PEREIRA, Mário Eduardo Costa. Presentation of the field of Fundamental Psychopathology

The term "Fundamental Psychopathology" was coined by the French psychoanalyst and philosopher Pierre Fédida (1934-2002) in a very precise historical context. This professor of psychopathology at the University of Paris 7, with solid formation in phenomenology and a scholar of Heidegger's thinking, received part of his formation in psychopathology at the Kreuzlingen Clinic, where he worked under the orientation of Ludwig Binswanger. Like his famous Swiss master, Fédida undertook a rigorous epistemological study into the specific aspect of the field and method of psychopathology. He also presented an acute criticism of all naturalist reductionism in psychopathology. With his training in psychopathology and with the support of psychoanalysis instigated and challenged by interlocution with philosophy, Fédida's work aimed at responding to the psychopathological impasses of his time.

Since the 1960s, specially after the publication of DSM III, in 1980, a veritable revolution took place in the psychiatric field, in terms of the scientific approach to mental disorders. The development in the United States of diagnostic systems based on explicit and observable criteria arose as the promise of a solution for one of the most challenging problems in the history of psychiatry, that of the "confusion of tongues" among the different approaches to psychopathological phenomena.

Located at the crossroads of multiple epistemological and methodological perspectives, psychopathology has always constituted a heterogeneous discipline both in the definition of its object and in its theoretical and practical approaches (see FÉDIDA & WIDLÖCHER, 1990). In this multifaceted respect, different disciplines at times share the same terminology, mentioned above, but they constitute very distinct semantic fields, a problem that can give rise to serious misunderstandings when dealing with the transfer of concepts from one scientific context to another. Likewise, different diagnostic labels can refer to very similar notions, thus bringing about poorly defined disagreements. One could recall, for example the famous survey by Stengel, in 1959. At the request of the WHO, he drew up an inventory of the diagnostic systems in use at the time, and emphasized the difficulties in communication among psychiatrists. In Stengel's words, "A more serious obstacle to progress in psychiatry is the difficulty of communication. Everybody who has followed the literature and listened to discussions on mental illness soon discovers that psychiatrists, even those apparently sharing the same basic orientation, often do not speak the same language. They either use different terms for the same concepts, or the same term for different concepts, usually without being aware of it." (STENGEL, 1959)

The arrival of psychoanalysis onto the stage of the debates on psychopathology is a more significant example of these difficulties. In Freud's clinic experience during the early phases of psychoanalysis, he based himself on the nosological categories available in the medicine and psychiatry of his time. As a result, his references to psychopathological realities that had already been consolidated in the medical tradition - such as "hysteria," "neurasthenia," "melancholia," "paranoia" and "phobias" - are the cornerstones of Freud's work, and it would be unthinkable without them.

However, the form and the basic foundation of the clinical experience inaugurated by Freud led to the need for new perspectives and new languages to describe psychopathological phenomena. It was no longer enough to describe directly observable clinical facts in detail, together with their evolution and their most typical presentations. The notion of symptom also went through a change in status, and ceased to be conceived as a mere observable expression in the patients' discourse regarding the morbid processes they supposedly suffer from. Psychopathological manifestations - such as those observed by psychoanalytic procedures - were anchored in language, in the patient's native tongue, and expressed forgotten fragments of his or her personal history. Paradoxically, they sometimes even seemed to consist of disguised and alienated forms of satisfaction.

Psychopathological categories, when seen from the point of view of Freud's experience, could no longer be reduced to typical objective descriptions. They required metapsychological conceptualization that would take into account the topic, the dynamics and the economy of the mental processes involved that would delimit them in terms of the hypotheses of the unconscious and of transference. From that point on, the hysteria, melancholia and paranoia referred to by psychoanalysis could no longer be categorized according to the medical rationality on which their respective psychiatric descriptions were based. Correlatively, the uses of these and other terms - by either psychoanalysis or psychiatry - refer to psychopathological conceptions and frames of reference that are radically different in the two different disciplines.

In addition, the presence of diagnostic systems in the clinical field that were based on clearly delimited observable criteria, far from constituting mere innovative technical and theoretical procedures, represented, in fact, a clear position taken in relation to certain highly problematic aspects of the scientific approach to mental disorders.

In the first place, the heterogeneousness of the "languages" of psychopathology was seen as basically unfavorable. In fact, it was often considered a failure in the objectivity of communication and thus a problem to be faced and overcome, so that the unification of the vocabulary and the classification of its referents were seen as important values to be attained.
Differences of language in the field of psychopathology have therefore been reduced to their dimension of terminological confusion, by-passing a more radical investigation of the theoretical and ethical implications of the different conceptions in the language implicitly or explicitly assumed by the different disciplines interested in psychopathology. One pragmatic conception of diagnosis and classification of mental disorders becomes hegemonic on the international level, imposing itself as the only scientifically legitimate way to approach psychopathological phenomena.

At the bottom line, the worldwide effort to implement operational systems of classification represents a victory, to wit, the imposition of a certain conception of the relationship between language and its referents in the field of psychopathology. It also represents the corresponding set of empirical and experimental criteria as the only one capable of assuring scientific legitimacy for procedures of investigation in this field. In this respect, disciplines such as phenomenology, existential analysis, and even psychoanalysis itself, with its broad scope, long tradition and obvious importance in the field of psychopathology, were, a priori, excluded from contemporary debates because they failed to fit into the criteria of scientific validation proper to the natural sciences, as endorsed by those diagnostic systems. The following question then became urgent: What is the relevance of an approach to psychopathological phenomena that leaves no real room for contributions such as Freud’s, Binswanger’s and even Jaspers’? Is it legitimate to conceive of psychiatry, as clinical practice, without referring to psychopathology?

In contrast to Jaspers’ "general psychopathology," and as a counterpart to it, Fédida set out to demonstrate the specific nature of "fundamental psychopathology." In relation to general psychopathology, Fédida held that the "generality" sought by Jaspers sustained a phenomenological procedure that is clearly presented as Husserlian, in the eidetic sense of the term. That is, the generality of this psychopathology is based on the production/description of "psychopathological prototypes" through the use of the phenomenological clinical method adapted by Jaspers. The "psychopathological type" thus delimited is a close relative of the notion of "phenomenological essence." Considered from this perspective that human phenomena cannot be reduced to conceptual objectivation, Jaspers contributed, with the structuring of his general psychopathology, to the establishment of a phenomenological anthropology in psychopathology (see PEREIRA, 1998).

Fundamental psychopathology, in turn, could embrace "this active epistemology that is critical of the models drawn up in different areas and with different methods. Rather than discuss some possible 'interdisciplinarity' of psychopathology, I prefer to define as 'fundamental' a psychopathology that has evolved through its exchanges with other approaches and that now has the conceptual and reflexive means to sustain further research on mental disorders, whose representation has evolved in regard to somatic diseases and disorders, human genetics, etc. But there is not the slightest pretension here to totalize any encyclopedic value. It would be well to remember that we live today in a civilization that is undergoing transformations with modes of analysis that put disciplines into contact with one another without intending in any way that one or the other become an ideology of power." (FÉDIDA, 2000).

Therefore, rather than being a new discipline intended to investigate mental disorders, "fundamental psychopathology," proposed by Pierre Fédida, seeks to constitute a field of intercritical debate among various epistemological, ethical and methodological positions that deal with psychopathological realities. As Berlinck stated (BERLINCK, 1998), the term "position" is meant here in the sense taken from Roman military usage, and initially referred to the place where a person or object was located in a strategic device in war. In the classical Greek context, this word has a more relational connotation, expressing the distribution of the occupants in a discursive interaction carried out in the space of rhetoric. Therefore, above all else, fundamental psychopathology is based on the recognition of the existence of different places, different discursive positions toward human suffering.

However, it cannot be considered some ideal type of interlocution aimed at establishing premises of harmonious syntheses and/or canceling out the boundaries among the numerous disciplines involved, in an attempt to set up a homogeneous and unitary psychopathology. The process of establishing fundamental psychopathology can be described as "epistemological," in the sense that it aspires to the radicalization of positions when confronted with one another in a way that will allow:

1. Internal broadening of the models and paradigms of each discipline;
2. A fertile and positive effect on each through the exposition to the positions, inroads and models originating from other epistemological models;
3. A clarification of the ethical implications of each proposed way of describing and dealing with psychopathological phenomena;
4. The establishment of new and unexpected objects of study, no longer interdisciplinary, to the effect that the disciplines share less of what each of them already knows and more about the puzzles and impasses they face, thus setting up a new perspective, perhaps better designated as transdisciplinary.

From his psychoanalytic perspective, Fédida maintains three central elements In his formulation of fundamental psychopathology:
a) An emphasis on the field of clinical work as an element of validation and future verification of proposals in psychopathology;
b) Attention to the field of subjectivity as correlative to the experience and structuring of psychopathological reality;
c) An ethical insistence on thwarting - analyzing - any and all forms of ideological or theoretical crystallization expressed by representations that would absolutize psychic realities, desire or suffering: in short, all that might be termed psychopathological.

On both the theoretical and political planes, realistic and psychological descriptions have competed throughout their history for primacy and legitimacy in delimiting scientifically psychopathological facts. Naturally, any position that radically rules out one or another of these positions can be considered unconvincing and distant from the basic intuition arising from clinical experience with psychopathological facts. However, the most noteworthy aspect of this process is that both the realistic interplays in the language of the neurosciences and of psychiatric genetics, as well as with those of psychology, related to systems of symbols and meanings, are capable of providing complete systems to describe and explain psychopathological facts without having to appeal to proposals originating from the other field. It is possible to go even farther. None of these currents has need of the other to sustain its claims, nor does any one of them leave room in its systems for approaches based on other perspectives (see BANZATO, 2000). A practical and theoretical paradox thus sets in. Despite the internal consistency of each of these scientific interplays of language and the plausibility of their formal and explanatory constructions, it is unacceptable for any given individual to adhere without reservations to only one of them, while relegating the others to nullity or irrelevance.

Flora Singer, in an epistemological study on Fédida's proposals, described the field of fundamental psychopathology in the following terms: "Through an act of designation - fundamental psychopathology - a place where theories and texts can emerge is thus created. [...] In this empty space, the distinct discourse regarding pathos is placed in relationship" in the sense of producing "further knowledge, as well as knowledge about the borders and limits of each field" (SINGER, 2000, p. 39).

Therefore, fundamental psychopathology, as proposed by Fédida, seeks to constitute a field that sets into movement a dynamic of paradoxical and critical tension among the different scientific approaches to human pathos, with renovating effects for the metaphors, models and referents of the discourses specific to each position.

With the establishment of fundamental psychopathology, there is an act of designation that sets up a field - a field that is neither a thing nor a new discipline (which would be of the order of positivity or plenitude) - but a place for the negative as paradoxical logic that allows room for the action of thinking and for new productions in the field of theory.

Referência Bibliográfica
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