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Research in psychiatry: between Sisyphus and Peter

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In the *Odyssey*, Homer depicts King Sisyphus of Corinth as the cleverest and wisest of men, but also the greediest and deceitful, prone to use unlawful methods, including killing travellers who came to trade in his kingdom. What's more, he despised gods. Near the end of his days, the King hatched a plan to conquer death: he asked his wife that when the time would come, she should not offer the usual sacrifices to the dead, and so did her. Subsequently Sisyphus persuaded Hades to let him return to the world above and give his widow the punishment that she deserved. So Sisyphus returned to Corinth, but neither he took any action against her, neither did he came back. Forced to return to the place where he belonged, the underworld, he was penalized to push uphill a huge stone along a steep slope, almost to the top of the mountain top were the heavy roc would roll back down, and consequently, Sisyphus had to start from the beginning, again and again.

Sisyphus represents the vain struggle of man to live forever at any price. He is unlawful, he is arrogant with the gods and he is not servant of knowledge, but a person prone to take hold of it for his own benefit.

In the *Legenda aurea* or *Legenda sanctorum*, the *Golden Legend*, of the Dominican father and Archbishop Jacobus of Varagine (13th Century) the familiar scene of Peter fleeing Rome from the persecution of Nero in which Jesus Christ appeared to him walking in the opposite direction, carrying the cross is to be found. *Domine Quo vadis?* asks Peter. *My people in Rome need you, if you leave my sheep I will go to Rome to be crucified again*, was the answer he received. Peter turn around and went back to the Eternal City to consummate his destiny.

Research in psychiatry is at a perpetual impasse. Psychiatric research is compelled to restart again in every generation and badly needs to return again and again to its roots, with the drawback that Rome is in the maps and the roots of our discipline remain scattered under countless theories and ideologies. Two articles review in depth the nature and origin of the crisis and propose strategies which, by the way, coincide with new paradigms in medicine which is also in the need of new perspectives.

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