



LETTERS TO EDITOR

Psychiatrists and psychiatry in history – on the book “*As raízes dos sintomas e da perturbação mental*” (“The roots of symptoms and mental disturbance”)

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The book recently published with the title “*As raízes dos sintomas e da perturbação mental*” (“The roots of symptoms and mental disturbance”) (Editora Lidel, 2015) is a collective academic work coordinated by Diogo Telles Correia, professor of psychiatry at Lisbon Faculty of Medicine. Its subject is clearly of interest for its presentation of and reflection on terms and concepts and its dissemination of biographies and theories of authors of considerable importance for the historical conceptualization of psychiatry. The purpose of this review is to help set the aims of the book through a critical appreciation.

A first note is that the text is the work of many authors; this may be an advantage or a drawback, for despite the effort of coordination it results in heterogeneity of style and content in the chapters. We shall leave a closer analysis of the introductory chapters to the end, after a general appreciation of the chapters on psychiatry in the countries included: Germany, France, England, Spain, Portugal and Brazil. Given that the aim of the book is to disclose of psychopathological and clinical concepts, the choice of outstanding authors who have helped to lay the scientific foundations of the specialty is understandable. Another history would be that of care practices and the development of therapies. The authors of the book have opted for a biographical note and a brief narrative outlining the concepts of a total of 39 notable psychiatrists from Germany, France, England, Spain, Portugal and Brazil.

A different approach to the history of psychiatry and psychopathology was taken by the World Psychiatric Association (WPA), which contributed to the publication, between 2000 and 2009, of five anthologies in English of original texts by French, German, Greek, Spanish and Italian psychiatrists. These include a biographical note on each author.

Likewise, Jacques Postel’s anthology (*La Psychiatrie*, 1994, Ed. Larousse) includes 56 authors drawn from global psychiatry between 1783 and 1965, combining a biographical note with a scientific text by each of them. For

the interested reader, the anthology «Themes and Variations in European Psychiatry» (Edited by Steven Hirsch and Michael Shepherd – Bristol, 1974) is also a reference. This includes original texts by 18 psychiatrists and a short biographical note on each of them.

The development of the conceptualization of psychopathological symptoms receives masterful treatment in German Berrios’s work “The History of Mental Symptoms” (Cambridge University Press, 1996). A well-known author in Portugal, Berrios has a clear influence on some aspects underlying the roots of the book reviewed here.

“*As raízes dos sintomas e da perturbação mental*” does not opt for translation of originals. Therefore, it is not an anthology, but a description of theories, responsibility for which lies with the authors of each chapter. The idea of describing the psychiatry of each country as belonging to a “school”, the methodology followed in the book, changes the usual meaning of the word “school”. For example, and most strikingly, why include Kraepelin’s psychiatry and Freud’s psychoanalysis in a single “German” school, as chapter 3 does? As the book has a didactic purpose, more careful consideration should have been given to this aspect of the general structure of the work.

The history of psychiatry and psychopathology is an important source of knowledge and of great value to those studying clinical psychiatry. The diversity of schools and the variety of definitions and classifications of psychiatric symptoms and disorders can lead to an equipotential relativism between theories and interpretations, in an erudition through eclectic accumulation of information that lacks a true conceptual understanding. The book in question here has not always taken care to avoid this danger. Selecting originals from authors would in this respect be more reliable, giving the reader knowledge taken from the source itself. The final assessment test may reinforce the idea that knowledge is a matter of memorizing theories and terminologies.

We shall make a few comments on the chapters relating to each language (“school”). It is useful to introduce names from German psychiatry that may be less familiar, such

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as Klaus Conrad, Karl Kleist and Karl Leonhard. But in the chapter on the so-called German “school”, rightly the longest, we have a considered reservation about the attempt to outline the philosophy of Husserl, complex enough for the uninitiated, to the point of running the risk of a schematic oversimplification. It would have been preferable instead to provide an appreciation of Ludwig Binswanger, who went furthest in using Husserlian phenomenology in psychiatry. Doing justice to the book’s title, it would have been interesting to include a reference to psychiatrists like Karl Bonhoeffer, Alfred Hoche and K. Birnbaum, whose research addresses the “roots” of symptoms, in concepts like “acute, exogenous reactions”, “performed syndromes” (a counterpoint to Kraepelinian nosologism) and structural analysis of psychoses as “pathogenic and pathoplastic symptoms”.

The authors of the chapter on the French “school” offer an interesting and diverse compilation of authors and their works. Just one criticism. More prominence should have been given to Pierre Janet, because of his originality and the contemporary relevance of certain concepts of dynamic psychopathology, such as the importance of energy levels in the hierarchy of mental functions and the study of phenomena of dissociation of consciousness.

The chapter on English psychiatry has an interesting introduction and a good summary of Frank Fish’s (and Max Hamilton’s) *Clinical Psychopathology*, important in the context of a book on the roots of psychiatric symptoms, in which Fish adapts German psychopathology along pragmatic and empirical lines. It is a pity that there is no entry on Max Hamilton, a pioneer in the creation of psychopathology scales based on clinical practice, which are important in assessments in psychopharmacology. It is known that the main sources of psychopathology are German and French, but it would be important to highlight the current of social psychiatry and epidemiology of the Maudsley Institute, with Aubrey Lewis, John Wing and Michael Shepherd, whose contributions have repercussions in the present. We leave consideration of the reference to German Berrios included in this chapter for our general appreciation of the book’s introductory chapters.

The chapter that seems to us most controversial is undoubtedly the one that deals with Portuguese psychiatry. This has to do, naturally enough, with the fact that, being Portuguese, the authors ought to take greater care over our psychiatry. It is impossible to overlook the omission of figures like António Maria de Senna, Magalhães Lemos, Egas Moniz (referred to in all the dictionaries and histories of psychiatry), Pedro Polónio, João dos Santos and others. On the other hand, it is hard to see why Luís Duarte-Santos has been included. Without wishing to compile a corrigendum, we cannot but highlight a number of errors and inaccuracies. For example, on Sobral Cid, no care is taken to quote all his works, either in the text or

in the bibliography, for example, the important “*Psicopatologia Criminal*” (*Criminal Psychopathology*) (1934). In the commentary on personality types predisposing to “endogenous” illnesses, there is a reference to “syntonic” types (in the classification of S. Cid), to which is added a glaring error, “now considered hyperthymic” (page 228). On page 223, by way of summary, it says, “Sobral Cid and his psychopathic constitution”. Read in free association. The same summary has the words “Barahona Fernandes with his anthropocentric model of personality”. But BF’s model is not anthropocentric; it is anthropological and medical, which is quite different. Such slips are frequent. Barahona Fernandes was rector of Lisbon University from 1975 to 1977, immediately after the Carnation Revolution, a detail that is conveyed thus: “he was the senior official of Lisbon University”. The work of Barahona Fernandes deserves reasonable prominence. But the *phenomenological-structural-dynamic model* of clinical psychiatry, the culmination of his work, is not even mentioned, and basic notions such as “general forms of disorder” and “basic psychopathological structures” are omitted. Ideas that could be of interest in studying the roots of symptoms... In contrast with the chapter on Brazilian psychiatry, no convenient bibliography is given for each author, something that could be of interest to the Portuguese readers at whom the book is aimed.

We leave to the end what is the beginning of the book, the two introductory chapters. A first criticism. It does not seem to us that they are truly an introduction to the other chapters. While in the chapters on the “schools” of different countries theories and circumstances are described objectively, the first two chapters constitute a not entirely successful effort to reflect on psychopathology from the standpoint of history, the present day and the future. The book’s coordinating author, Diogo Telles, turns chiefly to German Berrios, in an attempt to follow the epistemology proposed. Our responsibility in this review goes no further than to draw attention to what strikes us as important for a critical reading, without any concern to be exhaustive.

The explicit scope of the book’s first chapter is descriptive psychopathology and psychiatric nosology, as the subject area that covers description of symptoms and grouping them in mental disorders. What causes some perplexity in reading the text is the frequent contradictions, the meaning of which is difficult to grasp. An illustrative example for the attentive reader. On page 3 the author says that “the mental disorder and the symptom have no existence in themselves”. And he adds that they depend on a “construction that results from the decisions of certain social agents, in a social and historic setting, and in accordance with a particular epistemological (how symptoms and disorders are constructed and detected) and ontological (how they are defined, what they consist of) vision, they identify that certain behaviors are a symptom

or a disorder”. And further on, he explains: “Only after construction of these theoretical hypotheses of symptom and mental disorder are findings sought to grant empirical value to these formulations”. And then he adds: “the objects of psychiatry (symptom and mental disorder), being the fruit of social conjecture and philosophical thought (...)”. Let us here interrupt the discourse on this important matter, which is meant to be the thematic core of the book. Let us say forthwith that the form is imprecise and nebulous, framed in a philosophizing sociologism, so wide-ranging that it could apply to all mental life, healthy or ill, blurring the symptom into a speculative construction and the disorder into a chimera. Constructivism is taken to the extreme of subjective idealism.

We know that the author has tried to follow the ideas of the historian and epistemologist of psychopathology German Berrios. But, the theory being complex, summarizing it results in a deformation of G.B.’s thought. This investigator, in the work, “*Hacia una nueva epistemología de la Psiquiatria*” (Towards a new epistemology of Psychiatry) (Ed. Polemos, 2011), states the following: “*It has been proposed in this work that most psychiatric symptoms are in fact hybrid objects that include a biological and a semantic component, and that the latter predominates to the point that it has obscured the specificity of the biological component*” (p. 211). Berrios is committed in his research to establishing a model of symptom formation and to mapping what he calls the biological signal in order to reach its pathophysiology. The original “signal” has to be obtained by excluding the “noise” generated in the process of constructing and formatting the visible, detectable symptom.

Returning to the subject of this review, in contradiction to the constructivist relativism described above, in the same chapter 1 the “symptom” is granted the epistemic status of “axiom that all clinicians are able to recognize” (p. 18) and the physicalist realism of “psychopathological atom, the most solid and permanent structure over the years” (p. 21).

At the specific level of the historiography of certain psychopathological symptoms, in chapter 2, GB’s warning, when he identifies convergence or divergence between the evolutions of the “term”, the real referent in behavior and the evolution of the concept, is not always borne in mind. Thus he warns that “those who believe that the history of the disorders now called mania and melancholia begins with the Greeks are mistaken, because in the best of hypotheses approaching them from an anachronistic standpoint is no more than an account of the history of the words.”

At the start of chapter 2 the author writes: “This book explores the historical itineraries of only a few of the terms that are considered to have represented the main concepts of psychopathology”. Following this line the author is wrong if he thinks he is tracing the evolution of the concept of “mania” when in fact he is only describing the historical evolution of the meanings of the term “mania” or “melancholia”. Consider the following sentence: “The historical itinerary of the concept of mania is closely linked and is very similar to that of melancholia” (p.37). The author understands the term as containing in itself the concept, when the real referent (the behavior, the disturbance) does not correspond to something already stabilized and learnt, and the concept of clinical psychiatry to which the term will be definitively attributed nowadays is not conceived. It is a mistake to state that “Esquirol replaced the term “melancholia” with “monomania” to designate *partial delirium* (p. 38). The fact is that Esquirol replaced the term “melancholia”, in his view overused, with *lipomania*, from the Greek *lype*, sadness (in *Les Troubles Bipolaires* (Bipolar Problems), Medicine Sciences Pub.-Lavoisier, 2014)

The same confusion arises in the following: “In England, at the end of the 19th century, Daniel Tuke wrote a manual and a dictionary of medical psychology, in which he describes *délire* as the “term used by the French to describe *delirium* but also mania and monomania” (p. 34). Expressing the difficulty that the French had in defining this term.”

The term is confused with the concept. With glaring imprecision it is attributed to Esquirol that “hallucinations are a form of delirium that makes patients believe that they have a perception, when in fact there is no external stimulus”. Here is the original text, taken from GB’s work, *The History of Mental Symptoms* (p. 94): “False sensations without sensory changes in the organs of sensations – and hence depending on internal causes, present consciousness with objects that do not exist and lead to *délire* (...). Hallucination is considered by Esquirol as the most frequent cause of *délire*. French psychopathology, without analyzing the elementary psychopathological phenomena of delusion, the work of German psychopathology, had the great merit of developing valuable syndromic descriptions of the dynamic of delusions with different contents at successive stages of “chronic deliria”. It is inappropriate to overvalue the terminology to the point of attributing “difficulties” to the French in this domain ...

There is no shortage of other examples. This seems to us sufficient for the purpose of contributing to a careful reading in works of a medical and scientific nature.