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The Two Branches of The True Clinical Neurosciences

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We can say that as Nietzsche killed God, Hegel killed the story, Barthes killed the author, and Foucault killed the man, neurosciences killed psychoanalysis [1].

Psychoanalysis not to be confused with psychology or psychiatry. Psychoanalysis is intended as a theory and a therapeutic technique. As theory would be acceptable if show is true enough; as technique, if shown to be sufficiently effective. But to sustain the claim to truth or claim of efficiency, their ideas and practices must submit the same to the canons of development of pure and applied science, at least to be considered as a science [2]. Psychoanalysis cannot get pass the tests of scientific nature. The psychoanalytic session is perhaps comparable to the act of Christian confession with the priest; as Spinoza said: "There is in us absolutely nothing we cannot be aware" [3]. Moreover, neurology attends a technological revolution that allows to deepen the knowledge about the brain and its functioning. For example, in the brain biologically learning processes occur, and soon, neurologists, pediatricians, school doctors, psychologists, teachers and educators should work together to complete the puzzle involving the educational phenomenon [4].

Many thoughts arise based on the development of neurology and neurosciences, including issues not previously considered themselves working area of the discipline, such as the regulation of behavior, goal-directed behavior, the persistence of memory, empathy, moral cognition, awareness, and decision making [5].

This is reminiscent of Martin Heidegger when, doomed to unravel the meaning of the process of thinking, distinguish between the important and serious [6]. The important thing is what draws our attention for a moment and then escapes our focus of interest. It is lightweight. Serious is that to which we cannot avoid. It is heavy and weighs in our spirit. Many psychiatrists declaim the importance of studying the neurobiological basis of the psyche and behavior, but quickly his thought runs to less rigorous disciplines, owners of metaphorical language and aimed to provide, in almost poetic terms, many explanations and few answers. Modern neuroscience has noted that the issue is serious, because questions about the human condition are its subject: morality, empathy, conscience, are now being studied by neurologists and neurobiologists. They will be the key to understanding how we make decisions and what is free will, because, for example, is there free will with a damaged prefrontal cortex?

The current dominant paradigm in psychiatry is neurobiology. It is a growing paradigm. Fortunately, progress of basic neuroscientists in the last half century is immense [7]. This growth suggests that many of the diseases of the brain, such as alcoholism, neurodegenerative disorders (Parkinson's, Alzheimer's, etc.), schizophrenia and others, will have in the future diagnosis and new therapies whose origin come plausibly basic neuroscience [8].

The brain, the brain of Homo sapiens, is the organ that really makes us human. And we are human for both the neurologist to the psychiatrist who can interview us. So we need to know more about our human history (anthropologically) to better understand our brain. We can consider that there is an "exobrain" which is the culture, the culture of human civilization that allows to launch and develop the human brain. Only in this way our brain works, embedded from childhood in a human environment.

The biopsychosocial model of psychiatry today [9], requires knowledge by the neurologist, who often are held in an epistemological status that includes injury (if possible, visible neuroimaging), clinical manifestations (motor, more understandable), diagnosis and therapy. And what about the myriad of patients who come to our office without neurological disease "organic"? [10]. Is the neurologist prepared to understand these patients? Most likely, the technical training with which account are not allowed. So we understand the clinical neurosciences will increasingly walk together, they no longer pose a theoretical repertoire, but a source of practical and therapeutic understanding of behaviors affected by the malfunction of the nervous system [11].

Those who say it is a scientific reductionism consider the mind as the result of a complex neural design, only highlight the smallness is its neurobiological knowledge. We must understand that neurology and psychiatry are the two branches of the true clinical neurosciences, and that his division is an artifice.

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