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## Recensão de Livros

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- **Maria José Vidigal, Maria Isabel S. Braga Queiróz, Maria Manuela Cruz, Maria Paula Grijó dos Santos e Maria Teresa Guapo. *Memórias de Utopias: Elementos para a História da Saúde Mental em Portugal*<sup>1</sup>.**

Maria José Vidigal e colaboradores acabam de publicar a primeira história de Psiquiatria da Infância e Adolescência em Portugal. É uma obra que se impunha por várias razões: pela necessidade do registo por quem viveu parte dela por dentro, para não se perder a memória afectiva dos acontecimentos e do sonho – a vivência e transcendência da própria vida vivida; para codificação atempada do significada – evitando distorções por retro projecção; enfim, deixar o testemunho das testemunhas presenciais. Quer dizer, registar a fala da "conjunção constante" (Hume) da cognição e afecto, a experiência cognitivo-emocional completa e autêntica, mas efémera; e que só o registo significativo faz perdurável e, também, transmissível.

O edifício da História vai-se construindo. E neste caso particular – a história da Pedopsiquiatria portuguesa

– tardava o início da sua construção. Mas sem estes "Elementos para a História" – como as autoras lhe chamam –, a reconstrução tardia seria sempre uma obra arqueológica; desde logo, com as limitações inerentes.

Obra de mérito – pelo rigor informativo, documentação inserida e referência bibliográfica de textos menos conhecidos –, este livro merece também o nosso reconhecimento – o dos seus contemporâneos; não por ficarem na história, mas para que a época em que viveram e a cultura em que participaram não fique no esquecimento ou sujeita à deformação mítica; e, acima de tudo, seja transmitida aos vindouros, isto é, tendo em mente a necessária herança cultural, que confirma, reforça e expande a identidade de um povo, de uma língua e de uma profissão.

A Psiquiatria da Infância e Adolescência deste país revê-se neste livro e abre-se com renovada esperança no horizonte do futuro.

Obra de referência para os historiadores que hão-de vir, depósito do acervo das experiências, labor de muitos e ousadia de alguns, fica sobretudo como marco comemorativo da idade de ouro da Pedopsiquiatria e foco que aponta para os diamantes de amanhã – as utopias ainda não realizadas.

Um livro para ler; mas também para guardar na biblioteca.

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<sup>1</sup> ISPA, 1999, 252 páginas.

Piro Porcelli\*\*, Orlando Todarello\*\*\*

- Sami-Ali. *Le rêve et l'affect. Une théorie du somatique*. Dunod, Paris, 1997.
- Graeme J. Taylor, Michael R. Bagby, James D. A. Parker. *Disorders of affect regulation. Alexithymia in medical and psychiatric illness*. Cambridge University Press, Cambridge, UK, 1997.

Some aspects in common but also several differences due to the authors' personality and background can be found in these two books. Sami-Ali is an Egyptian psychoanalyst, Professor Emeritus at the Paris VII University and director at the Centre International de Psychosomatique (CIPS) founded by himself. Graeme J. Taylor, Michael R. Bagby, and James D. A. Parker are the well-known authors of the Toronto Alexithymia Scale (TAS), one of the more validated measures of assessment of the alexithymia construct, considered as the gold standard in this field. Taylor is psychoanalyst at the Mount Sinai Hospital, Bagby is a psychologist with great expertise in psychometrics at the Clarke Institute of Psychiatry, and Parker is a clinical psychologist at the Trent University in Toronto.

The two books deal with the same subject (the psychoanalytic perspective in psychosomatics), were published in the same period (the first months of 1997) and give importance to the affect dimension which has been often underestimated in psy-

choanalysis. Fundamentally, the two books report two theories on affect which consider it as the central topic in the psychoanalytic approach to the psychosomatic field, even if they are different in contents. It is therefore surprising that the authors of the two books are unaware of each other, even if they have been studying for years the same overspecialized aspect. We live in an era where the overspecialism is highly emphasized and where the growth of the knowledge has been possible for centuries thanks to the communication among researchers. This is why experts are committed to share their experiences in international societies and to find new and faster channels of communication than the classic papers published on journals, such as newsletters or discussion groups through the Internet. On the contrary, the psychoanalytic psychosomatics lives in a "wonderful isolation" where each author develops his own model and feels himself authorized to ignore what is happening in his neighbourhood. This is not to say it is a peculiar limit of the authors here considered. They simply follow this general rule, which is common to all groups engaged in the psychoanalytic psychosomatic research. This is what happens to the École Psychosomatique de Paris (the so called "French school") founded by Pierre Marty, the Ascona Model of Luban Plozza, the school of Luis Chiozza, only to quote the main schools. Each

of these groups has well organized training schools, is provided with a consistent general theory, and has its own journals. Nonetheless, each one ignores the others. It is not easy to evaluate the advantages and disadvantages of this behavior. It has been surely inherited by the history of the international psychoanalytic movement. Is it a strength? It may be. The cultural differences and the theoretical pluralism have been always part of the genetic background of the psychoanalysis and of its refusal of all homologations, just like free knowledge must be. Is it a weakness? It may be. The history of psychoanalysis is made of settarism, closures, orthodoxy, namely a clerical atmosphere which is the contrary of scientific progress. As the aim is to discuss the content of the two books, we feel this is not the place to face this strange situation.

Of the two, Sami-Ali's book represents the European and hermeneutic soul of psychoanalysis. The purpose of this book is twofold: to investigate the link between dream and affect in psychosomatics and to show some specific stalemates (called *situations d'impasse* by Sami-Ali) related to certain somatic diseases. A good knowledge of Sami-Ali's model – which is briefly summarized in the Introduction, anyway – is required to fully understand all the details of the book. The first part of the book is devoted to the dream and the second one to the affect. Dream and affect stem from the same basis rooted in the

projection activity which "is able to turn the external reality into an image of the self, thus setting a link of magic causality with the things" (p.127). The dream is the prototype of the imaginary, namely of the activity of the projection by which the subject organizes the external world on the basis of the intrapsychic agencies. The affect is part of the "equivalents of the dream" along with phantasies, rêverie, hallucinations, delusions, illusions, transference, beliefs, and play.

The dream is firstly a rythmic biologic occurrence, caused by dream-awake cycles and REM/non-REM sleep phases. During the first years of life, the mother functions as a primary synchronizer of the biological rythms of the child, allowing them to gradually become psychologic. The development of the dream from the biologic to the psychologic realm is the specific human aspect of this function: dreams may be forgotten (repression process). The affect has a circular characteristic determined by the "logic of the reciprocal inclusions". For instance, a claustrophobic subject becomes anxious in the lift because he projectively transforms the external actual space into an imaginary contracting space which induces a physical experience of choke. Affects and dreams range along two extreme ends: a complete adherence, as in psychotic loss of reality testing, or a complete repression, causing a conformistic way of adaptation. Everyday examples of projection of the affect are love words (babe, pussy...) or hunt-

ing words (shit-face, prick...) which have no literal meaning unless the interlocutor share the same imaginary, affective space in which the linguistic metaphors are rooted. Other examples cited by Sami-Ali are some Arabian words, *addâd*, with opposite meanings, such as *aswad* meaning both black and white, *ahwa* meaning both going up and going down, and *didd* which is the singular of *addâd* and is itself a *didd* meaning both likely and unlikely. In his book, Sami-Ali shows a brief list of *addâd* and delivers a wonderful dissertation upon the *addâd*, relating them to some psychodynamic aspects, such as the hampered left-handedness, which affected Freud himself. The "repression of the imaginary function" (*refoulement de la fonction de l'imaginaire*) does not mean absence or deficit of an intrapsychic structure (as in some psychoanalytic theories, also applied to the psychosomatic field) but presence of an active agency preventing the projective phenomena and causing a conformistic style of adaptation. According to Sami-Ali, this personality style is the social manifestation of an internalized agency, called "bodily Super-Ego" (*Surmoi corporel*), by which the external forces (for instance, work demands, job performance) shape the subjective body-self as well as all the imaginary activities, such as in dreams where everyday events are literally reproduced, especially work activities.

According to Sami-Ali, there are two basic affects. Firstly, anxiety which denotes the failure of the

repression, upon which the Freudian psychopathology has been developed, marks the functional somatic disorders as equivalents of anxiety neurosis. Some clinical vignettes of constipation, insomnia, panic attacks are shown in the book. Secondly, depression which denotes a successful repression of the imaginary function (*refoulement réussi de la fonction de l'imaginaire*) upon which a new psychosomatic classification of organic diseases has to be set. The organic diseases are considered as "adaptation diseases" (*pathologies de l'adaptation*) and the author reports some very good clinical examples of them, thus showing his deep clinical knowledge and wisdom. In the model of Sami-Ali, personality profiles are considered only as predisposing factors which play a first role in the pathological process. The second role is played by the "stalemates" (*situations d'impasse*), namely conflicting situations that the subject is not able to overcome. The last part of the book is devoted to the illustration of specific *situations d'impasse* for certain organic diseases such as asthma (*impasse* in the identity process determined by the denial of the "right to breath" in the mother-infant relationship), immunitary diseases as the ulcerative colitis (loss of identity in the evolutive differentiation of the self from the non-self), hyperthyroidism (symbiotic mother-infant relationship in which the presence of the father is not recognized), cancer (imaginary losses without any actual loss event).

Consistently with his thought, Sami-Ali has rooted his ideas in the psychoanalysis but also has denounced the insufficiency of the Freudian model in psychosomatics. The epistemological model of Sami-Ali is a deductive one: it starts from some core theoretical concepts (as the very interesting hypothesis of a pathology derived from the successful repression, which is a stranger in the psychoanalytic home but deriving from the Freudian corpus) and tries to find correlations between theoretical and clinical levels. For this reason, examples of his theory may be both clinical cases and literary texts, such as the works of Descartes, Artemidoro, Aristide, Styron. Nonetheless, that casts a doubt: is it methodologically correct to put at the same level literary texts and clinical cases? Does it not run the risk to use empirical material as a self-fulfilling prophecy?

The book of the Canadian authors has an ambitious purpose: a new conceptualization of the pathology as a whole, both medical and psychiatric, on the basis of the concept of affect regulation disorders. This theory "can be considered part of a second medical revolution; this revolution is leading towards a more comprehensive model of health, illness, and disease that is likely to make the traditional division between subspecialties (endocrinology, immunology, neurology, psychiatry, etc.) a historical artefact" (p.271). The main hing of this new model is the construct of alexithymia, widespread since 1976

(XI European Conference on Psychosomatic Research at Heidelberg). As Sami-Ali, the Toronto group thinks that the basic flaw of the psychosomatic theory is the application of the Freudian model to non-completely psychological disorders. As other non-psychoanalytic authors (Lipowski, Swartz, Shorter) have done, somatization is considered by psychoanalysis as expression and translation of psychological problems into physical symptoms, namely a primary psychological mechanism. As suggested by Richard Mayou, the term "somatization" is to be avoided and to be replaced by the more descriptive term of "medically unexplained somatic symptoms" which is not etiologically related to the mind-body dualism. Thus, this term represents a re-evaluation of the Freudian concept of "actual neurosis". As Freud, the Canadian authors do not think that the somatic symptoms have a psychologic origin but, differently from Freud, they do not refer to a "metabolic" disturbance of the libido but to a disorder in affect expression and Self regulation (according to the definition of James Grotstein who is the author of the Preface and they overtly related to). The leading idea that the psychosomatic disorders do not derive from psychological conflicts but are parts of affect dysregulation is reported in the three sections of their book: theory of affects (chapters 1 and 5), alexithymia (chapters 2-5) and specific disorders (chapters 6-10).

The first section deals with the theory of affects. The authors distin-

guish *feeling* (which refers to subjective, cognitive-experiential domain of emotion response systems, implying awareness and ability to verbally express emotions), *emotion* (which refers to neurophysiological, behavioral, and motor-expressive domain), and *affect* (which encompasses the three emotional response systems: cognitive, neurophysiologic, and behavioral). The limit of the Freudian psychoanalysis is its inability to separate affects from drives. As a consequence, "the emergence of attachment theory (Bowlby), self psychology (Kohut), and Sullivan's interpersonal theory provided alternative ways of conceptualizing affects, but these ideas were not integrated into the mainstream of psychoanalysis. Therefore, psychoanalysis has been without a satisfactory theory of affects" (p.11) for the major part of this century. According to the Lane and Schwartz's 5-level model on the organization and awareness of emotions, integrating the cognitive and linguistic evolutive models of Piaget and Werner-Kaplan, the authors suggest that affect regulation is an intra-systemic (neurophysiologic, behavioral, and cognitive functions) and inter-systemic (supportive or disruptive interpersonal relationships) interaction. Primitive object relations play the main role, chiefly the *internal working models* of attachment, providing the affective synchrony between the maternal functions of psychobiological regulation and the emotional states of the child, as from the *sensation-objects* described by Winnicott, Gaddini and Tustin, which become precursors of the tran-

sitional objects by means of tactile and sensory experiences. For this reason, imaginary activities as plays and dreams are considered as important affective self-regulators because they are supposed to be based on a good internalization of the relations with internal objects. Indeed, "individuals with an inadequate ability to symbolize are unable to transform affective experiences into creative stories, and, as a consequence, their dreams are either banal or highly disturbed, the latter type seems to be an attempt of regulating intense emotions through 'evacuation'" (p.23). The alexithymia construct encompasses in one word this emotional, cognitive, and evolutive ensemble. The central section of the book is devoted to the alexithymia construct. It is a comprehensive review of the publications in the last 20 years: clinical characteristics, criticism (reactive state or stable trait? A sociocultural-bound construct?), overlapping with other constructs (psychological mindedness, emotional intelligence, repressive coping style), relations with the three main models of personality (multidimensional model, three-factor model and, above all, the well-known Five-Factor Model of McRae and Costa), neurophysiological aspects (cerebral lateralization and functional hemispheric disconnection) and assessment scales (chiefly the empirical findings obtained in studies using the well validated TAS developed by the same authors). The final section of the book is devoted to the discussion on the theoretical aspects and empirical findings concerning the association of

the alexithymia with some disorders of affect regulation: somatization disorder, anxiety (including panic disorder and PTSD) and depression (including "masked" depression) disorders, substance abuse disorders, eating disorders, and some medical diseases as coronary disease, essential hypertension, diabetes, rheumatoid arthritis, inflammatory bowel disease, cancer, and functional somatic disorders.

Besides some similar contents in both Sami-Ali's and the Toronto group approach (for instance, the importance of the primary object relations, the function of psychobiological regulation provided by the mother, the importance of the imaginary functions for the psychosomatic health, the clinical and descriptive aspects of the successful repression and the alexithymia), the Canadian book has an epistemological framework which is the opposite of that of Sami-Ali. According to the Canadian group, the foundation of the theory of affect regulation (which includes psychoanalysis and psychosomatics, as well as medicine and biology) is external to psychoanalysis, for both contents (intrinsic links to neurophysiology, evolutive biology, endocrinology, etc.) and method (theoretical statements based only on empirical evidence, psychometric problems of assessment, statistical validation of questionnaires, etc.). Just some facts confirm our impression: this is an interdisciplinary book by a psychoanalyst, a clinical psychologist and a psychologist expert in psychometrics; there are two pages of acknowledg-

ments to a large amount of researchers all around the world who cooperate with the authors in the research program of alexithymia; the writing style of the book follows general guidelines from the Evidence-Based Medicine standards; and a reference list of 75 pages, which is one fifth of the volume. As Sami-Ali's book is the European and hermeneutic soul of the analytic psychosomatics, the Canadian book is the American and empirical soul, which probably reflects the different cultural and economic market value of psychoanalysis in Europe and the States.

Besides all the positive and interesting aspects of these two books, the absence of satisfactory references to the therapeutic aspect has to be highlighted. A better understanding of a clinical problem, provided from the psychosomatic *theoretical models*, warrants the interest of specialists only if it is paired with practical and clinical issues, as for instance the suggestions for the *modifications of the psychotherapeutic technique*. Psychosomatic papers dealing with problems of psychotherapeutic techniques are few, chiefly in the psychoanalytic field. Generally, these papers have a superficial façade showing some technical modifications of the therapeutic technique related to the model of the author but, beyond the surface, there is a general substantial overlapping with the principles of the psychotherapeutic technique for more primitive disorders than the classic psychoneurosis. These two books do not escape from this limitation. Sami-Ali's

book includes more clinical aspects but with very few references to the psychotherapeutic technique. When they are present – as in the discussion of the cases of R. (pp.179-185) and N. (pp.228-230) – they are generic: not direct interpretation of unconscious conflicts; the interest paid by the therapist to the dream life which, in turn, allows the patient to pay more attention to the relationship among everyday events, dream contents, and his/her past; greater emphasis on the interpretation of dreams "as the therapeutic process goes on" (p.181) (yes, right. But how?); the affects reported by the patient in a vague and somatic way are named by the therapist, so that the patient can identify his/her own feelings, a process called by Sami-Ali as "work of affect unification" (p.184). Taylor is the author of Chapter 11 which is the only one devoted to therapy. In this chapter, only 4 pages are devoted to technical modifications of psychotherapy, which is the same number of pages devoted to the integration of psychotherapy and drug treatment, chiefly the selective serotonin reuptake inhibitors. And it is intriguing that the Canadian book which is epistemologically so different from the French book shares with Sami-Ali's discussion the same suggestions of technical psychotherapeutic modifications: patient's education in recognizing, differentiating, naming, and handling his/her affects; re-

inforcement to use all affective manifestations, above all the dream life; no classic direct interpretations aiming to investigate the unconscious conflicts. As reported by Taylor, "in conducting a modified type of psychotherapy, the therapist functions initially as an 'auxiliary ego' to the patient, helping the patient towards recognizing the *possibility* of experiencing new states of mind and eventually to actually experience states of mind that were unfamiliar to him or her" (p.252). This clinical agreement between the authors of the two books could imply that one of the most dangerous flaws of the analytic psychosomatics is a flood of theoretical models with a main lack in the clinical aspects of psychotherapy which, on the contrary, represents the main convergence of most authors. As already stated with reference to the "mother" psychoanalysis, metapsychology and clinical theory travel at different speeds.

In conclusion, these two books are very important for those who are interested in psychosomatics, but also for all health professionals interested in a more comprehensive way of looking at feelings, behaviors, and psychosomatic health. However, too marginal is the technical aspect of treatment, which is the real benchmark of the psychoanalytic psychosomatics.



Rui Coelho\*\*\*\*

- **Ramiro Veríssimo. *Emoção. Da (Não) Expressão na Saúde e na Doença*. Slim Books Series, Medisa, 2000.**

*Emoção. Da (Não) Expressão na Saúde e na Doença* é o nome de um pequeno volume que pretende ser o primeiro de uma série – Slim Books Series, Medisa, 2000 – organizada pelo Prof. Doutor Ramiro Veríssimo em torno de três grandes áreas da Psicologia Médica: (1) Psicologia Geral e do Desenvolvimento; (2) Psicologia da Saúde, Medicina Comportamental e Medicina Psicossomática; e (3) Psicopatologia Geral. Enquanto docente da Faculdade de Medicina do Porto, o organizador pretende inscrever entre os destinatários primordiais desta colecção os formandos de Ciências da Saúde em geral. No entanto, a avaliar por este primeiro exemplar de que é simultaneamente autor, o resultado final é um opúsculo de síntese que, pela sua actualidade, interessa igualmente a especialistas – investigadores e clínicos –, como ainda a qualquer leitor informado, dada a linguagem acessível inerente a uma obra que se assume de cunho introdutório.

No presente exemplar, devotado a uma abordagem científico-médica da emoção, o autor pretende "dar razão à emoção", começando por fazer um enquadramento contextual em que procede a um sucinto posicionamento conceptual na história das

ideias, de par com os progressos relativos ao esclarecimento sobre os processos orgânicos envolvidos. Parte então daí para proceder ao reconhecimento do que actualmente se aceita no âmbito funcional/adaptativo – inteligência emocional –, antevendo ainda implicações futuras – inteligência artificial – que menciona; mas sobretudo introduzindo um modelo que integra as implicações da disfunção no âmbito da saúde/doença numa perspectiva psicossomática, de modo a abrir as portas a uma intervenção terapêutica que contemple, ou pelo menos não ignore, esta vertente emocional.

Em resumo: trata-se de um pequeno livro ilustrado, com 65 páginas, de agradável apresentação, que ao abrir uma colecção a aguardar com expectativa, introduz de forma interessante o tema da emoção no campo da medicina.

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