
Historiographical reflections on the intertwined paths of psychiatry and neurology

*Reflexões historiográficas sobre os caminhos entrelaçados
da psiquiatria e da neurologia*

*Reflexiones historiográficas sobre los caminos entrelazados
de la psiquiatría y la neurología*

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ABSTRACT:

The historiography of psychiatry, neurology, and neuroscience reveals a deep interconnection between past and present. This article explores how an understanding of historical contexts is essential for comprehending the evolution and current state of these fields. By synthesizing diverse historiographical traditions, this paper offers a novel framework for understanding the shared intellectual and institutional roots of these disciplines. It argues that integrating historical perspectives into psychiatric and neurological training enriches clinical practice, policy-making, and scholarly reflection. The examination reveals the interconnected evolution of psychiatry, neurology, and neuroscience. The historiography of these disciplines informs medical practice and policy, emphasizing the need to revisit traditional narratives, integrate diverse viewpoints, and incorporate historical insight into professional training. Acknowledging certain limitations, future research should aim to broaden primary-source bases and incorporate diverse perspectives. Overall, this historiographical exploration enhances our understanding of these interwoven disciplines and contributes to advancing patient care and scholarly reflection.

Keywords: historiography, psychiatry, neurology, interdisciplinarity, neuroscience

RESUMO:

A historiografia da psiquiatria, neurologia e neurociências revela uma profunda interconexão entre passado e presente. Este artigo explora como a compreensão dos contextos históricos é essencial para entender a evolução e o estado atual desses campos. Ao sintetizar diversas tradições historiográficas, este trabalho oferece um novo quadro para a compreensão das raízes intelectuais e institucionais compartilhadas dessas disciplinas. Argumenta-se que a integração de perspectivas históricas na formação psiquiátrica e neurológica enriquece a prática clínica, a formulação de políticas e a reflexão acadêmica. A análise revela a evolução interconectada da psiquiatria, neurologia e neurociências, demonstrando como a historiografia dessas disciplinas informa a prática médica e as



políticas públicas. Destaca-se a necessidade de revisitar narrativas tradicionais, integrar pontos de vista diversos e incorporar insights históricos na formação profissional. Reconhecendo certas limitações, pesquisas futuras devem buscar ampliar as bases de fontes primárias e incluir perspectivas diversas. Em suma, esta exploração historiográfica aprofunda nossa compreensão dessas disciplinas entrelaçadas e contribui para o avanço do cuidado ao paciente e da reflexão acadêmica.

Palavras-chave: historiografia, psiquiatria, neurologia, interdisciplinaridade, neurociência

RESUMEN:

La historiografía de la psiquiatría, la neurología y las neurociencias revela una profunda interconexión entre el pasado y el presente. Este artículo explora cómo la comprensión de los contextos históricos es esencial para entender la evolución y el estado actual de estos campos. Al sintetizar diversas tradiciones historiográficas, este trabajo ofrece un marco novedoso para comprender las raíces intelectuales e institucionales compartidas de estas disciplinas. Se argumenta que la integración de perspectivas históricas en la formación psiquiátrica y neurológica enriquece la práctica clínica, la elaboración de políticas y la reflexión académica. El análisis revela la evolución interconectada de la psiquiatría, la neurología y las neurociencias, demostrando cómo la historiografía de estas disciplinas informa la práctica médica y las políticas públicas. Se destaca la necesidad de revisitar narrativas tradicionales, integrar puntos de vista diversos e incorporar conocimientos históricos en la formación profesional. Reconociendo ciertas limitaciones, futuras investigaciones deben buscar ampliar las bases de fuentes primarias e incluir perspectivas diversas. En definitiva, esta exploración historiográfica profundiza nuestra comprensión de estas disciplinas entrelazadas y contribuye al avance del cuidado al paciente y la reflexión académica.

Palabras clave: historiografía, psiquiatria, neurología, interdisciplinariedad, neurociencia

Introduction

Psychiatry and neurology, though now distinct disciplines, share deeply interconnected intellectual and institutional origins. This paper examines their historiographical development to show that neither field can be fully understood in isolation. Both emerged from common philosophical debates on the mind–body relationship, evolved within overlapping clinical

institutions, and were repeatedly reshaped by the same technological and scientific innovations, even as their diagnostic focus and institutional identities gradually diverged.

This paper argues that only a unified historiographical analysis - integrating epistemology, institutions, technology, and symptomatology - can accurately capture the intertwined evolution of psychiatry and neurology. Building on recent historiographical analyses, this article argues that a unified historical perspective provides a more accurate account of how diagnostic categories, treatment practices, and scientific paradigms have evolved across time.

Scholars such as Barbara, Lorch, and Stahnisch [1] highlight the increasing attention given to the historiography of neuroscience, suggesting that historical reflection is essential for grounding contemporary debates and practices. Authors like Brown [2] argue that engaging critically with past developments allows clinicians and researchers to challenge existing theories and explore alternative interpretative frameworks. MacDougald and Ruffalo [3] stress that historical literacy strengthens professional training by enhancing clinicians' understanding of diagnostic systems, treatment rationales, and conceptual shifts in mental health. Likewise, Ash and colleagues [4] maintain that integrating history into psychiatric education helps professionals develop core values such as empathy, critical thinking, epistemic humility, and cultural awareness.

By examining psychiatric and neurological historiographies together, this paper situates both disciplines within a shared intellectual landscape. It highlights how philosophical traditions, scientific innovations, sociopolitical forces, and cultural narratives have shaped diagnostic categories, treatment modalities, institutional structures, and theoretical paradigms. In doing so, the article advocates for a richer engagement with historical thinking in clinical education and research, arguing that historiography constitutes an indispensable tool for understanding the past, navigating the present, and envisioning the future of mental health care.

The mind-body problem: a foundational tension

The history of mind and brain sciences has been profoundly influenced by the enduring epistemological challenge of Cartesian dualism. Rauzy and colleagues [5] argue that Descartes' separation of mind and body created a conceptual rupture, establishing a persistent divide that hindered the integration of biological and psychological perspectives. This tension has

shaped theoretical debates for centuries, with scholars like António Damásio attempting to reconcile the two, though not without criticism [6].

Intellectual progress in this field has been neither linear nor uniformly forward-moving. The Enlightenment introduced rationalism, empiricism, and systematic classification [7], but the 19th century saw competing approaches - somatic theories, degeneracy concepts, and moral treatment - each addressing or avoiding the mind-body dilemma. The 20th century brought a radical shift, as positivist narratives of progress faced challenges from constructivist and postmodern critiques. Foucault [8] framed psychiatry as a tool of sociopolitical power, while Scull [9] analyzed the structural realities of asylums. Szasz [10] and Laing [11] questioned the medical validity of mental illness or emphasized existential interpretations, further destabilizing established epistemologies. These critiques primarily targeted psychiatry, reflecting its unique vulnerability to challenges about the ontological status of its central object of study - the mind - in a way that the more anatomically-grounded neurology was not. Goffman [12] examined the dehumanizing effects of institutional life, and Basaglia's reforms in Italy [13] offered practical alternatives, later critically assessed by Sedgwick [14].

[Figure 1](#) illustrates the gradual integration of mind and brain perspectives from Descartes to Cullen, highlighting how the intellectual foundations of modern psychiatry and neurology emerged from a blend of philosophical, anatomical, and nosological traditions long before the disciplines formally diverged.

The enduring influence of Cartesian dualism continues to shape contemporary debates, evident in the persistent challenge of integrating biological and psychosocial models within research and clinical practice. While some scholars have characterized this philosophical legacy as a "Cartesian Catastrophe," a more neutral framing acknowledges its profound role in sustaining a conceptual divide between mind and body—one that has historically complicated integrative approaches. Further contributing to this disciplinary tension are critiques regarding the empirical limitations of classical psychoanalysis, which have, in part, influenced perceptions of psychiatry's trajectory relative to other evidence-based medical fields. Advancing beyond these historical and epistemological divisions will require a renewed commitment to interdisciplinary collaboration and methodological rigor, thereby fostering a more coherent and scientifically grounded understanding of mental

health. Psychiatry is undergoing what Levín [15] characterizes as a persistent crisis of paradigms, marked by the coexistence - and often the collision - of biological reductionism with culturally oriented and hermeneutic narratives. Although advances in neuroscience have significantly deepened knowledge about brain structure and function, they have not been sufficient to resolve the underlying conceptual tensions or to establish a unified explanatory framework for mental disorders. In response to this impasse, scholars such as Antić [16] and Marková [17] advocate for an explicitly pluralistic epistemology, one that integrates scientific rigor with cultural, historical, and philosophical analysis. This approach aims to capture the multidimensional complexity of psychiatric phenomena while overcoming the constraints of narrowly monodisciplinary frameworks.

Institutions, power, and national traditions

The development of psychiatry and neurology cannot be divorced from the institutions that housed them and the national contexts that shaped their priorities. The rise of the asylum stands as a central institution in the history of psychiatry. Early historiographical narratives often celebrated this as a sign of progressive humanitarianism, championing Figures like Pinel and Kraepelin [18 - 19]. However, a critical socio-historical historiography, powerfully advanced by Foucault [8], Scull [9], and Goffman [12], recast the asylum as an apparatus of social control, highlighting its dehumanizing aspects and its role in enforcing normative societal structures. This perspective was deepened by Rosen [20] and Berrios [21], who traced the historical construction of symptoms and diagnoses. Asylums emerged as essential institutions for developing clinical terminology, treatment approaches, and early nosological systems, though much classification originally emerged outside asylums (e.g., Cullen, Pinel's early writings, Esquirol's treatises). In contrast, neurology developed primarily within general hospitals and university clinics, its authority derived from clinico-anatomical correlation rather than long-term custodial care.

This institutional critique was amplified in the Anti-Psychiatry movement. Thinkers such as Szasz [10] rejected the medical validity of mental illness, arguing that diagnoses were moral judgments in scientific disguise. Laing [11] integrated existential and phenomenological perspectives, while Basaglia's reforms in Italy [13] demonstrated that alternative, community-based models were possible. In response, a counter-movement, sometimes described as Anti-Anti-Psychiatry, emerged. Authors such as

Torrey [22], Lieberman [23], and Shorter [24] defended biomedical approaches, arguing that advancements in neurosciences and psychopharmacology had firmly established psychiatry's scientific legitimacy. Bioreductionist psychiatry has been influential but never became universally consensual.

However, this narrative has largely focused on European and North American contexts; future work should explore how institutions in Africa, Asia, and Latin America have shaped psychiatric and neurological practices in distinct ways.

This dialectic of critique and legitimization paralleled the development of neurology, a field equally shaped by national and political contexts. [Figure 2](#) illustrates this, showing how neurology flourished in Germany after the Franco-Prussian War, was catalyzed by the Civil War in the United States, and encountered distinct challenges in Italy and Brazil [25 - 26]. The work of pioneering Figures - Charcot in France, Hughlings Jackson in Britain, Mitchell in the United States - forged distinct national traditions, demonstrating that the trajectory of neurological knowledge was shaped not by science alone, but by state investment, institutional resources, and socio-economic pressures. Neurology, like psychiatry, has experienced conceptual ruptures (e.g., localization debates, degeneration theory collapse) and nosological disputes (e.g., hysteria, functional disorders). Thus, while psychiatry's historiography is often framed by the asylum and its critics, neurology's trajectory is frequently mapped through the founding of hospital departments, professional societies, and its role in treating war-related nervous injuries. This distinction, however, is not absolute; notably, Charcot's seminal work emerged from La Salpêtrière, an institution with asylum origins, underscoring the shared institutional foundations from which the two disciplines later diverged. The history of conditions like epilepsy further illustrates this complex institutional and clinical evolution [27].

The technological and therapeutic convergence

The histories of psychiatry and neurology have been repeatedly transformed by technological innovation, which has consistently forced the disciplines into closer dialogue. Yet, a critical historiographical observation is that their paths first diverged before they began to reconverge. This initial divergence was largely because neurology was able to ground its clinical observations in clinico-anatomical correlations from the nineteenth century onward. Lesions identified through autopsy or neurological

examination provided concrete links between structure and function, granting neurology a degree of diagnostic precision and conceptual stability that psychiatry could not yet attain.

Although early psychiatrists such as Griesinger, Meynert, and Wernicke sought similar anatomical foundations, the complexity of mental disorders and the absence of clear pathological substrates limited the success of such efforts. This divergence fundamentally shaped the institutional, epistemological, and clinical boundaries between the two disciplines. It established a long-standing asymmetry, with neurology perceived as the "harder" science of measurable brain lesions and psychiatry as the "softer" science of the mind. This framing is broadly correct from a historiographical perspective, but it is important to note that neurology has also had political/war-driven shifts (e.g., Shell Shock). Yet, as advances in neuroimaging, genetics, and systems neuroscience increasingly blur these distinctions, the historiographical gap in examining this asymmetry becomes particularly relevant today.

It is against this backdrop of historical divergence that the subsequent convergences appear all the more significant.

The first major convergence was neuroanatomical. Foundational contributions from scholars such as Sherrington, Ramón y Cajal, Golgi, and Pavlov established modern neurophysiology and neuroanatomy [28]. Their work on neuronal connectivity and brain organization provided the biological substrate that would increasingly inform psychiatric theories of behavior and cognition, blurring the strict division between the disciplines. The study of neurological patients further illuminated this intersection [29].

The second, and arguably most transformative, convergence emerged through psychopharmacology, a timeline of which is presented in Figure 3. The introduction of chlorpromazine, antidepressants, and anxiolytics marked a paradigm shift in mental health treatment, fundamentally altering therapeutic approaches by directly targeting brain function. As Braslow and Marder [30] highlight, these pharmacological advancements compelled psychiatry to deepen its engagement with biological mechanisms, even as their development and dissemination were influenced by industrial, economic, and regulatory dynamics, as well as marketing strategies and evolving professional boundaries. This revolution extended beyond clinical practice, reshaping the institutional and economic frameworks of both psychiatry and neurology [31]. Yet, despite their groundbreaking impact, the initial promise of a clear brain-based nosology

and universally effective pharmacological solutions remains unfulfilled. Challenges such as diagnostic ambiguity, inconsistent treatment responses, and methodological constraints persist, complicating the realization of these goals. Meanwhile, alternative therapeutic models, including Cognitive-Behavioral Therapy (CBT), have developed along distinct historical trajectories, offering complementary approaches to mental health care [32].

Early biological psychiatric therapeutics were pioneered by figures such as Egas Moniz, a Portuguese physician who developed prefrontal leucotomy—a controversial yet landmark procedure in psychosurgery that influenced the treatment of severe mental disorders. Other foundational therapeutic contributions include Julius Wagner-Jauregg's malariotherapy for neurosyphilis, Manfred Sakel's insulin shock therapy, and Ugo Cerletti's electroconvulsive therapy [31].

These historical shifts raise important questions for contemporary practice, such as the ethical implications of neurotechnologies and the need for interdisciplinary collaboration in developing new treatments.

The third convergence is ongoing, driven by neurotechnology. Innovations such as electroencephalography (EEG), computed tomography (CT), and advanced neuroimaging provided unprecedented access to the living brain [33 - 34]. These tools reshaped diagnostic reasoning, enabling both fields to ground their categories in increasingly detailed understandings of neurobiological processes. They facilitated a shift from lesion-based localization to network-based models of brain function [35], further eroding the boundaries between a "neurological" lesion and a "psychiatric" disorder. However, these innovations also raised new epistemological and ethical questions concerning the interpretation of brain images and the boundaries between normality and pathology [36].

Symptom as crossroads: the neuropsychiatric synthesis

The most compelling evidence for the deep interdependence of psychiatry and neurology lies in the historiography of symptoms. Symptoms such as memory loss, amnesia, and hallucinations occupy a liminal space, illustrating how clinical observations have shaped theoretical frameworks across centuries.

The history of dementia, for example, reflects changing perceptions of cognitive aging. Classical sources interpreted senility as an inevitable part of old age, often with moral or spiritual connotations. As Bermejo-Pareja

and del Ser [37] emphasize, the transformation of Alzheimer's disease into a major public health concern illustrates how scientific discoveries (e.g., neurofibrillary tangles), demographic changes, and social expectations collectively shape disease conceptualization.

Similarly, the history of amnesia reveals an evolving relationship between clinical observation and brain science. Early classifications, such as those by Sauvages, were purely descriptive. Over time, theories of memory became linked to brain anatomy, a process revolutionized by the study of patient H.M. The work of Milner and Squire [38] demonstrated that memory was not a unitary faculty but a set of distinct processes supported by specific neural circuits, fundamentally reshaping clinical practice in both neurology and psychiatry [39].

Hallucinations also occupy a central position in neuropsychiatric historiography, their interpretation oscillating between spiritual, moral, and medical explanations. This conceptual evolution was shaped by a disciplinary tension: neurology often claimed hallucinations when a clear organic cause was found (e.g., in epilepsy or delirium), while psychiatry developed frameworks to understand them in the context of psychosis. Key Figures mark this trajectory: Esquirol reframed them as products of the intellect, Jaspers established rigorous phenomenological criteria, and Henry Ey worked to integrate neurobiological perspectives. As Telles-Correia and colleagues [40] trace, these evolving conceptualizations reflect a broader theoretical shift from moral judgment toward neurocognitive interpretation.

These symptom histories underscore the necessity of a unified historiographical approach, as they reveal how clinical observations have repeatedly bridged the gap between psychiatry and neurology.

Collectively, these symptom histories demonstrate that the disciplines meet at the bedside. [Figure 4](#) illustrates this grand narrative, tracing the evolution of understanding mental disorders from the Renaissance to the present and highlighting the constant interplay of science, medicine, and society. The comparative European study by da Mota Gomes, Mathias, and Nardi [41] complements this by showing how the same symptoms were conceptualized through divergent frameworks in different political and cultural contexts, underscoring the necessity of historiographical analysis for full clinical understanding. This methodological approach to analyzing historical sources is crucial for such comparative work [42].

Discussion: synthesizing the trajectories

The integrated historiographical analysis presented here reveals recurring patterns that transcend disciplinary and national boundaries. First, the evolution of these fields reflects an enduring epistemological tension stemming from the mind-body problem. Psychiatry has continually oscillated between biological reductionism and psychosocial interpretation [31, 43], while neurology, though often perceived as more strictly biological, has also been influenced by paradigm shifts, moving from lesion-based to network-based models [35]. This core difference in epistemic objects - the mind versus the nervous system - meant that psychiatry's history is one of recurring identity crises and theoretical schisms, while neurology's history, though not without controversy, has been characterized by a more cumulative build-up of anatomical and physiological knowledge.

Second, sociocultural and political forces have been pivotal in shaping institutional practices and theoretical frameworks. The rise of asylums, the critiques of Anti-Psychiatry, and the varying development of national neurological traditions all demonstrate that scientific knowledge is embedded within societal priorities, economic pressures, and ideological currents.

Third, technological innovation has repeatedly reconfigured the relationship between the disciplines. Advances in microscopy, psychopharmacology, and neuroimaging have not only provided new tools but have also fundamentally altered clinical reasoning, diagnostic categories, and the very questions scientists ask.

This analysis demonstrates that the historiography of psychiatry and neurology is not merely a retrospective exercise but a vital framework for addressing contemporary challenges, from diagnostic validity to interdisciplinary collaboration.

Finally, the methodological plurality that characterizes modern historiography - combining archival research [44], discourse analysis, and historical epistemology [17] - is not merely an academic preference. It is a necessary response to the complexity of the subject matter, promoting epistemic humility and encouraging a recognition of the provisional and constructed nature of knowledge in both psychiatry and neurology. This pluralism is championed by scholars who emphasize critical reflection on sources and narratives [45, 46, 47]. A pluralist, integrative model -

combining clinical, biological, social, philosophical approaches - is necessary and perhaps the most epistemologically sound way forward.

Conclusion and future directions

This article has examined the historiography of psychiatry, neurology, and neuroscience through an integrated framework that highlights their conceptual and institutional interdependence. The analysis demonstrated that historical reflection is essential for understanding the evolution of mental health disciplines and for contextualizing contemporary clinical practice. By tracing the intellectual, sociocultural, and technological forces that shaped psychiatry and neurology, the study underscores the need for ongoing engagement with historiographical methodologies.

The historiography of these fields reveals not only scientific achievements but also epistemological ruptures, institutional failures, ethical controversies, and cultural transformations. Recognizing these complexities enables clinicians and scholars to approach current debates - such as diagnostic validity, treatment ethics, and interdisciplinary integration - with greater nuance and critical awareness.

This historiographical synthesis reveals that psychiatry and neurology have never developed along separate or parallel lines but through a continuous and interdependent exchange of ideas, institutions, and technologies. Recognizing these entanglements encourages diagnostic humility, strengthens interdisciplinary dialogue, and clarifies the historical contingencies behind current debates in mental health. Significant gaps remain, particularly regarding non-Western perspectives, gendered analyses, and post-colonial histories. Expanding the global historiographical record will not only enrich scholarly understanding but also broaden the conceptual resources available to clinicians and policymakers.

Despite the richness of existing historiography, certain limitations persist. Much scholarship remains centered on European and North American contexts. For instance, archival materials from Brazil, India, or South Africa could illuminate how colonialism, local traditions, and global scientific networks have shaped psychiatric and neurological practices in distinct ways. Future research should expand into global, post-colonial, gendered, and intersectional perspectives, integrating diverse cultural experiences and underrepresented voices. Broader use of primary sources, especially archival material from non-Western countries, may illuminate alternative trajectories of psychiatric and neurological development.



Ultimately, integrating historical insight into contemporary neuroscience and mental health practice offers a pathway toward more reflective, culturally sensitive, and ethically grounded models of care. Understanding these intertwined histories directly informs clinical reasoning, diagnostic humility, and interdisciplinary decision-making.

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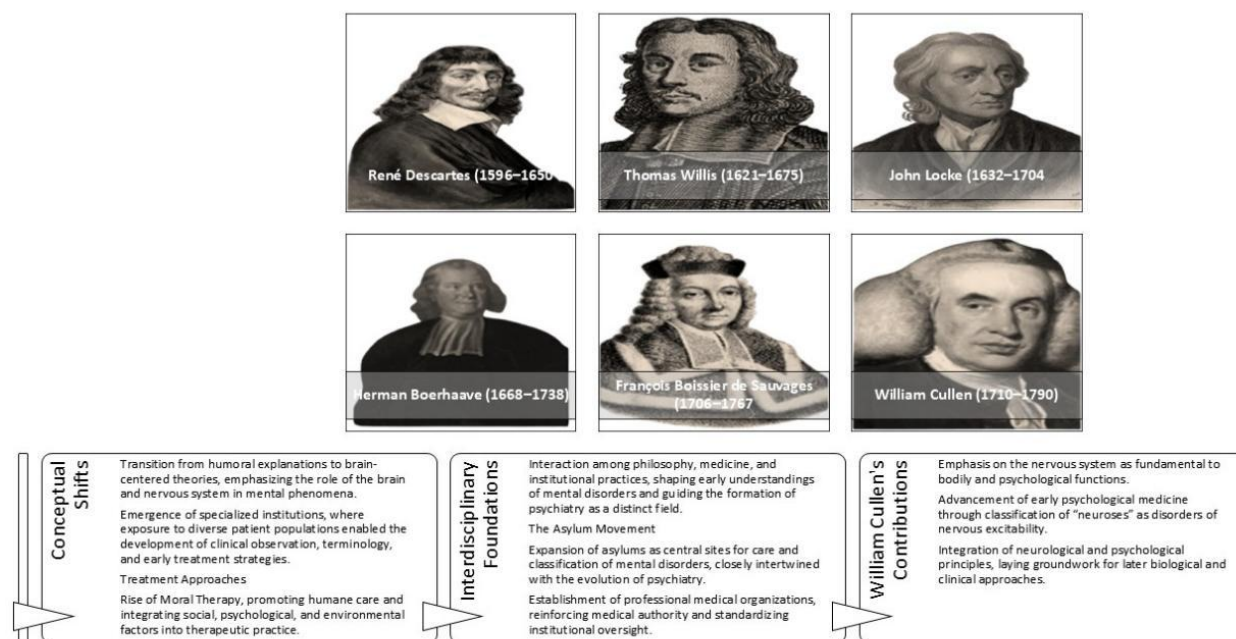
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↑ **Figure 1.** Bridging Mind and Brain - A Historical Journey from Descartes to Cullen

Source: The authors

Note: This Figure explores the transition from Cartesian dualism toward a more integrated understanding of mind and brain, illustrating key conceptual shifts that reshaped psychiatry and neurology. The field evolved from humoral theories to brain-centric explanations, establishing the nervous system as central to mental processes. Asylums emerged as essential institutions for developing clinical terminology and treatment methods, serving as both observational and classificatory settings - though they also presented ethical dilemmas and were later critiqued for their role in social control. Moral therapy introduced a more compassionate, psychosocial approach to care, emphasizing the importance of social and personal factors. The development of psychiatry was driven by the intersection of philosophy, medicine, and institutional practice, with figures like William Cullen playing a pivotal role in linking mental disorders to the nervous system. Cullen's holistic model, which integrated neurological and psychological perspectives, continues to influence modern psychiatry. These theoretical, institutional, and practical shifts collectively advanced - though not without contestation - the integration of mind and brain, laying the foundation for contemporary interdisciplinary approaches in mental health care.

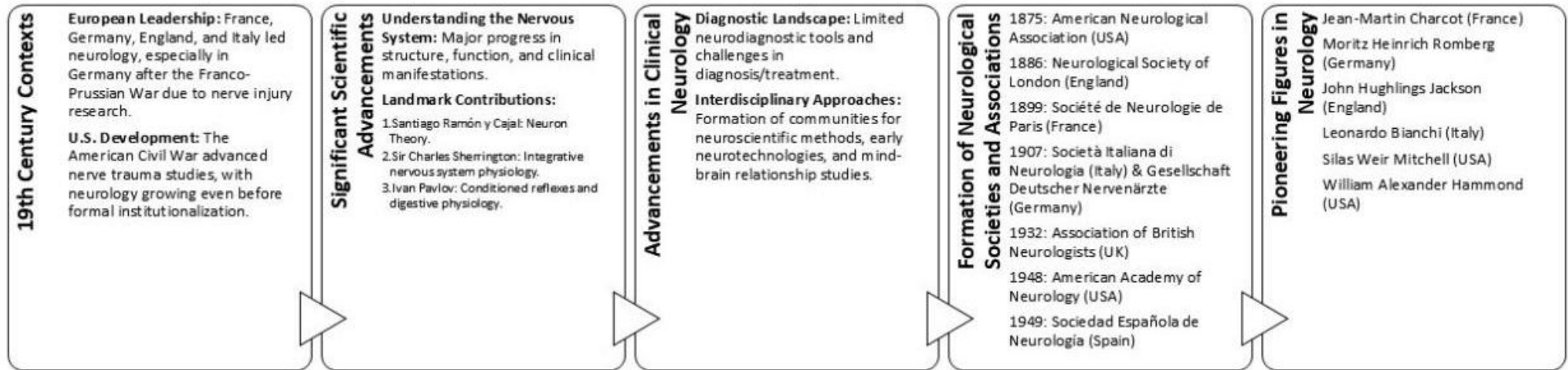


Figure 2. Historical Foundations of Clinical Neurology: Advancements and Pioneers in the 19th Century

Source: The authors

Note: This Figure provides an overview of the development of clinical neurology, focusing on significant advancements in understanding the nervous system, the contributions of pioneering figures, and the establishment of neurological societies and associations. It underscores the influence of national contexts on the evolution of neurological knowledge. Neurology flourished in Germany after the Franco-Prussian War, as the study of nerve injuries and trauma stimulated neurological inquiry. In the United States, the Civil War catalyzed similar developments, even before the formal establishment of neurology as a distinct discipline. The Figure highlights how national and political contexts - such as state investment, institutional resources, and socio-economic pressures - shaped the trajectory of neurological knowledge, demonstrating that scientific progress was embedded in broader societal priorities.

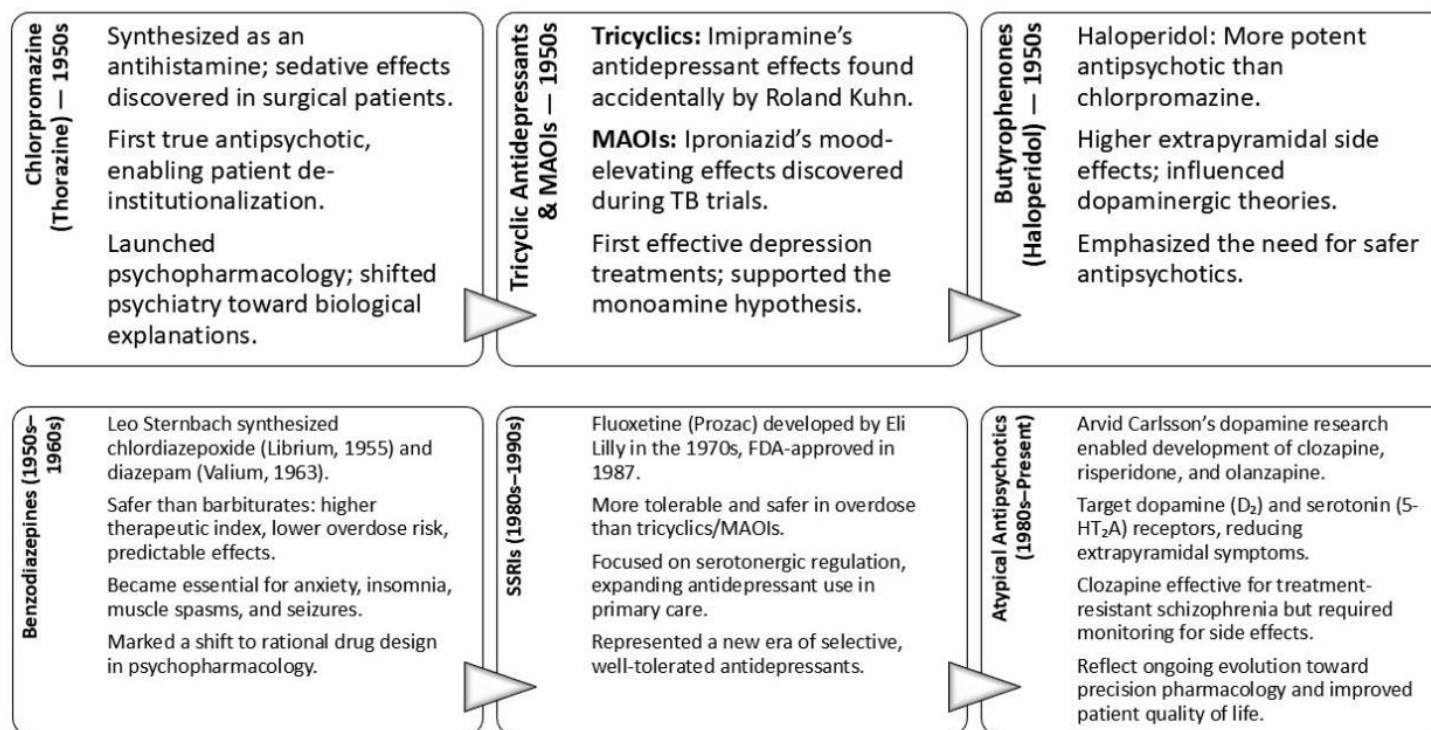
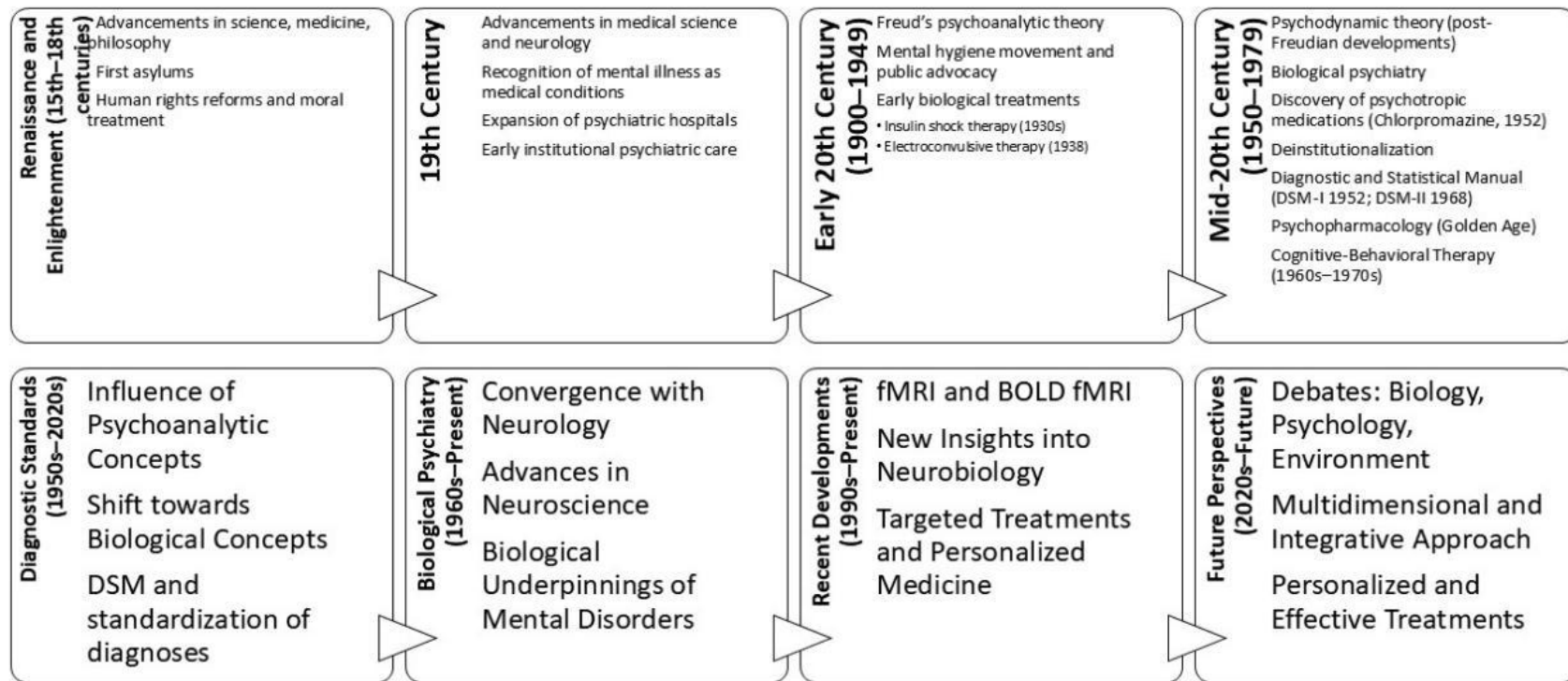


Figure 3. Timeline of Psychopharmacological Discoveries

Source: The authors

Note: This Figure presents a chronological overview of major psychopharmacological discoveries, including the development of chlorpromazine, tricyclic antidepressants, benzodiazepines, selective serotonin reuptake inhibitors (SSRIs), and atypical antipsychotics. It illustrates how these advancements transformed the treatment of mental disorders, reflecting the dynamic interplay of scientific innovation and clinical practice. While these drugs revolutionized treatment, their benefits have been tempered by challenges such as variable individual response, diagnostic ambiguity, and ethical concerns. Atypical antipsychotics, for example, emerged in the late 20th century, with widespread clinical adoption occurring from the 1990s onward, yet their use continues to be debated due to side effects and efficacy variability.



↑ **Figure 4.** Evolution of understanding of mental disorders: the interplay of science, medicine, and society in mental health care

Source: The authors

Note: This Figure traces the historical development of mental health care from the Renaissance to the present day, highlighting key milestones, diagnostic advancements, and the emergence of interdisciplinary approaches. It emphasizes the interplay of science, medicine, and society in shaping mental health care. This trajectory is not linear; it is marked by conceptual ruptures, competing theories, and significant regional and temporal variability. Interdisciplinarity has re-emerged cyclically throughout history - such as in early neuropsychiatry and biopsychosocial models - reflecting ongoing tensions and syntheses between mind- and brain-based frameworks. The Figure underscores the importance of historical context in understanding contemporary debates and practices in mental health.