

Estamos vivendo um momento histórico sem precedentes: a pandemia de maior impacto mundial que, após mais de 8 meses de duração, ainda não tem previsão de fim. Na edição anterior, cotejamos o início desse fenômeno. Nesta edição, publicamos os ensaios Profa. Dra. Francesca Brencio (Itália), Profa. Dra. Virginia Moreira (Brasil) e Prof. Dr. Jean Naudin, (França) com reflexões sobre o medo, a liberdade, a linguagem e a saúde na pandemia. Concomitante com os ensaios, realizados a partir de uma perspectiva em primeira pessoa, temos a publicação de uma análise da pandemia sob a luz dos conceitos fenomenológicos clássicos como os de Karl Jaspers, Minkowski e López-Ibor.

Karl Jaspers é duplamente referenciado nesta edição. Sua obra, *Psicopatologia Geral*, completa mais de 100 anos de publicação e continua sendo reconhecida como fonte inesgotável de conhecimento e inspiração. O artigo de Otto Dörr Zegers nos presenteia com uma visão madura de um fenomenólogo que conhece a obra de Jaspers em profundidade e com a intimidade de anos de trabalho clínico. Além de um panorama geral da obra do autor, Otto Dörr Zegers elenca as contribuições fundamentais da obra.

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Karl Jaspers: el hombre y su trascendental contribución a la psiquiatría

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Resumen

En primer lugar, el autor alude a la trascendencia de Karl Jaspers como filósofo y como psiquiatra y a las múltiples celebraciones que se realizaron en el año 2013, al cumplirse 100 años de la primera edición de su *Psicopatología General*. En segundo lugar, se refiere sucintamente a su biografía y, en especial, a las circunstancias que lo llevaron a dejar la psiquiatría para dedicarse a la filosofía (1918) y tres décadas más tarde (1948) a abandonar Alemania y radicarse en Suiza. En tercer lugar, el autor revisa los temas esenciales que trata cada una de las seis partes de su *Psicopatología General*. En cuarto lugar, se detiene a analizar en detalle lo que podría considerarse como los cinco aportes más fundamentales de Karl Jaspers a la psicopatología como ciencia y a la psiquiatría como praxis. Estos son: La introducción del método fenomenológico en la investigación psicopatológica y la práctica clínica; La introducción del método comprensivo en el diagnóstico y en el tratamiento de los enfermos mentales; Los conceptos de “proceso” y “desarrollo” como base para una posible clasificación de los cuadros psicóticos; El concepto de “situación” como forma de superar el mecanicismo que implica el concepto de “reacción”. Y, por último, la introducción de la aproximación dialéctica a la psicopatología y la psiquiatría y su importancia para esclarecer la complejidad de las anormalidades mentales.

Palabras clave: Karl Jaspers; fenomenología; comprensión versus explicación; proceso y desarrollo; dialéctica.

Abstract

First, the author alludes to the transcendence of Karl Jaspers as philosopher and psychiatrist and to the multiple celebrations realized around the world in 2013 remembering the 100 years of the first edition of his “General Psychopathology”. Second, he briefly refers to his biography and to the special circumstances which led him to move from psychiatry to philosophy (1918) and three decades later (1948) to abandon Germany and to settle in Switzerland. Third, this author reviews the essential themes treated in each of the six parts of his General Psychopathology. Fourth, he analyzes in detail what could be considered as the five more fundamental contributions by Karl Jaspers to psychopathology as science and to psychiatry as praxis. These are: The introduction of the phenomenological method in psychopathological research and clinical practice; The introduction of the method of understanding in diagnosis and treatment of mentally ill patients; The concepts of “process” and “development” as a base for a possible classification of psychotic disorders; The concept of “situation” as a way to overcome the mechanistic thinking implicit in the concept of “reaction”. And, finally, the introduction of the dialectic approach to psychopathology and psychiatry and its importance for enlightening the complexity of mental abnormalities.

Keywords: Karl Jaspers; phenomenology; understanding versus explanation; process and development; dialectics.

En el año 1913 apareció en la editorial Springer, de Alemania, la primera edición de un libro titulado *Psicopatología General*, escrito por un psiquiatra de apenas 30 años de edad que trabajaba entonces en la Clínica Psiquiátrica de la Universidad de Heidelberg. La psicopatología es la ciencia básica de la psiquiatría, así como la anatomía patológica y la fisiopatología lo son de la medicina interna, la cirugía y demás especialidades de la medicina somática. Han transcurrido más de 100 años y el libro de Jaspers no ha perdido en absoluto su validez, como necesariamente ha ocurrido con los tratados de fisiopatología escritos en esa época. Por el contrario, este libro continúa siendo una fuente inagotable de conocimientos, ideas e inspiración para gran parte de los psiquiatras del mundo. En correspondencia con su importancia y con ocasión del centenario, se realizaron en 2013 múltiples reuniones y congresos y se editaron libros dedicados a reflexionar sobre ella y a homenajear a su autor. Uno de los más difundidos ha sido sin duda el que publicó la Editorial de la Universidad de Oxford (*One Century of Karl Jaspers' General Psychopathology*, 2013) y cuyos editores son Bill Fulford de Oxford, Thomas Fuchs de Heidelberg y Giovanni Stanghellini de Chieti.

Karl Jaspers es reconocido universalmente como uno de los más grandes filósofos del siglo XX. Sus obras más conocidas son “Psicología de las concepciones del mundo” (*Psychologie der Weltanschauungen*), “Filosofía” en dos tomos, “Filosofía de la existencia”, “Origen y meta de la historia”, “Nietzsche”, “Los grandes filósofos. Los hombres fundamentales: Sócrates, Buda, Confucio y Jesús”, “Los grandes filósofos. Los metafísicos que pensaron desde el origen: Anaximandro, Heráclito y Parménides.”, “Genio y locura”, etc. Fuera del ámbito psiquiátrico pocos saben, sin embargo, que Jaspers fue primero médico y se formó como psiquiatra en la Clínica de Heidelberg, dirigida entonces por el famoso neuropatólogo Franz Nissl. Una grave dolencia física – padecía de bronquiectasias severas – lo obligó a dejar la medicina y la psiquiatría, para dedicarse a la filosofía y a esperar su muerte, porque había sido desahuciado en varias oportunidades. Paradójicamente Jaspers vivió hasta los 87 años, un ejemplo más de cómo el espíritu puede superar a la materia. En 1923 fue nombrado Catedrático de Filosofía de la Universidad de Heidelberg, cargo que ejerció hasta 1937, cuando fue exonerado por no aceptar la inaudita exigencia de las autoridades nazis – de ese “régimen criminal”, como él lo llamaba – de divorciarse de su mujer, Gertrud Meyer, una judía ortodoxa, por no ser esta de raza aria, como él, exigencia que él, con valentía y autoridad moral, rechazó en forma absoluta. Desde ese momento y hasta la liberación de Alemania por las fuerzas aliadas, Jaspers y su mujer – que no pudieron tener hijos – vivieron en el más absoluto aislamiento y

esperando cada día la visita de las SS para ser transportados a un campo de concentración, con las consecuencias de todos conocidas, pero los nazis no se atrevieron con la potencia intelectual y la altura moral de Jaspers. Curiosamente, quien lo acogió durante esos años fue el Catedrático de Psiquiatría de entonces, Carl Schneider, quien nada tiene que ver con el conocido Kurt Schneider, que asumiera la cátedra a partir del año 1946. Carl Schneider fue un nazi militante, responsable del asesinato de cientos de niños oligofrénicos y que se ahorcó a la entrada de la Clínica Universitaria el día en que Heidelberg fue ocupado por las fuerzas norteamericanas. Sin embargo, le debemos a este personaje siniestro el que, al haberle ofrecido a Jaspers una oficina y toda la rica biblioteca de la Clínica Universitaria, éste pudiera dedicarse durante esos años de oscuridad a la puesta al día y ampliación de su *Psicopatología General*. El producto de ese esfuerzo fue publicado inmediatamente después de terminada la guerra, en el año 1946. Esa fue la última versión, porque Jaspers volvió a la filosofía, al principio en la misma Universidad de Heidelberg y con posterioridad y hasta su muerte, en 1969, como Catedrático Extraordinario de la Universidad de Basilea.

Las circunstancias de su traslado a Suiza son poco conocidas, porque él no las menciona en su autobiografía, la que por lo demás está referida más bien a la evolución de su pensamiento filosófico y no a su vida personal. Yo tengo la versión directa y coincidente de dos personas que tuvieron contacto con él: Hubertus Tellenbach, Profesor de Psiquiatría en Heidelberg entre 1955 y 1979, y Hans-Georg Gadamer, quien asumiera la Cátedra de Filosofía en la misma universidad a raíz de la renuncia de Jaspers en 1946. Gadamer permaneció en la cátedra hasta su jubilación en 1968, pero continuó haciendo seminarios hasta el día de su muerte, a la edad de 102 años, en el 2002. Ambos fueron mis profesores y también ambos me regalaron su amistad. La historia es la siguiente: Jaspers fue muy reconocido por las fuerzas de ocupación, dada su temprana y valiente oposición al nazismo; incluso le ofrecieron la rectoría, honor que él rechazó. Poco después quisieron organizarle sendos homenajes, tanto los norteamericanos a cargo de la universidad como los pocos profesores antinazis que habían sobrevivido, a las persecuciones que no solo eran por razones raciales, sino también políticas. Jaspers rechazó también cualquier forma de homenaje o reconocimiento, diciendo algo así como: “Yo fui un cobarde, porque por temor a que le hicieran algo a mi mujer, escribí demasiadas veces ‘Heil, Hitler’ al final de mis cartas e hice más veces aún el saludo nazi, cosa que no me perdono. Yo no merezco ningún homenaje.” Poco después aceptó la Cátedra de Filosofía en Basilea. No todos comprendieron este gesto de Jaspers y más de alguno no le perdonó el que hubiera

abandonado Alemania, encontrándose ésta en la situación de menesterosidad y desorientación producida por la guerra. Pero nadie podría negar que ese fue un gesto de la mayor altura ética, como tantos otros que mostró a lo largo de su larga existencia. Además, él abandonó física, pero no espiritualmente Alemania, por cuanto siguió inspirando su desarrollo a través de sus escritos y, de hecho, muchos de sus libros y artículos posteriores a su emigración se refieren a temas políticos y morales, como, por ejemplo, “El problema de la culpa: sobre la responsabilidad política de Alemania” (1999), “¿Dónde va Alemania?” (1966, 1967), “Libertad y reunificación, tareas de la política alemana” (1997), “Entre el destino y la voluntad” (1967, 1969), “Los grandes maestros espirituales de oriente y occidente” (2001), etc.

Pero la tarea que me he propuesto hoy es recordar su *Psicopatología General* (*Allgemeine Psychopathologie*, **AP**; *General Psychopathology*, **GP**). Antes de entrar a desarrollar algunos de los que, en mi opinión, constituyen aportes definitivos a nuestra especialidad, quiero hacer una somera revisión de los capítulos, para que así el lector tenga una visión global de los ricos contenidos de esta obra monumental. Hay otras dos razones para ello. La primera es que se trata de un libro muy extenso y pocos lectores han sido capaces de leerlo hasta el final. La segunda, más importante, es que la traducción española es algo deficiente, tanto en el empleo de los vocablos exactos como en la redacción. Yo recomiendo decididamente la versión en inglés del año 63 y reeditada varias veces, mucho más acertada y comprensible. El libro tiene una introducción y seis partes y cada una de estas partes, varios capítulos.

En la *introducción* delimita primero la psicopatología respecto a otras disciplinas. Se refiere luego a algunos conceptos fundamentales, como hombre y animal, conciencia e inconsciente, mundo interno y mundo en torno, así como a las diferentes formas de vida psíquico-espiritual, etc. Pasa a detallar a continuación los prejuicios y presuposiciones que pueden afectar el buen desarrollo de una psicopatología general, para terminar explayándose sobre los distintos métodos que es necesario emplear para abordar de manera adecuada esa compleja realidad que es el hombre mentalmente enfermo.

La primera parte se refiere a los hechos particulares de la vida psíquica y está dividida en varios capítulos, como “Las manifestaciones subjetivas de la vida psíquica enferma”, para cuya descripción sería necesario el método fenomenológico; “Los rendimientos objetivos de la vida psíquica”, capítulo que describe aquellas funciones que se pueden medir, como la inteligencia o la memoria. El tercer capítulo está referido a las alteraciones somáticas – cuando

existen – que subyacen a las perturbaciones psíquicas, para terminar con un capítulo muy interesante, titulado “Los hechos objetivos significativos”, donde aparecen entre otros temas la fisiognómica, la mímica, la escritura, el lenguaje y las producciones artísticas.

La segunda parte está dedicada a las relaciones comprensibles de la vida psíquica o “psicología comprensiva”. En la introducción a este capítulo, desarrolla su famosa distinción entre comprender y explicar, a lo que nos referiremos luego. El primer capítulo de esta segunda parte está referido en forma más detallada a este tipo de relaciones y así habla de los instintos y sus transformaciones, del concepto de situación, de los símbolos, etc. Dentro del mismo capítulo aparecen dos párrafos más bien teóricos sobre la autorreflexividad y las leyes fundamentales de la comprensión psicológica y de la comprensibilidad. El segundo capítulo trata de las relaciones comprensibles en mecanismos específicos, como es el caso de las reacciones vivenciales anormales, la sugestión, la hipnosis, pero también sobre el carácter curativo que pueden tener los grandes golpes y sufrimientos en la vida. Aquí también se encuentra el famoso capítulo dedicado a la histeria, así como las páginas en que él trata – adelantándose a muchos autores posteriores – de la posibilidad de comprender las psicosis, hasta entonces entendidas como meras enfermedades orgánicas. El tercer y último capítulo de esta segunda parte se refiere a lo que él llama “la totalidad de las relaciones comprensibles”, lo que corresponde a lo que habitualmente se llama “caracterología”. Aquí encontramos definiciones fundamentales sobre carácter, temperamento y personalidad, así como una brillante aproximación al complejo tema de los trastornos de personalidad.

La tercera parte del libro trata de las relaciones causales en la vida psíquica o psicología explicativa. En el primer capítulo aparecen las distintas formas de influencia del entorno sobre la vida psíquica, como por ejemplo el efecto que tienen sobre ella las estaciones del año y en general, los ritmos y períodos cósmicos. También hace referencia al rol de las enfermedades somáticas y de los procesos cerebrales. El segundo capítulo está dedicado a la genética y el tercero, al sentido y valor de las teorías pretendidamente científicas en la psiquiatría, como es el caso de la teoría organicista de Wernicke y la psicologicista de Freud.

La cuarta parte trata de “la concepción de la totalidad de la vida psíquica”. En el primer capítulo, dedicado a la nosología, encontramos digresiones insuperables sobre la idea de enfermedad y de las entidades nosológicas. Luego se refiere a algunas distinciones fundamentales en el ámbito de la totalidad de los fenómenos psicopatológicos, a los llamados

“complejos sintomáticos” y, por último, a un proyecto de clasificación de las enfermedades mentales. El segundo capítulo está dedicado a ciertos determinantes fundamentales de la vida psíquica y sus respectivas desviaciones en la patología, como es el caso del sexo, la constitución y la raza. El tercer capítulo constituye sin duda uno de los grandes aportes de Jaspers a la psicopatología y a la psiquiatría, puesto que desarrolla el tema de la importancia de la biografía en la génesis, en mayor o menor medida, de todas las enfermedades y particularmente, de las enfermedades psíquicas. Aquí trata también en detalle los distintos métodos para estudiar las biografías y termina con una iluminadora contraposición entre la vida como acontecer biológico y la vida como historia vital.

La quinta parte está dedicada a las relaciones de lo psíquicamente anormal con la sociedad y con la historia. Aquí Jaspers estudia la importancia del entorno social en la génesis de una enfermedad psíquica, como el tipo de organización social y laboral, la educación, pero también situaciones extremas, como las revoluciones y las guerras. Él trata también todo el tema de la conducta antisocial y de la delincuencia, por una parte y por otra y en contraste con ello, las relaciones entre la genialidad y la psicopatología.

La sexta y última parte es la más ambiciosa, porque trata de la totalidad del ser-hombre. Aquí Jaspers parte desarrollando el tema de la necesidad de disponer del mayor conocimiento posible sobre el ser humano para lograr entender los cuadros psicopatológicos. Luego se refiere a la compleja pregunta por la esencia del ser humano, donde surgen temas tan sugerentes como el carácter inabarcable del hombre, su condición de ser siempre un ser incompleto y su vulnerabilidad, para terminar este párrafo desarrollando el tema del sentido y la posibilidad de un conocimiento cabal del ser humano. Un tercer párrafo está dedicado a las relaciones entre psiquiatría y filosofía, otro a los conceptos de salud y enfermedad y en el último nos habla del sentido de la práctica clínica en la medicina en general y en la psiquiatría en particular. Aquí se incluyen algunas digresiones sobre la relación médico-paciente y sobre los fines y los límites de la psicoterapia.

El libro tiene un agregado final, donde el autor plantea su visión sobre la historia de la psicopatología como ciencia. Quisiéramos referirnos ahora a algunos de los aportes, en nuestra opinión definitivos, que Jaspers hizo en su libro tanto a la psicopatología como ciencia como a la psiquiatría como praxis.

La introducción del método fenomenológico

En una época en que la psiquiatría era parte de la neurología, que la idea predominante era – según el postulado de Griesinger – que “las enfermedades mentales son enfermedades del cerebro” (citado por M. Schifferdecker y U.H. Peters, 1995) y que para estudiarlas bastaban los métodos cuantitativos y neuropatológicos, Jaspers – ateniéndose, aunque sin nombrarlo, al viejo principio griego de que “solo lo igual conoce a su igual” – fue capaz de descubrir un método que se adecuara a la complejidad del objeto de nuestra ciencia, cual es el hombre mentalmente enfermo, y ese fue el método fenomenológico, desarrollado pocos años antes por el filósofo alemán Edmund Husserl. Ahora bien, Jaspers, en una actitud quizás si demasiado prudente, aplicó de este método solo la primera etapa, la descriptiva, sin pasar a la segunda, que es la intuición de las formas o esencias que subyacen a las manifestaciones de los entes complejos (Husserl, 1963). Pero a pesar de esta autolimitación, el método aplicado por Jaspers permitió nada menos que incorporar a la psicopatología las experiencias subjetivas de los enfermos sin convertirlas en meros signos para ser captados por un semiólogo. Se trata de establecer una relación empática desde la cual el psiquiatra pueda ponerse en el lugar del paciente y experimentar *con* él sus vivencias patológicas. Dicho con sus propias palabras: “El que experimentó por sí mismo encuentra con facilidad la descripción adecuada. El psiquiatra que solo observa se esforzará en vano por formular lo que puede decir el enfermo de sus vivencias” (AP, p. 55). La actitud fenomenológica de exploración de los pacientes introducida por Jaspers se instaló desde entonces en la práctica clínica como un marco operativo general. Ningún clínico dejó ya de lado las vivencias subjetivas del paciente por no ser científicamente fiables, como en la anterior semiología. Aún más, ellas pasaron a constituir el objeto fundamental del análisis psicopatológico, tanto en el campo de las psicosis como de las neurosis. En todos los síntomas psiquiátricos se trata de experiencias subjetivas. Por lo tanto, el clínico, para poder diferenciar una estructura psicopatológica de otra y estas de la normalidad, tiene que estudiar el modo personal e íntimo que tienen los pacientes de construir sus formas de relación con los objetos y con los otros.

El psiquiatra peruano-británico Germán Berríos (1992) sostiene que la fenomenología de Jaspers nada tuvo que ver con la de Husserl. Nosotros no compartimos esta opinión, porque una revisión acuciosa de sus textos permite encontrar varias afirmaciones que demuestran su gran proximidad con Husserl e incluso con la intuición de esencias (*Wesensschau*). Así, por ejemplo, cuando dice: “La fenomenología tiene que ver con lo que se experimenta realmente;

ella observa la psique desde dentro a través de una representación inmediata” (1912, 1963, p. 326). También en el procedimiento fenomenológico de delimitar fenómenos psicopatológicos y aislarlos Jaspers distinguió “un orden” de los mismos: “un orden que ubique a los fenómenos psíquicos unos junto a otros según su afinidad fenomenológica, como ocurre con los infinitos colores del arco iris...” (1912, 1963, p. 324). Tal orden alude claramente a la visión de la esencia de lo observado en el sentido de Husserl. Otras afirmaciones de Jaspers nos muestran también como él, a pesar de su prejuicio con respecto a la segunda etapa del método husserliano, se mantuvo próximo a él: “El adentrarse en el caso particular enseña a menudo – desde el punto de vista fenomenológico – lo que es general para una multiplicidad de casos” (AP, 1959, p. 48). Esto “general” no corresponde a una generalización inductiva desde hallazgos empíricos en muchos casos, sino a la captación intuitiva del *eidōs* (la esencia) en el sentido de Husserl (ver Doerr-Zegers y Pelegrina, 2013).

La introducción del método comprensivo

Todo psiquiatra con experiencia podrá reconocer cuán a menudo el fenómeno psicopatológico sobrepasa las posibilidades de la ciencia natural, cómo se fracasa una y otra vez en los intentos de explicar un delirio, ya sea desde la teoría energética del psicoanálisis o por medio de alguna forma de medición de determinados neurotransmisores, al estilo de las ciencias empíricas. Tempranamente Jaspers (AP, 1913, 1959, p. 250 ss.), siguiendo a Dilthey, reconoció esta particularidad del mundo psicopatológico al separar con precisión aquello que era explicable de lo que era comprensible. Con el método explicativo nos acercamos a la realidad clínica al modo como el físico estudia la materia y así, calculamos el tamaño de los ventrículos cerebrales, cuantificamos la capacidad intelectual, medimos la concentración de los catabolitos de determinados neurotransmisores en la orina, etc. Con el método comprensivo, en cambio, tenemos acceso a fenómenos que escapan completamente a todo afán cuantificador, como los sentimientos y emociones, la experiencia del arte en general, la captación de lo atmosférico, etc., vale decir, todo el mundo de la subjetividad y del sentido. El cómo un fenómeno psíquico surge de otro es algo muy diferente a la causalidad lineal del mundo físico y el método comprensivo pretende hacer justicia a esa diferencia. El comprender el sentido biográfico de una enfermedad, el por qué aparece en ese momento y no en otro o el interpretar un delirio desde sí mismo y no desde supuestas causalidades extra conscientes, son dos típicas tareas en las que el psiquiatra debe emplear el método comprensivo y en las cuales está haciendo

hermenéutica al más puro estilo. Ahora, esta distinción de Jaspers ya no es tan válida si se la mira desde la perspectiva del nuevo paradigma de las ciencias naturales, también llamado paradigma de la “complejidad”. La evolución histórica de la epistemología en el siglo XX ha acercado el método explicativo al de la comprensión (G. Bachelard, 1934; M. Bunge, 1980; T. Kuhn, 1997; H. Jonas, 2001; H. Pelegrina, 2006; O. Doerr-Zegers y H. Pelegrina, 2013).

En rigor, Karl Jaspers va a introducir su concepto de comprensión y de relaciones comprensibles en 1910 en un trabajo anterior a la primera edición de la *Psicopatología General* (1913) a propósito de la paranoia. Es aquí donde por primera vez distingue entre comprensión estática y comprensión genética, tema que va a desarrollar luego *in extenso* en su *Psicopatología General*. La primera, la estática, equivale a la fenomenología descriptiva, a la que ya nos referimos y la segunda tendría dos formas, la racional y la psicológica. La comprensión *racional* permite captar o deducir los motivos por los cuales alguien actúa de una u otra manera. La comprensión *psicológica*, en cambio, intuye en forma directa cómo lo psíquico surge de lo psíquico: “Cuando alguien sabe que su amada le ha sido infiel [...], y cae en una profunda desesperación y piensa en el suicidio, no estamos ante ningún contexto racional, no hay ningún fin a alcanzar... y sin embargo, lo comprendemos todo, por empatía” (1912, 1963, p. 113). A estas dos formas de comprensión contraponen Jaspers la “captación” (*Begreifen*) de relaciones causales que son análogas a las que imperan en la naturaleza. Los procesos madurativos serían un ejemplo de ello. Adelantándose al famoso trabajo de Gaupp sobre el caso Wagner (1914) y a la descripción de Kretschmer del Delirio Sensitivo de Autorreferencia (1918), plantea Jaspers en este artículo fundacional la idea que a diferencia de la demencia precoz, que sería un proceso incomprensible, la paranoia pertenecería a la categoría de los desarrollos, por cuanto las ideas delirantes (de celos, por ejemplo) serían “comprensibles” desde la personalidad previa y también desde determinadas situaciones biográficas.

Pero el problema de la comprensibilidad/incomprensibilidad, como lo plantea Jaspers, tiene algunas debilidades. Y así distintos autores de la corriente fenomenológico-antropológica y analítico-existencial lo han cuestionado con mayor o menor decisión (L. Binswanger, 1947, 1955, 1956, 1957, 1961; H. Haefner & S. Wieser, 1953; W. Blankenburg, 1962, 1971, 1978, 1984; K.P. Kisker, 1960, 1963; O. Doerr-Zegers, 1970; O. Wiggins & M. Schwartz, 1988). El argumento fundamental es que las experiencias psicoterapéuticas con pacientes esquizofrénicos han demostrado que lo que en un primer momento parecía incomprensible, se muestra en todo su sentido biográfico en el curso del tratamiento. Pero el mayor inconveniente del concepto de

comprensión de Jaspers es que él se queda detenido en algo así como una comprensión cotidiana o “término medio”. Cabría, por ejemplo, ampliar ese horizonte y comprender el delirio desde otras perspectivas, como la psicología de la Gestalt (C. Conrad, 1958), el análisis existencial (L. Binswanger, 1957 o W. Blankenburg, 1958) o desde la fenomenología de Husserl, como es el caso del mismo Blankenburg (1962, 1965, 1971) o de Thomas Fuchs (2005).

Ahora bien, una forma de ampliar los conceptos de comprensibilidad y/o incomprensibilidad jaspersianos sin tener que recurrir a otros paradigmas, como el psicoanalítico o el analítico-existencial, lo ha propuesto W. Blankenburg (1984). Él plantea que la incomprensibilidad no corresponde en rigor a una imposibilidad de entender algo, sino más bien a una dificultad para “entender-se” con la otra persona y, por ende, para “darse a entender”. Estar “loco” o “extraviado” (*ver-rückt*) no significa, entonces, que un comportamiento determinado no pueda ser inteligible, sino solo que él no está del todo referido intersubjetivamente. Esta falta de referencia a la dimensión intersubjetiva como criterio de comprensibilidad o incomprensibilidad representa una gran ventaja, por cuanto devuelve a estos conceptos su valor en el diagnóstico diferencial (entre lo psicótico y lo no psicótico, por ejemplo), pero sin limitar las posibilidades de comprensión psicoterapéutica.

Los conceptos de proceso y desarrollo

Jaspers introdujo la dicotomía proceso/desarrollo en el artículo ya mencionado de 1910, a propósito del estudio detallado, tanto clínico como biográfico, de varios casos de celotipia. El concepto de proceso viene de la medicina somática. Su aplicación a la psicopatología no plantea dificultades cuando se trata de cuadros orgánico-cerebrales, como la enfermedad de Alzheimer o la Parálisis General Progresiva. Lo que ocurre aquí a nivel psicológico se comprende como epifenómeno de un proceso corporal destructivo. La psiquiatría anterior a Jaspers aplicó también este concepto a la demencia precoz, puesto que esta tenía en común con los cuadros orgánicos el comienzo en un momento determinado y la evolución hacia algún grado de defecto. Aún más, muchos de los síntomas de lo que después se llamó esquizofrenia, como el aplanamiento afectivo o el deterioro social, mostraban cierta analogía con lo observado en los cuadros orgánicos. El hecho que no se hubiese demostrado todavía la alteración anatómopatológica subyacente no parecía un inconveniente, porque se suponía que ella sería encontrada en el futuro. El problema lo planteaba la paranoia, porque por un lado impresionaba como “la

locura misma”, pero por otro, solo comprometía el contenido de algunas ideas, dejando indemne el resto de las funciones.

Kraepelin fue cambiando su definición de la paranoia a través de las ocho ediciones de su famoso *Tratado*, pero ya en la cuarta edición él plantea la contradicción inherente a esta enfermedad por el hecho de manifestarse “por el desarrollo crónico de un sistema delirante persistente, manteniendo la normalidad del resto de las funciones”. En la octava y última edición de 1915, explicó algo más esta contradicción diciendo: “... con perfecta conservación de la lucidez, del orden del pensamiento, de la voluntad y de la capacidad de actuar”. Dos años más tarde, Krüger completaría la definición de la paranoia con nuevos elementos:

“... (Se trata de) un sistema delirante construido y desarrollado en forma lógica, que no sobrepasa el ámbito de lo posible y no altera la personalidad del sujeto con excepción de un cierto estrechamiento en su esfera de intereses... Por último, tampoco se ve afectada la percepción del sujeto en áreas que carecen de importancia para su sistema delirante... No se observa ni una transformación ni una destrucción de la personalidad; más aún, dentro del sistema delirante el pensamiento permanece tan comprensible y lógico como el de una persona normal y sus decisiones y sus actos derivan (de sus pensamientos) en forma lógica y clara” (citas tomadas de Schmidt- Deggenhard, 1998)

Pero el mayor investigador sobre esta enfermedad fue, sin duda, Robert Gaupp (1914, 1921), quien estudió y siguió la evolución de un caso particular de paranoia, el caso Ernst Wagner, por casi 30 años, hasta la muerte del paciente. Hacia el final de su monografía de 1914, Gaupp afirma que Wagner sufre de una “paranoia”, que es “una forma de perturbación mental que se desarrolla gradualmente desde la personalidad, sobre la base de una degeneración” y que él considera – siguiendo a Jaspers – como “psicológicamente comprensible”.

En su artículo, y luego de una introducción en la que habla de las diferentes formas de celotipia, empieza Jaspers describiendo dos casos en forma muy detallada. En el comentario afirma: “Estas dos historias clínicas parecen demostrar lo que a menudo se ha negado: de que hay casos a los cuales les calza la definición que hiciera Kraepelin de la paranoia” (1912, 1963, p. 112). Luego procede a desarrollar su método de la comprensión por empatía, a la cual nos referimos antes, y a establecer las diferencias entre un proceso y un desarrollo: “Allí donde no logramos captar el carácter unitario en la evolución de una personalidad, allí donde constatamos algo nuevo, heterogéneo con respecto a la disposición original, algo que se sale del desarrollo [de la personalidad], entonces se trata de un proceso” (p. 116). Y más adelante agrega que “nosotros llamamos proceso no a todos los cuadros patológicos, sino solo a aquellos que conducen a un cambio persistente e incurable” (p. 117). En contraposición al proceso, define al

desarrollo de la siguiente forma: “Hablamos de un desarrollo cuando desde una interacción de conexiones psicológicas y racionales podemos comprender o explicar fenómenos que por alguna razón han sido considerados patológicos y que a pesar de su inconsistencia y falta de armonía se encuentran integrados en un contexto psicológico uniforme”. Y continúa: “Puede ser que estemos frente a una variación extrema, pero la unidad de la personalidad en su peculiaridad, desde el crecimiento hasta la involución, aparece conservada” (p. 116).

En todo caso, y a pesar de la relatividad de estos conceptos, reconocida como vimos por el mismo Jaspers, ellos se han continuado empleando en la práctica clínica hasta el día de hoy. Y así, aun cuando no aparecen en los sistemas modernos de clasificación y diagnóstico, como el DSM-V y el ICD-10, los psiquiatras que tratan pacientes psicóticos y particularmente aquellos que trabajan en grandes establecimientos psiquiátricos, continúan hablando de “proceso” para referirse a la esquizofrenia y de “desarrollo” para referirse a los trastornos delirantes. Ahora bien, hay un autor alemán, Heinz Haefner, que hace ya casi cinco décadas planteó una nueva e interesante manera de concebir los conceptos de proceso y desarrollo (1963), la que desgraciadamente no ha tenido la difusión que hubiera merecido. Él parte planteando lo poco adecuado que es el empleo del término “desarrollo” para referirse a una patología, dada su connotación tan positiva. Y luego y apoyándose en la importante obra de V. von Gebattel (1954), plantea que las adicciones, algunos trastornos de personalidad, las perversiones sexuales, pero en cierto modo también la neurosis obsesivo-compulsiva, pueden representar una forma de proceso, pues todos estos cuadros conducen a una limitación importante, progresiva y en cierto modo inexorable de la capacidad de un individuo de realizar su existencia. Ahora bien, Haefner distingue dos tipos de procesos, los modificativos y los restrictivos. Los primeros se acompañan de modificaciones de estructuras básicas de lo humano, como la identidad, la intersubjetividad, la espacialidad o la temporalidad. Es lo que ocurre en las esquizofrenias y las psicosis en general. Los segundos, en cambio, conducen a un estrechamiento de la existencia en torno a un tema, como en el delirio de celos paranoico, la adicción severa a las drogas o al alcohol etc., sin afectar a esas dimensiones antropológicas fundamentales.

El concepto de situación

En la época de Jaspers imperaba todavía el sustancialismo, que significa que los entes, las cosas, son realidades “en sí”, cuyo ser está constituido por una “esencia” inalterable,

atemporal, que subyace idéntica a su aparecer y a sus transformaciones. Las cosas tendrían eventualmente la capacidad de relacionarse con otras como causas externas de efectos sobre ellas. Esta ontología implicaba también, por supuesto, al ser humano, que era “en sí” y “desde sí” (ver Pelegrina, 2006). El hombre en cuanto substancia fue durante muchos siglos un ser espiritual, ajeno a la materialidad de las cosas y que podía relacionarse con ellas, o más bien dicho, cuyo acuerdo con el mundo estaba sustentado por Dios. Durante el siglo XIX la ciencia empieza a prescindir de Dios, figura que es reemplazada por la universalidad absoluta de las leyes científicas y la esencia espiritual del hombre es substituida a su vez por una entidad, la “conciencia”. Esta está encargada de conferir las formas al material dado por los sentidos sensoriales, construyendo así sus “objetos” de conciencia. Esta conciencia se encuentra frente al mundo y es afectada por él de alguna manera, provocando en cada caso una “reacción”. En rigor, la relación Yo-mundo, sujeto-objeto, conciencia-situación era concebida según el modelo fisiológico del estímulo y la reacción. De hecho, se hablaba en ese tiempo y hasta hace pocas décadas, de “reacciones vivenciales anormales”. Y el mismo Jaspers usó esa terminología.

Sin embargo, en su *Filosofía* del año 1932 Jaspers elabora un nuevo concepto de situación que él complementa luego con otro muy importante para su filosofía de la libertad, cual es el de “situación límite”. Pero ya antes, en su *Psicopatología*, dedica toda una página al concepto de situación en el capítulo sobre la relación hombre-mundo: “Toda vida se realiza en su mundo en torno. En una reducción fisiológica, un estímulo genera una reacción. En el marco de la totalidad de la vida, en cambio, las actividades, rendimientos y experiencias son desencadenados, estimulados o dados como tarea por una situación.”. Luego explica de qué manera la conducta del individuo con respecto a situaciones típicas es objeto de la psicología comprensiva, la que debe actualizar “cómo la situación enfrenta al hombre al azar, la oportunidad o el destino y cómo éste los asume o prescinde de ellos”. En estas pocas citas se puede apreciar de qué manera el concepto de situación de Jaspers se aleja del esquema estímulo-reacción. Hay una participación del sujeto tanto en la creación como en la superación de ella: “Las situaciones son urgentes, en su secuencia modificables y el ser humano las puede crear a voluntad” (AP, p. 271).

La importancia de este concepto de situación radica en el hecho que él va a representar el modelo en base al cual tanto E. Kretschmer (1918) como H. Tellenbach (1961) van a construir sus respectivos conceptos de “situación clave” y “situación pre-melancólica”. En su libro *El Delirio Sensitivo de Autorreferencia* (1918), propone Kretschmer la idea de la existencia de una

relación esencial entre personalidad previa, psicosis y una situación desencadenante, que él llama “situación clave”. Pero el gran aporte al tema de la relación entre enfermedad mental, personalidad y situación de vida se lo debemos sin duda a Hubertus Tellenbach (1961, 1983). El punto de partida de Tellenbach es también el de Jaspers, en el sentido que una situación humana no consiste sólo en la acción de las circunstancias del entorno sobre el sujeto, sino también en la acción de este sobre aquel. Pero para Tellenbach no es solo que yo voluntariamente pueda enfrentar una situación provocada por el entorno y modificarla (la idea de Jaspers), sino que yo, a través de la vida, voy creando determinadas situaciones típicas desde mi modo de ser, desde mi personalidad (1961, 1983, pp. 121-147). Y así, la personalidad pre-depresiva de los pacientes monopolares, que él llamó *typus melancholicus*, caracterizada en lo fundamental por una fijación al orden, por un peculiar modo de tener un orden y de estar en un orden, va a tender a descompensarse en aquellas situaciones en que ese orden sea amenazado. Y Tellenbach agrega: “[...] siempre que este orden se encuentre seriamente amenazado, será la existencia misma la afectada” (p. 124). Y eso constituirá el punto de partida de la transformación endógeno-melancólica. Esta forma de concebir la situación ha permitido comprender aquellos casos donde la situación pre-depresiva se presenta a una comprensión término medio como algo positivo. Es el caso de la mudanza a una casa mejor o la promoción en el trabajo. La visión que nos plantea Tellenbach de la melancolía es muy abarcadora, porque incluye desde la personalidad previa y su génesis hasta una comprensión novedosa de los síntomas de la enfermedad, pasando por ciertas situaciones desencadenantes características que él tipifica con los neologismos *includencia* y *remanencia*. En nuestra opinión, toda esta riqueza psicopatológica no habría sido posible sin esa visionaria caracterización de las situaciones humanas hecha por Jaspers.

La introducción del pensamiento dialéctico en psicopatología

La dialéctica se remonta al comienzo del pensar filosófico, apareciendo ya – aunque en distintas formas – en los dos grandes filósofos presocráticos: Parménides de Elea y Heráclito de Éfeso. Pero en Hegel (1952), el concepto alcanza su mayor universalidad: tanto la realidad como el conocimiento serían uno y el mismo proceso, pero la verdad de un proceso sólo se alcanza al final de él, por cuanto todo corte transversal mostrará su contradicción interna: la contradicción entre el botón y la flor que lo niega se resolverá en el fruto. Este es el momento propiamente dialéctico, cuando la síntesis supera la contradicción entre la tesis y su negación,

la antítesis. La interpretación dialéctica de la realidad está presente hoy en todas las ciencias naturales (B. Jasinowski, 1957; PR Slavney & P. McHugh, 1987; F. Varela et al, 1991; I. Prigogine, 1997).

Karl Jaspers fue quien primero intentara aplicar el pensamiento dialéctico en la psiquiatría y la psicopatología. Para Jaspers “la vida psíquica y sus contenidos se encuentran escindidos en polaridades. Pero a través de las polaridades vuelve a unirse todo. Las ideas llaman a otras ideas o evocan ideas contrarias, las tendencias, contra-tendencias, los sentimientos, otros sentimientos que contrastan con ellos.” (AP, p. 283). Él distingue polaridades categoriales, biológicas, psicológicas y espirituales, las que tienen distintas formas de manifestarse. Pero lo más interesante que plantea Jaspers en relación con la perspectiva dialéctica es la aplicación que hace de esta a la comprensión de los opuestos en el ámbito de la psicopatología. En los pacientes esquizofrénicos se da, por ejemplo, el fenómeno de la emancipación drástica de una tendencia sin su contra-tendencia, como ocurre en el automatismo al mandato, la ecolalia y la ecopraxia. Asimismo, se encuentran ejemplos de fallas en la unión de los contrarios, como es el caso de la ambivalencia. También se puede producir la emancipación de la contra tendencia, como ocurre en el negativismo.

Ahora bien, fue Wolfgang Blankenburg (1965, 1974, 1978, 1981) quien, siguiendo a Jaspers, introdujo definitivamente el pensamiento dialéctico en la psiquiatría. Su punto de partida fue la hipótesis de que en lo *negativo* que representa la enfermedad o la anormalidad puede encerrarse una cierta *positividad*. La cuestión de la positividad de lo negativo se encuentra de muchas formas en la vida cotidiana y también aparece con frecuencia en el Cristianismo: “los últimos serán los primeros”, “hay que morir para resucitar”, etc. Y así Blankenburg destacó los aspectos positivos de la esquizofrenia, como su autenticidad, su ingenuidad y su originalidad (1965) y los de la histeria, como su fácil adaptabilidad, su capacidad de entretener y seducir, etc. (1974). Siguiendo la línea sugerida por Blankenburg, hemos intentado nosotros avanzar en la perspectiva dialéctica de los grandes síndromes psicopatológicos no orgánicos (Doerr-Zegers 1990a, 1990b, 1993, 2006, 2013a, 2013b, 2014). Como modelo inicial tomamos el par manía – depresión: la manía es el revés de la depresión y la depresión, el revés de la manía. Pero estos dos extremos de algún modo se necesitan y están contenidos el uno en el otro. Y así, observamos con frecuencia que detrás de la alegría del maníaco se esconde una pena infinita y a la inversa, detrás de la tristeza del depresivo, sentimientos de insuficiencia, envidia y agresividad. Por otra parte, llama la atención que las

situaciones desencadenantes de ambos cuadros estén marcadas por el signo inverso: las que desencadenan una depresión constituirían más bien un motivo de alegría para cualquier persona normal (matrimonio feliz de una hija, nacimiento de un hijo deseado, ascenso en el trabajo, etc.), mientras que las desencadenantes de manía pueden representar dolores intolerables (muerte de un ser querido, diagnóstico de una enfermedad grave, bancarrota económica, etc.). Con otras palabras, el maníaco hace su euforia *en contra* de la depresión y el depresivo, su depresión *en contra* de la manía. Y siguiendo con la perspectiva dialéctica, lo maníaco podría ser visto como lo *positivo* frente a la depresión, como una defensa contra esa inmovilidad, esa angustia, esa detención del tiempo, etc. y, a la inversa, lo depresivo como lo *positivo* con respecto a la euforia, como un salvarse de esa agotadora hiperactividad, de esa incapacidad para mantener el pensamiento y la conducta dentro de cauces racionales, de la permanente falta de respeto hacia los demás, etc. También observamos la estructura dialéctica en la polaridad que se establece entre el "no poder" (das *Nicht-Können* de Binswanger, 1960) de la fase depresiva y la capacidad y disponibilidad totales en la fase maníaca.

Pero se podrían ver asimismo todos los cuadros antiguamente llamados endógenos como distribuidos en polaridades dialécticas, entre el polo depresivo y el polo esquizofrénico. Los extremos estarían representados por la depresión monopolar y la esquizofrenia desorganizada. Equidistantes de ambos polos se encontrarían las psicosis esquizo-afectivas. Entre estas y el polo esquizofrénico observamos el despliegue del resto de las formas de esta enfermedad, según su mayor o menor proximidad con el polo de la esquizofrenia nuclear: esquizofrenia catatónica, paranoídea y hebefrénica. En la otra dirección encontramos las psicosis cicloides, las manías delirantes, las depresiones delirantes, las formas bipolares y, por último, la depresión monopolar. Esta conceptualización de los cuadros endógenos permite una mayor fidelidad al hecho clínico de las múltiples transiciones entre los distintos síndromes psicopatológicos y de paso resolver la vieja disputa entre la teoría de la "psicosis única" y la que postula la existencia de entidades nosológicas perfectamente distintas (Doerr-Zegers, 1987, 1991, 1992). Ahora bien, estas estructuras no son simples reificaciones al estilo de los diagnósticos categoriales, sino tipos "ideales", en el sentido de Jaspers. Para Jaspers "la dialéctica es la forma en que nos es accesible un aspecto básico de las relaciones comprensibles" (AP, p. 287) y eso es justamente una estructura al estilo de las que estamos describiendo. Los tipos ideales son para Jaspers siempre evidentes de suyo, pero no conducen a teorías, sino que corresponden a pautas con las que pueden ser medidos los sucesos particulares.

Ver lo depresivo como polar con respecto a lo esquizofrénico es más que un juego verbal o una mera digresión teórica. Al ver al uno como el lado positivo del otro y viceversa se nos amplía la capacidad de comprensión, eliminamos prejuicios y se nos abre un camino de acción terapéutica privilegiado, a saber: evitar una mera adaptación a ese inexistente "término medio" y procurar hacer que el paciente tome conciencia de la positividad de sus rasgos o síntomas pretendidamente anormales, pero de tal modo que empiece un camino en la dirección contraria, hacia el polo opuesto. Pero Jaspers lleva el pensamiento dialéctico mucho más allá de la psicopatología, a la existencia humana misma, explicando cuán difícil es para el hombre lograr la síntesis entre las muchas contradicciones en las cuales estamos insertos. Y así manifiesta: "Es una característica fundamental de la situación del hombre en el tiempo el que esa síntesis no sea realizable. Esto significa que en la vida nosotros seleccionamos y realizamos nuestro destino desde las oportunidades y riesgos de los acontecimientos históricos, mientras la solución correcta desaparece ante los límites de lo trágico y de las posibilidades de una redención trascendente." (AP, p. 285).

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The quarantine experience set off by the COVID-19 pandemic, seen from a phenomenological perspective

A experiência da quarentena promovida pela pandemia da Covid-19 segundo uma perspectiva fenomenológica

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Abstract

The pandemic caused by the COVID-19 virus has imposed changes to daily life in every social sphere. The ways in which we interact with each other have had to be reviewed, questioned, and readapted. The term “catastrophe” seems to be adequate to define this historical event, given the drastic, tragic changes experienced in every sphere of society, and particularly evident in daily events and interpersonal relationships. In defining the daily changes brought about by the quarantine situation as a catastrophic situation, we will focus on the shocks to be undergone by the structures of consciousness in their intention toward the world and, from a protentive possibility, their reconstruction after the crisis. For this analysis, the article has been split into five parts: definition of the concept of limit situation, as per Jaspers, with subsequent analysis of two limit situations experienced by individuals in quarantine; suspension of values and correlation between the temporal experience lived during this period and the concept of expectation, as per Minkowski; analysis of this experience, drawing on Blankenburg’s description of “loss of natural evidence”; possibilities of psychic reaction to this catastrophic event; and, finally, how phenomenological therapy can help individuals affected by this situation.

Resumo

A pandemia da Covid-19 causada pelo novo coronavírus impôs mudanças na vida cotidiana em todas as esferas sociais. As formas como interagimos uns com os outros tiveram que ser revistas, questionadas e readaptadas. Nesse contexto, o termo “catástrofe” parece adequado para definir este acontecimento histórico, dadas as mudanças drásticas e trágicas vividas em todas as esferas da sociedade, e particularmente evidentes nos acontecimentos diários e nas relações interpessoais. Ao definir as mudanças cotidianas ocasionadas pela situação de quarentena como uma situação catastrófica, enfocaremos os choques sofridos pelas estruturas de consciência em sua intenção de relação com o mundo e, a partir de uma possibilidade protentiva, sua reconstrução após a crise. Para esta análise, o artigo foi dividido em cinco partes: definição do conceito de situação-limite, segundo Jaspers, com posterior análise de duas situações-limite vividas por indivíduos em quarentena; suspensão de valores e correlação entre a experiência temporal vivida nesse período e o conceito de expectativa, conforme Minkowski; análise desta experiência, com base na descrição de Blankenburg de "perda de evidência natural"; possibilidades de reação psíquica a este evento catastrófico; e, por fim, como a terapia fenomenológica pode ajudar os indivíduos afetados por essa situação.

Introduction

The pandemic caused by the COVID-19 virus has imposed changes to daily life in every social sphere. The ways in which we interact with each other, go about our business, daily routines, and supplying provisions, among a myriad of other activities, have had to be reviewed, questioned, and readapted. Even everyday objects, or the very air we breathe, now raise concerns: Are they contaminated? Has someone just spread their virus-laden droplets there? In Brazil, for instance, a mask-wearing passerby would have made for an outlandish sight prior to February 2020. Only post-transplant patients or individuals otherwise undergoing immunosuppression would be expected to don such conspicuous protective gear in public. Today, with the pandemic in full swing, and the alarming proportions it has reached in Brazil, wearing a mask in the street has become the norm, not only in terms of rules imposed, but also as a culturally assimilated reaction—a direct consequence of a new reality shaped by the arrival of a novel coronavirus.

In trying to define this historical event, the term “catastrophe” springs to mind, given the drastic, tragic changes experienced in every sphere of society, and particularly evident in daily events and interpersonal relationships.

“Catastrophe” is a word with Greek roots—*kata*, ‘down,’ and *strephein*, ‘twist, turn’—conveying the idea of overturning, of sudden end (Etymonline, 2020), “a very serious event affecting human lives,” and “an event, generally of natural causes and great proportions, that causes death and destruction” (da Silveira Bueno, 1974). The present article will also address the developing aftermath implied by the term—*i.e.*, the paths unfurling after a tragic event. In Greek tragedies, catastrophe is the act wherein the narrative takes a sudden turn, casting the protagonist into a situation of imminent risk—a juncture at which everything is destroyed and the lead character must find a way out of the crisis. The narrative course then turns to the character’s possibilities of action arising from the tragic event: the catastrophic situation expands beyond the rupture line, to encompass the expectation of subsequent reconstruction (dos Santos, 2005).⁴

⁴ The classical work *Oedipus* illustrates the role of tragedy in theater and subsequent interest in the possibilities of reaction by the central character, “who finds himself the victim of a sudden change imposed by fate. A terrible event precipitates his fall into disgrace and stifles his joys, hurling him into the world of shadows. Everything collapses around him. In fact, his qualities are what render him capable of acting and reacting in the face of suffering. The hero of a tragic work of art not only shows extraordinary nobility in his manner of bearing his vicissitudes, but also demonstrates dignity amid his fall. He obstinately stands unwavering even in an untenable, impossible situation. He does not retreat in the face of his own ruin, as if his designs and aspirations mattered more to him than life itself” (dos Santos, 2005).

Dealing with the concepts of rupture and reconstruction sets our thinking to a temporal thread. Given that existence is pre-reflexively founded on a temporal, intersubjective basis, events of great impact on human existential possibilities can be analyzed taking these foundations as a departure point. In defining the daily changes brought about by the pandemic (the quarantine situation) as a catastrophic situation, we will focus on the shocks to be undergone by the structures of consciousness in their intention toward the world and, from a protentive possibility, their reconstruction after the crisis. For this analysis, the article has been split into five parts: definition of the concept of limit situation, as per Jaspers, with subsequent analysis of two limit situations experienced by individuals in quarantine; suspension of values during the quarantine and correlation between the temporal experience lived during this period and the concept of expectation, as per Minkowski; analysis of this experience, drawing on Blankenburg's description of "loss of natural evidence"; possibilities of psychic reaction to this catastrophic event; and, finally, how phenomenological therapy can help individuals affected by this situation.

Limit situation

From an existential point of view, the metaphor of Greek catastrophe can be accurately exemplified based on Jasper's concept of limit situation. This concept is based on the idea of basic situations (*Grundsituationen*),⁵ characteristic of human existence: its contradictions (antinomies) and finitude. Jaspers posits that the precondition (ontology) of experiencing limit situations is the fundamental antinomic structure of existence—the experience that existence is determined by a continuous movement between contradictions. In daily life, these basic situations, or antinomies, remain in the background, but may surface in situations that hint at a catastrophe, turning what had previously been experienced as plain generality into distressing suffering for the individual: these are limit situations (Fuchs, 2013).

Antinomies made manifest by limit situations have a revelatory nature, pointing to what Jaspers calls a "housing" (*Gehäuse*):⁶ a consolidated structure of core thoughts, values, and

⁵ What we have translated as "basic situation" is similar in meaning to the German *Grundsituationen*. To this end, we have drawn on the concept of basis, a term originating from Latin *basis*, 'foundations' (of a building). A basic situation is therefore one which the individual anchors himself to or takes root on (da Silveira Bueno, 1974).

⁶ The word has been rendered in Portuguese as *envoltório*, a term that impoverishes the idea of *Gehäuse*. *Envoltório* (literally 'a wrapping') connotes cover, protection, anything that serves to involve, wrap, shield (de Silveira Bueno, 1974), whereas the idea of house (*Haus*) evokes what is comfortable, cozy, as familiar as home.

attitudes that provide boundaries of protection and safety against existential angst, giving meaning to the world and rendering it understandable (Fuchs, 2013).

This article describes two situations experienced during the pandemic—the first of a temporal nature; the second of an intersubjective nature—which are related to an increased incidence of psychic suffering (Luo, 2020; McGinty, 2020; Wang, 2020; Shi, 2020) observed in the quarantine situation. This epidemiological observation can be correlated with the fact that the limit situation imposed by the quarantine predisposes to a rupture in this housing.

a) Experiencing a suspension of values during quarantine

The first limit experience to be reported here concerns an intersubjective aspect that has come to the fore, making explicit the catastrophe previously described. In his book *Psychology of World Conceptions*, and more specifically in the third chapter, “The Life of Spirit”, Jaspers introduces his argumentation on limit situations drawing on the understanding that the forces of human life are shaped from values. In addition to this, values obey some sort of hierarchy in human experience.

Faced with the threat posed by COVID-19, societies have, quite consistently, prioritized the pursuit of one value over all others: the avoidance of death. We will not engage in the philosophical discussion on the dialectic involved in the primacy assigned to this social-medical-political value in the context of the pandemic, as it is outside the scope of this article, but the input of Italian philosopher Giorgio Agamben (2020) on this issue will be considered. What seems evident, however, is that the worldwide adherence to this value above all others has led all societies to assigning primordial importance to the implementation of quarantines. This said, the event here denoted as a catastrophe does not directly concern the virus, or even death, but rather a reaction consequent to prioritizing the avoidance of death at the expense of other values, bringing about a reconfiguration of the values held in previous basic social frameworks. This reconfiguration paves the way for the said catastrophe.

In an article, published in *The Lancet*, Havi Carel aptly describes this picture:

With social distancing in many countries, much of this background structure has changed; norms of interaction that were once taken as given are gone. At times, there is a sense of not knowing what to do anymore, how to interpret and interact with other people. The rulebook is not only new; but also it is strangely incomplete. There are experiences of

anxious uncertainty and of absence and loss, as our habitual patterns of expectation are repeatedly challenged by socially distanced public spaces. (Carel, 2020, p. 2)

Under these circumstances, there occurs what Carel terms “global uncertainty”: “the loss of a once prereflective trust or confidence relating to most things in our lives” A number of elements of the pandemic experience are tinted by suspicion, uncertainty, and doubt. We mistrust the very air we breathe, the surfaces we touch. The most ordinary bodily events, such as a cough or sore throat, are cause for concern. Ultimately, this loss of ordinariness in everyday life leads to “a pervasive breakdown of habits. [...] The loss of norms, routines, and structure alters our sense of temporal passage. Some people report that time feels like an undifferentiated flow, an experience that is disorienting and dispiriting” (Carel, 2020. p. 2).

These values, argues Jaspers (1967), underpin our daily experiences and are where man draws his support, and without which the existential ballast is shaken. However, the philosopher adds that man rarely experiences feelings of despair when the structures providing support and ballast are shaken, because even when faced with situations where values are being challenged, these situations are experienced as casual, avoidable, surmountable, owing to their finite nature. In most situations, therefore, limit experiences have a positive facet: although our existential premise is being shaken, the world follows a pattern of familiarity and the “I,” being protentive (Messas, 2012), is invited, out of existential angst, to re-experience itself in a new housing (Jaspers 1967; Fuchs 2013). The quarantine experience, however, fails to provide a glimpse of this finitude, given the significant disproportion between what Minkowski has termed “activity” and “expectation”, to be addressed later on.

The limit situation thus becomes evident. Loss of everyday life, which is no other than loss of value certainties that previously provided a safe backdrop to our lives, as enveloping as a housing, becomes suddenly patent. The experience here is one of suspension of ontological certainties that used to give us support. Our values are put to the test: a gesture of approach from a friend is now construed as repulsive. This limit situation causes an *epoché* of daily habits and values, and this imposed reduction directly interferes with the “quality and nature of our experience of time. Time is disproportionately lengthened or shortened as the day unfolds” (Naudin, 2020, p. 113). This moment of uncertainty (suspension of values) then leads to a disproportion, whereby the basic antinomical structure leaves its backdrop (that which exists constitutes us in the essence of our being, but is not in our consciousness) and begins to inhabit the foreground (Fuchs, 2013).

This experience is exemplified in an article by Professor Jean Naudin (2020) where he describes, in phenomenological terms, his personal experience of ambivalence in feeling equal measures of gratitude and guilt for working during the quarantine—as in the dream reported by A., one of our patients:

I was walking down the street amidst a crowd who looked at me vexatiously. Their stares became more glaring and disparaging as the dream unfolded. Everyone around me was wearing a mask and this perception led me to realize I wasn't. I sped up, as I was nearing home. Nonetheless, I was overtaken by a terrible feeling of anguish and embarrassment that consumed me, devitalized me. Upon waking, I felt overwhelming guilt in the form of self-unforgiveness in the face of my blunder. Shame at, unbelongingness to, and exclusion from people around me was the prevailing experience.

This account exemplifies the experiences triggered by a foreground manifestation of the basic antinomical structure.

Let's now proceed to the next argument, which addresses another anthropological disproportion experienced in the quarantine. Our approach will move out of the interpersonal constitution of consciousness to explore how the quarantine has impacted the experience of temporality.

b) Changes in temporality experienced during the quarantine: expectation

The loss of *Gehäuse* can also be addressed with a focus on temporality. Concepts developed by Eugène Minkowski will be employed to shed light on the experiences that can be had by consciousness in this perspective.

Minkowski, one of the first psychiatrists to employ phenomenology concepts to clarify modes of psychic illness, postulates in his oeuvre, influenced by philosopher Henri Bergson, that the psychic structure, healthy or otherwise, rests on a spatiotemporal framework, and that time and space are lived in an aprioristic—*i.e.*, pre-reflexive—manner. From the concept of becoming—inextricable as it is from time, “that ‘fluid mass,’ that shifting, mysterious, imposing, and mighty ocean that I see everywhere around me,” which, however, “I admit, in saying that time unfolds, that it passes, that it flees in an irretrievable manner,” although “it also advances, it progresses, it goes toward an indefinite and intangible future” (Minkowski, 2019, p.18)—and the concept of vital élan—which “gives a direction to life, constitutes [...] its most essential element,” (2019, pp. 44-45) the basis that enables us to act, whether failing or succeeding, Minkowski claims that the

healthy psychic structure “is essentially oriented toward the future” (2019, p.80). According to him, “we look at the future and we see it in a broad and majestic perspective [...]. It makes of the future a reservoir of eternal and inexhaustible forces without which we could not continue to live” (2019, p.81).

Drawing on these ideas, Minkowski highlights six phenomena that constitute the foundations of lived future: activity and expectation; desire and hope; prayer and the ethical act. Detailing each of these phenomena is beyond the scope of this article, but to analyze the current situation we shall concentrate on the phenomena of activity and expectation, which, in a dialectic manner, dialogue and intertwine in the healthy structure of human consciousness. From this initial analysis, we shall demonstrate how the experience of quarantine disproportionately affects these phenomena, in favor of expectation.

Minkowski defines activity as “a global manifestation of the living being. It cannot be reduced to a multitude of different actions, each directed toward a precise end. Rather, it forms the base common to all actions, linking them together. It is an essential phenomenon of life. All that lives is active, and all that is active lives” (2019, p.83). Minkowski thus highlights the idea that the phenomenon of activity reveals itself by its very leaning toward and acting toward something. Activity would thus be the condition of possibility for our capacity to move toward a lived future. The notion that activity is a temporal phenomenon is what allows us to move toward the future and create it. It is also what imparts us the notion of immediate future, a future with diverse possibilities, albeit limited in number and quality by the immediate relationship of the individual with the world within the conditions of possibility⁷ and by the milieu, in its presentations and meanings. It is, therefore, from its intentional relationship with the world that we can think of the being in activity, projecting itself toward a future with the possibilities it has been given.

Minkowski posits that the vital phenomenon dialectically opposite to activity is expectation, not in the sense of waiting for a specific event (as with “a train that should pass by in a half-hour”), but something “much more elementary,” which “englobes the whole living being, suspends his activity, and fixes him [...]. It contains a factor of brutal arrest and renders the individual breathless. One might say that the whole of becoming concentrated outside of the

⁷ In Minkowski’s words, “neither success nor failure modifies anything in the phenomenon of my activity in its primary form. they would not change its essential characteristics, which [...] form the very basis of our experiences relative to what we are able to do and to accomplish” (p. 86).

individual swoops down on him in a powerful and hostile mass, attempting to annihilate him” (2019, p.87-88). Unlike activity (in which we lean toward the future), expectation involves suspension of our own activity: the future comes to us.

The quarantine has promoted radical changes to the experience of the world, for every individual. To think of the pandemic as a catastrophe is to embrace the idea that, although reality is unceasingly changing, there has been, during the current transformation, a rupture of such intensity that it has given rise to a new reality. In this new reality, plans are temporarily suspended, encounters with friends and family canceled, commitments deferred—with no foreseeable end to this suspension. In more general terms, activity as a phenomenon is restricted to the immediate future, thus turning expectation into the preponderant phenomenon.

In expectation, time is lived in the opposite direction: the future moves toward us, while in activity we are the ones heading toward the future. In the current expectation, however, there is no lived time. Temporal organization is fragmented—and, for Minkowski, “it would be false to say that in expectation I live the present *and* the immediate future, each linked to the other. In reality I live only the future, which, as such, tends to become present” (2019, p.89). It can be said that, during quarantine, there is an imbalance tipping toward expectation. The future where measures of isolation will be no longer needed, where encounters can take place without major concerns, and day-to-day activities can be ultimately resumed is not “at hand”—it is a future we cannot pursue. We find ourselves frozen in a present that defies updating, one that relates to a future that has lost its historical meaning.

In the structure of healthy human consciousness dwells a drive for self-renewal, for self-reconfiguration and (re)creation of new possibilities. In the current scenario, glimpses of reconfiguration have become unlikely, given the lack of an open future which we can refer to. We can only remain in expectation of transformations that are still underway. As in a catastrophe, it is not possible, from the present, to know beforehand the possible outcomes for the crisis (economic, social, political) we are steeped in. The current impossibility of “taking control” of a post-pandemic future, in the sense of acting toward the transformation of this future from our present, stalls us in successive moments that preclude a fluid timeline.

Quarantine and loss of natural evidence

Based on the preceding analysis, let's now discuss the impact of the catastrophe situation on one's familiarity with the world, drawing on a concept developed by Wolfgang Blankenburg: "loss of natural evidence."

Natural evidence is the indistinguishable ground on which habitual daily consciousness rests. It constitutes the support for and basis of the everydayness of human being-in-the-world. It has therefore a character of backdrop and at the same time of foundation (Blankenburg, 2013). The experience of natural evidence arises from one's relationship with the world: with temporality, with the constitution of the "I," and with intersubjective construction. As regards the situation addressed in this article, our interest lies in describing changes that affect both temporality and the intersubjective possibility of sharing stable values. As a historical event that has altered the "rules of the game," the pandemic has directly impacted the possibility of tacit recognition of shared rules of being-in-the-world. From a phenomenological perspective, these "rules of the game" or "conceptual generalities", are no more than relationships of respectiveness and reference (as per Heidegger), within which existence (*Dasein*) operates in situations that, strictly speaking, have just become a situation—although based on meanings that determine a respective being-in-the-world, they are not just any meanings, projected *ad hoc*, but historically developed meanings to which the being-in-the-world is anchored (Blankenburg, 2013).

To conceptualize natural evidence, Blankenburg turns to the descriptions of world experiences by his patient Anna, who said that each of us should be aware of our own behavior, have our own path, way of thinking—our actions, humanity, sociability, all these rules of the game that one follows.

Our analysis is that, in the present historical moment, the shared experience has promoted a suspension of this implicit natural path. Life meanings are no longer natural; values previously viewed as stable have been modified.

This generalized shift is evidenced, for instance, when we find ourselves distrusting everything and everyone as potential sources of contamination, causing gestures of approach and affection to lose their long-held meaning and be perceived instead as threatening, or when we begin

to question ourselves about bodily experiences that never raised an eyebrow before, but are now perceived as signs of a potentially fatal illness.⁸

The relationships of distance and proximity that make up the natural balance of intersubjective rapports have been severely disrupted and I am beginning to understand, by experiencing this disturbance at close hand, how much the constitution of the present time—what we may rather pompously term its transcendental function—is intertwined with that of others. When we can neither see faces while talking nor touch or be touched by others, the world is at risk of disembodiment, the very flesh of the world denaturing itself, time hollowing itself out beyond measure. (Naudin, 2020, p. 113)

Human existence is anchored in the axioms of the everyday world, which underlie the system of evidence within which we move. They rescue what has always been forgotten in its banality, and only when they disappear do they emerge in their vital sense, which sustains and guarantees the normality of healthy everydayness. In the following analysis, it should be underscored that loss of natural evidence, as a moment or state in the development of existence, represents an imbalance, not necessarily pathological, between evidence and non-evidence (Blankenburg, 2013).

Blankenburg addresses the experience of loss of natural evidence reporting on the experiences of his patient Ana, whom he describes as schizophrenic. In schizophrenia, a constitutive change of temporality is observed, a disintegration of lived time (Fuchs, 2013). We can then consider that this form of being-in-the-world has “lost” its protentive capacity and is thus deprived of its anchoring in the world. In the experience reported in this article, by contrast, this “loss” of evidence is only temporary, albeit prolonged, and individuals have the possibility of re-establishing the dynamic proportion between evidence and non-evidence, owing to the protentive character of existence.

Possibilities of psychic reaction triggered by a catastrophe

The imbalance between evidence and non-evidence caused by the current limit situation calls for an analysis of individual protentive powers. Invited to a new experience of balance,

⁸ Adding to the suspension of familiar ways of reacting and relating to the world, a further point merits emphasizing: the impact of the unknown. We find ourselves facing a new disease with multiple symptomatic presentations, without a clear shared experience of what it actually is.

individuals open up to uncertainty. Faced with the need for new structural configurations, they will have two possible paths to follow: (a) reconstruction of the *Gehäuse*, with consequent reconfiguration of the dialectic operating between evidence and non-evidence, or (b) a state of conserved imbalance, rupturing the harmonic constitution of existence — a state synonymous with psychic illness. Ontological understanding of reaction vectors requires analysis of existential vulnerabilities, the manner whereby these are exposed by the limit situation. These factors will promote reconfigurations in each individual structure, ultimately either determining a vector for expansion (resignification) or leading to paralysis (illness). Amid a catastrophe we can re-create ourselves, design a better version of ourselves—just as we can succumb existentially.

What tragedy is needed to cause illness? As an initial definition, a traumatic event can be said to refer to any situation that sparks intense fear, helplessness, horror, and which resists appropriation, symbolization, and integration into a meaningful context (Fuchs, 2013)—any event that triggers the experience of imminent structural fracture, throwing us into an experience of dread. As López-Ibor (1942, p. 56) puts it, “it doesn’t matter that the threat is objectively certain; it is enough that it appears as such”—*i.e.*, the relevant point is not the isolated fact *per se*, but the intensity of the reaction and the structural impact it triggers in the individual.

Analyzing this situation therefore requires contemplating the individual structure and its possibilities of reacting to a tension. In a structural perspective, the pre-reflective constitutional characteristics, in their intentionality of consciousness, determine the points of vulnerability that will outline the possibilities of reaction: either healthy restructuring or structural deconfiguration. Each structure is unique in its vulnerabilities; each individual resonates to the movement of change in a particular manner. Some movements will shake our housing, leaving us vulnerable, to the point that the fractures thus created will lead to psychic illness, while in another structure the same movement will cause shaking but no fractures. “As important as the external history (the traumatic event) is to decipher the internal history, the experience” (López-Ibor, 1942, p. 103).

Naturally, a catastrophic situation carries in itself the power for chaos and imponderability, demanding more of individual structures, with heightened risk of illness. The central point, however, is not the concrete event, but the biographical structure and its possible intersections with the limit situation. Knowledge of the timeline (the biography) of an individual structure allows analysis of the whole of that structure. This totality is what guides the psychotherapeutic process,

bringing to light the pre-reflexive characteristics that can promote movement and paralysis—*i.e.*, those that need to be potentiated and those requiring care and support.

No event assimilated to one's history can ever be undone, because the biography is primarily supported on a continuous temporal basis (Blankenburg, 2018; Tamelini & Messas, 2019). Some situations will promote ripples more or less determinant to history, which may or not lead to trajectory deviations. Working with disproportions arising from a catastrophic event involves evaluating not only impacts, but also the capacity for synthesis following a structural jolt. Importantly, the synthesis that follows an experience is what enables the structure to preserve its primordial health component: proportion between parts (Blankenburg, 1982). We are therefore evaluating whether the shock sustained by the structure is a temporary paralysis or whether the impact has been so intense as to lead to psychic illness.

Mourning is a classical example of temporary paralysis. Despite all the mood shifts triggered, the individual maintains a certain control, a psychic autonomy relative to the reaction, such that the structural regions altered by bereavement (*e.g.*, profound sadness tinting daily life activities) coexist in the psyche with healthy regions (maintenance of individual projects even when shaken by loss). Mourning involves an initial paralysis that will gradually be laid aside as the experience is reconfigured. New experiences will add new syntheses to psychic movements, affording the development of projects, losses notwithstanding.

In a temporary paralysis, reorganization will take place despite intense anguish: the structure's proportions are reharmonized and the potential for projecting expansion movements is maintained. Maintenance of the continuity line allows the psyche to recover, and the therapist's role will be one of both spectator and maintainer of possible structures capable of facilitating recovery—an unending process of psychic reorganization into a structure in which protension is a fundamental element.

However, the possibility of a reaction that exceeds healthy limits should not be overlooked. For Jaspers, these are experiential reactions intense enough to inhibit elaboration, or reactions that carry obscure, disturbing consequences (Jaspers, 1997). In this situation, psychic life is faced with an insurmountable impasse and, from then on, at least part of psychic life is immobilized, as with a previously expanding river delta that at a given point loses one of its ramifications. The ensuing impact on the structure as a whole will depend on the magnitude of this loss, but the design will

never return to its original shape, irrevocably marked by a break. Part of the flow originally possible has been interrupted—the very concept of psychic fracture, of illness development. This is the idea that López-Ibor (1942, p.104) masterfully expresses: “Illness is a historical development that disrupts and disturbs the vital program to such a point that, during recovery, a new project installs itself in life history.”

From the fracture—and the structural remodeling that ensues, with loss of the previous proportion between parts—existence is subjected to a new manner of experiencing the world. As previously defined, evidence of the world (one recognized as familiar) is an intersubjective, historically constructed action. Healthy psyche installs itself on a dialectic foundation that spans uninterrupted between the experience of evidence and non-evidence. Catastrophic situations, for the reasons expounded above, enhance the tension of vectors in this dialectic. In this perspective, a pathological event would occur when this relationship of tension is lost, deconfiguring a dialectic proportion. This, in turn, would promote the impossibility of experiencing tacit recognition of the world, determining what Blankenburg (2013, p.238) has termed “loss of natural evidence”.

Phenomenological therapy applied to moments of catastrophe

The heuristic value of phenomenological thinking lies in the rich imbrication between an individual and the incarnate world (the world experienced by this existence). Unlike other approaches, which at times rely immoderately on historicity as causality, other times on endogeneity, this epistemological approach is capable of uniting both fronts into a suitable dialectic view. In this light, therapy involves evaluating both the situation and the being embodied in it.

By recognizing a pathology as something that threatens the vital flow and as a loss of proportionality between parts (Minkowski, 2019; Blankenburg, 1982), therapy builds on actions capable of promoting resumption of vital movement and structural rebalancing. Because relationships of proportion are not static, rebalancing a structure’s constituent proportions requires planning on a temporal basis (Messas & Tamelini, 2019). Phenomenological therapy affords an analysis of both psychotherapy and drug-therapy interventions. Both types of intervention are at the same level of importance, as long as prescribing them rests on identifying the psychopathological essence presenting before us.

Drug therapy could be proposed both for temporary paralysis and psychic fracture, as an attempt to promote sufficient stability, albeit only exogenous, to entail a movement of reconfiguration. Pharmacology would thus be viewed not as a path precluding or enfeebling the psychotherapeutic process, but as a paved road that facilitates movement, and therefore the process of reconfiguration, of reconstruction of each individual by taking into account their anxieties and vulnerabilities.

Drug-associated or otherwise, the psychotherapeutic process can be described as an access to movement via interpersonality—the latter being the possibility of communion between structures by way of vital contact. The space generated from this contact widens individual experience, making a content more likely to mature and be assimilated to consciousness, with accommodation of its initial impact and reduction of fragmentations and distortions. In this process, the possibilities of movement available for a psyche shaken by a catastrophic situation are expanded. Interpersonal anchoring promotes stable conditions for movement, even on highly irregular terrain. The new synthesis—one that even carries in itself the scars of bitter mishaps—is what will enable the structure to resume its processes of balance between parts.

As a closing note, this would be the role of phenomenological therapy: as in Greek theater, to allow the main character to resume their trajectory after the catastrophe, acknowledging their own powers and vulnerabilities, as well as their essence, potentiating the possibility of creation and movement.

Conclusion

The new coronavirus pandemic has imposed major changes on daily life in every society. Faced with various ethical and moral dilemmas—including those concerning eligibility for intensive care amid the unfeasibility of guaranteeing it to entire populations—societies around the world have attempted to prevent deaths by implementing social isolation.

The quarantine process can be likened to a psychic catastrophe, with multitudes directly affected by it, as pointed out in a number of articles reporting increased rates of mental disorder. The catastrophic event described here shares two experiential aspects with Karl Jaspers' limit situations: a subversion of values and a disproportion of expectation relative to activity.

Associated with the experience of presentification resulting from temporal inversion, the suspension of values that once held together a backdrop for our lives bears a parallel, in phenomenological terms, with Blankenburg's description of "loss of natural evidence." While these phenomena may be similar in these intersubjective and temporal aspects, at times leading to experiencing loss of reference relative to the "I," the vast majority of individuals have not lost their protentive constitution, as they might in the event of schizophrenia.

Individual structures will be reconfigured from the situations in which they are immersed and from individual potentialities, to the point of either defining a vector toward expansion (resignification) or leading to paralysis (illness). Phenomenological therapy can play a crucial role in helping these subjects resume their capacity for self-reorganizing and outlive this catastrophic moment with even more power and movement.

A experiência da quarentena promovida pela pandemia da Covid-19 segundo uma perspectiva fenomenológica

Introdução

A pandemia da Covid-19 causada pelo novo coronavírus provocou alterações no cotidiano em todas as instâncias sociais. A partir desta situação, as formas como as pessoas interagem entre si, com o trabalho, com a rotina diária e com a provisão de suplementos para casa, entre outras, foram repensadas, questionadas e reformuladas. Até mesmo objetos do cotidiano ou o ar que se respira se transformaram em pontos de consideração: será que estão contaminados? Será que alguém acabou de espalhar gotículas contaminadas? No Brasil, por exemplo, até fevereiro de 2020 seria muito estranho encontrar uma pessoa usando máscara na rua. Esperava-se, culturalmente, que apenas pessoas que realizaram transplantes, ou que se submeteram a outras situações que promovessem imunossupressão, usassem tais acessórios de proteção. Hoje, após o início da pandemia de fato e das proporções assombrosas que tomou no Brasil, sair às ruas de máscara transformou-se em regra, não apenas do ponto de vista legal, mas uma reação culturalmente assimilada. Uma consequência direta da nova realidade provocada pelo surgimento do novo coronavírus.

Se observarmos as mudanças que essa situação causou na sociedade como um todo, percebe-se que este evento histórico pode ser definido como uma catástrofe, no sentido de que é uma situação de mudanças drásticas e trágicas da realidade que afeta todas as instâncias da sociedade, em especial os eventos cotidianos e as relações interpessoais.

“Catástrofe” é uma palavra de origem grega: de *kata*, para baixo e *strophé*, torção ou virada, dando uma ideia de reviravolta ou subversão (Etymonline, 2020), que define "1- um acontecimento muito grave, que afeta seriamente a vida das pessoas" e "2- Acontecimento, geralmente de causas naturais e de grandes proporções, que provoca mortes e destruição" (da Silveira Bueno, 1974). Porém, neste texto, discutiremos também o desdobramento temporal embutido no conceito da palavra, ou seja, os caminhos abertos após um evento trágico. Na tragédia do teatro grego, a catástrofe é o ato da peça em que ocorre uma virada súbita na narrativa que coloca o personagem principal em uma situação de risco iminente. Momento em que tudo é destruído para que o

personagem principal possa reconstruir um desfecho a partir da crise. O rumo da narrativa se volta para as possibilidades de ação do personagem a partir do evento trágico, ou seja, a situação catastrófica se expande para além da ruptura, debruçando o olhar para a expectativa de reconstrução posterior (dos Santos, 2005)⁹.

Trabalhar com os conceitos de ruptura e reconstrução remete o pensamento para uma linha temporal. Como a existência é fundamentada pré-reflexivamente em uma base temporal e intersubjetiva, eventos de grande impacto nas possibilidades existenciais humanas podem ser analisados a partir desses fundamentos. Ou seja, ao definirmos as alterações cotidianas causadas pela pandemia (quarentena) como uma situação de catástrofe, estamos focando nosso olhar nos abalos que serão sofridos pelas estruturas da consciência em sua intenção de relação com o mundo e, a partir de uma possibilidade protentiva, as suas reconstruções após a crise. Para esta análise, dividiremos o texto em 5 partes: a definição do conceito de situação-limite segundo Jaspers e a posterior análise de duas dessas situações vividas pelos indivíduos na quarentena: a suspensão dos valores na quarentena e a correlação da experiência temporal vivida durante esse período ao conceito de espera definido por Minkowski; a análise dessa experiência a partir da descrição da "Perda da evidência natural" em Blankenburg; as possibilidades de reações psíquicas frente a esse evento catastrófico e, por fim, como a terapêutica fenomenológica pode ajudar os indivíduos afetados por essa situação.

Situação-limite

A metáfora da catástrofe grega pode ser exemplificada com acurácia do ponto de vista existencial a partir do conceito de situação-limite de Karl Jaspers. Tal conceito tem como pressuposto a ideia de situações básicas (*Grundsituationen*)¹⁰ que são características da existência

⁹ A obra clássica *Édipo* ilustra o papel da tragédia no teatro e o posterior olhar para as possibilidades de reação do personagem central: "De repente, vê-se vítima de uma alteração brusca imposta pelo destino. Um acontecimento terrível o conduz à desgraça e sufoca as suas alegrias, arremessando-o ao mundo das sombras. Tudo desaba ao seu redor. Com efeito, é graças às qualidades que o caracterizam que ele consegue agir e reagir face a tais sofrimentos. O herói de uma obra de arte trágica demonstra extraordinária nobreza na forma como os suporta e revela dignidade na queda. Obstinadamente, mantém-se firme mesmo quando se trata de uma posição insustentável ou impossível. Ele não recua perante a própria ruína, como se seus desígnios e aspirações lhe importassem mais que a própria vida." (dos Santos, 2005).

¹⁰ O que traduzimos aqui por situação básica tem significado similar ao *Grundsituationen* do alemão. Referimo-nos ao conceito de "base". Base vem do latim *basis* e significa fundamento, alicerce e, portanto, uma situação básica é aquela fundamental, na qual o indivíduo se ancora ou se enraíza (da Silveira Bueno, 1974).

humana: suas contradições (antinomias) e sua finitude. Consequentemente, Jaspers postula que a pré-condição (ontologia) da experiência de situações-limite é a estrutura antinômica fundamental da existência, ou seja, a vivência de que a existência é determinada por um contínuo movimento entre contradições. No nosso cotidiano, essas situações básicas, ou antinomias, permanecem como pano de fundo em nossas vidas; no entanto, em situações que remetem à catástrofe, elas podem vir à tona e aquilo que antes era experienciado como simples generalidade torna-se sofrimento angustiante para o indivíduo: essas são as situações-limite (Fuchs, 2013).

Essa manifestação das antinomias, permitida pelas situações-limite, tem uma natureza reveladora que nos apresenta aquilo que Jaspers chama de “envoltório” (*Gehäuse*)¹¹. Tais envoltórios são estruturas consolidadas de pensamentos, valores e atitudes fundamentais que oferecem limites de proteção e segurança frente às angústias existenciais e, assim, esses envoltórios conferem significado e compreensibilidade ao mundo (Fuchs, 2013).

O que queremos descrever neste artigo são duas conjunturas experienciadas durante a pandemia, uma de característica temporal e a outra intersubjetiva, que se relacionam com o aumento da incidência de sofrimento psíquico (Luo, 2020; McGinty, 2020; Wang, 2020; Shi, 2020) observado na situação de quarentena. Esta observação epidemiológica pode ser correlacionada com o fato de que a situação-limite imposta pela quarentena predispõe à quebra desse envoltório.

a) Suspensão dos valores experimentada na quarentena

A primeira experiência-limite que iremos descrever diz respeito a um aspecto intersubjetivo que ganha relevo e explicita a catástrofe anteriormente enunciada. Em seu livro *Psicologia das concepções de mundo*, mais especificamente em seu capítulo terceiro "A vida do espírito", Karl Jaspers antecipa sua argumentação a respeito da situação-limite a partir do entendimento de que as forças da vida humana são dadas a partir dos valores. Mais do que isso, os valores obedecem a uma espécie de hierarquia na experiência humana.

A partir da ameaça trazida pela Covid-19, as sociedades, de maneira muito similar, priorizaram um valor como o valor a ser perseguido em detrimento dos outros: a evitação da morte. Por não ser escopo do artigo, passaremos ao largo da discussão filosófica a respeito da dialética

¹¹ A noção de envoltório é empobrecida em relação à de *Gehäuse*. Em língua portuguesa, envoltório significa capa, proteção, tudo o que serve para cobrir, envolver, proteger (da Silveira Bueno, 1974), porém a ideia de casa (*Haus*) traz um significado daquilo que é habitual, confortável, aconchegante, conhecido, familiar como a nossa moradia.

incurtida na escolha desse valor social-médico-político como o único a ser contemplado no contexto da pandemia, mas indicamos a colaboração do filósofo italiano Giorgio Agamben (2020) a respeito desse tema. O que nos parece evidente, contudo, é que a escolha desse valor mundo afora tornou primordial, para as sociedades, a realização da quarentena. Com isto, o evento aqui anunciado como catástrofe não diz respeito diretamente ao vírus, nem mesmo às mortes, mas sim a uma reação consequente à priorização de evitação da morte em detrimento de outros valores, provocando uma reconfiguração valorativa nas constituições básicas sociais anteriores. Tal reconfiguração propicia a catástrofe anteriormente anunciada.

Em artigo publicado na *The Lancet*, Havi Carel explicita muito bem o que estamos descrevendo:

Com o distanciamento social em muitos países, muito dessa estrutura de fundo mudou; as normas de interação que antes eram tidas como dadas se foram. Às vezes, há uma sensação de não saber mais o que fazer, como interpretar e interagir com outras pessoas. O livro de regras não é apenas novo, mas também estranhamente incompleto. Existem experiências de incerteza ansiosa e de ausência e perda, pois nossos padrões usuais de expectativa são repetidamente desafiados por espaços públicos socialmente distantes. (Carel, 2020, p.2)

O que ocorre, então, a partir disso, é o que a autora chama de incerteza global, ou seja, "a perda de uma confiança antes reflexiva ou relativa à maioria das coisas em nossas vidas". Assim, vários elementos da experiência pandêmica são caracterizados por suspeita, incerteza e dúvida. Duvidamos do ar que respiramos, das superfícies que tocamos. Ficamos incertos a respeito de eventos absolutamente corriqueiros corporais, como tossir ou uma sensação de garganta inflamada. Por fim, essa perda da cotidianidade leva a "um colapso generalizado de hábitos(...) A perda de normas, rotinas e estrutura altera nosso senso de passagem temporal. Algumas pessoas relatam que o tempo parece um fluxo indiferenciado, uma experiência desorientadora e desanimadora.". (Carel, 2020, p.2)

Esses valores que estão na base de nossas experiências usuais, argumenta Jaspers (1967, p.302), são "onde o homem tem seu apoio" e, sem eles, o lastro existencial é abalado. Porém, prossegue o filósofo, raras vezes o homem experimenta uma sensação de desespero diante do abalo das estruturas que oferecem apoio e lastro, pois mesmo diante de situações em que os valores nos colocam resistência, essas são vividas como "casuais, evitáveis e superáveis; já que possuem um caráter finito (...)". Portanto, na maior parte das situações, a experiência-limite possui um aspecto

positivo, pois, a despeito de que há um estremeamento da nossa premissa existencial, o mundo segue um padrão de familiaridade e o "eu" é convidado, por ser protetivo, (Messas, 2012) a se re-experimentar em um novo envoltório a partir da angústia existencial (Jaspers, 1967; Fuchs, 2013). A experiência durante a quarentena, no entanto, não permite o vislumbre dessa finitude, visto que ocorre uma desproporção importante daquilo que Minkowski chamou de atividade e espera, que veremos a seguir.

Fica clara a situação-limite experienciada. A perda da cotidianidade, que nada mais é do que a perda das certezas valorativas que antes figuravam como um pano de fundo seguro de nossas vidas, como um envoltório, é sumariamente interrompida. Temos aqui uma vivência de suspensão das certezas ontológicas que nos davam sustentação. Nossos valores são colocados à prova, um gesto de aproximação de um amigo agora é experienciado como algo repulsivo. Essa situação-limite determina a realização de uma *Epoché* dos hábitos e valores cotidianos, e essa redução imposta interfere diretamente na "qualidade e [n]a própria natureza da experiência do tempo. Ele se estende ou se encurta desmesuradamente ao longo do dia." (Naudin, 2020, p.113). Esse momento de incerteza (suspensão de valores), então, ocasiona uma desproporção, em que a estrutura antinômica básica sai de seu plano de fundo (aquilo que existe nos constitui na essência do nosso ser, mas não está na nossa consciência) e passa a habitar o plano principal. (Fuchs, 2013)

Essa experiência pode ser exemplificada em artigo do prof. Jean Naudin (2020), no qual descreve fenomenologicamente a vivência pessoal de ambivalência ao sentir gratidão e culpa, na mesma medida, por trabalhar na quarentena. Assim como no relato do sonho da paciente A., de um dos autores a seguir:

Caminhava pela rua entre uma multidão de pessoas que me olhava de forma vexatória. Os olhares iam ficando mais intensos e depreciativos à medida que o sonho progredia. Todos à minha volta estavam de máscara e essa percepção me levou a realizar que eu estava sem. Apertei o passo pois estava próxima à minha casa. Mesmo assim era tomada por uma terrível sensação de angústia e constrangimento que me consumia, me desvitalizava. Quando acordei, senti uma culpa avassaladora sob a forma de inconformismo perante minha falta, predominavam as vivências de vergonha, despertencimento e exclusão em relação às pessoas que me cercavam.

Estas descrições acima exemplificam as vivências desencadeadas pela manifestação em primeiro plano da estrutura antinômica básica.

Desta forma, devemos avançar para o argumento seguinte, que nos indicará uma outra desproporção antropológica vivenciada na quarentena. Nosso enfoque sairá da constituição interpessoal da consciência para explorar o impacto na vivência da temporalidade proporcionado pela quarentena.

b) Alterações na temporalidade experimentadas na quarentena: a espera

A perda do *Gehäuse* pode ser vista também com um enfoque na temporalidade. Para lançar luz às experiências possíveis de serem vividas pela consciência com esse enfoque, utilizaremos conceitos trabalhados por Eugène Minkowski.

Minkowski, um dos psiquiatras pioneiros na utilização de conceitos da fenomenologia para a compreensão dos possíveis modos do adoecimento psíquico, postula em sua obra, influenciado pelo trabalho do filósofo Henri Bergson, a ideia de que a estrutura psíquica, tanto saudável quanto adoecida, assenta-se em um arcabouço têmporo-espacial, e que vivemos o tempo e o espaço de uma forma apriorística, isto é, pré-reflexiva. A partir dos conceitos de devir, inextricável do de tempo: “essa massa fluida, esse oceano em movimento, misterioso, grandioso e potente que vejo diante de mim, em mim, em todas as partes”, de que “o reconheço, ao dizer que o tempo flui, que ele passa, que foge de uma maneira inevitável,” porém também que “avança, que progride, que vai para um futuro indefinível e inacessível” (Minkowski, 1973, p.22), e de élan vital: “o que dá sentido à vida, constitui (...) o que é mais essencial dela”, é a base do que nos permite agir, seja fracassando ou tendo sucesso em nossa ação (1973, p.45), Minkowski defende que a estrutura psíquica saudável “orienta-se essencialmente para o futuro” (1973, p.76). Para Minkowski, “olhamos para o futuro e vemo-lo perder-se ao longe em uma ampla e majestosa perspectiva (...). Faz do futuro algo como uma reserva de forças eterna e inesgotável, sem a qual não poderíamos viver” (1973, p.77).

A partir destas ideias, Minkowski destaca seis fenômenos que constituem os fundamentos do futuro vivido: a atividade e a espera; o desejo e a esperança; a oração e o ato ético. Minuciar cada um dos fenômenos foge do escopo deste artigo. Para a análise da situação atual, destacamos os fenômenos da atividade e da espera, que, de uma maneira dialética, dialogam e se intercalam na estrutura saudável da consciência humana. A partir dessa análise inicial, demonstramos de que forma a experiência da quarentena desproporciona esses fenômenos a favor da espera.

Minkowski define a atividade como "uma manifestação global do ser vivente, que desconhece a decomposição em uma multiplicidade de ações diferentes, dirigida cada uma para um objetivo preciso; antes bem forma o fundo comum de todas as suas ações, referindo-as umas às outras. É um fenômeno essencial da vida. Tudo o que vive é ativo e tudo o que é ativo vive" (1973, p.79). Assim, Minkowski põe em destaque a ideia de que o fenômeno da atividade se revela no próprio tender e agir em direção a algo; seria a condição de possibilidade para a nossa capacidade de nos dirigirmos ao futuro vivido. A noção de que a atividade é um fenômeno de natureza temporal é o que nos permite avançar em direção ao futuro e criá-lo diante do ser vivente. É também o que nos dá a noção do futuro imediato, futuro este com diversas possibilidades, embora limitadas em quantidade e qualidade pela relação imediata do próprio indivíduo em suas condições de possibilidade¹² e pelo seu meio, em suas apresentações e significações. É, portanto, a partir de sua relação intencional com o mundo que podemos pensar no ser em atividade, projetando-se para um futuro, com as possibilidades que lhe são dadas.

O autor, assim, propõe que o fenômeno vital que se contrapõe, em dialética, à atividade é a espera; ressaltando que não seria a espera de um evento específico ("um trem que deve passar dentro de meia hora", 1973, p.83), mas que seria algo mais elementar, que "engloba todo o ser vivente, suspende sua atividade e o congela (...) Contém em si um fator de brutal detenção e faz ansioso o indivíduo. Dir-se-ia que todo o devir, concentrado fora do indivíduo, cai, como uma massa potente e hostil, sobre ele, tratando de aniquilá-lo" (1973, p.83). Ao contrário da atividade, em que tendemos para o futuro, na espera, a partir de uma suspensão da própria atividade, o futuro vem a nós.

No atual contexto, a quarentena promoveu alterações radicais na vivência de mundo dos indivíduos. Pensar na pandemia como uma catástrofe é trabalhar com a ideia de que, apesar da realidade estar sempre se transformando, houve, durante essa transformação, uma ruptura de tamanha intensidade que determinou uma nova realidade. Nesta nova realidade, planos realizados são temporariamente suspensos, encontros com amigos e familiares são desmarcados, compromissos são adiados, sem uma previsão de finitude para essa suspensão. De uma forma geral

¹² Como coloca Minkowski: "...nem o fracasso nem o êxito modificariam em nada o fenômeno de minha atividade em sua forma primária, não mudariam suas características essenciais, que formam, como acabamos de dizer, a base mesma de nossas experiências relativas ao que somos capazes de fazer e realizar" (1973, p.82).

e global, pode-se dizer que a atividade enquanto fenômeno fica restrita ao futuro imediato e, assim, a espera torna-se o fenômeno preponderante.

Desta forma, passamos a viver o tempo em direção oposta: o futuro vem em direção a nós, ao passo que, na atividade, nós é que nos dirigimos para o futuro. Não há, atualmente, enquanto fenômeno de espera, duração vivida. A organização temporal se dá de forma fragmentada e, de acordo com Minkowski, "Seria falso dizer que na espera vivo o presente e o futuro imediatos unidos; na realidade, somente vivo o futuro, o qual, enquanto tal, tende a converter-se em presente." (1973, p.85). Pode-se dizer que, durante a quarentena, vive-se um desequilíbrio a favor da espera. O futuro, no qual medidas de isolamento não serão mais necessárias, os encontros poderão se dar sem grandes preocupações e as atividades do dia a dia poderão ser novamente retomadas, não está "à mão", é um futuro ao qual não podemos nos dirigir. Encontramo-nos congelados em um presente que não se atualiza, que se relaciona com um futuro que perdeu a sua linha de significação histórica.

Existe, na estrutura da consciência humana saudável, um impulso em renovar-se, e, dessa forma, reconfigurar-se e (re)criar novas possibilidades. Diante do atual entorno, há pouca possibilidade de vislumbre das novas reconfigurações, pois não há um futuro aberto no qual possamo-nos referendar, há a necessidade de esperar as transformações que ainda estão em curso. Como em uma catástrofe, não se pode, a partir do presente, saber de antemão os possíveis desfechos para a atual crise (econômica, social, política) em que vivemos. A impossibilidade atual de "tomar posse" desse futuro pós-pandemia, no sentido de ser ativo na transformação desse próprio futuro a partir de um presente, congela-nos em sucessivos instantes que não se articulam em uma linha temporal fluida.

A quarentena e a perda da evidência natural

A partir da análise realizada sobre a situação de catástrofe, seguiremos para a discussão do impacto individual na familiaridade com o mundo utilizando o conceito desenvolvido por Wolfgang Blankenburg: a "perda da evidência natural".

A evidência natural seria o piso indistinguível onde a consciência cotidiana habitual se assenta; "(...) constitui o suporte e a base da cotidianidade do ser-no-mundo humano. A ele é próprio então um caráter de fundo e ao mesmo tempo de fundamento." (Blankenburg, 2013, p.153). A experiência de evidência natural acontece a partir da relação do sujeito com o mundo, com a

temporalidade, com a constituição do "eu" e com a construção intersubjetiva. Na situação analisada neste artigo, descrevemos as alterações provocadas tanto na temporalidade quanto na possibilidade intersubjetiva de compartilhamento de valores estáveis. A pandemia, como um acontecimento histórico que modificou as "regras do jogo", impactou diretamente na possibilidade de reconhecimento tácito das regras compartilhadas da forma de se estar no mundo.

Estas "regras do jogo" ou "generalidades conceituais", vistas de uma perspectiva fenomenológica, não são mais que as relações de respectividade e de referência (Heidegger), dentro das quais se move uma existência (*Dasein*) em situações que, a rigor e em último termo, apenas constituem uma situação. Elas se baseiam nos significados que determinam o respectivo ser-no-mundo. Não se trata de significados quaisquer, projetados *ad hoc*, senão de significados historicamente desenvolvidos, nos quais está ancorado o ser-no-mundo. (2013, p.184)

Para conceituar a evidência natural, Blankenburg utiliza as descrições das experiências de mundo da sua paciente Anna: "Cada pessoa deve saber como se comporta, tem um caminho, uma forma de pensar. Sua atuação, sua humanidade, sua sociabilidade, todas essas regras do jogo que cumpre (...)" (2013, p.109).

Segundo nossa análise, a experiência compartilhada neste momento histórico promoveu uma suspensão neste caminho natural implícito. Significações de vida já não são mais naturais, valores anteriormente tidos como estáveis são modificados.

Essa modificação generalizada pode ser evidenciada, por exemplo, quando passamos a desconfiar de tudo e de todos como potenciais focos de contaminação, determinando que os gestos de aproximação e carinho possam perder seu significado inicial e serem percebidos como gestos ameaçadores, bem como quando passamos a nos questionar sobre determinadas vivências corporais que, anteriormente, seriam ignoradas e, doravante, são sinais de uma doença potencialmente fatal.¹³ Como aponta Naudin,

As relações de distância e de proximidade que compõem o equilíbrio natural das relações intersubjetivas estão profundamente perturbadas e começo a compreender, vivendo intimamente esse desequilíbrio, o quanto a constituição do tempo presente, a qual podemos pomposamente chamar de sua função transcendental, está relacionada àquela da intersubjetividade. Quando não se pode ver o rosto enquanto se fala, nem tocar e ser tocado

¹³ Além da suspensão da forma conhecida de reagir e se relacionar com o mundo, vale ressaltar mais um ponto: o impacto do desconhecido. Trata-se de uma doença nova, com apresentações sintomáticas diversas, sem uma experiência clara compartilhada do que seria essa enfermidade.

pelo outro, o mundo corre o risco de se desencarnar, a própria carne do mundo se desnatura, o tempo se esvazia desmesuradamente. (Naudin, 2020, p.113).

A ancoragem da existência humana se dá a partir dos "axiomas do mundo cotidiano", que "fundamentam o sistema das evidências dentro das quais nos movemos. Eles resgatam o sempre esquecido em sua banalidade. Somente quando desaparecem (...) é que surgem no seu sentido vital que sustenta e garante a normalidade da habitualidade sã." (Blankenburg, 2013, p.161). Para a análise a seguir é importante colocar que a perda da evidência natural, como um momento ou um estado de desenvolvimento da existência, representa um desequilíbrio entre evidência e não evidência, não sendo necessariamente patológico (2013, p.294).

Blankenburg descreve a experiência de "perda da evidência natural" a partir das vivências de sua paciente Ana, descrita como esquizofrênica. Na esquizofrenia, observa-se uma alteração constitutiva da temporalidade, uma desintegração do tempo-vivido (Fuchs, 2013). Destarte, podemos considerar que essa forma de ser-no-mundo "perdeu" a capacidade protentiva e, assim, fica despossada de sua ancoragem no mundo. No caso da experiência relatada neste artigo, em oposição, essa "perda" da evidência é apenas temporária, ainda que prolongada, e os indivíduos têm a possibilidade de um restabelecimento da proporção dinâmica entre evidência e não evidência devido ao caráter protentivo da existência.

Possibilidades de reações psíquicas experimentadas a partir de uma catástrofe

O desequilíbrio entre evidência e não evidência, suscitado pela situação-limite que vivenciamos neste momento, promove a análise das potências protentivas individuais. Convidado para uma nova experiência de equilíbrio, o indivíduo se abre para o incerto. Determinado pela necessidade de novas configurações estruturais, terá dois caminhos possíveis: (a) a reconstrução de um novo *Gehäuse* e conseqüente reconfiguração da dialética entre evidência e não evidência, assim como (b) um estado de desequilíbrio mantido, rompendo com a constituição harmônica da existência – sinônimo de adoecimento psíquico. Para compreender os vetores de reações ontologicamente, é preciso analisar as vulnerabilidades existenciais, a forma com que elas são expostas pela situação-limite. Esses fatores promoverão reconfigurações em cada estrutura individual a ponto de determinar o vetor para o movimento de expansão (ressignificação) ou levar

à paralisação (o adoecimento). Em uma catástrofe podemos nos recriar, criar uma versão melhor de nós mesmos, assim como podemos sucumbir existencialmente.

Qual é a tragédia necessária para provocar o adoecimento? Em uma definição inicial, poderíamos dizer que um evento traumático diz respeito a qualquer situação que provoque intenso medo, desamparo, horror e que recusa apropriação, simbolização e integração a um contexto significativo (Fuchs, 2013). Desta forma, podemos dizer que se trata de qualquer evento que provoque a vivência de uma iminente fratura estrutural, jogando-nos em uma experiência de pavor. Como coloca López-Ibor: "não importa que a ameaça seja objetivamente certa, basta que ela pareça como tal" (1942, p.56), ou seja, não é um fato isolado em si o ponto de relevância, mas a intensidade da reação e o impacto estrutural que ele desperta individualmente.

Logo, quando tentamos analisar a situação, o olhar se volta obrigatoriamente para a estrutura individual e suas possibilidades de reação frente a uma tensão. Em uma visão estrutural, as características pré-reflexivas constitucionais, em sua relação de intenção com o mundo, determinam os pontos de vulnerabilidade que desenharão as possibilidades de reação, ou seja, uma reestruturação saudável ou uma desconfiguração da estrutura. Cada estrutura é ímpar em relação às suas vulnerabilidades, cada indivíduo ressoará ao movimento de mudança de um modo diferente. Alguns movimentos abalarão o nosso envoltório, deixando-nos vulneráveis a ponto de criar fraturas que levarão ao adoecimento psíquico. O mesmo movimento, em outra estrutura, causará abalos, mas não fraturas. "Tão importante quanto a história externa, o acontecimento traumático, é decifrar a história interna, a vivência."(López-Ibor, 1942, p.103).

Claro que precisamos ressaltar que uma situação catastrófica tem em si uma potência de caos e de imponderabilidade, o que demanda mais das estruturas individuais, com maior risco ao adoecimento. No entanto, o ponto central não é o evento concreto, mas a estrutura biográfica e suas intersecções possíveis com uma situação-limite. Ao conhecer a história de criação individual em uma linha temporal (a biografia) analisamos a totalidade daquela estrutura. Será essa totalidade que norteará o processo psicoterápico, trazendo luz às características pré-reflexivas que promoverão tanto movimento quanto paralisação, ou seja, aquelas que precisam ser potencializadas e aquelas que precisam de cuidados e apoio.

Todo evento assimilado a uma história é impossível de ser retrocedido, pois a biografia é primordialmente apoiada em uma base temporal contínua (Blankenburg, 2018; Tamelini e Messas,

2019). Algumas situações promoverão relevos mais ou menos determinantes na história, poderão ou não acarretar desvios das trajetórias. Ao trabalhar com as desproporções advindas de um evento catastrófico, estamos avaliando o impacto assim como a capacidade de síntese após um abalo estrutural. Lembrando que é a síntese após uma experiência que permite que a estrutura mantenha seu componente primordial de saúde: a proporção entre as partes (Blankenburg, 1982). Assim, estamos avaliando se o abalo sofrido por essa estrutura é uma paralisação temporária, ou se o impacto seria de tamanha intensidade que poderia acarretar um adoecimento psíquico.

Um exemplo clássico de uma paralisação temporária é o luto. Apesar de todos os comemorativos de afeto desencadeados, o indivíduo mantém um certo controle, uma autonomia psíquica em relação à reação, de forma que coexistem em seu psiquismo as regiões estruturais alteradas pelo luto (por exemplo, intensa tristeza tingindo as atividades do cotidiano) e as saudáveis (manutenção dos projetos individuais ainda que abalados pela perda). Dessa forma, o luto provocará uma paralisação inicial que será gradualmente abandonada a partir da reconfiguração da vivência. Novas experiências trarão novas sínteses aos movimentos psíquicos, possibilitando o desenvolvimento de projetos apesar da perda.

Em uma paralisação temporária, a despeito da intensa angústia, ocorrerá uma reorganização, uma re-harmonização das proporções na estrutura, de forma que a possibilidade de projeção para movimentos de expansão é mantida. Dessa maneira, o psiquismo se restabelecerá com a manutenção da linha de continuidade e o papel do terapeuta será tanto de espectador como de mantenedor das estruturas possíveis que facilitarão o processo de recuperação. Um infinito processo de reorganização psíquica em uma estrutura que tem a protensão como elemento fundamental.

Porém, existe a possibilidade de uma reação que ultrapasse esses limites de saúde. Nas palavras de Jaspers são reações vivenciais cuja intensidade inibe a elaboração ou as reações que trazem consequências obscuras e perturbadoras (Jaspers, 1997). A vida psíquica, nesta situação, encontra um impasse que não é possível de ser transposto e, a partir de então, pelo menos uma parte dessa vida psíquica torna-se imóvel, como um delta de rio que estava se expandindo em leque e que, em determinado momento de sua jornada, perde uma de suas ramificações. O impacto na estrutura como um todo dependerá da importância dessa perda, mas o desenho nunca mais será o mesmo, marcado de forma irrevogável por uma quebra. Uma parte do fluxo originalmente possível

foi interrompido. Esse seria o conceito de fratura psíquica, de adoecimento. É essa ideia que López-Ibor expressa com maestria em seu texto: “A enfermidade é um acontecer histórico que quebra e perturba o programa vital até um ponto que, na recuperação, se instala um novo projeto na história de vida” (1942, p.104)

A partir da fratura, da remodelação estrutural com perda da proporção prévia entre as partes, a existência é submetida a uma nova forma de experimentar o mundo. Como já definido acima, a evidência de mundo (tal como é reconhecido como familiar) é uma ação intersubjetiva historicamente construída. O psiquismo saudável instala-se sobre uma base dialética ininterrupta entre a experiência de evidência e não evidência. Situações catastróficas, pelos motivos descritos anteriormente, intensificam a tensão dos vetores dessa dialética. Um evento patológico, segundo essa perspectiva, dar-se-ia quando essa relação de tensão é perdida, desconfigurando uma proporção dialética. Isso promoveria a impossibilidade de vivenciar o reconhecimento tácito do mundo, determinando o que Blankenburg chama de "perda da evidência natural" (2013, p.238).

Terapêutica fenomenológica aplicada em momentos de catástrofes

O valor heurístico do pensamento fenomenológico reside na rica imbricação entre o indivíduo e o mundo encarnado (o mundo experienciado por essa existência). Diferentemente de outras abordagens, que ora pesam excessivamente na historicidade como causalidade, ora pesam na endogeneidade, esse olhar epistemológico é capaz de unir ambas as vertentes em uma visão dialética propícia. Dessa forma, o olhar para a terapêutica avaliará tanto a situação quanto o ser encarnado nessa situação.

Ao reconhecer a patologia como algo que ameaça o fluxo vital e como uma perda da proporcionalidade entre as partes (Minkowski, 1973; Blankenburg, 1982), a terapêutica tem como fundamento ações que promovam a retomada do movimento vital e um reequilíbrio estrutural. As relações de proporção não são estáticas, logo, a proposta de um reequilíbrio das proporções constituintes de uma estrutura é um planejamento que se constrói em uma base temporal (Messas e Tamelini, 2019). A terapêutica fenomenológica oferece tanto uma análise das ações psicoterapêuticas quanto das medicamentosas. As duas modalidades de intervenção apresentam o

mesmo patamar de importância, desde que prescritas a partir da identificação da essência psicopatológica que se apresenta.

A terapêutica medicamentosa poderia ser proposta tanto em momentos de paralisações temporárias como em fraturas psíquicas na tentativa de promover uma estabilidade, ainda que exógena, que permita o movimento de reconfiguração. A farmacologia não seria analisada como uma via que impossibilitaria ou enfraqueceria o processo psicoterapêutico, mas como uma pavimentação facilitadora do movimento, para o processo de reconfiguração, de reconstrução de cada indivíduo a partir de suas angústias e vulnerabilidades.

Já o processo psicoterápico associado ou não à medicação poderia ser descrito como um acesso ao movimento via interpessoalidade. A interpessoalidade é a possibilidade de comunhão entre duas estruturas pelo contato vital. O espaço que se cria a partir do contato dilata a vivência individual, aumentando a possibilidade de um conteúdo ser amadurecido e assimilado à consciência, acomodando seu impacto inicial e diminuindo fragmentações e distorções. Neste processo, ampliam-se as possibilidades de movimento de um psiquismo abalado pela situação catastrófica. A ancoragem interpessoal promove condições estáveis para o movimento, mesmo em terrenos muito irregulares. Dessa maneira, é a partir de uma nova síntese – uma que, inclusive, carrega em si as cicatrizes dos percalços amargos – que a estrutura pode retomar seus processos de equilíbrio entre as partes.

Para fechar, seria esse o papel de uma terapêutica fenomenológica: como em um teatro grego, permitir que o personagem principal retome a sua história após a catástrofe, reconhecendo suas potências e suas vulnerabilidades, sua essência, potencializando a possibilidade de criação e movimento.

Conclusão

A pandemia do novo coronavírus causou uma grande alteração no cotidiano das pessoas em diversas sociedades mundo afora. Diante dos diversos dilemas éticos e morais que se apresentaram à sociedade, como a possibilidade de tratamento em UTI's e a incapacidade de assistência a toda a população que dela necessitava, sociedades do mundo inteiro optaram por tentar evitar mortes decorrentes dessa doença por meio do isolamento social.

Quanto ao processo de quarentena, comparamo-lo a uma catástrofe psíquica, visto que as pessoas foram diretamente afetadas por ele, como nos mostram os diversos artigos que apontam a elevação da taxa de transtornos mentais na população. Tal evento catastrófico foi aqui descrito à semelhança de situações-limite de Karl Jaspers por dois aspectos vivenciais: a subversão de valores e a desproporção da espera em relação à atividade.

A suspensão dos valores que antes figuravam-se como plano de fundo de nossas vidas, associada à vivência de presentificação a partir da inversão temporal, assemelha-se fenomenologicamente à descrição da "perda da evidência natural" em Blankenburg. Conquanto essas experiências possam assemelhar-se em relação a estes aspectos intersubjetivos e temporais, levando, por vezes, à experimentação de perdas de referência em relação ao "eu", a imensa maioria dos indivíduos não perdeu sua constituição protentiva, como no caso da esquizofrenia.

Assim, os indivíduos reconfigurarão suas estruturas individuais a partir das situações em que se inserem e de suas potencialidades individuais a ponto de determinar o vetor para o movimento de expansão (ressignificação) ou levar à paralisação (o adoecimento). Destarte, a terapêutica fenomenológica tem papel fundamental no auxílio a esses sujeitos para que retomem a capacidade de se reorganizarem e superem este momento catastrófico com ainda mais potência e movimento.

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Opinião dos Especialistas – O mundo e a Covid-19

A pandemia da Covid-19 fez com que cada indivíduo, agora convivendo com as restrições impostas para conter uma catástrofe mundial de saúde, tivesse que refletir sobre valores e ações que configuravam nosso dia a dia.

Nesse contexto, sentimos a necessidade de propor, em nosso espaço de compartilhamento de informações e conhecimento, uma discussão sobre a pandemia e suas implicações. A *Revista Psicopatologia Fenomenológica Contemporânea*, dessa forma, apresenta uma seção especial intitulada "Opinião dos Especialistas", em que pretendemos convidar importantes autores do campo da Psicopatologia Fenomenológica para apresentar sua experiência em primeira pessoa e proporcionar novos olhares sobre o momento atual em seu contexto individual e coletivo e assim, quem sabe, iluminar caminhos para o futuro.

Começamos a discussão, na edição de maio de 2020 com as ricas contribuições do Prof. Dr. Jean Naudin, (França) – publicado novamente nesta edição com a versão em inglês. Também nesta edição de novembro, a seção recebe os ensaios da Profa. Dra. Francesca Brencio (Itália) e Profa. Dra. Virginia Moreira (Brasil). Relembramos que a reflexão desses autores foi instigada a partir de dois questionamentos propostos pelos editores da rPFC:

- A partir de sua formação pessoal, conhecimento teórico e experiência cultural, como descreveria os fenômenos do medo e da expectativa vivenciados pelos indivíduos durante a pandemia e a quarentena?
- Qual sua análise sobre as relações dialéticas entre restrição versus liberdade e risco versus saúde presentes na atual situação da pandemia?

Experts' Opinion – The World and COVID-19

The COVID-19 pandemic has compelled each and every one of us—now living under restrictions imposed to keep a global health catastrophe in check—to reflect on the values and actions that used to shape our daily lives.

Against this backdrop has emerged our need to propose, in our space for information and knowledge sharing, a discussion about the pandemic and its implications. To this end, *Revista Psicopatologia Fenomenológica Contemporânea* (rPFC) has dedicated a special section entitled “Experts’ Opinion,” to which prominent authors from the field of Phenomenological Psychopathology will be invited to present first-person accounts of their experiences and provide new perspectives on the current moment, both in its individual and collective arcs, and thus, hopefully, illuminate new paths for the future.

We started the discussion, in the May 2020 edition, with the valuable contributions of Prof. Dr. Jean Naudin (France) — published again in this issue in an English version. Also, in this November edition, the section receives essays written by Profa. Dra. Francesca Brencio (Italy) and Profa. Dra. Virginia Moreira (Brazil). We recall that these author’s reflections were instigated by two questions put by the editors of the rPFC—namely:

- Drawing on your professional training, theoretical knowledge, and cultural experience, how would you describe the phenomena of fear and expectation experienced by individuals during the pandemic and quarantine?
- What is your view of the dialectic relationships between restriction and freedom, as well as between risk and health, operating in the current pandemic juncture?

Mind your words.

Language and war metaphors in the COVID-19 pandemic*

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* I would like to thank Dr. Prisca Bauer and Dr. Anne-Louise Meyer from the Department of Psychosomatic Medicine at the Medical Centre in Freiburg (Germany) for the suggestions on this topic. In particular, I am very grateful to Dr. Bauer for the fruitful conversations we had on this theme.

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Abstract

Through this contribution I aim to show how the role of language and metaphors is fundamental to our understanding of reality, affecting the way we ordinarily act and live, and particularly important in facing fears and anguish. This is more evident in these times of the COVID-19 pandemic, where our experiences of language and of the world seem to be characterised mainly by war terminology. Politicians declare themselves at war fighting an invisible enemy and health care workers, who are in direct contact with COVID-19 positive patients, are said to be “fighting” on the “frontlines”. Starting from a philosophical account of the relationship between language, fear and anguish, I aim to show how this narrative is unhelpful, both for society at large and especially for patients and health care workers. While war narratives instil fear, it seems to me that new forms of solidarity and new models of coexistence are required. Since language shapes the way in which we think, live and act, it is important to choose words that encourage people to act responsibly, to cooperate and to overcome the hardships of the COVID-19 pandemic together.

How language shapes our life

“The limits of my language mean the limits of my world” (2000, p.68), wrote Ludwig Wittgenstein in his *Tractatus Logico-Philosophicus* addressing the relationship between our ability to use language and to provide meaning. This sentence should be a compass in conceiving and using language since the way in which we think and talk shapes the way in which we live and act. Our behaviour is not merely the result of a complex relationship between education, shared values and social practices, but it is also a relationship with linguistic patterns which show an implicit ontology: “All our knowledge (...) is always already shaped by what might be called our implicit ontology (...) which is in our practices as ways of behaving towards things and people” (Dreyfus, 1980, pp.10-11). As such, our behaviour is a set of practices aimed at understanding the form of existence we embody.

Through the efforts of understanding, language unveils its role, telling us the measure of acting and behaving and the nature of things in general. Language is closely tied to the human ability of “dwelling” in the world: “Man acts as though he were the shaper and master of language, while in fact language remains the master of man” (Heidegger, 1971, p.215). Language, as the ability to speak and to listen, is one of the fundamental features of human existence. Through language we “touch the inner most nexus of existence” (Heidegger, 1982, p.57) and we find ourselves in moods (Heidegger, 1962; Brencio, 2019). Human beings are not restricted to a mere verbal exchange of information. Rather, through dialogue, which includes non-verbal cues, we discover our existence and the world in which we are embedded; we find possibilities to provide meanings to experiences and relations, to express our creativity and somehow also to master our existence. Language situates us in a world and discloses the possibility of being toward the others.

Words and metaphors are not merely signs that we employ in our ordinary way of using language. They have significance as objects, but also as relations. Words are the tools that open the door for relations, unveiling the meaning of experiences (Brencio & Bauer, 2020) and our place within them. As such, language is not a tool in the same sense as a chair, a desk or a pen. It is not merely something which unveils actions and goals. Rather, it shows how we see things, situations, relationships, events. It unveils our social landscapes describing a geography of values, beliefs and practices; it nourishes our moods and emotions contributing to locating ourselves in relation to fear and anguish. The role of language in facing these two elements (fear and anguish) is a topic central both in philosophical and clinical literature. It deals with

the issue of *speaking about the unspeakable* in order, not only to name it, but moreover to signify and make understandable what otherwise is not (Brison, 2002). Somehow language also attempts to unveil the uncanny (*Unheimlich*), which is at the core of every experience of anguish, providing different names to designate what summons us through these experiences (Heidegger, 1998).

The current COVID-19 pandemic is showing us very clearly many fundamental issues which, perhaps, we are not used to thinking about, or which we take for granted, or which we tend to push aside: *who* we are as community; *how* we live, both as individuals and as a society; *what* is our relationship with the environment. The pandemic puts everything into a different perspective, which confronts us all with our own issues. It unveils not only how vulnerable we are, but also how imperfect our society is when it is not built upon forms of coexistence based on solidarity and responsibility. Also in this context, language plays an important role. The use of language in public communication is a fragile element. It is more than a means of sharing information; it carries values, impacts on both personal and social behaviours, encourages practices, nourishes social emotions and defines clinical practices.

War jargon as the mirror of a society

Since it began, the narrative around the COVID-19 pandemic is strongly influenced by war terminology and military metaphors as the commentary published in *The Atlantic*, entitled *The Case Against Waging 'War' on the Coronavirus*, shows². By choosing to frame the pandemic in military terms, governments are clearly trying to communicate the gravity of this public health crisis, one that requires the type of state intervention and personal sacrifice most nations have not experienced in peacetime. But drawing this imperfect parallel can have the unintended consequence of causing fear and panic too. In this scenario, politicians declare themselves at war, fighting an invisible enemy³ and health care workers, who are in direct contact with people infected with the Coronavirus, are said to be “heroes”, “fighting” on the “frontlines” (Zhang, 2020)⁴. This might have a negative effect as this kind of language and

² Serhan, Yasmeen. (2020, March 30). The Case Against Waging 'War' on the Coronavirus. *The Atlantic*. Available from: <https://www.theatlantic.com/international/archive/2020/03/war-metaphor-coronavirus/609049/>.

³ Invisible enemy': Trump says he is 'wartime president' in coronavirus battle - video. (2020, March 23). *The Guardian*. Available from: <https://www.theguardian.com/world/video/2020/mar/23/invisible-enemy-trump-says-he-is-wartime-president-in-coronavirus-battle-video>.

⁴ Zhang, H. (2020) Early lessons from the frontline of the 2019-nCoV outbreak. *The Lancet* [Internet], 395(10225), 687. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0140673620303561>; see also Sims J. (2020 April 23), Heroism is the best of human nature – but does it have to be defined by one great act? Will the pandemic change who we see as heroes? *BBC.com*. Available from: <https://www.bbc.com/worklife/article/20200422-will-coronavirus-change-how-we-define-heroes>.

metaphors may instil fear and anxiety in health workers and in society as a whole. A feeling of powerlessness, of not being up to the task, or of “losing the battle” is the consequence of this use of metaphors. These emotions add to the high pressure that health care workers are already under and it shows how this language is useless in terms of the moral decisions they are required to take. This improper use of metaphors may morally and psychologically injure health workers⁵. This stands in stark contrast with what is at the heart of health care professions, namely care and compassion. Health care workers rarely see themselves as heroes and this should be recalled daily. It seems to me that what is fundamental is that politicians and the media support them by putting forward the values of care, compassion and solidarity, instead of describing their work as that of “heroes fighting battles” (Nussbaum, 2018).

The COVID-19 pandemic affects every health worker. In response to this crisis, for example, surgeons are being forced to shift from patient-centred ethics to public health ethics (Angelos, 2020). This shift, which has occurred in multiple ways, inevitably causes moral distress. Many health care providers are forced to consider what their true ethical responsibilities are due to situations such as cancelling surgeries for people who need those operations, needing to choose which operations to proceed with and which can wait, having to choose whether to withhold chemotherapy for life-threatening cancer because it may suppress the immune system and increase the susceptibility to a COVID-19 infection, and facing the scarcity of PPE (personal protective equipment) and the risk of contracting the virus. From this perspective, it becomes clear that war narratives do not aid either the infected or those who are treating them. It is precisely in these very sensitive times that we need safety, care, compassion and solidarity as values and pathways to get through the pandemic.

If language is a mirror of *how* we think and act, the war jargon employed with reference to the current state of the pandemic in every form of communication shows many aspects of our society. Is war terminology helpful, emphasising the parallels between the COVID-19 pandemic and war? There are some obvious parallels: in one way or another, the pandemic impacts our lives and, just like in a war, we perceive a tangible risk of losing our lives, our loved ones, our livelihood, homes, financial security, or all of the above. Similar to a war, health care systems around the world are confronted with a demand that greatly exceeds their capacities. However, it is “curious” that the war narrative has spread more widely and faster

⁵Senior, J. (2020, March 29). The Psychological Trauma That Awaits Our Doctors and Nurses. *The New York Times*. Available from: https://www.nytimes.com/2020/03/29/opinion/coronavirus-ventilators-rationing-triage.html?fbclid=IwAR1g4ourp6H5ukvkcOjQZ_96yNw5B2HI2s2-KgZ0V0KhcCQOd7V3n9PlkhU ; https://www.bmj.com/content/368/bmj.m1211?fbclid=IwAR02KkTFyAQkpy8YhI9Hhr3VwpQDyQ_ALI-n6GtA_CUIEMndNkFAVx3Cro.

than any other narrative. From the many other possible choices, it is the war narrative that speaks to society at many levels. As result of this overwhelming and intoxicating narrative, there is a high tendency of not fulfilling responsibilities. Like in the war scenario, where ordinary people are not responsible for the war, no one seems to be responsible for the contagion, even if this is false since each of us is responsible for his/her behaviour in terms of personal and social choices. In fact, contrary to a war scenario, responsibility and freedom cannot be separated in the pandemic. The most evident outcome of this situation is that there are no winners or losers, no enemies or allies. This way of thinking and speaking is a mere result of an ideological propaganda spread in many countries across the globe. Rather, the pandemic unveils how solidarity and empathy are significant experiences that allow the appreciation of difference, contributing to the struggle against stigma and urging us to question the nature of our identities and values. In this way, solidarity and empathy are precious tools to investigate *who we are*. They allow for the emergence of a space in which more ethical relationships between humans can develop, and can involve non-humans and the environment in their mutual belonging.

As social animals, it is precisely in moments like these that our ability to be in dialogue with others becomes a priority. Emphasising this through the language we use may help to encourage responsible social behaviours that also support our mental health and limit the spread of the virus. Isolation and quarantine measures do not only affect our mental health (Brooks, Webster, Smith, et al., 2020) and the way in which we live in these times, but they also affect our relationship with death. Mortality and human vulnerability have become more present and tangible in our lives. Because of the social measures, many people infected with the coronavirus die alone, maybe not far away from their homes, but without the comfort of their family and loved ones. As visitors are often not allowed in hospitals, there is a real human tragedy unfolding before our eyes: death, one of the most intimate events in human life, is now deprived of its social aspect. In some countries, for months, funerals were not organised, mourning loved ones in the cemetery was not possible, and finding solace in the presence of others was not allowed. In these times of hardship facing our own vulnerability, we need the comfort of social interaction even though the contact needs to happen at a physical distance to prevent further infections. Physical distance is not synonym for social distance: we are required to redefine social closeness and interaction in being physically distant, a challenge which involves our own experience of the body, of our intercorporeality and our interaffectivity.

The quest for solidarity and the discovery of differences

My idea is that instead of war terminology that points at an “invisible enemy”, we need a narrative that reminds us all of our responsibility, both in personal and social behaviours, to limit the spread of the virus and to help those in need. To overcome the global pandemic and its devastating effects we need solidarity, a value opposite to war terminology. The quest for solidarity in this pandemic is urgent and we saw an incredible worldwide effort at solidarity. China sent protective gear to Europe, German hospitals took in French and Italian patients, Cuban doctors travelled to Europe to help their colleagues in Italy, as well as in Russia. This solidarity is the very root of social life. Social life entails solidarity and if we want to take it a step further, solidarity entails altruism. This quest for solidarity “in the age of COVID-19” unveils the double nature of empathy. Empathy provides us with a sense of ontological rootedness, not because it restores in us an illusory sense of lost fullness, but because it does precisely the opposite, it unsettles us ontically and it grounds us ontologically in truth, which is the basis of our ethical life (Clohesy, 2013, p.37). Conceived as a fissure into shared values and beliefs, empathy allows the understanding and appreciation of differences and, at the same time, the possibility for demolishing stigma in every situation and, also in the context of the coronavirus, paving the way for compassion and solidarity.

The fear of being infected is not only a concern perceived by health workers, but also by people in general. The development of a proper phobia can affect behaviours – both individual and social – close to the obsessive. It is in this hypertrophic region of fears and concerns, that stigma and discrimination can occur when people associate a disease, such as COVID-19, with a population or nationality, even though not everyone in that population or from that region is specifically at risk of contracting the disease. Stigma can also occur after a person has been released from quarantine even though they are not considered a risk for spreading the virus to others. Discrimination can also affect emergency responders or health care professionals⁶. Through stigma and discrimination an individual (or group of individuals) is disqualified from full social acceptance and the risk of a process of self-stigmatisation is implicated into this perverse dialectic. The relationship between diagnosis and stigma, which is a big issue for every diagnosis, is particularly evident in the context of the current pandemic. In fact, on one hand if diagnosis is the first tool used by clinicians to name the virus and to find an appropriate treatment, on the other hand it is also a label that accompanies a patient’s experience and, in

⁶Reducing Stigma. (2020). *Centers for Disease Control and Prevention – CDC24/7*. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html>.

many cases, it interferes with interpersonal relations, professional career, social exchanges and also affective life. The diagnosis of the coronavirus may lead to the consolidation of a stigma around the person who receives the examination, as for example happens in BAME populations who are at significantly higher risk of developing and dying from COVID-19⁷. This displays the social and economic differences among people, dismantling the rhetoric that claims that the virus is a great equaliser for social justice. The poor can be disproportionately affected by quarantine, in ways that may not be visible to people in relatively privileged conditions.

The movement from a private, subjective experience of illness to an objectified disease, which continues to be experienced as symptoms by the ill person, is a significant transition and, in case of the coronavirus, it has particularly important consequences on family members and the community. The illness “is no longer a private musing on the nature of an unexpected bodily change, but an item in a medical vocabulary and ontology, to which shared meanings and knowledge are attached” (Carel, 2018, p.69). One of the recent recommendations of the United Nations, in accordance with the World Health Organization’s policy⁸, is to recognise that although the COVID-19 crisis is, in the first instance, a physical health one, it has the seeds of a major global mental health crisis. The pandemic may affect mental health through its potential direct and indirect impacts on existential feelings: anguish, fear, and anxiety, which are emotions that are able to undermine ordinary life. The measures to limit the contagion, such as physical distancing and the damage to the global economy, cause emotional distress and an increase in mental health issues such as depression and anxiety (Pfefferbaum & North, 2020). Sometimes mental distress manifests as physical or behavioural symptoms, such as sleep disturbances, loss or gain of appetite, and irritability. In people with pre-existing mental health issues, the pandemic has intensified these: anxiety disorders become more vivid as there is now a concrete, existential threat. Hopelessness about the situation, and especially its uncertain outcome, exacerbates depression.

In the current pandemic, we experience not only fear – fear of being infected, of being hospitalised, of being intubated, of being in intensive care, of dying – but also anguish and anxiety, both as individual manifestations and collective ones. An infection with the coronavirus is not only a terrible personal experience but it is also a collective trauma, which

⁷ Pan, D., Sze, S., Minhas, J. S., Bangash, M. N., Pareek, N., Divall, P. et al. The impact of ethnicity on clinical outcomes in COVID-19: A systematic review, in *The Lancet*, June 03, 2020. Available at [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(20\)30148-6/fulltext#%20](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30148-6/fulltext#%20).

⁸ UN Policy Brief: COVID-19 and the Need for Action on Mental Health (2020, May). Available at: https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf.

involves society at many levels. The transition from personal experience to personal trauma in the COVID-19 pandemic is very important, both for its social and healing implications (Brencio & Novak, 2019). When a trauma enters into someone's life, everything changes – both in a personal and a collective dimension. The current pandemic shares important features with other collective traumas beyond the individual person's control, ranging from existential feelings such as anxiety about death and psychosomatic responses to more severe psychiatric presentations such as delirium and complex-PTSD. The process that begins with a collective trauma transforms challenging experiences into a collective memory, and culminates in a shared system of meaning, conveyed through language, that allows groups to redefine who they are and what they experienced along this journey (Hirschberger, 2018). Through language and narrative, a collective memory persists beyond the lives of the direct survivors of the virus.

Metaphors Matter

The use of metaphors for describing diseases is common in the large reception of clinical terms, but throughout the XIX century disease metaphors become more virulent, preposterous, demagogic (Hauser & Schwarz, 2019). In her book entitled *Illness as a Metaphor*, Susan Sontag wrote: "Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place" (Sontag, 1978, p.3). Modern disease metaphors specify an ideal of society's well-being, analogised to physical health, that is as anti-political as it is a call for a new political order. The language of treatment evolves from military metaphors of aggressive warfare to metaphors featuring the body's "natural defences".

Metaphors are not just poetic ornaments or a rhetorical flourish. They are so deeply embedded in our language that they often go unnoticed. We use metaphors and, at the same time, we are shaped by them. According to Lakoff and Johnson, the way we think about concepts is fundamentally metaphorical. They play an essential role in the process of understanding atmospheres, which surround the pre-reflexive nature of the experience. Metaphors do not pin down atmospheres, rather they enhance atmospheres, amplifying them and linking other metaphors. In the attempt to get closer to the truth of the experience they enable a self-sustaining process of understanding and experiencing one kind of thing in terms of another, which has been considered by Lakoff and Johnson as the basis of our everyday conceptual system (Lakoff & Johnson, 2008). In other words, we don't simply talk with

metaphors, *we think in them*: metaphoric thinking generates and regenerates meaning in an impermanent task of describing and re-describing that is truthful to the unfinished nature of atmospheres, bringing us closer to the original phenomena (Stanghellini, 2017, p.185).

It was Cassirer who suggested that human nature can only be approached by a ‘long way’ over ‘lived’ symbols, metaphors, and linguistic interpretations of being-in-the-world. Metaphors guide our search of meaning in life in a way which can be more or less evident. Man lives not only in a physical world but also in a symbolic universe, in which language, myth, art, and religion are parts and constitute the symbolic entangled web of human experience (Cassirer, 1962). The search for meaning in life is revealed through the expressible use of metaphors (Frankl, 1984; Merleau-Ponty, 1968). *We do not use metaphors* and narratives, rather *we embody them*. Bodily metaphors arise out of the embodied nature of our emotions. The relation between emotions and language through metaphors is characterised by a hermeneutical dialectic. On one hand, emotions are shaped by language conventions which contribute to our conscious understanding and conceptualisation of emotions themselves. On the other hand, emotions, are parts of our intersubjectively shared bodily physiology, providing the basis for mutual understanding among humans by shaping our language with emotion-based metaphors which change from culture to culture (Stanghellini & Rosfort, 2013, pp.161-162). Metaphors can also evoke physical sensations in our mind, as recent findings show (Lacey, Stilla, Sathian, 2012). Our brains think using metaphor, and when art gives us new metaphors, it could also be giving us new ways to think, as well as to build memory (Koch, Fuchs, Summa, 2012).

Language has changed in the current pandemic, which has altered the lives of billions of people and it has led to the production of a new vocabulary, encompassing specialist terms from the fields of epidemiology and medicine; new acronyms and words to express the societal imperatives of imposed isolation and distancing⁹. The metaphors we choose can thus dramatically impact people’s perceptions in ways that have cognitive, behavioural and physical consequences and may reinforce cultural stereotypes. It is through metaphors that we reveal ourselves, both as individuals and as a society, and it is precisely through the choice of metaphors that we depict the world as we see it, unveiling our values and ethics. In *The Robber*

⁹Social change and linguistic change: the language of Covid-19, in Oxford English Dictionary – blog <https://public.oed.com/blog/the-language-of-covid-19/>; Corpus analysis of the language of Covid-19, Oxford English Dictionary – blog <https://public.oed.com/blog/corpus-analysis-of-the-language-of-covid-19/>; Flood, Alison. Oxford dictionary revised to record linguistic impact of Covid-19. *The Guardian*. Available at: <https://www.theguardian.com/books/2020/apr/15/oxford-dictionary-revised-to-record-linguistic-impact-of-covid-19>.

Bride Margaret Atwood wrote that war is what happens when language fails; but it fails twice if we are not able to dismantle a war jargon in sensitive times.

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Opinião dos Especialistas – O mundo e a Covid-19

A pandemia da Covid-19 fez com que cada indivíduo, agora convivendo com as restrições impostas para conter uma catástrofe mundial de saúde, tivesse que refletir sobre valores e ações que configuravam nosso dia a dia.

Nesse contexto, sentimos a necessidade de propor, em nosso espaço de compartilhamento de informações e conhecimento, uma discussão sobre a pandemia e suas implicações. A *Revista Psicopatologia Fenomenológica Contemporânea* (rPFC), dessa forma, apresenta uma seção especial intitulada "Opinião dos Especialistas", em que pretendemos convidar importantes autores do campo da Psicopatologia Fenomenológica para apresentar sua experiência em primeira pessoa e proporcionar novos olhares sobre o momento atual em seu contexto individual e coletivo e assim, quem sabe, iluminar caminhos para o futuro.

Começamos a discussão, na edição de maio de 2020 com as ricas contribuições do Prof. Dr. Jean Naudin, (França) – publicado novamente nesta edição com a versão em inglês. Também nesta edição de novembro, a seção recebe os ensaios da Profa. Dra. Francesca Brencio (Itália) e Profa. Dra. Virginia Moreira (Brasil). Relembramos que a reflexão desses autores foi instigada a partir de dois questionamentos propostos pelos editores da rPFC:

- A partir de sua formação pessoal, conhecimento teórico e experiência cultural, como descreveria os fenômenos do medo e da expectativa vivenciados pelos indivíduos durante a pandemia e a quarentena?
- Qual sua análise sobre as relações dialéticas entre restrição versus liberdade e risco versus saúde presentes na atual situação da pandemia?

Experts' Opinion – The World and COVID-19

The COVID-19 pandemic has compelled each and every one of us—now living under restrictions imposed to keep a global health catastrophe in check—to reflect on the values and actions that used to shape our daily lives.

Against this backdrop has emerged our need to propose, in our space for information and knowledge sharing, a discussion about the pandemic and its implications. To this end, *Revista Psicopatologia Fenomenológica Contemporânea* (rPFC) has dedicated a special section entitled “Experts’ Opinion,” to which prominent authors from the field of Phenomenological Psychopathology will be invited to present first-person accounts of their experiences and provide new perspectives on the current moment, both in its individual and collective arcs, and thus, hopefully, illuminate new paths for the future.

We started the discussion, in the May 2020 edition, with the valuable contributions of Prof. Dr. Jean Naudin (France) — published again in this issue in an English version. Also, in this November edition, the section receives essays written by Profa. Dra. Francesca Brencio (Italy) and Profa. Dra. Virginia Moreira (Brazil). We recall that these author’s reflections were instigated by two questions put by the editors of the rPFC—namely:

- Drawing on your professional training, theoretical knowledge, and cultural experience, how would you describe the phenomena of fear and expectation experienced by individuals during the pandemic and quarantine?
- What is your view of the dialectic relationships between restriction and freedom, as well as between risk and health, operating in the current pandemic juncture?

Sketch of clinical phenomenology of the lived experience in the COVID-19 pandemic in Northeastern Brazil

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Abstract

The clinical practice in clinical phenomenology, be it psychiatric or psychological, is based on the philosophical inspiration adopted by the clinician. In my case, I see the world ambiguously and Merleau-Ponty is my philosopher of inspiration. Through these lenses, I see the phenomenon I study as a researcher or the way I relate to my patient as a psychotherapist. I also look through these lenses to write this essay about my lived experience in the pandemic of COVID-19 in 2020. COVID-19 reminds us that we are human and vulnerable. Assuming this vulnerability in its full existential meaning can be empowering, considering vulnerability in its intrinsic sense as a place in life with its ethical and political meanings. In the case of the lived experience of the COVID-19 pandemic in northeastern Brazil, contact with vulnerability, in many situations, is confused with precariousness, which has a more social nature. I also mention that the quarantine imposed by the COVID-19 pandemic required us to communicate with our families and work at home exclusively through video and audio on our computers. Under these circumstances, it is worth reflecting on the changes that we are experiencing in our own functioning, in our lived space and lived body. On the other hand, the lack of fluidity in our existential movement in the lived time is concerning as it affects the structural core of the human being and existential continuity. In this context, I finally present some preliminary thoughts about on-online psychotherapy through phenomenological lens.

The clinical practice in clinical phenomenology, be it psychiatric or psychological, is based on the philosophical inspiration adopted by the clinician. In my case, I see the world ambiguously and Merleau-Ponty is my philosopher of inspiration. Through these lenses, I see the phenomenon I study as a researcher or the way I relate to my patient as a psychotherapist. I also look through these lenses to draw this sketch, imagining a somewhat blurred painting at the end even when the text has been completed, as if I were adding brushstrokes rather than sentences.

Although the virus arrived “without warning”, we all know about the endless ecological destruction of our planet, the continuous deforestation of the Amazon right here in our country, and the overpopulated cities without any urban planning. Even so, it seems that we did not expect that something of this magnitude could ever happen. I cannot help recalling an article I published in 2005 defending a phenomenological understanding of psychopathology as being mutually constituted with ecology. In that article, I discussed the importance of psychopathology recognizing its intrinsic connection with ecology as a possible way to overcome the epidemic of mental pathologies that have afflicted the world.

Today, fifteen years later, we do not only have an epidemic, but a COVID-19 pandemic, which is certainly not just a pandemic of a physical disease, as it accompanied by another pandemic, a mental disorder pandemic, whose proportions we still do not know precisely, but we have been following it in our patients.

Vulnerability and Precariousness

COVID-19 arrived and dislodged us. It has put us in touch with our finitude, with our ontological and existential vulnerability. This vulnerability has always existed, of course, but technological developments have led us to ignore it. We have largely managed to neglect it, as if a technique could handle everything, handle life, as if we, human beings, could do everything. COVID-19 reminds us that we are human and vulnerable. Assuming this vulnerability in its full existential meaning can be empowering, considering vulnerability in its intrinsic sense as a place in life with its ethical and political meanings.

In the case of the lived experience of the COVID-19 pandemic in northeastern Brazil, contact with vulnerability, in many situations, is confused with precariousness, which has a more social nature. In other words, when people need, for example, to be isolated, how can they

be isolated if whole families live in the same room? How can one clean their hands and maintain basic care when there is no running or drinking water? In these precarious situations, the experience of vulnerability and precariousness in the COVID-19 pandemic are mutually integrated, leading to a more tragic specificity in the poorest regions of Brazil.

Another aspect on vulnerability and precariousness worth mentioning in the specific case of Brazil is related to the political scenario during the first half of 2020 during the pandemic apex period in Brazil. The president of the republic constantly contradicts the World Health Organization's recommendations, replaces health ministers and disseminates contradictory information. The scenario of complete political instability has certainly further added to the uncertainties that COVID-19 has already caused. Here, I am not referring to material precariousness, but to psychological precariousness, in which the Brazilian citizen at the time of the pandemic was unable and still cannot count on political tranquility to deal with the COVID-19 pandemic. Then, the citizens experience existential vulnerability that is intensified by the virus and become even more shaken because of their psychological precariousness in the current Brazilian political scenario.

The virtual world and the 'crisis' of phenomenological categories

The quarantine imposed by the COVID-19 pandemic required us to communicate with our families and work at home exclusively through video and audio on our computers. Some people started to communicate virtually 100% of the time. Under these circumstances, it is worth reflecting on the changes that we are experiencing in our own functioning. For example, I find myself saying to my clinical supervision students at the University of Fortaleza—UNIFOR: “we, here at UNIFOR”... At the same time, I look out of the window and realize that I am sitting at home, working online, in Porto das Dunas, near Fortaleza, and I have the feeling that my lived space is “playing tricks on me” because I am, in fact, with my UNIFOR students on Google Meet, as if we were in a classroom. Although I can see their faces, each student is in a different space at their homes. In this situation, our lived space undergoes innovations whose proportions, perhaps, we still cannot notice.

Or when—which was a positive aspect of this quarantine for me—I was invited to participate again in the *Friday Morning Seminars* of Harvard Medical School, which started to be held via Zoom as of March 2020. I was overjoyed to see Byron Good and the Harvard team

again and to have access to several other events and ongoing research on the COVID-19 pandemic. But the strange feeling was "going to Harvard on Fridays" without leaving home. Interacting with this group of researchers was a boost during this quarantine. In the midst of social isolation, in Fortaleza, I found myself following the interventions in the COVID-19 pandemic that Harvard colleagues carried out in China, Indonesia, Italy, Turkey, the United States and other countries in the world via Zoom.

My experience of the lived space was, in fact, there at Harvard on Fridays. And I was there. This is so true that during this period I was revived by the resumption of contact and learning, and my work capacity became greater and I accelerated my projects, even though I remained in quarantine working alone online in Fortaleza. In May, when I presented the work with Lucas Bloc and Karla Carneiro on the "Virtual Clinical Listening Group in northeastern Brazil at Harvard, I was thrilled with the presentation and the responsibility of the event by having so many researchers from all over the world participating online: my face blushed as English 'came out' with a stronger accent and I broke out in a sweat. My body felt my emotion, because, as we well know, body, time and space are lived together and the separations we make from them are merely didactic. Thinking phenomenologically about the 'body I have' and the 'body I am': the "body I have" was not at Harvard, but it sweated and blushed; the "body I am" was transported to that room, among almost seventy researchers who, in fact, were, in turn, in different places around the world.

Another point that must be mentioned when we refer to the 'body I have' and the 'body I am' during this COVID-19 pandemic concerns a body that has not been touched by the other, an isolated body. Not infrequently, I have heard my patients complain of the lack of feeling an embrace. People from the northeast touch while speaking, talk while hugging, and sometimes they even think it is natural to touch someone else without their permission, as a form of contact. The non-physically touched lived body is a body affected by the lack. More recently, descriptions of the difficult resumption of interpersonal contact have not been uncommon: small family gatherings wearing masks and respecting distance, but suddenly they realize they have already 'slipped' and touched again because this is a cultural value that is difficult to put aside and it actually constitutes mental health in many cases.

At the intersection of these lived experiences of body and space, we face, perhaps, the most profound of them in this pandemic because it touches us deeply from the point of view of the existential project that sustains us as human beings, which is the lived time. Our lived time—

which is certainly not that of the clock, because, in times of pandemic, this has been evident as patients change session times, students lose track of the day of the week, etc.—is affected at its core because of the uncertainty we experience today. This is particularly true in view of the technologies that have given us alleged certainties and illusions of controlling life, and almost death. COVID-19 brings us face to face with uncertainty, which is perhaps one of the most difficult experiences we face nowadays: the fact that we do not know. We do not know if there will be a cure for the virus, we do not know what it will be like after the pandemic, we do not know.

The flow of existential movement of retention of presentation and pretension the lived time of the lived time loses fluidity in our daily lives because we feel an extremely unstable ground under our feet. If even our daily lives are not stable, what can be said of what is to come? This lack of fluidity in our existential movement in the lived time is concerning as it affects the structural core of the human being and existential continuity. In the current pandemic situation of COVID-19, I am not only referring to isolated cases of people who suffer in this process and lose fluidity in their daily lives, but of the population in general, that is, of humanity itself.

Another aspect that cannot be overlooked in this current lived time is that, after the COVID-19 pandemic, the present economic crisis is expected to continue. The existential project of people in their lived time is, therefore, a drawn-out project, which makes them fearful of challenges and have difficulty projecting themselves into the future. Alternative ways of experiencing time will certainly have to be sought, not least because what I call a ‘crisis’ of phenomenological categories is not necessarily something negative, although, certainly, it is an unusual situation, which has made me think; crisis is transformation, but as it is a new context, we still do not know for sure what is being recreated.

Preliminary thoughts on online psychotherapy through phenomenological lens

The demand for social isolation due to the COVID-19 pandemic has abruptly led us to a new model of care in psychotherapy: online care. We quickly reorganized ourselves for this new form of psychotherapeutic process, following the guidelines of the Brazilian Board of Professional Psychology. Suddenly, I started seeing patients online and, to my surprise, obtaining positive results, not only with the patients I already see in my office, but also with new patients who came to me during the COVID-19 pandemic.

I ask myself: what is different in virtual service compared to face-to-face?

First, I am with my patients, but I cannot physically touch them. Although I rarely touch my patients, it could be possible. In psychotherapy, I do not need to physically touch patients as I touch them subjectively, which I seem to be able to do through a computer screen.

During online care, I perceive my patients from what they tell me and from their facial expressions on my computer screen. This limitation, that is, the fact that I only see my patients' faces must be taken into account as I, as a psychotherapist, need to feel completely present with my patients as a whole, not just with their faces. In addition to their speech, I then pay attention to the tone and modulation of their voice, facial expressions, intensity of their gaze and everything that can help me understand the body expression of their face and the meaning of what is being said.

According to Merleau-Ponty, Cézanne's paintings are more real than photography because reality is imprecise, it has multiple contours, it is always in movement and there is no separation between what is real and what is imaginary. In a virtual relationship there is also no separation between reality and the imaginary realm, but one constitutes the other. When I talk to my patients, the conversation takes place with them—the real person—and with their representation—imaginary realm—on my computer screen. It is why the experience in this virtual relationship, although limited to the face on the screen, has a psychotherapeutic potential and has worked well with many patients.

But we cannot help thinking that this form of consultation deserves a lot of care so that we can, in fact, know what is going on in the online psychotherapeutic process. For example: when I see patients in their room, do they 'feel' that I am in the room? Or does their room become my office? Or both? Or is it something different? How is space experienced in online psychotherapy sessions? And the body? What about time?

Undoubtedly, future research on online psychotherapy will be required.

Porto das Dunas, July 2020.

Opinião dos Especialistas – O mundo e a Covid-19

A pandemia da Covid-19 fez com que cada indivíduo, agora convivendo com as restrições impostas para conter uma catástrofe mundial de saúde, tivesse que refletir sobre valores e ações que configuravam nosso dia a dia.

Nesse contexto, sentimos a necessidade de propor, em nosso espaço de compartilhamento de informações e conhecimento, uma discussão sobre a pandemia e suas implicações. A *Revista Psicopatologia Fenomenológica Contemporânea* (rPFC), dessa forma, apresenta uma seção especial intitulada "Opinião dos Especialistas", em que pretendemos convidar importantes autores do campo da Psicopatologia Fenomenológica para apresentar sua experiência em primeira pessoa e proporcionar novos olhares sobre o momento atual em seu contexto individual e coletivo e assim, quem sabe, iluminar caminhos para o futuro.

Começamos a discussão, na edição de maio de 2020 com as ricas contribuições do Prof. Dr. Jean Naudin, (França) – publicado novamente nesta edição com a versão em inglês. Também nesta edição de novembro, a seção recebe os ensaios da Profa. Dra. Francesca Brencio (Itália) e Profa. Dra. Virginia Moreira (Brasil). Relembramos que a reflexão desses autores foi instigada a partir de dois questionamentos propostos pelos editores da rPFC:

- A partir de sua formação pessoal, conhecimento teórico e experiência cultural, como descreveria os fenômenos do medo e da expectativa vivenciados pelos indivíduos durante a pandemia e a quarentena?
- Qual sua análise sobre as relações dialéticas entre restrição versus liberdade e risco versus saúde presentes na atual situação da pandemia?

Experts' Opinion – The World and COVID-19

The COVID-19 pandemic has compelled each and every one of us—now living under restrictions imposed to keep a global health catastrophe in check—to reflect on the values and actions that used to shape our daily lives.

Against this backdrop has emerged our need to propose, in our space for information and knowledge sharing, a discussion about the pandemic and its implications. To this end, *Revista Psicopatologia Fenomenológica Contemporânea* (rPFC) has dedicated a special section entitled “Experts’ Opinion,” to which prominent authors from the field of Phenomenological Psychopathology will be invited to present first-person accounts of their experiences and provide new perspectives on the current moment, both in its individual and collective arcs, and thus, hopefully, illuminate new paths for the future.

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Experts' Opinion – Jean Naudin¹

Opinião dos Especialistas – Jean Naudin

Revisão técnica de Flávio Guimarães-Fernandes²

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La pandémie nous impose une véritable suspension du temps et du monde qui nous plonge activement dans une attitude de doute radical que les philosophes grecs appelaient *epoché*. Ce que nous faisons naturellement jusqu'à l'annonce du confinement: nous déplacer librement, se réunir, se toucher, s'embrasser, boire et manger ensemble, nous ne pouvons plus le faire, nous devons même nous l'interdire. Cette méthode, imposée par le virus autant que par nos gouvernants qui cherchent à la contrôler n'est pas très éloignée de ce que Husserl appelait aussi « réduction » et qui fait voir clairement comment nous vivons notre relation au monde.

La France en plein confinement ressemble à un désert aux mains d'un ennemi invisible. Le virus est partout et les rares personnes que l'on croise se méfient les unes des autres comme si chacun pouvait à l'autre porter la mort avec la vie. Marseille, où j'habite, est devenue une ville fantôme. Cette situation est plus qu'inconfortable, elle modifie la qualité et la nature même de l'expérience du temps. Il s'allonge ou se raccourcit démesurément durant la journée. Comme beaucoup de gens je dors peu. J'ai, contrairement à tant d'autres autour de moi, la chance de travailler et de pouvoir me déplacer vers mon lieu de travail. Je le fais encore plus, ce à quoi m'oblige ma fonction de soignant. Ma présence au travail s'est intensifiée dans cette période de crise, pour des motifs qui ne sont pas tous glorieux : j'ai la chance un peu coupable de rencontrer de nombreuses autres personnes alors que cela est interdit à presque tous. Mais mon travail est étrangement modifié par la situation de devoir soigner à distance, souvent par téléphone, sans pouvoir se voir ni se toucher, le sourire caché par un masque. Mes collègues et moi avons beau nous trouver dans des bureaux voisins, nous nous réunissons sur *ZOOM* ou sur *WhatsApp*.

Le monde est devenu absurdemement maniéré, nous vivons enfermés dans des boîtes et des cadres. Les rapports de distance et de proximité qui font l'équilibre naturel des relations intersubjectives est profondément bouleversé et je commence à comprendre en vivant intimement ce dérangement combien la constitution du temps présent, ce que l'on peut appeler un peu pompeusement sa fonction transcendantale, est entrelacée à celle de l'autrui. Quand on ne peut ni voir le visage en se parlant, ni toucher et être touché par l'autre, le monde court le risque de se désincarner, la chair même du monde de se dénaturer, le temps de s'évider sans mesure. Au creux de ce temps évidé se tapit ce que Schutz appelait l'anxiété primordiale. Cette anxiété est celle de la mort. C'est un effroi (ce mot seul est à la hauteur de cette anxiété), qui n'apparaît pas en temps ordinaire. J'ai croisé des soignants en réanimation confrontés à la mort de leurs patients, en maison de retraite à des personnes qui meurent, seules et en masse, isolées

sans que leurs proches puissent les visiter, dans une totale solitude. J'ai dû hospitaliser un médecin qui n'avait pas supporté l'angoisse d'un autre médecin lorsqu'il avait tant de mal à respirer. Beaucoup d'entre eux ont alors manifesté ce que la psychiatrie classique appelle, dans sa violence catégorielle, un trouble de l'humeur, un état maniaque, un état mixte, et qui n'est autre qu'une forme profonde de détresse, liée au temps vécu en tant que tel et qui prend le pas sur l'expérience naturelle, une forme tyrannique de l'expérience vécue.

Avant la pandémie et le confinement, il y a quelques jours à peine, nous vivions dans un monde où, sous le couvert de nos activités et préoccupations quotidiennes, le doute semblait exclu et cette exclusion du doute autorisait du même coup la liberté, certes toujours moralement relative, de l'action. La plupart des choses dans ce monde, nous qui croyions être des gens normaux, semblaient aller de soi. Certes il y a parfois des choses qui nous choquent, contre lesquelles nous combattons, des choses qui nous effraient, que nous évitons autant que possible, et bien souvent, par-dessus tout, des choses que nous aimons, comme la fête, la nature, le sport, les bons repas, la famille, les amis, le cinéma. Tout ce qui allait de soi dans le présent du maintenant n'est pas fini: nous savons que ce n'est pas pour toujours. Mais ce qui est maintenant est suspendu, remis à plus tard sans connaître la date. Maintenant n'est plus qu'une question, quand nous nous élançons vers l'autre la main ou la joue tendue et qu'il se retire brutalement en nous offrant un «geste barrière», autrement dit juste une barrière que l'on a espéré pouvoir sauter, sans succès, déception permanente et première du geste qui se révèle un obstacle, à la main tendue, au maintenant. Tous les mouvements positifs, les émotions, les gestes, les emojis, les vidéo-conférences, les efforts que chacun fait pour entrer en contact avec l'autre et lui tendre la main, d'une fenêtre à l'autre, sans sortir de chez soi, et en frappant des mains (en France à vingt heures chaque soir des gens au balcon frappent des mains pour remercier les soignants), sont des compensations bienfaites, des ponts jetés par-dessus l'effroi que nous impose le fait de se savoir mortels, et de sentir le froid de notre condition quand c'est le temps lui-même qui s'arrête. Toutes ces compensations bienfaites sont tendues vers l'autre comme une forme d'amour dont nous venons à nous demander, une fois qu'il nous manque, si nous avons vraiment su le donner et le recevoir. Nous souhaitons plus que jamais que l'autre soit lui-même, qu'il le soit enfin ou qu'il le soit encore. Nous souhaitons que l'autre, comme nous-même espérons pouvoir le faire, abandonne son masque et son costume, son *vêtement d'idées*, pour reprendre un mot que Husserl employait dans la *Crisis* pour dénoncer l'erreur fondamentale du positivisme: avoir manqué le sujet, le soi-même, l'ipsité.

J'ai souvent depuis deux mois passé ce temps de l'*epoché sanitaire* à écrire à son sujet, une autre forme de travail.

Etonnamment, Marseille, la ville où je travaille, est la ville d'où est partie dans le monde entier une nouvelle controverse scientifique, celle de la chloroquine (en fait : hydroxychloroquine), un lointain dérivé du quinquina, cet arbre dont nous (si tant est que nous avons encore malencontreusement quelques points communs avec les jésuites et le marquis de Chinchon), occidentaux et conquérants, avons volé le secret aux indiens de la Cordillère. La chloroquine a fait un tabac. Les marseillais ont fait de longues queues devant l'IHU, pour y être testés et soignés. Et même notre président Macron a rendu visite au Professeur Raoult qui l'a, c'est un mot qu'il emploie parfois, inventée, tout au moins pour cette indication. Même le président Trump prend de la chloroquine. Sait il que le Professeur Raoult, que le président américain nomme régulièrement l'inventeur de la chloroquine, cite Husserl? Didier Raoult a cité la *Crisis*, ainsi que Feyerabend, dans une tribune du journal *Le Monde*, pour défendre son point de vue sur la méthode scientifique et le danger que représentent nos vêtements d'idées quand les scientifiques les plus bureaucrates font la loi au nom du positivisme ambiant.

Le positivisme est un des instruments utilisés par les bureaucraties totalitaires. Il se répand en France comme au Brésil, aux Etats-Unis comme partout dans le monde, comme une religion et son orthodoxie vaut celle de l'inquisition. Ce n'est pas des autres que nous devons nous méfier mais de lui, Auguste Comte, le bureaucrate en chef. La devise du Brésil lui est empruntée : elle cite dangereusement ensemble, comme liés à l'origine, l'ordre, l'amour et le progrès. La méthode - nous apprend la phénoménologie - lorsqu'elle se fait l'allié inconditionnel de l'ordre et du progrès trace aussitôt la voie du conformisme, l'avancement de ce que Kuhn appelait la science normale, et le service qu'elle rend sans critique aux pouvoirs politiques dans nos pays masqués.

Nous (notre petit groupe de psychopathologues et un immunologue travaillant à l'IHU avec le Pr. Raoult) avons écrit un article pour soutenir l'idée qu'il fallait, en cas d'urgence sanitaire pratiquer une méthode active, participative, pragmatique, proche de la recherche-action, ciblée sur la vie (*Life-First*) et non pas sur la norme (*Norm-First*), celle ses essais cliniques randomisés qui prennent un temps fou pour se mettre en place en jouent souvent pour recruter sur l'injustice épistémique. Nous sommes en France sous un régime appelé «état d'urgence». Les libertés et les droits élémentaires du citoyen (la liberté d'aller et venir

librement, celle de se réunir librement, celle de manifester) sont freinées, pour ne pas dire entravées. Ce n'est pas le virus qui en est responsable.

L'époché sanitaire révèle la dimension profondément politique de l'alliance, si vite proche de la confusion, de la science et du pouvoir. Les questions de la liberté et de l'autonomie sont posées en tant de pandémie sous un jour différent. Le virus appartient à la nature, il n'est pas un être vivant, il n'est même pas sûr qu'il ne faille pas questionner en pensant à lui notre vêtement darwinien. La théorie de l'Evolution est à nouveau confrontée à celles, religieuses, de la rétribution et de la grâce. La nature ne nous montre-t-elle pas que nous avons, nous les hommes, ce que nous méritons après l'avoir tant maltraitée. Une théorie qui se répand par delà les frontières fait de la pandémie la vengeance de la nature. Nous apprenons en temps de pandémie - pourvu que cela dure - à vivre en prenant des précautions. Le principe précaution est à l'ordre du jour. La norme du soi est pour nous tous à chercher dans son lien à la nature. Nous devons repenser la lutte du soi pour la vie comme une lutte pour la reconnaissance, qui croise nécessairement le chemin d'une lutte conjointe pour la santé et la nature.

Pr. Jean NAUDIN,

Psychiatre, docteur en philosophie,

Chef de Service à l'Assistance-Publique / Hôpitaux de Marseille

The pandemic has imposed upon us a veritable suspension of time—and of the world—that has definitely plunged us into an active state of radical doubt that Greek philosophers once termed *epoché*. Everything we used to do matter-of-factly until the confinement rules were announced—moving freely, meeting others, touching, kissing, drinking and eating together—we can no longer do, and even have had to forbid ourselves from doing. This approach, imposed by the virus itself as much as by our governments, who seek to control its spread, is not far removed from what Husserl called “reduction”, clearly disclosing how we experience our relationship with the world.

Under lockdown, France resembles a desert in thrall of an invisible enemy. The virus is everywhere and the few people we cross paths with are reciprocally wary, as if each might be carrying death along with life. Marseille, where I live, has become a ghost town. This situation is more than uncomfortable; it changes the quality and nature of our experience of time. Time is disproportionately lengthened or shortened as the day unfolds. Like many others, I sleep fewer hours. Unlike so many others around me, I am fortunate enough to be working and able to commute to my workplace. And I have been doing it even more now, as my job as a caregiver requires me to. My presence at the workplace has augmented in this period of crisis, for reasons not entirely glorious: I have experienced the somewhat guilt-ridden privilege of meeting many others at a time when this liberty has been denied for just about everyone else. But my work has been strangely altered by the situation of having to deliver care from a distance, often by telephone, while being unable to see or touch my interlocutors—their smiles hidden behind a mask. My colleagues and I may well be working in adjoining offices, but we interact via *ZOOM* or *WhatsApp*.

The world has become absurdly mannered; we live locked in boxes and within frames. The relationships of distance and proximity that make up the natural balance of intersubjective rapports have been severely disrupted and I am beginning to understand, by experiencing this disturbance at close hand, how much the constitution of the present time—what we may rather pompously term its transcendental function—is intertwined with that of others. When we can neither see faces while talking nor touch or be touched by others, the world is at risk of disembodiment, the very flesh of the world denaturing itself, time hollowing itself out beyond measure. In the recesses of this hollowed-out time lurks what Schutz termed primordial anxiety. This is the anxiety of death. It is a dread (this word alone aptly conveys this anxiety) unheard of in ordinary times. I have come across caregivers confronted, amid resuscitation maneuvers,

with the death of their patients; in nursing homes, with people who are dying, alone and en masse, isolated, without their loved ones managing to visit them, in complete solitude. I have had to hospitalize a physician who could not bear the anguish of another doctor struggling to breathe. Many of them have manifested what classical psychiatry calls, in its categorizing violence, a mood disorder, a manic state, a mixed state—none other than a profound form of distress, linked to time being lived as such, which takes precedence over natural experience: a tyrannical form of lived experience.

Before the pandemic and confinement—barely days ago—we lived in a world from which, under the cover of our daily activities and concerns, doubt seemed to have been stripped, and this absence of doubt afforded freedom, albeit still morally relative, of action. Most things in this world, for us who believed ourselves to be normal humans, looked self-evident. Certainly, we are at times faced with things that shock us, that we fight against, things that frighten us and which we avoid as much as possible; and very often, above all else, things we love, such as parties, nature, sports, good meals, family, friends, movies. All the things that we took for granted in the now are not lost—we know that this situation will not last forever. But the now has been put on hold, postponed indefinitely. This is no longer a question today, when extending a hand or approaching a cheek for a greeting is met with brusque withdrawal, in a “barrier gesture.”. Actually, just a barrier we expected to pass, unsuccessfully: initial and lasting disappointment at a gesture that turns out to be an obstacle—to an outstretched hand, to the now. All the positive movements, emotions, gestures, emojis, video-conferences, the efforts that each of us make to connect and reach out to others, from one window to another, without leaving home, and clapping our hands (at eight o’clock every evening people in France clap from their balconies as a gesture of thanks to caregivers), are beneficial compensations, bridges projecting over the dread that forces us to confront our own mortality, and the chill of our condition when time itself has stopped. All these beneficial compensations are extended to the other as a form of love, which, as we lack it, makes us ask ourselves whether we really knew how to give and receive it. We wish others, more than ever, to be themselves, themselves at last, or themselves still. We wish they could, as we wish we could, surrender their masks and attire, their *garb of ideas*, to borrow a term from Husserl, in his *Crisis*, to denounce the fundamental error of positivism: to have missed the subject, the self, the ipseity.

For the past two months I have often spent this time of *sanitary epoché* writing about it—another form of work.

Surprisingly, Marseille, the city where I work, is the center from which a new scientific controversy has spilled over to the world at large: the controversy about chloroquine (hydroxychloroquine, to be exact), a distant derivative of the cinchona, the tree about which (if, inadvertently, we still have any points in common with the Jesuits and the Count of Chinchón) we, Westerners and conquerors, stole the secret from the Indians of the Cordillera. Chloroquine was a big hit. Marseille residents stood in long lines in front of the University Hospital Institutes (IHU) seeking testing and treatment. And even our President Macron visited Professor Raoult, who claims to have—a word he himself sometimes deploys—*invented* it, at least for this end. Even President Trump takes chloroquine. Does he know that Professor Raoult, whom the American president regularly cites as the inventor of chloroquine, quotes Husserl? Didier Raoult has quoted *Crisis*, as well as Feyerabend, in an article in *Le Monde*, to defend his point of view on the scientific method and the danger that our garbs of ideas represent when the most bureaucratic of scientists lay down the law in the name of a prevailing positivism.

Positivism is one of the instruments of totalitarian bureaucracies. It is spreading in France as in Brazil, the United States, and all over the world, like a religion, and its orthodoxy is up there with that of the Inquisition. It is not others that we should be wary of, but him, Auguste Comte, the bureaucrat-in-chief. Brazil's national motto has been borrowed from him: it states, in dangerous juxtaposition—as if conjoined at birth—order, love, and progress. As phenomenology teaches us, no sooner is a method turned into the unconditional ally of order and progress than it begins to follow the path of conformism, the advancement of what Kuhn called normal science, and the service it uncritically renders to political powers in our mask-wearing countries.

Our small group of psychopathologists and an immunologist working at the IHU with Professor Raoult have written an article to support the notion that health calamities call for the implementation of an active, participatory, pragmatic approach, akin to action research, focused on life (Life-First) and not on norms (Norm-First)—the latter being the method of randomized clinical trials that take an eternity to set up, often relying on recruitment based on epistemic injustice. In France we are now under a regime termed “state of emergency.” Elementary rights and freedoms of citizens (the freedom to come and go, to assemble freely, to demonstrate) have been curbed, not to say shackled. The virus is not the one to blame.

The sanitary *epoché* reveals the profoundly political dimension of the alliance, so close to meddling as it is, between science and power. During a pandemic, questions of freedom and autonomy are cast in a different light. The virus belongs to nature, it is not a living being; in thinking about it, we are not even sure we do not have to call into question our Darwinian garb. The theory of evolution is once again confronted with the religious theories of retribution and grace. Does nature not show us that we humans have got what we deserve after treating it so badly? A theory that is gaining traction across borders portrays the pandemic as nature's revenge. In times of pandemic—when sufficiently prolonged—we learn to live with precautions. The precautionary principle is the order of the day. The norm of the self is for all of us to seek connection with nature. We must rethink the struggle of the self for life as a struggle for recognition, which necessarily collides with the joint struggle for health and nature.

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