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Madness and Social Change

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This book is dedicated to the many people who, called users, exusers, survivors, psychiatrized, victims of psychiatry, operators, technicians, family members, militants, activists, and/or sympathizers—whatever the expression used to name them—were all equally fundamental in the trajectory of the Brazilian Psychiatric Reform as an effective process of struggle in defense of life, human rights, equality, and democratic freedoms!

Foreword to the International Edition, by Manuel Desviat Brazil (1976–2016) – Four Decades at the Forefront of Psychosocial Care for Psychic Suffering[1]

In adverse times for social policies, of criminal dismantling of the Unified Health System (SUS) and mental health policies by the retrograde and reactionary government, it is more necessary than ever to reclaim those historical events that forged the theory and institutional, professional, and citizen practice of the Brazilian Psychiatric Reform. History, argues Walter Benjamin in his *Theses on History* (2008), may not have the function of calming consciences but of awakening them, recovering from the past those flashes of lightning that spur the revolutionary spirit. Hence, the great importance of this book, *Madness and Social Change: Autobiography of the Brazilian Psychiatric Reform*, authored by Paulo Amarante and based on research conducted by the team of the Laboratory of Studies and Research in Mental Health and Psychosocial Care at the National School of Public Health Sergio Arouca of the Oswaldo Cruz Foundation (LAPS/ENSP/Fiocruz). The project combined documentary research (i.e., laws, decrees, papers, reports, minutes, photographs, objects, artistic expressions, videos, and interviews) and immediate history, because its actors are still on the scene.

The book covers four decades, from 1976, at the beginning of the re-democratization of Brazil, to 2016, the beginning of conservative and anti-democratic policies presided over by the parliamentary coup d'état that removed President Dilma Rousseff from office. The origin of the reform process is detailed in the formation of the health and psychiatric reform movement in the mid-1970s in the context of the struggle against the military dictatorship, the creation of organizations (i.e., CEBES, MTSM) by groups of young activists whose ideology included criticism of traditional psychiatry and the experiences of change that had been taking place in other countries, especially in Italy, in the Trieste region. But also, and this is one of its

[1] Manuel Desviat is psychiatrist and former president of the Spanish Association of Neuropsychiatry and Mental Health Professionals. He was editor of the journal *Psiquiatria Pública* and is currently editor of the journal *Átopos*. Desviat has been a consultant for the Pan American Health Organization and is a professor of graduate programs in mental health and psychosocial care in several countries.

distinguishing features, the influence of Collective Health, the Brazilian unique approach to public health, which emerged during the 1970s against the hegemonic approach to preventive medicine and that will be the basis of the future SUS. This approach to health policy considers social determination as a factor that subsumes the rest of health determinants (e.g., biology, lifestyle, environment, social and cultural capital, health system) and the right to health as an unavoidable commitment of the State, as opposed to the individual responsibility for the disease and psychic suffering.

Therefore, the leitmotiv of the book—Psychiatric Reform—is not only the closure of the psychiatric hospital and a simple reorganization of services in the territory, but also it is a complex social process where it is not only about treating people diagnosed with mental disorders in a more humane and technically efficient way.

> The proposal is to build a new social place for madness, transforming the practices of traditional psychiatry and other institutions of society (…). In other words, it is a process that seeks to intervene in the field of society's relations with madness, transforming such relations, on the one hand, through practices against exclusion and, on the other hand, strategies of social inclusion of the subjects. It is a process that has inclusion, solidarity and citizenship as ethical principles. (p. 5)

A process that will create new actors, new subjects, and new subjects of rights.

It could be said that the primary objective of the Brazilian Psychiatric Reform is the emancipation of the psychic sufferer, that he or she may reach a rightful place in the common territory without renouncing personal difference, and not a recovery, an adaptive recovery to the condition of the sick person as preached by a good part of psychosocial rehabilitation. An emancipation that requires citizen complicity, the alliance with other civic platforms that bring together other subjects of difference and exclusion.

The Bauru Manifesto is an account of this objective. In 1987, at the II National Congress of Mental Health Workers (MTSM), a manifesto was approved, which would become the founding charter of the Anti-Asylum Movement. This manifesto introduced a radical challenge by stating that the objectives of the Anti-Asylum Struggle must go beyond the closing of psychiatric hospitals; they must be involved in the struggle for the rights of the working class, for confronting racism, for the defense of indigenous peoples, and of women. Thus, linking anti-asylum reform to the struggle for a more "democratic and popular" society. Congress in which the MTSM, in line with the approved manifesto, became a Social Movement for a Society Without Asylums and ceased to be composed predominantly of mental health professionals, adding users and family members.

The 1987 Bauru Congress, as I pointed out in the journal *Em pauta* (Desviat 2021), is for me, a participant observer of the Brazilian reform (as a consultant to the Pan American Health Organization (PAHO/WHO) in the country and guest lecturer during almost its entire course), together with the II National Conference of Mental Health (1992), one of the two events that constituted the theoretical and practical framework—the pillars of the Brazilian reform. For if in Bauru the political and participative dimension was introduced at the II National Conference of Mental Health, held in Brasilia in 1992, the substantial lines of the plan for the reform of mental health care were approved, in a meeting that gathered more than 1500

delegates from state conferences, professional associations, family members, and a wide representation of psychic sufferers (about 20%). The National Conference showed the strength of the mental health movement and the commitment of the teams responsible for governmental mental health policies, both at the federal level and at the level of the states, and a good part of the municipalities; and this meant the consolidation of the psychosocial model and the construction of a collective mental health program within the scope of SUS, as opposed to pharmacological and asylum psychiatry. A model that contemplates the territory as the main setting for action, a space in which outpatient centers (CAPS) and therapeutic residences are incorporated, but also the inpatient units of general hospitals, sheltered housing, and living centers among other multiplicities of resources. It is a network that is intended to be linked to primary care (Family Health Strategy)—the gateway to the health care system.

This was followed by new National Mental Health Conferences (2001 and 2010) and new binding assembly agreements in the ministerial program throughout the 1990s and the first decades of the twenty-first century, while State legal amendments were enacted, including Federal Law 10.216/01 prohibiting the creation of new psychiatric hospitals, and a network of psychosocial devices was consolidated. New assistance programs and social strategies, such as the *Volta para casa* program, work, income generation, artistic-cultural initiatives, actions to control the quality and ethics of assistance (e.g., the Psychiatric Assistance Accompaniment Group) formed by external professionals elected from expert associations and users, and family members (Desviat 2015).

A process that starts from the consideration of psychic suffering as a social construction and that tries, on the one hand, to confront the reductionist biomedical model of psychiatry and the medicalization of life; and on the other hand, to break with the social imaginary full of prejudices about madness, deconstructing, excluding and stigmatizing values and beliefs. A huge work in the immensity and plurality of people and habitats, of educational institutions (e.g., universities, IPUB, Fiocruz) involving legislators, managers, activists, civic movements, placing for four decades madness, mental discomfort, and suffering in the social and political agenda of Brazil.

In summary, the participatory research undertaken by Amarante (one of the main protagonists of the mental health reform movement) and his team, composes an excellent historical cartography of the Brazilian Psychiatric Reform through documents and testimonies, oral history available on the editorial website, with interviews to many of its protagonists.

A historical review of absolute topicality in these times of global regression of social public policies, especially in Brazil, and the return to measures in favor of asylum and privatization practices. Adverse moments in which it is important to know what was possible, what can again be possible, because it still lingers in the social conscience, because, as the book states, “the process was aimed at a cultural transformation, and once the seed is planted, it will surely bear fruit” (p. 83).

Madness and Social Change: Autobiography of the Brazilian Psychiatric Reform shows us a dual teaching, that a technically advanced and socially progressive psychiatric reform is possible, but it also warns us of the fragility of the conquests of universal rights (e.g., health or social services). This book teaches us that full

attention to psychic suffering will only be possible in a different society that confronts economic, gender, race, or ability inequality. The struggle continues.

Madrid, Spain
3 July 2022

Manuel Desviat

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Foreword to the Brazilian Edition

A new decade is born, but our country lives a complex of "hyperthymesia." We are stuck, looking through the rearview mirror, to a selective memory. In the public policies of mental health and drugs, despite the effort to present them as "New Policy," they are stuck to the past of human rights violations typical of the asylum model. An institutional agenda of consolidation of psychiatric counter-reform.

The four decades of democratic inventions, of consolidation of a model of care, of assistance in mental health, based on permanent mobilization and on participatory democracy, are being attacked by a regressive agenda, that combines four fundamental aspects: (1) the outpatient care, (2) the defunding and the decrease in the pace of expansion of the psychosocial care network, (3) the return of funding for devices of isolation and social exclusion (i.e., psychiatric hospitals and therapeutic communities), and (4) the limitation of spaces for participation and social control.

A return to a past, prior to four decades ago, that this book points to, a return to a public policy focused on equipment and private service provision based on outpatient care, medicalization of care, and social exclusion. This book, organized by Paulo Amarante, is pure affection in the Spinozian sense, a potency to act and transform, a research study built and coordinated by those who lived intensely those four decades.

Paulo Amarante and his entire team pay homage to the decisive influence of the Italian experience and the publication *Autobiografia di un movimento (1961–1979): dal manicomio alla riforma sanitária*, organized by Franco Basaglia and Paolo Tranchina, which was capable of being a sounding board for a new *praxis* in public policy on mental health care, but also of affirming users as subjects of history, capable of exercising their right to the city.

But, I would like to look at one thing highlighted in this book, sometimes forgotten or not placed in the centrality of the experience of four decades of Psychiatric Reform. I refer to the practice of building collective statements produced by entities and social movements of the Anti-Asylum Struggle, and their capacity to produce collective synergies and community mobilizations, so present in this publication.