

A Psychiatric Practitioner's Guide to the Works of Henri Ey ¹

(I) The works of Henri Ey, dating from 1926 until his death in 1977, are extensive and are found in different formats: books, articles, lectures, commentaries, etc., making a readers' guide a useful aid. The main aim of this guide is to stimulate interest in further direct reading of Ey's original texts.²

A good starting point is [Study No. 4 \(4812-2\)](#)³ in which Ey analyses 'the concept of mental illness' as a natural phenomenon 'at the intersection/ of the natural world and of human nature'. His posthumous book suitably complements this text (7804-11).

Psychiatry is one of the natural sciences but belongs also to the human (anthropological) sciences because the mentally ill human being is still a human being. This fact makes it difficult to provide guidelines for all those interested in the works of Henri Ey. Those who treat patients with mental disorders will want to know about clinical, psychopathological, psychoanalytical, historical, medical-legal aspects, etc., while those whose interests are cultural, epistemological, artistic, etc. will want to find out about the philosophical and anthropological framework of Henri Ey's psychiatric work. Although both approaches are systematically interconnected, this first set of guidelines will prioritize clinical interests.

There are two reasons for this. Firstly, mental illness can only be really understood on the basis of direct clinical experience and when, faced with each individual patient, reflection is undertaken about the homogeneity of mental pathology within its semiological heterogeneity. Secondly Ey, considering the practical action of the psychiatrist in taking responsibility for the care of patients (their 'prise en charge'), sought to provide a working hypothesis that would enable personalized clinical judgements.

With respect to this hypothesis, although Ey wanted those who came to him for help with their clinical training and development to think for themselves, he also persisted in putting forward his own proposal, which he regarded as 'the least feeble' in terms of articulating all the facets of psychiatry.

(II) The works of Henri Ey can be divided into three chronological stages: 1st, foundational '*intuitions*'; 2nd, *development per se*; and 3rd, *critical* review of his work.

In the first stage of *intuitions*, Ey came to realize:

(a) that the '*psychic constitution*' of an individual is the result of a personal construction based on what is genetically 'given' (3208-2);

¹ A series of guidelines will be presented for readers interested in Henri Ey's concepts related to: 1) neurobiology, 2) psychoanalysis, 3) history of psychiatry, 4) medical-legal issues, 5) psychiatric treatment and its organization, 6) teaching of psychiatry, 7) the arts, 8) philosophy and anthropology, etc.

² Numbers in parentheses correspond to the numbering of Ey's works in the [General Bibliographical Index](#).

³ Summaries of the works of Henri Ey referred to herein will be added periodically to this website.

(b) that psychiatric illnesses are a kind of '*mental automatism*' in which the patient's actions remain 'intentional', although they seem to manifest a lack of willpower (3702-2);

(c) that the manifestations revealed by semiology: (1) are expressions of organismic disorganization of a mental-corporal order (analogous to the hypno-*oneiric* phenomenon, cf 3402-2, 4812h) which determines the *negative/positive dialectics* of psychic deficit and psychic reaction that 'occupy the gap' (the *organo-clinical hiatus*) between the somatosis and the manifestations (3602-14); the effect of this dialectic is that most of the manifestations do not depend directly on the somatosis; (2) where the 'symptom' is a regressive form of mental life (psychopathological structure) and not only a quantitative difference with respect to normal experiences (5212-2) (Ey presents this in his works related to hallucinatory phenomena (3401-11), guided by the concepts of Eugen Bleuler) (3405-2) (4002-2); (3) that it is necessary in psychiatry to work with two diagnoses (semiological and etiological), and therefore with two classifications (4301-4) (4302-2).

(d) that mental illness is a *natural phenomenon* which occupies a '*special position*' in the human sciences that deal with the study of human beings as persons (3503-2) (3903-5).

(III) In addition to reading the works of the first chronological stage, out of practical interest the clinical psychiatrist will want to know about certain specific points.

(A) *Semiology*. In regard to semiology a practical starting point is the *Manuel de Psychiatrie*⁴ (6017-11), in particular the 5th edition of 1978 (7803-11).⁵

Ey repeatedly emphasizes two points in relation to the object of study and praxis of psychiatry. On the one hand, since psychiatry and neurology both deal with pathologies of the nervous system, it is necessary to distinguish clearly between the subjects of study of these two fields (4701-4). Psychiatry studies disorganizations of the integration function of the nervous system or regressive forms of mental life, while neurology studies partial disorganizations or instrumental functions of the nervous system (7502-11 pp.251-271). On the other hand, in medicine, since every disease process is a somato-psychic disorganization, a 'psychosomatic' approach is always needed, but such an approach, necessary for every patient, does not of itself constitute psychiatry (5812-12).

The *Manuel de Psychiatrie* is divided into 9 parts, and for a first reading the first three parts are the most important.

The first part contributes 'medical psychology elements' that enable an understanding of the developmental nature of mental life, as well as the stratification of 'the latent contents' of mental illnesses (this part is completed

⁴ The *Manuel de Psychiatrie* has not been translated into English.

⁵ The First Edition of the *Manuel* was published in 1960, when Ey had already developed most of his work.

with considerations on ‘the history of psychiatry’ and of ‘doctrinal tendencies in the mid-20th century’).

The second, practical, part is devoted to the semiological process in psychiatry as an epistemic act (together with analysis of ‘paraclinical investigations and psychiatric tests’). Ey insists that undertaking a diagnosis projecting ‘normal experiences’ means that (1) the actual pathological format cannot be apprehended in reality (that is, the difference that constitutes the original diagnosis cannot be recognized), so that pathological experiences end up being only quantitative variations on normal experiences (5201c); and (2) that therefore, ‘what is diagnosed’ are experiences only quantitatively different from normal ones, and these are necessarily divided into ‘organogenic’ and ‘psychogenic’ categories.

In the third part, diagnoses as signifiers are organized in an entirely original way. Beginning with the recognition that in psychiatry a detailed description of the manifestations is insufficient, Ey’s understanding is that the essence of the ‘opacity’ of psychopathologica structures requires a phenomenological approach (6301-2) to analyse the existential sense and counter-sense of the symptoms. This approach is completed with psychoanalytical interpretation of the symbolism of unconscious affects and of the extent of conserved inhibition (of normal repression).

(B) *Classification*. Having recognized the need to work with two diagnoses, one semiological (psychopathological) and another based on somatosis (etiology), Ey affirms that psychopathological types must be classified not by etiological factors but by the extent of disorder of the psychic architecture (of the ‘mental corporal’ order or ‘psychic body’, as Ey calls it (6102-7; 5003-4). Proceeding along these lines, Ey orders mental pathology quite naturally in two sub-classes: ‘acute’ mental pathology (which are levels of destructuring of the field of present consciousness where the disorders are accidents, transitory crises which contrast with the history of the person); and ‘chronic’ mental pathology (arising from disorganization of the transactual system of the personality) where the disorders are persistent disturbances of the person’s self-construction (6320-7).

The reader may then turn to reading Vol. II of the Psychiatric Studies (5014-11) where the usual ‘reasons for consultation’ (memory disturbances, jealousy, anxiety, suicidal thoughts, etc.) are distributed according to the psychopathological structure in which they are presented. In each of his Studies, Ey carries out a ‘structural analysis’ of the mental pathology, distinguishing ‘acute’ structures from ‘chronic’ ones, emphasizing that the goal of the psychiatrist’s diagnostic work is to identify regressive structuring of mental life, not the reason for which patients or their relatives attend for consultation.

Ey then broadens the scope of acute pathology (5001-11) in Volume III of his Studies (5401-11) where he presents an entirely original concept. He analyses traditional semiology of acute episodes (mental confusion, acute delirious psychosis, mania and depression) indicating that a structural analysis is what allows recognition of what

unites them (as ‘acute psychoses’) within the heterogeneity of their levels of gravity. Here, Ey intuitively by means of categorization that the unifying factor within these disorders is the ‘destructuring of the field of present consciousness’, and that the traditional features of ‘transitory, secondary and organic’ are only properties derived from this essence.

With this discovery, Ey changed the meaning of the terms ‘acute’ and ‘chronic’ in mental pathology, which led to: (1) a loss of meaning for the traditional distinction between exogenous and endogenous as classification criteria; and (2) ‘chronic’ pathology came to be understood and viewed no longer as being ‘primary, genuine’ mental pathology, but as structural deformations of the person and his/her world, which are neither fatal nor irreversible (5403-2).⁶

This new concept of ‘chronic mental pathology’ was presented by means of analysis of its major forms, the chronic deliriums and especially schizophrenia as the most serious development (selected texts; 3804-3; 5013-4; 5504-14; 5702-4; 5802-4; 5804-7; 6114-13; 7403-7; 7701-12) and neuroses (7901-2) as minor forms, but also especially hysteria (3504-2; 6405-2). Ey completes the concepts of ‘acute’ and ‘chronic’ mental pathologies and their natural anastomoses (6321-11; 6604-7; 6811-11) especially in the 5th part of his *Traité des Hallucinations*⁷ (7301-11).

(C) *Etiology and pathogeny*. In Ey’s view, first of all the causation of all mental illness is the disorganization of the psychic architecture, and secondly, mental illnesses are organic (organismic). That is, all mental illness is a somatic disorder – etiologically ‘exogenous’ – and its manifestations depend on the individual person’s internal organization – thus it is pathogenically ‘endogenous’ (5609-5). It is organogenic, and not psychogenic (5002-4). The construction of his/her symptoms expresses the patient’s intentionality and implies complementarity between the negative and the positive which takes place in the ‘organo-clinical hiatus’ created by the disorganization.

(D) *Treatment*. Since Ey holds that a patient is always actively present in the construction of his/her symptoms, he maintains that the person necessarily participates in his/her recovery (as the subject of the action (7605-2). Here we again come across the importance of distinguishing between acute and chronic mental pathology, because they are actually different fields in terms of the treatment required. Since the organo-clinical hiatus in these cases is ‘smaller’, biological treatments are effective for episodes of acute disorders, whereas psychotherapies are needed to address chronic disorders, because of the stronger presence of the subject in the organization of his/her disturbance (4903-2) (5905-2). It frequently happens that when only one of these forms of treatment are provided (in the hospital or in the consulting office), and the differences in effectiveness based on the characteristics of the two sub-classes of mental pathology are

⁶ This meant Ey did not accept that endogenous psychoses imply ‘an unsolvable mystery’; he was led instead to ‘cut the Gordian knot’. This is what he does when he locates the crises of ‘manic-depressive psychoses’ (today called bipolar disorder) in the sub-class of ‘acute’ pathologies, and schizophrenic processes together with dementias, neuroses and personality disorders in the sub-class of ‘chronic’ pathology.

⁷ The *Traité des Hallucinations* has not been translated into English.

not recognized, there is a tendency to be dogmatic about which type of treatment is to be used.

Naturally, different types of clinical psychiatric cases require differential treatment (5002-4) in which biological and psychological strategies complement each other (6821-4) (7601-2; 7505-2).

(E) *Hypothesis or 'organo-dynamic model'*. The suggested readings give a richly textured overview for evaluating the meaning of Ey's hypothesis, presented especially in some texts (5201g) (6301-2) (7301-11 pp.1155-1454) (7502-11 pp.273-279) and systematically in the chapters of Volume I of the Psychiatric Studies (5201-11).

The working hypothesis put forward by Henri Ey: (1) implies psychoanalytical knowledge (5201f) (5401h) (5607-2 ; 5704-2) (6801-11: 3^a, 4^a y 5^a partes) (6601-4) (7802-12) (6601-4) (7802-12); (2) requires deep reflection on the meaning of 'localization' of mental pathology within the nervous system (4703-2) (5201c) (6801-11 2^a parte Cap.III) (6901-2); (3) is heuristic in regard to medical-legal issues (for example, expert assessment of the criminogenic mind-set) (7704-2).

(F) *Organization of psychiatric treatment and teaching of psychiatry* (6622-2). Ey's understanding was that both clinical treatment and teaching aspects must be considered as they are essential for psychiatry to be able to develop in accordance with its 'special' character within medicine. This implies: (1) that neurology and psychiatry, understood as the sciences dealing with disorganization of different functions of the nervous system, can be distinguished from each other while at the same time they join forces in solving various practical problems; (2) that psychoanalysis, which grew out of the consideration of mental pathologies, when it is applied in psychiatric patients should be used not only as a means of researching the psyche, but for 'curative' ends, meeting the ethical standards of medical acts.⁸

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⁸ The following works of Henri Ey have been translated into English 4001-2, 5420-2, 5705-2, 5804-7, 6011-13, 6901-12, 6902-2, 7605-2. Especially (6301-2) "*Outline of an organo-dynamic Conception of the Structure, Nosography, and Pathogenesis of mental Diseases*". Natanson M (ed). Psychiatry and Philosophy. Berlin, Springer- Verlag, 1969: 111-161 and (6801-11) "*Consciousness. A phenomenological study of being conscious and becoming conscious*" (translation from the french ed. by John H. Flodstrom. Blooming and London: Indiana Univ. Press; 1978.