Defense and Illustration of Psychiatry*

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I wish to express my deepest thanks to Doctor María Elena Medina-Mora for the honor of inviting me to give the Ramón de la Fuente Speech for the 26th Annual Research Meeting. It is an honor which also implies great responsibility, as our founder holds, as has been shown on numerous occasions, a very important place within Mexican medicine, and his work continues to be of relevance in the field of Psychiatry. During the 34 years that I worked with him in several different areas (the Organizational Committee of the 5th Global Psychiatry Summit, the UNAM, the FCE, and at this Institute), I had the privilege of talking and debating with him, through highly stimulating dialogue, above all on topics of divinity and humanity. Some of the central topics that earned his interest and concern are those I will be discussing today. You might say that today I keep my promise. The spiritual survival of those who create ideas allows us to enjoy fruitful dialogue across time and space. Today, I summon him once more, here.

In February 2010 a controversial article by Professor Heinz Katschnig of the Medical University of Vienna appeared in the journal *World Psychiatry,* an official publication of the World Psychiatric Association, titled «Are psychiatrists an endangered species? Observations on the internal and external challenges faced by psychiatry.» After a long professional career of four decades and with the support of 114 recent references from Anglophone literature, the author summarizes in six pages a stark and brave vision of what he considers, together with no small number of other authors, a current crisis in our field. Among internal challenges he identifies the decrease in confidence based on knowledge (diagnosis, classification, therapeutic interventions) and the lack of a coherent theoretical base. The exter- nal challenges include the dissatisfaction of patients, competition with other professions and the negative image of our field in society and among doctors from other disciplines. The Austrian author lists a series of peculiar pieces of information: the confused situation of two different diagnostic systems used internationally for some 60 years, a parallelism that is possibly due to the specific nature of the definitions of nearly all psychiatric diagnoses; combinations of phenomenological criteria, such as signs and symptoms, and their development over time, prepared by expert committees in variable ways to integrate categories of psychiatric disorders that have been defined and redefined over and over again during the past half century. The better part of these diagnostic categories is not validated by biological criteria as nearly all medical illnesses are. However, although they are called «disorders,» they have the appearance of medical diagnoses and seek to represent medical diseases which are entwined with hierarchical classifications comparable to the botanical taxonomies of the 17th and 18th centuries. The approach of the DSM in creating «operational definitions» has certainly made the process of diagnosis more reliable, but as Katschnig points out, this is different from validity. Psychopathological phenomena most surely exist, and can be observed and experienced as such. However, psychiatric diagnoses are defined in an arbitrary way, and do not exist in the same way as psychopathological phenomena. For the author, in addition to criticism of the diagnostic classification systems and the definitions of diseases, which began several decades before coming from outside the field of psychiatry, other more recent criticisms have been proposed from within. Thus he recalls the «genetic deconstruction of the psychosis» suggested by certain colleagues and the complaints of psychiatric geneticists that seek to use «Star Wars technology for bow-and-arrow diagnosis.» And it goes beyond just this: «The basic reasoning of these debates is that if our diagnostic categories have not been valid until now, then research of any kind (epidemiologic, etiologic, pathogenic, therapeutic, biological, psychological or social) if conducted with these diagnoses as inclusion criteria, is thus also invalid.»

The other area of conflict indicated by Katschnig relates to the decreasing confidence in therapeutic interventions, not only because studies with positive findings are published more often and more quickly than those with negative findings, but also because the issue of conflicts of interest has emerged based on the relationship established between physicians and the pharmaceutical industry. This conflict of interest has been particularly intense in the area of psychiatric medications, where studies with positive findings have been published more often and more quickly than those with negative findings. This has led to a situation where the evidence base for psychiatric medications is often biased in favor of positive outcomes, which can have serious implications for the diagnosis and treatment of psychiatric disorders. The author argues that this situation has led to a crisis in the field of Psychiatry, as doctors and patients are increasingly skeptical of the effectiveness of psychiatric medications. This crisis has been compounded by the lack of a coherent theoretical base, which has led to a situation where the diagnostic categories of psychiatric disorders are not validated by biological criteria.

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between physicians and the pharmaceutical industry. This is in addition to the danger of internal division or of being absorbed by other professions. A growing separation is implied between those who employ a biological approach and those that practice psychotherapy. The dichotomy to which Katschnig alludes is established in the famous question which, like a new Sphinx, was put forward by The Lancet in a 1994 editorial: «What does Psychiatry concern: mental disorders or brain disorders?». This division is accentuated because each approach has its own associations, conferences and journals.

Among the external challenges, he indicates the dissatisfaction of patients, which have gone from clients to consumers and later to users, which implies a shift in the former «doctor-patient» relationship. Discontent is highlighted by the appearance of a new label, that of «psychiatry survivors.» Competition with other professions has become more intense in recent years, which runs alongside a new «stigmatization of psychiatry and of psychiatrists,» a topic for which the WPA is currently financing a research project. The image of our profession in contemporary society, aided by frequent images from film, has led to medical students deciding not to select psychiatry or to desert the profession in several countries in the Developed World, which has resulted in a dangerous shortage of psychiatrists, similar to that observed in «developing countries.»

These conclusions have continued to generate surprise, puzzlement, disbelief and anger among many specialists trained during recent decades with an optimistic and indulgent position on mental medicine, who, self-satisfied with the progress made, are very certain that Human Progress (which has guided humanity since the Enlightenment) is in the process of converting psychiatry, sooner rather than later, into a true hard science. However, a more humble and less triumphant attitude is necessary to objectively assess some of the points indicated by Professor Katschnig. This Institute is, without a doubt, the ideal place for thoughtful reflection.

The crisis and challenges faced by our field of medicine can also be described as part of the multiple and global crises that Amin Maalouf has described as «Disorders of the World,» one in which the loss of a common compass has generated in this century a disorder that is intellectual, financial, climatic, geopolitical and ethical.

To encourage reflection on such sensitive topics, it is more useful to adopt a skeptical position, as opposed to a complacent and idyllic attitude, and so I ask you to acknowledge the good faith required to adopt an attitude that may seem a killjoy, or to play the role of «the devil’s advocate,» but that is essential in any process of beatification.

It bears mention, firstly, that the mistrust in classification and therapeutic methods in our field is not a recent phenomenon; it derives from a movement that came about in the last three decades of the 20th century. Parallel to progress achieved to date, psychiatry has been subject to, primarily in the First World, a series of very important doubts regarding the nature of its knowledge, the assumptions that legitimize its action, and the structure of its theoretical bibliography. This onslaught brought on from several fronts, primarily among the social sciences, has been called the «antispsychiatry movement.» This is not to say that over the course of its two-hundred-year history, there has been no criticism or mistrust, but rather, that such denomination does not appear until later and for several reasons has shaken the foundations of the so-called psychiatric institution. The iconoclast positions of the many anti-psychiatric currents had, however, unexpected repercussions for psychiatry with regard to its own professional image, this by shaking the truths of our field from top to bottom (always a useful exercise), requiring that we challenge the routine, mechanical, conformist, uncritical, atheoretical, flat and common attitudes that had invaded clinical practice in many places, and which at times seemed to threaten such practice. The opinions of critics regarding the purposes of psychiatric practice and the isolating repression that made specialists into mere gatekeepers of power to abusively label dissidents, required that many historians and epistemologists review the extraordinarily complex (and largely unknown) history of our field of medicine and to rethink its place and nature within the medical sciences and the Humanities. To respond to these allegations, Professor Henri Ey, organizer of the First World Psychiatry Conference and founder of what would later become the WPA, wrote «Défense et Illustration de la Psychiatrie» in 1977, a brilliant scholarly work that unveiled the dangers of abandoning legitimate methods and purposes in the defense of the liberty and dignity of the patient, violated by his/her own pathology or by society, thus resulting in a false psychiatry or a deviated simulation. For this reason it seemed appropriate to use the title of that book for the Speech that today honors the memory of our founder. To confront the new challenges in Psychiatry, both external and internal, we must again assume a Defense and Illustration of our field.

A pious soul might wonder, how is it possible that psychopharmacology, which has prevented so much human suffering, could be subject to suspicion and protest? The history of psychiatry tells us how, around the middle of the 20th century, the clinical observations of certain psychiatrists very well-versed in psychopathology led to the serendipitous discovery of the unexpected therapeutic effects of substances originally proposed for other purposes, based solely on the careful observation of patients in their care, and without the regulatory restrictions of later years (phased studies with double-blind methods, use of scales, placebos and peer comparison, etc.). Close collaboration began between clinicians and pharmacologists, encouraging the creation of the first classifications for modern psychotropic drugs.
Initially proposed as facilitators of the psychotherapeutic process, these drugs were to allow the establishing or resumption of dialogue with a therapist, once having combated symptoms that hindered this dialogue, considered the focus of the medical duty of these professionals. The pharmaceutical companies that had produced the first compounds began multi-center studies and worked frantically to find new molecules to offer to clinicians. The surprising result of these first trials gave way to the impression we were entering the «third great revolution» in Psychiatry. Following the first international symposia sponsored by the pharmaceutical industry (meetings of elite researchers in small committees), others were held within the Global Congresses, which became more and more popular and gradually assumed total control, to the extent that Henri Ey himself predicted that in a few years’ time, these congresses would become publicity forums for the pharmaceutical industry, and an excuse for attendees to dedicate their existence to tourism.

The development of research in this field allowed for the establishing of plausible hypotheses regarding the physiopathology of the disorders these medications were meant to combat, shifting toward the neurotransmitters and their delicate balance in the synapse the substrate site that caused or accompanied them. If from the standpoint of their delicate balance in the synapse the substrate site that meant to combat, shifting toward the neurotransmitters and physiopathology of the disorders these medications were the establishing of plausible hypotheses regarding the mental pathology, and that the Neuronal Man offered to us was, rather, a highly abstract, premature and somewhat naive model, a modern-day version of the flayed anatomical models of Renaissance artists, which was far from being able to replace, as was proposed, the complex Man-Subject reality of Phenomenology, inhabited by the Noosphere. In addition, the mental symptoms that are observed as accompanying certain neurological disorders are, from the phenomenological standpoint, more often than not different from the symptoms upon which psychopathology is structured, despite the fact that we often use the same names to classify both. As the renowned Cambridge professor, Mr. Germán Elias Berrios, has said, it is a question of «behavioral copies.» And so, we must avoid the error of many of our psychotic patients in believing that similarity is equal to sameness. With great clarity Professor Yves Péllicier alleged in the late 1980s, amid the biologism craze, that there would never be an Anthropology based on neurotransmitters, nor an authentic psychiatry that was not genuinely anthropological.

Similarly, the methodological demands of clinical and psychopharmacological research required measurable assessment through the application of clinical point-based scales, created ad hoc, in which symptoms were reduced to stereotyped items that while allowing for broad international comparative studies, failed to acknowledge biographical and symbolic aspects of the patient, preventing psychiatrists from exercising the «Einfühlung» (in-feeling) of phenomenology. The work of the physician would thus become that of lowering the rating on scales to levels that statistical significance would depend on the cure rates achieved. This change in approach and practice has led to
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Rarity was such a distinction more appropriate than in the case exposed some months back,
when a video was released in which the French affiliate of
pharmaceutical companies encouraged its sales representa-
tives to convince psychiatrists to prescribe a certain drug,
the precision of which, it should be mentioned, is undoubted.
In this video, the medical representative appears disguised
as a sadistic Catwoman, whipping her psychiatrist (a bald,
overweight sixty-something) in a circus ring, while the
psychiatrist loses his clothes until he is left naked, accepting
that he will prescribe that drug and no other. What has
happened between the industry and physicians in order
for doctors to have become some kind of trainable zoo
animal, as in this tragic example?
The other topic of controversy at present is that of an
intentional nosographic manipulation, based not on careful
observation by clinicians and psychopathologists (as before),
but on the commercial interests of the pharmaceutical
industry. It is part and parcel of the inevitable debate on the
medicalization of life and wellbeing, and the corporate
manufacture of diseases. This is one of the central issues for
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psychiatrists must respond in defense of their identity, in
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whom they hold a moral responsibility. When Jean-Etienne
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the field, converting what the Church considered a sinner
into a melancholy patient, not only did he rescue this patient
from Dante’s Inferno, he achieved a milestone bringing
behaviors that until then had a very separate meaning into
the field of alienism. This was an important achievement for
civilization. However, our founding fathers never would
have thought that the boundaries of nosology could extend
to the extremes we inhabit today. In his classic book, «The
Fabrication of New Pathologies,» written in 2009, Emilio
La Rosa, a Peruvian research doctor in France and official at
UNESCO, writes: «In past decades, the large pharmaceutical
groups tried to persuade doctors of the usefulness of their
new products. Currently, the marketing efforts of
laboratories extend to the general public, inviting healthy
people to see themselves as sick. In this sense, the difficulties
of everyday life become mental disorders, and banal
complaints become serious ills, giving the impression that
there are ever more people that consider themselves to be sick.»
This movement, which affects medicine as a whole,
was discussed with great wit and humor by Doctor
Francisco González Crussí in his article «New Praise for
Baldness,» in which he describes how this condition has
become yet another pathological entity, one that requires
medication to be treated. He writes: «This is one of the
greatest problems in modern medicine: the fact that it does
not know how to put a limit to its reach» (...) «Over the
course of our existence, every transition, every episode of
natural existential evolution is ‘medicalized’.»
After pointing out the trend in Mexican medicine to
follow the therapeutic «aggression» of the American
system, González Crussí finishes his article evoking the
piece by Jules Romains, «Dr. Knock, or the Triumph of
Medicine.» In this 1923 play, a charlatan who has only read
the propaganda from medical laboratories opens a clinic
which achieves great economic success convincing the
locals that «A healthy man is but a patient who is ignorant.»
The false indoctrination of Doctor Knock finally spreads to
such a degree that the play concludes when, at midday, all
the supposedly sick cease their daily activities to obediently
take their rectal temperature.
Two works, almost identical and both published in 2007,
cruelly put forward the same situation: «Shyness: How
Normal Behavior Became a Sickness,» by Christopher Lane,
and «The Loss of Sadness: How Psychiatry Transformed
Normal Sorrow into Depressive Disorder,» by Allan V.
Horwitz and Jerome C. Wakefield. In the first, the University
of Chicago researcher, who had access to unpublished files
from the American Psychiatric Association, analyzes the
controversial conceptual shift that occurred during the six
years between the second and third editions of the DSM,
and how the number of disorders doubled from the second
to the fourth version. This leads him to consider the question
of whether such change is due to the fact that human mental
disorders are even better understood, or that psychiatrists
construct new entities in cahoots with the pharmaceutical
industry. For him, shyness, now classified as social phobia,
has become the third most diagnosed mental disorder in the United States, after depression and alcoholism. Cases of depression would have been multiplied by a thousand during recent decades for having included common and everyday emotions or weaknesses now considered, without a second thought, to be pathological. This would go hand in hand with a huge increase in the profits of the American pharmaceutical industry, prescribing antidepressants to many people who in reality did not need them or could have benefited from some form of psychotherapy. Here lies one of the great paradoxes of psychiatry, in that so long as there is a population in which depression is under-diagnosed and that go through life suffering symptoms that could be prevented if they were recognized and properly treated, there is another population, according to Lane, that receives psychotropic drugs and does not need them. I recall that in his Preface to the novel by Henri de Montherlant «Un assassin est mon maître», Jean Delay, the psychiatrist and writer who introduced chlorpromazine, said that many cases diagnosed as depression could be cured with a little bit of money or a little bit of love.

The work by Horwitz & Wakefield emphasizes the fact that beginning with the third version of the DSM, the boundary was erased between normal sadness (explicable as an understandable response to the specific circumstances of the patient) and depressive disorder, a boundary that had been recognized by physicians for some 2,500 years. For these authors, likewise, the medicalization of human sadness has led to millions of people seeking psychiatric help, making depression into the most common diagnosis for external patients. Nowadays the media has declared an epidemic of depression that threatens the entire world. It bears questioning, from our medical perspective, if this is a matter of an epidemic of endogenous depression, or rather the proliferation of depressive symptoms reacting to a chaotic time in multiple crises, as described by Malouf. Will the ingestion of antidepressants make the world kinder and less anxiogenic? Or can only an organized response by society improve our situation? The actions expected of Psychiatry will depend on the answer to this question. Within this line of thought, remember that the prescription of anxiolytics in past decades saw an inordinate increase, thanks to the enthusiasm of doctors from other specializations, who believed that such medications would prevent their patients from suffering a state of unease and discomfort, which would accompany, out of necessity (according to their reasoning), all expressions of human pathology.

Without reaching the extremes of the sinister Mother Theresa of Calcutta, who prevented the terminally ill from using analgesics so as not to deprive them from the spiritual experience that, according to her, was caused by physical pain, the psychiatrist can legitimately ask himself whether the sadness inherent to life — for example in situations of grief, circumstantial anxiety or stress —, must always require the prescription of antidepressants and anxiolytics, or if these feelings may play an important role in the human experience, may be useful in inspiring action, or may even give new meaning to life. The fear of suffering or limited tolerance for everyday concerns are frequently cited as signs of a hedonistic (not epicurean) age, one in which we have lost the ability to achieve ataraxia or control emotions by non-pharmacological means, be them legal or illicit. This represents another very important topic of reflection for the psychiatrist.

The danger involved in over-diagnosis and subsequent over-prescription is one faced daily by pedopsychiatrists with the issue of attention deficit disorder, which has become a topic of social controversy. For some, the current diagnosis is too inclusive and the medications (which are not without risk) can cause more damage than benefit over the long term. For others, however, this critique is ignorant and biased and could prevent many children from receiving the benefits of a treatment that was unavailable to children in the past, who were misdiagnosed and whose symptoms were poorly recognized. In a recent interview, Catherine Vidal, a French pedopsychiatrist, states that «the diagnostic criteria for hyperactivity are not the same on both sides of the Atlantic ...» In the United States, «biological causes are given emphasis, while sociological and economic causes that would explain these disorders take a back seat.» The result was that «in 2004, methylphenidate was prescribed to 7,000 children in France, while on the other side of the Atlantic, 8,000,000 children continue with this treatment.» In many places examples have been noted, with some surprise and suspicion, of the social problematization of medical labeling, especially in the growing number of children that because of this and many other causes are referred now to psychiatric and psychological treatment and in which attempts are made at early discovery of criminal behaviors to occur in adult life.

With regard to the ambiguous relationships between specialists and industry, according to Katschnig, these relationships can reach a truly scandalous level: it has been made publicly known that 67% of the authors of the DSM-V have declared ties to the pharmaceutical industry, which represents a 20% increase as compared to the percentage of members from the DSM-IV task force that were in this same controversial situation. This relationship no longer consists of the traditional invitations to conferences, gratifying and innocent affairs that for some are ethically debatable, and now manifests itself in million-dollar shares in laboratories for which psychiatrists perform works that are published in the most renowned journals from the Science Citation Index.

The successive manipulations to the Diagnostic and Statistical Manual (which, by the way, came to exist as a catalogue to be used by insurance companies) have become, as indicated by Katschnig, one of the causes of the crisis he describes. As work is underway on its fifth version, the
volumen of its critics increases, who had never really given up on prior editions. In this regard, since 1996, Mr. Germán E. Berrios, defender of descriptive psychopathology, has written a vigorous diatribe asking about the place of such psychopathology «between the supporters of substantive knowledge, adjusted to a historical/conceptual context, ... capable of developing its own language, and those that ‘ubiquitously’ place bits of psychopathology in contents emptied of any theoretical and/or historical roots.» For this author, in our times psychopathology confronts a moment of conceptual dilution due to the emergence of a «pseudo psychopathology ... as is for example the vicarious use of diagnostic criteria, or pharmacological pseudo psychopathology, [which] is characterized by its atheoreticism and by its fragility to the intrusion of mercenary knowledge sourced outside psychiatric thought,» which «could, in no long space of time, produce a barbaric act of professional catastrophe.» Berrios states that «...there are attempts at reinventing concepts already sufficiently developed by classic authors in psychopathology» due to the «historical/ conceptual depletion» of the «theoretical device created by the ‘industry’ of classifications, which become pseudo-manuals of psychopathology for the psychiatrist in training. Each of them, in offering a glossary of limited terms, make unclear or un-codable symptoms remain, tautologically, unexplored or silenced.»

Currently an international movement is underway, not to be underestimated, in protest against the imposition of one single hegemonic criterion in clinical practice for psychological symptoms, resulting in a statistical and impersonal approach that lacks a truly clinical basis and belittles the subjective dimension, one that creates a clinical practice that is increasingly less conversational, indifferent to the manifestations of psychological suffering, and that leads to the imposition of single treatments. This critique is based not only on the epistemological weaknesses of the DSM, but also on the worrying fact that this Manual has in several places replaced the teaching of classic psychopathology, favoring the paradigm of prescriptive universality. On the other hand, the draft for the fifth edition has so many changes from the fourth issue, and is so inclusive that in fact it implies a very real threat, as acknowledged by Allen Frances himself, leader of the DSM-IV task force, in his article «Opening Pandora’s Box,» as it seeks to progress from prevention to prediction without any kind of epistemological network, medicalizing more disorders than the creators of classical psychopathology could ever have imagined. The dream of Dr. Knock has become reality! It suffices to mention what Frances calls «the most worrying» of the proposed syndromes: «psychosis risk syndrome,» for which the rate of false positives would be between 70 and 75%. This would invite the prescription of neuroleptics to subjects that despite their personality traits would never manifest psychotic symptoms and which rather would correspond to Minkowski’s schizoids, lost and forgotten along with other descriptions that although forgotten are no less real or useful. The fact that this preposterous diagnosis has recently been changed to «attenuated psychotic symptoms syndrome» does not change the situation in the least. What is alarming is that such syndrome is very similar to that of «asymptomatic schizophrenia,» which was established in Moscow’s Serbski Institute during Brezhnev’s times, among political dissidents, and against which international psychiatry unanimously protested.

Another recent text that follows up on the ideas of Katschnig and also invites reflection on the current state of Psychiatry, is the no-less controversial work by Robert-Michel Palem, published in France in 2010, rhetorically titled «Is Psychiatry Still Humanistic?» With a level of scholarship and a theoretical and philosophical framework that is no longer often seen on this side of the Atlantic, this student of Henri Ey asks whether the field, in the values crisis in which it finds itself, is still faithful to the Humanism of the Enlightenment to which it owes its existence. In this difficult work he throws his steely darts at some of the comfortable certainties of right-thinking souls. The author discusses with great clarity what he qualifies as «psychiatric antihumanisms,» which are precisely (and it is a cruel paradox) the disciplines and instruments upon which many of our colleagues have placed their greatest hopes: chemistry, the DSM, cognitive-behavioralism, neurocognition, and neuro-philosophy.

«The DSM,» he writes, «atomizes personality, normal or pathological, and evidence-based Medicine validates it, ... t evaluates it in an objective way with regard to a statistical norm existing outside the subject, disconnected from its structuring, his life of suffering and his history. This evidence-based psychiatry claims objectivity ... expects much of brain imaging adopted with a legitimate enthusiasm but with inadequate criticism. In it there is a «scientific» enterprise, a condition that is dribbled to humanist or «person-based» psychiatry, as it is now called. Its very narrow causalistic and mechanistic vision, which although objective is no less reductionist and simplistic, is — in the end — not so «scientific,» given that the ultimate objective of science is to embrace and explain the complexity of reality.» ... «The use of brain imaging,» writes Palem, «can lead to us asking these images to speak on our behalf (on behalf of the patient and on behalf of the psychiatrist).»

And here precisely lies, in great measure, one of the most significant risks faced by psychiatry today: that the techniques in which it invested its hopes for scientific objectivity may come to supplant it. That what should be its ancillary disciplines end up expelling it from its vast legacy domains. That they try to speak on its behalf. That they aspire to explain, based only on their own perspective, the reality of a phenomenon that, until now, was described
in clinical and psychosocial terms; that they seek to convince us that our nosographic categories, the fruit of observation, are mere expendables; that they make the issue of personal experience one that is a superfluous abstraction. These fashionable approaches fail to recall, moreover, that psychiatric diagnoses are symptomatological constructs and that the symptoms expressed to us by patients, which are the basis of knowledge in our field, are not only functions of the brain but are also semantic constructs, made from language, our final common pathway, which attempt to translate the dark intrapsychic suffering experienced by the patient. Thus the same basic neurobiological disorder can be experienced as a hallucination by one patient and described as delirium by another.

The frenzy of excitement for brain imaging has thus invaded unsuspected fields, generating new disciplines ranging from neuro-humanities and neuro-aesthetics to neuro-economics, neuro-theology and neuro-forensics. The fact that there are sensitive souls who believe that in viewing what regions of the brain are activated when Mister Alighieri sits down to write we might come to discover the ultimate secret of the Divine Comedy is less a scandal than the jurisprudence established in 2008 when in India a woman was condemned to life imprisonment for poisoning her boyfriend because brain imaging showed that her brain processed the word «cyanide» as a familiar term. In other cases brain imaging has resulted in acquittal, because images showed, for example, that the crime committed under the influence of alcohol was due to an abnormally low threshold of some brain structures to the amount of alcohol ingested. This intrusion of neuroscience in the court system threatens the traditional concept of responsibility and accountability, focused on the subject as a moral person, which is subsumed or replaced by another in which this classic approach is diluted together with the role of the forensic expert. In this way, the only people acquitted will be those with the economic means to demonstrate to a judge that the crime was not caused by a voluntary decision, but by the irresponsible and blind actions of a dysfunctional structure of the brain.

This attempt at basically modifying one’s identity has been described by Professor Pierre Pichot in his book on «Current Psychiatry,»23 from 2009: «Inspired by extreme ideological positions, it is proposed that Psychiatry should be reduced to the study of brain disorders, and thus that it be incorporated ... into the more general field of neuroscience ... proposing at the same time that many of the psychological and social components must be left to non-medical professions.» The other variation of this crisis is summarized by the French psychiatrist and historian as follows: «By what criteria and with what boundaries should mental disorders be defined to give psychiatry a true medical status? How can the three components of our bio-psycho-social discipline be combined in one complete perspective? Other aspects pertain to the professional practice of psychiatrists, confronted with the economic requirements of society and with the growing competence of other medical groups, such as general physicians and, on another level, «neuroscientists,» as well as non-medical groups, such as clinical psychologists, social workers and others that claim a special competence in the correction of psychosocial disorders.»

The information presented here regarding the situation in which the field of Psychiatry finds itself must not be considered the blatherings of pessimistic authors for whom the proximity of their Twilight Years has driven them to skepticism and disillusionment, but rather an invitation to again reflect on the state of our discipline and search for a response to the questions being posed. To this end it is essential that international programs for university study be reformulated, reviving the important topics that, as a result of a hasty desire to convert psychiatry into a scientific and modern study, were reduced to a homeopathic level or were disappeared altogether, which has paradoxically led to the blurring of the field’s identity. As an example, Professor Berrios recently lamented10 that for having neglected and disparaged classic psychopathology, the source and origin of psychiatry, many colleagues aspire only to become mini-neurologists, mini-radiologists or mini-geneticists.

Courses in neurosciences, clinimetrics, neurobiology, statistics and epidemiology should not replace the courses dedicated to studying in detail the historic evolution of psychiatry, the successive paradigms on which it has relied, the analysis of the great theories that have given it a conceptual scaffolding that cannot be reduced to mere neural language. It is only thus that a new synthesis can be formed, drawing from the contributions provided by other disciplines, but without confusing itself among them. It is only thus that pharmacological research can be coordinated with sovereignty, the guidelines for which must be established without any consideration other than those of science itself; it is only thus that we will achieve a scholarly taxonomical modification. The Gehirn Psychiatrie must be revived once more. Roger Bartra’s original theory of the exobrain,24 for example, will be of great use in forming this synthesis, not losing our ties with the world of culture and the Humanities, where still there is a place that threatens the unbridled desire for neurologizing.

Given the danger of dissolution mentioned by the authors discussed, we cannot allow the specialists to hurl at us the harsh reproach of the mother of Boabdil upon losing Granada. When the next generation of psychiatrists builds a new paradigm (something I will not live to see) to resolve the crises that overwhelm us, I hope they will know how to cross gracefully between the Scylla of societry and the Charybdis of neurolatry, and that they revive, for a field of study worthy of prevailing, the credibility and prestige of psychiatry, with a fundamental commitment to the patient, the only valid purpose for its existence.
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