

A. Ledesma-Jimeno

López Ibor versus Freud and forerunner of modern psychiatric nosology

Chair of Psychiatry
Salamanca (Spain)

INTRODUCTION

In 1983, while I was head professor and director of the Psychiatry and Medical Psychology Department of the Medicine School of the University of Salamanca, we began a research line on History of Psychiatry, counting on the collaboration of Professor Luis Sánchez Granjel, internationally known medicine historian, who was then head professor of History of Medicine in the Medical School of the University of Salamanca. I directed three doctorate theses on very outstanding Spanish psychiatrists: Vallejo Nájera father, Lafora and López Ibor.

The doctorate thesis on López Ibor was entitled *Study of the scientific work of professor Juan José López Ibor* and was done by the current head professor of psychiatry and medical psychology of the Medicine School of the University of Salamanca professor Ginés Llorca Ramón. This thesis was given the grade of outstanding cum laude unanimously by a Jury. It was a pleasant academic act, since López Ibor himself accompanied by his wife and son Juan Jose attended.

On re-reading this magnificent doctorate thesis, I had indelible memories of our dear teacher. It must be realized that the director of the doctorate thesis sometimes occupies a decisive role in its performance and it can be said that it is an achievement of the director fundamentally. In this case, this was not true, since the person obtaining the doctorate, professor Gines Llorca, performed a true personal work of biographic and scientific research, making numerous trips to Madrid, to, first hand, contact with the family of López Ibor Aliño. He could make an exhaustive and original work of the scientific work of López Ibor. The merit of a doctorate Thesis is often mainly that of the thesis director, but in this case, it was that of professor Llorca, since from the beginning my direction was not necessary

as I clearly saw that it was a master elaboration and I only set a few basic methodology lines for its performance, leaving the doctoring subject express his creativity with full freedom.

Some of the contributions that I am going to make here are based on this thesis since, as the great historian of medicine authority professor Sánchez Granjel stressed, it is very important to have that presented in this thesis for any study done on the work of López Ibor.

In any case, this thesis is from the year 1983 and to study a radical question, which is the repercussion of the work of López Ibor in current psychiatry, other parameters must be considered. My contributions will mainly be a continuation of the evaluation of the scientific work of López Ibor over time, until the present, basically referring to the confrontation with Freud and to the consideration of López Ibor as a forerunner of modern psychiatric nosology.

We take some very significant biographic data on López Ibor to be able to understand the evolution of his creative thinking.

In the medical studies he made in Valencia, he stands out as a very outstanding student and he mentioned that he read the work of Freud, stating that this reading decisively influenced his psychiatric vocation. His academic record, with many honors grades, made it possible for him to obtain a scholarship to increase his knowledge in neurology and psychiatry in Germany and France. This happened in 1929.

In 1932, he obtained the chair of legal medicine of Santiago de Compostela, and then returned to Germany to increase his studies. In that period, Psychiatry was not studied as a subject in the study plans, but was included with certain extension in legal medicine. The desire to increase his knowledge in neurology in addition to psychiatry was because one was very linked to the other in that period and psychiatrists were called neuropsychiatrists.

He went to Germany in 1929 and worked with Bumke in Munich. In that period, German Psychiatry was at its maxi-

Correspondence:
Alfonso Ledesma-Jimeno
Gran Vía, 47, 1.º
37001 Salamanca

mum splendor, occupying one of the first places in world psychiatry. Kraepelin (1856-1926) had left the chair of Munich only a few years early. Great masters directed German Psychiatry. There were, for example, Jaspers (1883-1969) who had published his famous *General psychopathology* in 1913, Kurt Schneider (1887-1967) and Kretschmer (1888-1964) among others.

He learned German well and trained with important neurologists such as Alajouanine and Guillaín in Paris before returning to Spain. This thus explains the great neurological training of López Ibor. France had stood out during the XIX century, as it was at the head of world psychiatry in the period prior to Kraepelin and we estimate that it was at the head in neurology.

His powerful training in Neurology and above all in psychiatry is clear, since he spent more time in Germany than in France.

RELATIONSHIP OF LÓPEZ IBOR WITH FREUD AND PSYCHOANALYSIS

We have stated that he read the works of Freud when he was studying Medicine and he also mentioned that this reading significantly influenced his vocation towards psychiatry.

His work *The alive and dead of psychoanalysis* was the result of a cycle of conferences that he gave in Valencia in 1932 when he was 26 years old, which were very successful. These lectures were given on his return to Germany after he had met the great giants of German psychiatry. They were published in 1933 by the Miracle publishing company that was directed by Sarró. Subsequently, they appeared in the Austral Collection with the name of *Agony of psychoanalysis*, this first edition appearing in 1951 and the fourth in 1968.

The third work that he published on Freud was entitled *Freud and his hidden gods* published in 1975. He had already published his work (considered the most important) *Vital anxiety* in 1950, with reprinting in 1969 and also *Neurosis as mood diseases*, published in 1966.

If we make a summary of the scientific work of López Ibor, in his most creative period, when he published *Vital anxiety*, *Neurosis as mood diseases* and *Freud and his hidden gods* and we consider his initial creations from when he read Freud in his period as a Medical student, a basic trait in his scientific biography is a real fierce fight with Freud from the time he knew his writings to this death. It was a tremendous fight with one of the most important creators of human thinking, in which fundamental aspects of the diseased mind were debated. If one reads his critical opinions on the Freudian work carefully, in the first place, it is clear that López Ibor has extreme knowledge of Freud's thinking. On the other hand, many criticisms of partial aspects are observed. These have also been strongly criticized by many psy-

choanalysts, not only dissenters but also those of his own school. There is a deep ambivalence in the principal bases of Freudian thinking «in the scientific world, there was great opposition that would have been unsurpassable for men less determined and outstanding than Freud» (words of López Ibor himself). Confrontation of official Psychiatry with psychoanalysis mainly represented by German Psychiatry was complete. In the last editions of the work of Bumke it is not even mentioned, all is eliminated. Silence worse than the criticism follows the attack. For a German professor of the period, psychoanalysis was something definitively dead, dust and ashes. Bumke stated, faced with the silence, that it was the work of a Semite resentment against a Christian conception and moral and against the official science.

For a scientist such as López Ibor, who had participated in psychiatric science from the most buoyant French and mainly German Central Europe, it seemed that this was the main reason for his aggressive criticism of psychoanalysis. His main publications, besides Spanish, were in German and far from that in English and French. In a 1968 publication, he described a work entitled *My last conversation with Kurt Schneider*. However, the critical analysis of López Ibor is purely scientific, not ideologic or racist, and I think that his discrepancy with psychoanalysis was not mainly motivated by his German and Central European training. There are many praises in his writings about Freud. «He is one of the intellectuals who has had the greatest success in the contemporary world», «Freud was a brilliant personality who spent his life searching for its truth through his anxiety as Kierkegaard», «Freud presented his analysis with such a strong rational architecture that it is sometimes difficult to show weak points». In his work *The agony of psychoanalysis*, he uses the words of Unamuno in his great work *The agony of christianism* where he expresses the agonistic fight of Christianity and in its case, of Psychoanalysis. This fight is very far from antichristian or antipsychoanalytic positions, but the highest opinion of the work of Freud expressed by López Ibor is when he calls him a Newton of Psychology. With this comparison, alone, that is sometimes repeated, the main arguments of the opinion of López Ibor on Freud are defined.

However, in my opinion, what mainly influences López Ibor in his criticism of psychoanalysis is much deeper.

Freud was born the same year as Kraepelin (1856) and died a few years later than him, Freud in 1939 and Kraepelin in 1926. Freud is contemporary of the most important German psychiatrists, but he went to France to study with Charcot and Berheim. According to Schur, the three men that most influenced Freud were Charcot, Breuer and Berheim and it is known that Freud was a bad hypnotist and his master had been a neurologist, Brücke.

Freud chose training not with the main elite persons of psychiatry but if this had not been true, would the course of psychoanalysis occurred in this way?

López Ibor was trained with the most outstanding elite of the world psychiatry and his main discrepancy with psychoanalysis, that he maintained up to his death, is deeper than a mere ideological position or influence of a school.

When psychoanalysis arose at the end of the XIX century, there was no real psychotherapy. There is nothing that cures or helps with logical efficacy. This has been repeated many times. There is nothing more over much time, in spite of the opposition of the official science. This was not adequate for López Ibor. There had to be something more, although psychoanalysis aimed to take charge of all the territory of neurosis.

The deep thinking of Jaspers and Kurt Schneider elaborated the concept of endogenous as opposed to organic and psychogenic. «If we know that endogenous depression is basically due to a disorder that is not purely psychic, Why shouldn't we investigate if such factor occurs in many of the so-called neurosis?» —states López Ibor—. The same occurs with anxiety. López Ibor establishes a special fierce fight with psychoanalysis. In my opinion, it seems as if López Ibor tried to climb onto a giant and sit on his shoulders and in the middle of darkness, seeing something beyond what the giant could see, but always leaning on it. I think that this is the great genius of López Ibor in his fight.

In his two main works *Vital anxiety* and *Neurosis as mood disease*, we will study the continuation of these fights.

The greatest discrepancy or better said confrontation with Freud and psychoanalysis occurs when he writes his two most fundamental works: *Vital anxiety* (1950) and *Neurosis as mood diseases* (1966), a period in which Freud and psychoanalysis were in its maximum splendor.

López Ibor is considered the first to use the term «vital anxiety», a term whose use, according to him, unfortunately extended to daily life, especially in Spain and in Spanish speaking countries.

López Ibor emphatically states that the basic infrastructure of all neurosis is anxiety. Freud also considers anxiety as the fundamental symptom nucleus of neurosis and in 1917, he stated that the problem of anxiety is a crucial point in all type of fundamental questions, constituting an enigma whose solution must be sought through a flooding of light on the totality of mental life.

In our opinion, it can be considered that the two great important persons who have deeply studied the problem of anxiety or anguish in the psychic disease have been Freud and López Ibor. However, their ideas are different and there is really a fierce fight between López Ibor and Freud, since Freud is chronologically before López Ibor.

However, what doctrine does each one maintain on anxiety or anguish? Briefly, prior to 1926, Freud attributed an-

xiety to disorders in sexual functioning which, through a toxic point of view, would produce anxiety. Anxiety would be due to sexual repression, however if more anxiety is produced on reducing repression, repression could not be the cause of the anxiety. In 1926, a new theory was elaborated with the publication of *Inhibition, symptoms and anxiety*. Anxiety would be a response to a signal of external or internal danger, in real anxiety, the threat comes from a known external danger, that is not personal, and danger in neurotic anxiety comes from an unknown source, a fear of external threat, for example, dogs, horses or snakes that would be the externalization of an internal danger, for example repressed incestuous desires that cause castration anxiety, etc. The symptoms would be forms of defense of the Ego against anxiety.

The position of López Ibor on anxiety is different. If he shares the fact that anxiety is fundamental in the understanding of neurosis with Freud and although he criticizes partial aspects of Freud, what he firmly states is that the strictly Freudian consideration of neurosis is reductionist. He takes those who Akiskal considers as two giants of phenomenological psychiatry as a base, that is, Jaspers and Kurt Schneider, especially the latter.

If we briefly present it, he collects the thinking of Kurt Schneider on the conception of the stratification of the feelings of Scheler. There is a structure of vital feelings that is below emotional feelings on a structure of sensorial feelings. If we take sadness as an example, there is an emotional sadness for this or that, but there is vital sadness that emerges from the patient him/herself that is not motivated by any exterior event. The same would occur with anguish or anxiety. It would be an anxiety that is non-organic non-psychogenic anxiety but rather endothymic from the vitality structure. López Ibor accepts that psychoanalysis has marked a crucial point which is the relationship of anxiety with instincts.

That which López Ibor calls «thymopathic disorder of anxiety» categorically establishes that it is an endogenous disorder without external physical cause and without interior psychogenic motive, whether current or remote, conscious or unconscious. The nodule is not found in the somatic level or organic neurosis in the strict sense or in the psychic level such as psychoneurosis but rather on the vitality level, in the vital level.

The debated problem of endogenous so studied by German psychiatry, the *endon* (within) so studied by Tellenbach, arises here. Next to the soma (body) and psyche (mind) they accept an *endon* as a third causal field, it is not purely body or mind. It is not an endogenous equivalent with somatic or biologic. We are speculating on a period in which psychiatric science was less developed. In the era of Freud, there was no other therapeutic efficacy for neurosis other than the psychoanalytic technique. In the era of López Ibor, pharmacotherapy was already beginning with a

powerful efficacy, although Freud, in his last writings, expressed the belief that the future would bring means to influence the psychic apparatus with chemical substances. In the background of neurosis, there is an alteration of the body as support and the vital endothymic support may be influenced with medications. When López Ibor defines neuroses as mood diseases, he does not state that neuroses are mood diseases. It was necessary to stress the biological roots of neurosis and to insist on looking beyond the intrapsychic conflicts in the neurosis. I believe this is the most important contribution of López Ibor to the knowledge of anxiety and neuroses.

On the other hand, López Ibor extended the Freudian doctrine on the consideration of anxiety when he dealt with anxiety following the conception of Kierkegaard and Heidegger. Besides the fact that anxiety is a universal human phenomenon, existential anxiety taken from existentialism of Heidegger leads us to a vision anchored on the greatest existential depths of the human being. For Heidegger *dasein* (being there) as opposed to *sein* (being) has a series of radical facts. The first one is a being thrown into the world without having decided his/her existence. The second is that he/she is an imprisoned being, imprisoned in a way of existence by his/her body and psychic and the third and most important is inexorably destined to death, to the existence of an objective and to the nothing. The most radical form of anxiety, existential anxiety, arises from here; the *dasein* is a being-for-death, it is a being-in-the -order-to-the-end. Accepting this negativity implies an existential guilt of the *dasein* that led Heidegger to question if the real attitude of the *dasein* towards death would be to decree voluntary suicide, choosing the negative, since voluntarily finishing with death would be finishing with all that possible, and Heidegger concluded that the real attitude of *dasein* towards death is the continuous wait for it. This consideration, which I expressed in my thoughts on what we call existential aggressiveness, supports the position of López Ibor of a deeper relationship between anxiety with the aggression instinct than with the sexual instinct and it shows us the deep relevance of anguish or anxiety in the human being.

The most creative work of Freud occurred between the last decades of the XIX century and the first third of the XX century, while the most creative work of López Ibor occurred from the second half of the XX century, and although the chronological distance is undoubtedly short to our days, it is important to know to what degree the main contributions have evolved over time. If the most important treatises in the English, French and German language are followed over time, an idea of this evolution can be acquired. It seems unquestionable that psychiatry, as a whole until the beginning of the Second World War, spoke in German. We have already indicated that the elite of German psychiatry after Kraepelin first rejected and then silenced Psychoanalysis. From some years before the Second World War, a large proportion of European psychoanalysts were Jewish and the Nazi persecution promoted their escape. Although

some went to England, most went to the United States and decisively influenced in the development of psychiatry in this country, influencing in all thinking and form that Gellner called «the dominant language for the discussion of the human personality and human relationships».

As Anthony Storr indicates, it extended beyond the consultations and invaded all psychiatric thinking in the United States, and through the powerful influence of this country, in all the world. In the United States, psychoanalysis was essential as an important part of the training of psychiatrists from 1930 to 1960. It was impossible to be considered as having a high position in psychiatry without being a qualified member of the Institute of psychoanalysis, there being new institutes in 1970 in almost all the world.

The creative work of López Ibor occurred in the middle of this period. López Ibor himself expressed certain surprise when he told us that psychoanalysis was born in Europe, languished until the Second World War, then grew and expanded immediately in America. From America, it returned to Europe with more force than before and he was emphatic in saying that Freud is one of the intellectuals who has had the most success in the contemporary world. Than López Ibor rebelled and stated «if we know that endogenous depressions are basically due to a non-purely psychic disorder, why haven't we investigated if such factor occurs in many of the so-called neurosis?». This is one of the main keys of the thinking of López Ibor. But this does not mean that López Ibor denied the stroke of genius of Freud. He was seeking something more although he repeatedly stated that he is the Newton of human psychology.

It is clear that Freud took a giant step in human thinking and his conclusions will always impregnate all human culture. I have compared the work of Freud with Darwin's *Theory of evolution* that was a total revolution of biology and that impregnated all culture. However, biology as a whole is not only the theory of evolution and psychiatry and psychology as a whole are more than psychoanalysis, the brain as the most complex material structure known of the universe is there. A great psychoanalyst such as Reich said that it was more important for Freud to interpret than to cure.

The introduction of psychodrugs with powerful efficacy caused an important change in America in the psychiatric orientation and many psychiatrists who were being trained had only superficially heard of Freud and did not know his written works. Storr continues with his accurate criticism that psychoanalysis attempts to cover all areas, stating that other forms of psychotherapy are as effective and less expensive. Psychoanalysis and its derivations have not led to the promised land that Freud had expected and we remember Popper when he told us that «our understanding of the world and of ourselves progress by the refutation of the existing hypotheses» and Storr states that «although if each theory of Freud were proved as mistaken, we will always be in debt with him».

Also along the same line as López Ibor, in regards to dynamic pharmacotherapy Glen O. Gabbard states that the concepts of the therapeutic alliance, transference and countertransference and resistance are applicable to all forms of psychiatric treatment, including pharmacotherapy and, according to many therapists, express that optimum treatment for many patients is the combination of pharmacotherapy with psychotherapy.

Fonagy hardens his criticism, stressing the difficulty of making controlled studies in psychoanalytic treatments, stating that there are no definitive studies that show that psychoanalysis is unmistakably more effective than placebo or that it is an alternative method of treatment, concluding that psychoanalysis may difficultly be a practical alternative of treatment for the XXI century, when its invention was the only effective thing and it has influenced powerfully in other psychotherapies, especially in America, however a great challenge is established to identify its place in the mental complexity in the XXI century.

If the successive editions of the great treatises of American psychiatry are examined, the extension dedicated to psychoanalysis and psychoanalytic psychotherapy has discreet proportions, however the somatic treatments are increasingly dominating the territory and even other forms of psychotherapy such as cognitive behavioral, interpersonal and short forms are cornering the psychoanalytic, which are becoming reduced in the guides of the APA. Large European treatises on psychiatry have not been seen in recent decades. One exception is the treatise *New Oxford Textbook of Psychiatry* edited by M. Gelder, Juan J. López Ibor Jr. and Nancy Andreasen. This is two volumes of more than one thousand pages each, that is translated into Spanish and dedicates a large extension to psychoanalysis. In the French treatises of the decade of the 70's, there is little dedication to psychoanalysis, which is seen more clearly in the large treatises in German language, such as *Psychiatrie der Gegenwart* which is from the decades of 1960-1970. The great treatise in German language that only refers to the doctrine of neurosis and psychotherapies titled *Handbuch der Neurosenlehre und Psychotherapie* is outstanding. These are five volumes of about one thousand pages each and it is edited by Frankl, Gebattel and Schultz. In it, many European and some American authors participate and the part dedicated to psychoanalysis is very small (these volumes correspond to the years 1959 and 1961).

Recently, an approach is being made towards neurobiological models in all the forms of psychotherapy (J. Kay and L. Kay, 2003). Freud have already insinuated that for psychoanalysis, and López Ibor expressed it in relationship with the endogenous structure and vitality, taking diencephalic structures as a base. Some authors, Asmundson and Taylor (2003) consider the biological methods of Gorman et al. (2000) as very promising. They integrated animal research with studies in humans, using a neuroanatomical hypothesis to understand the panic attacks and other anxiety disorders

where the amygdala with special projections of the same afferents and efferents forms a fear network that excessively activates in panic attacks and plays a role in anxiety and mood disorders, consistent with the frequent comorbidity between panic attack and these other disorders.

However, the last advances have occurred regarding the integration of neuroscience with psychoanalysis and with any form of psychotherapy. In this context, we should consider López Ibor as one of the pioneers. Freud spoke of the need for integration in the future but López Ibor has already spoken of the need for integration in the present of his period. Kandel is a neuroscientist who is working in this aspects in an outstanding way.

LÓPEZ IBOR AS FORERUNNER OF MODERN PSYCHIATRIC NOSOLOGY

Regarding the classifications in psychiatry, North American psychiatry must be emphasized, especially for its work in the last decades.

Briefly, we are going to follow a historic line in the evolution of the classifications and we will be able to better understand the extraordinary advances meant by the work of López Ibor in relationship with them.

Kraepelin should be considered as the father of psychiatric nosology. The publication in 1896 of the sixth edition of the treatise of Kraepelin marked an important moment in the history of psychiatric nosology. The conceptual boundaries of the nosological entities means a decisive advance during the chaotic description of the forms of insanity, in spite of the already magnificent isolated descriptions previously made by the French clinicians.

The sixth edition (1948) of the International Classification of Diseases included a section on mental disorders for the first time, but this classification was very deficient and received many criticisms. The American Psychiatric Association (APA) elaborated a classification that was called Diagnostic and Statistical Manual of Mental Disorders which, translated to Spanish, was called «Manual Diagnóstico y Estadístico de los Trastornos Mentales» whose letters are DSM. In 1952, the APA published the first manual called DSM-1 that aimed to be a variant of the International Classification of Diseases in its sixth revision, ICD-6.

The term reaction (for example neurotic reaction) is used in the DSM-1. It reflected the wide acceptance of the psychoanalytic concepts, since it collected the strong environmental orientation of Adolf Meyer to psychological, social and biological factors. A short time later, the ICD-7 appeared. It was analogue to the ICD-6 which, as this one, also received little acceptance.

The DSM-II published by the APA in 1968, in which the term reaction was eliminated, aimed to be atheoretical, and

as it did not follow certain schools among the many that appeared, the psychoanalytic theories were not considered.

A timid return to the Kraepelinian point of view was observed in the DSM-II, being consistent with the ICD-8. Except for the elimination of the term reaction, it is very similar to the DSM-1.

The year 1980 marks a new important historic moment in the history of psychiatry nosology with the publication of the DSM-III by the APA. The famous study US-UK (1972) has already been published. In it, it was demonstrated that schizophrenia and other mental disorders were diagnosed with the same patients in a different way in the United Kingdom, that represented the Central European psychiatry, than in the United States.

Pichot, in the prologue of the translation to the Spanish DSM-III (1983) states, with a good view of the future, that it is impossible to predict that changes will be imposed to the DSM-III by the progress of science and that it is not possible to prejudge the consequences that its revolutionary creations will have on other nosologies. However, he states that it will be impossible to deal with the nosologies and psychiatric diagnosis without making any reference to it.

The DSM-III is a true treatise of psychiatry, except for the etiopathogenic and therapeutic aspects. It has had extraordinary acceptance in all the psychiatric settings, although it has also received strong criticisms. When I was head professor and director of the Psychiatry Department of the University of Salamanca, I imposed it as a clinical method.

The World Health Organization (WHO) created the ICD-9th revision (1975-1978) but the DSM-III (1980) is much superior and the APA made it consistent with the DSM-III through the ICD-9-CM (clinical modification). The DSM-III is clearly located in a neo-Kraepelinian paradigm.

In the 5th edition of the important treatise of psychiatry of Kaplan and Sadock (1989), Akiskal, who wrote the chapter on classifications in psychiatry, states that the emergence of neo-Kraepelinism occurs in the United States, with the participation of Mayer-Gross from England, and above all the systematic development of the Department of Psychiatry of the University of Washington with the studies of Feighner and the development of the RDC (Research Diagnostic Criteria). These studies ended with the appearance of the DSM-III in 1980 and in its revision DSM-III-R in 1987.

Both Pichot and Akiskal stress the enormous strength of Central European psychiatry since Kraepelin and emphasize the difficulty of knowing the German language (according to Pichot, the work of Bleuler *Dementia praecox oder Gruppe der schizophrenien* was never totally translated to French and it took 50 years to translate the famous *Allgemeine Psychopathologie* of Jasper into English).

The Kraepelinian paradigm had consolidated with two significant persons of phenomenological psychiatry, Jaspers and Kurt Schneider and other significant persons of Central-European psychiatry.

However, after it was lagging behind the European schools in nosological sophistication, the APA, together with the NIMH (National Institute of Mental Health), counting on a critical mass of hundreds of scientists, that became more than one thousand investigators with the DSM-IV, gradually assumed a leadership position (Akiskal 1989). The ICD-10th revision was published by the WHO in 1992 and was very influenced by the DSM-III and DSM-III-R and the DSM-IV (1994) and DSM-IV-TR (2000) is an improvement of the previous two and is maintained in the neo-Kraepelinian paradigm. The DSM-V is under study and aims to constitute a new paradigm.

The main work of López Ibor *Vital anxiety*, which was published in 1950, meant an advance of 30 years with the publication of the DSM-III (1980) in some aspects.

In the first place, the Freudian work and psychoanalysis are not considered, since in the elaboration of the DSM, it was established that the etiology was unknown, was atheoretical regarding the etiology, since there are very different etiological and pathogenic orientations. The term neurosis is no longer in the DSM-IV or in the DSM-IV-TR.

Since the DSM-III, the neurotic disorder is «descriptive». The neurotic condition is used when there are etiologies (intrapsychic conflict). The psychodynamic orientation clinicians believe that the «neurotic condition» is always central, but there are other models such as that of social learning, cognitive, behavioral and biological.

The fiercest fights of López Ibor with Freud occur in the concept of anxiety and in that of neurosis. The two share the concept of anxiety as key to understand neurosis.

In the DSM-III, the following are included in neurotic disorders: a) affective disorders; b) anxiety disorders; c) somatiform; d) dissociative, and e) psychosexual. López Ibor speaks of a spectrum, a vital circle that includes a large part of these. Anxiety disorders constitute an important group of neurosis, but are now called phobic disorders, anxiety states that include obsessive-compulsive disorder, and finally the group of post-traumatic stress disorders. The DSM-III-R speaks of mood state disorders, referring to the affective disorders of the DSM-III. The term neurosis totally disappears in the DSM-IV and DSM-IV-TR.

In the creative period of López Ibor, the territory of neurosis was considered in the most advanced psychiatric settings as exclusive of psychoanalysis and the attempt to explain the pathological anxiety mechanism beyond the psychoanalytic doctrines or speak of neuroses as mood

diseases was not only evaluated by psychoanalysis as a serious scientific error but also almost as blasphemy.

The DSM-V aims to overcome the neo-Kraepelinian paradigm, producing fundamental changes. It goes to a still unknown paradigm, since the refinement of the descriptive definitions is not enough and etiological and pathogenic bases must be established. It is planned to develop the ICD-11th revision after DSM-V, and it is thought that this operation will not begin until at least 2010.

Several groups are going to treat basic aspects of nomenclature, others of research in neuroscience, of advances in development sciences, of relationship disorders, of mental disorders and incapacity, on culture and psychiatric diagnosis and others. A group of authors who deal with development sciences, among them of the first two decades of life, indicate that after the publication of the first DSM, the psychodynamic concept of development was abandoned and another having an empiric character was adopted. Furthermore, there has been a shift from psychodynamic etiologic principles to being based on group of symptoms, mainly of clinical and epidemiological observations. Another group of investigators on culture and psychiatric diagnosis express that «the term mind, has been redefined, far from the psychodynamic, metaphoric and abstract perspective, as a control system of cognitive processes, that imply the interaction between the intrinsic products and mechanisms of the body-brain system (from neuronal plasticity to neuroendocrine changes for example) and the external structures of the surrounding, from social contexts to cultural meanings». Some scientists (Kandel among others) are trying to combine psychoanalysis with neuroscience.

If we summarize the most essential of the past of López Ibor, we should consider that the main work of López Ibor, in regards to nosological aspects of psychiatry, has meant an outstanding advance. Both *The vital anxiety* and *Neurosis as mood diseases* reveal an extraordinary clinical formation. *Vital anxiety* has the subtitle of *General psychosomatic disease*, where the clinical descriptions are fascinating due to their accuracy and scientific rigor. Furthermore, the conception of anxiety reaches brilliant heights.

In a period where the territory of neurosis is invaded by psychoanalysis, the *Neurosis as mood diseases* is daring without limits. The scientific formation is unsurpassable, taken directly from the Kraepelinian paradigm with its most brilliant continuers.

Finally, entering into the most radical of the thinking of López Ibor, we are going to make some considerations.

López Ibor expresses the most fundamental concepts when he speaks of vital anxiety and neurosis as mood diseases, collecting the ideas of Scheler of stratification of feelings and linking the so-called vital anxiety to the vital layer of Scheler, that I prefer to speak of as *vital structure*.

Vital pathological anxiety occurs from the pathological vital structure. This constitutes the nucleus of the neurosis. Kurt Schneider applied this concept of Scheler to psychopathology, especially to affective disorders and López Ibor uses these ideas of Kurt Schneider and of the psychopathology of Jasper and applies them to anxiety and neurosis. In the vital anxiety, the disturbance is endogenous, without exterior physical cause and without internal motive. «It is not in the somatic level as in organic neurosis or in the psychic one as in psychoneurosis.» There is a reactive anxiety and another endogenous one. «Mood would be a manifestation of endothymic background.» The pathological mood states are more «somatotropized», there are «somatotopic ingredients in the dynamics of anxiety.»

López Ibor collects the famous studies of Tellenbach on the endogenous and «the endon.» He accepts the soma (body), psique (mind) and he accepts an «endon» as a third causal field, besides the body but extraterritorial and López Ibor states again: «Endogenous is not equivalent with somatic, biologic», «The nucleus of the disease is found in the vital emotional or endothymic layer and it has a biological root». He states that it is a vague concept.

All this was said in 1950 and it seems revolutionary to me. If we go to the DSM-IV (1994) and to the DSM-IV-TR (2000) we read: «The term mental disorder unfortunately implies a distinction between mental and physical disorders (a reductionist anachronism of mind/body dualism)». «There is a great deal of physical in mental disorders and much mental in physical disorders». The term organic mental disorder is not used in the DSM-IV since it incorrectly implies the other mental disorders. Kandel states that all the functions of the mind reflect functions of the brain and the function of the genes is subject to environmental factors and the distinction between functional and organic disorder is not supported. The mind is a result of an interaction between the brain and the environment, which I call a group structure formed by the brain and the environment. One thing is the brain and another the environment. The «endon» would be the third causal field, that is, a result of a combined structure formed by the brain and the environment. It would be a substance formed by the brain/environment combination. An experience, for example the representation of a scenery, is not a somatic representation, nor an environmental one, but it is a combined somatic/environment structure, a substance in the deep sense of *ousia* (substance) of Aristotle, with such realism as the live and real scenery.

Beside these emblematic creative works mentioned, López Ibor stands out as the creator of trials and as a humanist, he is considered by some historians of Spanish medicine as «the greatest creator of psychiatry of Franquism» and as «the most important Spanish psychiatrist with greatest international repercussion» (J. Lázaro, 2005).