

LETTERS TO EDITOR

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

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Following the letter to the editor published in *Revista Portuguesa de Saúde Mental* (Portuguese Review of Mental Health), No. 2 (2017), with the title “Psychiatrists and psychiatry in history – on the book “The roots of symptoms and mental disorder” (“*As raízes dos sintomas e da perturbação mental*”)", of which I am coordinator, it falls to me to make the following reply.

1. The work entitled “The roots of symptoms and mental disorder” (“*As raízes dos sintomas e da perturbação mental*”)” is a book that I coordinated, in which authors connected with the Faculties of Medicine of Lisbon and Porto, King’s College in London and the Faculty of Medicine of Rio de Janeiro State University, among other prestigious institutions (including Júlio de Matos Hospital) took part.

2. The preface to this book was written by Spain’s Professor Vallejo Ruiloba, a figure esteemed throughout the world of psychopathology, who considered it “A tribute to the past and to the men who made psychiatry a medical and scientific subject”, recognising that “this tribute “should be” appreciated and valued as it merits” (quotations taken from the book itself). At the presentation of the book that was given at the first meeting of the Portuguese Association of Psychopathology (*Associação Portuguesa de Psicopatologia – APPSICO*)¹, of which I am vice-president, Prof. Vallejo praised the quality of the book and suggested it be translated into Spanish, saying that it was “unique in Portugal and that there was nothing of the kind in Spain”.

3. Many of the contents included in the book, and particularly in those of which I am an author, are the result of in-depth research that culminated in the publication of several articles that have been published in international journals subject to rigorous peer review, indexed and that have a good impact factor for the field.

4. In the “letter to the editor” mentioned, Dr José Manuel Jara made a series of comments on this book. In this reply I will address aspects that I consider to be structural criticisms of the theoretical exposition of the first chapters and clarify lapses that prompted Dr Jara to think that some of the statements I made did not correspond to the truth of the historical facts.

4.1. In relation to the “frequent contradiction” to which Dr Jara refers in the first chapter, which attempts a schematic representation of construction of the symptom and mental disorder, I explain the common thread of this chapter, which has been intelligible to the majority of readers, but which I believe may pose certain difficulties of interpretation to those who are less mindful of the paradigmatic diversity that underlies the validation of symptoms and disorders in this area. This chapter begins by stressing the importance of the theoretical validity of concepts, which is frequently a result “of the decisions of certain social agents in a social and historic context [*who*] in accordance with a specific epistemological and ontological view identify that certain behavioural manifestations constitute a symptom or a disorder”; subsequently there is opportunity for an empirical validation of theoretical hypotheses (which may be neuroscientific or psychometric). This sequence of validating contributions (from the theoretical to the empirical) has been a constant in the validation of psychopathological constructs and is elementary for those who understand its basic principles. For a better understanding of these topics I suggest reading my most recent articles, which closely examine validity in psychiatry and the different ways of understanding and approaching it^{2,3}.

4.2. Dr Jara assumes that in constructing the model that was presented in this chapter I based myself above all on the works of Berrios. I do indeed esteem that author’s works and read them with enthusiasm, but the assumption is not correct, as considerable attention was also paid to other writings that focus a contemporary line of thought on the problem of validity in psychiatry. I recommend a

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reading of these too, that these pivotal themes may be rendered more intelligible^{4, 5, 6, 7, 8}.

4.3. Perhaps after a considered reflection upon and study of the subjects that I have suggested, Dr Jara will be able to see that the contradiction to which he referred may mean diversity of ways of validating psychopathological concepts. A diversity of paradigms that Lanteri-Laura emphasised: “psychiatry can be understood only by accepting/integrating different paradigms with their own regional epistemologies”⁹.

4.4. When Dr Jara refers to the “erroneous statement” that “Esquirol replaced the term melancholia with monomania to designate partial delirium”, continuing “the fact is that Esquirol replaced the term melancholia, overused in his view, with lipomania, from the Greek *lype*, sadness” (including a reference that is not Esquirol’s original work), I am sorry to say that the error is not mine but Dr Jara’s. A careful reading of the “*Traité de l’aliénation mentale, ou De la nature, des causes, des symptômes et du traitement de la folie*” (“Treatise on insanity, or On the nature, causes, symptoms and treatment of madness”), in the English translation¹⁰, will show that he distinguishes monomania from mania, the first referring to “*délire partiel*” (meaning partial madness) and the second to universal or total madness. In the chapter on monomanias, in the same book, he distinguishes between various types of monomania, one of which is *lypomania*, which corresponds to partial madness accompanied by depression. Thus it is clearly explained in the second chapter and in the chapter on the French school of the book in question that I coordinated, that Esquirol’s monomania replaces Pinel’s melancholia, as regards the delimitation of partial madness. One of the strengths of the book “The roots of symptoms and mental disorder” (“*As raízes dos sintomas e da perturbação mental*”) and the texts in it is that it is based preferentially on the original works and not on indirect references, in order to avoid lapses of this kind. For a deeper consideration of these matters I suggest the original text by Esquirol referred to, and my articles^{11, 12, 13, 14}.

4.5. When Dr Jara says that Esquirol never wrote that “hallucinations correspond to forms of delirium” I would refer him anew to the author’s original source (and once again not to the indirect sources that he repeatedly cites). In the chapter on hallucinations in his book, Esquirol writes with regard to these psychopathological phenomena, on page 105⁹: “a certain form of delirium in which individuals believe that they perceive something, through one or more of the senses, without any external object being present”. Further on Esquirol repeats: “The evidence originating from the senses has nothing to do with deliria of this type”⁹. On several occasions Esquirol states again

that hallucinations correspond to “a type of delirium”, in which individuals believe that they perceive something, but that the phenomenon remains at an intellectual and never a perceptual level. Again, for a better understanding of this subject, I would suggest reading my article¹¹.

4.6. Dr Jara says that he does not agree with the sentence “The historical trajectories of just some of the terms that are considered to have represented the main concepts in psychopathology are charted here”. He adds that according to this line “the author is mistaken in believing he traces the evolution of the concept of “mania” when in fact he is simply describing the historical evolution of the terms mania and melancholia”. Here again I must disagree. The content of my sentence which quoted from the book could not be more coherent. I refer to the meaning of concept: “a concept is that which is understood by a term, particularly a predicate”¹⁵. The following definitions are to be found in various Portuguese dictionaries: “general, abstract, mental representation of an object, general idea”, “understanding that a person has of a word”, “symbolic representation with a general meaning that encompasses series of objects that possess shared properties”¹⁶. Other dictionaries suggest, “concept means definition, conception, characterisation”. It is a term of Latin origin from the Latin *conceptus* from the verb *concipere* “to contain completely, to form within oneself”¹⁷.

What I did, in a rigorous way and drawing on various original sources, was to chart the trajectory of the concepts (meanings, representations) that have corresponded to some of the psychopathological terms most widely used these days.

4.7. With regard to the “schematic simplification” of which Dr Jara speaks, particularly where Husserlian philosophy is concerned, I have to say to him that we professors and teachers have a terrible vice: we try to simplify the complex. It is one of the most complicated tasks of academic life; sometimes it works, sometimes it doesn’t. It appears not to have worked for Dr Jara and his interpretation of the first chapter, which refers to the problem of validation in psychiatry. But I would say to him that it has worked for many of my medical students and psychiatry interns, who after reading the chapter in question had acquired a much more accurate notion of the construction of concepts in psychopathology. A topic that, as he knows, is little discussed in undergraduate and postgraduate education in psychiatry. The same can be said of Prof. Julio Vallejo, who provided a very good summary of the objectives of the chapter in question in the preface he wrote and in his oral presentation of the book, praising its form and content. The message has therefore reached readers at all levels of training and knowledge, giving it a validity that is highly transversal, which

gives me great satisfaction. An example of schematic simplification of the philosophy of psychiatry (including Husserlian philosophy) for didactic purposes is the handbook edited by Fulford and colleagues, which Dr Jara will of course have explored already. Another book I recommend for consultation, a paradigmatic example of how it is possible to attempt to make the complex simple, is a book that has just been translated into Portuguese that includes transcriptions of speeches by Jaspers aimed at the general public on topics such as philosophy and psychiatry¹⁸.

4.8. In the context of the term “*délire*” (“delirium”), when Dr Jara says that “it is inappropriate to overvalue the terminology to the point of attributing “difficulties to the French in this domain”, I have to say that interpretation of the content of the text is again biased by the idiosyncrasy of Dr Jara’s interpretation. What is written follows the bibliography I cited, where this “difficulty” relates to the tendency towards a weak definition of the limits of the concepts associated with the French term “*délire*” (which as he will be aware applied not only to disorders of thought or reason but to a generalised notion of “madness”). The

term’s relative lack of specificity is evident from Tuke’s dictionary¹⁹, which has the following on page 332: “*Dé-lire – French term not only for delirium, but mania and monomania*”. Once again I recommend a reading of the original sources for a more precise interpretation.

4.9. One last small correction. When Dr Jara writes “Frank Fish (and Max Hamilton)’s book of Clinical Psychopathology”, he commits an inaccuracy. The book is by Frank Fish (sole author); Max Hamilton was editor of the 2nd edition (and strives in this edition to be as faithful as possible to Fish’s original edition). But the authors are not Fish (and Hamilton).

5. Finally, I am bound to thank Dr Jara for having so doggedly scrutinised yet another book that I have coordinated. It would be most useful if other authors like Dr Jara were to set themselves to writing a book on such important subjects, that we might raise a toast to their style of writing and thinking and their choices (of authors and topics). I would volunteer, with pleasure, to produce an informed, considered and constructive critique.

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