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*Article*

**History of the opposition between psychogenesis and organogenesis in classic psychiatry:  
Part 2**

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## **Abstract**

This paper is the second of two to explore historical concepts of causation in psychiatry. Psychogenesis (as opposed to organogenesis) is superficially attractive but ambiguous, as it can apply either to something that is produced by the psyche or alternatively the effect upon the psyche from external factors. The term endogenous may be contrasted to exogenous or reactive, but the meanings of each have become blurred and ambiguous. Difficulty also arises when contrasting the process versus comprehensibility of mental disorders, as the limits of what may be understood are imprecise. A fourth comparison is between temperament and constitution against types of reaction, and again there is a tendency to circularity. Finally, a way forward is suggested using the notion of psychosomatic brain diseases.

## **Keywords**

Constitution, endogenous, exogenous, history, psychiatry, psychogenesis, psychosomatic, reaction, temperament

This paper is the second of two that examine the development of ideas around causation in psychiatry. The first paper (Dimitriadis, 2020) has given a historical overview of the debate between psychogenesis and organogenesis of mental disorders in the eighteenth and nineteenth centuries, followed by an account of the tensions between the concepts of functional and organic disorders. This second paper follows by providing a more detailed conceptual analysis of such topics as psychogenesis of mental disorders and endogenous as opposed to exogenous or reactive disorders.

## **Psychogenesis in psychiatry**

The term psychogenesis in psychiatry is usually opposed to the term organogenesis put forth by the organicist theory in psychiatry. Lanteri-Laura (1980) noted that the term organicism and the theory of the same name, are ambiguous as to whether the prefix refers to ‘organ’, ‘musical organ’, ‘orgasm’ or ‘organization’. The concept arose in an indirect manner compared to the term psychogenesis, in order to suggest an existing relation between cerebral pathology and psychiatry.

The history of the term ‘psychogenesis’ (Psychogeny) begins in the first half of the nineteenth century, and its conceptual history was described by Aubrey Lewis (1972). Most of the sources quoted below are cited by Lewis. At first, between 1838 and the end of the

nineteenth century, the term ‘psychogenesis’ referred to the origins of the mind or to the evolutionary development of the species due to the mind’s activity in humans and animals.<sup>1</sup> According to Lewis, the term was partly the product of that period’s biological disputes and with the end of these it became obsolete.

The term psychogenesis was introduced in psychiatry by Robert Sommer (1894) in relation to hysteria:

With the word ‘psychogenesis’ I am trying to draw the proper consequences from the scientific arguments put forward especially by Möbius and Rieger in Germany concerning the nature of so-called ‘hysteria’, while I also insist that hysteria in its current sense is a wider concept. (see Lewis, 1972: 209)

Sommer introduced it with some reluctance as he was not sure whether it fulfilled all the necessary linguistic and scientific criteria: ‘If anybody finds a better word, it will be welcomed by practitioners and by those theorists for whom language is not just a matter of empty abstract symbols or misleading meanings, but a mode of expression.’ (see Lewis, 1972: 209). In the definition of the term, he points out its relation to representations: ‘We are dealing with morbid states (*Krankheitszustände*) which are evoked by ideas (*Vorstellungen*) and can be influenced by ideas.’ (see Lewis, 1972: 209).

According to Lewis (1972), Sommer considered that such representations could originate either from the affected person’s body or from his environment. They could be caused by some parts of the body such as the uterus, for example (as in the tradition of hysteria). He considered that the excessive suggestibility was an essential trait of any psychogenic condition.

The term was used by Kraepelin (see Bercherie, 1980) as early as the fifth edition [1896] of his *Psychiatrie*. According to Lewis (1972), Kraepelin accepted Möbius’s argument that the decisive characteristic of hysteria was the translation of ideas into symptoms, yet he added that psychogenesis occurs not only in hysteria but also in other degenerative insanities. In the following edition [1899], the term was absent. However, in the sixth edition [1904], Kraepelin placed hysterical insanity with both terror neurosis and expectation neurosis under the psychogenic neuroses denomination category, i.e. those that are ‘caused exclusively by psychogenic influences’. Previously, hysteria had been included in the category of general neuroses, along with epilepsy and phobias.

In the eighth edition [1910] Kraepelin stated that psychogenesis is not an authentic causation but a phenomenon triggered (*Auslösung*) by psychological factors and that to be affected, someone needs to have an affective excitability,<sup>2</sup> i.e. a predisposition. The psychogenic neuroses of the previous edition were now separated in different categories. Hysteria became a separate category next to other psychogenic illnesses divided in three classes: there are multiple and various psychogenic states given the diversity of psychological causes. The first of these contained the activity neuroses or *ponopathies*, nervous fatigue or acquired neurasthenia and the expectation neurosis. The second class included the relationship psychoses or *homilopathies*: the insanity of doubt and the delusion of persecution in deaf people. The third group comprised the destiny psychoses or *sympantopathies*: the terror neurosis, prisoners' psychoses and the querulous delusion.

Bercherie (1980) rightly noted that in Kraepelin's classification, there was a continuum from class 12 (psychogenic diseases) to class 16 (psychopathic personalities), going from a less reactive origin and becoming increasingly rooted in the personality. The continuum also extends to permanent conditions, including cases of developmental arrest (idiocy / class 17). Bercherie also described how class 11, 'manic-depressive', was an exception among the constitutional psychoses of Kraepelin's classification. Here, one would expect external events to have the most important role, yet in this instance they are least important. Placed next to epilepsy and to the old dementia praecox, the eleventh class begins to distinguish itself from the 'psychopathic group'. Bercherie (1980) remarked that, to Kraepelin, the difference between querulous delusion (an endogenous illness belonging to the psychogenic group) and paranoia is merely a question of changes in the relations between external psychogenic influences and morbid internal causes. Thus, even if the querulous delusion possesses some resemblance with the terror neurosis, it is rather closer to paranoia.

Karl Birnbaum (see Lewis, 1972), in his *Aufbau der Psychose* [1923], suggested that psychogenic illnesses are disorders of functions whose specific character may be attributed to a mental factor and for which there may be specific predisposing factors, particularly a morbid constitution acting as auxiliary factor. These states, being accessible to psychological forces, are substantially influenced by experience, and thus may take numerous and various forms. Nonetheless, he concedes that the way these states happen is not quite clear. In the same work, he introduced the idea of multidimensional diagnosis, according to which he distinguished between predisposing, pathogenic, precipitating and pathoplastic factors. Pathoplastic factors may 'colour' some non-psychogenic psychoses, i.e. they function as a kind of 'camouflage' for those psychoses making them appear like psychogenic ones;

however, in this case their evolution in a non-psychogenic way reveals the true nature of the psychosis.

Karl Bonhoeffer (1911; see Lewis, 1972), another student of Möbius like Birnbaum, was interested in sudden catastrophes affecting many people, as had recently happened in the earthquake of Messina. The clinical picture was varied, and the only common feature was gross autonomic disturbance. Bonhoeffer's view was that this vasomotor reaction was the only state that would arise following a life-threatening experience in persons lacking any psychopathic predisposition, that is, who do not have a degenerative constitution. Reactive depressive states are more common but would usually disappear along with their psychological cause. These states do not necessarily differ from the depressive phase of the manic-depressive psychosis but ideas related to the psychogenic factor prevail in their contents. Reactive manic excitement is much less common, and phobias and obsessions were seldom psychogenic. Bonhoeffer included in these non-hysterical psychogenic states the paranoiac processes that develop from overestimated ideas. He called them 'processes' because of their progressive nature and 'psychogenic' because they are based on affective situations and experiences of a harmful nature. Again, in his view, a psychopathic constitution is also required for these states to develop.

Bonhoeffer also included epilepsy among the psychogenic states, especially the so-called affective epilepsy in which seizures are triggered by psychological factors. He believed that other states like explosive excitation and running away were also psychogenic; some of these states are similar to melancholic or endogenous catatonic ones in their form, but they differ because they are caused by affective states, and because their evolution depends on psychological factors and the presence of Ganser syndrome characteristics. In summary, Bonhoeffer – one of the most important psychiatrists of that time according to Lewis (1972) – did not limit psychogenic illnesses to those that seemed nominally and exclusively caused by one or several bad experiences. He regarded personality-related factors to be at least as important, and he insisted on the relation between the course of the illness and the persistence of the underlying psychological agent. The psychological cause should be evident and contributes to the morbid state in a comprehensible manner. We will come back to this idea, extensively developed by Karl Jaspers, later on.

In the authors reviewed above, the question of psychogenesis was presented either in relation to some external event which produces a more or less traumatic emotional state, or to a personality factor, or to a combination of these two factors which causes morbid representations. During the same period, authors such as Freud and Janet raised questions

about the goal of the psychical reaction. Freud introduced the concept of repression, which, according to Bercherie (2004), he regarded as being ‘something in excess’ originating from the unconscious. In contrast, Janet, though conceding that the symptom is unconscious, focused more on variants of ‘something less’, such as distractibility, aboulia, shrinkage of the consciousness field, suggestibility, personality dissociation, etc. As we will see later, Kretschmer raised similar questions with his notions of ‘inhibition’ and ‘suppression’. However, Freud’s work with the repression concept (as we have seen in the first part of this paper, partly inspired by Herbart and Griesinger) laid down the conditions for an entirely different concept of the psychical apparatus. This introduced new ideas to the edifice of psychogenesis, such as fantasy.

Several subtle views on unconscious or automatic causation were expressed by Karl Jaspers, Gaëtan Gatian de Clérambault and Eugène Bleuler. De Clérambault (1987) considered automation-based psychoses to be a partly unconscious psychogenic development (‘the voices think’ he used to say). It was a kind of progressive reaction to the *petit automatisme mental* (small psychical automatism) which in contrast has an organic origin, the irritative spine (*épine irritative*) but can be clinically detected through semiology (Jaspers would have said that it is also a psychical process in its essence).

Eugène Bleuler (1993) suggested that the clinical picture of schizophrenia reactive comprised secondary signs that arose in a reactive and psychogenic manner as an adaptive reaction by the sane part of the subject to the primary features of schizophrenia. The primary signs, such as alteration of associations and autism, correspond to the direct effects of the schizophrenic process, and are probably of organic origin. Even so, he thought that a toxin liberated by the action of an affective complex might intervene at that level.

These two conceptions, by the *maître* of the Psychiatric Infirmary of the Prefecture of Paris, and by the professor from Zurich, both masterful in their clinical finesse and conceptual inventiveness, are in fact quite similar: the primary process is an organic one and for de Clérambault, explicitly belongs to the field of neurology. However, the main part of the symptomatology is psychogenic and in part unconscious. Lanteri-Laura (1980) acutely observed in his article ‘*Esquisse d’un organicisme critique*’ that these theories differed from what had been suggested by Hughlings Jackson. For Bleuler: ‘*the primum movens* obeys to the order of organic determinism, but as soon as we have to account for the effective clinical issues, we realize that they depend on the active ways that help the subject survive over the process’ (Lanteri-Laura, 1980: 357). Whereas for Jackson, according to Lanteri-Laura:

Secondary signs result from the whole of the subject's reactions and his effective accommodations towards the processual invasion, whereas *positive signs* externalize the liberation of the centres now freed, because of the lesion, from the inhibiting hierarchical control exerted by the structures of higher level.<sup>3</sup> (p. 357)

Karl Jaspers also made an original contribution regarding the question of the psychical process, which is addressed later in the paper in relation to the comprehensive reaction.

It took some time for the term 'psychogenic' to establish itself in Anglo-Saxon countries where it became common only after 1920, mainly in reference to the works of Kraepelin, Lange, Bleuler and Birnbaum. In the USA, psychiatrists having emigrated from Europe or those of the European school used it with regard to its German history, but in a broader sense than Kraepelin. August Hoch and Adolf Meyer (who studied neuropathology under August Forel and von Monakow before leaving Switzerland for the USA) both played an important role. Hoch wrote a paper in 1907 on 'the psychogenic factors of the development of psychoses' and in 1910 he referred to hysterical states, simple paranoid states and degenerative psychoses where 'the psychogenic nature of the symptoms is practically not contested' (see Lewis, 1972). In 1908 Meyer discussed Lady Macbeth's dreamy state, which he thought provided a marvellous image illustrating how 'psychogenic disorders' could arise (see Lewis, 1972). Meyer's work (which founded American dynamic psychiatry and psychology) strongly advocated the involvement of psychogenesis in all mental illnesses, since he considered them to be modes of inadequate reaction to various situations: the objective of treatment was to help the patient find the most effective adaptation. We will deal with this in greater depth when we examine the notion of reaction.

According to the Danish psychiatrist Erik Strömberg [1958], the term psychogenic psychoses refers to illnesses whose genesis requires the precondition of a trauma or some psychical conflict (see: Lewis, 1972; Faergeman, 1963). In that regard, he followed his predecessor August Wimmer, who suggested in 1916 that psychogenic psychoses were a separate group from other psychoses, and that they were caused by psychical traumas in persons with a psychopathic predisposition (see Faergeman, 1963). The psychical traumas are responsible not only for the outbreak of the illness, but also for its 'psychical movements', its contents, and often for its end. He defines three different types: emotional, paranoid and confusional. In 1956 Einar Geert Jorgensen expressed a critical opinion on that concept, given the abundance of different views on the subject:



Some consider that psychogenic means ‘caused by the situation’, others use that word when the psychical symptoms develop with no proven external cause ... . There is no universally valid definition of the ‘psychogenesis’ concept ... . There are no purely external psychical causes. (see Lewis, 1972: 212)

In his monograph on psychogenic psychoses, Poul Faergeman (1963) defined psychogenic states as being either: (1) produced by an innate constitutional factor as in psychopathies, in manic-depressive psychosis and some types of schizophrenia; or (2) resulting from environmental factors which overcome the normal defence mechanisms and discharge pathways of the individual.

He concluded that the term psychogenic may either refer to something caused or produced by the psyche or to an alteration of the psyche due to overwhelming interpersonal environmental factors. He also raised the question of the teleology, i.e. of the goal of psychogenic reactions. He questioned whether ‘a neurotic or psychotic syndrome, like a paranoid state, should be considered as having a cause or a goal’. He added that Americans – being pragmatic people – do not find determinism and teleology to be incompatible and often consider that cybernetics may reconcile the two. He viewed the hypothesis of a psychogenic teleology for consciousness disorders and paranoid states to be plausible, but thought it was more questionable in the case of emotional disorders.

As a final word, Aubrey Lewis suggested that the term psychogenesis deserved a decent funeral since it was so imprecise:

Robert Sommer did no favour to psychiatry when he coined the word ‘psychogenetic’ and thus accredited a muddled but particularly attractive and convenient concept. The subtle arguments put forth in the dispute between French and Germans have shown it to be at the mercy of theoretical positions that relate to the fundamental problems of causality, dualism and normality. (Lewis, 1972: 214)

Further ambiguity arises from the use of the term ‘psychogenetics’ in relation to genetic research in psychiatry, for example by Franz Kallmann (1959). This also suggests that, in the age of neurosciences, the term is tending towards oblivion.

### **Endogenous vs. exogenous and reactional**

In Germany, the somatist school, in which Griesinger was an authority, held that ‘the immortal soul, created by God, could not be affected by illness and, in consequence, mental alienation can only correspond to a cerebral affection’ (see Lanteri-Laura, 1998). This contrasted with the views of spiritualists, such as Heinroth, who believed that mental disorders arose from religious sin or moral transgression. Jacob Wyrsh (1956), in his study on endogenous psychoses, viewed the organicists as ‘exogenists’, and the German spiritualistic ‘psychogenists’ of the nineteenth century, Heinroth and Ideler, were essentially ‘endogenists’:

Then took shape an evolution towards the defence of morbid endogenous causality by neuropsychiatrists ..., who favoured the notions of constitution and ‘biotype’, and more recently some dysmetabolic or encephalitic affections of hereditary origin. In this shift ‘psychogenetists’ found themselves, particularly under the influence of Freudian ideas, in the ‘exogenists’ camp. (Postel, 1997: 16)

According to Lewis (1971), the terms ‘endogenous’ and ‘exogenous’ were introduced in 1813 in botany and subsequently in other sciences. The terms were first used in psychiatry in 1893 by Paul Julius Möbius, who was dissatisfied with the dichotomy between functional and organic, which at the time was based upon the presence or not of altered tissues at post-mortem. This distinction seemed useless to him, since histopathological findings were totally dependent on advances made in histology (see Lewis, 1971). Möbius used the exogenous and endogenous terms to develop his own classification of mental illnesses on that particular distinction. Even so, he admitted that the above terms are not easily definable due to the fact that causes may be numerous and sometimes secondary. Thus, he made a distinction between a primary cause, which is qualitative, and secondary causes, which are quantitative. A primary cause is irreplaceable whereas secondary ones may substitute one another. When the principal cause is external, this is an exogenous illness. If we can detect only quantitative causes, this suggests that the principal cause is to be found inside the person, that it is a predisposition; the illness is therefore an endogenous one. If the illness is endogenous, various different circumstances can trigger it.

Emil Kraepelin accredited the distinction introduced by Möbius and pointed out the rather stable progression of exogenous illnesses as opposed to the erratic evolution of the endogenous ones (see Bercherie, 1980). In the eighth and last edition of his *Psychiatrie* whose

publication spanned five years [1909–13], Kraepelin regarded as strictly exogenous the first seven classes out of the total seventeen (madness/insanity of the wounds of the brain, insanity due to illnesses of the brain, intoxications, infectious insanity, syphilitic weakening/loss of energy, *Dementia paralytica*, senile and pre-senile insanity). The last seven categories were strictly endogenous-constitutional (manic depressive insanity, psychogenic illnesses, hysteria, paranoia, constitutional pathological states, psychopathic personalities, arrested psychical development). The group of three classes in between is constituted by psychoses with obscure though probably auto-toxic causes. They are therefore comparable to the exogenous psychoses of the first group but also having predisposing factors as is the case in the second group (thyroid insanity, endogenous dementia, epilepsy). *Dementia praecox* of the previous classifications was classified under the category of endogenous dementias.

The word endogenous was from the beginning equivalent to the word hereditary (see Lewis, 1971) according to the prevailing ideas of that time, notably the degeneration doctrine of French origin [Morel 1857; Magnan 1890], as a progressive deterioration over successive generations (see further below). However, the strict distinction between endogenous and exogenous causes seemed artificial to authors like Bonhoeffer since, to him, a mental illness could be both endogenous and exogenous. The term ‘exogenous’ went through an evolution somewhat independent from its counterpart ‘endogenous’. Bonhoeffer (see Lewis, 1971) devised the concept of exogenous reaction types, viewed as various modes of reaction by the brain to the noxious stimulus. Alberto Gaston and Roberto Tatarelli (1984) in their paper ‘*Analyse critique de l’évolution du concept d’endogène*’, pointed out that Bonhoeffer [1909] redefined the term exogenous depending on the type of exogenous reaction:

If we consider the aforementioned process as a *reaction*, the possible transformation from one state to another automatically acquires a trait of reversibility; the external causal circumstance is shattered, thus losing its specific capacity of qualitative transformation (... the more the external stimuli that can produce a more or less stereotyped response, the more their causal specificity is limited) ... . The most immediate consequence ... is the confinement of the endogenous in an increasingly restricted, interior and virtual space.<sup>4</sup> (Gaston and Tatarelli, 1984: 572)

Gottfried Ewald (see Lewis, 1971) pointed out another difficulty coming from the fact that external noxae might evoke a syndrome which nevertheless strongly suggested an endogenous disorder by its clinical characteristics, and especially by its following a seemingly preordained

course irrespective of whether the precipitating external noxa still operated or not. In such a case the distinction between exogenous and endogenous tended to be arbitrary. Karl Jaspers (Jaspers, 2000; see Lanteri-Laura, 1962) made a distinction between the authentic reactions to emotional shocks and psychoses precipitated by events, e.g. a catatonic psychosis following bereavement. Julien Rouart (1950) made similar observations during the 2nd Bonneval Colloquium regarding the relation to reactive melancholic episodes. The idea was that even if a syndrome were caused by an external factor it could subsequently follow a course, independent from that particular factor, in an autonomous manner and in relation to endogenous factors. As we have seen in the first part, this idea was already present in Georget's work, more than a century back.

Over time, the word 'endogenous' became opposed to the word 'reactive' rather than to 'exogenous'. According to Starobinski (author of a book on action and reaction) the word reactive:

only appeared in French quite late into the nineteenth century and *in fine* acquired the meaning of 'contrary to organic'. The term is the counterpart in psychopathology of the word functional in the language of internal medicine, which was introduced at the same moment ... 'Reactive' affections are affections with no detectable lesions, *sine materia*. The somatists of that period of triumphing positivism attempted nevertheless to materialize it under the hypothetical form of circulatory disorders. (Starobinski, 1999: 191)

In 1875, Bernheim wrote as part of the entry for 'reaction' in the encyclopaedic dictionary of medical sciences:

We indicate by that term any act consequent to some influence which affects the living being, whether that act is harmful or indifferent to him. The reaction thus considered embraces all of life's phenomena ... The history of the reactions is the whole pathology ... Provoking or favouring useful reactions, preventing from or fighting against the dangerous ones, that, in a nutshell, is the task of a doctor. (see Starobinski, 1999: 161)

According to Starobinski (1999), although many psychiatrists believed that they had to isolate some lesion or alteration, a minority argued that the behavioural anomaly needs to be viewed

not as the consequence of some locatable lesion or alteration but as the response of the cerebral system to some stimulus or experienced situation. The word 'reactive' was therefore a form of protest against the prevailing classifications of mental diseases. In the USA, the Swiss psychiatrist Adolf Meyer (1866–1950) founded the psychobiological school, which claimed that non-adequate reactions, i.e. adaptation dysfunctions leading to *substitutive reactions*, were the cause of psychiatric disorders (see Lief, 1948). He was one of the physicians who contributed to the introduction of the notion of *adjustment* in American psychiatry which came to dominate psychiatry and American psychoanalysis.

Working in Switzerland, in 1912, Hans-Wolfgang Maier introduced the term catathymic reaction (see Faergeman, 1963: 15–17). According to that concept, an individual may have a specific vulnerability due to psychological traumas, particularly those from childhood, and these predisposed to reactions following specific events that may leave other persons unaffected. According to Ey, Bernard and Brisset (1989: 104): 'It is an affectivity turned into a personal style of complex affective tendencies (passions, social feelings). Its opposite is holothymic which refers to basic affectivity, to vital feelings, to the mood and to the emotions'. Maier's ideas – he was Bleuler's successor – are clearly pervaded by psychoanalytic theory. We will discuss below the work of Ernst Kretschmer (1963) that follow this notion of specific reaction, concerning a certain character type, the sensitive character in particular. The term endogenous was probably taken to its furthest limit in the work of Karl Leonhard who inventoried up to 35 types of endogenous psychoses in his taxonomy (see Fourcher, 2009). We will see below how the term endogenous ceased to equate to the cryptogenetic and the biological, obtaining in the process its own laws.

### **Process vs. comprehensible reaction**

Karl Jaspers, the psychiatrist turned philosopher whose ideas have so much influenced contemporary psychiatry, introduced the distinction between *verstehen* (understanding) and *erklären* (explaining) in his *General Psychopathology* [1913], based on the philosophy of history of the German philosopher and sociologist Wilhelm Dilthey. At the end of the nineteenth century, Dilthey (1988) defined the reciprocal specificities of physical sciences (*Naturwissenschaften*) and moral sciences (*Geisteswissenschaften*) by distinguishing between 'knowledge', only possible in the case of natural sciences which, however, could not be approached by intuitive understanding and 'comprehension', i.e. the intuitive understanding that is possible in the case of moral sciences (see Lanteri-Laura, 1985). According to Jaspers (2000), the notion of pathological reaction has two dimensions, one that offers itself to

comprehension (real-life experiences and contents) and a causal one (a change in what eludes consciousness, *im Ausserbezugsten*). Lanteri-Laura wrote several papers on the subject, and he quotes Jaspers' opinion that a pathological state could:

correspond to four circumstances: a pathological reaction to the experienced event, whose development namely involved the reactive, sometimes paradoxical pathology; the second one is relevant to the eventually excessive subject's character; both are comprehensible and in continuity with normality ... . . . the third circumstance which he named the psychical process, typical of the psychotic pathology, could only be understood imperfectly and up to a quickly-reached point, and thus the most specific of mental pathology was characterized both by the limits of comprehension and the ignorance, at least temporary, of its aetiology. (Lanteri-Laura, 2004: 6)

The fourth circumstance, according to Lanteri-Laura, as in alcohol-induced delusional jealousy, pertained to a physical process, so knowledge about the disorder was available but it is not comprehensible, as there is no link between the site of any brain lesion and the feelings of jealousy. Kleist and Bumke also published similar ideas. Oswald Bumke, who succeeded Kraepelin in Munich, defined the criteria of organicity among mental disorders in his famous *Lehrbuch* as those that are not represented in normal mental life; we remain psychologically powerless before them, and we can describe them well, but without being able to sense them (Bumke, 1929). The organic symptom has no equivalent in normal mental life; it is, according to Karl Kleist (Schemtschuk and Kleist, 1952), Wernicke's assistant, 'heteronomous', that is, subject to its own laws. This reflects the opposition between functional and organic as discussed in the first part of this paper.<sup>5</sup> In contrast, what characterizes the psychical process, according to Jaspers, is on the one hand the incomprehension in the sense of 'naïve psychology' and on the other hand the lack of known lesions that might indicate a physical process. This gap initially appears unbridgeable but, in fact, it provides an opportunity to build between incomprehension and the lack of physical pathology. Thus, there is between the two a space to build that may not immediately be evident. Work such as Bleuler's concept of the schizophrenic process or the small mental automatisms described by de Clérambault suggests that, from the moment we identify the clinical signs of the process (e.g. primary delusional experiences), a secondary comprehension in the psychical process starts to occur. From this perspective, psychotic phenomena are less incomprehensible than may appear at

first sight to be the case. Lacan's analysis of the subject in his memoir, in 1932, is the following:

Starting from the introduction of that element, a new mental synthesis takes form, a new personality submitted again to *relations of comprehension*. . . . It is essentially a change in the psychical life without any disintegration of the mental life. It determines a new psychical life, partly accessible to normal comprehension, partly impenetrable. (Lacan, 1932/1975: 142, original italics)

Jaspers' construction has nevertheless survived in parts of contemporary mental disorder taxonomies (e.g. the term 'psychotic symptoms congruent or not with mood', in the current versions of DSM-5 or ICD-10), and even more in the way of thinking of the majority of psychiatrists. However, according to Lanteri-Laura (1985), two works have particularly challenged Jaspers' approach. First, Martin Heidegger who, describing what he called '*Gerede*', idle talk, criticized its fundamental lack of authenticity that leads only to a superficial kind of comprehension. Second, Freud emphasized the question of interpretation as a third term between knowing and understanding.<sup>6</sup>

In addition, we consider Jacques Lacan<sup>7</sup> to have been a third important critic when, as early as in his 1932 thesis, he attempted to extend the scope of comprehension and thus to suggest that some paranoid psychoses were psychogenic in origin. This was enabled by his concept of self-punishment which can bring together all the elements of the process that otherwise appear scattered and meaningless. He attempted at that early stage of his career to use psychoanalytic theory as a form of 'ultra-comprehension'. Later, he developed his thinking further, which led to him rejecting psychogenesis in 1955 and disputing Jaspers' 'relation of comprehension' (see Lacan, 1955–1956/1981).

As a fourth source of disputation of Jaspers' ideas, we might also consider his own successors at the school of Heidelberg. We present here some of the more interesting theories of these scholars.

#### (a) Kurt Schneider (1887–1967)

According to Cornelia Masi's analysis of the concept of process in German psychiatric literature, Schneider:

criticizes the use of the opposition between ‘causal’ and ‘understandable’, because they belong to two different categories: ‘causal’ expresses an order while ‘understandable’ points toward a method for grasping a relation. Therefore, Schneider opposes ‘*kausalgesetzlich-sinngesetzlich*’ (obeying to a causal order / having a relation of meaning) to ‘*erklärbar-verständlich*’, depending on whether we are considering the relation itself or the method. (Masi, 1982: 826)

(b) *Werner Janzarik (1920–2019) and his concept of basal dynamic constellations*

According to Masi (1982: 830–1):

[Janzarik] seeks one unique principle of the disorganization of psychical existence during endogenous psychoses. He describes ‘basal dynamic constellations’ whose impact on the ‘value system’ [*Wertgefüge*<sup>8</sup>] and on the living experience field shape the endogenous psychotic phenomena. In a simplified manner, it is about the reduction, the expansion, the instability and the dynamic loss. ... there are multiple levels of dynamic disruption related to the various psychotic modifications.

According to François Sauvagnat (1991), Janzarik considered delusional mood (*Wahnstimmung*, a word he borrowed from Jaspers and Schneider) to belong to both expansion and dynamic instability, and that entering into delusion is not the consequence of a deficit but on the contrary the consequence of an over-abundance of the ‘impressive’ component. Janzarik writes on that subject:

When the moment of pure expansion ceases, which is ... very indicative from a psychopathological point of view, a disruption of the psychical events’ equilibrium happens with the progress into instability, events that up till then were unified and aiming towards the same direction, to the extent that whatever is encountered in the world becomes all-powerful. Delusional mood is the expression of psychical instability and of the loss of equilibrium that goes along with it ... (see Sauvagnat, 1991: 78)

To Janzarik, delusional mood has nothing of a continuum. The essence of delusional mood is discontinuity, fluctuation, contradiction of feelings and at the same time overabundance and creation. Sauvagnat observes in that regard:



Fundamentally, if we ask what delusional mood is an elementary phenomenon of, Janzarik answers that it corresponds directly to a 'refusal of that background of the experienced' installed by the build-up of the values (*Wertgefüge*) ..., the delusion's progression will happen by way of a dialectic relation between the updating of the disturbed *Wertgefüge* on one hand, which manifests itself as a disruption of the continuity of the experienced and of the inner world, and on the other hand the invasion by 'impressive' signifying perception experiences (*Anmuntungen*) which are forced upon a distraught subject from the outside ... . Delusional perception eventually would be relevant to both these aspects. (p. 76)

P. and C. Berner also developed that part of Janzarik's theory by putting emphasis on the refusal, the ignorance:

Moreover, instability disturbs the perceptions in which some of the details evoking emotionally charged memories become decisive and do not allow putting into perspective the said perceptions. ... . According to Janzarik, it is a matter of substitution of the representative perception mode by an impressive perception mode in which the suggestive detail determines the interpretation of a perception in a way that the latter cannot be rectified by the totality of perceptions. (Berner and Berner, 1991: 108)

(c) *Karl-Peter Kisker (1926–97)*

He was an author inspired by Conrad and close to Janzarik and to Matussek,. His psychonomy concept tries to introduce a structural-dynamic conception, a law within Jaspers' unknown process. According to Kisker, quoted by Lanteri-Laura (1985: 598):

The failure to understand may firstly relate to the absence of connection between delusional themes ... but is also revealed through the discontinuity between the patient's prior existence and his delusional experiences, and finally, between the contents of the delusion and the form of its expression.

According to Masi, Kisker perceived the schizophrenic experience as a 'positivity' (not a deficit) in which operates a tendency to put the psyche in order:

That eventually is determined by the psychonomy ... . Therefore, the fundamental symptoms wouldn't be the direct expression of an organic process but would arise from an intra-psychical constellation which would articulate with organic facts at their highest level. In the case of schizophrenia, as far as functional dynamics are concerned, they might correspond to an attempt towards some re-integration, and at the same time an attempt to keep psychotic contents out of the subject. (Masi, 1982: 832–4)

Masi (1982) ends her paper on the concept of process by attempting to assess its contribution to psychiatry and by suggesting another term, endonomy, that seems to her more appropriate than Kisker's psychonomy in the field of psychopathology. In this way, she criticizes the dualism against which she believes the concept of process may be a solution:

The notion of process confers to psychopathology a special place, for it does not take its origin in the negation of the dualism soma-psyche but seeks solutions immanent to that system ... . It is now all about studying the laws that are ruling the system ... .

However, the term 'psychonomy' seems too narrow to characterize what is happening and we would gladly replace it with 'endonomy', a psychopathological term ... . (Masi, 1982: 839)

*(d) Hubertus Tellenbach (1914–94)*

He tried to confer an increased consistency to process with his operating concepts endon and endokinesis. To Tellenbach, the endogenous cannot be the unknown, the cryptogenic. If melancholy's signs are phenomena, the word 'endogenous' must be regarded in a positive sense. 'Endogenous' refers to all that comes from that region of the being Tellenbach calls endon. Among the characteristic phenomena of the endon, we find all the rhythms, authentic primary expressions: awake/asleep rhythm, menstrual cycles, annual cycles, etc. Tellenbach insists on the character both somatic and psychical of these rhythmical phenomena. The endon is intimately related to the world, and Yves Pélicier (1979) observes that, in his last works, Tellenbach speaks of endocosmogoneity rather than endogeneity. In the case of melancholy, the endon's alteration manifests itself by way of rhythm modifications that could even lead to their complete suppression. Tellenbach suggested that people with a melancholic personality are especially attracted to order – their life is made of application and of moral duty – yet they do not regard it as a constraint as obsessional personalities do. This attachment to order creates a form of fragility. Tellenbach used the term 'remanence' to describe the

situation of a person who is afraid of not measuring up to requirements, a fear that prevents him from accepting new commitments; and the term ‘includence’ for the feeling being locked up in a prison of duties and obligations. Tellenbach recognized the frequent hereditary component of endogenous phenomena, but regarded it more as a predisposition than inevitable, since the melancholic personality becomes ill only when a pathogenic situation favouring ‘includence’ and ‘remanence’ arises. This kind of situation disturbs his affective homeostasis. Between the pre-melancholic situation and melancholy itself, a movement of the endon manifests itself, movement which Tellenbach called endokinesis. The function of this endokinesis is to split from the pre-melancholic situation when the latter becomes unbearable, when the subject has used up the means of maintaining a moral homeostasis based on the respect of duty. Endokinesis transforms the being, which can no longer respond to what was previously driving him: from being someone committed to duty, he now becomes a being for moral suffering.

*(e) Sven Follin (1911–97)*

Along the same lines, another faithful-unfaithful disciple of Jaspers, although a follower of the French psychiatric tradition, Follin described the discordance process in schizophrenia, trying to avoid identifying the process with a deficit. The following quotation presents his view, both clear and critical of the German school (Bleuler, Bumke, etc.):

Nevertheless, it seems quite difficult to define the process, i.e. the structure’s movement, precisely by way of what is absent in the psychical activity, what the latter lacks to be an activity, however altered ... . [Discordance] is neither absence of such or such quality, although it entails deficit, nor production per se of a liberated psychical activity but the very form of the altered psychical activity, or more precisely the altered form of the highest level, the psychical one, of the brain’s life ... . (Follin, 1998: 117–18)

The merit of the German authors we previously mentioned lies, among other things, in that they attempted to avoid using the usually employed terms to describe a state quite out of the ordinary, namely psychotic phenomenology. Additionally, the use of neologisms is consistent with German philosophical tradition.

### **Constitution, temperament and, again, reaction**

In 1857, Bénédict Augustin Morel published his theory of degeneration in his treatise *Traité des Dégénérescences*. Psychiatry figured prominently among the other medical specialities in France at this time (Dowbiggin, 1993). Degeneration theory, inspired by the work of Lamarck, remained influential for several decades, and was championed first by Magnan, then by Charcot and his disciples (see Pinel, 2002). Morel was also influenced by some of Buffon's work and also by experience from agriculture, where it was known that domestication of species such as sheep and cattle appeared to lead to degeneration that only returning to a wilder state could reverse. In his paper 'La prédestination et ses rapports avec les notions de dégénérescence, de constitution et de structure', Lanteri-Laura wrote concerning Morel:

In the case of the human species which, being an advocate of monogenism, he regards as a unity and considers outside of any Darwinian hypothesis, he distinguishes two types of modifications. The first ones are normal variations due to the adaptation to climate, soil, diet ... but the second are cases of pathological deviations from the primitive normal type of humanity and are therefore degenerations. The causes can be manifold: intoxications, malaria, starvation, epidemics, food alterations; social background with industry's harmful effects, poverty and workers, unsanitary occupations; moral suffering; congenital infirmities or suffered during childhood; and finally heredity. (Lanteri-Laura, 1991: 367)

In the field of psychiatry, therefore, degeneration produces effects that tend to intensify over consecutive generations. The strongest effects of degeneration are psychiatric ones; when a line is affected, the damage develops over the course of four generations:

In the first one, we observe mainly a nervous temperament; the pathology becomes more precise with the second one, be it hysteria, epilepsy or hypochondria; in the third one we witness proper delusional manifestations and idiocy in the fourth, leading to a subject incapable of reproducing, which brings the end of the degeneration along with the genealogical line itself ... . We should not fail to notice that apart from the fourth generation, a recovery is always possible and [Morel] expected much from social hygiene measures. (p. 367)

According to Marc Jeannerod (1996), after the re-discovery of Mendel's research in 1900 (initially published in 1866), the discovery of mutations by De Vries in 1901 and of their hereditary nature by Morgan in 1910, increasing emphasis was placed on the fully deterministic character of heredity. This broader conception of heredity prevailed over Morel's ideas on morbid heredity; it did not solely concern mental illnesses but applied to mental and intellectual characteristics in general, thus providing a powerful stimulus for eugenics (a term created by Galton). Jeannerod (1996) stated that, 'few events have so much contributed to the notion of the mind having biological roots than the discovery of mental illnesses', and he went on to say:

The disappearance of the theory of proper degeneration notwithstanding, resorting to hereditary arguments does not cease. While the role of morbid heredity as a way of explaining mental illnesses ebbs away in psychiatry, other fields appropriate it ... . The biological rooting of the mind finds its stronger expression in the idea of hereditary transmission of morbid mental states, or, to put it more simply, of mental and intellectual characteristics. (Jeannerod, 1996: 182)

In psychiatry, the reference to the innate character of mental illnesses remained consistent until around 1900. It was no longer seen as a matter of trans-generational heredity but more of the congenital aspects of the character. According to Lanteri-Laura (1991: 369):

One can differentiate a certain number of institutional varieties, which one relates or not to a biotype and which one deems significant insofar the diversity of human temperaments goes; then, one notices that each of these constitutions may ... change into a psychological character that might produce a proper mental illness; that last occurrence will be much clearer in Kretschmer's German school than in the French one.

The main French advocates of the constitutions doctrine were Ernest Dupré, Achille Delmas and Georges Genil-Perrin, although they were nonetheless influenced by German sources through the work of F. Martius (Lanteri-Laura, 1991). According to Dupré [1912], in perverse constitutions, sometimes arising even in early infancy, there is a tendency towards doing evil independently from circumstances, irresistibly and even at one's own expense. Apart from congenital constitutions, Dupré acknowledged that an acquired constitution may arise as an

after-effect of epidemic encephalitis. Moreover, he admitted the existence of an emotional constitution and a paranoid constitution.

### **Constitution and reaction: the contribution of Kretschmer**

At the same time, in Germany, the work of Ernst Kretschmer provided another version of the constitutions doctrine. This theory suggested that the endogenous factor was made apparent by means of the phenotype. Kretschmer first observed a parallel between some phenotypes and some temperaments. His definition of temperament is the following:

Indeed, we name temperament the whole of the affective qualities which characterize an individual, both according to the way he is subject to diseases as well as to the way he reacts to them. The way someone is affected ... presents two subdivisions independent from one another; we have the *psychaesthetic* scale running between two poles, 'sensitive' and 'obtuse', and the *diathetic* one running between the poles 'merry' and 'sad' ... (Kretschmer, 1927: 264)

According to Kretschmer, the mode of reaction to diseases reflects the psychical rhythm in a person's temperament which is expressed through the senses, in the intellectual manifestations, and above all in his psycho-motility, that is, in acceleration or slowing of his movements. Thus, the psychaesthetic disposition and diathetic disposition on the one hand and the psychical rhythm on the other form the core of the notion of 'temperament' from a psychological point of view. Pyknic subjects very often have syntonic and cyclothymic character; leptosomic subjects very often have an icy, distant and schizothymic one; athletic subjects very often have what Françoise Minkowska-Brokman called a *glischroïd* (sticky) temperament.

Temperaments are a question of fundamental tendencies which can greatly modify their behavioural expression and the relational occurrences, but remain unchanged in their essence. There is a first level of continuity between temperaments and the pathological aspect of the character when we move from cyclothymia to *cycloïdia*, from schizothymia to *schizoïdia* and from *glischroïdia* to *epileptoïdia* (that is, from a 'sticky' to an epileptoid temperament). At a second level, we pass from *cycloïdia* to manic-depressive psychosis, from *schizoïdia* to schizophrenia and from *epileptoïdia* to epilepsy.

According to Kretschmer (1927), a person's character includes the sentimental and the voluntary aspects of the entire personality. Character develops from early infancy following

the constant interaction between constitution, i.e. hereditary predispositions, and the outside world. The constitutional basis of the character is formed by the aforementioned drives and temperaments. They are the most important materials, though not the only ones, for the character's construction. External influences, positive or negative, whose action was exerted during intrauterine life, intracranial lesions or chronic alcoholism, can play an important role, for example jealousy in alcoholics. However, the most important influences on the character's development are external psychical factors, first of all the intellectual environment, and secondly events producing strong affective reactions that may sometimes steer development in the wrong direction. But Kretschmer believed those examples to be quite rare.

Likewise, the chronic influences of the environment cannot transform a personality unless there is already a predisposition. They can however have a large effect upon certain constituent elements of the personality by strengthening some traits and repressing others. According to Kretschmer, environmental influences may also cause strong morbid reactions, like psychoses and obsessive neuroses. Nevertheless, the fundamental qualities of the innate temperament (heightened nervous sensitivity, hypomania, psychic inertia, etc.) may occasionally be modified under the environment's influence but are never transformed. On the contrary, external environment and education exert a considerable influence on the more complex psychical superstructure, especially upon what he called *man's moral structure*, even though some of its variants like anaesthetic schizothymics resist moral influences.

Let us now examine how Kretschmer (1927) considered inner experiences, by which he meant the spontaneous penetration into the consciousness of a psychical group having an affective tone. The individual experiences a regular everyday flow of psychical issues. From these, some elements with an intense affective force detach themselves from the regular flow, forming clumps or islets, which quickly gain a decisive influence on the individual and their future psychical course. Only to this particular group did Kretschmer apply the term inner experience. For an impression to become an inner experience, external factors are not enough; the subject needs to have a specific psychical constellation. Highly emotional inner experiences, and more particularly unpleasant ones, tend sometimes to become estranged psychical bodies in especially predisposed persons; they do not let themselves be absorbed and they become secondary energetic centres, i.e. complexes (term borrowed from Bleuler and Jung), which play the most significant part in the production of nervous disorders and reactive psychoses.

The individual's inclination towards complexes varies from one temperament to another; it is less in hypomaniacs and stronger in schizothymics, especially in nervous

hyperaesthetic schizothymics. The impact of the complexes on the consciousness depends on the character's dispositions. For some, the complexes result from a catathymic repression: they stay on the fringe of consciousness and are a constant source of distress and irritation. Repressions form the basis of the principal hysterical reactions. On the contrary, they may stay constantly at the centre of consciousness with painful clarity (referred to as retention by Kretschmer); retentions determine most of the sensitive reactions (obsessive neuroses and paranoia).

Beside complexes, Kretschmer placed other inner experiences, and in particular the exaggeration of ideas. These can sometimes cause the formation of a psychical body foreign to the entire personality, as a result of which the personality dissolves into the idea and the idea lodges in the core of the personality. In psychopathology, affective exaggeration is seen most often in expansive developments and in reactive depressions. Nevertheless, in general, ideas filled with exaggerated affectivity are one of the chief driving forces of human activity. The action of complexes is less simple. They are the basis of failed reactions, symptomatic actions and explosive reactions.

Lastly, we will examine Kretschmer's (1927) ideas about reactions, in their relation to inner experiences, character and events. As we can immediately see, his conception of reaction is much more complex than those of his predecessors or even his contemporaries. His other notions like temperament, character and endogeneity were also of a high level of complexity. Kretschmer distinguished between two groups, although without distinct boundaries between them: primitive reactions and personality reactions. Primitive reactions are those which, following an excitation caused by an inner experience, manifest themselves directly and immediately through spontaneous impulsive actions or through deep psychical processes of a hypoboulcic or hypnoic nature, without implicating the entire personality. This can happen in two ways: either the superior personality is dumbstruck and almost paralysed by some strong impression resulting in the stimulation of the psyche's phylogenetically deeper strata which rise to the surface and consequently act as substitutes (e.g. in panic reactions and in strong moral conflicts that can provoke hysterical symptoms in healthy adults); or the subject's psychical and intellectual development has already been inhibited (infantile personality, neuro-psychopathy, latent schizophrenia). We then talk of degenerative hysteria, of affective epilepsy, of impulsive insanity or of unstable psychopathy. Primitive reactions can in certain situations be opposed to the personality and be, up to a point, unspecific since they may occur in all kinds of personalities.



On the other hand, personality reactions are those where the whole personality plays an active and conscious part, to the extent that a personality reaction constitutes the purest expression of the entire individuality. Hence, personality reactions are rigorously specific, each one corresponding to certain character dispositions and particular impressions, and are produced only when a susceptible personality is subject to a specific impression, strictly personal and individual. These impressions and the character match, just like a key and a keyhole, especially if their correspondence is favoured by certain environmental conditions. For example, the impression left by a failed sexual encounter will exert a specific excitation on a sensitive character, but will leave no trace on a more combative and rebellious subject. On the contrary, losing a civil case may quickly become trivial to a sensitive nature whereas it will bring out all the resources and combativeness in an expansive nature, prepared to fight to the bitter end.

According to Bercherie (1980), Kretschmer's psychopathological analysis enables the development of a stratified diagnosis that describes putative mechanisms over and above a mental illness diagnosis or a clinical portrayal. The various temperaments or characters and endogenous psychoses may be interwoven, to different degrees, with the various types of reactions between each other. Acquired processes can modify the character and may produce a seemingly constitutional disposition, even manifest themselves by what may, at first, seem to be a simple reactive pathology (Birnbaum's 'pathoplasticity'). A temperament like schizoïdy may have a pathogenic effect on a schizophrenic process but may also just 'colour' ('pathoplasticity' once more) another type of disease, an organic pathology for instance.

## Conclusion

From this historical review of the debate on psychogenesis and organogenesis in classic psychiatry, it is evident that all attempts to approach the question via any kind of dualism fail. The reasoning 'bites its own tail': each time one category tends to oppose the other by way of some argument, at the end of the syllogism, surprisingly, we end up with the second category, the one to which the first category was supposedly opposed (in order to define their interaction), included in the first one.<sup>9</sup> We might eventually say that the same problem is met by all the theories that have been discussed in this paper, albeit to various degrees.

- In the case of the opposition between functional and organic, we have seen that functional disorders can lead to organic disorders.<sup>10</sup> Despite the brilliant attempts of von Monakow and Mourgue to develop opposition between functional and organic,

we are still, with their model, unable to delineate clearly between neurological and psychiatric illnesses.

- When we were defining psychogenesis as opposed to organogenesis, the individual's constitution ended up at the heart of psychogenesis. However, the latter was usually considered to be of a rather heritable and biological nature, close to the temperament.
- The term 'endogenous' ceased being equivalent to 'cryptogenetic' or to 'biological', acquiring its own laws, and so became a specific psychical constitution, eventually producing a psychopathological expression. As for the term 'exogenous' related to the event, the substance, or even the tumour that causes a psychical reaction, it has quickly wilted because of its non-specific stem.
- Attempts were made to separate knowledge and process from understanding and comprehension. However, ultimately a point was reached where the process could be understood by a super-comprehension which, transcending naive psychology, could be quite capable of making use of a comprehensive 'metapsychology'; in this way the process was included in the comprehension and the 'explanation' started to become obsolete.
- Where it appeared that the said 'reaction' worked in tandem with the character (as exemplified most strongly by Kretschmer), in other words that the type of event chosen as a starting point for the reaction was correlated to the type of character. However, in the same author's work we saw that the same tendency could sometimes cause a process although it could have just a 'pathoplastic' value in another one.
- As observed by Lanteri-Laura, the same problem occurs with Sherrington's theory and its derivatives: 'there has to be a superior automatism at the cranial extremity but what it is hierarchically regulated by, we just don't know' (Lanteri-Laura, 1992). It is the same as Lacan criticizing Henri Ey's organicism: 'in every organicist conception we always come upon the concealed little man inside the man' (Lacan, 1946/1966).

Is it ultimately the chosen opposites or is it dualism<sup>11</sup> per se (and the linear causality<sup>12</sup>) the problem that prevents us from conceiving a fair solution to the issue?<sup>13</sup> According to German Berrios (2018b: 192):

Psychogenesis would seem to challenge the simple visions that we have on the cerebral

functions. The official epistemology of psychiatry, unfortunately, undermined psychogenesis in favour of the somatogenesis. As was said in the beginning, more investigation is needed, both conceptual and empirical. Aside from the psychogenesis models proposed by dynamical psychology, we need new ones that would take into account the advances in neuroscience, the new models for the development of mental symptoms, and the way in which human beings use cultural templates in order to configure the content of their consciousness. It is essential to develop and to use psychogenesis models that would lead to effective therapies, short ones but with lasting results.

We have proposed (Dimitriadis, 2013) a model of this kind through the heuristic concept of ‘psychosomatic diseases of the brain’: psychosomatic disorders are classically related to the body, without the brain, but there is no reason why the circuits of the brain could not be affected by a psychosomatic process. According to our hypothesis, the Freudian concept of actual neuroses and the Lacanian theory on psychosomatic phenomena may help us conceive how various ‘mental diseases’ could be psychosomatic diseases of the brain. This might operate by means of a special mechanism of automatism that is triggered under specific conditions of fragility<sup>14</sup> of semantic functions acting in combination with biological factors, including genetic factors. In this process, ‘signifiers’ (tertian) are reduced to signals (binary),<sup>15</sup> which in turn may be reduced to stimuli, with a tendency toward self-perpetuation, while affects are reduced to emotions and moods. This process, which we have named ‘semiotic reduction’, could also apply to mood disorders (depression, bipolar disorder, delirious mood, athymhormia<sup>16</sup> (deficient motivation), panic disorder and so on) and other clinical conditions as well. According to Robert Post (1992), this tendency towards automation is a result of the *kindling* neurophysiological mechanism, which could explain, passing from mood disorders of a reactional type to more automatic mood states. *Kindling* may well result in *excitotoxicity* and *neuronal apoptosis*. Ultimately, we may be able to distinguish, through the process of ‘semiotic reduction’, neurological diseases from *psychosomatic brain procedures* that are part of psychiatric disorders.

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## Notes

[typesetter : please insert notes here, with hanging numbers ; they are typed at the end]

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### [Notes]

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<sup>1</sup> On this issue, see Berrios, 2018b.

<sup>2</sup> On this issue, see the section below: ‘Endogenous vs. exogenous and reactional’. We see that the notion of affective excitability is deeply embedded in the idea clinicians have of hereditary predisposition to mental illnesses.

<sup>3</sup> All translations are by YD.

<sup>4</sup> It should be added here, as observed by Gaston and Tatarelli (1984), that Kretschmer’s phenotypes theory (the correspondence between body’s structures and character, cf. hereinafter in the article) somehow revealed the famous interior quality.

<sup>5</sup> Dimitriadis, 2020.

<sup>6</sup> Interpretation of the dream and of the symptom, etc., which correspond to a compromise in a conflict that, through the symptom or the dream, etc., takes on a disguised expression. This also holds true for psychopathology in everyday life: Freudian slip, memory lapse, parapraxis; although they skip ordinary comprehension which holds them to be fortuitous and absurd, they acquire a signification through this new mode of explanation. Paul-Laurent Assoun (1981) believes that Freud was trying to explain and not to understand, in accordance with the ideals of natural sciences and unlike the comprehensible attitude of moral sciences: ‘This entails that the Freudian *Deutung* is truly understood by Freud as non-disruptive to *erklären*, moreover that interpretation is even considered as a variation of the explanation’; Assoun, 1981: 43.

<sup>7</sup> On the question of process and psychogenesis in Lacan, see Lanteri-Laura, 1984; also Dimitriadis, 2014.

<sup>8</sup> According to Sauvagnat (1991), in broad outline, the normal state of the *Wertgefüge* (‘the whole system of values’) allows the clear differentiation of the inner world from the outer one

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and a certain stability of the encounter, in accordance with Matussek's conception of the encounter (*Begegnen*) and Lacan's encounter with 'a father'. Sauvagnat observes all the same that Janzarik's description of the 'whole system of values' is quite polymorphic, making it quite difficult to grasp.

<sup>9</sup> Lacan was saying a propos of the organodynamics theory: 'as it was being developed, it presented an increasing contradiction with its original and permanent problem'; Lacan, 1946/1966: 154.

<sup>10</sup> 'Therefore, we considered possible that an organ's chronic functional disorders could cause a lesion in it and trigger a serious disease'; Alexander, 2002: 44.

<sup>11</sup> For problems arising from dualism, see also Berrios, 2018a.

<sup>12</sup> On this point, see Dimitriadis, 2019.

<sup>13</sup> In my opinion, the logic of the Freudian unconscious, and even more, of the Lacanian one, allows us to escape from this dialectical dead end. 'The Thing' (the Freudian *das Ding*) is, at the same time, what is the most intimate and, in parallel, the most external – this 'intimate outwardness', this 'extimacy' (Lacan, 1986: 167). According to Lacan's neologism:

Because, this *das Ding*, is indeed placed in the centre, in the sense that it is excluded. This means that, in fact, it must be placed as external, this *das Ding*, this prehistorical Other, impossible to forget, and whose necessity of the first position is affirmed by Freud, in the form of something that is *entfremdet*, some stranger to me, who is at the same time in the nucleus of me, something that, at the level of the unconscious, can only be represented by a representation. (p. 87)

<sup>14</sup> In Lacanian terms, the foreclosure of the Name-of-the-Father or the solidification of the signifying chain.

<sup>15</sup> The logic of signifiers is diachronic and of recurring retroaction (tertian), in the sense that the end result can influence its own cause and change it after the fact. On the other hand, the logic of the signal is a linear logic (binary), valid for the reflexes, be they natural or conditioned, and entails an objectification, a certain universality of reactions. This logic also entails a synchrony and/or a spatial contiguity and determines the learning process in animals. See Dimitriadis, 2017.

<sup>16</sup> For delirious mood and athymhormia in schizophrenic subjects, see Dimitriadis, 2018.