge honor and a very singular privilege to be among the journal’s collaborators. Congratulations and best wishes!

—Fernando Paulo Baptista