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Book symposium on *Historia polskiego szaleństwa*

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The following papers stem from the symposium on Mira Marcinów's book *Historia polskiego szaleństwa* [*History of Polish Madness*], vol. I. The event was organized on June 6, 2018 in the Polish Academy of Sciences, Warsaw and funded from the National Science Centre grant 2016/ 23/ D/ HS1/ 02205 (PI: Krystyna Bielecka).

While the book is only available in Polish, it may be of lively interest to the international community of scholars in the history of psychiatry and clinical psychology, and the history of ideas in general. However, the sheer length of the book makes its translation into English in the near future quite unlikely. Therefore, we decided that some of the crucial issues in the book could be simply discussed in English to give at least a preview of its richness to a wider audience. We hope it will contribute to the debate on the significance of the history of psychiatry to the current understanding of mental disorders.

The organizers of the symposium wish to thank the Institute of Philosophy and Sociology, Polish Academy of Sciences, for hosting it, and for the speakers and participants for the lively discussion.

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Methodology of History of Polish Madness

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Abstract

In my book *Historia polskiego szaleństwa. T. 1. Słońce wśród czarnego nieba: Studium melancholii* [*History of Polish Madness. V. 1. The Study of Melancholy: The Sun with the Black Sky*], I am trying to present an original view on the history of melancholy in polish psychiatric thought in the 19th century. My research is based on broad hitherto unknown sources. Among the materials on which my book is based there are manuscripts, case reports and printed materials from the archives of the main mental hospitals in Eastern Europe (Kulparkow, Kobierzyn) and national libraries. An examination of so extensive source materials requires a thorough knowledge of different methodologies. I try to combine the tools provided by the intellectual history and history of ideas with that of conceptual history.

Keywords: history of psychiatry; conceptual history; history of ideas; intellectual history; melancholy; polish psychiatry

> Psychopathology and psychiatry, probably more than other fields of medicine, require the kind of theory that would cover not only the current state of matters, but also their temporal − historical − dimension.
>
> (Jerzy Strojnowski, *Psychophysiology of Jędrzej Śniadecki*)

It would be difficult to achieve the research objectives of “History of polish madness” without precisely delimiting the issues that will be taken into account when analysing the extensive material of broadly understood Polish psychiatric thought from the 19th century. Therefore, my analysis will focus on selected problems related to the appearance of the notion of mental illness in Polish lands. The main subject for reflection shall consist in the ideas included in writings on melancholy, together with psychological and medical considerations about the origins of mental illnesses, the possibility to treat them and the art of "literary madmen". However, independently of the selected specific topics, this field requires a special kind of

methodology that would permit to analyse texts of diverse form and value: from literary fiction to strictly scientific ones. It seems that the most appropriate tools to tackle these source texts are the ones that have been used in other works from the area of psychological thought or history of psychiatry (Foucault, 1969/2002; Porter, 2003), and namely, the field of history of ideas. Sometimes, it is also referred to as "intellectual history", although − as we will indicate further on − those two fields cannot be treated as synonyms without a few reservations.

Before I start to explain the methods of research on the history of psychopathology, let me notice that there are two basic approaches: the classical and non-classical approach to the history of mental illnesses. I need to highlight a terminological issue straight away. In this context, we could write about the history of science concerning mental illnesses or, in other words, the history of psychiatry or psychopathology. Nonetheless, speaking of times when these disciplines did not have a stable status yet and were just emerging from other areas of knowledge and non-discursive ways of understanding the phenomenon of mental disorders, we should rather speak of the history of mental illnesses. However, this approach might also seem dubious, because − alongside medical terms like mental condition or disorder − people used such words as: madness, lunacy or delusion[1] to refer to what current psychopathology calls a mental disorder.

The transformation of terminology from "madness" to "mental disorders" has already been considered in many analyses concerning the medicalisation of this phenomenon (see: Foucault, 1987; 2000). Nevertheless, in Polish lands, where psychiatry did not exist yet or was just a fledgling discipline, the use of these terms interchageably seems legitimate. Writing about the "history of madness" is still difficult not only from the point of view of semantics (the Polish word for "madness" − "szaleństwo" − has at least 4 different meanings according to the Polish Language Dictionary by PWN (Drabik and Sobol, 2013) and does not overlap with "mental illness" completely[2]), but also from the point of view of epistemology, as some historians of psychopathological thought claim that by using the category of "madness" we somehow form part of the critical approach to psychiatry. Therefore, we should make sure that the use of this term does not oblige us to assume a given method of historical analysis. I'm referring to the argumentation mentioned by Edward Shorter, author of one of the few works on the history of psychiatry that have been translated into Polish: "Indeed, the whole notion of mental illness appeared suspect to the activists of the 1960s, who preferred to use − always in mocking quotation marks − such bygone terms as madness or lunacy, the very ludicrousness of these phrases discrediting the proposition that mental disorder exists as a natural phenomenon. These detractors, I regret to say, now dominate the academic history of psychiatry, and the chapters that follow are intended to confront head-on their revisionism, which has become in its turn the new orthodoxy."

Revisionists are researchers who deal with such non-classical history. They base their theories on social constructionism, which − in reference to psychiatric historiography − assumes that

[1] According to Pierre Janet, these three words appear in police manuals in reference to people who potentially can be dangerous for others (Sieradzan, 2007).

[2] Other meanings of this term are: (1) behaviour that is not in line with the accepted norms and habits; (2) the mental state of a person who does not control themselves; (3) party, fun (Drabik and Sobol, 2013).

madness is not a legitimate mental illness but a social construct, a "discursive formation" (Goldberg, 1999, p. 7). The non-classical approach to the history of thinking about mental disorders is critical towards the vision of progress of knowledge in this field. It opposes the classical history (also referred to as academic) that strongly underlines the progressive character of psychiatry, assuming that science consists in an accumulation of knowledge based on gathering facts, which might also be called hyperfactualism (Szacki, 1991). This approach to the history of thinking about mental illness, as something governed by causality, similar to laws, is represented precisely by Edward Shorter. His potential opponent − a non-classical historian, seems to have more faces than Shorter expected. In reference to the history of madness, we do not have to choose between just two approaches: progressive or critical vision of psychiatric discourse. Along concepts challenged by Shorter − that can be considered anti-psychiatric, as they negate the current psychiatric knowledge and at the same time present the possibility of alternative solutions − there is also a third solution: problematisations (Dean, 1994).

The problem-oriented approach to the history of mental illness, although it is classified as non-classical, views madness differently than critical theories. This trend underlines, most of all, that categories related to psychiatry are a slippery ground that offers more questions than answers, and the only thing we can achieve is a disruption of the narrative concerning the progress of knowledge in this field (Dean, 1994). Among main representatives of this approach we can mention Michael Foucault (1969/2002) who is − often, but mistakenly − identified with the anti-psychiatry movement (Foucault, 2006; Bracken and Thomas, 2010).

Problematisations and contextualisations will be the driving forces of the hereby reflections to a larger extent than progressive or critical approach to history. Nonetheless, it would be difficult to admit that the sole fact of using terms other than "mental illness" led to the application of a non-classical historiographic approach. In fact, these assumptions are made considering that we are analysing times when psychiatry did not exist yet as a field of science, and therefore, if we omitted such category as "madness" and focused only on psychiatric terminology, ignoring the rich vocabulary used at that time in works on illnesses of the soul, it would lead to an excessive reductionism.

It is worth adding that a non-classical approach to history is, most of all, the history of losers, as opposed to the academic history of victors. A model of history of Polish psychiatry designed to reclaim what has been lost would allow us to focus on works that have been forgotten; and although there are no obvious "winners" in the history of Polish psychopathology, we do have some pioneers of whom we still remember, mostly thanks to the efforts of historians of psychological thought (for instance, the ideas of Julian Ochorowicz discussed by Stachowski (1996) in the introduction to the re-edition to his classical texts). The “History of polish madness” is based almost exclusively on texts that are viewed as secondary. It seems that we can successfully analyse such texts − not considered masterpieces − with the use of methodology created by Arthur O. Lovejoy (1936/1999), author of history of ideas, who believed that the texts of "losers" can prove very informative, as they show the most popular ideas of a given era much more accurately than masterpieces. The method proposed by him suggests that the concepts of those forgotten authors are most valuable, because they are more accurate in reflecting the ideas and norms that shaped average minds, while the minds of geniuses are often

several steps ahead of their times. Therefore, this is the first argument for adopting the methodology of the history of ideas, specified in more detail later on.

Contemporary historiography offers a wide range of tools that can be applied within the field of history of psychological and psychiatric thought. Some of those methods have already been used by other authors, but more often than not the works were written without commenting on the research methodology applied. In order to limit the methodological search to non-classical histories only, according to the assumptions specified above, we should first present three ways of approaching the historiography of psychopathology: conceptual history, history of ideas, and its sister − intellectual history. At the same time, we should explain why conceptual history will be skipped here (or at least marginalised) in favour of the two remaining approaches.

It would be hard to argue with the statement made by Władysław Tatarkiewicz (2004, p. 5), who began his book *A History of Six Ideas* by claiming that the history of science "may be treated in a two-fold manner: as the history of the men who created the field of study, or as the history of the questions that have been raised and resolved in the course of its pursuit." Having explained previously that the hereby analysis will not focus on people who particularly enriched the history of psychopathology in Poland, but rather on issues related to mental disorders, we don't have to necessarily follow the view of Tatarkiewicz (advocate of the conceptual history) that the best approach to this task would be to study the changes of what "mental illness" or "melancholy" meant throughout history. This approach, also referred to as conceptual history (*Begriffsgeschichte*), popularised in German science mostly by Reinhart Koselleck (2001), focuses on studying the conceptual history. The aim of this method is to explain the semantic variability of the analysed linguistic categories along their historical development. For example, in reference to the term "mental illness" we would study how its meaning changed from metaphorical senses to the mental reality of people affected by these conditions. The eminent researcher of the conceptual history in psychiatric notions, Berrios (1988; 2002; 2010), opts for conceptual history in his explorations of the history of psychopathology. He values it mostly due to its concreteness, as opposed to the abstract character of the history of ideas (Koselleck, 2001).

In our analysis of the terms "mental illness" and "melancholy", we shall focus on the actual use of these terms in the language, paying attention to how their meaning shifted throughout a specified time frame (from late 18th century to the year 1900), within Polish culture. Considering the high precision of conceptual history, I also use this approach in the terminological part of my "Study of Melancholy". Nonetheless, it has to be clearly stressed from the start that this method is by no means exhaustive, and in certain cases not fully adequate for the goals set for our analysis, which can be achieved only with the help of the opposite approach − the history of ideas.

The history of ideas, as a scientific discipline, was created by Arthur O. Lovejoy, the founder of the History of Ideas Club at the Johns Hopkins University, in 1923 (Czernik, 2014). He explained the basic principles of his method in his main work entitled *The Great Chain of Being*, where idea is understood as someting that exists at the roots of specific concepts. Lovejoy (1936/1999) stresses that the work of a historian of ideas consists precisely in: first,

delimiting the idea related to the given notion, as something that requires to be studied separately; and only later one can track the directions of its development wherever it is used. The main goal is to "present the process of thinking as deeply as possible" (Lovejoy, 1936/1999, p. 342). The only assumption required for this approach is that thoughts shift throughout history. However, the status of these basic ideas that can be subject to historical analysis remains unclear. Lovejoy says that these should be elementary "unit ideas", but he does not seem consistent himself when it comes to studying those unit ideas before analysing their "complexes" (Cabaj, 1989). In another place he wrote that history of ideas consists, first of all, in: "a study of sacred words and phrases of a period or movement, with a view to a clearing up of their ambiguities, a listing of their various shades of meaning, and an examination of the way in which confused associations of ideas arising from these ambiguities have influenced the development of doctrines, or accelerated the insensible transformation of one fashion of thought into another, perhaps its very opposite." (Lovejoy, 1936/1999, p. 19). What is more, in many places of Lovejoy's *opus magnum*, we can find slightly different definitions of what those unit ideas might be. Sometimes, they are referred to as original assumptions, fertile methaphors, "thoughts concerning particular aspects of common experience, implicit or explicit presuppositions, formulas and catchwords, specific philosophic theorems, or the larger hypotheses, generalizations or methodological assumptions of various sciences." (Lovejoy, 1936/1999, p. 320).

The second methodological proposition of Lovejoy concerns the analysis of the direction in which those separate ideas flow. The point is to specify their impact and changes in a precise manner. However, in many cases, it proves impossible to determine such specific track of historical transformations (Cabaj, 1898). The method of determining the direction of development of ideas was strongly criticised by Michel Foucault, who suggested that Lovejoy's proposition should be corrected: "In the sense that this slender wedge I intend to slip into the history of ideas consists not in dealing with meanings possibly lying behind this or that discourse, but with discourse as regular series and distinct events, I fear I recognize in this wedge a tiny (perhaps odious) device permitting the introduction into the very roots of thought, of notions of chance, discontinuity and materiality. (...) But they are three notions which ought to permit us to link the history of systems of thought to the practical work of historians; three directions to be followed in the work of theoretical elaboration." (1969/2002, p. 42–43).

When the history of ideas integrated the concept of a not necessarily unidirectional development of notions, the discipline started to be referred to as "intellectual history" or "history of ideas" more and more often, thus drifting away from the method created by Lovejoy. In a broader understanding, historiography of ideas will include both approaches, both history of ideas and intellectual history (Szacki, 1981). Nonetheless, it seems that even the researchers who study the history of human thought with one approach or the other fail to recognize any significant differences between the two. Only sometimes they point out that the history of ideas is a concrete research project proposed by Lovejoy, while intellectual history builds on it and is associated with Foucault. According to another definition, there is only one slight difference between those two twin-like disciplines: intellectual history, unlike history of ideas, studies a specific community of people sharing common culture. Therefore, usually it refers to the history of a given nation. In turn, the history of ideas is not limited in this manner and can study a given preconception always in a broader context (Walicki, 2000). What is more,

as Walicki points out (2000), intellectual history is especially useful for countries that did not provide a significant input into the global history in the area under consideration.

It is worth noting that the hereby text, focusing on the history of the idea of mental illness in the awareness of (specific groups of) Poles, sometimes shaped by "chance, discontinuity and materiality" (Foucault, 1969/2002, s. 43), bears more affinity to intellectual history. Hence, “History of polish madness” should be treated as a work on the intellectual history of Polish medical and philosophical circles writing about the issue of mental illness in the 19th century. However, we shouldn't forget about the warning expressed by the author of *The Great Chain of Being* himself: "the more you press in towards the heart of a narrowly bounded historical problem, the more likely you are to encounter in the problem itself a pressure which drives you outward beyond those bounds" (Lovejoy, 1936/1999, p. 318), as there will be cases when Polish texts about madness will make reference to foreign ones, thus pushing us beyond the horizon of Polish psychiatric discourse. For this reason, it will be safer to claim, as many thought historians do (Szacki, 1991), that the hereby discourse is based on the methodology of a broadly understood historiography of ideas, including both intellectual history and history of ideas.

This is why we will be speaking of historiography of ideas, even if it would be more methodologically precise to place the book “History of polish madness” within the movement of intellectual history, especially considering the fact that I took many research propositions from Lovejoy, for example the principle "to give the words of relevant texts as fully as was consistent with reasonable brevity." (Lovejoy, 1936/1999, p. 6). It is not a new approach within the history of psychological thought, where the tradition of limiting extensive quotations from source texts has been started by Ellenberger (1957) and Whyte (1960). In Polish psychological thought, Dobroczyński (2005) seems to consistently apply this “frugal lyricism of the citation” (Foucault, 1999, p 275).

The methodological approach applied in the hereby work, that has been briefly described above, undoubtedly requires further explanation, but I believe that it is more paramount to justify the reason of choosing one approach over another in reference to the problems under study.

Firstly, it has to be stressed that “one of the functions of historiography of ideas is to shed light on the products of human mind and all their diversity” (Lovejoy, 1936/1999, p. 329). If indeed historiography of ideas is able to achieve the ambitious goal of presenting the way people think about a given topic, then its goals are in line with mine. My objective is to show how Poles used to think about mental disorders and, as a result, how we can understand texts written by Polish psychiatrists in the 19th century.

Secondly, this kind of methodology helps the readers to develop their own critical opinions on the value of the presented ideas, as it is hard to assess the input of a researcher “expressing a general idea, without knowing the idea or its other manifestations” (Lovejoy, 1936/1999, p. 316).

Thirdly, the value of the historiography of ideas (and especially intellectual history) consists in the fact that it tries to understand the idea under study, taking into account the broad social, political, religious, economic and ethical context. This postulate is particularly useful when studying convictions concerning mental disorders that cannot be considered as independent

social phenomena. The opinions of alienists must be analysed on many levels, bearing in mind that the concept of madness is more of a cultural construct than the result of scientific research − especially if we are interested in the psychological aspect of delusions (as we shall see later on, often identified with the moral approach). However, the eminent expert in intellectual history, Quentin Skinner (1988), warns us that, when studying a specific idea, we should not trust orthodox solutions − either treating the interpreted text as autonomous, or succumbing to the temptation of creating a "total context" for understanding a given opinion.

Moreover, the contextualism of the historiography of ideas is limited, as "[a]n individual scholar cannot, however, hope to become a competent specialist in many fields of intellectual history." (Lovejoy, 1936/1999, s. 313). Therefore, the author of *The Great Chain of Being* proposed that a given "unit idea" should be studied by an interdisciplinary team of scientists (Lovejoy, 1936/1999), because one single researcher cannot possibly understand the issue in many different fields. I take this statement − which feels obvious for many reasons − into account when I write about eg. melancholy presented not only in texts written by Polish 19th-century experts in that field, but also in popular science books, works of fiction, or paintings; always stressing that my analysis is by no means meant to be exhaustive. According to some radical historians of ideas (see Czernik, 2014), limiting the field of analysis too strictly to phenomena appearing exclusively within the field of psychological thought, would constitute an excessive reduction, because it would annihilate part of the idea by limiting the study to one discipline only. In this case, the criticism is well founded, because it is impossible to present all the manifold facets of madness as one "unit idea" (after Foucault, 1969/2002). One may only try to go beyond the traditional understanding of history of psychiatry.

Fourthly, the aim of historiography of ideas overlaps with my intent to provide a coherent context for contemporary knowledge on mental disorders, by presenting the history of broadly understood Polish psychopathology, bearing in mind that the history of madness should not be treated as a tool for solving contemporary dilemmas. On the one hand, we may agree with the statement that the motivation of studying historiography of ideas "does not have to consist necessarily in a wish to explain present facts" (Lovejoy, 1936/1999, p. 329). Nonetheless, it is hard not to agree that "historians of ideas deal both with history and mythology: they determine facts that took place in the past, but at the same time they also perpetuate values, whose presence in the awareness of subsequent generations is crucial for the existence and identity of culture" (Szacki, 1991, p. 12). Hence, the method proposed herein contains two opposite approaches: we are trying to capture the past as such, but at the same time we forget that it is the past, and we confront it with contemporary questions, as if we could argue with it. The last point is strongly criticised by adversaries of the historiography of ideas, who blame it of commiting the error of presentism, which consists in judging past opinions or events from a contemporary point of view and treating the past only as a pre-figuration of the present (Szacki, 2002). It would not be easy to eliminate this “bias” completely and, what is more, it would probably not make much sense. Many historians of thought have already noticed that one may not completely abstain from contemporary perspective in historical research, pretending we don't know what we know and don't feel what we feel. "In our approach to history all of us are presentists to a certain extent" (Szacki, 2002, p. 10), the point is to minimise this presentism as much as possible. Actually, it seems that problems generated by us in the present are not

necessarily ultimate, considering that "studying history is always, to a certain degree, an attempt to transcend beyond the limitations and interests of present times" (Szacki, 1991, p. 330).

Another argument for assuming the perspective of historiography of ideas, in spite of its many limitations, is the fact that it does not disregard concepts that are now considered ridiculous or obsolete. This methodological approach permits to conduct historical studies of concepts that have been discontinued, and it does not force us to limit ourseves to the elements that are considered right and useful from a contemporary point of view. When it comes to assessing the rationality of knowledge in former times, historiography of ideas opposes simplistic presentism that assumes a positivist division into scientific and pre-scientific theories, overlooking the ever-chaning models of rationality characteristic for different historical periods and changing over time. In this regard, historiography of ideas allows us to study perceptions of mental disorders that never had a scientific (in the current understanding) continuation or status.

Finally, another argument in favour of the chosen method is that it gives a lot of freedom to the researcher. Historiography of ideas is, definitely, an eclectic discipline that admits the use of tools from many other fields, such as the akin studies on mentality in France (*histoire des mentalités*) (Burke, 1997), the Anglo-Saxon histories of discourse, or the German *Geistesgeschichte*. Moreover, the method in question makes it possible to use a “imaginative hypothesis” (White, 2009, p. 16), or what Edmund Husserl called "intentional history", which permits to discover the legitimate sense of historical ideas, not reducing them to what was written explicitly in archival materials (Szacki, 1991).

To end this part devoted to the search of a method that would fit the problem under research, it should be stressed that the hereby analysis is merely a humble attempt at applying historiographic tools to the history of Polish thought about psychologically characterised mental disorders. At the same time, it seems that the latter is not to be treated as a "unit idea", as proposed by Lovejoy, but rather as a complex of pre-conceptions concerning melancholy, as well as the origins, symptoms and treatment of madness. The attempt to apply the methodological assumptions of historiography of ideas characterised in this way to analyse the issue of psychopathology in Poland seems to be a novel endeavour, and as such it entails the risk of errors and omissions. In spite of many reservations concering the advantages of history of ideas and intellectual history presented above, the plan to use this method in order to analyse the collected reference materials feels like the right thing to do. Perhaps, it will contribute to creating a methodology at the intersection of historiography of ideas and psychopathology, which would facilitate, at least slightly, the work of those who decide to tackle the issue of psychiatry and psychopathology in 19th-century Polish thought.

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Plural Form of Polish Madness

Side Notes to Mira Marcinów's *The History of Polish Madness. Vol. 1. The Study of Melancholy*

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Abstract

The task of the paper is two-fold. The author is reading Mira Marcinów's book upon recognition of its importance in two debates; that on the subject of madness and its conditions, and that on Poland and its character, i.e. the specificity of Polish melancholy. The author is reading the book to reflect upon the status of melancholy in culture and its unique position. In this endeavour, author attempt to recognize the structure of the melancholic subject and its problematics. Above all, he wonder whether the melancholic has no doubts about his life. A fairly justified hypothesis would be that the melancholic sees himself as a dead rather than a living body.

Keywords: allegory; genealogy; history; language; life; madness; melancholy; power; subject.

1. History and Histories

It was in the famous essay *On the Concept* of *History* where Walter Benjamin rendered „empathizing"—a process of empathy—an invalid method of historical materialism. Its origin is *acedia*, „the indolence of the heart," which, in failing to grasp and hold the genuine historical image that flares up briefly at the very moment of its obliteration, takes for its image what is given, that is, what has survived (Benjamin, 2005). Benjamin asks a simple question: with whom the adherents of historicism actually empathize as they reconstruct the facts? The answer is scandalous for historians as it passes irrevocable judgment: it is with the victors and victors only. In the history of madness the „victor" is „medicine" with its complex diagnostics, while the „victim" is the madman himself with his naked and simple life.

Benjamin, persistently discontented, adds:

> There is no document of culture which is not at the same time a document of barbarism. […] The historical materialist therefore dissociates himself from this process of transmission as far as possible. He regards it as his task to brush history against the grain. (Benjamin, 2005, p. 392)

It is, therefore, compelling a task to address the question whether *The History of Polish Madness*, intimidating and highly commendable in many regards, indeed brushes history against the grain (Marcinów, 2018). Conformist reading is like hand-sanding along the grain, merely producing a smooth finish, a gesture cancelling time, an open signal to the world that nothing has happened. Reading against the grain, however, is akin to raising the alarm. It would do justice to madness to know whether Mira Marcinów, in writing the history of nineteenth-century reverie in Poland, empathizes with the Polish madness, and if that were so, with whom does the author empathize? One should likewise wish to know, whether there is one concept or one affect in grasping the enormity of Polish madness? Is there at our disposal a fixed concept of melancholy?

In my remarks about the book *The History of Polish Madness* I am trying to elucidate the Polish thread. What I am asking about is the specificity of Polish madness. If madness is always constructed and fabricated, if madness is „transactional reality" or „temporary mental illness," then, what is the specifics of the fabrication of Polish madness, the Polish transactional reality? Why the path of Polish madness begins from and is paved by melancholy, „gloominess," „stuffiness," „Polish hyper-spirituality"? Why is Polish reality „gloomy" and not „cheerful," for example? Does the Polish discourse on this „gloominess" bring something new to the global discourse? What kind of gallery or archive of cases of „reverie people" does the author present us with? What is it that they are mulling over so much? Are these men or women? Do we know anything about their sorrows and personal stories? How does the author want to convince us that the characters present therein are real? What does the nineteenth century constitute for the author? It would well seem it is a kind of „optics" rather than a classic „epoch." The author repeatedly remarks that she is not a historian. Who then is Mira Marcinów in this book—an archaeologist, a genealogist, or, perhaps, a therapist? Is the history of melancholia in Poland a history of social emotiveness or rather a pious history of the idea of disease? Let me ask again: why does the author begin with melancholia instead of psychosis or hysteria—which the author heralds to be dealt with in the future—or even not stupidity, understood as the absence of reason, which the author makes no reference to and probably does not even recognize?

Friedrich Nietzsche claimed that history belongs to the living person in three respects. It belongs to him as an active and striving person; it belongs to him as a person who preserves and admires; it belongs to him as a suffering person in need of emancipation. This trinity of relationships corresponds to a trinity of methods for history, to the extent that one may make the distinctions, a monumental method, an antiquarian method, and a critical method (Nietzsche, 1878/1995). In this context, we must ask the question what kind of history is the Mira Marcinów's history of Polish madness?

The task I set before myself in this text is therefore two-fold. I am reading Mira Marcinów's book upon recognition of its importance in two ongoing debates; that on the subject of madness and its conditions, and that on Poland and its character, i.e. the specificity of Polish melancholy. Here, I am not merely inspecting the work of the author. In my reading, apart from reconstructive motives and the sole desire to read, I dare to feed my speculative will, the will to reflect upon the status of melancholy in culture and its unique position. In this endeavour, I attempt to recognize the structure of the melancholic subject and its problematics. Above all, however, I wonder whether—by any chance—the melancholic indeed has no doubts about his life. A fairly justified hypothesis would be that the melancholic sees himself as a dead rather than a living body.

2. Three Sets: Author's Voice, Mad Images and Learned Words

At first glance, the book consists of three separate parts—the author's lecture on the Polish ship of fools, an anthology of native psychological and medical magazines, and a fairly eclectic album of photos and engravings on the theme of madness. We have, then, the author's own text, the original texts of Polish psychiatrists of the nineteenth century, and images scattered in time, from the famous photography of Foucault and Sartre demonstrating on the streets of Paris in 1972 and the photographs of anti-psychiatric demonstrations, through advertisements of various drugs, to Wojciech Weiss' painting *The Melancholic and The Consumptive,* and a cadre from the 2017 movie *Pieniądze albo życie… zaczyna się jutro* („Money or Life ... Begins Tomorrow") directed by Dziadkiewicz and Śmiałek. It begs the question what connects the words of Mira Marcinów, dusty words of doctors and those eclectic images of madness, more often than not—of non-Polish origin? Well, all three elements find a common denominator in one research purpose: to account for the birth of the Polish psychological thought and to depict the birth of Polish melancholy. Perhaps Polish madness can only be framed and described from the outside, with non-Polish reason. This should not be ruled out as a hypothesis.

The problem, however, is that there is no such moment of „birth." There is no such moment to account for the birth of madness. Foucault and Derrida had already discussed this in the context of the *History of Madness in the Classical Age* (Foucault, 1965; Derrida, 1978; Foucault, 1997). Similarly, let us not make mistake, there is no and will be no moment to account for the birth of hysteria and psychosis—two other grand themes announced as the following volumes of Mira Marcinów's writing. According to Georges Didi-Huberman what is at our disposal is a moment when hysteria was photographed in a Paris hospital in Salpêtrière, which marks the beginning of the iconography of hysteria (Didi-Huberman, 2003). Hysteria, however, always remains in images and in the service of images. Melancholy always remains in allegory and in the service of allegory. Melancholic dies because it is the only way to get a place in an allegory. The life of a melancholic turns out to be a life for a corpse, the body dies to become a corpse.

It can be argued that the above a manner of writing renders a certain judgment about what melancholy is and what is its axial symptom. Placing the melancholic in the frame without life, I suggest that melancholy is unable to live, or, that it lacks the will to live. Lack of the will to live ensues, above all, the inability to love and making affective investment in the objects of the surrounding world. In fact, Freud—already in his famous *Mourning and Melancholia*—warned us that melancholy is a „wavering concept," especially in descriptive psychiatry, because it occurs in various clinical constellations, the reduction of which to the common denominator never seems certain. The same Freud, in the same text, however, decides in favour of such a concept of melancholy in which the key symptom is the loss of ability to find a new object of love (Freud, 1917, pp. 237–258). The melancholic becomes dead in life. He is not so much in doubt as to whether he is dead or alive, but, rather, holds a simple conviction that he is dead.

Freud in the cited text also adds that, for the melancholic, what becomes poor and empty is not so much the world as it is the Self. The subject of melancholy appears to be empty, a shell of an egg devoid of life. The author of *Mourning and Melancholia* adds, saving no one and writing from the level of his clinical realism, that by subjecting itself to increased and ruthless self-criticism, the melancholic may actually be close to self-knowledge. In doing so—Freud posits, the melancholic nears learning the truth about humanity. Hamlet is for Freud a paradigmatic figure of the melancholic who, having lost the object of love, experiences the simultaneous destruction of his Self. Melancholic in the clinic is the result of consistent criticism. It is this criticism of the world and of himself which deprives him of the will to be in the world and to be himself, and therefore condemns the melancholic subject to clinical existence. We should therefore not refrain from asking an awkward question: why does one need to develop illness to reach the truth about oneself?

Well, the simplest answer to these questions would be a sober one and harsh: one has to develop illness because the subject of health is not the subject of the truth on his own subject. The subject of health is not a subject of truth on itself. The subject of health is not a subject of truth due to the necessity to maintain itself in a state of health forcing it to constantly produce „good" and „untrue" fantasies about itself. These fantasies are idealizations. The will of life is the will to deceive oneself. Charitable fantasies support „well-being" and life itself. These „good fantasies" have left the melancholic. His body, having these pro-health fantasies left, becomes empty, i.e. the melancholic becomes an empty tomb of its Self.

3. Origin and Beginnings

For Nietzsche and Foucault, the image of the source is a false image. The origin is a multitude of disturbances and uncertain entries. The premise of genealogy is not to search for the origin (*Ursprung*), but to either study the genesis or the emergence of the event (*Entstehung*) or its decent (*Herkunft*). Genealogy does not pretend to go back in time to restore an unbroken continuity that operates beyond the dispersion of forgotten things. Its duty is

not to demonstrate that the past actively exists in the present, that it continue s secretly to animate the present, having imposed a predetermined form on all its vicissitudes. The search for descent is not the erecting of foundations: on the contrary, it disturbs what was previously considered immobile; it fragments what was thought unified; it shows the heterogeneity of what was imagined consistent with itself (Foucault, 1977).

Walter Benjamin in the *The Origin of German Tragic Drama* wrote: „Origin [*Ursprung*], although an entirely historical category, has, nevertheless, nothing to do with genesis [*Entstehung*]. The term origin is not intended to describe the process by which the existent came into being, but rather to describe that which emerges from the process of becoming and disappearance. Origin is an eddy in the stream of becoming, and in its current it swallows the material involved in the process of genesis. That which is original is never revealed in the naked and manifest existence of the factual; its rhythm is apparent only to a dual insight. On the one hand it needs to be recognized as a process of restoration and reestablishment, but, on the other hand, and precisely because of this, as something imperfect and incomplete. There takes place in every original phenomenon a determination of the form in which an idea will constantly confront the historical world, until it is revealed fulfilled, in the totality of its history. Origin is not, therefore, discovered by the examination of actual findings, but it is related to their history and their subsequent development" (Benjamin, 1977, p. 46). The category of origin is neither historical nor it is logical; origin is not isolated from the background constituted by statements of facts, but it concerns pre- and post-history. The origin is therefore in a swirl. The origin is a plurality of processes of becoming. Does Mira Marcinów's book deal with such a swirl and such a plurality of processes to becoming „melancholy"?

The author seemingly follows medical discourse within the bounds of the clinic: diagnosis, nosology and therapy. Of course, the medical discourse must always address what it is dealing with, where it comes from, and how to bring an end to it. That is why *The History of Polish Madness* presents us with extensive diagnostics spanning the nineteenth century; the insane is obsessively brooding over his littleness (Raps), falls ill to „ sympathetic nerve disease, the cause of his tormented melancholy writings" (Łowicki, 1846, pp. 85–96), or has insanity brought upon him due to multiple reasons (Ostafin), or yet, insanity may be unpredictable as in a case when a man accuses his wife of betrayal or refuses to recognize his paternity. Similarly, the therapies of melancholics follow in that many directions as many there are the diagnoses—one needs to travel to other countries, one needs to return home, one needs to keep on writing so that his black bile gets absorbed by ink, one needs to undergo electroconvulsive shock therapy, occasionally cold showers are necessary, occasionally a conversation, or loneliness is necessary. Perhaps the breakthrough in this diagnostic fever is a book published in Kraków by Krzyżanowski Publishing House in 1900, by Mieczysław Nartowski entitled *Zaduma: Melancholia* („Brooding: Melancholia")—the first Polish scientific monograph devoted entirely to melancholia.

We have to remember that the author draws inspiration from the work of both a philosopher of science—Ian Hacking, in particular from his famous book *Mad Travelers: Reflections on the Reality of Transient Mental Illness* (Hacking, 1998), an archaeologist and genealogist of knowledge—Michel Foucault, albeit not so much from the *History of Madness in the Classical Age* (Foucault, 1961) or *Mental Illness and Psychology* (Foucault, 1954/1976), but his lectures on life and norms, i.e. *The Birth of Biopolitics* (2004). Finally, we come across more than a mention—authentic use—of the work of Arthur Oncken Lovejoy *The Great Chain of Being: A Study of the History of an Idea* (Lovejoy, 1939). We have here, therefore, a blend of many attempts to create the history of concepts, the history of ideas, the history of thought, intellectual history, cultural history, in a word: a multiple „history of multiplicity."

4. Speech of Melancholy and Speech about Melancholy

For the author, however, the stake is neither politics without concepts nor an idea without politics. Mira Marcinów's book is a book about the birth of the „language of madness." Language is probably the most fascinating element of this huge encyclopaedia. Everything begins with mythology and literature, which had a monopoly on madness and the words for madness long before medicine. The author reminds us that in the mythology of the Slavs, „going mad" had its equivalent in the Polish word „owileć"—getting possessed by „vila"—a woodland fairy or nymph the name of which was derived from Indo-European root meaning „divinity" but also „rave," „wild," or „rage." It was in Juliusz Słowacki's *Kordian: First Part of a Trilogy: The Coronation Plot* (1834) where Doctor invites our protagonist to go overtly mad: „Just think of ways to stop yourself from thinking. Go mad and be a saint in Istanbul" (Słowacki, 1834/2010). Notably, this dervish motif associates madness with a holy madness. The main characters of Mira Marcinów's book—pioneers of Polish medicine and psychiatry of the nineteenth century, are all looking for a language of madness. Where do they find it? This is not a projective search, it is not coming up with new concepts or a new medical dictionary, it is not even re-thinking concepts or their new casting, but rather borrowing and annexing words and concepts found in colloquial language.

Colloquial expressions for madness come in aplenty. Melancholia is, therefore, man-fever (Pol. „chłopodur"), demon-mania (Pol. „demonomania"), daftness (Pol. „durnica"), gloominess (Pol. „posępnica"), „dissimulation of specters," „despondency of the spirit," „loathing for life." Ludwik Perzyna calls melancholia a feverish-sadness (Pol. „smutnodur"), Stanisław Chomętowski refers to it as melancholic craze (Pol. „szał melancholijny"), Leon Blumenstok calls it a paroxysm of trepidation (Pol. „napad trwogi"), and Kazimierz Kralczyński describes it as a rush of pensiveness (Pol. „napad zadumy"). The key and seemingly important for the author concept of „gloominess" was introduced into Polish language by Bartłomiej Frydrych, in a direct translation of the French notion of *lypémanie*. What follows this standardized colloquial side of the language is the work of Klemens Malaszewski *Analysis of another corpse* (*Rozbiór innego trupa*, 1846), introduction of Stanisław Chomętkowski's concept *melancholia catalepitica*, Karl Ludwik's

„depression of will," and Antoni Hieronim Munkiewicz's „language of a morose," to end with a reference to Alexander Niewiarowski's *Manuscript of my cousin, a madman* (*Rękopis mego kuzyna wariata*, 1853). The struggle for language is not only the struggle for a diagnosis, a dictionary that would allow both patients and doctors to describe the phenomenon of melancholia, it is above all the struggle for tools or for machine tooling of the Polish way of fabricating madness. Words are never innocent. Words are used for blaming and are themselves the cause of many blames. The battle of discourses does not take place at the patient's bed, nor even at the hospital, but in the court where averment of a madman confronts that of forensic medic.

The privileged position that the language of law holds results from two negations. The „patient's bed" is itself an integral territory of melancholy, the place from which the disease has emerged, whereas the hospital is an artificial place in which melancholy may lose both its sovereign language and its face. The courtroom and the spectacle of generating a court judgment give the impression of a neutral place, in which the „language of melancholy" and „language about melancholy" can confront each other. However, such confrontation does not entail their unification, let alone reconciliation or mutual recognition. The language of law formulates verdicts, not diagnoses nor confessions. Madness in the book of Marcin Marcinów stands before the law and situates itself in the face of the language of law.

The question, however, is whether even a plethora of words describing madness can ever make up for something more, whether it helps to disclose the assembly line of Polish madness. Should it be otherwise, these obsolete words are at best simply inert, suspended, or disordered. If the battle for Polish madness is a battle of words and for words, then one should ask the author how the Polish madness is produced and fabricated. How does the author perceive this „assembly line" of Polish madness or does the author even consider it at all? What, indeed, is the factory for producing Polish madness? It would seem that the author recognizes a certain „reality of madness," which becomes the subject of her description, like any other „object" in the world. There are, however, certain limits of constructivism in this book, which from the outset, falsely, admits to constructivism. For Mira Marcinów madness and its meaning are not so much described or fabricated here, as they are negotiated. However, if negotiated, then between whom? What are the rules for negotiating Polish madness? Is Polish madness negotiated at the Polish psychiatric „round table"?

The simplest of answers would be that a round table connects doctors and melancholics. The author operates on two sets—that of great Polish nineteenth-century clinicians-writers and that of melancholics-madmen who either on the stage of the hospital or in the intimate scene of their home recreate the drama of Polish madness. One should compare these two sets, describing them in detail and considering what are the conditions for these two sets to meet, if they meet at all. Who is here talking to whom? What language does a madman speak, and what language does the doctor use? Does the doctor speak the language of a madman? Or is it that the madman speaks the language of the doctor? Who is being quoted here? Or maybe both are using some „third party language," for example, language remaining in the service of literature or religion?

I therefore return to my intuition telling me that we do not have a uniform concept of melancholia. The word „melancholia" deludes us only with its single number. While the author seems to be aware of it, does she use this knowledge? For me, it is not a reliable hypothesis to assume that in this work Mira Marcinów fulfils herself as a historian of ideas, an archaeologist of concepts or a genealogist of knowledge—knowledge whispered before „institutional knowledge." Bartłomiej Frydrych, whom the author seems to revere, says that the way to recognise a patient is in „their thoughts and feelings are always exaggerated and confused, the simplest situations are considered very important and the conclusions drawn from these are the saddest. They are afraid of the faintest rustling, and they are disturbed by complete silence." To know madness of the patient is to learn about the exaggeration in thinking and feeling, in speaking and acting. Madness is an exaggeration. Madness is often also a façade. The façade of what? It is the facade for the lack of authentic thoughts, or, sometimes, any thoughts at all.

5. Poland: A Place, Language, Nation

The great problem of Mira Marcinów's work is that there is no such thing as Polish madness. All there is are plural Polish madnesses. Plurality is necessary here. The real problem and the bane of this work is that there is also no such thing as Polish psychiatry. Władyslaw Biegański writes that if Polish medicine disappeared it would make no dent in the nineteenth century world medicine (Biegański, 1896). There is no Poland, hence there is no Polish medicine. All these learned people, mentioned by the author, assimilated medical science in German or French. The problem is the lack of language. Lack of language can be even more annoying than the lack of an image.

Mira Marcinów's book is thus suspended between the vision of melancholia from *Saturn and Melancholy* by Raymond Klibansky, Erwin Panofsky and Fritz Sax, where the bust of all mourning is Albrecht Dürer's 1514 engraving *Melencolia I*, and the twentieth century Peter Kramer's attempt to reduce melancholia to depression, epitomizing the era of cosmetic psychopharmacology (Klibansky, Panofsky, Saxl, 1964). Somewhere between these two poles we find a Renaissance monograph about black bile—Marsilio Ficino's *Three Books on Life* and Robert Burtons *The Anatomy of Melancholy.* It seems valid a question to ask who is the melancholic suspended between these two poles? What is the subject in this long run to „becoming melancholia"? Where does the melancholic come from? Does the melancholic come from Poland?

Melancholics come from a planet whose quality is sadness—Saturn. Saturn, on the one hand, named after the Roman god of agriculture, is a planet that is as heavy as the earthly vale, cold and dry, and produces only material people who are fit for farming. This quality indeed corresponds to Poland. On the other hand, Saturn, the highest of planets, produces highly spiritual beings who tend to shy away from the earthly life and whose fulfilment is in constant deepening of their spirituality. The latter quality, in turn, is in no way reminiscent of Poland. Setting Poland aside, we are allowed to conclusively determine the

melancholic to be an extreme subject. Saturn itself is a planet of extremity. Melancholia is *extremitas*. Saturn is a demon of opposites, it brings upon the souls inertia and dullness, but also an immensity of intelligence and contemplation. The melancholic is associated with Kronos, Kronos who is impotent and yet he spawns, it is an absolute monster sporting the highest intellect. Melancholia is a monstrosity spawning impotence.

Has melancholia ever had its glory days? Today, these are the days of glory for psychosis and depression, melancholia does not even begin to come close. Melancholy paradoxically found itself most comfortable in the Renaissance, not the Baroque. The Renaissance appears to the Baroque not as a non-religious, pagan epoch, but as a moment of secular freedom in the lives of believers. Medicine from Salerno, and in particular Constantine the African, provides a straightforward answer to the question: who is a melancholic? It is a dry and cold subject, jealous and dismal, greedy, possessive, unfaithful, shy, and with earthy complexion. Melancholy is insatiable in thinking, yet this thinking is submerged in finitude and curled up as a scroll. Melancholic inscribes the infinity of thinking into the finiteness and the closed space of secular cosmos.

Melancholic writes its words with black bile. The black bile that spills out from the spleen is poisoning. The melancholic is thus afflicted with acedia, or „tszczyca"—carefree indifference to life, sourness and blemish. Blemish, on the other hand, becomes a sublimation, it becomes another health and another life—albeit more etherical. Melancholy is hyperesthesia, hypersensitivity, hyper-life, but it is also an infinite indifference towards the affairs of earthly life. Melancholy is also the inability to experience intensity and loss of affect, but it is also hyper-affectivity, hyper-reactiveness. Melancholy never ceases to amaze as a violent rejection of the boredom of life for another, more extreme life.

It brings us back to the problem of the language of madness. The language of madness is always the language of a generalized state of emergency. This language is subject to the antinomy of reification and over-determination. Reification of the language means that it is devoid of subjectivity. In melancholic speech it is the things which speak and things alone; it is a strictly objectified language that is supposed to fill the subject's apparent emptiness, after the annihilation of all objects of love, and after the annihilation of the Self. Likewise, its over-determination means that the meaning of each expression is determined by more than one element, and in principle it is always in the transition between the breakdown of one object and the birth of a new one.

Anything, a person or a relationship can always mean the opposite. The language of melancholy is not a mere convention of expression, but it is the expression of termination of all convention, that is, denunciation of all authority. The language of melancholy becomes a rubble, for it has ceased to serve the purpose of communication and as a newborn „object" it ex-poses its dignity before the dignity of gods and kings. The language of the melancholic is rich in material. Perhaps the language has never been less winged, because the weight of metaphors makes it now impossible to fly or sail. This language finds is fulfilment merely in sound or language gestures. The split between a meaningful image of the concept and the stunning sound of a word forces the melancholic to look into the „language

of things." There, however, he finds only the evil infinity. Melancholy always exalts the art of sound over the depth of meaning. Speech of the melancholic is ultra-sensual and fragmented to the state of pure debris. The crumbling of speech is a funeral song, a lamentation of the melancholic. Freud writes that lamentations (*Klagen*) of melancholy are also accusations (*Anklagen*). The language of melancholy is being constantly shaken with the eruptions of its rebellious elements (Freud, 1917).

The question then is whether madness is lived within the language and the language itself is an abyss of chaos, or, on the contrary, language is the only barrier against madness and allows one to walk over the abyss. Martin Heidegger perfectly diagnoses this problem when he writes that in speaking we walk on a light suspension footbridge balancing over the abyss. Things reify and captivate mortals renouncing them. The naming God of the world is nothing but a fugue of tear. However, this tearing is a pain. The way language always speaks is "the ringing of silence," and everyday speech is a forgotten and used poem. Madness (*Wahnsinn*) does not imply absurdity of thinking. „The word Wahn (delusion, error) belongs to the old German *wana* and means: 'without' (*ohne*). Madman thinks (*sinnt*), thinks like no other except him. At the same time, he remains deprived of the senses of others. Himself, he has a different sense. *Sinnan* means originally: to travel, to go towards ..., to take direction; the Indo-Germanic root *sent* and *set* means 'the way'" (Heidegger, 1982, p. 41). Melancholic thinks, and he does so either as an prematurely deceased subject or a never born subject.

6. Number: The Face and Faces of Melancholy

Although Mira Marcinów knows all this she is mysteriously silent about it. She writes in Polish about Poland, which—as a matter of fact—does even not exist. The poverty of Polish melancholy stands in stark contrast to the affluence of the German Baroque melancholy or the Italian melancholy of Dante's times. It brings us back to Poland and the Polish language. What Mira Marcinów presents us with, in addition to the collection of Polish scholars and „Poland of psychiatrists," a collection of male and female melancholic. In *The History of Polish Madness*, we find the cases of „people in their reveries" in Poland, something that the author calls a „melancholy syntax."

Thus we find a collection of Polish female melancholics—Dorota S, Joanna O, and Kunegunda J. who was diagnosed by Frydrych in 1845. This collection begins to grow to a level comparable to Freud's and Breuer's famous collection of hysterics from their study of hysteria (Breuer, Freud, 1895/1955). Mira Marcinów does not try to describe these cases in terms of *gender* or even feminism or psychoanalysis, although her account certainly introduced a feminine version of melancholy. Maciej Łowicki, serving here as the Polish anticipation of Julia Kristeva, describes two types of melancholy—thoraco-abdominal and solely abdominal (Kristeva, 1989). The same doctor is the first to write about „genitality of female melancholics" and testifies that „sub-abdominal melancholics" have „inclination to lust." Mira Marcinów describes this series of female melancholies in terms

of everyday misery of life. It is a great value of this work that it uses everyday language to describe everyday melancholy. Mira Marcinów not so much trivializes Polish melancholy, but rather reads it at the „zero level," at the „level of the earth," at the level of Polish soil, without succumbing to the illusion of depth.

There also follows a collection of male melancholics. Ignacy Mazurkiewicz is the most interesting case in this collection—a mad criminal who is known for writing a letter to the priest about killing or hurting his father. It opens debate similar to the French debate around the famous text „I, Pierre Riviére, having slaughtered my mother, my sister, and my brother" (Foucault, 1975) with a foreword by Michel Foucault. Polish psychiatry and Polish judiciary, resorting to the intellect of Kazimierz Kralczyński, poses a question about the rationality of madness, that is, the question: why did Ignacy Mazurkiewicz kill his father? The murderer himself answers briefly and pragmatically—his father had problems with digestion, he was grim, obese, he had bad blood, and he did not allow anybody be happy. Polish madness is within reason, not from beyond reason. Poles are mad for reason, not against it.

What I truly miss in the book is more data on Polish melancholics. What I truly miss is an index or an album of Polish melancholics. I would like to know them closer, I would like to see their portraits and look into their faces, I would like to know about their age, their lives, their dreams, their work, their maturation, and their family histories. I would like to know when and due to what reasons they lost interest in life. I would like to make sure whether they all come from Saturn, this dry and cold planet. Finally, I would like ascertain whether Saturn is akin to Poland. Unfortunately, *The History of Polish Madness* does not provide all that as it falls victim to the lack of archaeological data, scarcity of the source material, and—at the same time—the syndrome of „archive fever." Mira Marcinów presents us with an image of but one constellation, that of singular madness. I find not a glimpse of sun on this Polish soil in the black sky of melancholy.

In conclusion, the strength of Mira Marcinów's book is that it poses disturbing questions rather than provides easy answers. First and foremost, in the course of reading this book it becomes apparent that it is not clear how to develop the epistemological history of melancholy—understood as a scientific idea seeking coherence and adequacy with the language of medicine, and political history of melancholy—understood as a symptom of a given cultural context, material or political, in this case regarding Poland. Science creates or assembles concepts, but it assembles them always in a specific place and time.

Secondly, we do not know how to distinguish the very language of melancholy, which is the language of the state of emergency, from the language of medicine, which is the language of description of a certain medical disorder. Medicine to a greater extent than we think refers to normality than to the problematic concept of health. Medicine, while managing human life, adopts a normative attitude, which does not amount to providing advice on how to live wisely, but allows to influence the whole of physical and moral relationships connecting the individual with the society.

Thirdly, it seems that the very concept of melancholy remains mobile and fluid. The proposed „erotic constellation of melancholy" suggests that the melancholic subject loses the ability to find new objects of love. This incapacity condemns it, at the same time, to open nihilism, which is not only the „nothingness of the will," nor the ordinary „will of nothingness," but above all the discovery of the nothingness of knowledge and the futility of the process of cognition. Inability to find objects worth love is at the same time an inability to find objects worth the effort of knowing. The reasons for melancholy, from this point of view, go beyond the trivial case of loss and include all resentments, rejections, failures, disappointments, including disappointments related to the process of cognition. Melancholy brings the subject to ruin. In this sense, melancholy would be the limit of all medical knowledge, declaring that in clinical cognition there is no mystery of „disorder," that there is no secret of madness, and that there is nothingness of the very cognition of madness. Madness is the recognition of nothingness of the world.

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Depression, Folk Psychiatry and the Task for 4E Philosophy of Psychiatry

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Abstract

The aim of my paper is to define three key problems concerning depression and to show how phenomenological and 4E theories of depression can be used to help us with them. I employ the Sellarsian concept of a *synoptic view*—a good synoptic view of depression should bring together the manifest image ("folk psychiatry") and the scientific image. The first problem is that currently there exist serious gaps in both images—our mainstream conceptions of depression are lacking and their reception by the general public is oversimplified and overoptimistic. The second problem is that the explanatory needs of the general public regarding depression could not ever be satisfied by the current scientific image—as I show using the case-study of the enthusiastic reception of Mira Marcinów's 2017 book presenting the often outlandish 19th century Polish theories of depression. It turns out that certain outdated but vivid terms and ideas concerning melancholy actually may be more helpful in many ways than what current biomedical psychiatry has to offer. The third problem is how to rectify the first problem given the existence of the second problem—that is, how to make space for a less biomedical and reductionist approach to depression without risking an overly skeptical, anti-scientific turn within folk-psychiatry. I conclude that although phenomenological and embodied theories could not ever directly influence the manifest image of depression, they need to be included within the scientific image—and then they could become the perfect basis for a truly synoptic view.

Keywords: depression; folk psychiatry; 4E psychiatry; history of psychiatry; reductionism in psychiatry.

1. The Search for a Synoptic View of Depression

It is a Sellarsian idea that philosophy should offer a synoptic view in which scientific and manifest images of things are combined.[1] I believe that psychiatry is right now very much in need of such view, for three interconnected reasons. Firstly, I will claim that the manifest image of psychiatric illnesses does not really offer what the general public needs of it and may indeed be harmful. Secondly, this is partly so because of how it is influenced by the scientific image and what specific elements have been adapted as its core features. Thirdly, the scientific image of mental illnesses, offered by mainstream, reductionist neurobiological psychiatry, has now found itself in a precarious position and heavy attacks have been launched against it. Given that there is a strong relation between manifest and scientific images, the rising scepticism about the latter could wreak havoc on the former.

In this essay I wish to concentrate on depression because of its special importance as the most prevalent, most widely recognised and perhaps also the most studied mental illness of the 21st century. I will begin by examining our current manifest image of depression and draw out a concept of "folk psychiatry" which will be analogous to "folk psychology" as it was understood by Lewis or Fodor. I also wish to examine in detail the case study of Polish 19th century psychiatry and the fascinating insights into the possible gaps in our manifest image of depression offered by M. Marcinów's 2017 analysis of those theories. I will then elaborate on the reasons for those gaps and, in particular, on the deficiencies of the current scientific image which may eventually turn out to be dangerous also on the manifest level, especially given the rise of antipsychiatry. It is relatively uncontroversial that it is the now well-established 4E paradigm of psychiatry that seeks to modify, correct and supplement the scientific image of depression in a nonreductionist way. I would, however, like to show that 4E approaches have something more to offer. They are ideal candidates for a truly synoptic view, because they take into account the relevant explanatory needs that lay behind both the manifest and the scientific image of depression. Thus, they may not only help with providing explanations but also in reshaping how the public thinks.

1.1. The Manifest Image of Depression and Folk Psychiatry

The term „folk psychiatry" has been already employed by Haslam, Ban, and Kaufmann (2007) in order to describe their proposed model of how the general public approaches mental disorders. My use of the term will be slightly different—more akin to Lewis's (1972) and Fodor's (1985) idea of a folk-theory. Folk psychiatry is the way we explain the beliefs, experiences and behaviours of people suffering from depression outside strictly scientific and medical contexts. It is neither as old, as general nor as deeply rooted in our thoughts and language as folk psychology has been claimed to be, but it has made its way into everyday explanations and influences our understanding of ourselves and our fellow travellers. Folk psychiatry is obviously reflective of the scientific theories of our times

[1] I am referring here, of course, to Sellars, 1962.

(which I shall discuss in much detail) and it is also absolutely crucial in the communication between the rapidly increasing number of patients and their doctors. Its importance—and the reason I focus on it in this paper—is not purely sociological, although it is naturally of tremendous importance with respect to the way people suffering from depression are treated. More than anything, a study of folk psychiatry reveals many cracks in the mainstream psychiatry itself and the potential dangers it may run into. In fact, we may think of folk psychiatry as a variation on the Sellarsian idea of a "manifest image" as opposed to (but not in conflict with) the "scientific image" of mental disorders.

However, using the notion of "folk psychiatry," instead of focusing simply on the "manifest image of depression" will help me specify the deficiencies of the latter. A folk-theory is not just a view on something, it has a particular job to do—it is employed in order to explain certain phenomena (in our case: the behaviours and experiences of people suffering from some kind of mental disturbances). It needs to have explanatory virtues. Scientific insights are gradually changing folk theories partly because they really help achieve coherence, fill in explanatory gaps and offer practical advantages in everyday life. In this light it is understandable, that folk psychiatry may be influenced more strongly by the scientific image provided by psychiatry than folk psychology is by scientific psychology. Psychiatric illnesses are especially difficult to grasp and to deal with in everyday life—and have always posed a serious challenge for folk theoreticians. Therefore, folk psychiatry is strongly dependent on some understanding of the scientific image and reception thereof.

2. Folk Psychiatrists and the Explanatory Gap in the Manifest Image of Depression

If we asked the man on the Clapham omnibus today what depression was, he would most probably adopt one of two stances. On the one hand, he might prove to be one of the "folk-sceptics" who believe that „depression" is just a weakness that might be overcome if one's will is strong enough or some such thing—let me call them, for the sake of this paper, "depression denialists." However, if he had been educated in any way, for example if he had read some kind of an informational brochure akin to the one issued by NIMH[2] (Buck, 2008), he would probably explain that depression is a real illness involving the occurrence of certain symptoms and caused by some kind of defect in the brain—a disease that may be cured or managed with the help of antidepressants. Perhaps he would even go so far as to explain that it has something to do with an imbalance of neurotransmitters and/or specifically the lack of serotonin. A US survey conducted in 2009 showed that only 22% out of 1015 respondents agreed that "People diagnosed with depression would recover if they could just 'snap out of it'" whilst as many as 82% agreed (or strongly agreed) that "Depression is a serious medical condition that requires treatment" (Harris Interactive, 2009). This medicalised approach to depression is also prominent in the aforementioned model reconstrued by Haslam (Haslam, Ban, & Kaufmann, 2007)—and the author proposes the

[2] The National Institute of Mental Health is a U.S. federal agency for research on mental disorders.

obvious explanation that this is simply a consequence of the way the public absorbs the most common views on depression expressed by the scientific community. An interesting meta-analysis performed by Schomerus et al. also shows that the public understanding of mental illness has evolved noticeably towards a biological model (an overwhelming majority of respondents—especially in the United States—agrees that depression is a disease of the brain), which in turn has improved the public awareness of the fact that in case of psychological distress one should seek professional, medical help (Schomerus et al., 2012). However, another, more disturbing conclusion of the analysis was drawn: despite greater knowledge of the biomedical conception of psychiatric disorders, attitudes towards people diagnosed with mental illness are not improving—in fact, it might even be suggested that they are gradually growing worse (it is definitely so in case of schizophrenia). It is even suggested that promoting a much less reductionist and medicalized, psychosocial view of depression would be more helpful in fighting the stigma (Longdon & Read, 2017). It may be concluded, therefore, that the biomedical model features prominently in the manifest image of mental illness in general—and of depression in particular, although much remains to be examined in more detail.

Firstly, it must be made clear that—as is always the case with folk theories and manifest images—the concept of depression as it functions in folk psychiatry can only be a simplified version of what is actually claimed by biomedically oriented psychiatrists. It is natural to assume that the folk understanding of the mainstream biological and reductionist psychiatric conception of depression is probably a little crude and vague—but I would also risk the thesis, that the overall idea of how well depression is explained in the scientific image might be overly optimistic. Furthermore, I put forth that it is overly optimistic not because of some kind of "folk wishful thinking" but because the way the biomedical model is presented and described in educational materials, in mass-media and also by practicing psychiatrists to their patients, seems to often be overconfident.

The whole reductionist project of biological psychiatry was built on a promise that psychological pathologies might be treated in an analogous fashion to physiological diseases—since the advent of pharmacological methods of treating psychopathologies it has been considered a matter of time when a complete neurobiological explanation of particular symptoms and syndromes is found. However, as of today these goals have not been achieved and the debate about the way depression should be understood, diagnosed and treated seems to be more lively than ever, with a new wave of antipsychiatry creeping up among the psychiatric community itself (this issue will be discussed further in the following sections of this paper). Despite this, the layperson's view, as I have pointed out above, is simpler than ever, "if you are depressed, it means your brain is sick; go see a doctor, she will give you pills which fix the chemistry of your brain." This optimism is strongly influenced by the decisive tones of informational brochures and the fact that biologically oriented psychiatry seems to have finally succeeded in being accepted as a branch of medical science. Obviously, it is also reinforced by the PR efforts of pharmaceutical companies—it has been observed (cf. Greenberg, 2011) that highly disputable claims about the

neurobiological mechanisms of both depression and the effects of antidepressants are being presented as robust facts. Although officially the etiology of affective disorders has not been established yet, it is not uncommon that the hypothesis that depression is caused by specific kind of neurotransmitter imbalance is being presented as a hard, scientifically proven truth. Therefore, such claims are not, strictly speaking, parts of the real scientific image of depression—they are however often accepted by folk-psychiatrists as scientific.

We also have to keep in mind that the general public's attitude towards science in general has become strongly polarised (Rutjens, Heine, Sutton, & van Harreveld, 2018), partly due to the instigating influence of social media (see, for example, Brossard & Scheufele, 2013). More and more issues are being presented as black or white choices, all-or-nothing questions; people are eager to differentiate "scientific views" which must be accepted without any further doubt from hypotheses they consider to be dangerous superstitions, although they are rarely capable of performing such assessments without bias or oversimplification. It is because of all these factors combined that the "scientifically-oriented" folk-psychiatric view of depression is becoming non-negotiable and therefore straightforward to the point of being naïve. The only alternative is some version of "depression denialism," or at least this is the immediate accusation.

Secondly, and even more importantly, it must be observed that an oversimplified neurobiological view of depression present in folk psychiatry is insufficient on various levels. It is lacking not only from the point of view of practicing psychiatrists (for example, because it might lead to unrealistic expectations on the part of their patients), but it also cannot serve the purposes that folk theories normally serve. Folk psychology—according to the classical arguments for it—is a theory whose task is to explain our actions and behaviour (Fodor, 1985; Jackson & Pettit, 1990). Concepts such as "belief" or "desire" are employed because they help to do so, they tell us something about the workings of our minds. However, "beliefs" and "desires" are concepts we understand intuitively (according to the Davidsonian tradition "belief" is actually one of our most basic concepts, one whose possession constitutes the basis of our cognitive abilities). The same could not be said of "neurotransmitters" or "neurobiological mechanisms" that are making their way into folk psychiatry. The theory of neurotransmitters is very far from anything we might reasonably call a "manifest" image of anything. There also exist concepts that are often used to explain the actions of a depressed person and that at the same time belong in the same level of intuitive explanation as the folk-psychological "beliefs" and "desires"—I am referring here to terms describing emotional states and attitudes such as "sadness" or "despair." However, there is an important difference I need to note here.

In the case of psychological concepts, the efforts of reductionists are usually aimed at seeking out the neurobiological correlates of "beliefs" and "desires." Therefore, when the scientific image is slowly incorporated into the manifest image in psychology, folk-psychological "beliefs" are gradually being replaced by "activities of the brain." The situation is much more complex when pathological states are concerned. It is the very essence of

diagnostic criteria for depression included in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM V) and the tenth edition of the International Statistical Classification of Diseases and Related Health Problems (ICD 10) that the behaviour of the sick person can*not* be explained by sadness or grief alone. In many cases grasping the difference between what constitutes a normal emotional reaction and one that requires medical intervention is a contentious issue even among specialists (and it is known to be the subject of a heated debate[3]). Moreover, the assumption that such differences exist constitutes the core difference between the group I have nicknamed "depression denialists" and the "folk psychiatrists." The experience and the beliefs[4] of a depressed person are conceived of as transcending regular experience and beliefs. This is how the layperson is able to recognise that someone needs medical assistance. Therefore, the terms that the manifest image of depression borrows of the simplified scientific image are actually crucial; without them folk psychiatry could not really serve its explanatory purposes at all. However, as I have suggested, the manifest image, thus supplemented, ceases to be a manifest image at all. "An imbalance of neurotransmitters" cannot be treated as a valid folk-explanation of depression; it is rather an *ignotum per ignotum*.

It's time to formulate my three conclusions of this section. Firstly, the folk-psychiatric understanding of depression is an oversimplified and overly optimistic version of what mainstream psychiatry actually has to offer. Secondly, neither regular folk-psychological language nor folk-psychiatric explanations actually serve the natural purpose of folk theories with respect to depression: they do not help us explain the beliefs and behaviours of a depressed person. I claim that this opens up a—potentially dangerous—explanatory gap and in the following sections I will proceed to elaborate on why this is so and what is needed to bridge it.

3. The Manifest Image of Depression and the History of Polish Psychiatry

The case study I wish to analyse in order to elaborate on my claim that an explanatory gap of sorts does exist in the context of understanding depression, and that it is actually felt by real people, is the way the Polish public greeted the publication of the first volume of Mira Marcinów's monumental history of Polish psychiatry in 2017. Although this huge volume is in fact a lengthy, meticulous study of forgotten Polish 19th century theories of melancholy,[5] it attracted much attention not only from specialists in the field but also from regular

[3] I am referring here to the controversial decision to withdraw the so-called „bereavement exclusion" from the DSM V which means that from now on even if the patient's depressed state can be attributed to a traumatic event it still can be the ground of diagnosing Major Depressive Episode. However, it is not clear if the exclusion is decisive (Wakefield & Frist, 2012) and to what extent it should be considered dangerous (as potentially leading to overdiagnosing depression; Uher, Payne, Pavlova, & Perlis, 2014).

[4] Depression may lead not only to unrealistic appraisals of one's life and prospects but also to full-blown delusions such as Cotard's syndrome—that is, the conviction that one is dead or nonexistent.

[5] Because of the drastic changes in psychiatric terminology world-wide it is impossible to conclude with certainty

readers and even from the mass media. It is extremely rare in Poland that an author of a scientific, historical volume is interviewed on breakfast TV and it needs to be regarded as very significant.[6] What is most important in the context of my paper is that the findings that attracted the most interest were not so much the dated explanations of the nature of the illness or the description of (now somewhat outlandish) treatment methods—but the very concepts that were employed by the psychiatrists whose work Marcinów investigated. It is nearly impossible to translate the old Polish psychiatric terms rediscovered by Marcinów—such as "człowiek zadumowy," "smutnodur," "tczyca," "śledziennictwo"—they are striking, rich and thoroughly alien even to the modern Polish language. However, at the same time all the words ring familiar, because they are deeply rooted in concepts and meanings that do exist to this day, the notions of reverie, sadness and dolour, nostalgia, spleen and many others. Marcinów's readers seemed to greet all those new-old concepts not only with curiosity but also with gladness. Because of their meaningful roots—and of the multidimensional cultural and historical contexts they evoke—these new-old words have finally filled a certain void that had been there for a long time. The laden concept of "depression" evokes only the neurobiological notion belonging to the medicalized view of the human psyche. The old concepts, with their characteristic, slightly poetic air, are so welcome for at least three reasons.

Firstly, most of them somehow attempt to capture the actual experience of depression, they refer to particular feelings associated with melancholy and emphasise that in melancholy those feelings become somehow disproportionate. For example, "smutnodur" is a mix of "sadness" ("smutek") and "pain," but the part that signifies pain, "dur," is not the common Polish word for pain ("ból") but a much more specific one, still used in the Polish name for typhoid fever, "dur brzuszny" (whose main symptom is abdominal pain). Secondly—and this is a complex subject upon which Marcinów herself elaborates in her book—they provide a rich web of cultural associations, particularly those stemming from the era which tended to romanticize all psychiatric illnesses. What now is labelled with harsh, sterile concepts such as "an affective disorder" can be seen again in the context of the long forgotten ideals and myths of the suffering creative genius and the like. On the other hand, some of the theories are much closer to the harsh reality. Melancholy in people who did not happen to be poets (and particularly in women) is connected to their poor social circumstances, both as an effect and as a cause. It is mentioned that Dorota S. and Kunegunda J., both patients of doctor B. Frydrych, the author of the first Polish companion to psychiatry published in 1845, were lead to despair and suicide thoughts because of poverty and lack of support. Joanna O.

that all the disorders described and considered by the authors mentioned in Marcinów's book are somehow to be identified with the modern notion of depression. It is most emphatically not the author's idea to do so—quite the contrary, we are invited to reflect upon all the ways the categorisation of disorders is influenced by historical factors.

[6] Although I need to note that there may have also been other factors involved—after the author revealed herself as an expert on Polish psychiatry she has sometimes been pressured to diagnose prominent politicians. This, in turn, is actually an example of two tendencies in folk-psychiatry I mentioned in the previous section. Firstly, that there is now a strong tendency to treat any signs of mental troubles as analogous to symptoms of biological diseases and refer them to specialist assessment. Secondly, that this does not help to lift any of the stigma; on the contrary, a psychiatric diagnosis would be considered a blow to a politician's image.

developed sadness and delusions after certain unspecified "domestic conflicts." Tomasz Ostafin's and Ignacy Mazurkiewicz's madness, on the other hand, were the causes of their crimes and, in consequence, imprisonment (Marcinów, pp. 91–92, 109–113).

Finally, it is refreshing on the meta-level to see how depression can be conceptualized, understood and treated in so many vastly different ways. In particular, we are reminded how deeply the conceptions of psychiatric illnesses are shaped by not only historical contexts, but also by particular interests that motivate their creation and the use that they are to be put to—in case of many 19th century authors those interests and uses revolved around cognitive impairments on the one side and around moral and legal questions on the other.

This third reason deserves a more in-depth analysis. As Marcinów emphasises, Polish 19th century psychiatry was developing locally, the authors did not, as a rule, collaborate or learn from one another, there also was no one foreign influence that would dominate the whole Polish field (which in itself was also naturally fragmented because of historical and political reasons). Therefore, the book offers a whole kaleidoscope of approaches, definitions and terms, and, most importantly, a variety of authentic stories describing the fates of patients. This is particularly striking for a layperson who is accustomed to the oversimplified neurobiological view, and even more so for a philosopher of psychiatry routinely employing clear cut DSM or ICD definitions in her everyday work. Marcinów's book allows us to focus on whole histories of individuals, written up and interpreted by their 19th century doctors, to consider not only certain actions or states, but the patients' whole lives, their family circumstances and their moral standing (which was of special interest at the time). It also forces us to do so, to resist the temptation of quickly classifying people according to our modern rigid lists of symptoms and diagnoses.

In the "Introduction" Marcinów declares that her project is inspired by Arthur O. Lovejoy's concept of the history of ideas and Michel Foucault's "intellectual history." Therefore, her purpose is not simply to trace certain notions that we now find accurate in the writings of 19th century authors, nor is it of course an invitation to reject modern psychiatry in favour of the "good old methods" involving, for example, the use of surprising amounts of opium. Marcinów brings forth the claim that the history of ideas is a history of theories that, in the long run, had lost—of rejected concepts, of wrong notions. It is most often the case that scientifically sound conceptions are not the ones that are actually prevalent with and accepted by the general public; the reception of scientific discoveries is even now a much slower process than the changes to the scientific canon. This is why it is the study of second-rate, abandoned theories that often offers us the window into the collective mind of a certain era. This is also why those theories may still be relevant at least in one way: they uncover what questions pertaining to psychiatric disorders were once perceived as crucial, what kind of language proved to be useful, which approaches were found fruitful. In short, the history of Polish 19th century psychiatry as well as its reception both help us understand what people need and want to know about depression, what they want to describe—in other words, how they wish construct their actual manifest image of this disorder. Much of it is now forgotten, and much—justly so. However, the needs are still there.

I would like to spell out at least three specific needs. Firstly, more focus on the first-person experience and a more meaningful language to explain the beliefs and actions of people suffering from depression. Secondly, theories that enable us to see depression in a wider, social and even cultural context—perhaps thus finally freeing it from the stigma that the current folk-psychiatric understanding is unable to free it of. Thirdly, a tactic for dealing with the fact that the way depression is conceptualised is highly dependent on various external factors and biases deeply grounded in our contemporary social reality.

In this light, Marcinów's book (and any good book on the history of psychiatry in general) might be considered a step towards understanding, changing and enriching the folk-psychiatric understanding of depression. It is surprising how quickly it actually seems to begin to do so—for example, Ł. Żurek's literary review of a 2018 novel by Olga Hund describing Hund's experience of a contemporary Polish mental institution already includes a reference to Marcinów's book. Even more surprisingly, Żurek also refers directly to one of the authors studied by Marcinów and already mentioned in this section, B. Frydrych. Frydrych's psychological analyses of the etiology of what he called "ponurowatość" or melancholy in women is, above all, deeply reflective of the typical preconceptions of his time concerning women's excessive emotionality and troubled sexuality, perhaps to the point where his views cease to be relevant at all. Still, at the same time, he is an author who devoted much attention to the circumstances of his patients. Frydrych's psycho-social account of the reasons why women end up in psychiatric wards, in which social station, violence, lack of support and poverty are mentioned, evidently proved to be more informative for Żurek than the DSMs (Żurek, 2018).

However, this is where we need to proceed with caution—for obvious reasons it simply would not do to allow the current manifest image of depression to be replaced or even supplemented at will by just any theory that employs aesthetically pleasing concepts or which romanticizes depression in an appealing fashion. The obvious worry would be, simply, that much of the contents of the historically disproved and outdated theories is now considered wrong or harmful, and with good reason. For example, various assumptions made by 19th century authors about women's disturbed sexuality and emotional life as possible causes of melancholia might lead our folk-psychiatrist to adopt the "denialist" stance or even reinforce the sexist misconception that it's not "manly" to seek professional help. Also, despite many public campaigns, it is still often a challenge to encourage people suffering from depression to seek professional help. Therefore, any attempt at undermining the monopoly of mainstream neurobiologically oriented psychiatry might be considered a risky or irresponsible endeavour. Moreover, as I will explain in the following section, the main reason for special caution in promoting any nonstandard views on depression is the aforementioned precarious position of neurobiological psychiatry itself which in turn endangers the stability of the broadly speaking scientific content inherent in the current folk-psychiatric view.

The case-study of our forgotten manifest image of depression revealed more about the contemporary explanatory gap and the insufficiency of our current manifest image for the needs

of folk-psychiatry. As I claim, there is a real need for a richer language, for more satisfying ways of explaining the behaviours and experiences of people suffering from depression. To put it simply, it seems that the manifest image shaped mainly by the mainstream simplified scientific image of the disorder cannot fulfil the role of a folk theory. At the same time, given that the prevalence of depression is constantly rising, the need for explaining the behaviours and experiences of depressed people will only become more and more poignant. It is, therefore, worrisome, what kind of stereotype-based speculation or other unsound, harmful ideas might be introduced in order to fill in the gaps in the manifest image.

However, my thesis is not limited to the issue of folk-psychiatry. In fact, it is in no small part because of the deficiencies of the scientific image that our manifest image is currently failing. And, as I will make clear in the next section of this paper, the scientific image that was supposed to be provided by the contemporary neurobiologically-oriented psychiatry is becoming increasingly vulnerable and frail on its own. The perspectives of ever achieving a synoptic view without introducing major changes to both images are now seeming as bleak as ever.

4. The Danger: Antipsychiatry, the Rising Scepticism about the Scientific Image of Depression and Their Consequences for the Manifest Image

The concept of "antipsychiatry" is associated mainly with Thomas Szasz and his book *The Myth of Mental Illness* (Szasz, 1961) although the author himself was not as radical in opposing mainstream reductionist psychiatry of his time as he is often perceived to be, especially by laypeople. Apart from questioning whether "mental illness" is indeed a valid concept or is it simply a dangerous tendency of medicalizing normal problems of living, the movement has been primarily directed against coercion in psychiatry. The contemporary wave of antipsychiatry is, however, less blunt and it also appears to be much more empirically-oriented. As I will point out, there remains a worry about the tendency in psychiatry to medicalize phenomena which are in fact typical human struggles. However, the most direct arguments against mainstream biomedical psychiatry concentrate around the very real weakness in what was supposed to be its core: its scientific soundness. In 2016 two papers have been published by the *Lancet Psychiatry* in which a large group of authors enumerated no less than 17 challenges for psychiatry involving fundamental problems in diagnosing, explaining and treating mental disorders (Stephan et al., 2016a; Stephan et al., 2016b). Particular attention was devoted to the fact that in many cases biological markers of particular illness have not been found. I have already mentioned that the investigations into the neurobiological etiology of depression have so far been unsatisfactory which in itself provokes many doctors to seek new avenues for developing psychiatry. Authors such as Bracken and Thomas (2001) even propose that in light of so many disappointments concerning the biomedical model, the era of reductionist psychiatry needs to be ended, and a new, postpsychiatric one is to begin—although they do distance themselves from radical antipsychiatric views.

The issue that seems to raise particular scepticism is whether the treatments offered by mainstream neurobiological psychiatry are actually as effective as it is believed in folk psychiatry. This question has always attracted a lot of interest because of the long-lasting feud between the proponents of strictly pharmacological methods and psychotherapists—a conflict that now seems to have been resolved, the consensus being that in many cases pills and certain kinds of talk-therapies are actually equally effective and that the particular treatment method should be chosen on a case by case basis. Nevertheless, this very fact—that what supposed to be targeting the only real, neural cause of the illness is only as efficient in treating it as psychotherapy—has been raising some doubts. Many papers and books have been published in order to expose how the current research on antidepressants is at best of questionable quality, that the popular—folk-psychiatric—understanding of their workings is actually reflective more of the effectiveness of advertising campaigns than of actual scientific facts and that the therapeutic benefits of those drugs are routinely overestimated while their side effects are being glossed over (cf. Moncrieff, 2013; Kirsch, 2009, 2014; Greenberg, 2011). In the spring of 2018 an impressive network meta-analysis was published by Cipriani et al., who compared the results of a large number of drug trials testing antidepressants against placebo, and its concluding, triumphant "they are effective!" was heralded with relief even by some of the mass media (thus again proving how strongly medicalized the folk-psychiatric conception of depression is). However, despite the resounding positive conclusion the results themselves are not as unequivocally encouraging—many of the drugs turned out to be only slightly better that placebo, many of the experiments raise doubts as to their methodological quality and, what is perhaps the most disturbing, there still is no real explanation of why particular drugs perform in a particular way.[7] The large STAR*D study[8] involving in its first stage over 3000 subjects suffering from depression revealed that although most of the patients ended up receiving effective treatment, it required much trial and error—different treatments were equally effective overall and there was no way to determinate which of them might be appropriate in the case of a specific person. On the one hand, it is only an often exaggerated and oversimplified report of the general optimistic conclusions of such studies that influence the folk-psychiatric understanding, not the much less unequivocal scientific proof behind them. On the other hand—any reasonable or even unreasonable doubts concerning the empirical bases of psychiatry may also be unnecessarily damaging to their popular reception, as is often the case with other branches of medical sciences.

Another weak point of the mainstream model is the unclear status of the DSM (especially since its third edition—cf. Shorter, 2005) and its approach to mental disorders. There is a disturbing discrepancy between the categorical way in which symptoms are grouped into

[7] The authors invite all interested parties to evaluate their data for themselves (they are freely accessible on the Mendeley Data platform). Many conclusions of immediate practical importance may be drawn by specialists from the countless comparisons available.

[8] For details about the study see the NIMH page https://www.nimh.nih.gov/funding/clinical-research/practical/stard/allmedicationlevels.shtml

syndromes and clear, quantitative diagnostic criteria are offered to doctors, and the actual justification for such classifications and guidelines. Even given the new dimensional approach, the diagnostic methods suggested by traditional neurobiologically oriented psychiatry lend themselves easily to criticism and, in particular, to the charge of arbitrariness.[9] They were supposed to stem directly from neuroscience—but so far their hard empirical basis has been simply unconvincing. There are also reasons to believe that it might be harder than expected to provide such basis, because more and more research emphasises that depression is a multifaceted phenomenon and that the individual variability among people diagnosed according to the DSM criteria is so extreme that it is even slightly difficult to find similar cases (cf. Fried & Nesse, 2015). This contrast between what has been promised and what is delivered compounds the disappointment, and the scepticism surrounding psychiatry at the scientific level. It may be noted that any kind of subtle debate about complex issues such as the possibly multifactor etiology of depression do not translate well into the manifest image. In folk theories there is simply no place for uncertainties and scientific hypotheses awaiting further research.

Naturally, many efforts are being made to remedy the situation—a notable example is the RDoC (Research Domain Criteria) project aimed at bringing together research on mental disorders conducted on various social, psychological and neurobiological levels of explanation (cf. Insel et al., 2010). The RDoC project is actually intended also as a way to revolutionise and reorganise the current categorisation of mental disorders. However, as for now, given the strength of the offensive launched by sceptics and the surge of antiscientific attitudes in general, the position of the scientific image offered by mainstream psychiatry is precarious indeed.

As I have already suggested in the conclusion of the previous section, because of the deficiencies of the scientific image, we are facing a risk that our manifest image of depression might be modified in unwanted ways. Given the above-mentioned doubts surrounding the very essence of the neurobiological approach, we may fear that the new folk psychiatry would turn against pharmacological treatment methods, adopt an oversimplified, overly optimistic or naïve view of the illness[10] and cause much harm to many suffering people.

It is, therefore, high time to discuss what philosophers of psychiatry have to offer regarding a new synoptic view of the disease, in which both the manifest and the scientific images are much enriched.

[9] One of the most controversial issues was raised, for example, by Allen Frances who expressed concern whether the changes introduced gradually to subsequent editions of the DSM do not lead us to medicalizing more and more behaviours which should not really be considered pathological (Frances, 2013).

[10] Such disquieting views are already emerging in the popular culture, advertised by celebrities such as Beata Pawlikowska.

5. Phenomenological, Embodied and Enactive Approaches to Depression; a Synoptic View

Although expressions such as "4E cognition" and "4E psychiatry" are relatively new, this trend in philosophical thinking about various psychopathologies has been on the rise since a long time now. The four "E's" stand for an "embodied," "embedded," "enacted" and "extended" approach—and, in order to better grasp the origins of this family of conceptions, a very important "Ph" should also be added, referring to "phenomenology," in at least two senses of the term. Firstly, most of the theories actually rely on Husserl's philosophy and concepts (often drawing also from Merleau-Ponty, Heidegger and Sartre). Secondly, all of them emphasise the crucial role of studying the subjective experience of mental disorders which is usually loosely identified with phenomenology in a more general, methodological sense. As I have established in previous sections, the lack of evocative, meaningful language and the tendency to disregard or even ignore the validity of the first-person experience of depression in favour of statistical diagnostic manuals were the crucial elements causing the emergence of the gap between what serves as folk psychiatry—and what is actually needed to form a useful manifest image, let alone a fully-fledged synoptic view. It might seem dubious at first. Are highly philosophical, abstract theories grounded in a particularly difficult school of thought able to actually enrich or supplement either the scientific[11] or the manifest image of depression and therefore ever become a part of folk psychiatry? Indeed, in this section I will show that certain claims of 4E philosophers and psychiatrists could even be met by more than an incredulous stare from an ordinary naively over-reductionist folk-psychiatrists of today. Nevertheless, I argue that despite potential practical difficulties in promoting such complex views among the general public, they are indispensable in building the scientific image and on a philosophical level they constitute the crucial part of the synoptic view of depression we seek.

Apart from the focus on phenomenology and a quasi-phenomenological methodology there are two main lines of thought characteristic of the 4E approaches in general—2 of the "E's" seem especially important. The first one is the concept of embodiment, the concentration on the bodily experiences of people suffering from depression. The other is enactivism which tries to consider depression in a wide, multi-layered context of the patient's life, culture, personal history, society and environment. Phenomenological and embodied theories of depression (proposed by such authors as Ratcliffe [2008, 2012, 2015] or Ghaemi [2009, 2011]) are not at odds with more enactive ones (such as Fuchs's [2005a, 2005b, 2017]), nevertheless, there are some differences, particularly as far as a certain kind of holism apparent in enactive approaches is concerned.

[11] I have discussed the question of how 4E theories perform from a scientific standpoint in comparison with mainstream neurobiologically oriented psychitary in another paper (Białek, forthcoming), and as it is both a complex question and an issue of no immediate interest to the subject of this essay I shall leave this matter open.

Matthew Ratcliffe, who is perhaps the most well-known of the authors working on depression within the phenomenological and embodied paradigm begins his 2015 book by emphasising how people suffering from depression complain about not being able to find the right language to describe their experience (Ratcliffe, 2015, p. 2). His own purpose is, therefore, to explore philosophically "what it is like to be depressed" (p. 1). Ratcliffe does so by reflecting on the so-called "existential feeling" and how it becomes altered in depressed patients. Although his terminology is deeply grounded in phenomenology, existentialism and even Heideggerian concepts such as that of the mood and possibilities, the description he arrives at is very specific and relatable. Ratcliffe devotes much attention to the classical notions associated with depression in any existing model, such as guilt, anxiety, loss of hope and estrangement, however he examines them in light of his phenomenological approach in which depression is understood to be a thorough transformation of the patient's whole world, her attitude, the way she acts, experiences and thinks. He employs the Husserlian framework of natural attitude along with the Heideggerian concept of being in the world and the sense of belonging to show how this natural connectedness to external reality is lost in depression and how it influences any kind of mental and social acts. At the same time, he seeks to remain firmly grounded in the empirical reality of depression, working with actual patients' accounts of their own stories and their descriptions of the experience. The author also addresses the classical debate whether depression should at all be treated as a pathological state I mentioned in the context of antipsychiatry—and from his suggestions it follows that there may not be a clear cut distinction between what is still a "normal" struggle and what is "depression."

Those chapters, although the analyses performed are intellectually demanding and sophisticated, manage to elaborate on concepts that seem particularly well suited to shape the manifest image of depression and, therefore, the folk-psychiatric account. This is precisely because they involve concepts that already belong to folk theories of the human psyche—the benefit Ratcliffe might bring us is his help in describing, in a nonreductive fashion, why such phenomena as guilt or hopelessness arise and also the guidance he offers in ascertaining where to look for the boundaries between "normal" and "pathological" states. Still, all this might seem a bit obvious and banal. However, Ratcliffe also develops whole new threads specific to the phenomenological and embodied approach.

The analysis of the subjective experience of depression within the 4E paradigm involves, not surprisingly, exploring all the aspects of bodily awareness and motor action, which are still being overlooked in the mainstream neurobiological image. Ratcliffe presents empirical evidence that depression is experienced as a disease of the body as well as of the brain, and in some cases, particularly in non-Western cultures, even predominantly so (Ratcliffe, 2015, pp. 75–78). Naturally, Ratcliffe makes use of the famous Husserlian distinction between the body as *Körper*, the unfeeling object we experience from a third-person perspective, and the body as *Leib*, the feeling body, to which we have special, first-person access via proprioception and interoception. He also adopts the notions of noematic—roughly speaking, object-like—experiences of our body, and the noetic, subjective ones and explains how in pathological states both the former and the latter become disordered and

mixed. From a phenomenological point of view adopted by the 4E paradigm, our body and the way we experience it is crucial not only to our own awareness of ourselves but also to the aforementioned existential feeling, our embeddedness in the world, our capability of experiencing the external reality, and, last, but not least, also for our relations with other subjects. In depression, even the very way we experience space and time becomes warped, which is an old intuition among psychiatrists (cf. Minkowsky, 1970; Ghaemi, 2007) that thanks to 4E accounts has now been gaining increasing interest (cf. Vogel, Krämer, Schoofs, Kupke, & Vogeley, 2018). The alteration of bodily awareness causes, therefore, a distorted, strange awareness of the world. A pathological feeling of detachment emerges.[12]

Because the body mediates our experience of the world, it also provides us with a point of view, an anchor for our egocentric perspective. Without one, the salience of different elements in our surroundings becomes disproportionate, we lose the easy intuitive way we normally appraise them as being relevant or irrelevant to our needs and wants. In consequence, we may feel lost and unguided. Without a shared embeddedness in the environment it also becomes increasingly difficult to engage with other people.

It is important to note that this strong emphasis on the reciprocal relation between the subject and her external reality in the analysis of depression is not only missing from, but even at odds with the dominant psychiatric and folk-psychiatric internalist view of the disease. The contemporary mainstream account of depression is internalist in at least two senses of the term. Firstly, „internalism" refers here to a claim that all the causes, mechanisms and possible cures for depression are to be found literarily inside the head, namely: in the brain. More precisely: somewhere within the complex network of neurons that are malfunctioning due to an imbalance of neurotransmitters. Even taking into account that the most widely accepted model in current psychiatry is Engel's biopsychosocial model,[13] it has never been made entirely clear how the psychological and social factors it includes are to be actually incorporated (cf. Ghaemi's [2009, 2011] criticism). Although an increasing number of psychiatrists engage in psychosocially oriented projects, it is still the search for neurobiological causes that remains the holy grail of the most of the reductionist mainstream.

The other classic philosophical meaning of „internalism" is more metaphorical; it comprises the subjective experiences that originate „within" the mind of the subject as opposed to the external reality. On the face of it, some of the contemporary phenomenologically inspired explanations of depression seem to be leaning that way, but for the philosophical and theoretical reasons revealed above no true 4E account could ever focus solely on subjective

[12] Although this is not of immediate importance to the subject of this paper, I need to note that other authors such as Zahavi, Sass and Parnas provide a very similar account of different psychopathologies such as schizophrenia (cf. Zahavi, Sass & Parnas, 2011) and often the distinctions between various disorders appear to be blurred. It may just be another proof that the whole system of clear cut distinctions and psychiatric categories needs to be reworked—but it also may be considered a weakness of the 4E approach.

[13] Engel's seminal 1977 paper introduced the idea of including the psychological and social dimensions of diseases in medical practice and treating the patient holistically, and not as a set of separate organs, it is not clear to what degree it was in fact adopted. For more details about the model see also Borrell-Carrió et al., 2004.

experiences, important as they are. Even so, among this family of theories there is one that puts even more emphasis on leaving the internalist picture as far behind as it is only possible.

Thomas Fuchs presents an account of depression as a circular process in which what happens at the level of the brain is just one level (the micro-level) of a three-tier structure incorporating the so called meso-level of interactions between the brain, organism and the environment and the macro-level of social interactions (Fuchs, 2017, p. 256), and all the tiers are connected by both top-down and bottom-up relations, thus creating both vertical and horizontal causation and various feedback loops at different levels. A specific type of holism is characteristic of any enactive theory: all phenomena can only be considered in light of the whole structure of our being in the world, from the micro-processes taking place in our neural structures, through our bodily behaviours and experiences, right to complex actions and the richness of our social and cultural context. Ezequiel Di Paolo, Elena Cuffari and Hanne De Jaegher (2018) have even just put forth an ambitious theory of the development of our linguistic (and mental) capabilities which is built in a bold, holistic, Hegelian fashion, by employing their concept of participatory sense-making to a huge range of increasingly complex phenomena, from simple biological behaviours up to our cultural life.

This kind of approach to depression goes far beyond the vague biopsychosocial model; an enactivist would claim that we simply cannot define or understand any mental disorder without taking into account the whole complex structure of human life. "Depression results from a perceived loss of meaning and social resonance, not from a lack of serotonin" (Fuchs, 2017, p. 263). In consequence, also in the choice of treatment we no longer should be focusing only on drugs that target neural mechanisms in the brain—a therapeutic intervention changing the patient's environment, her living conditions or her bodily functions could be at least equally effective if not more so. Although Fuchs acknowledges the progress being made in studying the influence of the so-called external factors on the development of mental disorders,[14] he underlines that the search for a direct neurobiological impact of certain events is futile.

> *There is no direct impact of environmental factors on the brain*—brain concussion left aside. What changes brain structures enduringly are the *experiences a person makes in her social environment.* However, these experiences may not be described from a third-person perspective, for they are bound to consciousness, communication, and relationships (Fuchs, 2017, p. 265)

Albeit Fuchs is quite decisive in his criticism of neurobiological reductionism, he is, of course, not opposed in any way to including neurobiology in psychiatric explanations. His claim is rather that without a good grasp of how complex and deeply intertwined with one another are the processes taking place when a person becomes depressed, those explanations are misguided. It is not some fictitious "neural correlate of sadness" or even of a certain traumatic experience that "cause" depression—if anything, it's the complex web

[14] In the enactivist picture, it does not really make much sense to differantiate between „external" and „internal" factors, all factors are elements of a complex system.

of neural, behavioural, psychological and social mechanisms behind the multifaceted feedback loops connecting our bodily self-awareness and social interactions. A description of the neurobiological level alone will never be sufficient.

An important aspect of enactive theories is that because of their holistic approach, they allow us to re-examine what we consider the actual essence of depression—and the answer may be different according to different people suffering from it. In the current folk-psychiatric account, one of the key issues seems to be the inability to perform one's duties. We are used to alarming scientific and mass media reports of a "rising depression epidemics" that results in terrifying "economic costs" because of all the lost productivity and missed work-days (cf. for example Trautmann, Rehm, & Wittchen, 2016). As I mentioned, in many of the 19th century accounts cited by Marcinów, depression was seen in a moral and legal context, as a potential mitigating circumstance in case of a crime or a cause of cognitive deficiencies. Now—it is our usefulness in the capitalist society that seems to influence the most how this illness is perceived, and some authors (including the ones I mentioned in the context of the modern wave of scepticism about the biomedical model of psychiatry, but cf. especially the widely commented book by Hari [2018]) express serious worries about this influence. It is dangerous mostly because it's implicit in the scientific image of depression—and it has not been made explicit in any way in the reception of this image in folk psychiatry. The enactive model that places such importance on the sociological and cultural implications of depression forces us to be aware of the limitations of neurobiological and internalist approaches within the scientific image. It would enable the folk-psychiatrist to gain much needed awareness and perspective regarding the various social dimensions of psychiatric disorders.

6. Concluding Remarks: On Our Way to Creating the Synoptic View

It is time to examine whether 4E theories could actually remedy some of the problems I sketched in the first part of this paper. Let me first focus on the manifest image alone and the issue of folk psychiatry.

I have identified various reasons why the current, mainstream, naively reductionist manifest image of depression cannot even serve the normal purpose of a folk theory, let alone constitute a good partial ground for a synthetic synoptic view of depression. I concluded, that a richer, more meaningful language to speak about depression is needed. In particular, it must enable people to describe their first-personal experience and depression as a mental disorder must always be examined in a wider context. It is imperative to take into account various social and cultural factors, and to do it in such a way that the illness would cease to be seen as some kind of individual fault or an isolated mechanical failure of a mysterious neural circuit.

From the way I presented the key features of two most important 4E approaches to depression it is clear, that they seem very well fitted to fulfil all three of those tasks. Despite often complex phenomenological terminology, the essence of the phenomenological analyses would go a long way in bridging the explanatory gap left by the traditional manifest

image. The very essence of phenomenological psychiatry is to concentrate on the actual, first-person experience of patients, on the way their bodily awareness influences their relations with others and their ability to act in their environment. Ratcliffe's analyses involve meaningful notions like hope or regret which used to be present in the manifest image of depression—however, his careful philosophical analysis of such notions has the capability to shape the vague, folk understanding of such concepts. Although Ratcliffe's intricate philosophical analysis of the loss of hope, of the fixation on the past and on the existential regret present in depression will never be fully accessible for the general public, the very concepts are much less abstract than "neurotransmitters." They also still belong in folk-psychiatric explanations of the behaviours and experiences of depressed people. However, so far the neurobiological, reductionist scientific image of depression has been encouraging the folk-psychiatrist to discard such notions, to try to replace them with what is truly perceived to be well-founded and scientific, with statements about serotonin and brain disease. Similarly, the focus on the workings of the whole body and its experiences might be very useful in everyday life. 4E theories may offer many useful tools for the folk psychiatrists, emphasising that it is not only the isolated brain that suffers in depression, that being depressed does not only concern the level of emotions and beliefs—it influences the whole motoric behaviour and the basic ways of experiencing the world.

4E theories may also prove to be a safe way to modify and enrich the manifest image without turning folk-psychiatrists into depression denialists. Although they might initially raise more scepticism towards the still dominant biomedical scientific image of the disease and, in particular, towards pharmacological treatment, 4E theories are not antipsychiatric. Moreover, the commonsensical enactivist understanding of holistic approach in psychiatry and the fact it does not drive us away from sound, evidence-based medicine the way various "holistic" ideas do—is simply much needed both in the scientific world and in the general public.

It is important to understand that the role of 4E theories in constructing the scientific image is manifold. They do not simply offer a rival scientific image. By adopting vastly different methodological approaches to reductionist psychiatry and bringing in phenomenological attention to the qualitative analysis of experience and enactivist holism they change the very structure of the image. It is no longer disconnected from the manifest image—it attempts to truly satisfy the explanatory needs behind it. Therefore, the relation between manifest and scientific images is in this case a two-way one. For example, the tools offered by this approach, so far directed specifically at diagnosing and treating schizophrenia—the EASE, EAWE and EAFI questionnaires—enable clinicians to conduct in-depth qualitative, semi-structured interviews with patients and truly grasp their experience of their own mental issues.[15] Also, none of the 4E theories lie in the way of the search for neurobiological correlates and causes of depression, they do, however, invite various big and small changes in the way we perform the search, and they suggest specific areas for further study. To adopt a 4E approach also forces us to become more conscious, at the meta-level,

[15] For details about the EASE, EAWE and EAFI questionnaires (cf. Parnas et al., 2005 [EASE]; Sass et al. 2017 [EAWE] and Rasmussen, Stephensen, & Parnas., 2018 [EAFI]).

of the methodological choices we make in studying, diagnosing and treating depression, as this family of conceptions always emphasises the multi-layered and multifaceted structure of the disease, its aetiology and possible therapeutic interventions. If the current crisis concerning the status of neurobiological reductionism in psychiatry is to be resolved, such help should only be welcome.

Therefore, I would like to conclude that 4E theories are not only a means to enrich both the manifest and the scientific image of depression. They are the best possible way to achieve an acceptable synoptic view, one that allows for the scientific image to support folk-psychiatrists, but also for the real explanatory needs of the folk psychiatrist to be taken into consideration by science.

I have argued that the current situation is deeply unsatisfying both from a scientific and from a socio-political point of view, and it might potentially lead to dangerous processes, should the reductionist model of psychiatry suffer further blows from its critics. The case-study of Marcinów's 2018 book on the history of Polish psychiatry and its reception enabled me to bring out the key needs of a folk-psychiatrist which are not being met by the current manifest image. The currently dominant scientific image of depression cannot rectify this situation—on the contrary, it actually compounds the problem. Given that the status of the reductionist image itself is becoming increasingly unstable, there is a very real need for a new approach. As I have shown in some detail, 4E theories may, however, inspire some modest optimism. The general public is obviously ready for a fresh approach to mental disorders, and, in particular, to depression. And philosophers of psychiatry may be able to provide it.

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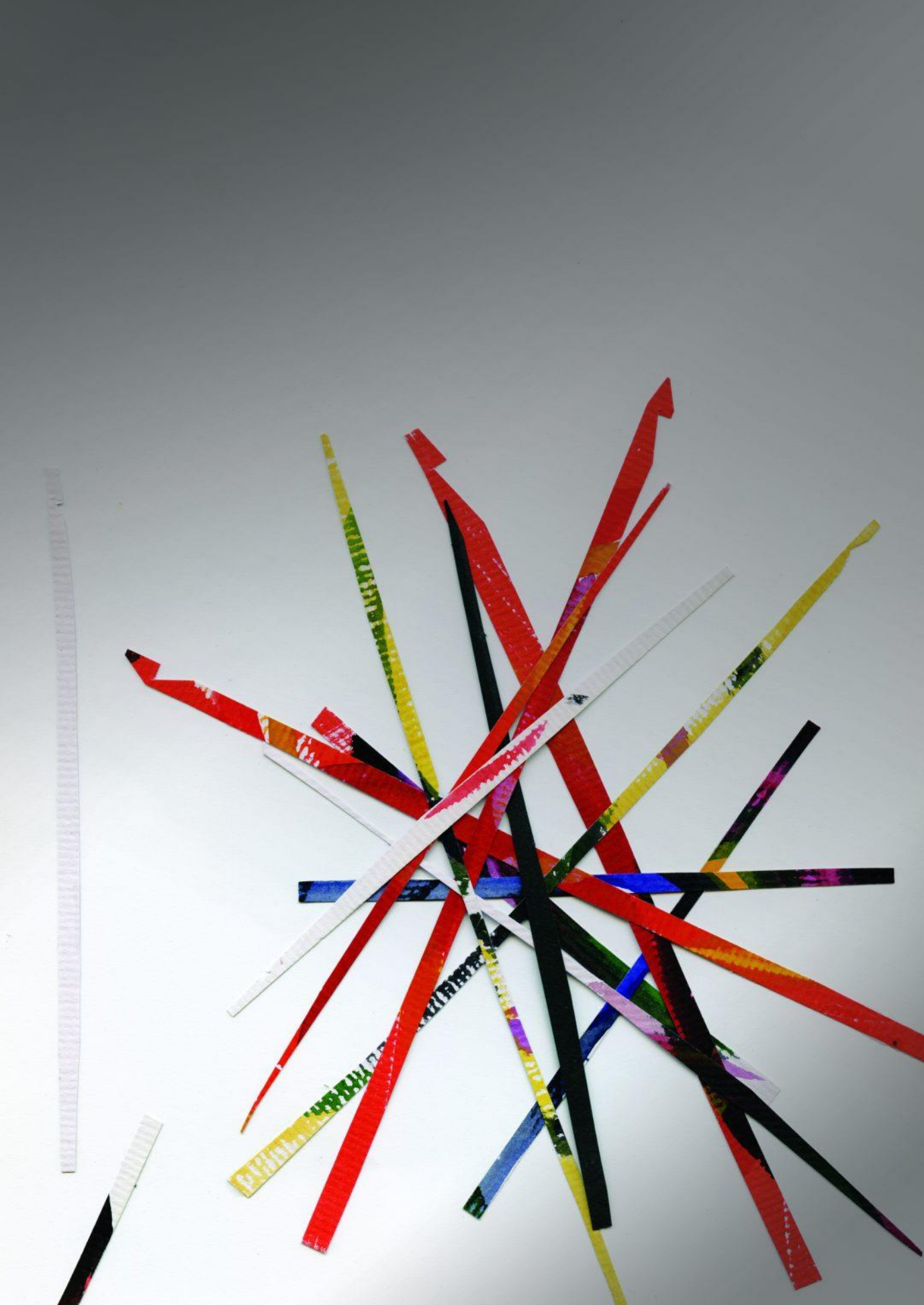

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Is There any Chance for a Biologically-Oriented History of Psychiatry?

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Abstract

Historia polskiego szaleństwa (*History of Polish Madness*) by Mira Marcinów is the first book on the history of melancholy in Poland. Nowadays we use a term „depression" instead of „melancholy" so Marcinów's topic of study somehow corresponds to the concept of depression in modern psychiatry. In the first volume *Słońce wśród czarnego nieba: Studium melancholii* (*The Study of Melancholy: The Sun with the Black Sky*), Marcinów presents an original view on the history of the concept of Polish melancholy of the 19th century. It is both a conceptual and fascinating historic work, a large part of which contains a collection of personal case studies, unknown previously to historians of psychiatry, found by Marcinów in diaries or other forgotten notes or records.

In my paper, I want to analyze her claims about the relation between medicine and psychology in Poland of the 19th century that became a leitmotif of the book. Marcinów emphasizes that in the very beginning of psychiatry, all biological and psychological factors underlying psychopathologies (especially, melancholy) were understood as different and strictly separated. It contradicts the fact that psychiatric descriptions and explanations, as one can notice in the records cited, remind us of a mixed-bag of psychological and biological descriptions and explanations rather than a clear-cut distinction between them. My claim is that some of hidden philosophical assumptions that Marcinów slightly gestures toward in her book are responsible for the fact that such division between the mental and the somatic is so common in psychiatric explanations even nowadays (it is worth noticing that the situation in neuroscience is much different). I will then make explicit some of her philosophical assumptions (section 1). Furthermore, I will argue against Marcinów's assumption that psychology should be considered autonomously from medicine. I will claim that a mixed view on psychopathologies fits very well the historical facts and is much more fruitful. I will then present a draft of an alternative philosophical framework that

could rejoin two apparently different perspectives—psychological and medical—in order to explain further why some disordered mental states could have meaning (section 2) This alternative framework, in my opinion, would be useful in a more nuanced understanding of how the notion of melancholy emerged and eventually dissolved. In the last section, I will summarize the main points of the paper.

Keywords: history of psychiatry; melancholy; biology; medicine; psychology.

1. Are There Really Two Paradigms?

A methodological perspective that Marcinów takes in her book is a comparative analysis of some documented examples and observations. Her idea is to zoom in on phenomena in order to show separated medical and psychological descriptions or explanations of them:

> For the purpose of this book, in which I examine some interesting issues in the very beginning of Polish psychopathology, I will use a comparative analysis between psychological account of mental disorders and accounts used in other sciences, especially medicine. I motivate my appealing to such analysis by the fact that psychological characteristic of madness was in opposition to somatic (Micale and Porter, 1994). (Marcinów, 2017, p. 38)

The main part of Marcinów's methodological concern is a so-called *intellectual history* (Foucault, 1970), which is a history of ideas of a certain society (Walicki, 2000). This is her basic methodological justification for analyzing peculiar cases and their descriptions to tease out the concept of melancholy that was being developed in Poland. I find concentrating on descriptions of personal stories well-motivated insomuch as interpretations of personal stories can tell us more about how the concept of melancholy was developing and demonstrate the disproportion between medical and psychological paradigms. Marcinów notices very cautious or underspecified psychological descriptions in the beginning of psychiatry of a disease of "melancholy", nowadays called depression:

> Paying special attention mostly to these descriptions in mental disorders that are in opposition to a strict biological picture is to show a final indescribability of psychology in context of mental disorders. It does not mean that some interesting somatic explanations of mental disorders will be omitted, it means only that I will show in details some psychological interpretations but at the same time having in mind a variety of biological descriptions compared to some psychologizing ones. (Marcinów, 2016, p. 69–70)

1.1. Philosophical Assumptions

There are some characteristic philosophical assumptions hidden in stories of melancholics in the book that incited prejudice against thinking of melancholy in psychological terms in contradistinction and opposition to more biological explanations. A division between medical and psychological paradigms still exists—in some form nowadays and there is still a disagreement between (especially biologically-oriented) psychiatrists and clinical psychologists. It appears that mental health professionals firmly distinguish biological

from psychological factors, contrary to what they think they actually believe (Ahn, Proctor, & Flanagan, 2010). To some point, the existence of such division is understandable, because both fields are still in progress and of course nothing seems obvious concerning mental diseases. I do not want to disagree with that point. What I want to concentrate on is firstly a common distorted view of what, especially, biological explanations relate to and, secondly, what kind of philosophical assumptions underlie such view. Moreover, I will try to show how such assumptions influence the way the relation between somatic (medical, biological) and psychological (or broader, humanistic) explanations is seen as well as the way how patients should be treated. I believe that such assumptions have a great impact not only on doctors or psychologists, but primarily on patients, which may incite prejudice related to mental diseases and mentally-ill patients.

So, now I'm going to focus on a common view of a nature of somatic and psychological explanations and a relation between them. On the one hand, medical or biological explanations are seen as stricter, causal, rather purely somatic, non-individualistic, and non-normative (Machamer, Darden, & Craver, 2000). On the other hand, psychological or humanistic explanations are seen rather in terms of reasons (as opposed to causes), they are rather mental (in a broad sense, including social and existential contexts) and individualistic (Anscombe, 1957). These two kinds of explanations are sometimes seen as extremely separate, even by definition. As Franco de Masi put it:

> I treat confrontation with other fields of knowledge as indispensable and useful but the integration is neither useful nor possible and this is because of a specific epistemological basis of psychoanalysis. (de Masi, 2018, p. 13 [translation mine])

What are those assumptions that are so difficult to debunk and why they are so influential? One of the philosophical assumptions—a division of mind from the body—comes from the Cartesian tradition. Seeing mind as exclusively human leads straight to a catastrophic belief that only adult mentally-health humans belong to the realm of rationality (e.g., Davidson, 1982). This assumption pushes both people with psychiatric disorders and animals, thus non-human minds, to the realm of irrationality. This could lead, in turn, together with a psychological mechanism of being afraid of the incomprehensible, to a stigmatization of mentally-ill people and animals.

The second assumption is that intentional mental states (i.e., mental states that are about something) take form of propositional attitudes that demands for linguistic syntax and linguistic medium (Ciecierski, 2013). It is assumed additionally that only language-like mental states, usually posited only on a so-called personal level (Dennett 1969) can be intentional. This however excludes by default a large amount of mental states on sub-personal level that are non-propositional in that sense, such as bodily representations, some perceptual representations or emotions (e.g., Davidson, 1963). But it is not necessary to assume that all representational states have a form of propositional attitudes. To take a simple example: hate is a representational mental state, as it is directed towards someone or something. But it is not (necessarily) an attitude towards a proposition or state of affairs (Crane 2003, p. 13). In case of depression (a modern term for melancholy), it seems to be

quite plausible to ascribe depressed persons an attitude towards some utterances about the world and their situation. And it is not a whole story, while we should not forget about emotional factors that play a crucial role here and a possible understanding them as intentional, which Crane considers following Sartre view on emotions as intentional states (Crane, 2003, p. 11). Moreover, it may seem that in some mental disorders, patients confabulate unknowingly and constantly, and hence, they may produce linguistic utterances without really asserting them, which will mean that it could be difficult to ascribe them any attitude towards these utterances.

The last but not least is the assumption that explanation in mental terms cannot be integrated with an explanation in physical terms. This assumption follows from Cartesian view of mind as distinct from the body but also from a more moderate view on the status of what is mental and what is physical, such as some kind of non-reductive physicalism. Antagonists of mental explanation often assume that mental disorder is actually a human reaction to environmental and social situation, not a physical disorder (Middleton & Moncrieff, 2019). In other words, they exclude any possibility of mental or psychological explanation in favor of a so-called medical explanation, in terms of physical or biochemical ones only. Realizing that such understood mental disorder does not exist, they then eliminate it from medicine.

As a consequence of such a strict division between the mental and the physical, many of the 20th- and 21st-century philosophically-oriented psychiatrists still work in a conceptual framework that divide the mental from the somatic. In this sense a phenomenological approach, which considers experience as irreducible to anything physical (Jaspers, 1963; Fuchs, 2007; Fulford, 2000; Gipps & Fulford, 2004; Kapusta 2010), can be seen as an intellectual response to a strict biologically-oriented medicine. Anti-psychiatrists crowning counterargument against psychiatry is that psychiatry promised to deliver neurological bases for mental disorders and they are still not found.

However true it is that neurological bases for certain pathologies are still unknown and maybe they would not be found, philosophically-oriented psychiatrists's attitude toward science in general is overly critical and simplistic. Psychiatry cannot be considered hard science similar to physics and having the same kinds of universal laws as physics has, because it has also chemical, biological, and eventually psychological components, and offers only *ceteris paribus* laws. As a result, psychiatry does not seek for an ultimate explanation of certain diseases that are independent of some individual or broader, contextual factors. Even if a neurological basis would be found, contextual factors would still play their role.

What is worrying, anti-psychiatric way of thinking became a fuel for the still growing anti-psychiatric trend, according to which the concept of mental illness is a social construction (Laing, 1960; Szasz, 1960, 1997; Foucault, 1965; Cooper, 1971; Goffman, 1971). Anti-psychiatric arguments are controversial in the sense that they sustain and help to develop negative attitude to evidence-based medical treatment. In spite of problems which drug therapies can induce (and objections toward them are justified), it would be disastrous for

scientific progress if severely mentally-ill people could not have been relieved from pain and suffering by drugs to them that influence their brain chemistry to reduce stress and often save patients' lives.

1.2. How Can Medicine and Psychology Be Brought Together?

Some psychiatrists and philosophers of psychiatry, however, such as Kendler, Bolton, or Fullford, are aware of the problems that come out of a division between the mental and the physical and its impact on understanding why even some disordered mental states mean something (or are about something), but there is still work to be done in the field. Kendler is aware of that "psychiatry needs to move from a prescientific 'battle of paradigms' toward a more mature approach that embraces complexity along with empirically rigorous and pluralistic explanatory models" (Kendler, 2005, p. 433). Kendler's so-called *integrative pluralism* tries to incorporate divergent levels of analysis and seeks for local integrations across levels of analysis one at a time (p. 438). In other words, Kendler is aware of the mixed-bag of psychological and biological descriptions and explanations. The hate or contempt coming from both sides—scientific and humanistic—eventually became too heavy to remain without any changes in thinking:

> The split between science and meaning was bound to lead to assault by the one side against the other for excluding it: sympathy with meaning led to outrage against scientific psychiatry, and adherence to science led to contempt for speculations about meaning. This mutual hatred—if that is not too strong a word—was a sign that the split had become intolerable; dialectical synthesis was already in the making. (Bolton, 1997, p. 255)

This leads to the question of what kind of direction could integration of science and meaning take. Bolton believes in a promising evolutionary perspective, in which Nesse's claim of evolution as a missing half of a truly biological psychiatry fits very well (Nesse, 2009). An evolutionary approach promises that scientific and humanistic view on how—so called—disordered beliefs are to be explained, can be conjoined. An individual organism (along with its parts) is understood holistically, as a part of its environment, and influenced by environmental (biological or physical) factors. It means that mental states relate to other (biological, physical) states, so they can be explained in terms of biological states. Here is also a place for a mutual influence between an organism and its environment (including other organisms and species). As a result, neither biology nor psychology can take a bare individual without environmental or contextual factors. Also, a dualism between the mental and the physical is impossible in the view. Such a perspective shows that there is really one paradigm of explanation of meaning possible, one that finds a place for psychological factors in a broad biological explanation. In other words, meaning or intentional nature of some mental states would be understood as a result of other more biological factors. What is more, human and non-human rationality are not clear-cut but they are in the same continuum. Only one form of rationality that is in biology is an instrumental rationality, that is all about having certain goals and means that organisms take to achieve them.

2. A Naturalistic Understanding of Mental Disorders

In the previous section, I argued that an evolutionary perspective in life sciences is promising in that it undermines some assumptions leading to a dualism between mind and the mental, as well as helps us to broaden the realm of rationality in order to include people with mental disorders and non-human minds. An evolutionary perspective on rationality makes it possible to attribute content also to thoughts of animals and people with mental disorders. In other words, there is a reason to think of them as having intentional mental states. So, let me now present a philosophical framework that complements an evolutionary view with a draft of an account of naturalized meaning.

The view I will show is a kind of integrative naturalism, according to which new entities are posited only if a theoretical justification coming from empirical investigation can be supplied.

In integrative naturalism, intentional states can be explicated in non-intentional terms. According to a common philosophical view, meaning of a linguistic item is seen as analogical to the content of mental representation (Pitt, 2013). Intentional mental states are then mental representations that have their targets (if any), vehicle (for example, a neuronal state) and content (satisfaction or accuracy conditions). Thanks to the content, a mental representation, such as thought or belief, can be true or false, adequate or not. False or inadequate mental representations are mental misrepresentations.

One might ask why such a concept of mental representation is necessary in the naturalistic account of the mental. My argument is that one should not assume universal irrationality of biological agents. However, without mental representation and, especially, misrepresentation, all our thoughts that lead to actions that are unsuccessful would be irrational (in the sense of instrumental rationality). Suppose for example that a man stands at a bus station waiting for a bus to the university, although the bus has not arrived for a long time. What we would think of his behavior is probably that he made a mistake, for example did not check the time-table and did not know that his bus came earlier, etc. In other words, he had an inadequate belief about his bus coming, so he had a mental misrepresentation. Probably, the next time he would double-check the time-table to correct his misrepresentation about the time of his bus coming. Similarly, the same could be thought of an animal, e.g., rat searching for its food in a maze. How could its surprise (that triggers a higher level of dopamine in appropriate brain circuits) while no food is in place, in which it used to be before, could be better explained than *via* misrepresentation that the animal had about its food location? Without the possibility to attribute cognitive mistakes to agents, all our thoughts that lead to unsuccessful actions would be therefore irrational. It is because there would be no place for false thoughts leading to the wrong action. The possibility to think of taking wrong action means to the aims in terms of false intentional states enable us to think of rational agents as agents that make also cognitive mistakes. Only such agents are rational that are able to recognize and correct their own errors, so, in other words, recognize accuracy conditions of their mental states.

Disordered intentional mental states are forms of misrepresentation. Let us take a dagger in Macbeth's hallucination. The dagger is Macbeth's misrepresentation that doesn't have any target (because it doesn't refer to anything real). Hallucinations seem to be clearly representational, but there are some more mental disorders, such as depression or OCD, whose representational nature is not immediately obvious. There is an ongoing debate on whether OCD can be understood representationally or just behaviorally. At least some OCDs can be representational (Bielecka & Marcinów, 2017).

In order to understand intentional mental states and their content (accuracy conditions) naturalistically, hence in evolutionary biological terms, I will use the concept of biological function. According to Millikan's biosemantics, which I find the most compatible with evolutionary theory, an organism (or its part) has a proper representational function F if in the history of a type of an organism a feature C was selected for F. For example, a frog's visual system has a proper representational function if the visual apparatus in the frogs' history was selected for F. Tokens of representation have a derived representational function, which means that some tokens can be dysfunctional, so they are misrepresentations. So, a frog represents a fly, if certain Normal conditions, external and internal factors to the organism, are fulfilled; if not, it misrepresents. In other words, a biological function is minimally normative and it allows us to account for misrepresentation.

A representational mechanism is responsible for a representational function. Such a mechanism has two cooperating elements: producer and consumer. The former is responsible for producing only such information that can be further evaluated by a consumer and both stages of a processing of representation are necessary for a representation to appear. The idea of a consumer is taken from the idea that a sign or trace that does not mean anything unless there is a possibility of recognizing it as this sign or trace. Information is representational only if it could be recognized.

In my view, which goes beyond Millikan's (1984) model, an organism itself should recognize a representation as accurate or not. Otherwise, it would be only a representation in the eye of a beholder (Bickhard, 2009). So, to recognize a misrepresentation is to recognize the incoherence between the representations A and B and its consumer is able to register an incoherence between representations (or representation and information). To be able to correct a misrepresentation A, an organism must be able to recognize the misrepresentation A and to its realization suffices an ability to recognize a degree of reliability of information A and B. If then an information B is more reliable than A, then a representation A is a misrepresentation. An ability to correct allows the organism to learn, e.g., via reinforcement learning (for more, see Bielecka & Marcinów, 2017).

Let's take an example of a patient suffering from OCD that compulsively wash her hands after her mother's sudden death (Borsboom, Cramer, & Kalis, 2019). One could explain such a behavior in purely behavioral terms as a response to a constant fear of having hands dirty. However, concentration on the compulsive behavior only wouldn't allow for a complete etiological explanation of this disease. According to the representational explanation in terms of proper function, a patient has a representational function that is distorted, or

simply, a dysfunction. As each cognitive system a patient represents not only proximal, but also distal stimuli. The appropriate phenomenon to be explained are not her obsessive thoughts about dirty hands as such. Dirty hands are a symptom of an aversive distal stimulus of escape from thoughts of death and a kind of response to this stimulus, which is washing hands, seems to be helpful for this patient's mental health. It is then reasonable to think of such misrepresentations as obsessive thoughts—before they become very invasive—as serving an adaptive function of protecting the patient from fearful or difficult thoughts about her mother's death. Being so obsessive, these thoughts lead to compulsions and these organism's features that allow such compulsions to appear are merely locally adaptive. As a further consequence, they don't lead a patient to elimination of her feeling of loss and they paralyze her other thoughts and actions (some of which are definitely more constructive). According to the account of biological function sketched above, a patient's organism is not in Normal conditions necessary for a representational function to be served. An alternative way of thinking of dirty hands comes out of a dysfunction of consumer of representation, responsible for ordering and retrieving representations. A consumer subsystem overreacts in evaluating only one type of information from the external world and at the same time makes it impossible for the producer to create new representations of the type (representations of hands as clean). In other words, a producer subsystem is unable to consolidate new sensory information and send them further to the brain. What is more, a patient does not recognize her misrepresentation by herself and because of the overreacting consumer subsystem she is unable to register inconsistency between sensory information and misrepresentation of her hands being dirty. What is even more important, she cannot further register an aversive distal stimulus, that is her mother's death.

As I see psychiatry from this perspective, I don't find Marcinów's methodological assumption regarding the autonomy of emerging clinical psychology from medical sciences satisfactory. Not only treating psychology separately is only apparently historically neutral (19th-century psychiatry is replete with reductive proposals such as phrenology) but also—which is even more important—seeing psychological and biological descriptions and explanations as non-homogenous or mixed-bag, sometimes even conflicted, can actually enlighten how the concept of melancholy developed to eventually dissolve in the 20th century. Showing how different paradigms or views on melancholy influenced each other would be showing a real historical process of the concept development.

To summarize, I argued for a philosophical account of psychopathologies that is compatible with biology. As such, it demands for continuity between mind and body, restricted individualism, some kind of integration between psychology and natural sciences and minimal biological norm. I tried to show that such an account can help to preserve rationality in psychopathologies. Firstly, I proposed an argument from rationality showing that misrepresentations (especially ones that can be corrected) are signs of being rational and secondly, I argued that mental disorders (as in an example of OCD) serve a locally adaptive function, if they could be considered as mental misrepresentations. This kind of philosophical framework might have better served to enlighten psychiatry in its historical development, in which both biological and psychological views influence each other.

3. Conclusion

Mira Marcinów in her book discovered interesting examples of melancholic cases that show how strongly the beginning of psychiatry was influenced by dualistic philosophical assumptions. It strikes me how similar the past psychiatry is to psychiatry nowadays. I tried to tease out the major philosophical assumptions implicit in the book and their impact on thinking of mental disorders and their treatment. I searched for an approach that would be a way out from such prejudices *via* a common ground for scientific and humanistic explanation in psychiatry, which I find most compelling from both medical and patient's (humans and non-humans) perspective. Eventually, I sketched an account of how certain mental disorders could be considered as related to intentionality in an evolutionary approach toward meaning. I argued for an account that allows for the local integration between different (physical, biological, psychological) aspects of explanation of certain psychopathologies. At the same time, I argued for an account that could also retain limited rationality of humans as well as other animals with mental disorders. Last but not least, I showed that such an alternative philosophical account is much more fruitful in understanding psychiatry in its historical process.

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Genealogy of Polish Melancholy
Commentary to Mira Marcinów's Book *The History of Polish Madness*

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Abstract

The purpose of this article is to indicate the specificity and difficulties of the project of writing the History of Polish Madness presented by Mira Marcinów. Marcinów goes beyond the area of the traditional history of psychiatry and notices in the material she researched the chance to trace the genealogy of Polish madness. The task of the genealogical approach is to make history that will challenge the obviousness and validity of our understanding of a specific area of human experience, in this place of madness. The author of the article wonders to what extent the project of genealogy of madness is a successful project.

Keywords: history of psychiatry; madness; melancholy; genealogy; Mira Marcinów.

The history of psychiatry is the area of dispute about the nature of psychiatry and mental disorders, the source of considerations on how to treat historical documents, and more broadly the place of disputes about our attitude to the past. The area of psychopathology is inevitably embedded in social and cultural ideas about it. Diagnosis of mental illness cannot be easily separated from social beliefs and cultural assumptions of a given epoch. The purpose of this commentary is to indicate the specificity and difficulties of the project of writing the *History of Polish Madness* presented by Mira Marcinów. What is the meaning and what is the potential impact of selected historical documents on contemporary psychopathology. To whom are these analyses addressed? Marcinów goes beyond the area of the traditional history of psychiatry and notices in the material she researched the chance to trace the genealogy of Polish madness. In what sense this is a genealogical project and what are its potential effects? Generally speaking, genealogy is an attempt to reconstruct

and identify key moments in the history of our thinking and action, while at the same time trying to question the obviousness and unquestionability of the assumptions. In a similar way, Marcinów refers in critical way to the 19th century history of Polish madness. So it is not just a history of science and medicine, but also a philosophical attempt to go beyond a simple fact finding.

Reaching to the period of psychiatry and psychopathology in Poland at the end of the nineteenth century does not tell us much about the national local way of practising psychopathology in the form of a characteristic style of thinking, paradigm or school. Perhaps this is why the ways of thinking about ourselves, our identity, sexuality, normality, corporeality in the context and the area of Polish mentality and Polish language are clearly revealed to us. Sensitivity to social and cultural issues becomes especially possible, because the 19th century is for psychiatry the moment of shaping it as an independent and relatively stable field. It is also a period of transformation of morals and shaping the social or national identity of Poles. That is why the author expresses the hope that the documents may say much less about the madness and aberrations of the human soul than the way we think about our identity in relation to extreme situations and experiences.

The lack of a clearly shared psychiatric doctrine or school in the Polish lands causes that we try to search in presented texts for the moments of local perception of Western thought and the involvement of primary scientific and objective ideas into local socio-cultural conditions. The selection of documents proposed by the author gives us a general picture of discourses about the local psychiatry and attitude to mental disorders in the nineteenth century Poland. Contrary to the title of the book, which suggests the presence of texts dedicated to melancholy and depression, we have many texts devoted to hysteria, case-law and reflection on the state of hospitality and the functioning of the care system.

Mira Marcinów project is impressive and very ambitious in its assumptions because she not only undertakes the work of a medical historian and the researcher of intellectual history of Polish medical and philosophical society, but also wants to offer a cultural diagnosis of contemporary Polish soul. The author is aware of the difficulty of writing about psychological determinants of mental health in the era of shaping the foundations of scientific psychology and psychiatry. First of all, she would like to prepare the reader for the encounter with 19th century Polish psychopathological literature, and hopes that carefully selected texts evoke astonishment as bizarre stories and anecdotes extracted from psychiatric archives and expressed in a rather old-fashioned language. Thoughts and statements published and presented by Polish psychiatrists may seem difficult to locate and assign in the wider context of Western psychiatry. The "secondary" and "lost" stories can only seem to be a secondary reflections of the thoughts and discoveries of Western psychopathology. However, Marcinów would like to convince us that they are worth investigating, rethinking and digesting. As an urgent student referring to the achievements of Michel Foucault, a French historian and philosopher of madness, she notices the transformative power of local and forgotten discourses. Like a genealogist, she would like to find traces of the present in the texts from the past unknown to the wider audience. The author seems to share the view

regarding the relationship of madness with social values, as we find in a Catalan psychiatrist of the nineteenth century, Gine y Partagas: "human knowledge reflects the moral and political development of the nations; the best example of this is that branch of medicine that deals with mental illness" (see Berrios, 1996, p. 8). However, she does not believe in the unambiguous progress of our self-knowledge and, to a large extent, inclines to the revising version of the history of psychiatry, which is accompanied not so much by the metaphor of the clinician as cataloguing plants in a garden, but by the metaphor of a sculptor carving out of formless matter, i.e. creating "clinical forms" (constructionism).

The book reveals the richness of forgotten clinical descriptions of madness. The positive work of Marcinów is manifested in the attempt to order the wealth of a diverse and often incoherent material based on the classification of mental phenomena proposed by the historian of modern psychiatry G. E. Berrios (on the cognitive, emotional, volitional and personality aspects). The analysis of representative Polish documents and textbooks that were created at the end of the 19th century allows the isolation and clinical evaluation of melancholy at that time, the search for methods of diagnosis, the indication of aetiology and the proposed treatment. The author is aware that her effort is provisional and does not meet a strict criteria of reliable clinical evaluation. We are dealing with a specific research material, because the proposed documents of Polish psychiatry were created on various occasions in various centres. However, this does not prevent us from getting a general idea about expert thinking about melancholy, its symptoms, causes and types of treatment. Systematisation taken by the author seems to be the most clearest, most-ordered part of the book. It is an attempt to inscribe melancholy into the frame of clinical thinking. At the same time, comments and commentaries to selected source materials show the richness of the discussed topics and a certain surplus of content that is not easily included in the proposed clinical research framework. The effect of this systematization is not the "calibration of psychopathology" from historical, clinical and numerical perspectives (see Berrios, 1996).

Among the symptoms of Polish melancholy at the end of the 19th century, cognitive changes are on the forefront: intellectual slowness, degradation of the cognitive sphere, hallucinations, delusions. Then, emotional sphere disturbances: sadness, fear, longing and changes in behaviour: lack of movement, immobility, inability to act (with the possibility of fits of rage—*raptus melancholicus*), sleep and appetite disorders and suicidal thoughts. The exposure of behavioural and volitional factors in psychopathological descriptions and diagnoses at the expense of affective elements is probably related to the easier availability of this type of data. In turn, the rarity of recognizing personality changes in the form of a taste for solitude or suspiciousness is explained by the author with a short history of the knowledge about personality disorders (paradoxically, the patients' frequent perception of character defects).

It is more difficult to diagnose the causes (aetiology) of nineteenth century melancholy. The psychological reasons are most easily indicated in the form of unpleasant events that precede (triggers) the appearance of melancholy. It is often pointed to wounded self-love, lack of social support. These factors are independent of the patient. However, those that are in a

sense dependent on him often refer to his lifestyle: for example, a sedentary lifestyle, dedication to science (scientific work, study), "badly" understood religiosity, devotion to worries and autoeroticism. A separate place is occupied with excessive alcohol consumption.

Therapeutic effects on melancholy can be divided into psychological / moral and somatic / physical. In the first case, persuasion (moral therapy) becomes dominant as a kind of instructing the patient about the need to change behaviour and a conversation that could take a form similar to psychotherapy. It is quite obvious to combine therapy with knowledge of the causes of psychopathology. Therefore, the break with pathogenic habits (e.g., not sleeping) had a clearly curative character. Seemingly biological therapies in the form of wrapping the patient into warm blankets or elements of hydrotherapy ultimately had a psychological character. A commonly used somatic medicinal agent was poppy-seed cake (opium) as a mitigating melancholic suffering. Dietary change or even electrotherapy was also used. Marcinów emphasizes a certain dynamics of changes in healing methods in the mid-nineteenth century, which is manifested by the more frequent use of psychological agents (e.g., allowing the patient to experience emotional states of despair emotionally).

Organizing the historical clinical material is always a somewhat arbitrary choice. To the expert on mental health issues, the clinical thought about melancholy may seem naive and somewhat trivial. Are we not in another place today with our knowledge of neurobiology, psychopharmacology and modern therapeutic communities? Reaching historical texts may change our thinking about madness, but faith in the power of historical texts is always fragile and uncertain. We know, however, that human dramatic stories can trigger a social imagination, which is exemplified by the figure of van Gogh or Artaud. At the same time, the author notices a dilemma in a madness, the resolution of which also constitutes the contemporary problematization in the area of mental health. What is the madman's subjectivity about? Is it possible for him to voluntarily surrender, devote himself to madness?

In historical texts and expert statements, we are not looking for the truth about depression. Thanks to our distance from nineteenth-century thinking, it is easier to see its attachment to that place and that era. So what can we discover in these statements and comments? What can surprise us and make us amazed? One thing is certain, lesser known and forgotten documents were published in medical journals, textbooks, and newspapers addressed to medical specialists. The author does not reach for embarrassing hospital regulations, codes. We also do not find the statements of the patients themselves, the "diary of my mental illness," the confidences and concerns of their relatives (We do not know if such polish "psychiatric" documents have not yet been discovered, and whether there are any hidden ones in the archives). Traces of more subjective and expressive voices of madness Marcinów try to look for in literary works. As if literature and art would be easier to reach our sensitivity and imagination.

In the documents attached to the book, we see moments of misery, violence, human unhappiness and injustice. The descriptions of women's hysteria, motherly judgments, and deviant behaviours are particularly striking. Reading these passages, we can wonder how our sensibility about social norms and behaviours has changed. The author struggles with

the ambitious task of cultivating a genealogy of madness / melancholy. She is afraid of entering her statements into a "discourse of power-knowledge" (p. 211), that is, creating a "correct" model of madness, distinguishing its truth in the discussed era, but the truth hidden under historical discourse. That is why she wonders whether it is possible to "doubt" the "naturalness" of depression (p. 211).

Marcinów is particularly interested in what gives expression in her commentaries, the problem of agency (subjectivity) of the melancholy. She says: "I was interested in thinking on the margins of the discovered texts of what is the gesture of (pseudo) voluntary entry into madness and melancholy awareness of the unattainability of control over madness" (p. 211). What can be interpreted as the possibility of seeking the agency of your own melancholy, at the same time getting caught up in it and getting lost in it. Are we dealing today with a return to such a thinking? Do we want to blame the madman for his madness? Are we looking for moments of his wrong decisions, as it was done to the criminal and the child-victim? The prospect of looking for the madman's subjectivity may initiate such subjectivity, and we must listen to his voice, wait for his experience and prescription. This type of transformational subjectivity is more possible in relation to collective subjectivity, in reference to social resources and support of a person in a crisis. The presented documents do not have this perspective. The patient is basically the object of classification, diagnosis of treatment, judgment.

The problem of the subjectivity of the madman, his or her ability to get stuck in insanity seems to be a key dilemma whose resolution leads to different concepts of psychiatry and psychopathology. Can it be so easily extracted from these historical texts? We will find out more quickly about the concept of madness recognized by doctors and people belonging to those times.

The great advantage of the conducted analyses is the awareness of contemporary transformations and changes in the understanding of psychopathological phenomena shown in the comments and definitions of the described cases. There are also frequent comments about gender and attribution to women of a specific type of disorder. The richness of the presented material is the result of the activity of clinicians of various schools and influences (Warsaw, Vilnius, Cracow). Is it possible, however, to distinguish the zone of relations and dependencies between schools, or do expressive styles of thinking and paradigms appear? The author only signals these issues because she is essentially interested in something else.

She recognizes in the language of melancholy a certain surplus which not only determines the states and transformations of individuals, but allows us to look at the whole community. It is not only about the psychopathology of individuals, but about diagnosing the condition of the Polish soul, searching for the Polish Saudade. To better describe the poetics of Polish culture, the author reaches for the Polish literature of this period. She finds traces of melancholy in the writings of Słowacki, Mickiewicz and Krasiński (melancholy as "the sun in the black sky"). Perhaps literary language (including the language of literary studies) is able to better grasp what in the language of clinical melancholy only smiles.

The researcher is following the trail we encountered in Michel Foucault's *History of Madness*. Archaeology of melancholy requires reaching for the non-medical archive, "breaking the corset of medicine" (p. 201). Just like Louis Sass in *Madness and Modernism* (Sass, 1994, and even Freud, Jung and Fromm earlier), the author sees the possibility of looking at the local melancholy identity through the language of our psychopathology. Not only art and culture allow us to better understand melancholy and depression, but it is the melancholy itself, the type of appropriately used psychopathological tools and metaphors that better understand and shape our condition.

Ultimately, the basic core of the book is not the author's interpretations and comments, but an appropriate selection of sources for the history of nineteenth-century madness in Poland. It is not known until the end how the reader is to deal with these texts. He can read them as anecdotal descriptions of cases of melancholy, he can also adequately armed with the theoretical tools of the earlier chapters of the book to discover the regularities and orders presented there. At the end, Marcinów secretive hope appears that the texts themselves will speak to us and let us look at them as if in a distorting mirror.

So what is the genealogical approach of Mira Marcinów? The task of the genealogical approach is to make history that will challenge the obviousness and validity of our understanding of a specific area of human experience, in this place of madness. Which will force us to think differently about ourselves, to make us look for other self-definitions. The author directly asks the Polish reader to make a cultural self-diagnosis by reading the book. First of all, it extracts and makes available forgotten documents, in this way collides our sensitivity with a different language. This is particularly evident at the level of access to the language of psychopathology, which is anchored in Polish meanings and words, and not in technical and medical-scientific terminology. The author is also interested in the problem of subjectivity, something that can be defined as the genealogy of a modern subject. Perhaps in extreme borderline and marginal cases, specific experiences and dimensions of subjectivity are revealed. The analysis of the ways of diagnosing and treating Polish melancholy is also a practical implementation of a certain concept of ourselves. A madman, a stranger is a kind of reflection of ourselves. The third element of the genealogy is a transgressive, ironic or aesthetic moment. It consists in shifting the considerations and studies from the area of defined psychopathology to the area of our cultural and national identity. The result of these operations may be defamiliarization of these historical texts and a different look on them. This required additional access by the author to a wider historical archive. First of all, for literary sources that in their lyrical language can activate our cultural imagination. The genealogical theme is present in the author's self-commentary on the intentions and aims of her own project. We are dealing with the suggestion that this is not just a story written by a historian of science.

Is the proposed genealogy project satisfactory? It is not completely full and consistent. Elements of genealogical thinking are partially created in the margins of research conducted by the author. They are only outlined and, to a large extent, have a declarative and provisional character. We are dealing with documents that the author is discussing and

systematizing. However, they are essentially medical discourses that reveal their moralistic and cultural character in relation to psychopathology. It was probably difficult to find records in the Polish 19th-century archive, the authors of which would be the patients themselves or individuals critical of institutional psychiatry. There were no papers that would escape the order of the medical discourse. Also in the literature and Polish art of this period there were no such strong individuals at the same time involved in the discourse of psychiatry, such as van Gogh, Artaud, Nietzsche. There was also no set of statements and comments similar to the one published by Foucault: *I, Pierre Rivière, Having Slaughtered My Mother, My Sister, and My Brother*… (Foucault, 1975). The book contains an extensive collection of historical documents. It seems, however, that even a small collection of selected documents revealing the social, cultural or political context of psychiatric practice and a more critical commentary would allow to unmask one-sidedness and morally doubtful involvement of medical discourse and make it easier to achieve a more transforming effect. Hope of the author of Polish Madness that "my countrymen" look at the proposed documents as a mirror seems to be an excessive expectation, a kind of secretive desire of the author, which to bring the intended effect must would have to fall on a particularly fertile ground.

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Tracking the Objects of the Psychopathology
On Interdisciplinarity of Psychopathology on the Margins of *Historia polskiego szaleństwa*

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Abstract

This paper is a loose commentary on Marcinów's book (2017). The commentary is focused on the objects of psychopathological investigations and the role of psychology / psychiatry tension in the process of singling out, tracking, and describing them. As a consequence, there are limitations of collaborative and integrative efforts between psychologists and psychiatrists where questions of psychopathology are concerned.

Keywords: Mira Marcinów; psychopathology; history of psychology; history of psychiatry; biography of psychological objects; interdisciplinarity.

Introduction

Marcinów's (2017) book is a very rich and comprehensive attempt to capture the history and sources of psychopathology based on Polish nineteenth-century works. Now, the first volume of the announced trilogy is available, dedicated to melancholy. Marcinów focuses on the formation of Polish melancholy terminology and the distinctively Polish approach of melancholy both in scientific research and in art or culture more generally. The book consists of three, rather distinctive, parts. The first one contains introductory, theoretical considerations accompanied by a rich historical analysis. The second one contains an extremely broad variety of historical resources (which, I believe, can be re-used in the future, in many interesting textual studies on the history of Polish psychiatry). The third one contains paintings, pictures, and photographs related to issues from first part of the book.

Here, I will focus on the first part of Marcinów's book. Even the shortest and most general outline of the Marcinów's (2017) investigation directs our attention to two general issues. First of all, it is the birth or construction of terminology, and classification of mental problems in general.[1] In Marcinów's work, the formation of psychopathological terminology related to melancholy is studied in the works of Polish researchers and physicians. The second issue is the very nature of psychopathological research itself. This will be my starting point and main topic for my comments on Marcinów work. As Berrios (1984) noticed: "[t]he history of psychopathology [...] is a powerful calibration technique by means of which the language of psychiatry is conceptually tightened and made ready for quantification" (p. 310) and "[...] collaborative work between psychiatric clinicians and historians is urgently needed and suggests as the first common task the calibration of descriptive psychopathology" (p. 303). Therefore, Marcinów's research on the birth of Polish psychopathology should be an excellent opportunity to calibrate our (Polish) psychopathological dictionaries. But maybe it could also add a little Polish contribution to the psychopathological knowledge in general.

In what follows, I focus on an unsolved tension hidden in the treatment of a psychopathology and its objects by Marcinów. This is the tension between psychological and psychiatric approaches to psychopathology.

A few words of explanation. Here, I assume roughly but uncontroversially that psychiatry and psychology are different disciplines with different, sometimes entangled, histories or biographies (Danziger, 1993, 2003), terminologies, methods and objects of research. Psychology is a behavioral science focused on human behavioral performances in the intra-individual and inter-individual variability context, whereas psychiatry is a medical specialty, mostly focused on mental malfunctioning investigated in case or cohort studies. While psychology is mainly focused on psychological effects, the psychiatry is focused on symptoms. These differences have changed in history and possibly at the beginning of scientific psychology, the differences between psychology and psychiatry were elusive and hard to track. However, when properly investigated, they could be very fruitful for research on interaction between both disciplines.

Without any doubt, this is a naïve and rough picture, and it's possible to make more nuanced distinctions, including relations between particular schools, traditions, or approaches in psychology and psychiatry. Taking that into account, some of them are closer to each other (e.g., a narrative psychiatrist and a humanistic psychologist), and some are not related at all (RDoC proponents and psychologists form psychodynamic traditions). However, I believe that even a more nuanced approach to the issue will not be in conflict with my argumentation.

It is so because I only want to argue that psychopathology is a peculiar area of investigation, where psychology (especially the clinical one) and psychiatry start to collide and merge. The mentioned differences can be helpful but sometimes also harmful. Therefore,

[1] Marcinów seems mostly interested in *history of terms* (Sierra & Berrios, 1997, p. 214).

we should proceed even more carefully when focusing only on one of psychopathological disciplines, in Marcinów case on the psychological part of psychopathological history or biography (Danziger, 1993, 2003). If we neglect the distinction between the psychological and psychiatric aspects of psychopathological research, then we cannot say that we are talking about psychological part of the story. However, this is a minor issue. A more pressing problem is that we risk losing sight of the fact of emergence issues related to the psychological or the psychiatric way of conducting psychopathological research. Some of these issues will be described later in the paper.

There is a quite extensive literature on birth of scientific psychology (Brock, Louw, & van Hoorn, 2006; Danziger, 1993, 1994, 2013) and the maturing of psychiatry in the 19th century, and they are quite independent at that time in Europe (mainly France, Germany and UK) and the USA (Berrios, 1984, 1988, 1996, 2008; Mora, 1970; Sierra & Berrios, 1997). There are even some studies of the conflict between these two in the context of research on mental pathology (Blustein, 1981; Clark, 1981). Therefore, looking on these issues in the context of Polish research could be very informative. However, which is a little disappointing, Marcinów did not take up this thread in her work.

It's possible to develop this commentary in two ways. On the one hand, one could focus on historical issues and present tensions in then research. On the other hand, one could show why the issue of tension between psychology and psychiatry is so important. I chose not to present any detailed historical or any similar analysis of development from the 19th century to contemporary psychopathology. There is no place for such a project in a short commentary such as this one. I focus on showing possible repercussions of neglecting these issues even in history-oriented reconstructions. I will try to look on issues discussed by Marcinów through the lenses of contemporary studies on interdisciplinary research.[2]

In the first part, I present rough remarks on interdisciplinary research. In the second part**,** I focus on Marcinów's remarks on the birth of Polish psychopathology and psychopathology in general as having psychological or rather medical origins. Here, I will elaborate on the issue of ambiguity presented in Marcinów's work (2017). In the third part, I will discuss some problems, mainly interdisciplinary ones in the case of psychopathology. In the fourth part, I will summarize the whole commentary.

[2] Here, I will not propose any exhaustive account of interdisciplinarity of scientific research. However, for the sake of clarity, I propose to draw a general distinction between: (a) multidisciplinary research, as conducted by representatives of different disciplines, but without interaction, coordination and integration between these studies; (b) interdisciplinary research, where we can observe interactions, coordination or integration between different disciplines; (c) transdisciplinary research, where interactions, coordination or integration involve stakeholders that do not represent traditional research disciplines (e.g. artists, industry representatives, NGO's, or local communities; Boden, 1999; Grüne-Yanoff, 2016; Klein, 2010; Koskinen & Mäki, 2016).

1. From Interdisciplinary Research to Psychopathology

As we mentioned, in psychopathological research, psychology and psychiatry start to collide or merge. We can say even stronger that psychopathological studies, historical and contemporary, are (or at least should be) interdisciplinary, where psychiatrists, psychologists, neuroscientists, and even philosophers or ethicists cooperate (see: Campaner, 2014). Therefore, if we want to separate one thread and focus on, for example, the psychological aspect of psychopathology, we should be cautious in disentangling it, because it easy to conflate threads from biographies of different disciplines. Although Marcinów rightly recognizes the complexity of psychopathological research, she does not notice its highly interdisciplinary character, i.e., its disciplinary diversity and its consequences.

Furthermore, contemporary literature is increasingly pointing to the plurality and diversity of psychopathological research. It is becoming more and more common to take a pluralistic position (see: Campaner, 2014; Van Bouwel, 2014; Zachar, 2012).[3] And although this pluralism itself is not necessarily related to the disciplinary diversity and *vice versa*, it seems that the possibility that this pluralism is the result of differences between disciplines involved in studying psychopathology is worth considering. In particular, Campaner (2014) points out, among various sources of pluralism in psychiatry, "a plurality of disciplinary fields involved" (p. 91).

There will be kind of disciplinary pluralism, where different disciplines can come with different epistemological, methodological, or practical standards. However, the differences can go deeper. Borsboom with collaborators (2009), following Cronbach (1957), points to a significant methodological discrepancy between the two approaches to psychological research: experimental vs. correlative. Of course, this conflict is rather *intra*disciplinary, not *inter*disciplinary, but if one of disciplines is challenged by such conflict, then it is highly probable that an interdiscipline containing this discipline will also face these problems even in a higher degree.

My commentary on Marcinów's book will begin from directing attention to research on the interdisciplinarity. I am convinced that this will allow us to see an important, albeit unnoticed, aspect of her research.

1.1. Some Issues Disclosed by Interdisciplinary Studies

We must introduce some issues of interdisciplinary studies, if we want to show how they could help in our (and Marcinów) endeavor. Interdisciplinary studies, as I mentioned earlier, focus on the conditions of interdisciplinary cooperation, the formation of interdisciplinary research teams, as well as the evaluation, and implementation of interdisciplinary research projects. One of the basic aspects of this research is the analysis of issues that

[3] Marcinów could argue that even if contemporary psychopathology/psychiatry is interdisciplinary, her analysis was historical. Different replies to this argument are possible. For example, we can say that this interdisciplinary pluralism is an intrinsic feature of psychiatry, as determined by the complex and diverse character of its problems.

limit of the cooperation between stakeholders form different research disciplines. Such obstacles could arise from different reasons. Showing these differences can be very helpful for understanding the specificity of each discipline involved in interdisciplinary research, and its actual role in this project.

There are not only obvious differences in theories and subjects of research, or methods used in different disciplines. Most often, less explicit sources of conflicts are indicated. For example:

a. different approaches to what is considered as data and to what is considered proper ways of collecting and using these data;
b. divergent attitudes toward theoretical research, its role and importance;
c. various epistemic standards (e.g., validity and reliability procedures and results);
d. different daily practices, habits, routines;
e. various repertoires: material, behavioral social and cultural components of research (Ankeny & Leonelli, 2016; Leonelli & Ankeny, 2015) and different experimental protocols (Sullivan, 2009);
f. difference in the scope of the disciplinary field (Peterson, 2016, 2017);
g. different significance of ethical and social issues in the conducted research.

These differences could be further multiplied. It will be informative to consider psychology vs. psychiatry interaction/divergences in psychopathology, and even in a broader perspective, the research of the mental in general.

If my reading of Marcinów (2017) is correct, she insists that the history of psychopathology—in particular, the case of melancholy—is the part of the history of psychology. Therefore, using Danziger's terminology, the biography of melancholy should be considered as part of the biography of psychology (Danziger, 1993, 2003). However, without seeing simultaneous theoretical and also institutional development of Polish psychology as a scientific discipline and without seeing its further development in the 20th century (Marcinów focused only on the 19th century), the picture seems to be a little patchy and blurry. This picture could be more problematic as it seems, if we—for example—looked on research developed in the psychoanalytical tradition, especially on the involvement of the psychoanalytic movement in development of the 20th century psychiatric research (until the formation of DSM-III, in particular).[4]

Here, I limit myself to more general issue, in order to shed some light on tensions between psychiatry and psychology in the case of psychopathology. So, we can go back to the issue of interdisciplinary research.

[4] Moreover, exposing not only the issue of melancholy but also the intricacies of methodological and institutional background of development of Polish psychiatry could help in Marcinów's project, as it seems, which is the development of a comprehensive approach to the Polish way of living melancholy.

1.2. From Interdisciplinary to Psychopathological Studies

In the literature, we can find an interesting and informative analysis of problems encountered by cooperating economists and ecologists (Armsworth, Gaston, Hanley, & Ruffell, 2009; MacLeod & Nagatsu, 2018) as well as systemic and molecular biologists (MacLeod, 2018; MacLeod & Nersessian, 2016). Field-based differences in using regression analysis make economist assess ecologist as poor statisticians (Armsworth et al., 2009). Both groups of biologists, systemic and molecular, strongly disagree on the proper use of data and the explanatory role of simulations (MacLeod & Nersessian, 2016). These are examples already studied in depth in the philosophical literature, but these are not the only examples, and the search for these differences seems to be extremely valuable and helpful in understanding both the prospects of improving cooperation in interdisciplinary research but also the character of individual disciplines (see: Wagenknecht, 2016). Although I could find no papers that would explicitly show the conflict between psychiatrists and psychologists regarding psychopathology, especially from the perspective of more practice-oriented philosophical studies or science studies (however, see: Peterson, 2016, 2017), these differences, I believe, are possible to find, and it is worth considering:

a. whether there are convergent attitudes towards data in psychologists vs. psychiatrists and others (case or cohort studies, experimental or correlative studies, studies on model animals and others);
b. what role theories and models play in psychology and psychiatry (what exactly is modeled by psychologists vs. psychiatrists?);
c. whether psychologists and psychiatrists share the same epistemic standards when assessing the correctness or reliability of research;
d. what kind of daily practices, routines or research habits are most epistemically valuable;
e. what differences in repertoires and research protocols between psychology and psychiatry are;
f. whether ethical problems, issues or challenges in both disciplines are the same.[5]

This can be summed up in one question: if we write biography of psychopathologies, will it be a more psychological—social-science-oriented biography, or psychiatry—more clinically, medicine-oriented biography? Even though there is no space for answering all the mentioned questions, and most of them still await the answer. However, as I say, I suspect that such answers will not be meaningless for Marcinów project.

We can search for these differences (and similarities) in the treatment of the subject and the manner of conducting research by psychologists, including experimental, correlation, clinical psychologists and psychiatrists, both scientific researchers and clinical practitioners or therapists.

[5] Exhaustive answers on the questions are beyond the scope of this paper, however, more detailed remarks on some of them will be presented in section 3 of this paper.

2. Disciplinary Hodgepodge and the Polish Psychopathology

As I have already mentioned, Marcinów's work focused on the birth of Polish psychopathology also allows us to look at the emergence of Polish psychiatric and psychological research.[6] The moment of emergence of psychopathology, both in the clinical and research context, gives us a unique opportunity to notice and track possible conflicts between psychiatric and pre-psychological works in psychopathology. Unfortunately, but maybe in accordance with her intentions, it seems that Marcinów's work blurs rather than highlights differences between these approaches.

Marcinów (2017, pp. 19, 39) emphasizes the psychological nature of her work. In other places, she underlines that her project requires precise tracking and "articulation of psychiatric narration with psychological referents" (2017, p. 17) However, as it should be evident from the above remarks, this is neither in any way obvious nor easy task. Additionally, referencing mental concepts presented in psychiatry as psychological by Marcinów is problematic. Does "psychological" mean here the nonphysical? Or maybe whatever entity singled out as part of psychological research? My reading of *Historia...* suggests the second answer. However, can we really say that melancholy as an object of psychology and as an object of psychiatry is the same object with one biography (see: Danziger, 1993, 2003)?

- **a.** Marcinów describes psychopathological issues as psychological, not psychiatric. However, psychology as a scientific discipline was just born (naturally Marcinów is aware of this difficulty). Hence, it is difficult to describe the disciplinary framework of the investigated and discussed inquiries. This is the first problem.
- **b.** When we look at the main theoretical part of Marcinów's book (2017, pp. 59–176) and the source materials gathered in the second part of the book, her research seems closer to the searching approach for some issues related to psychiatry as a branch of medicine. Such assessment of Marcinów's work is also present in the review of her book contained in this volume (Zawiła-Niedzwiecki, 2019).

Naturally, to draw a distinction between psychology and psychiatry in the context that is of Marcinów's interest, is not an easy task. The nineteenth century is the age of the birth of psychology as a field of research. It's born in the works of e.g., Ribot, Wundt and with the James' classic textbook published at the end of the 19th century.[7] Psychology starts emancipating from both philosophical and medical studies of mental problems. But it is not necessary to talk about a full-blooded psychological approach of mental disorders. However,

[6] It is worth noting that it would be extremely valuable to embed the terminology development within the institutional development of both research and clinically-oriented work on the psychopathology of Polish research. Of course, this would be a difficult task, considering not only that psychology as a discipline was just emerging (in the second half of the 19th century), which is clearly stated by the Marcinów (2017), but also the political situation—the lack of a Polish state.

[7] It could be very informative to know the reception, degree and way of acceptance of these psychological classics among Polish 19th-century psychopathologists.

exposing links between the 19th century approach to mental disorders with the remarks on formation of psychology as a discipline could be very informative, even for contemporary research. Hence, the basic problem of this book is the lack of a clear outline of what is, we can say, the *differentia specifica* of the emerging psychopathology as a psychological discipline.[8] Moreover, in the initial part of Marcinów's work (2017), she points to a strong deposition of mental disorders in a cultural context, either by reference to Foucault's works on control and power or Hacking's study of transient disorders. I am convinced that a clearer sketch of the disciplinary distinctions could be useful in outlining the Polish dimension of psychopathology. It could help to outline the dimensions of Polish psychopathology.[9]

Psychopathology is a really interdisciplinary complex endeavor, and neglecting its interdisciplinary dimensions could lead to problems: we can miss terminological discrepancies (e.g., differences in use of some basic terms like "validity") or be simply misled by superficial agreements and apparent progress in research. The history of psychopathology could be, I believe, very helpful in identifying and tracking such discrepancies.

3. Tracking through the Boundaries

Philosophical and theoretical research on the methodology of clinical psychology, psychotherapy and psychotherapy, from the mid-twentieth century, was pioneered by Meehl (Cronbach & Meehl, 1955; Dawes, Faust, & Meehl, 1989) and his work is still of great importance. However, the current development of the discussed areas carries more challenges. For example, there are challenges brought about by RDoC[10] in psychiatry, which is aimed to make psychiatry more research-driven (Insel et al., 2010; Insel, 2014), and related to this, an attempt to move from a binary account of mental disorders to a multidimensional one (Haslam, 2013). In psychology, the psychometric approach on psychopathology is gaining importance—whether it is network-based modeling of mental disorders, e.g., in terms of causal relations between symptoms (Borsboom, 2017), or searching for *p-factors* for psychopathology (van Bork, Epskamp, Rhemtulla, Borsboom, & van der Maas, 2017). Therefore, the image of psychopathology becomes even more complex. We can indicate here interdisciplinary issues related to psychopathology:

a. Meehl with collaborators (Dawes et al., 1989) describe differences between more intuition based—clinical and statistical—and psychometric based—actuarian—diagnoses.

[8] Marcinów's (2017) research is even more difficult when she starts to include in her investigation threats form the 19th century literature. Her research probably needs a more transdisciplinary oriented treatment, see: (Brown, Harris, & Russell, 2010; Koskinen & Mäki, 2016). Marcinów attempts to integrate not only different academic disciplines, but also the relationship between the beginnings of scientific psychopathology and the various trails from the 19th works of fiction and religious literature, etc. But here I leave this issue aside.

[9] By the way, it seems that another concept taken from looping effect studies would be useful in the Marcinów's endeavor. One could ask whether there is a specific Polish looping effect in the case of melancholy.

[10] For example, there is a controversy between a research-oriented—multidimensional—and clinically effective—one-dimensional—approach to mental disorders.

Even they argue for superiority of the latter, without dismissing the earlier, however, completely. Further, in his autobiographic notes, Meehl describes the clash between a clinician and actuarian (see: Lindzey, Runyan, & Association, 2007), and the complete dismissal of clinical methods (in his time, based on psychoanalysis) by actuarians. Naturally, these differences don't disappear, new ones emerge and problems intensify.

To some degree, the mentioned conflicts resemble tensions between the advocates of DSM-I and DSM-II and the advocates of DSM-III and later versions of the manual, and most likely between current supporters of DSM and supporters of RDoC (Keeley, 2014). However, this is mainly related to the conflict between clinical and research-oriented psychopathologists. This way, we can understand Bluhm calling for two ontologies: "an ontology for scientific research and a separate ontology should be developed to guide clinical practice. It may be that the explanatory ontology will inform clinical ontology, but there is no guarantee that this will be the case" (Bluhm, 2017).[11]

b. Sullivan (2014, 2017) notes that the key to research in psychiatry and psychopathology in general is to share protocols, standards or practices, which will lead to the stabilization and standardization of constructs that will be used in psychopathology. And when we notice that psychopathological research is interdisciplinary, "specific measures must be taken across different context of experimentation to ensure the stability of phenomena under study" (Sullivan, 2014, p. 258).

Sullivan (2014) analyzes in some detail a project focused on schizophrenia called "CENTRICS". This project looks for animal models of schizophrenia and integrates cognitive neuroscience with cognitive neurobiology. Therefore, Sullivan compares *cognitive neuroscience*—focused on task analysis, and trying to analyze specific mental functions, and cognitive neurobiology—focused on specific experimental paradigms, and investigating behavioral effects. What she says is even more intriguing: "[…] neither cognitive neuroscientist nor cognitive neurobiologist are specifically concerned with mental states of organism they study" (p. 270). Integration or even coordination of such research is not an easy task.

c. Another issue is related to recent initiatives to base psychopathology on searching on essential factor for it—so called *p-factor*. If successful, it could merge clinical judgment with the actuarian approach. However, in their recent paper (van Bork et al., 2017) find flaws of using such tools in psychopathology. They show that most conclusions in that research were not data-based but emerge as artifacts caused by tools used for analysis. We can suspect that different disciplines will use different tools for similar purposes.

d. Peterson (2016, 2017) conducted interesting ethnographic research on mind brain sciences [MBS]. Although it is not dedicated to psychopathology and interdisciplinary differences explicitly, it is extremely informative for my current investigation. In one of his papers, Peterson investigates the relation between broad and narrow research fields in MBS. He presents the clear lack of trust between stakeholders coming from fields of divergent

[11] In an interesting way, Haslam (2013) interprets DSM as an identification device. We can also try to identify DSM as being part of clinical ontology or something between these ontologies.

scopes. Researchers discredit the problem choice, graininess of analysis, method choices and many more. These differences determine the results in different fields. Disciplines are considered without value because they are supposedly:

i. methodologically flawed and sloppy (in broad fields);
ii. precise but irrelevant (in narrow fields).

This kind of analysis can be easily transposed to psychopathological issues and divergent treatment of mental issues by molecular neurobiologists, clinical psychologists and phenomenologically inspired psychiatrists (see for example, debates on RDoC in 13(1)2004 issue of *World Psychiatr*y).

e. With regard to the issue at hand, a non-surprising difference is related to the kind of validity found in psychiatry and psychology (Kendell & Jablensky, 2003). While in psychology, we deal with constructs validity, in psychiatry, we are concentrated on diagnostic validity (Zachar & Jablensky, 2014, p. 6). Haslam (2013) investigated a similar issue, i.e., relation between validity (relation between the measure and what is measured) and reliability (consistency in internal, interrater and intertemporal dimensions) in psychiatry (see also: Lefere, De Rouck, & De Vreese, 2017). For example, phenomenological approaches are validity-centered, where RDoC is reliability-centered.

f. At the end we can mention that, in the context of Marcinów's project, there is an interesting issue of the role of case studies in psychiatry and psychology. More precisely, what value for psychologists do psychiatric presentations of individual cases of disorders have? Although the aim of the DSM and even more RDoC is to make psychopathological considerations more intersubjective, there is no doubt that the role of the case study for psychiatrists is not negligible. Possibly, this is the question of the role of clinical psychology and its methodology in psychopathological research.

The above-mentioned examples show that investigations in psychopathology can face many, in fact, interdisciplinary problems. The pluralism present in psychopathological research is still in need of coordination (Sullivan, 2017) and conceptual stabilization (Sullivan, 2014). Furthermore, these issues are accompanied by continuous questions of what type of kinds mental disorders are: pragmatic, transient, or diagnostic (Tabb, 2019)? There is no easy answer to this question. Therefore, quick merging psychological and psychiatric approaches can be more problematic than helpful.

Because of that, I believe that tracking the emergence of this type of differences—not only terminological ones—at the birth of Polish psychopathology would be helpful when noticed.

5. Conclusion: On Appreciating Interdisciplinary of Psychiatry

In the light of presented remarks, I want to draw conclusions. Despite the fact that Marcinów's project (2017) is extremely ambitious and rich, my main concern is that it neglects to mention obstacles to interdisciplinary cooperation, and ignoring them can lead to

problems with the proper account of psychopathology, leaving unnoticed, superficial agreements, which will make research progress merely apparent. However, an appreciation of the complexity of interdisciplinary relations between psychology and psychiatry can help to expose not only psychopathology itself but also the Polish way of living melancholy.

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Twisted Ways from Melancholy to Depression (in Polish Lands)

Author: Mira Marcinów
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[The History of Polish Madness: Sun amidst the Black Sky. Study of Melancholy]
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459 pages + album

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Abstract

This paper is a review of Mira Marcinów's book on history of melancholy in Poland. It is written from a perspective of bioethicist and philosopher of medicine interested in psychiatry and endeavours both presentation of the project for an English speaking reader and critical evaluation of this exceptional book with focus on value for different potential readers.

Keywords: Mira Marcinów; melancholy; depression; history of psychiatry; Poland.

Mira Marcinów's book poses a challenging task for the reviewer. Not because it's a difficult read—I will comment on this later on—but because it's hard to pinpoint what the book is actually about and to whom it's addressed. However, as Marcinów has admitted herself during author's meetings, this feature of the book is, to a certain extent, deliberate. The book, at the same time, is and is not: an academic monograph, anthology of texts and

an album. It is, and it isn't a book about the history of ideas, philosophy of psychiatry, history of psychiatry and psychology, literary scholarship, philosophical anthropology and, last but not least, simply psychopathology. All these elements are combined into an integral whole and would be rather impossible to separate. On the other hand, though, the text is composed in a way that permits the reader to open the book on a random page and start reading, or—according to one of the comments expressed during a meeting with the author: "you can read the book without feeling that you have read it."

Undoubtedly, it is an academic work with all the expected elements, such as a long list of literature references (over 30 pages), but at the same time, it is a popular humanities book, written in a language that is supposed to be understandable for non-experts in the field, and finally—considering the album comprising prints, photographs, drawings and paintings related to melancholy that takes 1/8 of the volume—it is also a form of artistic activity.

In the academic aspect of the book, the author makes use of her expertise in philosophy, contemporary psychology and clinical psychiatry—including her own clinical experience—and on top of that, of the toolbox of a historian, including history of terms and ideas, literary scholarship and knowledge of literature in general, combining all of them into a synergistic whole. As a result, we get a text whose target reader remains unknown. Indeed, Dr Marcinów has put a lot of effort into using transparent language, avoiding academic jargon, but in order to fully appreciate the information included in the book, one would need broad—and quite niche—knowledge, available only to very few historians of psychiatric thought, philosophers of psychiatry and philosophising clinicians. Otherwise, some of the references will remain unclear and elusive. If it were necessary to indicate a group of people that definitely should read this work, it would be clinicians interested in philosophy and theory, as they will find here a rich source of materials that can serve as a point of departure for some creative input into contemporary clinical theory and practice (more on this topic later on).

The book comprises three parts: 1. The author's own original study on the topic of melancholy in Polish psychiatry in the 19th century and before, together with its cultural background; 2. A selection of reference texts that served as material for the first part, followed by the usual list of references and a table of contents; 3. The above-mentioned album.

The first part—"the study," is further subdivided into two sections: section I, a theoretical and methodological section that describes the research methods applied, research questions, materials, reference literature on the global history of psychopathology of melancholy ("melanchology," as the author calls it), and section II organised in line with the classical medical division into diagnosis, aetiology and treatment.

First, the author describes the sources, the history of concept development (together with a glossary of terms) related to a shift in the perception of melancholy among Polish psychopathologists, and later she presents a long list of clinical cases based on reference materials, organised according to different methods used to reach a diagnosis, conditions leading to

the illness, and therapeutic methods. This part concludes with an attempt to describe the specificity of Polish melancholy, as opposed to the global variant.

The second part—the anthology—contains a selection of texts by 19th-century psychopathologists, grouped around similar problems: e.g. forensic psychiatry, children's or women's psychiatry, etc. Although this part ends with a list of sources from which the texts have been taken, the critical apparatus provided to us herein is very scarce; the anthology seems to play a rather illustrative—and not historical and critical—role, especially considering that some texts are only quoted in fragments.

The album, printed on a different kind of paper, presents images of 19th-century psychiatry—this time all around the world—that can shock an unaccustomed reader. There are images depicting patients, therapeutic methods, as well as representations of melancholy in paintings and in culture.

The type of narrative is somewhere in between a contemporary scientific article—with the specific form of citations, unusual for Polish humanities and typical of a medical publication, being a factor here—and a popular humanities book. In spite of this tangible tension, it is by no means a drawback, yet a reader used to essays will be surprised on encountering the first table. Although the author explains cultural processes and the development of anthropological thought in philosophy, she also tries to analyse, even quantitatively, some features of 19th-century psychopathologies. For example, we may find here tables of symptomatology of melancholy, together with the incidence of given groups of symptoms.

The title of Mira Marcinów's book is an obvious reference to a work by Michael Foucault, while the subtitle, a little bit less evidently, refers to Zygmunt Krasiński. It is a work of major ambition—to the order of magnitude of giving a Polish Foucault to its readers. Foucault, by the way, is interpreted by the author with great expertise and familiarity with his work. Does the book fulfil this objective? Let's have a look at this issue from the point of view of certain aspects in which this publication contributes to scientific debate. As I was trying to demonstrate up to this point, it is a multi-aspectual tome and any attempts to adequately summarise it or pinpoint the problems tackled within it are bound to fall short, first of all because most of its content consists of case analysis. Therefore, in the present review I shall discuss only these topics that I consider important from the perspective of psychiatric ethics, leaving matters related to historiography or cultural sciences to experts in those fields.

The first and, in my opinion, the most important aspect of the book—also according to the author herself, as can be deduced from what she said during the author's meeting—is the archaeology of terms. She endeavours to reactivate numerous Polish words that were used to describe different mental states in the past and could be used in contemporary psychiatry as well. As the author duly notes, the technical language of science has entered into casual, everyday speech, which forces scientists to use an even more hermetic terminology of ICD codes from the F group (mental disorders)—although these start to seep into the everyday language as well—which, however, were not designed to reflect the versatility of mental states related to sadness, sorrow, longing or regret. Obviously, these processes are significant

both for common speech, as well as for the language of creativity and that used in the office of a mental health professional who would likely prefer patients not to self-label themselves with technical terms they do not understand, but rather describe their feelings and experiences.

Maybe bringing back the word "smutnodurny"[1] to contemporary Polish is not the best idea, but there are also other expressions that the author reintroduces and that in many cases ceased to be used not so long ago: "posępnica," "zaduma," "ponurowatość," or "melancholia" itself – which was still used by Kępiński[2]. The author offers a broad overview of how "melancholy" terms were being forged in Polish, in an effort to come up with equivalents for certain Latin, German, English or French words; providing numerous examples and showing many different semantic hues, as well as the limits of usage. How should we translate the English concept of "spleen" into Polish? Why not refer to the organ with a perfect term such as "śledziennictwo"!

Why is it all significant from the ethical point of view? The author does not write it explicitly, but a major issue in contemporary psychiatric ethics—especially in its popular version—consists in separating mental problems and their symptoms from the social stigma of mental illness, and in avoiding pseudo-psychiatric talk in public space. It turns out that Polish has a huge amount of terms that could be brought back to help in this important task.

Another significant topic concerns the sources of contemporary discussions about medicalisation and the fact that although they are immanent for the area of psychiatric knowledge, there might be some solutions. The author describes 19th-century arguments between *somatiker* and *psychiker*, as well as discussions about the thin line between the norm and pathology in such a way that it is obvious for the reader that both parties are wrong and their answers converge in places where meaningful help is provided to those who suffer. She does it by describing cases that not only present the symptoms of those afflicted by melancholy, but their entire personalities together with their assets, specific character features and sometimes different kinds of behaviour. Mira Marcinów shows to the reader that 19th-century psychiatrists knew that intellectual work increases the risk of melancholy and that not every kind of sadness is pathological, although some are. These are questions that in more contemporary times form the axis of dispute between psychiatrists and anti-psychiatrists, or at this moment—even post-psychiatrists. For the sake of such discussions, both theoreticians and clinicians can find it useful to take a step back and look at the similarities between the debates taking place currently and those from 100–200 years ago.

The third essential subject, even if outlined only roughly, is the question of a set of symptoms specific to Polish culture. Researchers exploring the history of psychiatry already know that the same disorders may be experienced by patients differently depending on the cultural context. The delusions of Poles and of the Chinese differ; similarly, mental institutions in former times used to be populated by Napoleons, whereas today a more common affliction consists in thoughts sent by secret state agencies via radio frequency. Mira

[1] Literarily „sad-dumb" in modern Polish.

[2] Famous Polish psychiatry professor and prolific writer of 50's and 60's of 20th century.

Marcinów outlines two symptoms typical for Poles in the times after they had lost sovereignty and were fighting to regain it. Feelings of longing, loss and reminiscence tend to appear repeatedly. On the other hand, the author does not try to diagnose Poles as a community, but rather shows a kind of coherence and continuity with what was observed by psychopathologists in different European countries. It is an important input into the global history of psychiatry and let us hope that these parts of the book will be published in a conference language, because—as the author stresses herself in the introduction—historians of psychiatry give up when it comes to reading texts in Slavic languages.

I suppose that many readers will find it interesting that the book provides a possibility to collate the author's conclusions and analyses with source texts that until now were in their main part unavailable. Many of them were printed a long time ago, with archaic spelling, and can be accessed only in very few libraries. Here, they have been gathered in one tome, which will prove useful not only for historians, but also for practitioners, who will be able to compare their diagnostical and therapeutic skills with those of their colleagues in the past, noticing their advantages, but also certain matters that are easily overlooked in the present, technicalised medicine. One of these motifs consists of descriptions of the melancholic gaze—the main symptom of psychopathology in cases reported by 19th-century physicians. Would these descriptions still be valid in contemporary studies based on proper methodology? Time will probably tell.

There are many more such topics in this volume that could capture the interest of psychiatry ethicists or theoreticians, for instance: the development of the concept of a mental disorder as a flaw or a moral problem, the way in which medicalisation stripped the sick of their agency, how supposedly humane and humanistic therapies turn out to be stigmatising. These and many more subjects can be found in this publication.

Now, one may ask: how should we assess this work? I will evaluate the book in different areas and then I will try to issue a general verdict. The easiest to assess is the technical aspect. The book is published in hardcover, on thick, high quality paper. The images are printed on a special paper for photo albums, the typesetting looks good and is stylish, with unique placement of page numbers and headings. Not for lack of trying, I have not been able to find any defects. The book has been edited very scrupulously; well, reportedly, the editorial process took four years. The only element that can raise doubts is the image on the cover. Let's just say it is aesthetically controversial and not take the matter any further, because *de gustibus disputandum non est*.

Judging from the academic perspective, the book has an extensive list of reference literature, as well as substantial references. All the cited facts are meticulously documented by providing references to literature in a style resembling that of scientific journals. Reader-friendly indexes help to move around the manifold clinical cases. Moreover, the extent of source materials analysed by the author is overwhelming. As she wrote herself in the introduction: they span from 12th-century Latin Codes to publications of historians from the second half of the 20th century. Considering that it is the only publication on this topic in

Poland, it will surely enter the canon of texts used by historians of psychiatry and psychology; time will tell if it will prove interesting for clinicians and influence their practice, or contribute to popularising this field.

The extraordinary erudition of Mira Marcinów is also, definitely, a strong aspect of the book. The author is a philosopher, holds a PhD in psychology, she is a clinician and is also active, among others, in the area of dance. All of that combined with her knack for the written word results in a text that is interesting to read, without the heaviness typical of thick scientific tomes (the books weighs around 3 kilos). It seems that the author has managed to achieve a rare fusion of a book that can be used as a reference text in a seminar, and a book that can be read for fun on vacation or as a bedside book.

Unfortunately, there are also some negative aspects of this volume that have to be mentioned, and these do influence the final judgement. First of them consists in a certain imbalance of requirements towards the reader. On the one hand, the author explains the absolute basics of contemporary psychiatric nosology, on the other hand, she refers to Kraepelin and psychoanalysts practically without any broader explanation. This might be a very subjective effect of course. Some readers will not even notice this issue, but for others it might render the book completely obscure. In this respect, the book seems to be addressed more to humanists than to medical professionals. On the other hand, however, the source materials are provided without any critical apparatus, in some cases in fragments, which will not make life any easier for historians who will be forced to access original editions anyway. This makes us think that the book is addressed rather to practitioners. This may seem to be a lack of consistency, if not on the part of the author, then on that of the publisher.

The third problem, that has been bothering me since I read this book, is how the album is linked (or not) to the content of the book itself. It is quite significant that the album comes after the table of contents and doesn't have pagination, as if it were attached there by chance. Maybe it would be a better solution if it were somehow integrated with the written narrative? Although the descriptions of images refer to psychopathology, their context is international and they don't fit the topic of Polish madness indicated in the title.

To sum up, the publication has a very rich content, it is a unique publication on the editorial market and the first one on this subject. Each practitioner and theoretician of psychopathology, as well as philosophers and ethicists of psychiatry will find here something interesting for themselves. Nonetheless, there are some things that can still be improved in the second edition.

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