

# Review of: "Is psychopathology a bit rusty? A critical essay"

Luigi Tesio<sup>1</sup>

<sup>1</sup> University of Milan

**Potential competing interests:** No potential competing interests to declare.

This article needs a clear thesis to support it.

It does not face two critical issues:

1<sup>st</sup>. Psychiatry (see the DSM series) speaks of “disorders”, not of “diseases”.

Disorders imply a shared description, not a causal diagnosis.

2<sup>nd</sup>. Disorders and diseases represent “pathology” as far as a human (societal?) judgement is concerned. “Pathology” is what we do not want because, sooner or later, perhaps not in given men but in others, it will cause suffering and death. This is crystal clear in Canguilhem’s thought (Canguilhem, 1991).

Therefore, neither “mental” nor “organic” pathologies should claim “absolute” objectivity. On the other side of the same coin, both delusions (a unicorn?) and donkeys are “real”, but not necessarily both are “true”. A pinch of realistic epistemology may easily reconcile the “real” existence of delusions (the subject really suffers from hallucinations) and of “out of mind” tangible things (which become intersubjectively understandable “objects” when human perspective assigns them properties (a smartphone would be a “thing” for a man who died 200 years ago). (Agazzi, 2014)

Nothing new in that. So, what is the article about? A sentence like

*“Society decides which content is normal and which is imaginary”* is ambiguous: it should sound like “what is pathologic and what is normal” or “what is true and what is false”. Both should be social and historical context-dependent. So what? Should we still believe in unicorns because they were considered “true” in the middle-age?

In the Canguilhem approach, the sentence

“We could assess delusion as a social construct due to impaired or defected linguistic networking, not as a positive symptom” is simply obvious. By the way, “positive” and “symptoms” are contradictory if positive means, here, “tangible, intersubjective/objective.”

The same holds for “Psychiatric dissociation, which should be understood as an attitude of non-compliance with the semantic map of the society, rejecting their functioning model, law and morality, achieved by generations of people living together”.

“Pathology” is a social construct. Cancer is “normal” (like earthquakes and floods, but we dub cancer only “pathological”). So what?

Psychiatry is not the only medical area fighting against a dualist-reductionist view of human suffering. All “clinical” medicine does it. For instance, rehabilitation faces the same challenge: disability is not “tangible” (like a bone fracture or a brain ruptured aneurysm). It is a behaviour which can only be detected (and defined) through human observation (with relevant metrological and statistical difficulties). Many “clinical conditions” do not present with organic evidence (e.g., chronic fatigue, fibromyalgia). The mind-body dualism cannot be solved with any “neurocognitive” physicalistic approach, nor by adopting the recent definition of former psychosomatic or conversion disorders as “neurofunctional” (oxymorons do not solve in practice any dualism) . And again: the drugs-or-dialogue therapeutic dilemma, in Psychiatry, cannot be solved ideologically (also, the claimed “empathy” can be an ideological flag), but experimentally (Buzzoni et al., 2022). No news.

In short, I do not see any originality in this lengthy, whiny article, despite its appeal to the repute “Novum Organon”.

Agazzi, E. (2014). *Scientific Objectivity and Its Contexts*. Springer International Publishing.

Buzzoni, M., Tesio, L., & Stuart, M. T. (2022). Holism and Reductionism in the Illness / Disease Debate. In S. Wuppuluri & I. Stewart (Eds.), *From electrons to Elephants and Elections*. (pp. 743–778). Springer International Publishing.  
<https://doi.org/10.1007/978-3-030-92192-7>

Canguilhem, G. (1991). *The Normal and the Pathological. With an introduction by Michel Foucault*. (Zone Books, Ed.; Originally French).