

Pathos, violence and power: the ethical implications of Fundamental Psychopathology

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This III International Congress and IX Brazilian Congress of Fundamental Psychopathology gathers us today in Niterói around the theme: Pathos – Violence and Power. Guided by this important debate proposal, I thought appropriate in this conference to tackle a central problem directly linked to this thematic, though paradoxically little discussed among us: that of the ethical implications of Fundamental Psychopathology. I intend to show that the ethical issue has always been present ever since this field was created by Pierre Fédida. But, above all, I hope to demonstrate that the constitution of this new approach of psychopathology is organized around some truly ethical positionings relative to the theoretical, clinical and research practices whose object is human suffering and passions.

For this purpose, my rather risky approach will try to correlate, within the given time, three decisive dimensions of Fundamental Psychopathology: its historical inscription, the description of its main proposals and the questioning of its epistemological assumptions. This methodological option must therefore renounce beforehand to any pretension to exhaust the issue with which it deals and limit itself to critically clarify the decisive impact of the ethical dimension on the constitution of this field.

Indeed, speaking about Fundamental Psychopathology implies resorting to spatial, topological, and even geographical metaphors. For instance, we recur to such expressions as “field”, “crossroad”, “intersections”, “places”, “positions”, etc., that is, discursive figures that highlight the relative differences between the multiple places and positions that encounter, overlay, interpenetrate, contest and interpellate one another in the sphere of the rational approaches to human pathos. To begin with, I would like to propose, for this exercise, a new prototypical image, in the Freudian sense of *Vorbild*, that, although it is still in keeping within topology, imparts a dynamic dimension: under an epistemological perspective, psychopathology constitutes a field of conflicts, tensions and differences among paradigms, models, conceptions of man, *Weltanschauungen* and proposals to define the psychopathological. I thus suggest that, by supporting the intercultural exposition to different theoretical-methodological positions towards pathos, Fundamental Psychopathology constitutes, from a scientific and political point of view, a creative field of confrontations. The word “creative” here stresses the search for transformations within each discipline through its exposition to the models and proposals produced by the heterogeneous theoretical frameworks of different knowledge organized around sufferings and passions. Fundamental Psychopathology is therefore a posture of confidence in the critical, inspirational and transformational capacity of the very theoretical models when exposed to the differences found in other (“corporeal-discursive”, as proposed by Manoel Tosta Berlinck¹) positions relative to an object loosely and generically defined as “the psychopathological”. Yet, whereas Berlinck’s notion of “position” stresses the differential and political characteristic of the field supported by Fundamental Psychopathology, my situating it as a “confrontation field” highlights its conflicting and truly dialectical feature.

In this regard, we may assert that, both ethically and epistemologically, Fundamental Psychopathology constitutes a basic, founding position to make the differences of theoretical-practical perspectives on the pathos operate critically and creatively.

1. In his paper “O que é psicopatologia fundamental” (What is Fundamental Psychopathology), published in the first issue of the *Revista Latinoamericana de Psicopatologia Fundamental*, in March 1998, Manoel Tosta Berlinck proposed that: “... since (...) pathos is always somatic, psyche, according to the Socratic tradition, is strictly corporeal. A peculiarity of Fundamental Psychopathology is then to acknowledge the existence of multiple corporeal-discursive positions and to recognize that whoever occupies other positions acknowledges the specificity of his position” (p. 46).

That is, this image of a “creative field of confrontations” offers the advantage of emphasizing the dialectical vocation of Fundamental Psychopathology, since it defends both the irreducibility of the theses involved and the transforming potential of the uncommon confrontations/encounters among radically heterogeneous positions that it promotes and guarantees.²

Such as it was conceived of by Pierre Fédida, more than a new theoretical discipline, Fundamental Psychopathology constitutes a supporting field for this debate among different theoretical languages that intend to speak of human Pathos – within the Logos, but from different theoretical stances. An ethics of the difference lies at the basis of this proposal: it does not seek to establish interdisciplinary bridges; it does not search to create a shared operational language; it does not claim any ideal of unifying the different sciences that study human suffering. It is crucial for Fundamental Psychopathology that contacts with the “strangeness” of other positions provoke transformations within the disciplines, either in the way they usually delimit their psychopathological object or in the manner they conceive their fundamental metaphors and theoretical models or choose their crucial problems.

Within this perspective, which considers theoretical and methodological differences according to their potential to transform the common ways of thinking, imagining and operating on the phenomena linked to human pathos, Fundamental Psychopathology finds itself on an ethical and epistemological posture deliberately open to differences and their irreducibility. Correlatively, from the political standpoint, it strives to situate the theoretical debates among different disciplines dealing with pathos above mere struggles to gain hegemony over the rhetoric on the passions and the power that goes with it.

This ethical posture has wide and deep consequences. Its implications can be more clearly observed when we refer to some central issues of contemporary psychopathology and the clinical practices it allows. If we consider, for instance, the modish theme of studying the values embedded in the nosographic categories proposed by the modern diagnostic classifications of mental troubles (cf. Fullford, et al., 2003, and Sadler, 2004), we will immediately feel the urgency of strengthening a field where this valorative dimension may be clarified and critically examined in its scientific and clinical consequences. John Sadler (2005) addressed

2. It is exactly in this sense that Pierre Fédida tackled the epistemological issue of model transformability conditions. Cf. Fédida, P. *Théorie des lieux dans la psychanalyse: sur la transformabilité métapsychologique des modèles*, in Fédida, P.; Widlöcher, D. (Org.), *Actualité des modèles freudiens: langage – image – pensée*, p. 123-151.

this issue in a good-humored, albeit radical way, stating that the ideal of life a psychiatric intervention should reestablish – that is, the order that the treatment should substitute for mental disorders – might be psychiatrists’ best-kept secret: “Psychiatrists work toward helping people with all manner of maladies, from problems-in-living to chronic, debilitating diseases; but what the profession, and its practitioners, believe about the best way to live is their best-kept secret” (p. 5). In other words, the assumption about what would ultimately constitute a good life (*eudaimonia*) is a valorative element that, although it is decisive in any clinical practice since it determines the objectives to be met by the therapeutic action, remains almost always implicit. Unifying the language referring to mental disorders thus corresponds, from a political point of view, to a forced adherence to an implicit definition of order and disorder, henceforth hegemonic in the mental field, which should be shared by the different theoretical-clinical positions within psychopathology.

In a 2007 conference in Porto Alegre entitled: “Does contemporary psychiatry need a philosophical anthropology?”, which opened the XXV Brazilian Congress of Psychiatry, eminent professor German Berrios, from the University of Cambridge, who will also deliver a lecture at this Congress, also manifested himself on this issue in the following terms: “In the therapeutic relationship, patients have the right to know to what concept of man their psychiatrist resort.” Obviously, this ethical incitement does not limit to psychiatric practices and also applies to any theoretical-clinical proposal intended to care for others’ sufferings. Deep down, this assertion echoes the bright statement of fact by Ludwig Binswanger: “Any psychopathology begins with a question: what is a man?”

Now, let us see how these issues became central when Pierre Férida defined his proposal of a Fundamental Psychopathology.

As it has often been stressed, the *pathei mathos* in Aeschylus’ “Agamemnon”, that is, the apprenticeship that may result from suffering, gained importance for Férida (1992) when he strived to demonstrate the existence of a tragic tradition in the conception of human pathos. This led him to propose that “the psychological is the knowledge formed in the intimate experience of passion” (p. 19). Thus, he highlighted the possibility that subjects may increase their wisdom on their existence and emotional life by learning from their own suffering, so that the pathos may be constituted as a vital experience, susceptible of subjective appropriation and personal historicization. This implies that men submitted to passionate life experiences must have an instance of otherness able to support strangeness/discovery when faced with the autochthonous narrative of their own suffering. This was the meaning Pierre Férida gave to the original Greek conception of the word *anamnese*, such as defined in the *Corpus*

hyppocratycus: “It is, thus, only a matter, for each of us, of remembering, listening to the doctor, what happened to us.”

Even though Fédida’s reference to Aeschylus’ *pathei mathos* is recurrent in *Fundamental Psychopathology*, it is worth reminding that it has been present ever since the beginning of his work and was explicitly referred to the thought of Henri Maldiney, his thesis director. As an example, the concluding chapter of his 1977 book *Le corps du vide et espace de séance*, precisely called “Project for a somatic psychopathology”, already contained the following reflection: “We have to state this clearly: the project of a psychopathology, be it phenomenological or psychoanalytical, radically escapes from any medical or medicalized ideology of a ‘mental pathology’ and even of a ‘psychic pathology’. The internal revolution brought by this conception of psychopathology modifies the balance and exchange relationships with clinical biology. But, above all, it concerns this primordial issue: what can *pathos* mean when *psychè* constitutes the prefix of its meaning?” (Fédida, 1977, p. 357). Here, Fédida adds a footnote extracted from a paper by Maldiney, in which he first refers to Aeschylus’ *pathei mathos*: “But if, according to Aeschylus’ expression, *pathei mathos*, men are beings who can learn from suffering, they have to be able to receive this teaching, and, where it is experimented, make it exist. Even passive, Maldiney continues, they cannot be present unless they keep, even in their passivity, ahead of themselves. There is no significant ordeal but for liberty”.

Therefore, in Fédida’s perspective, psychopathology is defined as the discipline that – beyond a restrictive reference to the merely descriptive or “nosological” features of a psychic affection –, deals with human sufferings as such, as rooted in existence, language and daily life, as intimately linked to the passions and as potential carriers of more radical knowledge on subjectivity itself.

It is exactly in this perspective that, in his “psychopathological project”, published fifteen years later to theoretically found clinical psychopathology, Fédida (1992) insisted on the need to overcome a normalizing attitude postulated by the notion of “crisis”: “... Psychopathologists (be they psychiatrists, psychologists or psychotherapists) always tend to evade more or less the psychopathological significativity of the symptom as a critical accident in human existence” (p. 30). Since it excessively adheres to a theoretical-ethical position that condensates symptom, suffering and disease, the therapeutic attitude derived from such a notion may come down to taking technical measures intended to have the crisis decline.

Conversely, Fédida (1992) proposes that we conceive of the very psychic process as a crisis. Based on the definition of “crisis” by Vitor Von Weizsäcker, he asserts that the core of this notion resides in “the anguish of disappearing or of being annihilated, images and words that are destroying themselves” (p. 30).

Thus, “the project of constituting a psychopathology that is a more fundamental than general (...) has less to do with describing and understanding the morbid entities by comparing them to normal functions and more to do with trying to think the continuity of the psychic processes and, in these conditions, critical dysfunctions appear in normal subjects” (p. 34). The “critical” thus surges “as an event – a process that carries the intelligibility of the psychopathological”. The “critical” element is therefore decisive in Fédida’s proposal of a Fundamental Psychopathology.

In April 1992, the Presses Universitaires de France published Fédida’s “Crisis et countertransference”. This book is decisive in the history of Fundamental Psychopathology because it gathers some of the most important texts to critically and methodologically delimit the new psychopathological perspective he proposed.³

The political-institutional context of this publication was at the same time tense and vibrant. Two years before, Fédida had left the Centre de Recherches en Psychanalyse et Psychopathologie of the University of Paris 7, then directed by Jean Laplanche, to create the Laboratoire de Psychopathologie Fondamentale. In a 1990 writing, in which he officially presents his new research and doctor training group to university authorities, he explains: “The laboratory’s name matches its vocation to welcome, stimulate and conduct experimental and clinical research in order to restructure the field of psychopathology and redefine the paradigms, models and conceptual objects required by the study of both psychic and psychobiological processes and their dysfunctions. (...) In these conditions, in psychopathology, the ideal of ‘fundamentality’ demands research on themes located at the crossroad of multiple, distinct scientific approaches: the processes of life transmission, the immunity phenomena from the standpoint of a psychopathology of self identity, the transversality of eating disorders, addictive troubles, anguish and depression, crisis and chronicities, the impacts of processes

3. To give an idea of its theoretical importance, here are some of the titles it gathered:
 - “Tragic Tradition of the Psychopathological: on the Pathei Mathos of the Agamemnon” opening chapter of the book, whose conclusive annex is precisely called “The Psychopathological Project”;
 - “Theoretical Structure of the Symptom. The Interlocutor”;
 - “Autoerotism and Autism. Efficiency Conditions of a Paradigm in Psychopathology”;
 - “From a General Psychopathology to a Fundamental Psychopathology. Note on the Notion of Paradigm”, its conclusive chapter.

on the organic phenomena, pain”. Evident here are both the epistemological vocation of this new field and its proposal of designing new investigation objects that come from the intercritical exposition to different scientific and methodological approaches working on different visions of the psychopathological field.

Almost at the same time, in collaboration with Daniel Widlöcher, Pierre Fédida published the first issue of the *Revue Internationale de Psychopathologie*, whose presentation also stressed that the practices of psychopathology were then “inevitably situated at the crossroad of information from different origins, of which nobody knows if they deal with the same object. Yet, one cannot ignore the influence they exert on the modelization processes of the human and animal ‘workings.’”⁴ From this plurality of models and epistemological perspectives, “one should not expect an anthropology that founds the psychopathological knowledge but a way to put the models designed within different scientific fields to the test.”⁵

One thus observes that, in the beginning of the 90s, Fédida wanted to publicly introduce and support, from an epistemological, methodological and institutional point of view, his proposal of a Fundamental Psychopathology. It is then extremely significant that the title of his book, published precisely in the heat of the debates of that time, when it was crucial to strengthen this young discipline – whose content widely deals with this theme –, brought no reference to the term “Fundamental Psychopathology”, or even to psychopathology, limiting itself to the enigmatic articulation between the highly polemical notions of “crisis” and “countertransference”.

If we go back to Fédida’s *Crise et contre-transfert* keeping in mind its specific reference to the notion of crisis, the decisive role given to the latter in the delimitation of the psychopathological field immediately draws attention. Since the beginning, when he sought the roots of his own definition of psychopathology in Greek Antiquity, the author looked at the term “crisis” based on the double semantic derivation of its Greek etymology: on the one hand, *krisis* sends back to the sphere of rupture and separations. On the other, it stresses the element of

4. “... inévitablement au carrefour d’informations d’origines diverses dont on ne sait si elles traitent du même objet, mais dont on ne peut méconnaître l’influence qu’elles exercent dans les processus de modélisation des “fonctionnements” humains et animaux”. In Fédida, P.; Widlöcher, D. *Revue Internationale de Psychopathologie*, v. I, n. 1, p. 3, 1990.
5. “Il s’agit moins alors d’espérer une anthropologie fondatrice de la connaissance psychopathologique que de soumettre entre eux à l’épreuve critique les modèles élaborés à l’intérieur des divers champs scientifiques”.

discernment and of decision making. Therefore, this term is appropriate to delimit the existential situation in which subjects are faced with the collapse of the usual modalities that installed them in their world and suddenly need to adopt an unprecedented positioning in front of new paths to choose, new forms of being in the world and new manners of conceiving themselves, which includes the image of their own body.

On this point, the reference to Victor Von Weizsäcker's works is almost constant along Pierre Fédida's whole reflection. This German doctor, who corresponded with Freud and was interested in the possibilities psychoanalysis opened for the clinical practice of internal medicine, explicitly proposed that a crisis is always "a subject's crisis" (Weiszäcker, 1958, p. 207, apud Fédida, 2001, p. 43). And he conceived of the latter in an extremely radical perspective: the anguish involved in the critical processes is fundamentally that of disappearing as a subject, of the complete annihilation of the being. On this specific aspect of the existential rupture introduced by the crisis, Fédida (1992) quotes Von Weizsäcker: "A being in a state of crisis is nothing – at that moment. He is everything in potential. Deep down, a pathic state is synonym to an ontic disappearance. The transformation crisis reveals the struggle to death between pathic and the ontic attributes" (p. 43).

In this regard, psychoanalysis – since the Greek word *lysis* sends back to the semantic framework of break, rupture and destruction – includes in its clinical device the forced instauration of a crisis where neurosis and compulsion to repetition condemned the subject to a morbid and sterile stability.

Under this perspective, the anguish and the subjective suffering characteristic, which are peculiar to the psychic symptom, indicate that this critical process was already operating, to a certain extent, in the subject, even before he looked for specialized help. The onset of the analytical transference would translate on the clinical plan the passage from the situation of discomfort imposed by the neurotic conflict to the active questioning on the subject's – as such – unconscious participation in the psychopathological condition that makes him complain of suffering (*pathos*). It is thus a clinical radicalization of a critical process. Therefore it is also a rupture, which, to a certain extent, was already installed in the subject who, as he suffers, asks for help. Since the history of the psychoanalytical movement and, more precisely, of psychoanalytical psychopathology, evidenced that not all pathic conditions that lead a subject to look for the cares – the *thérapeia* – of an authorized social agent derive from the morbid strengthening of a neurotic conflict, the decisive element in treatment direction is not always the onset of a subjective crisis or the consequences drawn from. In certain circumstances, the critical dimension of the psychopathological

process preliminarily demands the (re)installation of the psychic conditions of an oneiric device able to allow the subjectivation of the traumatic abyss revealed by the crisis or, even, of the intangible and radical core of helplessness (*Hilflosigkeit*) subjacent to our symbolic installation in the world.

Fédida was so extremely aware of this point that his concern did not concentrate so much on the development of the critical processes installed on the side of the patients, but rather on those that aroused in the therapists themselves during the exercise of their key function of supporting their patients' transference. This perspective allowed the creator of Fundamental Psychopathology to see the problematic of countertransference as a decisive element of his psychopathological project. Far from any reference to a supposed subjective strategy of understanding the mental processes occurring in the patient, his definition of countertransference implies first considering it as an inseparable element of what psychoanalysis can define as "psychopathological".

Fédida did not ignore Lacan's criticisms of the concept of "countertransference" and, to a certain extent, he radicalized them. For him, in this case, countertransference should not be considered as an unconscious communicational interaction phenomenon that interferes in the analytical situation or as a reaction of the analyst's unconscious to the influence of the patient's unconscious, that is, as an influence or suggestion according to an almost hypnotic modality of one subject upon the other.

Following Freud's proposal,⁶ he above all conceived of countertransference as stemming from the father complex (Vatercomplex): "Countertransference would form the paternal complex of a 'transcendence of transference' that would then make transference thinkable" (Fédida, 1992, p. 196). Freud thus granted an 'archaic' function to countertransference, which, according to Fédida, would be "the Hegelian concept of this object knowing the passion that it inspires and deciding, through renunciation, to be what he is, no longer seeking to incarnate again in anybody". That is, a dead father, source of all the symbolic references, anchor of all the fantasies and actualization of the real, that cannot be exhausted by speech, who founds the conviction of being and desiring.

Following Ferenczi's argument, Fédida (1992) considers that, in the context of the psychoanalytical situation, the unsolved remainders in the analyst himself

6. In his 1910 "The Future Prospects of Psycho-Analytic Therapy", a paper where he introduced the concept of countertransference, Freud said: "In male patients the most important resistances in the treatment seem to be derived from the father complex and to express themselves in fear of the father, in defiance of the father and in disbelief of the father".

are precisely what constitute the psychopathological source of his own psychic development work. In this regard, he proposed that: “The notion of analyst’s work in the treatment thus includes the connate idea that the nature of the analyst’s identification to the patient works in function of this psychopathology of the unsolved remainders and according to a principle of analogy and disjunction” (p. 192). On this matter, Fédida recalls that the term “crisis” has little to do with the psychoanalytical field and more to do with “the modelization activity in the project of a Fundamental Psychopathology” (p. 218). Such a point of view – even though it is relative to and derives from the psychoanalytical device - therefore includes consequences on the very theorization and modelization work of the psychopathological.

Thus, for Pierre Fédida, the notions of crisis and countertransference acquire a methodological meaning in the psychopathological clinic and research. The radicality of his position led him to have the clinical and the critical coincide in the core of his psychopathological project (p. 32): “This conjunction of the phenomenon of crisis, of a somewhat ‘methodological’ dimension of the subjective transformation acquiring a function of psychopathological ‘attitude’ that self-constitutes and understands itself as clinical is incontestably the object of a major questioning. Such questioning remains at the core of all the debates on research objectivity in psychopathology” (p. 33). In other words, one has to theoretically and methodologically take in consideration the modalities through which the psychopathologist himself is directly affected (pathos) by the situation that, ideally, he is observing, but which always includes the potentiality of sending him back to the crisis and, consequently, to the rupture with the imaginary and symbolic moorings that, until then, have anchored him into his existential world.

In its tragic perspective, psychopathology therefore finds itself, according to Fédida’s vision, upon a questioning on the conditions that allow lived experiences of anguish and subjective dispossession, inherent to the psychopathological observation, to constitute themselves as experiences, on the part of the psychopathologist, and on how such “going through anguish” generated by the exposition to the other’s pathos can result into narrative and theory.

Resorting to the Freudian tradition, Fédida agrees with the proposal that the study of the immediately conscious symptomatology (located on the plan of the *Bewusstheit*) constitutes the starting point of any psychopathological observation, provided that, nevertheless, such observation is not considered as a naturalistic portrait of an object with an exterior existence independent of the subject-psychopathologist. According to Fédida, the methodology of Fundamental Psychopathology is precisely organized around taking in consideration the pathic and critical processes generated in the researcher himself at the time of his

concrete exposition to psychopathology, since the latter includes the potentiality of annihilation and the power of negativity.

This is a decisive approximation and discontinuity point between Psychoanalysis and Fundamental Psychopathology, which borrows from the Freudian theory both theoretical devices to delimit the observation situation of the psychopathological object and referents that allow the theory stemming from it to maintain its heuristic capacity to translate its objects, without being crystallized in frameworks of imaginary fascination.

On the other hand, the exposition to the different epistemological and methodological positions concerning the psychopathological object favors the intra-theoretical renovation of the reference models and conceptions of each discipline. Thus, Fundamental Psychopathology incessantly allows each discipline to re-encounter its irreducible rest, on which it can organize its specificity and reformulate its problems and attempts of response. Although this it is not psychoanalysis, it is salutarly analytical.

Thus, according to Fédida, theory cannot be hamstrung by the impasses it faces. To the contrary, it is essential that it may be continuously modified and transformed according to its exposition to the real of the clinic and of the very psychopathological phenomenon, so as to permit new progresses and theoretical developments. It is thus necessary that the psychopathological models peculiar to each discipline include their criteria of transformability. Now, the unsymbolized core that remains as a rest of each theorizing effort constitutes, in itself, a new focus of tension. Psychoanalysis evidences the phenomena connected to the return of this rest, either in the form of anguish and of the uncanny (*das Unheimliche*) or in the form of the symptom itself. Any theory, and the modelization that stems from it, ends up evidencing a dimension of failure of the rational discourse, thus prompting new theorization efforts.

Therefore, the psychopathological models cannot assume the status of a “system of thought”, of a construction that would imaginarily guarantee the knowledge supposed to be contained in the theoretical explanation, or else theory would only play a tranquilizing and reassuring role, to the cost of an often fanatical crystallization of the thought.

Theorization in psychopathology and the exposition to heterogeneous models, such as the proposal of Freudian metapsychology, must place themselves on the side of the negativity that questions the resistances to transformation, which are peculiar to established systems. Such negativity is precisely located in the place of the unsymbolized rest of the psychopathological in the theoretical models, evicting certainties and provoking language.

Since it is necessary to guarantee the emergence of the negative as the founder of language, it does not suffice to simply “conceptualize” or “modelize”

the psychopathological (Fédida, 1985, p. 47). I think this is the ethical, decisive dimension that supports the proposal of Fundamental Psychopathology.

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Citação/Citation: PEREIRA, M.E.C. Pathos, violence and power: the ethical implications of Fundamental Psychopathology. *Revista Latinoamericana de Psicopatologia Fundamental*, São Paulo, v. 12, n. 2, p. 263-275, jun. 2009.

Editor do artigo/Editor: Prof. Dr. Manoel Tosta Berlinck.

Recebido/Received: 10.5.2009 / 5.10.2009 **Aceito/Accepted:** 10.5.2009 / 5.10.2009

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Financiamento/Funding: O autor declara não ter sido financiado ou apoiado/The author has no support or funding to report.

Conflito de interesses: O autor declara que não há conflito de interesses/The author declares that has no conflict of interest.

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