

**STATEMENT OF PRINCIPLES of the Interdisciplinary Center for
Psychopathology, Public Policies of Mental Health and Communicative
Actions in Public Health - Nupsi ¹**

The work to implement and expand the social right to health is confronted by acts, affects and ideas that may take two opposing directions:

- The struggle to subordinate and to reduce human life and nature merely to relations of property, interests and force, engendering monopolies, sectarianism, violence, and irreparable devastations;
- The effort to promote and to support human life and nature as universal rights to which every human being is entitled, increasing autonomy and cooperation among the citizens of the world.

Based on the second direction, the aim of the present proposal is to give academic institutional grounds to the principle that states that life is a supreme value, by inserting it within certain political, legal and philosophical basic assumptions. To this end, we shall first take into account the following definitions:

*Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.*²

World Health Organization, 1946

Health is a right of all and a duty of the State and shall be guaranteed by means of social and economic policies dedicated to reducing the risk of diseases and other hazards and ensuring universal and equitable access to actions and services aimed at promoting, protecting and recovering health.

Article 196 of the Brazilian Federal Constitution of 1988

We shall begin by considering the broadest aspect of the WHO definition of health and stating our position on the theoretical and practical meaning of the goal of achieving “*a state of complete social well-being*”.

The concept of distributive justice has been one of the guiding principles for conducting theoretical assessments and preparing practical proposals on a social well-being ideal that involves the social dimension of health. This concept has been used as a criterion capable of measuring the level of distribution of health services among the population.

¹ Written by David Calderoni. Translated by Thaís Darahem and Paula Peres.

² “‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.’ Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. The Definition has not been amended since 1948.” Cf. <http://www.who.int/about/definition/en/print.html>.

To assess the scope of the concept of distributive justice, it is convenient to set it in its original philosophical context. Aristotle argued that the aim of politics is achieved and life in the cities is just insofar as it promotes the common good, conferring upon every citizen participative or full justice (where political power is a participable and indivisible good, and citizens are ensured unrestricted right to speak out and take part in the decisions involving the city's affairs), distributive or partial justice (which defines and applies rules of proportional apportionment of divisible, thus shareable, goods) and commutative or corrective justice (aimed at repairing damages incurred in voluntary or involuntary transactions, i.e., contracts and offenses).³

One thing that needs to be noted is that health is not merely a service that can be subject to distributive justice assessed and implemented based on accessibility and utilization criteria. Health is also – and above all – a universal right and, as such and by definition, it has always been irreducible in terms of what can be distributed.

Within this context, in his paradigmatic study of Public policies, distributive justice and innovation: health and sanitation on the social agenda [*Políticas públicas, justiça distributiva e inovação: saúde e saneamento na agenda social*], Nilson do Rosário Costa (1998) argues that the improvement of public health services in terms of a more just distribution was made possible through the implementation of the Brazilian Federal Constitution of 1988 and a public policy focused on the idea of users as citizens:

The Constitution of 1988 incorporated the idea of health as a right to universal and equitable access to actions and services aimed at promoting, protecting and recovering health (Constitution of 1988, article 196); innovated the concept of social security and health budgeting (Ibidem, article 199), which is financed by Social Security funds, social security contributions (Finsocial/Cofins), Contribution on Net Income of companies, etc.

The creation of a social security budget corroborated the idea that access to health and social security benefits are independent from the contribution itself, and elevated the status of social security as a constitutional policy. (...) The Brazilian Unified Health System [Sistema Único de Saúde - SUS], created in 1989, represented the institutional form of a new standard of social protection. In addition to universal access, the SUS embodied the concept of comprehensive care. Previously, only the population who participated in the formal labor market had access to care.

[...]

³ Cf. Aristotle's books *Nicomachean Ethics* and *Politics*, analyzed by CHAUÍ, Marilena. *Introdução à história da filosofia: dos pré-socráticos a Aristóteles [Introduction to the history of philosophy: from the Presocratics to Aristotle]*, volume 1, São Paulo, Companhia das Letras, 2002, p. 470-1 and by CASTORIADIS, C. "Valor, Igualdade, Justiça, Política: de Marx a Aristóteles e de Aristóteles a nós" ["Value, Equality, Justice, Politics: from Marx to Aristotle and from Aristotle to Ourselves"] in *As encruzilhadas do labirinto [Crossroads in the Labyrinth]*. Rio de Janeiro: Paz e Terra, 1987, p. 293-308.

*The most important aspect of this popularization and expansion process is that the clientele is now considered as such because it is formed by citizens, not by the “poor”.*⁴

The meaning of user-citizen as a conception which enables sanitary rights and services to enforce one another can be more deeply understood within the context of Aristotle’s political thought, which, as mentioned above, is the origin of the very concept of distributive justice.

In light of the original context of such concept, a fundamental conclusion can be drawn from the arguments of Nilson do Rosário Costa on the correlation between citizenship and distributive justice: by establishing that, as a matter of law, all users are citizens and all citizens may be users, the Constitution of 1988 incorporated distributive justice and participative justice into health policy principles (and the public policies arising therefrom), harmonizing universal access to health services with universal social control over such services. Hence, the Constitution of 1988 simultaneously and jointly put into shape an institutional set of rules in the area of health that gives full legal support to the principle under which life is considered a supreme value.⁵

In consonance with Rosário, it can be observed that such provision of the Constitution confers upon the State the duty of safeguarding social rights⁶, insofar as it ranks such rights above those of merely economic nature, in an effort to prevent the following situation:

*When social benefits are treated as private goods available on the market, they inexorably take the form of merchandise and lose the status of public good.*⁷

⁴ COSTA, Nilson do Rosário. *Políticas públicas, justiça distributiva e inovação: saúde e saneamento na agenda social [Public policies, distributive justice and innovation: health and sanitation on the social agenda]*. São Paulo: Editora Hucitec, 1998, p. 158.

⁵ In consonance with WHO international definition of health and the previously mentioned article 196 of the Brazilian Federal Constitution, NUPSI’s guiding principles are also bound by the following principles stated in the law and in jurisprudence, and reproduced in the Brazilian Organic Health Law [*Lei Orgânica de Saúde*] (Law No. 8,080 of September 19, 1990):

Article 2, paragraph 2:

The duty of the State shall not exclude the duty of the people, families, companies, and society.

Article 3, sole paragraph:

Actions that, on account of the provisions of the preceding article, are aimed at ensuring people and the community physical, mental and social well-being, are also related to health.

Principles set forth in article 7:

- I – universal access to health services at all levels of assistance;*
- II – comprehensive care, defined as an articulate and continuous set of preventive and curative actions and services, both individual and collective, required on a case by case basis at every complexity level;*
- III – preservation of people’s autonomy when protecting their physical and moral integrity;*
- IV – equitable health assistance, free from any privilege or discrimination of any kind;*
- V – right of the person under care to be informed about his/her health;*
- VI – disclosure of information regarding the potential of health services and the use thereof by users.*

⁶ “Education, health, work, housing, leisure, security, social security, protection of motherhood and childhood, and assistance to the destitute, are social rights as set forth by this Constitution.” Cf. CONSTITUTION OF THE FEDERATIVE REPUBLIC OF BRAZIL, article 6.

⁷ COSTA, Nilson do Rosário, op. cit., p. 159.

While there is much to celebrate in regard to the democratic conquest achieved by the article of the Constitution which prescribes that “*Health is a right of all and a duty of the State*”, the truth is that in daily life, public health care takers carry the burden of a heavy social debt accumulated throughout history, suffering the impact of massive protests of a population claiming access to health as a (non-performed) duty of the State. As a result, health care takers – whose right to health is jeopardized on account of enormous pressure surrounding the demand for health services – cannot be considered properly as citizens while caring for the health of other citizens.

This shows that the capitalist mode of production should not alone be considered a source of social injustice in relation to sanitary rights of the very workers that serve as a counterbalance to privatization and shortage of products and services in the area of health, because violence is produced when the capitalist mode of production is articulated with the Government’s public production mode (“*which employs salaried workers and offers public goods or services*”⁸).

Hence, achieving universal access to health calls for a definition of the fair work paradigm.

Accordingly, the ethical basis of the present proposal is the concept of *praxis*, which can be defined as an inter-human form of action in which the agent recognizes himself in the processes and the product of his own actions and where the other is regarded as an essential agent of the development of his own autonomy. The purpose of praxis lies in the very act that forms it.⁹

We argue that our current reality is marked by the preponderance of alienation, which is contrary to praxis. In alienated relations, which cause substantial impacts on the practice and knowledge concerning the health-disease process, the subject fails to recognize himself in the process and the products of his actions and the other is not regarded as an essential agent of the development of his own autonomy. Alienation involves realizing the other’s pursuit. Therefore, alienation consists of the preponderance of an external will.

We identify as the core source of alienation the tutored, subordinated and competitive work that generates contradictions and inversions at every level of culture.

Converting alienation to praxis requires a communicative action that reconnects the subject, his action and the product of such action.

⁸ SINGER, Paul. *Uma utopia militante. Repensando o socialismo [A militant utopia. Rethinking socialism]*. Petrópolis, RJ, Vozes, 1998, p. 138.

⁹ The concept of praxis discussed in the present document is based on Aristotle’s Nicomachean Ethics and on subsequent analyses of such concept in regard to the inseparability of its terms and immanent character of its purpose, as conducted by CHAUI, Marilena, in *O que é ideologia [What is ideology]*. 27^a ed., São Paulo, Brasiliense, 1988 and, as to the analysis of the other subject’s autonomy, based on CASTORIADIS, C. in *A Instituição Imaginária da Sociedade [The Imaginary Institution of Society]*. Rio de Janeiro. Paz e Terra, 1982, p. 94, where Castoriadis argues: “*What we call praxis is a mode of making in which the other or others are seen as autonomous beings whose acts are essential for the development of their own autonomy. Real politics, real pedagogy, real medicine, to the extent that they some day existed, belong to praxis.*”

Affects are more than intimate feelings; they are a mode of relation. Thus, a communicative action that reconnects the agent, his action and the product of such action involves working on the dynamics of feelings and emotions, implying the shifting between two very different streams of affects: alienation involves the logic of hate, refusal of knowledge and denial of trust inherent to schizo-paranoid processes, while praxis involves the preponderance of the integrative forces of love and trust in interknowledge and inter-human action. Thus, investigations and interventions at the level of psychopathological processes are crucial aspects of an emancipating and libertarian communicative action.

When we look at communicative action as know-make and make-know that connect agents within and outside the university, we are taken to the lesson learned from a citizen who asked us the definition of psychopathology when inquired about his condition of user of mental health services. The answer was “*learning through suffering*”. Based on this answer, he warned, “*Be careful. This way, there will always be suffering. This is why I prefer to learn through happiness.*”

A reflection on this warning leads us to the following topics:

- considering psychopathology as the knowledge (logos) of the suffering (pathos) of the soul (psyche) involves the risk – if one pays an exacerbated attention to the suffering – of losing track of the positive standpoint from which one can gain knowledge of the soul. In other words: one cannot learn or propitiate learning through suffering if suffering is the sole reference, instrument and ambience. Even if as a gasp of hope, one still needs at least a grain of enchantment, of happiness, of joy, without which melancholy leads to death;
- just like health is not just the absence of disease or infirmity, as the WHO sustains, peace is not just the absence of war, as Spinoza sustains, i.e., absence of negative is not equivalent to presence of positive;
- having social well-being included in the international definition of and in the Brazilian laws on health makes us wonder what the positive fundamentals of social institutions are. In this path, work is no longer regarded as the mere achievement of productivity goals and justice is no longer regarded as a mere instrument to punish those who fail to perform their obligations. At the same time, the quality of education at schools taken as a disciplinary instrument starts to be questioned and the scope of psychopathology is no longer reduced to the classification and management of psychosocial deviances from the norms of mental and behavioral functioning;
- coercive norms, penalties, discipline and obedience most likely bring about social distress rather than social well-being, while spontaneous desire, joy and happiness are capable of building a positive relationship with others.

Because a positive relationship with the other is essential in engendering, sustaining and developing a fulfilled life and human coexistence – and, as such, it is also a requirement for the common good, which guides justice – the social dimension of health brings in itself the vital dimension of the right.

Hence, when we consider life as an undeniable supreme value, the right to health is seen as the spearhead of democratization of social rights in opposition to the presumption of fear of death as a primary fundament to sociability – an idea that, within the logic of war, goes along the same lines of the assumption of equivalence between political power and domination.

From the standpoint of *culture of peace*, in turn, where the positive fundamentals of health are anchored in the desire for a fulfilled life in terms of psychosocial self-knowledge, education, economic means and legal compensation so that, in the search for the common good, participative justice will actually pass through, unite and embody distributive justice and corrective justice, the following propositions arise:

1. To the extent that the social and individual dimensions of health may be strongly supported by a solidarity interchange on holding, listening, curiosity, understanding, intention to compensate, generosity, mutual aid, pleasure, joy, enchantment and reflection, the **psychopathology for public health** movement consists of a continuous effort to investigate and cure whatever is in opposition to the development of the psychosocial weaving of taking care of oneself and the others;
2. The social dimension of health may be strongly supported by **restorative justice**¹⁰ insofar as it involves the right to social acknowledgment of each one's history and the access to legal remedies which are not focused on punishment, but rather on comprehending and overcoming the causes of violence identified in the process to rebuild the social ties surrounding the offender and the victim;
3. The social dimension of health may be strongly supported by **solidarity economy** insofar as it involves the right to an associated and self-managed autonomous work, under no subordination or alienation;
4. The social dimension of health may be strongly supported by **democratic education** insofar as it involves the right to information and education anchored in stimulating and exercising the desire to learn and teach and in considering educators and learners as essential decision-making agents in relation to the topics and the group rules applicable in the learning process;
5. The social and individual dimensions of health find a precious resource in **Spinoza's philosophy** insofar as it provides, in a unique manner, a unified ontological, logical, ethical and political fundament used in jointly interpreting the solidarity relations between body and mind, affect and reason, man and nature, individual and community, right and power, need and freedom in the framework of a science of the singular.

In the desire to create an interdisciplinary center related to communicative psychosocial actions in the area of sanitation, we must take notice of these many propositions in light of the principle of comprehensive health care,

*“defined as an articulate and continuous set of preventive and curative actions and services, both individual and collective, required on a case by case basis at every complexity level.”*¹¹

When we consider that a set of complex and multiple measures must be built on a case by case basis depending on the specific type of care required by a certain individual or collectivity, we are saying that the principle of comprehensive health care prescribes that sanitary actions must constitute *modes of singular care of collective or individual singularities*.

By incorporating this ethical guidance into the scope of the foundations that are essential in attaining the multiple social dimensions of health from the perspective of the **psychopathology for public health** movement, we can characterize it – together

¹⁰ For the meaning of restorative justice, see www.restorativejustice.org.

¹¹ Cf. article 7 of Law No. 8,080 of September 19, 1990 (Brazilian Organic Health Law [*Lei Orgânica de Saúde*]). Emphasis added.

with **democratic education, solidarity economy, restorative justice, Spinoza's philosophy** – as a **Democratic Invention** apt to generate a range of clinical-political procedures constituted by *modes of singular care of collective or individual singularities* aimed at increasing the potency of autonomy and cooperation.¹²

¹² Evidently, there are other Democratic Inventions (i.e., other manners of developing autonomy and cooperation with creativity and solidarity) yet to be named, discovered, or crafted.