

Agustín Jimeno Valdés's integral psychopathology: context and concepts

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ABSTRACT

Introduction. Agustín Jimeno Valdés (1935-2017) developed an original system, "integral psychopathology," establishing a basis for psychopathology in the natural sciences. The purpose of this study is to contextualise and characterise his system.

Methods. An analytical philosophical methodology is applied to the history of science. To that end, key concepts and contextual axes are defined. These two elements are integrated with the aim of clarifying the meanings of scientific concepts through diachronic study.

Results. Four contextual axes characterise Jimeno's integral psychopathology: 1) Jaspers's methodological pluralism, 2) the unitary psychosis model of psychopathology, 3) Spanish anthropological psychiatry, and 4) the crisis of scientific/natural rationality in psychopathology. Furthermore, four key concepts are identified: 1) consciousness as a global integrating function; 2) the dynamic psychopathology of disorders of consciousness; 3) semantic disorders of the order of consciousness as defining mental signs of psychosis; and 4) the capacity for tolerance as a criterion of mental health.

Discussion. Integral psychopathology can respond to four current problems in psychiatry: 1) the anthropological problem: can what is human become sick?; 2) the nosological problem: does mental illness exist?; 3) the semiological problem: do mental signs exist?; and 4) the psychopathological problem: does psychiatry have its own method?

KEYWORDS

Agustín Jimeno Valdés, anthropological psychiatry, history of psychiatry, integral psychopathology, semantics

Introduction

Agustín Jimeno Valdés (Valladolid [Spain], 1935–Viana de Cega, Valladolid, 2017; Figure 1) was the main promoter of anthropological psychopathology in Castile and Leon in the latter quarter of the 20th century. In the same city and during the same period, his work contrasted with two other traditions of psychopathology: a poststructuralist approach, led by Fernando Colina,¹ and an orthodox defence of the psychiatric canon of the DSM, represented by Valentín Conde.²

Jimeno's intellectual and professional journey prior to the period analysed here (the last quarter of the 20th century) is described in the autobiographical text *La psiquiatría que yo he vivido (1955-1978)*³ ("The psychiatry I have lived [1955-1978]") and in a previous article.⁴ A key experience during this period was his time working at various German care centres between 1962 and 1968, where his integral psychopathology project began to take shape, falling halfway between psychiatric practice and philosophical, anthropological, and scientific reflection.

In 1978, Jimeno joined the Hospital Clínico at the University of Valladolid, where he was professor of psychiatry until retiring in 2005. His main work on psychopathology is collected in three books. The first two, *Consciencia, concienciación y psico-socio-patología* ("Consciousness, conscientiation, and psycho-socio-pathology"),⁵ published in 1985, and *Psicopatología actual: problemas y conjeturas* ("Current psychopathology: problems and conjectures"),⁶ published in 1998, give a detailed account of what we may call the "integral model of psychopathology," Jimeno's own term,^{6(p41)} or more concisely "integral psychopathology." The third book, also published in 1998, was written in collaboration with Pedro Gómez Bosque: *Diálogos de fin de siglo: apuntes para un ideario en la transición al tercer milenio* ("Fin-de-siècle dialogues: notes for an ideology during the transition to the third millennium").⁷ In this book, in dialogue with Gómez Bosque, Jimeno explains his ideas on topics in the philosophy of science, philosophical anthropology, and ethics.

In the two books on psychopathology, he formulates a series of postulates, laws, and rules for psychopathology, which are complemented by the work of his main collaborators, Natalia Jimeno Bulnes⁸ and Martín L. Vargas.⁹ The book of dialogues with Gómez Bosque is in turn complemented by anthropological texts published previously in the journal *Folia Humanística*, published by the Letamendi-Forns Foundation (Table 1). Part of Jimeno's anthropological work is included in unpublished texts from his many lectures and seminars.^a

The main objective of this study is to contextualise and characterise Agustín Jimeno Valdés's integral psychopathology.

Methods

An analytical philosophical methodology was applied to the history of science in order to clarify the meanings of scientific concepts through diachronic analysis. Firstly, the historical and psychopathological context of Jimeno's work is described. Secondly, we address the meanings

^a Some of these are available on the webpage <http://agustinjimeno.blogspot.com>, run by his disciple Salvador Porras Obeso.

^b I am grateful to Agustín Jimeno's daughter, the professor of psychiatry Natalia Jimeno Bulnes, for generously sharing her memories of her father, our teacher, and for providing originals of rare articles published in *Folia Humanística*. Copies of these may be requested from the author.



Figure 1. Professor Agustín Jimeno (left) at his presentation during a lecture by professor Germán Berrios (right) at the congress of the Spanish Federation of Psychosocial Rehabilitation Associations and the 3rd European Conference of the World Association of Psychosocial Rehabilitation (Valladolid, 17 June 2010)

of the main concepts of his integral psychopathology within this framework. Rather than performing a bibliographic search, selection of the texts referenced in the study was based on the personal knowledge of the author, a disciple and collaborator of Jimeno's.^b Sources on integral psychopathology are prioritised and grouped mainly according to the information in *La psiquiatría que yo he vivido* and *Diálogos de fin de siglo*.

Results

In the analysis of integral psychopathology, we can distinguish between four contextual axes and four key concepts or attributes. These are described below.

Contextual axes

Jimeno Valdés acknowledged the influence of his father Agustín Jimeno Cattaneo and of his friends and mentors in Valladolid, José María Villacián and Pedro Gómez Bosque,¹⁰ as well as the thorough technical instruction he received in Germany, first at the Max Planck Institute of Psychiatry in Munich and then at the University Clinic for Neurology in Giessen, where he worked with Professor Friedrich Erbslöh.¹¹ In the fields of neuropsychiatry and psychopathology, he was most influenced by texts from Karl Jaspers, Hans H. Wieck, Henri Ey, Klaus Conrad,

Table 1. Articles by Agustín Jimeno Valdés on philosophical anthropology, published in the journal *Folia Humanística*.

Year	Article title	Reference
1980	Karl Jaspers y la actualidad del análisis existencial en psiquiatría (Karl Jaspers and the current situation of existential analysis in psychiatry)	71
1981	Racionalismo estético y orden social en la cultura alemana (Aesthetic rationalism and social order in German culture)	72
1982	Sobre la profundidad, belleza; la fundamentación de la trascendencia y otras meditaciones (On profundity, beauty, the foundations of transcendence, and other meditations)	73
1982	La mujer ante el cambio socio-cultural y Lou Andreas Salome (Women facing sociocultural change, and Lou Andreas Salomé)	74
1983	Aspectos psicopatológicos, psiquiátricos e histórico-biológicos de la drogadicción (primera parte) (Psychopathological, psychiatric, and historical/biographical aspects of drug addiction [part I])	75
1984	Consciencia y ciencia natural (una meditación sobre la base científico-natural de la consciencia) (Consciousness and the natural sciences [a meditation on the scientific/natural basis of consciousness])	76
1985	La medicina: un saber y un arte entre la magia y la ciencia (Medicine: a knowledge and art between magic and science)	77
1987	Origen y evolución de la mente (primera parte) (Origin and evolution of the mind [part I])	78
1987	Origen y evolución de la mente (segunda parte) (Origin and evolution of the mind [part II])	79
1989	Razón y sentimiento (un intento de análisis psicopatológico y de síntesis antropológica) (Reason and sentiment [an attempted psychopathological analysis and anthropological synthesis])	80
1991	Persona, personalidad y trasplante de órganos (Person, personhood, and organ transplant)	81
1993	Creatividad y estado hipnagógico (Creativity and the hypnagogic state)	82
1994	Conocimiento, sabiduría y fe. Consideraciones antropológicas sobre la religión desde la psicología y psiquiatría (Knowledge, wisdom, and faith. Anthropological considerations regarding religion from a psychological and psychiatric perspective)	83
1995	Hacia un humanismo según la naturaleza (Towards a humanism according to nature)	37

Werner Janzarik, Kurt Schneider, Bartolomé Llopis, and Gerd Huber, among others.

The theoretical framework of integral psychopathology can be organised according to four contextual axes:

1. Jaspers's methodological pluralism

Jaspers's methodological pluralism is applied to psychopathology as the Jasperian-Schneiderian method.¹² Jaspers¹³ published his book *General psychopathology* in 1913, providing clinical psychiatry with an explicit method: "methodological pluralism." Jaspers proposes that psychopathology should simultaneously use two approaches to knowledge: 1) explaining the natural facts detected through Husserl's descriptive phenomenology; and 2) understanding human experience, drawing on the "science of the mind" developed principally by Dilthey and Weber. Jaspers's psychopathology is compatible

with the classical medical paradigm of psychiatry, which inspired the French nosology of the 19th century and the Kraepelinian tradition of the first half of the 20th century. It is also able to address the subjective elements of disease. After this great contribution to his profession, psychiatry, Jaspers directed his efforts definitively towards philosophy.

Inspired by methodological pluralism, Jimeno writes the following on the subject of psychopathology:

Psychiatry and psychopathology constitute an eminently *dual* knowledge, not because they participate at once in both groups of sciences (man in nature and man in society), but because they *demand*, more than other sciences, that we apply both methods of study. Once more: through the natural sciences we explain and discover events (real process), whereas through the sciences of the spirit we understand and interpret their significance.^{5(p97-98)}

Indeed, this pluralism is the key concept in Jimeno's integral psychopathology:

Therefore, we believe, our study contributes to psychopathology by presenting a model (or several integrable models) whose purpose is to address, to understand, and to direct current and future research into psychoses in general.^{6(p41)}

2. The unitary psychosis model of psychopathology

A second axis is the unitary psychosis model, promoted by Lafora's disciple Bartolomé Llopi, ¹⁴ who studied pellagrous psychosis in Madrid after the Spanish Civil War. With Antonio López Zanón, who studied mental disorders associated with consumption of hashish in soldiers from Africa, Jimeno became directly familiar with the unitary psychosis theory. López Zanón promoted the publication of Jimeno's ¹⁵ doctoral thesis, also framed within the unitary psychosis model. This unitary or Gestalt axis of his psychopathology also shows the clear influence of the instruction of Justo Gonzalo ¹⁶ during Jimeno's doctoral studies in Madrid, in 1959 and 1960. Justo Gonzalo's "central syndrome of brain dynamics" is undoubtedly present in Jimeno's definition of disorders of consciousness. The problem of the non-specificity of nosological agents ¹⁷ is also included in his systemic yet dynamic conception of psychopathology

3. The Spanish school of anthropological psychiatry

Demetrio Barcia defines anthropological psychiatry as a psychiatry "that understands mental illness as an event occurring within a person."^{18(p12)} Using the concept of a "model,"¹⁹ which from a semantic understanding of epistemology integrates both empirical and theoretical approaches to a problem, anthropological psychiatry can be defined as an anthropological modelling of psychiatry. A good example of the discipline is Otto Dörr's book *Anthropological psychiatry*.²⁰

Currently, anthropology is identified mainly with "cultural anthropology," which is derived from ethnographic studies and draws on structuralism for its main theoretical sources. It should be noted that anthropological psychiatry does not refer to this model, despite certain overlaps between "medical anthropology"²¹ and "cultural psychiatry."²² On the contrary, anthropological psychiatry is characterised by basing psychiatry on models of philosophical anthropology, a discipline proposed by Max Scheler in 1926, in the following terms:

If there is a philosophical task for which our era demands a solution with unique urgency, it is that of philosophical anthropology. I am referring to a basic science which investigates the essence and *essential constitution* of man, his relationship to the realms of nature (organic, plant, and animal life) as well as to the source of all things, man's metaphysical origin as well as his physical, psychic, and spiritual origins in the world, the forces and powers which move man and which he moves, the fundamental trends and laws of his biological, psychic, cultural, and social evolution, along with their essential capabilities and realities. Herein resides the psychophysical problem of body and soul, and the noetic-vitalistic problem. Only such anthropology can furnish an ultimate philosophical basis, as well as definite, certain aims of research, to all sciences concerned with the object, "man," to the natural, medical, archaeological, ethnological, historical, and social sciences, to normal and developmental psychology and character analysis."²³

Scheler's philosophical anthropology was disseminated in parallel to Freud's work, starting in 1928 with the publication of *The human place in the cosmos*,²⁴ which represented an opportunity for psychiatry to be reunited with Rousseau's humanism, which inspired the first use of the term "psychiatry" by John Christian Rail in 1808,^{25,26} as well as with the enlightenment optimism of Pinel.²⁷

According to Julián Marías's model of historical generations,²⁸ the introduction to Jimeno's memoirs proposes a "generation of Castile and Leon" who in the 1960s and 1970s contributed to the introduction of anthropological psychiatry in Spain.²⁹ Jimeno Valdés, the psychiatrists Antonio Colodrón Álvarez³⁰ and Alfonso Ledesma Jimeno,³¹ and Pedro Gómez Bosque,¹⁰ a neuroscientist and essayist on philosophical anthropology, can be considered the central proponents of this model. All four men worked as physicians in disciplines related to the nervous system, were born or had roots in Castile and Leon (mainly at the universities of Valladolid and Salamanca), were familiar with the German language and philosophical tradition, and had spent time at German scientific institutions. The closest relationship was between Jimeno Valdés and Gómez Bosque,⁷ whose collaboration endured into the future.

Although the generation of Castile and Leon was not sufficiently structured to be considered a school, it could be added to the authors recognised by Valdés-Stauber, who lists 25 names in one of the most rigorous Spanish-language texts on the subject.^{32(p37)} While Valdés-Stauber's book should be consulted for the full list of

authors, some are worth highlighting here: Demetrio Barcia Salorio, with whom Jimeno shared a friendship and common interests, and José Luis Mediavilla Ruiz, with whom he coordinated the fourth and sixth editions of the *Conciencia histórica de la psiquiatría* (“Historical awareness of psychiatry”) series,^{33,34} published by the Spanish College of Emeritus Psychiatrists. This intergenerational group, consolidated around the work of Pedro Laín Entralgo, can reasonably be considered the “Spanish school of anthropological psychiatry.” The philosophical oeuvre of the Madrid school, headed by José Ortega y Gasset,^{35(p240)} represents the group’s original philosophical substrate for a differentiated Spanish model of anthropological psychiatry. Ortega’s concept of “vital reason” would undoubtedly be one of the school’s conceptual bases, as noted by Bartolomé Llopis³⁶ in his book *Introducción dialéctica a la psicopatología* (“Dialectic introduction to psychopathology”). Of the texts summarised in Table 1, the article “Hacia un humanismo según la naturaleza”³⁷ (“Towards a humanism according to nature”), which addresses the main topics of Jimeno’s philosophical anthropology, is particularly recommended.

4. The crisis of scientific/natural rationality in psychopathology

In the 1920s, Ludwig Binswanger’s^c clinical knowledge; his friendships with Freud, Jung, and Bleuler; and his familiarity with Husserlian phenomenology and its reinterpretation by Martin Heidegger led the Swiss psychiatrist to advocate for an independent “psychopathological phenomenology,” and for psychic symptoms to be understood not as cerebral phenomena

but rather as an indicator of “fundamental psychic disturbance which is recognisable by the change of ‘being-in-the-world’ as such.”^{38(p190)d} The publication in 1936 of Husserl’s³⁹ *The crisis of European sciences and transcendental phenomenology* inspired a new epistemology centred around human life, with a progressive abandonment of natural facts in the explanation of mental illness. Through this existentialist turn, philosophical anthropology distanced itself from psychiatry insofar as the latter arises from medicine. Whereas Jaspers’s methodological pluralism and Scheler’s philosophical anthropology are compatible with the medical model, as they integrate biological aspects of humanity, Binswanger’s psychopathological phenomenology and existential analysis constitute a definitive rupture with the scientific/natural roots of psychiatry. Binswanger writes in 1922 that:

Psychiatry, as a branch of medicine (and therefore of applied biology, that is as a natural science), is essentially alien to psychopathological phenomenology.^{38(p45)}

More recent models, such as Pelegrina’s^{40,41} “psychopathological anthropology,” replace physical/biological ontology with Heidegger’s metaphysics of the Dasein, and hence are also incompatible with the medical model. These outlooks are compatible with medicine only as psychotherapeutic practices, in which an ontology including biology is not essential. In fact, a sizeable group of current psychotherapeutic practices are derived from existentialist analysis.^{38,42–44}

The confusion of the interest in anthropological analyses and the disregard for medical aspects led to an epistemic degeneration of the specialty in the 1960s,⁴⁵ an idea supported by numerous texts analysing the epistemic crisis of psychiatry in the latter half of the 20th century. Illustrative examples are a *Lancet* editorial on the subject⁴⁶ and Klerman’s⁴⁷ analysis from the perspective of history and philosophy of medicine.

The publication of Ronald Laing’s⁴⁸ book *The divided self* in the United Kingdom in 1960 represents a break from one of the central propositions of the classical paradigm of psychiatry, the differentiation between psychosis and neurosis, or in anthropological terms, between madness and sanity. From a phenomenological and existentialist foundation, Laing’s book aims to “make madness, and the process of going mad, comprehensible.”^e In this way, he challenges the very pillars of Jaspersian psychopathology,^f which had enabled psychiatry to

^c Not to be confused with his uncle, Otto Ludwig Binswanger, who treated Nietzsche and who in 1894 described “encephalitis subcorticalis chronica progressiva,” a disease later referred to with his eponym.

^d Binswanger L. The existential analysis school of thought. Angel E, tr. In: May R, Angel E, Ellenberger HF, eds. A new dimension in psychiatry and psychology. New York: Basic Books; 1958

^e *The divided self* (p. 9). Laing here defends the concept of madness as a human phenomenon. Foucault later made a cliché of the term “madness” in an attempt to blur the boundaries between health and illness, inspiring today’s cultural critique of psychiatry, represented by “mad pride.”

^f One subject in the interpretation of Jaspers’s *General psychopathology* is the distinction between mental disorders that are explicable (somatogenic disorders, illnesses in the strict sense) and those that are comprehensible (psychogenic). However, close reading of Jaspers’s methodological pluralism shows that mental disorders include both explicable processes and comprehensible processes, and that both attributes are not mutually exclusive within a single disorder. Laing’s arguments also focus on existential aspects of individuals with schizophrenia, although this does not imply that he rejects the purely biological aspects of the disorder; he merely opts not to address them.

maintain part of its authority in the area of the natural sciences. In the United States in 1961, Thomas Szasz published his book *The myth of mental illness*,⁴⁹ in which he further develops the argument presented in the 1960 essay of the same name⁵⁰: if mental symptoms are considered to be signs of brain damage, then the concept of mental illness is unnecessary and misleading. Hard questions therefore arise for psychiatry, both from the phenomenological/existentialist philosophical tradition propounded by Laing and from the analytical philosophy of science and the libertarianism that inspired Szasz. But it was Michel Foucault,⁵¹ whose book *Madness and civilisation* was published in Paris in 1964, who created the definitive interpretative framework for antipsychiatry arguments: the idea that mental illness is a cultural product of a historical age (modernity). Consequently, psychiatry must also be the cultural product of an age, and can be understood as a function of the historical and social context in which it emerged, but lacks any epistemological identity of its own. Since then, the development of antipsychiatry has included a broad spectrum of ideas, from Franco Basaglia's Marxist thought in 1970s Italy to recent globalised journalism,⁵² forming the arguments of the new social movements of consumers and health service users. Enric Novella's⁵³ recent book *El discurso psicopatológico de la modernidad* ("The psychopathological discourse of modernity") collects a series of rigorous essays inspired by Foucault's critique of psychiatry. This book is recommended for further reading on what we may call the "historicist antipsychiatry paradigm."

The defence of scientific/natural rationality is a constant throughout Jimeno's work. As regards his critique of antipsychiatry, a particularly interesting area of his work is that which relates to the Frankfurt School, led by Jürgen Habermas (whom Jimeno met during his time in Germany, according to his memoirs^{3(p148-154)}), as well as his first dialogue with Gómez Bosque, on knowledge of salvation,^{7(p11-31)} and the epilogue and second appendix to *Consciencia, conscienciación y psico-sociopatología*.^{5(p159-189)}

Key concepts of integral psychopathology

1. Consciousness as a global integrating function in humans

Together with Jaspers and other early 20th century philosophers, Ortega y Gasset is part of a "post-

neokantian" generation⁵⁴ that reinterprets Kant from an ontological perspective. This reading promotes the progressive emergence of an anthropology as first philosophy, enabling the description of several ontological levels in the human being, as described by both Jaspers and Scheler. This concept is also present in Ortega's "vital reason," which inspired the Spanish school of anthropological psychiatry.

In integral psychopathology, these different levels of humanity are brought together to form a dynamically structured system, with mental disorders affecting each level differently. Jimeno^{9(p28-29)} synthesises these ideas in two tables; the first addresses the laws of dynamic integration from a general perspective, while the second specifically describes how they apply to human action.

2. The dynamic psychopathology of disorders of consciousness

The organo-dynamic model, developed by Henri Ey in the 1960s, was a laudable integrative attempt to conserve medical rationality in psychiatry, in response to the excesses of existentialism. This was also the aim of integral psychopathology, which, using the concept of consciousness as a central function, attempts to describe the way in which different noxae, through non-specific action, may cause different disorders of consciousness. This leads to a natural, dynamic, genetic/structural taxonomy of disorders of consciousness, which Jimeno describes in his two texts that more closely relate to psychopathology.^{5,6} With regard to the nosological non-specificity of mental disorders, Jimeno writes that:

Our golden rule, then, may also be expressed as follows: It is impossible to infer from psychopathology alone the somatic or psychic nature of the original causal factors of any mental syndrome. [...] The non-specificity of mental syndromes thereby obstructs the definition of true clinico-nosological entities. This does not assuage the demand to search for true diseases (diseases, not psychic or somatic diseases, but human diseases) that may cause specific symptoms or mental syndromes at specific moments of progression.^{5(p126)}

Dynamic psychopathology stands in marked contrast to the DSM-III, which led to a "positivisation" of the classic mental phenomena, contributed mainly by Schneider. In the DSM, these are considered mere patterns of behaviour. It has been argued that if psychopathology began with Jaspers, it was bewitched by the DSM-III.^{55,56} Jimeno's work is framed within this context of a profound

crisis of psychiatry, and particularly of psychopathology; the Spanish author critiques both the behaviourism of the DSM and the various forms of antipsychiatry.

3. Semantic disorders of the order of consciousness as defining mental signs of psychosis

Jimeno received extensive basic training inspired by modern science, starting in the last years of high school; from that time, he began to form an axiomatic, scientific view of nature, which he wished to apply to psychopathology. He later acquired a profound understanding of the basic problems of the philosophy of science, studying the work of Karl Popper and Mario Bunge, Gestalt theory, and general systems theory. This study led him to meet such figures as Jaspers, whom he visited during his training in Germany, and complex systems dynamics researchers including Ilya Prigogine, winner of the 1977 Nobel Prize for Chemistry, and the German philosopher Bernulf Kanitscheider, with whom he shared a friendship in the 1990s. His interest in the philosophy of science evolved from addressing epistemological issues to studying complex system modelling. Understanding the human brain as a complex system par excellence, in the second chapter of *Psicopatología actual* (“Two basic problems of psychopathology: consciousness and semanticity”)⁶ Jimeno gathers a series of fruitful conjectures with potential to guide subsequent research in psychopathology. These ideas, not without a certain level of complexity, include entropy as a magnitude of complex systems, semanticity of language understood from the perspective of vital reason, and consciousness and the problem of *qualia*; he also suggests how these concepts may be applied both in psychopathology and in artificial intelligence. Regarding the semantic function of consciousness, he writes that:

Therefore, the possible definition of an *order* of consciousness which in turn has to do with the aesthetic, ethical, or moral *order* is of fundamental importance as an expression of my entire conception of the world and of life. This *order* also determines mental health.^{5(p130)}

Jimeno’s model of psychopathology, focusing on the study of mental signs in psychosis, takes shape in a line of research he led into basic symptoms in the 1990s, in which his collaboration with Lilo Süllwold (whose Frankfurt Psychopathological Inventory Jimeno translated from German to Spanish) played a decisive role.⁸ At the 10th World Congress of Psychiatry, held in Madrid in 1996,

Jimeno and his group were invited by Huber to present the results of Spanish basic symptoms research; this work has been continued by Jimeno’s closest collaborators^{8,9,57-61,g} and by other Spanish researchers.^{62,63}

4. The capacity for tolerance as a criterion of mental health

Jimeno’s anthropological outlook may place him within the Kantian humanist tradition, influenced by direct interpretation of Kant, as well as Max Weber, Nicolai Hartmann, Karl Jaspers, Max Scheler, and José Ortega y Gasset, who give structure to his ontological and anthropological vision. This perspective has bioethical implications, with Jimeno applying the ideas of liberty, responsibility, and autonomy in psychiatry in a manner reminiscent of the German tradition of liberal Protestantism, as described by Weber⁶⁴ in *The Protestant ethic and the spirit of capitalism*.

For a collection of Jimeno’s theoretical, scientific, and humanistic preoccupations, readers may refer to the 1998 book *Diálogos de fin de siglo*,⁷ co-authored with Pedro Gómez Bosque, probably his closest intellectual contemporary. This tolerance is the concept that best unites Jimeno’s humanist and scientific thought, which can be called philosophical anthropology, making original interpretations of classic problems such as that of freedom or the issue of evil exemplified as violence. In an attempt to rationalise the idea of utopia, Jimeno summarises it in the following way:

Progress as such is progress in the gradual reduction of violence, and is no more violent than is nature, despite the islands of cooperation we have described.

Therefore, the utopian plan for the conditions for perpetual peace becomes a long-term programme for humanity with a synthesis of scientific knowledge and ethical considerations.^{7(p196)}

Discussion

By way of conclusion to this analysis of integral psychopathology, we may propose Jimenian responses to four issues whose resolution is essential to the reconstruction of psychiatry in the 21st century. Jimeno’s text *La deconstrucción y reconstrucción de la psiquiatría* (“The deconstruction and reconstruction

⁸Since 2018, the annual “Agustín Jimeno Valdés Memorial Lecture” has been included in the Clinical Neuroscience Seminar at the annual meeting of the Spanish Neuropsychiatry Association.

of psychiatry”^{34(p27-37)} is inspired by the relationship between crisis and reconstruction, as in Mario Bunge's *Philosophy in crisis: the need for reconstruction*.⁶⁵ Both books detail the problematic impact of the broadest interpretation of postmodern rationality on the sciences, in this case medicine.

The first issue, which we may call the “anthropological problem,” arises from the question “can what is human become sick?” Existentialist analysis, and later historicist antipsychiatry, consider mental illness to be one variant of humanity; medicine would therefore cease to be relevant in caring for the mad.^h An expression of this position, starting with Freud, then addressing Binswanger and Laing, can be found in Martín and Colina's *Manual de psicopatología* (“Manual of psychopathology”):

To work in mental health, one must take a position. We must defend either the objective or the subjective; there is no room for a middle ground. Such euphemisms as “eclecticism” or “the biopsychosocial model” always rely ultimately on biological determinism. The cannon of evidence-based medicine is incompatible with the study of madness.^{66(p10)}

According to this “anthropologising” position, psychiatry is subsumed into anthropology. In other words, the set of anthropological models may include all psychiatric problems. From the perspective of integral psychopathology, on the other hand, we may propose that the solution lies in establishing a relationship between medicine as a whole (rather than psychiatry only) and anthropology, but conserving its specificity. In this sense, within the system of the sciences, medicine would intersect with anthropology in its various forms (principally cultural anthropology, medical anthropology, and philosophical anthropology). Psychiatry would be a subset of medicine, largely located at this intersection, with no psychiatry being possible outside the set of medicine. Clinical psychology and other mental health specialties are another question, although these shall not be addressed here. The problem of mental illness can be studied through the application of anthropological models, but the medical model must necessarily be used for analysis of the problem.

^h As is mentioned above, widespread use of the terms “mad” and “madness” began with Foucault, and the term took on its own meaning in anthropology. We shall not discuss here the ethical implications of the term's use in medicine, given its clear derogatory connotations.

Anthropology will inform the pathoplastic analysis of symptoms and the application of certain psychotherapy techniques.⁴³ However, in psychiatry, pathophysiology can only rely on psychopathology, sharing the same nosology as neurology. The recent paradigm of clinical neuroscience aims to shed light on this problem.^{67,68}

The second issue is the “nosological problem,” as expressed in the question “does mental illness exist?” According to the historicist antipsychiatry position, the answer would be that it has existed since the concept of madness was given historical significance, adding that it is a cultural construct but not a natural reality. The analytical/libertarian antipsychiatry expounded by Szasz considers mental illness to be a myth, a nonsense that can be neither true nor false. Integral psychopathology would concur with classical neuropsychiatry, responding that mental illness does exist, but attempts to develop a more nuanced nosology at the semantic level of mental processes, avoiding the static, reifying nosology of neuropathology and committing instead to a dynamic, functional approach. The aetiological non-specificity, the dynamism of syndromes, and semantic characterisation, as the main characteristics of psychiatric nosology, would be the main attributes of this finer nosology. The basic symptoms model and the new Research Domain Criteria system⁶⁹ are examples of such a fine, dynamic nosology. However, integral psychopathology would disagree with the positivist/behaviourist nosology of the DSM classifications, due to their lack of scientific/natural validity. For a summary of the integral psychopathology response to this second problem, the author recommends chapter 5 of *Consciencia, conscienciación y psico-socio-patología*^{5(p159-182)} and Jimeno's epilogue on the basic symptoms theory.^{8(p111-135)}

The third issue is the “semiological problem”: “do mental signs exist?” Adherents of the hermeneutic branch of phenomenology, which aims to comprehend human existence in mental illness, would respond in the negative, as would Freudian and Lacanian psychoanalysts, who understand the unconscious to be structured as a language. Likewise, the DSM model considers mental signs not to exist, addressing only behavioural patterns. On the contrary, integral psychopathology holds that these signs do exist. They correspond to that which is explicable but not comprehensible, according to Jaspers, or to mental automatism, to use Clérambault's term. The key to training in psychiatry consists precisely in learning to apply the descriptive phenomenological

method in order to recognise these mental signs; this is one of the objectives of clinical neurophenomenology.⁵⁸

In the case of psychosis, mental signs would constitute the so-called basic symptoms, which strictly speaking are signs derived from alterations in cognitive processing, guided through the supervisory attentional system.⁷⁰ This problem is addressed in chapter 4 of *Psicopatología actual: problemas y conjeturas*.^{6(p123-157)}

Finally, we shall consider the “psychopathological problem”: “does psychiatry have its own method?” Anthropological psychiatry has classically responded in the affirmative. To the contrary, integral psychopathology accepts the application of the methods of other more general sciences (primarily neuropathology, brain pathophysiology, and cognitive neuroscience) and mathematical models of complex systems dynamics (and particularly the magnitude “entropy”) in psychopathology. What is specific to psychopathology is precisely this methodological pluralism, as described by Jaspers a century ago. The core of psychopathology consists in modelling semantic disorders caused by brain disorders, with “semantic” taken to refer not only to communicative language, but also to articulate objects of symbolic cognitive processing, including *qualia*. This problem is analysed in chapter 2 of *Psicopatología actual*.^{6(p49-88)}

Conflicts of interest

The author has no conflicts of interest to declare.

References

- Colina F. Cinismo, discreción y desconfianza. Valladolid: Junta de Castilla y León, Consejería de Cultura y Bienestar Social; 1991.
- Conde López V, Rubio Sánchez JL. El departamento de psicología médica y psiquiatría en la medicina universitaria. *Folia neuropsiquiátrica*. 1979;14:97-124.
- Jimeno Valdés A. La psiquiatría que yo he vivido (1955-1978). Valladolid: Editorial Fuente de la Fama; 2018.
- Jimeno Valdés A. Desde el manicomio a la psiquiatría comunitaria. *Mente y Cereb*. 2011;48:9-15.
- Jimeno Valdés A. Consciencia, concienciación y psico-socio-patología. Valladolid: Secretariado de Publicaciones de la Universidad de Valladolid; 1985.
- Jimeno Valdés A. *Psicopatología actual: problemas y conjeturas*. Valladolid: Secretariado de Publicaciones de la Universidad de Valladolid; 1998.
- Gómez Bosque P, Jimeno Valdés A. Diálogos de fin de siglo: apuntes para un ideario en la transición al tercer milenio. Valladolid: Universidad de Valladolid; 1998.
- Jimeno Bulnes N, Jimeno Valdés A, Vargas Aragón ML. El síndrome psicótico y el Inventario de Frankfurt: conceptos y resultados. Barcelona: Springer-Verlag Ibérica; 1996.
- Vargas Aragón ML, Jimeno Bulnes N. Esquizofrenia e insuficiencia atencional: escala ESEA para la evaluación subjetiva de errores atencionales. Valladolid: Universidad de Valladolid; 2002.
- Alonso Villalba P. Pedro Gómez Bosque (1920-2008): aportaciones a la psiconeurobiología y a la educación [doctoral thesis]. Valladolid: Universidad de Valladolid; 2009.
- Jimeno Valdés A. Prof. F. Erbsloh. *Arch Neurobiol*. 1974;37:589-90.
- Huber G. The psychopathology of K. Jaspers and K. Schneider as a fundamental method for psychiatry. *World J Biol Psychiatry*. 2002;3:50-7.
- Jaspers K. *Psicopatología general*. México: FCE; 1993.
- Llopis B. La psicosis única: escritos escogidos. Madrid: Triacastela; 2003.
- Jimeno Valdés A. Estudio clínico y anatómico cerebral de las formas esquizofrénicas sintomáticas. *Cuad Madrileños Psiquiatr*. 1972;3:3-50.
- Gonzalo J. *Dinámica cerebral*. Santiago de Compostela: Universidade de Santiago de Compostela; 2010.
- Jimeno Valdés A. Etopatogenia en psiquiatría. Los problemas de la causalidad y de la libertad. *Rev Psiquiatr Psicol Med Eur Am Lat*. 1978;13:527-9.
- Barcia D, ed. *Psiquiatría antropológica*. Homenaje al Profesor H. Tellenbach. Murcia: Universidad de Murcia; 1987.
- Guerrero Pino G. La noción de modelo en el enfoque semántico de las teorías. *Praxis Filosófica*. 2010;31:169-85.
- Dörr O. *Psiquiatría antropológica: contribuciones a una psiquiatría de orientación fenomenológico-antropológica*. 3ª ed. Santiago de Chile: Editorial Universitaria; 2017.
- Wiley AS, Allen JS. *Medical anthropology: a biocultural approach*. Oxford: Oxford University Press; 2016.
- Bhugra D, Bhui K, eds. *Textbook of cultural psychiatry*. Cambridge: Cambridge University Press; 2018.
- Scheler M. La idea del hombre y la historia. [s.l.]: Ediciones elaleph.com; 2000. [Scheler M. *Philosophical perspectives*. Haac OA, tr. Boston: Beacon Press; 1958.]
- Scheler M. *El puesto del hombre en el cosmos*. Salamanca: Escolar y Mayo Editores; 2017.
- Schochow M, Steger F. Johann Christian Reil (1759–1813): pioneer of psychiatry, city physician, and advocate of public medical care. *Am J Psychiatry*. 2014;171:403.
- Stagnaro JC. Los aportes de Johann Christian Reil al nacimiento de la psiquiatría. *Asclepio*. 2015;67:108.
- Weiner DB. *Comprender y curar: Philippe Pinel (1745-1826): la medicina de la mente*. Mexico City: Fondo de Cultura Económica; 2002.
- Marías J. *El método histórico de las generaciones*. Madrid: Revista de Occidente; 1949.
- Vargas Aragón M, Agustín Jimeno Valdés y la psiquiatría antropológica castellano-leonesa. In: Jimeno Valdés A. *La psiquiatría que yo he vivido (1955-1978)*. Valladolid: Editorial Fuente de la Fama; 2018.

30. Colodrón A. El trastorno esquizofrénico de la acción humana. Madrid: Fundación Archivos de Neurobiología; 1995.
31. Ledesma Jimeno A. I curso monografico sobre agresividad. Salamanca: Universidad de Salamanca; 1980.
32. Valdés-Stauber J. Antropología y epistemología psiquiátricas. Oviedo: KRK Ediciones; 2002.
33. Jimeno Valdés A, Mediavilla Ruiz JL, eds. Conciencia histórica de la psiquiatría: cuarta entrega. Fundación Española de Psiquiatría y Salud Mental, 2014.
34. Jimeno Valdés A, Mediavilla Ruiz JL, eds. Conciencia histórica de la psiquiatría. Sexta entrega. [s.l.]: Colegio de Psiquiatras Eméritos; 2016.
35. Marías J. La escuela de Madrid: estudios de filosofía española. Buenos Aires: Emené; 1959.
36. Llopis B. Introducción dialéctica a la psicopatología. Madrid: Ediciones Morata; 1970.
37. Jimeno Valdés A. Hacia un humanismo según la naturaleza. *Folia Humanística*. 1995;33:33-59.
38. Binswanger L. Artículos y conferencias escogidas. Madrid: Editorial Gredos; 1973.
39. Husserl E. La crisis de las ciencias europeas y la fenomenología trascendental. Buenos Aires: Prometeo; 2008.
40. Pelegrina Cetran H. Fundamentos antropológicos de la psicopatología. Madrid: Polifemo; 2006.
41. Pelegrina Cetran H. Psicopatología regional: estructuras dimensionales de la psicopatología: logopatías y timopatías. Madrid: Polemos; 2017.
42. Martín-Santos L. El análisis existencial: ensayos. Madrid: Triacastela; 2004.
43. Stanghellini G. Lost in dialogue: anthropology, psychopathology, and care. Oxford: Oxford University Press; 2017.
44. Vos J, Craig M, Cooper M. Existential therapies: a meta-analysis of their effects on psychological outcomes. *J Consult Clin Psychol*. 2015;83:115-28.
45. Nudler O. Hacia un modelo de cambio conceptual: espacios controversiales y refocalización. *Rev Filos*. 2007;29:7-19.
46. Barkil-Oteo A. Psychiatry's identity crisis. *Lancet*. 2012;379:2428.
47. Klerman GL. Mental illness, the medical model and psychiatry. *J Med Philos*. 1977;2:220-43.
48. Laing R. El yo dividido: un estudio sobre la salud y la enfermedad. Madrid: Fondo de Cultura Económica; 1964. [Laing R. The divided self: an existential study in sanity and madness. Oxford: Penguin books; 1965].
49. Szasz TS. El mito de la enfermedad mental: bases para una teoría de la conducta personal. Buenos Aires: Amorrortu; 1994.
50. Szasz T. The myth of mental illness. *Am Psychol*. 1960;15:113-8.
51. Foucault M. Historia de la locura en la época clásica. México, D.F.: Fondo de Cultura Económica; 1967.
52. Whitley R. The antipsychiatry movement: dead, diminishing, or developing? *Psychiatr Serv*. 2012;63:1039-41.
53. Novella E. El discurso psicopatológico de la modernidad. Madrid: Catarata; 2018.
54. Leszczyna D. José Ortega y Gasset y la generación de 1911. Reflexiones en torno a la filosofía «post-neokantiana». *Contrastes*. 2015;20:7-26.
55. De Leon J. ¿Es hora de despertar a la bella durmiente? En 1980, la psiquiatría europea cayó en un profundo sueño. *Rev Psiquiatr Salud Ment*. 2014;7:186-94.
56. Decker HS. The making of DSM-III: a diagnostic manual's conquest of American psychiatry. Oxford: Oxford University Press; 2013.
57. Jimeno Bulnes N, Jimeno Valdés A, Vargas Aragón ML, López Fernández MN. Psychopathological verbal expression of self-perceived stress in three groups of psychotic patients. *Psychopathology*. 1997;30:39-48.
58. Vargas Aragón M. Neurofenomenología, enacción y cerebro: hacia una neurofenomenología clínica. *Kranion*. 2018;13:41-7.
59. Jimeno N, Vargas ML. Cenesthopathy and subjective cognitive complaints: an exploratory study in schizophrenia. *Psychopathology*. 2018;51:47-56.
60. Jimeno N, Jimeno A, López MN, Vargas ML. A psychopathological study of substance-induced psychoses in a sample of Spanish patients. *Eur Addict Res*. 1997;3:173-83.
61. Jimeno N, Jimeno A, Alonso A, Segovia E, Vargas ML. Basic symptoms and cognitive dynamic disorders in schizophrenic patients. *Neurol Psychiatry Brain Res*. 1996;4:171-8.
62. Miret S, Fatjó-Vilas M, Peralta V, Fañanás L. Basic symptoms in schizophrenia, their clinical study and relevance in research. *Rev Psiquiatr Salud Ment*. 2016;9:111-22.
63. Peralta V, Cuesta MJ. Schneiderian versus Bleulerian Schizophrenia and basic Symptoms. *Psychopathology*. 1991;24:151-57.
64. Weber M. La ética protestante y el espíritu del capitalismo. Mexico, D.F.: Fondo de Cultura Económica; 2012.
65. Bunge M. Crisis y reconstrucción de la filosofía. Barcelona: Gedisa; 2009.
66. Martín L, Colina F. Manual de psicopatología. Madrid: Asociación Española de Neuropsiquiatría; 2018.
67. Vargas ML. Ni neurología desalmada, ni psiquiatría descerebrada: neurociencia clínica. *Kranion*. 2012;9:43-7.
68. Vargas ML. Neurosciences and philosophy : what is new in the 21st century ? *Neurosci Hist*. 2017;5:38-46.
69. Lilienfeld SO, Treadway MT. Clashing diagnostic approaches: DSM-ICD versus RDoC. *Annu Rev Clin Psychol*. 2016;12:435-63.
70. Vargas ML. The possibilities of neurocognitive rehabilitation in schizophrenia. *Rev Neurol*. 2004;38:473-82.
71. Jimeno Valdés A. Karl Jaspers y la actualidad del análisis existencial en psiquiatría. Septiembre 1980. *Folia Humanística*. 1980;18:547-57.
72. Jimeno Valdés A. Racionalismo estético y orden social en la cultura alemana. *Folia Humanística*. 1981;19:341-56.
73. Jimeno Valdés A. Sobre la profundidad, belleza; la fundamentación de la trascendencia y otras

- meditaciones. *Folia Humanística*. 1982;20:309-13.
74. Jimeno Valdés A. La mujer ante el cambio socio-cultural y Lou Andreas Salome. *Folia Humanística*. 1982;20:241-59.
75. Jimeno Valdés A. Aspectos psicopatológicos, psiquiátricos e histórico-biológicos de la drogadicción (primera parte). *Folia Humanística*. 1983;21:29-44.
76. Jimeno Valdés A. Consciencia y ciencia natural (una meditación sobre la base científico-natural de la consciencia). *Folia Humanística*. 1984;22:255-79.
77. Jimeno Valdés A. La medicina: un saber y un arte entre la magia y la ciencia. *Folia Humanística*. 1985;23:85-100.
78. Jimeno Valdés A. Origen y evolución de la mente (primera parte). *Folia Humanística*. 1987;25:27-41.
79. Jimeno Valdés A. Origen y evolución de la mente (segunda parte). *Folia Humanística*. 1987;25:129-36.
80. Jimeno Valdés A. Razón y sentimiento (un intento de análisis psicopatológico y de síntesis antropológica). *Folia Humanística*. 1989;27:397-432.
81. Jimeno Valdés A. Persona, personalidad y trasplante de órganos. *Folia Humanística*. 1991;29:419-52.
82. Jimeno Valdés A, Jimeno Bulnes N. Creatividad y estado hipnagógico. *Folia Humanística*. 1993;31:129-47.
83. Jimeno Valdés A. Conocimiento, sabiduría y fe. Consideraciones antropológicas sobre la religión desde la psicología y psiquiatría. *Folia Humanística*. 1994;32:41-70.