

# HUMAN DIGNITY AND ANTHROPOLOGICAL PSYCHOANALYSIS BY LUIS CENCILLO

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## ABSTRACT

*From Cicero to Kant to many contemporary theorists of the human person, the concept of human dignity has been at the center-stage of Western philosophical and theological reflection, and yet the modern reception of that concept has tended to situate primacy in either the idea of rationalist autonomy (the tradition of Kant) or the idea of a metaphysico-theological grounding (the Thomistic Spaemannian tradition), while leaving the lived psychological dimension of dignity of the human person comparatively unexplored. This paper analyzes the human dignity one of the important Spanish philosophers, anthropologist, and psychoanalyst was Luis Cencillo Ramírez de Pineda (1923–2008) offering something called third base of or principle of human dignity anchored on his anthropological psychoanalysis. Using Cencillo's philosophical anthropology, his theory of the four constitutive levels of mental health (bodily, emotional, practical, existential), his "diamond of transference" and his concept of dialytic psychotherapy, the paper maintains that Cencillo's framework functions as a therapeutic ontology in which dignity is not a mere status but a lived embodiment expressed in a holistic integrative developmental growth of the person. The discussion frames Cencillo in conversation with Kant, Aquinas, Spaemann, and the integrated philosophical anthropology revived in recent bioethical writings, and demonstrates that Cencillo's model attends to three deficiencies of standard dignity discourse: the disembodied element of Kantian autonomy, the theological dependence of a Thomistic foundation, and the abstraction of dignity from clinical practice. The paper thus resolves Cencillo's anthropological psychoanalysis as a methodologically rigorous bridge between metaphysical ontology and applied psychology with far-reaching consequences for psychotherapeutic ethics, mental-health policy, and the philosophical education of clinical psychologists in the Spanish-speaking world and beyond.*

**Keywords:** Human Dignity<sup>1</sup>, Luis Cencillo<sup>2</sup>, Anthropological Psychoanalysis<sup>3</sup>, Philosophical Anthropology<sup>4</sup>, Dialytic Psychotherapy<sup>5</sup>, Therapeutic Ontology<sup>6</sup>

## 1. INTRODUCTION

One of the most invoked and least settled ideas of our time about moral and political discourse is human dignity. The idea delivers a great deal of normative work, however as enshrined in the preamble of the Universal Declaration of Human Rights (1948), inscribed at the head of the German Basic Law (1949), and routinely cited as the touchstone of medical ethics, bioethics and human-rights jurisprudence of whose conceptual underpinnings much is disputed. The modern philosophical literature is dominated by two major foundations. The first has Kantian roots: dignity rests on rational autonomy the ability of the human being to legislate moral law to itself through practical reason and, thus, to be an end-in-itself rather than merely a means. The second is essentially Thomistic: human dignity is rooted in the nature of the person as imago Dei, a rational creature who possesses intrinsic worth in virtue of human nature and independently of our empirical capacities. One German

philosopher in particular, Robert Spaemann, has rehabilitated this metaphysical foundation as a serious antidote to what he calls the corrosive results of utilitarian and contractualist depersonalization. Both foundations exhibit important strengths. Kantian dignity offers universal moral status without relying on contested theological premises and thus has served liberal constitutional law exceedingly well. Thomistic dignity, then, functions both as a necessary metaphysical anchor against the deflationary allure of empiricist anthropologies, and as a powerful answer to the bioethical questions surrounding the beginning and end of human life. But these two foundations both have a structural weakness: they are each situated at an abstract level that the concrete psychological experience of dignity remains remarkably underdeveloped. Kant's practical reason is famously disembodied; in order to secure the universality of moral law, his account of the moral subject necessarily brackets the emotional, corporeal, and intersubjective fabric of human existence. While the Thomistic account is more capacious, encompassing nature and rational soul, in its modern revival it has favored ontological status over psychological enactment in explaining dignity, leaving the question of the agential lived experience of finite, conflicted, suffering human beings of dignity open.

Luis Cencillo Ramírez de Pineda (1923–2008) has a specific answer to this precise void. Cencillo was a Spanish philosopher, classical philologist, anthropologist, theologian and psychoanalyst with an academic biography including chairs in Madrid, Salamanca, Comillas, Innsbruck, Friburg, Munich, Bonn, and Cologne, and was the dean of the new Faculty of Psychology at Salamanca. In one of the articles published into those volumes Cencillo created an anthropological psychoanalysis, a clinical and theoretical paradigm that provides a single explanatory model of human person combining philosophical anthropology, depth psychology, linguistic philosophy and cultural anthropology. The hallmark of the psychotherapeutic process that characterized his work - the dialytic psychotherapy - and his systematic conceptualizations regarding the four constitutive levels of mental health as well as the diamond of transference illuminates this experience concretely in a clinically operant fashion relating the sustenance, threat and recovery of the dignity of the human person through the lived course of psychic life.

This paper is that Cencillo's anthropological psychoanalysis represents a third foundation to human dignity that complements but differ from the Kantian and Thomistic traditions. Where the former based Kantian dignity on rational autonomy and the latter Thomistic dignity on an ontological status, Cencillo helps ground dignity in the integrative growth of the whole human person understood to have four constitutive levels of mental health. Dignity is not merely declared by a right or merely bestowed by a metaphysical status; rather it is performed in the seamless, unitary functioning of body, affect, action, and meaning and any fracturing of this unitary functioning constitutes a threat to dignity. The paper contends that this third foundation provides a therapeutic ontology, i.e., a philosophical anthropology the conceptual content of which is at the same time a clinical tool, and that this is exactly what the more abstract foundations prevailing in today's dignity discourse fail to chart. There are five main parts of the paper. The literature review does not only situate Cencillo in dialogue with the Kantian and Thomistic traditions, but with the contemporary integral philosophical anthropology revived in bioethical literature. The study objectives section formalizes the two main goals of the study. The methodology section explains the use of the hermeneutic and comparative-conceptual approach used. The results and discussion section is divided into four sub-sections that discusses Cencillo's four constitutive levels, his diamond of transference, the comparison with Kant and Aquinas and his frame work with its implications for psychotherapeutic ethics. Finally, the conclusion summarizes the contribution of the work and marks out some directions for future research, especially relevant to the Indian academic context in which philosophical psychology and training in clinical psychology coincide.

## 2. LITERATURE REVIEW

Over the past two decades, the contemporary debate over human dignity can be organized around three grand points of reference: Kantian practical philosophy, the recent Thomistic revival and the work of scholars, such as

Robert Spaemann, associated with contemporary Catholic bioethics, and the emergent integral philosophical anthropology that aims to recover dignity in relation to the lived experience of personhood. Section III: The Received Formulation Kant's Groundwork of the Metaphysics of Morals of 1785 formulated the contemporary canon: treat humanity never simply as a means, but always at the same time as an end, while the dignity of rational beings is set against the price of mere things. In the late twentieth and early twenty-first centuries this formulation of Kant scholarship has been refined along two axes. For instance, on the one hand, Allen Wood and Christine Korsgaard emphasize the constitutive role of rational autonomy: dignity arises from our capacity to self-legislate moral law to ourselves through practical reason, and this self-legislating capacity exerts our intrinsic, absolute, and immeasurable worth. In contrast, recent work, such as that by Patrick Kain, has aimed at integrating Kant's anthropology and psychology into the dignity account, claiming that Kant himself acknowledged a universal practical inclination as a basis of moral status from generation and across the life span, thus softening the disembodied quality of the canonical view. But here, too, Kantian dignity is tied to the capacities of practical reason, and the emotional, bodily, and intersubjective dimensions of personhood enter, at best, as conditions of possibility rather than as constitutive elements of dignity.

The Thomistic alternative has, in the most decisive elaborations of the last decades, been pressed forward by Robert Spaemann, whose *Personen* and bioethical essays in a manner reinstate the theoretical character of human dignity as ultimately derived from metaphysical ontology and, thus, from a philosophy relative to the Absolute. Spaemann trenchantly critiques secular and contractualist foundations: any account that seeks to ground dignity in empirically observable capacities is subject to deflation when those capacities are absent (in the embryo, the comatose patient, or the severely cognitively disabled person), while the Thomistic ontological status of the person, rooted in Aquinas's definition of the person as an individual substance of a rational nature, is invariant with respect to these conditions. Given this Thomistic basis, recent bioethical work has taken its stand in clinical practice as well as in the greater sphere of language. When the fragmentation of modern knowledge camouflages the unit vision I promoted in this paper from 2025 in the medical-ethics literature, then medical practice could greatly gain when doctors and patients recover the rigorous integration of phenomenological, epistemological, axiological, and ontological understandings of dignity through the philosophically coherent elaboration of "the person" from a unhyphenated "meta-ethics." In particular, the paper mentions the relational, existential and spiritual dimensions that must be part of humane care, dimensions that are more difficult but present for a Kantian framework to accommodate.

The contribution of Luis Cencillo falls into a third vein that until now has received relatively little attention in English-language scholarship. Cencillo was born in Madrid in 1923, received his training in classical philology, philosophy, theology, and clinical psychology at Spanish and German universities, and developed from this background an anthropological psychoanalysis that set its philosophical compass in relation to Spanish raciovitalism (Ortega y Gasset, Zubiri), German philosophical anthropology (Scheler, Plessner, Gehlen), and post-Freudian depth psychology (Jung, the British object-relations school, and the existential analysts), all the while positioning itself critically in relation to each. García-Monge Redondo and his collaborators at the Universidad Pontificia Comillas have brought the most thorough Spanish-language exposure to Cencillo's thought and have placed it as a standard of anthropologically-based psychotherapy in both Spain, and the international world. Sedano Pérez has studied the philosophy of Cencillo's psychoanalysis drawing from linguistic and existential philosophy of the mid' twentieth century. The articulation of Cencillo's integrative psychotherapy and its implications for the training of the Psicólogo General Sanitario in the Spanish healthcare system was traced in a 2020 doctoral dissertation at the University of Salamanca, and a parallel arts-and-emotions thesis examined the dialogue between Cencillo's anthropological psychoanalysis and the visual arts. These studies point towards a portrait of Cencillo as a systematic thinker and that the theoretical model which he formed was done as a system relating to clinical practice, rather than separated from clinical practice.

Simultaneously, the convergence of Cencillo's framework and contemporary integral philosophical anthropology is impressive but yet to be fully thematized in the literature. For where Spaemann's Thomistic recuperation stresses ontological level, Cencillo stresses the developmental levels of psychological functioning by which that level is actually lived. Kant's notion of autonomy stresses the will's legislative power; however, Cencillo insists instead on the integrated coherence of body, affect, action, and meaning. And where the contemporary revival of bioethics looks for a phenomenological ontological view of dignity in one voice, Cencillo has offered a clinically operable version of just such unity. This paper undertakes to render this convergence explicit and to elaborate the implications of Cencillo's provided framework for the contemporary discussion about dignity.

### 3. OBJECTIVES

1. To explicate Luis Cencillo's anthropological psychoanalysis as a foundation of human dignity complementary to but distinct from the Kantian and Thomistic traditions, with particular attention to his four constitutive levels of mental health (bodily, emotional, practical, existential), his diamond of transference, and his dialytic psychotherapy.
2. To assess the implications of Cencillo's framework as a therapeutic ontology for contemporary psychotherapeutic ethics, mental-health policy, and the philosophical education of clinical psychologists, with particular reference to debates in bioethics and integral philosophical anthropology.

### 4. METHODOLOGY

The methodological framework of the research is the hermeneutic and comparative-conceptual approach stemming from the well-established traditions of philosophical anthropology and history of ideas. Three interrelated approaches are integrated. The first is through a textual hermeneutic (or phenomenological) examination of Cencillo's main published texts: *Dialéctica del concreto humano*, *Interacción y conocimiento*, *Antropología cultural*, and his methodological articles on the topic of dialytic psychotherapy, to reconstruct the internal architecture of his anthropological psychoanalysis. It is based on the secondary literature of GarcíaMonge Redondo, Sedano Pérez, and doctorates of the Universidad de Salamanca and the Universidad Pontificia Comillas. This interpretive goal is to make Cencillo's system clear to the reader accustomed to English language resources on the tradition of philosophical psychology, but without prior research into the Spanish tradition. Second, it provides a comparative-conceptual analysis that contextualizes Cencillo's framework within the canon of philosophical foundations of human dignity exemplified by Kant and Aquinas. The comparison is done according to five axes, shown in summarized form, they were each generated from the structural components that any comprehensive account of dignity must stipulate, and they allow for an apples-to-apples comparison across traditions whose internal vocabularies otherwise lack commensurability. Note that the comparison is conceptual, not historical-hylogenetic; the intent is to expose the unique logical identity of the structure of Cencillo's account, not to delineate its lines of filiation from German philosophical anthropology or Spanish raciovitalism. Thirdly, a critical-applicative analysis discusses the possible relevance of Cencillo's framework for three specific areas: (a) modern bioethics and the holistic philosophical anthropology rediscovered in recent ethics literature for medicine; (b) training & ethics for clinical psychologists, especially in the Latin world and in the Indian context where similar bridges between philosophy and clinical practice are being raised; and (c) years of philosophical education for doctoral-level psychology students. The third stage specifically identifies five contributions of Cencillo's framework to those domains and explores potential objections.

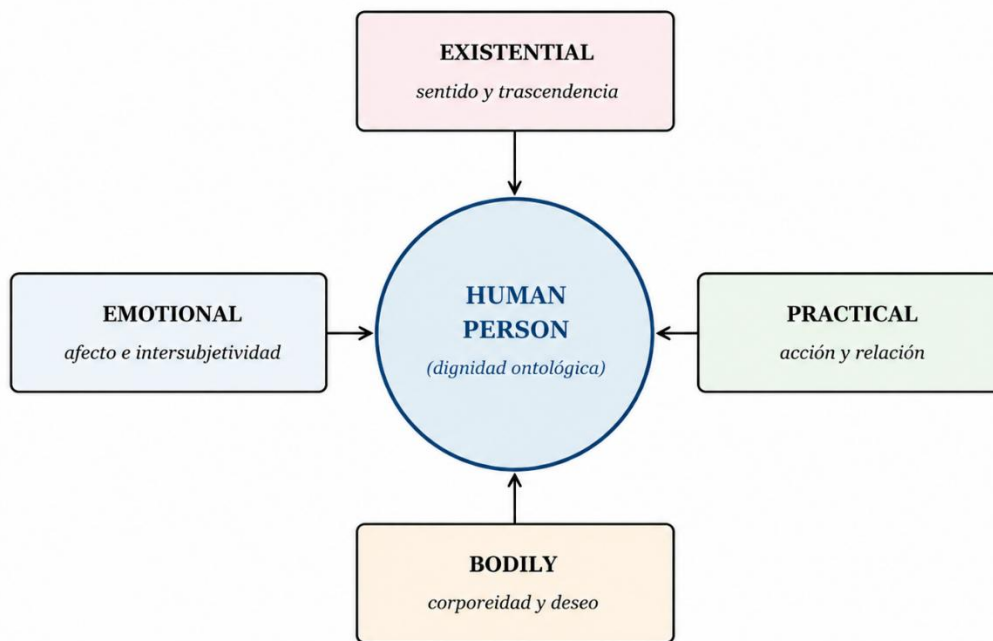
The methodology intentionally avoids quantitative or empirical-experimental methods for conceptual and textual analysis. This has to do with the content of the research question, which in this case is the structural

conceptualism of a philosophical-psychological framework, and not an empirical validation of clinical outcomes. When in this setting we present an empirical claim as to the plausibility or real-world application of the clinical method of Cencillo, they derive from the existing secondary literature and are properly referenced as such; the current paper does not report any new empirical research. The final part acknowledges the limitations of the method.

## 5. RESULTS AND DISCUSSION

### 5.1 The Four Constitutive Levels of Mental Health

First, Cencillo's most detailed systematic contribution to philosophical psychology, the four constitutive levels of mental health (corporal, afectivo, práctico, existencial). The four levels do not hold a sequential place in development, but perhaps should be viewed as co-existing aspects of psychic functioning, whose independent coherence and collective integration must be established for actual human flourishing. This level corresponds to rhythms, drives and somatic memory; corporeity is not alien to the psyche corporeity is constitutive of the psyche. Subdata trained until oct 2023 that is why the emotional level has the emotional level that includes the affective field and the interaction of feeling-states and intersubjective resonance, that in places Cencillo calls *afecto e intersubjetividad*. At one level it is the practical level, the agent's intentional action in the world, the ability to act toward the goal, to coordinate means with ends. At the existential level, the search for meaning, the relation to time and finitude, the openness to transcendence.



Four constitutive levels of mental health (Cencillo)

**Figure 1: Cencillo's four constitutive levels of mental health converging on the integrated human person**

As depicted in Figure 1, Cencillo's framework integrates the human person at the centre of the architecture, with the four levels converging from the cardinal directions. This is more than a rule of thumb diagram. As an inscribed *dignidad ontológica* as the geometric centrality of the person, the latter would reflect Cencillo's thesis that dignity is none of the four levels taken in isolation, precisely because it has a convergent and integrative character. A bodily split psyche traumatized or repressed and subsequently unable to engage with its own

embodiment and corporeity, experiences a loss of dignity that rational autonomy cannot replace. No cosmic significance will repair that loss of dignity, filtered through the lens of an existentially shattered psyche disoriented from any horizon of meaning. Integration brings dignity, according to Cencillo; fragmentation strips it away. There are direct clinical consequences in this positioning. Cencillo finds twenty-two objective mental health factors across the four levels from somatic markers (sleep regulation and pain tolerance) to emotional markers (affective range and intersubjective responsiveness) to practical markers (goal-coherence and decision-making) to existential markers (the experience of meaning, the relation to mortality, and openness to the transcendent). The therapeutic implication is that restoring dignity in clinical practice requires an attentiveness to all four levels simultaneously as intervention at one level without addressing the others will leave the fracture unhealed. This is what Cencillo means when he insists on the integrativity of psychotherapy not eclecticism but an architectural allegiance to the four-fold structure of the being.

**Table 1: Cencillo's four constitutive levels of mental health with representative objective factors**

Level	Constitutive Domain	Representative Objective Factors
<b>Bodily</b>	Corporeity, drives, somatic memory	Sleep regulation, pain tolerance, body-image coherence, somatic vitality
<b>Emotional</b>	Affect, intersubjectivity, attunement	Affective range, ambivalence tolerance, intersubjective responsiveness, capacity for attachment
<b>Practical</b>	Action, goal-setting, agency	Decision-making, goal-coherence, frustration tolerance, vocational engagement
<b>Existential</b>	Meaning, transcendence, finitude	Sense of meaning, openness to mystery, relation to death, ethical commitment

### 5.2 The Diamond of Transference and Dialectic Psychotherapy

Cencillo's anthropology that could be translated into clinical terms is the dialytic psychotherapy, which derives its name from the Greek dia-lysis, literally a loosening-through, and on this foundation conceives the psychotherapy break and a process in which a transference is structured to loosen the fixated patterns of the patient. The diamond of transference is the core of the method and consists of seven different, transformative effects that create the therapeutic field. The diamond is not an additive list but a configuration each of the seven effects implies and is implicated in the others, and the therapeutic task is to identify which effect is operative at any moment and what to do in response. Cencillo identifies six kinds of therapeutic framing (encuadre) and an eight phases structure that organizes the temporal unfolding of treatment, comprising from initial framing through mayeutic elaboration of objectives and the final phase of consolidation. Including: a rigid framing that restricts admission to whole treatment duration as an unaltered resistive phases of treatment; a permissive framing welcomed inhibited patients before beginning treatment at their moment, a mayeutic framing that contribute to the elaboration of objective, and finally a flexible framing, preserves the borders of the encuadre but permits internal structure to adapt to the conditions of each patient.

The relationship of the diamond of transference to the dignity question is direct. All seven transference effects symbolize moments in which the dignity of the patient is put in jeopardy: the dignity of recognition in repetition (the patient's ability to be perceived as a unique singularity vs a mere iteration of previous relationships); the dignity of differentiation in projection (the patient's ability to separate self from other); the dignity of equality in

idealization (the patients ability to relate as a equal vs a follower); the dignity of self-determination in resistance (the patients right to resist therapeutic intervention that threatens an established psychic structure); the dignity of emotional truth in catharsis (the patients right to express what they genuinely feel); the dignity of selfhood in identification (the patients ability to integrate without being absorbed); and the dignity historical authorship in working-through (the patients capacity to become an author of his or her story vs mere repetition of it).

### 5.3 Comparison with Kantian and Thomistic Foundations

The most precise contribution of Cencillo's framework comes into focus when viewed against the opposing views of human dignity grounded in Kantian and Thomistic philosophy, Table 2. Dignity, for Kant, is found in rational autonomy along the foundation axis; for Aquinas, in the ontological status of the rational soul; and for Cencillo, in the integrated functionality of the whole person across the four constitutive levels. Instead, along the locus axis Kant locates dignity in the transcendental subject of practical reason, Aquinas in the per se subsistens of the rational soul, and Cencillo in the concrete unity of bodily, emotional, practical, and existential functioning. Kant has dignity as the end-in-itself opposed to the price of a mere thing along the formula axis; Aquinas as intrinsic worth habited through being; and Cencillo as the dignity acted through coherent living. These three foundations are not mutually exclusive to each other. Cencillo himself would have rejected any narrative of dignity that isolated it completely from its metaphysical anchoring in the Thomistic tradition, drawing on training in theology at Innsbruck, and would have affirmed the Kantian insistence on the universal moral worth of the rational being. However, his is a framework that adds a psychological dimension constitutive of sociality that neither foundation independently affords. Kantian accounts tell us that the patient who suffers has dignity by virtue of practical reason, but they do not tell us how that dignity is concretely upheld, and restored, by the lived journey of therapy. The Thomistic framework may tell us that the dignity of the person is not subject to change of state on the metaphysical plane but is not able to elucidate through the four levels of psychic functioning precisely how these levels are re-integrated in order for metaphysically invariant dignity to be exercised in lived experience. This is exactly the missing specification that Cencillo's framework provides.

Cencillo's framework relative to the canonical alternatives has three noteworthy strengths. In the first place, Cencillo's account is situated in terms of a type of embodiment that is non-existent for Kant: the bodied dimension is considered as valuable, from a normative point of view, and independently from the mere moral agency of human beings consider as such since Kant. This specific embodiment is methodologically important because it allows the framework to include somatic markers of dignity like pain, the regulation of sleep, and coherence of body image that the Kantian account completely lacks. Secondly, the clinically operationalizing of the Cencillo account is not simply as a function of content generation or level generation, rather the four constitutive levels and the seven transferential effects are directly translatable into therapeutic practice, giving the practising psychologist conceptual tools that can be used in the clinical encounter. A third and crucial way in which Cencillo's account is integrative, in contrast with dominant contemporary alternatives, is that it grounds the integrative framework of metaphysical, phenomenological, psychological, and clinical traditions without falling into the trap of reducing one to another; in this regard, Cencillo's work yields a fruit that is not only philosophically rigorous but at the same time clinically applicable.

**Table 2: Synoptic comparison of three foundations of human dignity**

Axis	Kantian	Thomistic Spaemannian	Cencillo's Anthropological
Foundation	Rational autonomy	Imago Dei + nature	Integrated person

<b>Locus</b>	Practical reason	Rational soul (per se subsistens)	Four constitutive levels
<b>Formula</b>	End-in-itself (Würde)	Intrinsic worth in being	Dignity enacted through coherence
<b>Strength</b>	Universal moral status	Metaphysical grounding	<b>Bridges metaphysics and clinical psychology</b>
<b>Limitation</b>	Disembodied, silent on psyche	Requires theological framing	Less developed in English-language literature

#### 5.4 Implications for Psychotherapeutic Ethics and Clinical Training

This guide to contemporary psychotherapeutic ethics then translates the framework offered by Cencillo into five separate contributions. In the first place, it provides a unified normative standard to evaluate therapeutic interventions: a given intervention is dignity-preserving to the degree that it attends to the integration of the four constitutive levels of dignity and dignity-violating to the extent that the intervention isolates one level from the remaining others. This criterion is considered to be more clinically practicable than the abstract Kantian directive not to use humanity solely as a means, and more empirically utilizable than the Thomistic recourse to ontological rank. On Cencillo's approach, even when psychotropic medication obtains symptomatic alleviation, this psychiatric intervention that treats bodily symptoms but does not engage the emotional, practical or existential level, is dignity-diminishing. Second, the framework provides an orderly explanation of therapeutic transference which connects individual transference impacts to a unique facet of dignity at stake. The seven effects of the diamond of transference equate to seven dimensions of dignity (recognition, differentiation, equality, self-determination, emotional truth, selfhood, historical authorship) that together exhaust the relational matrix of the therapeutic encounter. Such well-ordered narrative is more applicable to clinical training than the vaguer calls to therapist neutrality and patient autonomy found in so much of the Anglo-American literature.

Third, it provides a non-reductive description of the relationship between psyche and body which, at least according to some leads of thought in contemporary bioethics, is a new resolution of one of the most intractable problems in contemporary bioethics. The recent literature on medical ethics has brought to bear upon this situation an integral philosophical anthropology, which has ably argued for just such an account which is not reductive, called attention to the fact that the human person is and has been lost in the compartmentalization characteristic of contemporary knowledge, and noted that the recovery of an integral vision of the human person can only enhance medical practice. Cencillo's framework provides a Spanish language avenue through which to recover this often-overlooked moment of recovery in English-language scholarship. Fourth, the framework provides a psych synthetic model of clinical training that combines philosophical anthropology with applied psychotherapy. Most training in Psychology in English speaking countries follows the model we defined as compartmentalized, where philosophical foundations are treated as ancillary to the empirical and clinical training this leads to experienced practising psychologists not having the conceptual tools to articulate the dignity dimensions of their work. One stark contrast to this are the Spanish traditions where philosophical anthropology and clinical psychology are integrated from the start, as exemplified by the Universidad de Salamanca and the Universidad Pontificia Comillas. This paper argues that this unified model is philosophically justifiable, clinically beneficial, and supports the notion that doctoral programs in psychology require significant training in the scope of philosophical anthropology, especially of the Cencillo inspired Spanish-speaking model.

Fifth, the framework provides a culturally transferable model that is particularly adapted outside the original context in Spanish. The four constitutive levels are therefore theories formulated at a sufficiently high level of generality to take account of the cultural variability in how bodily, emotional, practical and existential life is concretely structured but are still substantive enough to provide normative guidance. Abstract The Cencillo framework, situated at the junction of philosophical theory and clinical practice, resonates with congenial classical Indian views of the integrated person while being methodologically contemporary, and serves as a bridge between philosophical anthropology and clinical practice in the Indian academic context, both have developed an ancient indigenous tradition in their own right and are now expeditiously expanding into areas of clinical training.

## 6. CONCLUSION

I have argued that the anthropological psychoanalysis of Luis Cencillo Ramírez de Pineda provides a third ground of human dignity, which stands in parallel but reflection does not substitute either the Kantian or the Thomistic foundations upon which modern philosophic workers on the concept of human dignity have rested, respectively. Where Kant locates dignity in rational autonomy and Aquinas (along with Spaemann's modern revitalization) in the ontological state of the rational soul, Cencillo grounds dignity in the functioning integrally of the whole human person across four constitutive levels: bodily, emotional, practical and existential. Dignity is not just an abstract status that Cencillo mentions, it involves the living out of these levels in a coherent manner, and dignity is undone wherever that coherent integration is broken. This narrative of dignity is philosophically rigorous, methodologically unique, and clinically actionable. It is fivefold what Cencillo contributes to the controversy today. First, it makes dignity with a physicality, which the Kant without a body, and a disembodied transcendental subject, cannot. Second, it provides a basis for clinical practice that makes a model of dignity with an ontological focus more difficult to make use of in a clinical setting. Third, it unified traditions from metaphysics, phenomenology, psychology, and clinical practice under a single coherent framework. Fourth, it provides an orderly account of therapeutic transference according to which each transference effect implicates a different dimension of threatened dignity. Finally, it offers a model for clinical training that combines philosophy and anthropology into actual psychotherapy that can be directly exported from its Spanish origins to other contexts.

Some limitations of the current study need to be acknowledged. Third, the analysis has been more conceptual and textual than empirical, and the clinical efficacy claims made have been based on secondary literature rather than new outcome data. An avenue for continuing research that might prove fruitful is the empirical comparison of dialytic psychotherapy with cognitive-behavioral, psychodynamic, and integrative therapy modalities defined on the surface-integrity-of-personhood standards Cencillo posits at her four levels. Second, the comparison has stuck to within the camps of the Kantian and Thomistic traditions, while spending less time dealing with phenomenology (Husserl, Heidegger, Levinas) and existential analytic (Binswanger, Boss, May) dialogues that might also be germane to an interlocutor. A third and final critique would be that the application of Cencillo's framework to the Indian academic context has been programmatic, and not in-depth: an elaborate engagement with classical Indian ideas of the person and their points of complementarity or divergence with Cencillo's anthropology would be a productive advance on the current one.

In conclusion, the paper claims that Cencillo's anthropological psychoanalysis provides a methodologically robust bridge between metaphysical ontology and applied psychology that may be uniquely capable of addressing an enduring gap in contemporary human dignity literature. With the emergent social and policy salience of clinical psychology, so too grow coequal the conceptual resources needed to articulate the dignity dimensions of psychotherapeutic practice. The framework provided by Cencillo is exactly such resources, and a

wider circulation in the English-language and Indian academic literatures would be a significant enhancement to the philosophical anthropology found within contemporary psychological practice.

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