



Biological Sciences and the origins of the "Psych Field" in Rosario.

Eduardo Oscar Audisio

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Cátedra de Biología Humana, Facultad de Psicología,
Universidad Nacional de Rosario.
Riobamba 250 bis, 2000 Rosario, República Argentina.

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eadisio@unr.edu.ar

Introduction

The results presented in this paper are part of a wider research that aims to analyze the conditions in which biological sciences' contents are integrated to the university education of psychologists. Our study focuses on the Psychology degree course of Universidad Nacional de Rosario, Argentina. This degree course was created in 1955 and it was the first in the country with that specialty. Its current study program lasts six years and includes four subjects with biological contents, ensuring a proper thoroughness within this discipline. However, it is usual to hear students and some graduates and teachers questioning the need for future psychologists to be educated and trained in the biological field (Audisio, 2013). Several international scientific papers refer to problems of a similar nature in other universities (Carr, 2008; Rand, 2005; Stalder and Stec, 2007; Zittoun *et al.*, 2009).

With the stated problem as a starting point, with our research we aim to contribute to the clarification of the relation between psychology and biology in the context of the education process of psychologists, identifying the origins of the view that considers a lack of connection between both disciplines, analyzing situations in different historical moments of our country, where biological sciences had a conflicting relation with social sciences and, in particular, with the disciplines of the "psych field". When we use the term "psych" we do so, like Dagfal⁽²⁰⁰⁹⁾, to refer generally speaking to psychology, psychoanalysis and psychiatry, beyond their mutual inclusion or exclusion relations. We carry out all of this analysis under the assumption that these conflicting situations, and, specially, their subsequent interpretations, constitute a background that may explain, in part, the current estrangement.

In this paper we analyze the historic period in which the "psych field" was organized in the city of Rosario, during the first half of the 20th century. This organization took place around the creation of the Medicine degree course in Rosario in 1920, with the emergence of the first university subjects related to psychiatry, the creation of the first experimental psychology laboratory in the city, the organization of psychiatric treatment and the first appearances of psychoanalysis in that field (Gentile, 1998, 2003).

An interesting ingredient that needs to be considered is the influence that the mental hygiene movement had on psychiatry during those years (Klappenbach, 1999; Dagfal, 2009; Talak, 2005).

Historic framework

During the decade of the 1910s, on October 12th, 1916, Hipólito Yrigoyen became president of Argentina. These were times with high number of social conflicts, especially due to World War I, which affected the country's economy. Not necessarily related to this, and rather more linked to the cultural expansion of society's middle classes, in 1918 took place the student movement known as the University Reform. The reformists were supported by Yrigoyen and were able to accomplish several achievements: the renovation of the study programs, student co-government, university autonomy, the implementation of selection processes for teachers to access professorships, and increasing chances for citizens to gain admission to a university education. In this context, new universities were created, among them the National University of the Litoral in 1919. The Faculty of Medicine, Pharmacy and Allied Health Sciences was established in the city of Rosario. In the framework of the new Medicine degree course, the need arose to organize academic training in psychiatry and the creation of treatment facilities for mental patients. Therefore, it is of great interest for our work to analyze the events that took place during this period, up until the forties.

The mental hygiene movement

The mental hygiene movement began in the United States, during the first years of the 20th century. Its founder was Clifford Beers, a psychiatric patient who was hospitalized in different institutions, and its initial objective was to promote better assistance conditions in those facilities.

As Dagfal ⁽²⁰⁰⁹⁾ states: "In fact, mental hygienism, unlike other subsequent renovation movements, didn't question the existence of the institution; it only limited its therapeutic scope and fought for better hospitalization conditions in the cases in which this was necessary" ^(p. 64) [the translation is ours]. But it's important to emphasize that mental disorders, from this perspective, were not considered in the framework of the dichotomy health/illness, but rather acknowledged intermediate situations. In order to treat these patients, other alternatives were required that were different from the mental hospital or asylum. Consequently, external services that did not require hospitalization began to appear. The mental hygiene movement represented a renovation for the "psych field" that reached numerous and diverse aspects of human life. For psychiatry, it meant a change in the perception of mental illnesses, including environmental conditions as relevant factors. In this sense, Talak ⁽²⁰⁰⁵⁾ asserts:

This set the foundations for the decline of organicist psychiatry, rooted on the thesis of heredity and degeneration, and a renovation of psychiatry, both in its contents as well as in its spheres of action outside asylums, and established the conditions for a more eclectic reception of psychoanalysis in the United States (...). Of all this, there emerged a more optimistic version regarding the treatment of neurotic and mental disorders in general, in the sense that the role of environmental factors was put in the first place and the role not only of heredity but also of what used to be called "disposition" (made up of childhood experiences) were minimized. The so-called emotional factors and the importance of relationships acquired greater significance, within a conception of symptoms as a reaction to difficult situations. This favored the addition of psychotherapeutic procedures, related to a belief of curability, and distanced from the asylum ^{(pages 570-571) [the translation is ours]}.

We find an opinion similar to the previous one in Dagfal ⁽²⁰⁰⁹⁾:

In the thirties, the mental hygiene movement, by taking interest in the environmental conditions of a disease, had finished eroding the rest of the hereditary-degenerative paradigm. The psychiatrist, along with the mental patient, was slowly leaving its imprisonment within the asylum, to search elsewhere for the causes and the treatments for the illnesses (...) If alienation was a "mental" illness and no longer "cerebral", this meant that it should not be understood following an "all or nothing" logic. Thus, the mental illness admitted differences of degree, more or less important, within a continuum that run from health to insanity, making the less significant disorders treatable in ambulatory fashion (pages 63-64) [the translation is ours].

Regarding the statements of these two authors, we find it relevant to put forward some considerations. The mental hygiene movement eroded the hereditary-degenerative paradigm because, by introducing environmental matters in the understanding of mental illnesses, it revealed that there isn't a genetic determination that leads to a mental disorder. In other words, genetic factors, in our opinion, began to be considered as part of the phenomena on which they have influence, but were not minimized. Genetic and environmental factors were considered important, and even the alteration of the latter may have influence on the manifestation of genetically determined characteristics. Later on, we will analyze what some of the people involved in the first years of the "psych field" in Rosario said concerning this subject matter.

Besides, we do not share the interpretation stated by Dagfal according to which the mental hygiene movement broke away from the conception of madness as "cerebral illness" in order to begin considering it a "mental illness". We believe that it made the understanding of the illness even more complex, since it was no longer considered as only organic in nature, but it would also include environmental and social factors. With the mental hygiene movement, the environment, education and psychotherapy began to be taken into consideration as possible ways of affecting the development and modifying the final expression of constituent (genetic) characteristics. This is different than saying that the genetic constitution or the cerebral structure and function began to be put aside. The same can be said regarding the gradation of mental illnesses, since this concept stems from considering the interaction of organic factors (genetically influenced) and environmental factors, and, therefore, does not disregard the biological makeup.

Mental hygiene in Argentina

The first repercussions of the mental hygiene movement in Argentina were visible in the 1920s. In that time, the Society of Neurology and Psychiatry was founded in Buenos Aires. Finally, in December, 1929 the Argentine League of Mental Hygiene was created within the framework of the previously mentioned medical society, and its first president was Gonzalo Bosch.

While in the United States the driving force behind it was a psychiatric patient who summoned representatives of several social activities, including medicine and psychology professionals, in Argentina the initiative was heralded by neurologists and psychiatrists and, as it spread, even though it did reach other specialties, its referential figures always belonged, in its great majority, to the field of medicine. The other difference was related to the way in which resources were obtained so as to finance activities. In the United States, the financing was carried out by individual donations and contributions from philanthropic organizations. However, in our country, the mental hygiene advocates formed a ladies' committee to raise funds, but the fulfilled projects were mainly supported with resources provided by the state. The field of action of mental hygiene in Argentina was as wide as in the United States; the difference was that in this last country the scope extended as the movement developed, while in our country the purposes were established since the origins of the League ^(Klappenbach, 1999).

An explanation of the mental hygiene movement's characteristics in Argentina, with regards to the two aspects previously examined, can be found in the tradition of the medicine professionals who had been involved in the task of the state's organization, since the second half of the previous century. In this sense, Argentine hygienism, a highly significant movement for the organization of the large cities which were formed in the light of the economic development linked to agricultural exports and the demographic growth related to immigration floods, had great influence in other schools of thought connected to the improvement of health, such as the Argentine League of Mental Hygiene.

The city of Rosario

The city of Rosario is located on the banks of the Paraná River and belongs to the province of Santa Fe, while being, demographically and economically speaking, the main city of that province. Its origins can be traced to the 17th century, when the first settlements were established in the region known, at that time, as Pago de los Arroyos. The city's main development began in the second half of the 19th century, boosted by the agricultural and livestock activities, thus becoming the first grain-exporting port in the country. The intensified economic activity attracted both immigrants as well as inner migration, which caused high demographic growth. Rosario was one of the urban centers whose growth, just like Buenos Aires', was fostered by the economic model based on agricultural exports.

As from the 1880s, public health and sanitation works began to be carried out that the city, in marked demographic and economic growth, required. The city authorities tried to lay a drinking water network and build sewer and drainage systems. In any case, although the water supply network spread continuously during the last decades of the 19th century, the same did not happen with the sewers' system. By 1906, that first public service reached 90% of the population, while the latter reached no more than 27% (Armus, 2000). Besides, by the first decade of the 20th century, sanitation problems persisted because the population kept growing.

The development of running water and sewers public works, the application of some vaccines, and environmental hygiene in general, did cause that, as the 20th century advanced, infectious diseases began to be kept under control. Among the exceptions, along with children's gastroenteritis, was tuberculosis, which was common up until the late forties, when antibiotics were developed for its treatment.

As for the situation of mental patients in the first years of the 20th century, Gentile (1998) says the following:

The "peaceful" insane persons were allowed to wander the streets, integrated among the urban picturesqueness, and were occasionally treated in the Beggars' Shelter; but, if they were "dangerous", their destiny was a police cell, where they waited for a train that would take them to Oliva or to Buenos Aires (page 5) [the translation is ours].

It was in this context that the influences of the mental hygiene movement arrived to our country and to the city of Rosario; in the latter, coinciding with the organization of the "psych field".

The "psych field" in Rosario

The constitution of the "psych field" in Rosario was related, on the one hand, to the medical activity in the private sphere and, on the other hand, to the creation of the Faculty of Medicine established in the city. As we will see later on, many disputes took place in this process. Our aim is to analyze up to which point were these disputes based on different conceptions of psychic phenomena and, consequently, on different ways of organizing psychiatry. This is the interpretation that Gentile ^(1998, 2003) proposes while studying the events of this period. In fact, this discussion is of interest to us since this author contrasts two conceptions regarding psychiatry: one that is organicist in nature and secondary to neurology, and another that is innovative and progressive, linked to social prophylaxis. For Gentile, the referents of these two views were: of the first one, Teodoro Fracassi and a group of doctors from Rosario who supported him, and, of the second, Lanfranco Ciampi, Gonzalo and Raimundo Bosch, and Antonio Agudo Ávila. The biological dimension is involved in the interpretation of the disputes that took place in this historic moment of the "psych field" and, therefore, its analysis is related to the core of our research. In the original version in Spanish of this paper, we describe the main events that happened around the organization of the teaching of psychiatry in the Faculty of Medicine created in 1920 and the treatment of patients in the public and private spheres.

Two groups were formed that clashed to gain control of the "psych field" institutions in Rosario; their disputes were imbued by matters of a political-partisan order, a political-institutional order, and a scientific-academic order. Gentile ⁽²⁰⁰³⁾, in his interpretation, highlights these last: "they represented two conceptions of insanity and two perfectly differentiated rival groups who established a merciless political fight for each of the spaces involved" ^{(page 41) [the translation is ours]}.

There is no doubt that these clashes occurred, and that, sometimes, they did not recognize each other. But the question we ask is: where they two groups with different conceptions of mental illness? Or the reason for the disputes was based on a struggle over the institutional control of the "psych field"? In order to attempt to find more answers to these questions, we will examine some statements made by the main actors involved in this process in their written productions. We will also turn to the views held by some researchers who have studied these historic figures.

Lanfranco Ciampi

Lanfranco Ciampi is, in our opinion, the most relevant of all the people involved in these events. Without doubt, the one with the most progressive stance regarding the importance of prophylaxis in the treatment of mental disorders and in the implementation of the principles he advocated theoretically. However, he was a man of the period and, as such, he was influenced by the ideas of his time. Like we said before, the principles of eugenics were developed during this period. For example, we find that Vallejo and Miranda ⁽²⁰⁰⁵⁾, in the chapter *La eugenesia y sus espacios institucionales en la Argentina (Eugenics and its institutional spaces in Argentina)* of a book they compiled, refer to Ciampi as: "the lombrosian psychiatrist" ^(page 159). We believe that the adjective lombrosian applied to Ciampi is incorrect. We also find that Biernat ⁽²⁰⁰⁵⁾, based on a paper by Ciampi published in 1922 in the Journal of Philosophy, Culture, Sciences and Education, makes an analysis of the author's thoughts which we deem more accurate. In his examination, he says the following:

In this way, for example, Lanfranco Ciampi, director of the *Psychopedagogic Institute of Buenos Aires*, does not deny the advantages of contraceptive prophylaxis or voluntary sterilization but, before those who would like to confine or sterilize the children or youths who are abandoned, abnormal and delinquent, he suggests choosing education. According to him, there's still a lack of scientific evidence about the origins and causes of morbid and abnormal heredity, "there are children who owe their antisocial nature to mesological causes and, others, only to morbid and hereditary causes; but, in most cases, factors of one kind join and add themselves to factors of the other kind". Thus, there stems the proposal to assist the child who is "abnormal, delinquent or inept" and prevent that "others may appear in the future" through the implementation of prophylactic measures in the school and family. So that all "mesological abnormal children do not become delinquent and neither do constitutional ones", it is essential to have the cooperation of the state, the charitable associations and the private sector. (Biernat, 2005, subtitle *El período formativo de la Eugenesia en la Argentina y su apuesta a la calidad* [*The formative period of Eugenics in Argentina and its aim towards quality*], paragraph 18) [the translation is ours].

Talak ⁽²⁰⁰⁵⁾, on his part, credits Ciampi with the differentiation of the mental illnesses developed during childhood and those of adults. He considers him a promoter of reforms of the asylum-model of psychiatry, placing special emphasis on the role of the psychiatrist and in the prophylaxis of mental disorders, trying to fight the exogenous factors that may predispose people towards those illnesses. But, finally, he ends up concluding that: "However, the intervention methods implemented by Ciampi to treat these children, the medical-pedagogic treatment, was similar to the one that had been carried out in France in the several institutions for idiotic children since the 19th century" ^(page 590) [the translation is ours].

Ciampi acknowledged the contributions of histopathologic studies of the nervous system for the understanding of some mental illnesses. But he also said that it wasn't always feasible to find structural alterations, that in many cases the nervous system's anomalies would be functional, and, because of this, researches had begun to be carried out in the fields of biochemistry and endocrinology.

He highlighted the importance of experimental psychology to study the psychic events or phenomena, as an auxiliary discipline to psychiatry, which was of great importance in the training of future doctors.

In an article written with Gonzalo Bosch, they clarify the importance of constitution:

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The disturbing external stimulus cannot determine the morbid alterations but when there are within the organism intrinsic anomalies of the morphologic elements of a structural, chemical or functional nature, which offer the most important reasons for the origin of the said alterations (...) It is much more worthy to consider, as other authors do, that an individual does not fall mentally ill through a natural development of a certain constitution, diathesis or congenital predisposition, but that, in order for him or her to be ill, the intervention of a new element or factor is needed: "the realizing factor" (Pende), which may derive both from the organic or the mesologic environment (...) A child with a cyclothymic or schizoid constitution will not unavoidably become, as time goes by, a cyclothymic or schizophrenic adult. On the contrary, he or she may remain as such, that is, with a cyclothymic or schizoid constitution, throughout their lives (Bosch and Ciampi, 1930, pages 33-35) [the translation is ours].

Gonzalo Bosch

Gonzalo Bosch was a prominent figure in the discipline of psychiatry in Argentina during the period and was an active participant in the conformation of the "psych field" in Rosario. He was the first professor of Psychiatric Clinic for adults in Rosario's Faculty of Medicine, actively involved in the group that formed the Psychiatry Institute, first president of the Argentine League of Mental Hygiene at the national level and promoted the creation of the league's delegation in Rosario. He's considered by Gentile (1998, 2003) as a representative, together with Ciampi, of the first wave of Rosario's psychiatry, which differed from Fracassi's group in its conception of mental illness. Next, we will analyze that conception through some of Bosch's writings.

In the work *Anormalidades de la personalidad (Personality's abnormalities)*, published in 1932, we find the following statements:

Before establishing the existence of a mental syndrome, a mental illness, such as is classified by orthodox psychiatry, it is advisable to enter the field of biology and reflect on heredity, so that by way of interpreting its laws, we may extract that which we find appropriate in benefit of medical criteria; heredity will inform us, within our limited knowledge about it, how it acts upon the individual constitution; we will derive useful deductions from the unitary concept of personality, as well as from morphological and functional relations; we will concern ourselves with the tendencies that differentiate personality and, perhaps, appreciate their origins. We believe that, in order to have a better understanding of the subject matter, we must also consider the psychopathic constitutions, the theories of degeneration and heredity, reflect on the deviations of personality which, according to the diverse factors they reach, present it through a mental syndrome, which it offers for its study. (Bosch G., 1932, page 5) [the translation is ours].

He devoted part of the book to the description of the concepts related to biological heredity and Mendel's laws. He established the distinction between the properly genetically-transmitted characteristics and those disorders owing to intrauterine incidents, childbirth traumas and other pathological factors, which were wrongly interpreted as hereditary.

Continuing with the exposition of his genetics' knowledge and approaching the interpretation of psychic phenomena, he wrote:

Psychic characteristics are harder to limit and discover than somatic characteristics, it is obvious to state that there are environmental factors that have powerful influence over the psyche and, of course, the spread of human culture does not allow the fast experimentation that may be

appreciated on plants (...) We have already said that that which is inherited is none other than the possibility, the disposition, the predisposition, for the organism to create the illness, as Castellino says, with its own deficiencies, and these deficiencies may be related to heredity, to the constitution, but, if this were all, we would have to admit an absurdity, that the constitution is a term equivalent to illness. Relating what we have said when we dealt with genotype and phenotype, we will emphasize that the alterations or variations of the soma, that result from the influences of exogenous or endogenous agents, are not hereditary, while hereditary or mutational variations certainly are; what is inheritable is the genotype and not the phenotype, which is a result of environmental influence over the genotype. (Bosch G., 1932, pages 82-83) [the translation is ours].

In a text from 1933, *La locura humana (Human madness)*, he refers to the situation of mental health in Argentina which, in his opinion, had a growing number of patients and a lack of institutions prepared to treat them. In his statements there are several concerns which are characteristic of the times, in which mental illness and delinquency were related. Besides, it is also present the issue of constituting a "national race", and the dangers posed to this, according to the interpretation of the period, by the economic crisis and the great numbers of immigrants arrived in the country in previous years. In Gonzalo Bosch's writings there are many declarations related to the need for the implementation of the eugenics' principles.

Teodoro Fracassi

As we have mentioned before, Teodoro Fracassi was the founder of Rosario's first private psychiatric institute and he was also the first person responsible for the treatment of mental patients in the Hospital del Centenario, dependent on the Faculty of Medicine. Through some of the writings published in the journal by him and some members of his team, we will try to analyze his conception of mental illness. We turn to, therefore, to one of his publications:

The fight against this illness has two aspects: a medical one and a social one, which need to complement one another. Under the biological point of view, madness belongs to the group of illnesses in which the constitutional factor, that is, hereditary, plays a very important role (...) There are other factors which influence directly or indirectly on this illness, such as infections, intoxications, physical and moral traumas, etc., and environmental and social influences. For all of these causes of medical origin, mental hygiene and eugenics are in charge of fighting against them or preventing them, and for factors derived from social coexistence, economic struggles and general hygiene, it's the state's role to rectify them. (Fracassi, 1942a, page 153) [the translation is ours].

We also find the concern regarding "national race" and the importance of prophylaxis since childhood:

The fight against madness must begin since childhood and the best way to discover the first symptoms of mental deficiency is when the child attends school (...) In our country there is a lack of statistical data on this matter and, even though there are schools for abnormal children in Buenos Aires as well as here, their organization is too rudimentary when compared to those that exist in countries that are in the forefront of this matter (...) Eugenic measures are carried out by Eugenics associations which aim to investigate and publicize this issue so that everyone may be interested in improving the future of the race. Their mission begins before the child is born, that is, in prenuptial hygiene (Fracassi, 1942a, pages 154-155) [the translation is ours].

The topics of eugenics and mental hygiene were present; the scope of the prenuptial certificate was analyzed and compared with the situation in other countries.

When referring to the methods to treat mental patients, he stated:

In its social aspect, the state must not only face the problem of assisting the poor mentally-ill, which are the majority and that surely constitute a serious burden nowadays and for the future since their number grows daily, but it also has to take measures to change the general sanitary conditions, the working conditions and the dire economic situation, factors that, without doubt, favor the development of madness (...) In order to finish this already long-winded conversation, we will say it's high time we pulled all our efforts together to fight against this serious threat to public health that is madness. We, as doctors, must contribute with the weapons we have at our disposal, advocating eugenics and mental hygiene; the state has the heavier and more complex burden: to hospitalize or assist the mentally-ill, to pass laws that protect the race, to improve the economic situation and working conditions, as well as public hygiene, endeavoring to decentralize the population, instead of gathering people in great urban centers such as Buenos Aires, where life is less healthy and more difficult ^{(Fracassi, 1942a, pages 156-158) [the translation is ours].}

Some final considerations

First of all, we think it appropriate to make some comments as regards Gentile's ^(1998, 2003) interpretation, which suggests the existence, in the origins of the "psych field" in Rosario, of two opposing groups. One that represented the first wave of psychiatry of Rosario and that held a progressive view of the discipline, conformed by Ciampi, Gonzalo and Raimundo Bosch, and Agudo Ávila. The other one, led by Fracassi, with a conception of mental illness supported on neurology and that tried to subordinate psychiatry to this other discipline.

Regarding the mentioning of the first psychiatry, the data shows that psychiatric care since 1917, with the opening of the first private institution, and since 1922, with the creation of the department in the Hospital del Centenario, revolved around Fracassi. As from 1922, through the creation of the School for Abnormal Children, children's psychiatry was Ciampi's responsibility. And since 1927, with the opening of the Psychiatric Hospital, and Ciampi's appointment as director, he became psychiatry's main figure in the public sphere. Ciampi took part in the private sphere as well, as consulting physician of the institution directed by Raimundo Bosch.

The confrontation between these two groups certainly existed, but we believe that it did have other ingredients, probably more significant than the different views of psychiatry. These elements were, on the one hand, of an institutional nature, and on the other hand, of a political nature. The first had to do with the control of the public and private institutions related to psychiatry in the city. The latter would be linked to the struggles within the Radical Civic Union, between those who supported Yrigoyen (yrigoyenistas) and those who opposed him (antipersonalistas).

With reference to the different conceptions regarding mental illness, it's our opinion that such differences are not so evident. Firstly, Agudo Ávila had suggested gathering in the same institution the Psychiatry and Neurology university subjects, and Ciampi agreed with this stance, but admitted that it would be difficult to put into practice. Then, it was Raimundo Bosch who proposed the separation and Fracassi encouraged the idea of a sole institution. There is no clear distinction between a group that supported the subordination of psychiatry to neurology and another one which regarded psychiatry as an autonomous discipline. Secondly, we believe that all of the people involved expressed similar ideas on a scientific level. All of them were, to a greater or lesser extent, influenced by the ideas of the period: eugenics, the protection of the "race", the importance of the environment, the importance of

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heredity, mental illness and criminality. Besides, they referred to the implementation of the same therapeutic methods, from the principles of psychoanalysis to the use of convulsive treatments. Finally, we can state that the figure that can be considered to stand out from the rest is that of Lanfranco Ciampi, probably due to the origins of his education and his particular concern for the prevention of mental illness.

Another notion we believe should be mentioned in these considerations is the one stated by Talak (2005), in which he says that the mental hygiene movement eroded the hereditary-degenerative paradigm, until the idea of hereditary predisposition was abandoned. We believe it has been proven through the quotes of the authors analyzed that this was not correct. The hereditary-degenerative paradigm was eroded because, by considering environmental factors, the idea began to develop that certain hereditary information did not necessarily determine the manifestation of an illness and that, on the contrary, the environment may influence its expression. This thought supported the prevention tasks on the social and medical level proposed by the authors analyzed. But in every case they considered that there were hereditary factors which predisposed a person towards mental illness.

Another of the statements analyzed which we consider worthy of mention is the one made by Dagfal (2009) when he says that the conception of "mental illness" replaced that of "cerebral illness". The author seems to imply the sense that the illness was no longer considered "cerebral". In fact, we believe that, by including the recognition of the environment's role, the conception of "cerebral illness" became more complex, thus broadening to the concept of "mental illness", in which organic aspects were still included.

To conclude, we can state that, in our opinion, the analyzed controversies concerning different conceptions of psychiatry and their links to biological sciences would not essentially answer to differences among the actors in the period under analysis, but rather to interpretations subsequent to the said historic process.

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