



Of Caring for Yourself by Becoming Yourself as Designing Psychic Suffering: An Analysis Based on Foucault and Heidegger

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Abstract

The exercise of power operates through a special modality of action, of an agonistic nature, which can be understood as the government of one's own actions and the actions of others. Government means ordering a field of probabilities by conducting conducts, that is, governing is "conducting" actions. Self-care and care for others need to be intertwined in the management of practices that feed the circulation of power asymmetries, in order, in this way, to better welcome the ethical movements of invention of oneself.

Keywords: Humanization; Selfcare; Ethics; Psychic Suffering

Introduction

The theme of contemporary debates is humanization in the health area, the role of professionals in this area, their responsibility to the patient, the possibility of a better quality of life. In this sense, the training of the professional is also put in check, including with regard to professional ethics.

From another perspective, the medicine of calm and prudence was the subject of a recent meeting of the Associação Paulista de Medicina. The basis of the Slow Medicine movement, or "medicine without haste", is the rescue of the doctor-patient relationship, aiming at more solid and lasting relationships, in addition to an entire structure sought in Public Policies in the issue of the rescue of the "family doctor". In reality, it proposes a care that aims at the uniqueness of each patient (in addition to observing their family configuration and the relationships with this one - the family). For Professor Dario Bizolini, professor emeritus

at USP and an honorary member of the National Academy of Medicine, humanized medicine was destroyed by the globalized adoption of protocols and guidelines. Thus, highly questionable measures are taken to increase the number of days of life, albeit at the cost of a cruel deterioration in the quality of life.

In psychiatry, such issues take on even more considerable proportions, given that the emotional and the psychic, even today, are a source of misunderstandings regarding the practice of professionals in this area, by society. It is known that the psychiatrist, the psychologist and the psychoanalyst are in constant disagreement, and their practices are seen as "for madmen", still associated with hospitalization, in a historical anachronism, not consistent with contemporary malaise, which requires break of these looks, in view of the most different socio-cultural situations of post-modernity, situations of helplessness, despair and psychological suffering.

The Sustainable Lightness of the Analyst

The role of the dynamic psychiatrist in contemporary psychiatry is of fundamental importance - and its psychoanalytic aspect, without a doubt, is proof of this. For dynamic psychiatry, symptoms are embedded in the character structure, and the dynamic psychiatrist recognizes that in many cases, symptoms cannot be treated without first addressing that structure [1]. Further investigation seems to be required as to the role of the psychoanalyst - here we will stop at this professional in the psychic field - and this approach, different from the others in psychiatry, such as the descriptive one, is the "only one that systematically addresses the psychiatrist's conscious and unconscious contributions treatment and evaluation process" [1]. Above all, psychodynamic psychiatry is a way of thinking - not just about the patient, but also about yourself in the interpersonal relationship between the patient and the therapist.

According to Gabbard [1], the psychodynamic clinician can no longer practice a type of psychiatry away from sociocultural influences, considering that all patients carry within themselves a different series of mental representations, aspects of themselves and others, many of which they can create characteristic patterns of interpersonal difficulties. And "such representations of the self and the other form a world of largely unconscious internal object relations". (p.15).

Unlike descriptive psychiatry, dynamic psychiatrists approach their patients in an attempt to determine what is unique about each of them - how a given patient differs from other patients as a result of their unprecedented life history. Contemporary society, in its fragmentation, opacity and crudity, even with "soft facades", demands, even more, that the uniqueness of each subject can come, since the requests for massification are spread across all meanders and, as such, stifle subjectivity with incitement to the flexibility of identities, since it is in the interest of the market.

For Birman [2], being able to stay and endure the pain caused by the helpless position is the great challenge for the subject in an analysis:

To enunciate the subject's radical position, at the limit of helplessness, would be another way of formulating the effect of the experience of castration in the analysis, because what is discarded here is precisely the impossibility of the phallic reference. However, placed in this limit position, between life and death, the subject can constitute effective possibilities of sublimation and creation, through the construction of a singular form of existence and a specific style to inhabit his being [2].

In order for this to happen to the analysand, according to the theorist, however, it is necessary that the figure of the analyst can also sustain the relativity of identifying references ajar by the position of helplessness. That is to say, the analyst cannot offer any phallic ideal capable of appeasing the anguish of the real that permeates the analysand, be it an aesthetic, ethical, political or even psychoanalytic utopia.

The desiring solution found particularly by the analyst to deal with his anguish of the real is part of the existential style that he constituted for himself. It is, therefore, something not transferable. The copying of a singular style of existence constitutes a falsification, which can temporarily appease the analysand's horror, but it does not sustain him in the radicality of his helplessness and prevents him from weaving the uniqueness of his destiny [2].

It is necessary to have a lightness of the analyst, who, in a play on words with the work of Milan Kundera (*The unsustainable lightness of being*), Birman will proclaim: the sustainable lightness of the analyst. The lightness of the analyst's figure would be precisely in his possibility of sustaining the radicality of this position, appeasing the anguish of the real, without offering utopian solutions, which would even result from the use of psychotropics, adhering to a demand that cannot happen, in order to make possible the advent of the subject in its uniqueness [2].

In a path opposite to the erasure of singularity (which happens through the universalization of subjective experience, which is particular, reducing the patient to the symptom, dividing it into categories and behaviors, to compare it to others, classifying it by groups and prognoses), is that psychoanalysis presents itself with a means, or form of approach. Lacan was able to explain well, in other terms:

Far from being crazy the contingent fact of an organism's weaknesses, it is the permanent virtuality of an open lack in its essence. Far from being an insult to freedom, she is his most faithful companion, she follows his movement like a shadow. And the being of man cannot be understood without his madness, just as man would not be if he did not bring madness within him as the limit of his freedom.

Ferenczi already claimed that trauma is a "psychic commotion" that leads to the annihilation of the feeling of self, a feeling of agony that comes close to the experience of death. For Ferenczi [3], the denial of the experienced violence makes it difficult or prevents the traumatic experience from producing a network of meanings that allows a psychic reorganization. It is in this sense that the psychoanalyst comes as a professional with unique responsibility, also

singular: so that psychological suffering can be reworked, that is, that a singularity can happen, it is also necessary for the psychoanalyst to build his own style of approach, since it also it is singular, which will reverberate in the breaking of identifications and in the appearance of the difference in the one that is analyzed.

The patient is under the care of the psychoanalyst - which can be expanded to other health professionals. In this sense, there is a relationship, albeit a subliminal one, of power. In order for psychological suffering to be elaborated, and for the analysand's desire to come, the ultimate goal of analytical practice, such a power relationship must be neutralized: this is the principle of humanization in the area of health, and any action that is sought aiming at quality of life. How, in this sense, can the concept of self-care and care of others, used by Michel Foucault and Martin Heidegger, be thought of for the advent of a psychoanalytic practice more aligned with contemporary needs?

Power and Self-Care Considerations

The exercise of power operates through a special modality of action, of an agonistic nature (the agonistic one - between the relationship with oneself and the relationship with the other), which can be understood as the government of one's own actions and the actions of others. Government means ordering a field of probabilities by conducting conducts, that is, governing is "conducting" actions. For Foucault [4], "conduct is, at the same time, the act of 'leading' others and the way of behaving in a more or less open field of possibility" [4].

According to Tedesco and Rodrigues [5], clinical practices can be affirmed as forms of government of the other, that is, an action carried out on the way the other takes care to govern himself. These are acts that contribute to the construction of the other's self-government. And, when making this approximation between clinical practice and government mode, "the ethical problematization is put in new terms. The question is how ethics, which concerns the 'relationship with you', applies in the context of the government of the other" (p.91).

The clinic's ethical orientation must, therefore, be placed on the side of inciting the movement of forces, the installation and preservation of power games. Such a strategy must be carried out in two directions.

On the one hand, we must avoid, in power relations, that we suffer abuse of power by the other, which aims to conduct our actions. On the other hand, and it is what we are most interested in pointing out at the moment, we must avoid exercising undue power

over the other, a form of power that leads to states of domination. In both cases, it is a question of escaping the states of domination and, for that, it is necessary to carry out a work on ourselves that at the same time transforms us, operates shifts of forces in the power games and, consequently, prevents us from subjugating the others [5].

It is in this sense that self-care is a condition for clinical practice, as a prerequisite for escaping the state of domination, operating in that sense, for the displacement of forces in power games. Self-care aims to manage power relationships well in the sense of non-domination, as well conceptualized by Foucault [6]: "he who takes care of himself properly is, for this very reason, able to conduct himself properly in relation to others and for others" (p.271).

Self-care and care for others need to be intertwined in the management of practices that feed the circulation of power asymmetries, in order, in this way, to better welcome the ethical movements of invention of oneself. The "relationship with you" becomes the main ethical strategy since "the care of others should not be passed on before the care of the self; self-care comes ethically first, insofar as the relationship with oneself is ontologically primary" [6].

To govern others it is necessary to govern yourself first. Self-care, conceptualized by Foucault refers to the Greek concept of askésis. An important aspect of the latter concept (which in a way refers to Nietzschean "getting-to-be-what-is-what" is) is the possibility of inventing oneself through the practices of oneself, and, according to Laponte [7], "not the discovery of the truth of a subject that would be hidden, eclipsed by the lack of self-awareness. The different forms of self-practice are not, therefore, 'made aware' (p.77).

The care of the self, for Foucault, reverberates in an "aesthetics of existence", which implies a whole set of works on itself in order to aestheticize, produce itself as a work of art, beautiful in the eyes of others (and itself). This aesthetic work of producing oneself as a work of art is the main effort in terms of the subject's relations with himself, highlighting the principle 'take care of yourself' (and know yourself) and placing it as a condition for the knowledge of oneself, which means that this historical subject is ethically constituted in this movement that goes from working to getting to know oneself.

There are body care, health regimens, physical exercises without excess, the satisfaction, as measured as possible, of the needs. There are the meditations, the readings, the notes taken about books or conversations heard, and which will later be reread, the remembrance of the truths that are

already known but that should be appropriated even better. [...] conversations with a confidant, with friends, with a guide or director; to which is added the correspondence where the state of the soul itself is exposed, advice is requested, or they are provided to those who need them. [...] around the care with you, a whole activity of the word and writing was developed, in which the work of oneself with you and communication with others are linked. There is one of the most important points of this activity devoted to oneself: it is not an exercise in solitude, but a true social practice [8].

The philosopher points out, in one of his last seminars at the Collège de France, dedicated to the theme of self-government and that of others, that, particularly in the first two centuries of our era, there was a development of a (certain) "culture of self" That had acquired at that moment such dimensions that one could speak of a true golden age of the culture of oneself, linked to the truth, to a "courage of the truth", incarnated in the sense of "speaking frankly".

And in this culture of self, in this relationship with oneself, it was seen that a whole technique and an art were developed that are learned and exercised. It was seen that this art of self needs a relationship with the other. In other words: you cannot take care of yourself, worry about yourself without having a relationship with the other. And the role of this other is precisely to tell the truth, to tell the whole truth, or in any case to tell all the necessary truth, and to say it in a certain way which is precisely *parresia*, which is again translated by frank speech [9].

Thus, there is a double theme of self-care and self-knowledge: the obligation of every individual to be concerned with himself, immediately linked, as his condition, to self-knowledge. Nobody can take care of themselves without knowing themselves. Psychoanalytic practice, in this sense, is a knowledge of oneself, based on a knowledge (albeit supposed) of the analyst, also based on a practice of knowledge of oneself. What is at issue is how such knowledge reverberates in self-care, as a broader, existential action, as the construction of an "aesthetics of existence", becoming itself, becoming a work of art, and the author of that work, logo artist. And yet, as this care for oneself is a *sine qua non* condition for the constitution of care for others, the basis for the care of oneself for these others, and the creation of a stylistic, giving rise to singularities and difference, as resistance to fragility contemporary subjectivities and their symptoms: helplessness, despair, psychological suffering, in addition to their psychopathological and behavioral consequences.

Heidegger calls *Befindlichkeit* (feeling of situation) an existential that accompanies the whole understanding of *Dasein* (of being-in-the-world, existence itself) and, in particular, its relations with its key concept of care (*Sorge*). According to Stein [10]:

Care is constituted as being of the being-there, because it establishes a circular relationship between affection and understanding, insofar as the idea of representation is eliminated and replaced by a way of being-in, being-in-the-world and of being-there relationship with oneself as having-to-be and being-for-death (facticity and existence). Care is the being of being-there because being-there has in it the horizon of its meaning: temporality. So care, with the path by which the being-there, in an ontological relationship with itself, manages, through affection and understanding, to be, in some way, all things [10-17].

References

1. Gabbard Glen (2006) *Psiquiatria psicodinâmica na prática clínica 4th* (Edn.). Artmed.
2. Birman Joel (2003) *Mal-estar na atualidade: a psicanálise e as novas formas de subjetivação*. Rio de Janeiro.
3. Ferenczi Sandor (1992) *Reflexões sobre o trauma. Obras completas IV*. Martins Fontes.
4. Foucault Michel (1995) *O sujeito e o poder*. In: Dreyfus H, Rabinow P, Michel Foucault (Eds.), *uma trajetória filosófica: para além do estruturalismo e da hermenêutica*. Rio de Janeiro: Forense Universitária, pp: 231-249.
5. Tedesco Silvia, Rodrigues Cristiano (2009) *Por uma perspectiva ética das práticas do cuidado no contemporâneo*. In: Nascimento Maria Livia, Tedesco Silvia (Eds.), *Ética e subjetividade: novos impasses no contemporâneo*, Sulina.
6. Foucault Michel (2004) *A ética do cuidado de si como prática da liberdade*. In: *Ética, sexualidade e política*. Coleção. Ditos & Escritos. Rio de Janeiro.
7. Laponte Luciana (2003) *Do Nietzsche trágico ao Foucault ético: sobre estética da existência e uma ética para docência*. Educação & Realidade.
8. Foucault Michel (1985) *História da sexualidade 3: o cuidado de si*. Graal.
9. Foucault Michel (2010) *O governo de si e dos outros: curso no Collège de France (1982-83)*. Martins Fontes.

10. Stein Ernildo (2000) *Diferença e metafísica: ensaios sobre a desconstrução*. Edipucrs.
11. Guattari Félix (2002) *Caosmose: um novo paradigma estético*. Rio de Janeiro: 34.
12. Lévi Strauss Claude (1996) *Tristes trópicos*. Companhia das Letras.
13. Machado Jorge AT (2006) *Os indícios de Deus no homem: uma abordagem a partir do método fenomenológico de Martin Heidegger*. Edipucrs.
14. Merleau Ponty Maurice (1984) *De Mauss a Claude Lévi-Strauss*. In: *Os pensadores*. Abril Cultural.
15. Nasio JD (1995) *Introdução às obras de Freud, Ferenczi, Groddeck, Klein, Winnicott, Dolto, Lacan*. Zahar.
16. Prado Filho Kleber (2009) *Considerações acerca do cuidado de si mesmo contemporâneo*. In: *Nascimento Maria Livia, Tedesco Silvia (Eds.), Ética e subjetividade: novos impasses no contemporâneo*. Sulina.
17. Rauter Cristina (2009) *Clínica e violência: construções e problematizações para uma clínica do contemporâneo*. In: *Nascimento Maria Livia, Tedesco Silvia, Ética e subjetividade: novos impasses no contemporâneo*. Porto Alegre: Sulina.

