

Editorial

Observing Psychiatry

Observando a psiquiatria

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194

Observing Psychiatry. How is it done? Is it observed with a magnifying glass or a telescope? Does the naked eye see it? Do we only mobilize the sight, or also other senses? Moreover, what should we observe when we observe Psychiatry? What are the outlines of this object? To begin with, we could circumscribe Psychiatry within limits proposed by Canguilhem (1982 [1966]) to place Medicine: “[...] a technique or an art situated at the confluence of various sciences, rather than a science itself. (...) technique or art of instituting and restoring the normal, situated at the confluence of various sciences and knowledge, not reducible to an exclusively cognitive dimension “ (p.16).

This passage, in its elegance and conciseness, already indicates some fundamental points that serve as parameters for organizing the observation. From the outset, it reminds us that our object is less of the order of epistemological fidelity to one of the regions of science, governed by their respective

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methodological reductions, than of the order of know-how pointed by different sciences (natural, social and human sciences). Subsequently, we are informed about which state of things this practice proposes to transform: instituting or restoring the normal. However, this crude formulation hides the enormous complexity of this point: which normative and normalizing practices underlie the nosologies, therapeutics, public policies? Should we understand the reestablishment of the normal as a clinical recovery assessed by objective parameters, measured by scales and protocols? Or would recovery be the establishment of a normativity that allows the creation of new forms of natural, social, and cultural relationship? Finally, the passage quoted above indicates that clinical and therapeutic practices are procedures that do not end in the cognitive plan, but they necessarily involve intuitive, emotional, and empathetic dimensions; expressing in other terms, this practices inevitably coordinate evidence, narratives, and values.

One could object that what we have presented so far concerns the Medicine in general. Would there not be some specificity in Psychiatry? The use of history can help us answer this question.

Psychiatry emerged as the first specialty of Medicine (Castel, 1978) just over two hundred years, in a backdrop of significant political and institutional reforms. This moment has been interpreted as both the culmination of an exclusion process of deviants from the norm, commenced a century and a half before (Foucault, 1978 [1961]), and the beginning of a process of inclusion of madness, which also extends to other disabled ones (Swain, 1977). Divergences aside, what these two interpretations have in common is the need to understand psychiatry not only as the result of the internal development of medical knowledge but also as the expression of the political, social, and economic context in which it is embedded.

From an internal point of view, we can state that Psychiatry was considered the first specialty of Medicine less by the particularity of its object (the madness) than by being characterized as a special medical practice. This status was due to the singularity of its institutional space of professional exercise (the asylum), its healing practices (the moral treatment), and its emphasis on the clinical symptomatological method, while the rest of medicine took the anatomoclinical model as a theoretical and methodological reference.

These specificities have their first formulation and synthesis in the work of Pinel, the *Traite médico-philosophique sur l'aliénation mentale*, published in the first edition in 1801, where we find the nascent specialty based on

foundations extracted from the knowledge of medicine, philosophy, and practice alongside the patient. We could say that since its origins Psychiatry recognizes the ethical and epistemological complexity of its praxis and the need to base it on the natural sciences and the humanities to face the challenge of the care of mental suffering.

The methodological pluralism of Psychiatry, conceptually recognized and developed systematically for the first time by Karl Jaspers (Ghaemi, 2007), provides us with a comprehensive framework for organizing our observation of Psychiatry. How do we cope with the challenge of articulating the body, in its double-sided character, objective and subjective, to subjective experiences and their interpretive and narrative expressions produced within the framework of history and culture (Kirmayer, 2015)?

By way of illustration, we can consider the issues that arise for Psychiatry, as it moves from quasi-experimental and aseptic environment of the psychiatric hospital to the pulsating life of the territories of Psychosocial and Primary Care, both regarding the operative categories in the apprehension of the forms of suffering and the repertoire of care practices. Also, the questions posed to Psychiatry in a connected world, of liquid and changing subjectivities, of new ways of use and experience of the body. Or the questions concerning the moral suffering that occurs in a scenario of precarious social protection mechanisms, exclusion increase, different forms of violence, where class, race, and gender issues imposed themselves as the operators of knowledge and practice.

The section “Observing Psychiatry” of the *Revista Latinoamericana de Psicopatologia Fundamental* started in 2004 and has published thirty-three articles from 2004 to 2008 and since 2014. The section proposes to receive articles that examine, from a critical and reflective perspective, the categories that organize the clinical and institutional practices of contemporary Psychiatry. So, our journal is aligned with the efforts of researchers, professionals from various fields of knowledge, and patients in the purpose of keeping Psychiatry alive and plural. We believe that the critical and reflective views of our articles can contribute decisively to the permanent opening of our theories and our praxis to the world where they are inserted, thus dwindling the risks of reduction of the mental to only some of its possible aspects as, for example, the so-called neurosciences. For these reasons, we invite all researchers in this field to share their observations here with us.

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197

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