

Editorial

Psychopathology from the perspective of the singular subject

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The term “psychopathology” was never a part of everyday language. It is a neologism allegedly created by German physician Hermann Emminghaus (1845-1904), who is said to have used it for the first time in 1878 as a synonym for “clinical psychiatry”. His immersion in the psychiatric field is his birthmark, so to speak.

A second characteristic of this word is its apparent self-evidence. Usually, it tends to spontaneously evoke the idea of studying “mental illnesses”, despite the deeply complicated nature of this expression that has already been mentioned so many times before: if it is a “disease” (a *res extensa* Cartesian phenomenon) then how can it be “mental” (*res cogitans*)? Also, if it is “mental”, how can it be a “disease”? And what is this science that takes on one of the most metaphysical entities that can be conceived as its object: the soul (psyche)? Even so — and once again — in intuitively referring to the semantic scope of “disease”, although problematically qualified as “mental”, we reencounter

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the the strong mark of the medical-psychiatric matrix associated with psychopathology. That is, this rational discipline (it is a modality of “logos”) has “mental illness” as reference – and the latter is established in order to constitute an object that is positively accessible to the methods of empirical-experimental sciences and, eventually, approachable from the biological perspective of the medical field.

Branches that are more intensely humanist or even psychoanalytical tend to “depsychiatrize” the “psychopathology”, referring it no longer to the objectivity of nature (of *Physis*), but rather to the strongly subjective scope of “psychic suffering”. From this perspective, “subjectivity” and the very notion of “subject” are at the center of the rational elucidation of human *pathos*. This is how, as early on as 1926, Viktor von Weizsäcker, a pioneer of so-called Medical Anthropology, alerted that, beyond psychiatry’s borders, the medical field as a whole remained far from the systematic interrogation of the subject on which it was focused: “It is surprising, but, in fact, it is undeniable that modern medicine has no doctrine for a man who is sick” (Weizsäcker, 1926/1987, p. 72). It is thus imperative, Weizsäcker argued, to incorporate the patient’s subjectivity to the objective reality that is to be treated. Therefore, it is clear that the statute of *pathos* — a central topic in psychopathology — questions not only the psychiatric field and “mental health,” but also Medicine and clinical practices as a whole.

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Here, it is important to highlight that the approaches that propose to study *pathos* from the perspective of subjectivity do not necessarily imply adoption of a “psychogenic” theory of “disease”, whether qualified as “mental” or not. Rather, this is about examining the disease phenomenon from the perspective of subjectivity. Thus, it is necessary to clearly separate the “pathology”, a phenomenon that presupposes a subject, from the field of “nosology”, that is, disease seen as a biological disturbance that is harmful to the optimal physiological functioning that is typical of a natural species (Boorse, 1977). Here we see more clearly defined three groups of decisive problems for the scope of “pathology”: 1) “nosology”, as a study of natural dysfunctions capable of morbidly influencing the optimal performance of biological functions that are necessary to the survival of an individual and its species; 2) “pathology” itself in semantic terms: the study of disturbances or impediments to the possible realization of a singular subject within the social bond (Pereira, 2019); and 3) the study of the possible incidences and interactions of one field on the other: nosology on pathology, pathology on nosology, and the margins of the autonomy of one in relation to the other.

Following this development of von Weizsäcker's premise, according to which pathology necessarily refers to the scope of the subject, then the very term "psycho"-pathology would sound excessive and redundant: why overload an intrinsically subjective phenomenon — already evoked by the Greek root "pathos" — with a reference to the "soul" (psyche)? Even so — or for that very reason — the influential German author did not use the notion of "pathology" to designate the study of illness from the perspective of the subject. The latter is already heavily impregnated by the traditional reference of disease to the field of nature, as a morbid disturbance of physiology. Furthermore, another result of Weizsäcker's thoughts is that the type of rationality necessary to proper understanding of the subjectivity of the "sick man" is not the "logos" of natural sciences, but rather of philosophy. Hence his proposal for a "pathosophy" (Weizsäcker, 1956) as a rational discipline aimed at discovering the pathos of the sick man, considered in his condition of subject (cf. Pereira, 2014).

This brings about a paradox, perhaps even a contradiction: psychopathology is the core discipline (Banzato & Zorzanelli, 2020) not only of the field of psychiatry, but also the foundation of all clinical practices in the field of "mental health". On it depends the delimitation of the morbid element at play, of the evil to be treated and, consequently, of the direction and the objectives of the treatment.

A special case in this debate is psychoanalysis. It is very significant to note that even Freud, with all of his theoretical rigor, never proposed a formally conceptual definition of "psychopathology", not even in his "Psychopathology of Everyday Life" (1905). Nor did he do so in chapter II of his *Project for a Scientific Psychology* (1895), entitled precisely "Psychopathology". The highly respected *Vocabulary of Psychoanalysis* does not contain an entry for it; no prominence is given to it in Jones' biography of Freud. Even so, Freudian theory is probably the one that has most advanced in the need to study pathology as a phenomenon referring to a singular subject: the technique of free association under transference allows for highlighting the associative networks referring to the production of meanings that are specific to each subject, which means that a dream can never be interpreted through a "general dictionary of dreams"; the modalities of erotic satisfaction depend on each individual's unconscious fantasies; the ideas of "etiological equation" and "complementary series" allow us to individually conceive the outbreak of mental pathology in a singular subject, without the need to refuse the participation of natural factors in the processes involved in it etc. In this

sense, psychoanalysis, although it traditionally has not explicitly defined a psychopathology in terms of von Weizsäcker, is guided in this field precisely by notions such as conflict, defense and erotic satisfaction as necessarily referring to a singular subject. Furthermore: a subject that is bodily incarnated. As Lacan would clearly say, when dealing precisely with the relationship between psychoanalysis and medicine: pleasure is a phenomenon of the body (Lacan, 1966).

The specific character of the psychoanalytic approach regarding the subjectivity inherent to psychopathological phenomena is even more evident when we compare it to another fundamental theoretical tradition in this field: the Jasperian phenomenology. This theoretical effort to establish psychopathology as a formally structured and autonomous scientific discipline in relation to psychiatry emerged at the beginning of the 20th century, with the publication of Karl Jaspers' *Allgemeine Psychopathologie* (*General Psychopathology*) in 1913. In this famous treatise, the question of subjectivity occupies a central place: it is about studying pathological psychic phenomena from the point of view of subjective experiences (*Erlebnis*) typically associated with them: "The object of psychopathology is the truly conscious psychic phenomenon. We want to know what men experience (*Erlebnis*) and how they do it" (Jaspers, 1913/1979, p. 13). In this way, what is aimed first is the description of the typical experiences consciously lived in a specific morbid mental state. In other words, despite aiming at subjective experience, the General Psychopathology method intends to achieve a statute of objectivity: "knowing the scope of psychic realities" (p. 13). In other words, the targeted subjectivity must, from Jaspers' perspective, correspond to the scientific requirements of producing, with reason and method, objective knowledge that is universally valid: this is not, therefore, about describing the singular subjectivity of a subject affected by a specific pathological condition, but the typical and generalizable features of the experience consciously felt in each specific type of psychopathological condition. Thus, the focus is not on the singularity of each subject's pathological condition, but on the description of the generalizable typicality of each psychopathological entity, its transcendental level (to use a term dear to the phenomenology of Husserl, on which the psychiatrist-philosopher from Heidelberg was inspired).

It should be noted that the Jasperian method does not fundamentally aim at providing a pathological psychology, in the sense of Ribot, that is, to explain how mental processes considered normal can eventually become morbid. To Jaspers, the starting point are the traditionally defined unhealthy

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conditions themselves, taken as references for applying the phenomenological method. The *Allgemeine Psychopathologie* explicitly states the following: “But not all psychic phenomena are our object. Only the ‘pathological’ ones” (p. 13). In sum, starting from mental phenomena that are traditionally and a priori considered “pathological”, Jaspers proposes the use of a phenomenological method capable of describing in an abstract sphere (in fact, transcendental) the typical and generalizable experiences (*Erlebnis*) of each pathological entity. Hence the Jaspersian proposal of a Psychopathology of subjectivity not taken as singular, but as General.

As we have seen, psychopathology plays a decisive epistemological and technical role in psychiatry, in psychoanalysis and in all other clinical practices in the field of mental health, establishing the morbid focus the treatment is aimed at. In the contemporary world, different organizing principles compete for the prestige of describing the conditions to be considered pathological and, consequently, for determining the legitimate means of treatment and its therapeutic objectives. Among the most relevant, currently, there are principles that are naturalist (RDoC), empiricist (Evidence-Based Psychiatry); practical-conventional (DSM); evaluative (Values-Basic Psychiatry); phenomenological (phenomenological psychopathology); existential (*Daseinanalyse*); and subjective-singular (psychoanalysis). To the latter, I would add the (Psycho) Pathology (of the Subject) that we have been developing since 2013 in the context of the Laboratory of Psychopathology – Subject and Singularity (LaPSuS-UNICAMP), which does not propose to constitute a new “psychoanalytic psychopathology”, but to use the concept of subject arising from Freud and Lacan’s psychoanalysis to support a (psycho) pathology from the perspective of the disturbances of subjectivity in its specifically singular dimension.¹ The fundamental psychopathology proposed by Pierre Fédida (1998) is simultaneously concerned with the delimitation of the psychic pathos involved in psychopathology, as well as with the modalities of interaction of different scientific models that intersect at the epistemological crossroads that characterizes the field of psychopathology.

¹ It is, therefore, a new definition of Psychopathology, relevant not only to psychoanalysis but to the entire field of clinical practices, considered as the study of morbid impasses that disturb, or even hinder, the realization of a singular subject in a responsible way (taking otherness and civilization into account) within the social bond (Pereira, 2019).

Each one of the aforementioned organizing principles have their own internal operators that give them their own rational support. However, the question of choosing which should play the role of ultimate organizer of the concept of pathology and of the clinical-therapeutic practices derived from it fundamentally depends on ethical criteria. Different technical approaches produce different changes in the mundane and concrete spheres referring to the pathology, causing different incidences in the underlying pathological impasses. Decision-making regarding the psychopathological reference to be chosen (with the consequent therapeutic purposes resulting from it) does not depend on technical and scientific criteria, but rather on an ethical position. Science and technique are placed at the service of ethics. Not the other way around. The policy and the different strategies employed to achieve the clinical-therapeutic goals also depend on the ethical conception embedded in each (psycho)pathology and in each conception of Therapeutics associated with it.

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In this way, the epistemological, scientific, and technical challenges in the field of (psycho)pathology remain totally linked to its own methods, but dependent and guided by an ethics that substantiates, justifies, and guides them. When we — ethically — consider psychopathology a phenomenon that affects a subject taken as such, disturbing or preventing his possibilities of realization within the social bond, then we can find in psychoanalytic ethics the foundation and organizer of this field. A proposition by Lacan about the moral justification of interventions in the field of clinical and therapeutic actions perhaps summarizes the ethical foundations of a (psycho)pathology guided by singular subjectivity: “It is true that our justification, as well as our duty, is to improve the position of the subject...” (Lacan, 1962-63/2004, p. 70; my translation). This ethical perspective allows us to define what constitutes a pathological impasse from the point of view of the subject, and to establish the direction and objectives of the treatment, so that different types of technique can be arranged and orchestrated — having the contribution they may eventually bring towards the ethical goals of treatment as guidance and justification. In this case, a psychopathology of the singular subject leading to a clinic of the improvement of the subject’s position responsibly with civilization.

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