Dr. Humberto Casarotti is an Uruguayan physician and psychiatrist, a neurologist specializing in epilepsy and a medico-legal expert who has carried out in-depth study and disseminated the work of a distinguished 20th century French psychiatrist, Dr. Henri Ey. Dr. Casarotti kindly agreed to be interviewed today in his private study about this and other aspects of his professional life.

Dr. Casarotti, what led you to become interested in the psychiatric work of Henri Ey?

H.C. – In 1961 when I was a resident in public hospitals (Montevideo, Uruguay) I began to train as a psychiatrist, working on a ward at the Vilardebó psychiatric hospital and attending teaching activities at the Psychiatric Clinic at the School of Medicine. I quickly saw that my medical training with patients in general practice was no help in dealing with patients with mental pathologies. Gradually I became aware of the aspects that make psychiatry a “special form of medicine.” First of all, because psychiatric diagnosis and treatment are only possible if the doctor can talk with the patient, and that requires “special” organization of the health services, and secondly because I had to learn a different semiological method.

That is when I came across Henri Ey’s Manuel de Psychiatrie (1960). Through this book I learned the “principles” of a sound grounding in psychiatry: (1) that in this field one must work with two diagnoses, a psychopathological diagnosis and, whenever possible, a diagnosis of the somatosis that affects the mental disorder; (2) that mental pathology presents in two clinical forms, one as acute episodes or crises, where what happens to the patient are “accidents” like sleep/dreaming phenomena, and other chronic disorders which are “embodied” in the person and develop as part and parcel of the life of the patient; and (3) that in different forms of mental pathology, the subject is always present even when the voluntary nature of his actions are disturbed. This feature of “involuntary intentionality” led to my becoming interested in psychoanalysis and to carrying out a personal analysis.

How would you briefly describe Henri Ey?

H.C. – Henri Ey was a French psychiatrist who lived from 1900 to 1977. For more than 40 years he divided his work between patients at the Bonneval hospital, near Chartres, and his teaching activity in the Ste. Anne hospital in Paris, where he systematically organized the library. Both the Bonneval hospital and the library now bear his name. Based on these activities, and in collaboration with psychiatrists, physicians, physiologists, philosophers, artists and others, not only in France but around the world, he worked in direct contact with psychiatric patients and gradually developed a working hypothesis on the organization and disorganization of the human psyche. This hypothesis, derived from analysis of the facts, addresses mental pathology at the
crossroads of the natural and human sciences. Such a hypothesis allows one to grasp psychopathological events and solve the “ever new” practical human problems posed by patients to therapists.

**What importance do the works of Henri Ey have for psychiatry?**

H.C. – The importance of Ey’s work, especially in the present state of psychiatry, lies precisely in the nature of his working hypothesis. First, it arises from reflection born of observation and proposes a coherent set of propositions that can be taught and learned. And second, it is heuristic, and therefore positive in clinical practice and the organization of health services.

**Would you say there are different developmental stages in the work of Henri Ey?**

H.C. – Yes. In the course of my work I have classified Henri Ey’s work in three stages of development.

* In the 1st stage (1926-1943) Ey did clinical work which he based on a series of intuitions that were the first form of his psychiatric hypothesis. This hypothesis recognized the organic character of mental pathology and affirmed the anthropological value of mentally ill people, in the sense that their loss of freedom indirectly objectifies the freedom and responsibility proper to human beings.

* In the second stage which extended until 1964, Ey worked tirelessly to develop an “organodynamic” working hypothesis that reflected the somato-psychic reality of mental illness.

  During this period Ey organized the Colloques de Bonneval (between 1942 and 1960) with programmes featuring the most distinguished colleagues in their field (J. de Ajuriaguerra and Hécaen on Neurology and Psychiatry, 1943; J. Lacan, other psychoanalysts, philosophers and biologists on The Problem of Psychogenesis of Neuroses and Psychoses, 1946 and on The Unconscious, 1960). He also published a large part of his written works (several journal articles, the three volumes of Etudes Psychiatriques (1948-1954), he edited the section on “Psychiatry” in the Encyclopédie Médico-Chirurgical (1955), together with a clinical psychiatrist and a psychoanalyst he published the first edition of his Manuel de Psychiatrie (1960) and finally in 1963 the first edition of Consciousness and “Psychiatrie animale”. During this period he organized the 1st World Congress of Psychiatry (Paris, 1950) and made several trips to Mexico and South America.

* I consider the third stage to be “critical,” because Ey had to face the assertion that mental illness is an indirect manifestation of the repressive power of the State, in other words that it is a “myth” and not a real phenomenon. The biological and
psychoanalytical models that Ey sought to integrate during the second stage affirm the reality of mental illness, while the idea behind antipsychiatric developments is a mythic idea, an entirely gratuitous affirmation. That is why Ey said he was an “anti-antipsychiatrist”, or in other words, “simply a psychiatrist,” someone who maintains, against those who deny it, that mental illness is a real bodily disorganization.

Was Ey a psychoanalyst?

H.C. – Henri Ey was not a psychoanalyst in the sense that he did not train as one, nor did he belong to psychoanalytic groups, but his hypothesis on mental illness is inseparable from the knowledge contributed by psychoanalysis. It should be said here that while psychoanalysis is part of knowledge about mental illness, it cannot substitute for psychiatric knowledge. In other words, being a psychiatrist is not the same as being a psychoanalyst, and psychoanalytical insight is only part of psychiatric insight. One of the central ideas of Henri Ey’s psychiatric model is that psychoanalysis is relevant to the understanding of psychopathological phenomena and their therapy.

On a more personal level, how did you come to understand that Ey’s work was important and needed to be translated?

H.C. – Reading Ey’s Manuel de Psychiatrie allowed me to set in order all the clinical facts I faced as soon as I started working as a resident in Vilardebó hospital. It is very practical and also very conceptual to order patients as “acute,” that is those who have some disorganization of consciousness’ field, and “chronic,” those who through their living, lucidly disorganize their system of personnality.

As I became familiar with Ey’s writings and my interest in his work grew, I felt that beyond translating a few texts for colleagues, it was necessary to translate and publish the core of his work. And to do this I was helped by many people, with goodwill and generosity.

When did you decide it was important to produce a translation of Ey’s work for the Spanish-speaking world?

H.C. – In the 1980s I took up teaching again, within and outside Clinical Psychiatry, with groups interested in reading Ey’s work. I gradually realized that because it was written in French they could not read it fluently, so I started to translate some works for use in those groups. With several cohorts of psychiatric students I taught an essential point of Ey’s work, that is, his concept of “acute psychoses”, for which I translated parts of volume III of the Psychiatric Studies.
In the following decade I made contact with Dr. J. Garrabé (Paris), and through him with a group of colleagues in Perpignan. I joined APFHEY (Association pour la Fondation Henri Ey) and began to collaborate with congresses of the Asociación de Psiquiatras Argentinos (APSA) where symposia were carried out, organized by the Franco-Argentine Association of Psychiatry. In Buenos Aires I met Dr. J C Stagnaro and his Polemos publishing house and having obtained support from the Gador laboratory (Argentina and Uruguay) and permission from Crehey (Cercle de Recherche et d’édiction Henri Ey), I translated with the help of other colleagues what is regarded as the most important part of Ey’s work. Between 2008 and 2013 we published translations of the new edition of “Études Psychiatriques”, then “Traité des Hallucinations” and finally the second edition of “Consciousness.”

Tell me more about these three books you call essential.

H.C. – * Volumes I and II of the Psychiatric Studies deal with different issues in chapters that can be read separately (I: history, methodology and general psychopathology; II: semiology); however, volume III was organized as a book (Structure of Acute Psychoses). In the eight chapters of volume I, Ey sets out the “body of doctrine” needed to develop psychiatry and analyses the relationship of all mental illness with the phenomenon of sleep/dreaming. In volume II, discussing the usual “reasons for consultation” (memory problems, impulsive behaviour, anxiety, delirious ideas, etc.) he takes the view that psychopathological semiology must be done distinguishing between “acute” and “chronic” pathology. This distinction is clarified in volume III where he presents his concept of “acute mental pathology.” After this he develops the notion of “chronic”, showing that in mental pathology “acute” and “chronic” do not refer to the same organ, as in physical pathology, but to the two dimensions of mental life. We could call these the “two organs” of the psyche: the field of present consciousness, and the personality system.

* In his “Traité des Hallucinations” Ey analyzes hallucinatory phenomena as expressions of disorganization. The book emphasizes that the psyche is organized to be anti-hallucinogenic, meaning that the unconscious is “contained.” And “contained” in a dual sense, on the one hand the unconscious “is inside” and constitutes our inner life and source of positivity, and on the other that normally, it is controlled by the structure of conscious life. And different types of hallucination demonstrate disorganization of the psyche.

* In the second edition of “Consciousness” Ey analyzes psychic life, that is “becoming conscious” that “silences the unconscious.” Ey derives this analytical concept from forms of mental pathology (where “becoming unconscious” makes “the unconscious speak.”) In this edition he insists on the need to limit application of psychiatric concepts to what is really mental illness, that is physical disorganizations that find mental expression, rather than “inflating” psychiatry with the existential problems of the
human condition. The object of psychiatry is “pathological insanity” and not forms of “human folly”, which is not really madness but an expression of the character of our species and its excesses of good and evil: Erasmus praised this “folly” at the beginning of the Renaissance.

**Do you think Henri Ey’s work receives the recognition it deserves?**

H.C. - I don’t think so, and I think the lack of recognition is connected, among other things, with some of the positions Ey always maintained. He maintained that mental illness was organic, and he defended the contribution but also the limitations of psychoanalysis. Because of these proposals, the same thing happened to Ey’s work in the 1960s as Ellenberger said had happened to P. Janet’s work fifty years earlier. H. Ellenberger, in his book “The Discovery of the Unconscious”, says that Freud was favoured by the goddess of memory, while Janet was favoured by the goddess of oblivion. I think that after the 1960s, psychosociogenic theories of psychiatry led to Ey’s work being forgotten, even in France where Ey began to be remembered twenty years after his death.

**How do you think he was neglected?**

H.C. – An effective way of denying an author’s thought is not to promote reading his work. In the 1980s when communications weren’t what they are now, and I was organizing my “personal Ey library,” I would ask colleagues who were travelling to different health services in France to get his works for me. And many times I was surprised when they said that in the service they visited “they did not know who Ey was.”

But Ey’s work was not forgotten everywhere. In a large part of the Spanish-speaking world, Ey’s work was always influential. In Uruguay his influence was and is strong and his Tratado de Psiquiatría (the translation of Manuel de Psychiatrie) has always been used to train psychiatrists and psychologists. I personally held several seminars in the Psychiatry Clinic from 1985, and in 1988 a group of psychiatrists created the Centro de Estudio e Investigación en Psiquiatría (CEIP.EY) with the aims of studying his works, teaching in the various psychiatric associations according to his working hypothesis, and collaborating in different aspects of daily practice (treatment, legal and organizational aspects).
Who began the recovery of Henri Ey’s work, and when?

H.C. – Immediately after Ey’s death in 1977, “local” colleagues in Perpignan (R. Palem, P. Belzeaux, C. Alezrah) and others in Paris (J. Garrabé, C J Blanc) who valued his work began their project of preserving his library and organizing all his works. They held meetings, conferences and made proposals, out of interest in having Ey’s work endure. This movement led to the creation of the Association pour la Fondation Henri Ey (APFHEY), the organization of the Ey Archive stored in the municipal archives of Perpignan, the publication of a series of Cahiers Henri Ey (six-monthly issues) and the formation of the CREHEY.

In Latin America, and in Uruguay in particular, is Ey’s work well known?

H.C. – In Uruguay, most psychiatrists have their clinical training based on Ey’s work. I have personally worked for this to happen, with the help of many colleagues. I understand that in Argentina, Mexico, Peru and the south of Brazil the situation is similar. As far as I know, this has not happened in Chile. Ey’s influence was due to wide reading of his “Tratado de Psiquiatría”, translated in 1965. The “Manuel” was in so much demand that the five editions corrected and augmented during Ey’s life were translated ever more rapidly into Spanish. The first (1960) was translated in 1965, years later, but the fifth was translated the same year (1978)!

Are there criticisms of Ey’s work?

H.C. – Of course some people criticize some of Ey’s positions, but I know of no detractors or publications that constitute a reasoned and coherent criticism of his hypothesis. What I believe happened is that the positions and arguments Ey used for his proposals did not have detractors, but his works were simply minimized or neglected.

More generally, what is your view of psychiatry at the worldwide level?

H.C. – Psychiatry in the United States in the 1970s reacted against the minimization of diagnosis which the dominance of psychoanalysis had implied, by bringing out the diagnostic manual DSM-III (1980). Furthermore, exponential growth of neurobiological research, in the so-called “decade of the brain” was impacting on medicine and culture as never before.

But the different DSMs published over the last 30 years and more have still not solved the problems of concepts and diagnoses of mental disorders. Moreover, neurobiological
research does not have immediate contact with individual patients who are the object of that research, and frequently the results do not refer to the mental features of mental pathology, leading to the idea that psychopathological processes are just like neurological illnesses, only more complex. When actually there is an essential difference between these two nervous system pathologies. In psychiatric pathology it is the life of relationship, mental life, that is disorganized, while in neurological pathology it is only the motor, sensory and language, etc., instruments of this life of relationship that are disorganized.

**And what is the role of psychoanalysis?**

H.C. – When psychoanalysis began to be applied to all aspects of human existence it left aside its initial object, which was mental illness. For one thing, the presence of dreams (rêves) was discovered in all human structures and products, but on the other hand it was forgotten that we only dream when we are asleep. The increasing dominance of psychoanalysis meant that in psychoanalytically inspired psychiatric thought (which predominated in the first half of the 20th century) the ability to establish a diagnosis to confirm the existence of a mental illness was gradually lost. This led to a reaction against psychoanalysis, which was in my view excessive. Nowadays, as it should be, psychoanalysis is being reintegrated into psychiatry. At present DSM-5, the latest proposal of the North American diagnostic system (which has had a major influence the world over) offers a choice of diagnosis for “personality disorders” based on psychoanalytical concepts, and also insists on the need to take “these dimensions” into account in the rest of mental pathology. Personally I think that this is correct. However, to avoid repeating the history of the 20th century and for psychoanalysis to be appropriately integrated, I believe psychoanalysts should look at the objective reasons why psychoanalysis was marginalized by psychiatry. One of the reasons, in my view, is that psychoanalysis elucidates the links between mental manifestations and hidden intentions, but does not explain the causes of mental pathology.

**So you think they should work together in harmony?**

H.C. – Of course, because psychiatry studies and practices on regressive forms of mental life, that is mental pathology. Meanwhile, psychoanalysis arose out of psychiatry. It was from the study of mental illnesses (and of dreaming as another form of regressive mental life that is not pathological) that Freud discovered that mental symptoms have meaning, they are a manifestation of hidden intentions. So the two sciences studying the same object are complementary: psychiatry studying forms of psychic regression or malformation and psychoanalysis studying the forces of the unconscious.
What is the current situation in Uruguay?

H.C. – In Uruguay – and as far as I can see from international meetings, much the same is happening in many parts of the world – the current trend among psychiatrists of different positions is toward integration. Personally I think integration can only be achieved on the basis of a good working hypothesis. We all talk about integration. On the one hand, you hardly ever hear psychotherapists nowadays speaking against neurobiological explanations, or biological psychiatrists or neurologists speaking against psychoanalytical explanations. On the other hand, the growing number of “cognitive” psychiatrists are most comfortable within the so-called “bio-psycho-social model.” However, this model is ultimately a syncretic proposal, allowing everyone to maintain their dogmatic positions, and lacking adequate answers to daily clinical problems.

Dr. Casarotti, what will it take to achieve this “integration”?

H.C. – The facts that are discovered and contribute to building a science are inseparable from a working hypothesis. I think what we need is to define our object of study and practice, and for this goal I think knowledge of Henri Ey’s work is essential. Why? Because he was always in contact with mental patients, because he considered historical psychiatric knowledge to be essential, because he always reflected on the intricate connection between the natural and human sciences in mental pathology. I could give other reasons, but I will only insist on a practical aspect derived from my clinical experience illuminated by reading Ey’s work. Those wanting to train as psychiatrists have to begin with the idea that they will not be able to find out “what they want to know” if they project their own experiences on their patients. And I am making two points here. One is that human beings can only think in a Cartesian way, that is, distinguishing body and mind. The other is that psychic manifestations of mental illness are “marked” by the physical disorder, and this situation cannot be imagined but only conceptualized. When we try to imagine the morbid process we lose it, because “if we imagine it as mental then it cannot be physical” (the traditional psychogenesis position), or “if we imagine it as physical then it cannot be mental” (the traditional position of advocates of organic mechanisms). In fact, only in normal mental life can we analyze “the mind” without taking into account the brain, but we cannot do the same when searching for an explanation for pathological illnesses.

K. Jaspers refers to two myths, two explanations that claim to explain everything: the myth of the brain and the myth of the all-powerful unconscious. I agree with Ey that if I had to choose, I would prefer the myth of the brain, because those who assume that the brain explains everything, through contact with their patients end up meeting with the mind. Whereas those who assume an all-powerful unconscious, for this very reason and because the psychoanalytic method leads them to work increasingly with healthy
persons or those with minor illnesses, may never meet with the brain, that is, real mental illness.

**Tell me more about these two myths.**

H.C. – The brain myth, on the one hand, explains mental pathology like this: “There is a physical disorder and that physical disorder is accompanied by mental manifestations.” In other words, there is a certain mental activity determined by an underlying organic alteration. This is a clearly dualistic, parallelistic proposal that does not recognize that actually mental illness is the disorganization of a somato-psychic infrastructure manifested in various optional ways. The psychiatrist discovers this disorder when he realizes how difficult it is to understand the patient’s dialogue and actions. This opacity is the result of deficit (the morbid process disorganizes the mental infrastructure) and of reaction (the patient actively organizes his mental manifestations, and continues to have a mental life). That’s why I said that those who operate with the myth that the brain explains everything, work essentially with what is neurobiological, but in relating to patients, if they listen to them they will meet with their mental life.

The same thing would happen to those working psychoanalytically if they did so with mentally ill people, because then the opacity they found in trying to understand them would lead them to the brain. But if the psychoanalyst does not treat people with mental illnesses but devotes himself to dealing with existential conflicts, he can be tempted to forget that really mentally ill people have a somato-psychic disorganization that is the cause of the construction of the symptoms they present.

The mental life of a mentally healthy person can be explained without reference to the brain because normal mental content and format can be studied without having to think about the brain. However, in mental illness this is impossible. I don’t mean you can’t talk about mental pathology without referring to the brain, but what you cannot do is explain it without taking the brain into account. To explain it, to understand what is happening to the mental patient, requires the further explanation of the disorganization of the nervous system.

On this point, I agree with Ey that psychiatry today needs Newton-psychiatrists, who like Newton will systematically organize our knowledge. This is necessary, among other reasons, because of the economic weight of mental pathology, the cost of treatment and the disability it generates. Mental pathology is the most frequent pathology, at over 10% of the population, and produces disabling illness from adolescence on; it should therefore account for the largest share of health expenditure. But to achieve this, psychiatrists must offer governments a unified psychiatry based on objective criteria.
At present, do you think views of mentally ill people have changed?

H.C. – I think what is changing today is the idea we have of the nervous system. Today the brain is not imagined as it was in the first half of the 20th century, as a system with centres and routes of communication. Nor is it thought of as a system of computer networks, but as the organ of relational life. We have gradually become aware that today the person must be thought of “in” the organization of the nervous system, and as its organizer.

My question was about how society views and treats mental patients, in the sense that previously they were shut away and no one wanted to even see them, and now this has changed.

H.C. – Psychiatry was a late arrival in medicine, being created just over two centuries ago, and has evolved from treating – as Henri Ey says – “frightening patients” (usually psychotic) to “frightened patients” (such as those with phobias or anxiety). Psychiatric treatment began in the asylums, but since the early 20th century opened out into the community. This opening was due firstly to the type of patients who came to be treated and secondly to the therapeutic effectiveness of psychotropic medicines. The problem is that although this has happened within psychiatry, the public and society at large still have trouble coming to terms with the reality of mental illness. Human beings are creative and social structures are characterized by conflict. And the question that is still part of our culture is: How can psychiatrists dare to say that what someone says or does, or the conflict he has with his family or social environment, is a mental illness? And it has been the laborious work, first of the alienists and then of psychiatrists, that has answered that question. Psychiatric patients coexist in relation to other people and so their manifestations are necessarily “social”. But the morbid process does not have a social cause. Ey said he wrote his “Traité des Hallucinations” against the sociogenic theory, that is, against the idea that mental illness is caused by society.

And about yourself, could you tell me something about your professional training and when you started to become interested in psychiatry and Ey’s work.

H.C. – Although at first I felt very drawn to and interested in mathematics, I eventually decided to study Medicine. And during my medical training I became interested in various anthropological questions, and when in my fifth year I decided to become a psychiatrist. A book that influenced me was “La méthode psychoanalytique et la doctrine freudienne” by Roland Dalbiez (1936). It convinced me of the value of psychoanalysis over and above the debates between psychoanalytical schools. I thought
that before studying psychiatry I should get a good grounding in general medicine, so I did my “residence”, and had the opportunity of working for two years in the Vilardebó hospital. It was then that, faced with the difficulty of psychiatric semiology, Ey’s Treatise on Psychiatry was essential to my development. With the help of several of its concepts and arguments, I began to read – often following Ey’s own recommendations – different authors. I found three works to be fundamental at that time. First, what Ey called “the bible of modern psychiatric studies,” the book “Dementia Praecox” by E. Bleuler; then the treatise on Psychiatry by E. Kraepelin in Italian, and finally S. Freud’s lectures at Clark University. I was also able to use the personal library of the first professor of psychiatry in our country, Dr. Bernardo Etchepare, which allowed me to read a great deal of French psychiatry of the late 19th and early 20th centuries. Later, as North American influences grew in our midst, I came in contact with North American and also British authors.

I was going to ask about that, because I see you have read many French authors...

H.C. – Yes, but also authors from the Anglo-Saxon world. And because of the availability of different translations I have also been able to read German authors like Kretschmer, Griesinger and others.

When you started out, did you follow a particular school of thought?
H.C. – In internal medicine, surgery and also psychiatry our country, until after the middle of the 20th century, was under a strong European influence, predominantly French. My generation was fortunate in being taught by teachers who transmitted French psychiatric thought with great breadth of mind, together with the influence of German psychiatry and a rich legacy of psychoanalytical knowledge. Personally, after completing my postgraduate degree in psychiatry and having been an assistant at the Psychiatric Clinic, I worked with the epilepsy team at the Institute of Neurology. Epilepsy is a nervous system illness that manifests all the acute mental pathology (psychic crises of different types) and also chronic pathology. And in my desire to deepen my knowledge of mental illness I trained as a medical-legal expert and worked as a forensic psychiatrist.

Please tell me something about your teaching work.
H.C. – I have always been interested in teaching, and as a student I was a class assistant in Histology and Embryology and later in Legal Medicine. In psychiatry I was first a teacher in the department, and I returned as an “independent teacher” in 1984 and collaborated for twenty years. For several years I organized several “continuing
education” activities in psychiatry in the various psychiatric associations in Montevideo and the provinces of the country. These consisted of clinical classes and the analysis of psychiatric problems according to the working hypothesis of Henri Ey. I carried this out for many years with the help of a group of colleagues, who in 1988 formed the Henri Ey Centre for Psychiatric Study and Research. I have also been invited to give similar courses abroad, in Mexico, Brazil and Argentina. And I also taught at the Catholic University.

How did you become an acknowledged expert on Henri Ey in Latin America?

H.C. – Becoming a reference point was due to thoroughly studying the works of Henri Ey and also being his main translator. Colleagues have always been interested in hearing about his works and sometimes, as in Porto Alegre in the medical service at Mae de Deus, we are carrying out a residents training program in psychiatry organized according to psychiatric principles derived from Ey’s working hypothesis.

What can you tell me about your personal work?

H.C. – I have had a long, intense career in psychiatry, including plenty of teaching with a colloquial teaching style. I also have a few dozen articles published in national and international journals, and I am working on a book that I hope to complete this year.

What will it be about?

H.C. – This book is intended to present to the practising psychiatrist the work of Ey as I have understood it, on the grounds that my clinical experience confirms his thought. I am trying to explain to the reader what Ey did and thought, according to how I have understood it. As I did not know Henri Ey personally, I have no interest in eulogizing him, but I wish to present his work so as to motivate the reader to read his work directly, without intermediaries. My goal is to communicate the core of Ey’s thought, in the hope that it may influence treatment, teaching and research in psychiatry.

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