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ART AND HEALTH: REFLECTIONS ON DOING IN "CASTELINHO"

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Abstract: This article is an experience report of two mental health residents inserted in a project that aims to articulate the dimensions of Art and Health. Castelinho is located in a general hospital in the city of Recife, Pernambuco, and proposes a humanization in the care offered to patients diagnosed with cancer, as well as to their families. In order to discuss the psychic phenomena arising from the work in Castelinho, the psychoanalytic theory was used, pointing out its apprehension of artistic production and the concept of psychic pain, unfolding the discussion in points such as the role of Castelinho in the face of death, both on the side of patients and of their family members; the position of clinical operator of the service facilitator; indication of psychological pain management line; finally, aiming to discuss the aesthetic tradition, the apprehension of Art in which this article is anchored and its relationship with the production in Castelinho was presented.
Keywords: Art, Health, Psychoanalysis

INTRODUCTION

The history of the Unified Health System (SUS) in Brazil is crossed by several struggles arising from the involvement of family members, service users, as well as the various professionals who work in the area, producing one of the greatest and most complex health systems in the world. Since its inception in 1988, through the federal constitution, this system has advanced in the proposal of policies with the aim of producing quality of life in the mainstay of prevention and health promotion (Brasil, 2022). However, in the operationalization of this system, several challenges arise, one of which is notably an obstacle in the practice of care: the de-subjectivation imprinted on service users.

Medical practice in its birthplace of the modern clinic operated a true abstraction of the disease to the detriment of the sick subject, causing the privileged locus of the disease to be anchored in the terrain of the body, relegating the subjective dimension to the quality of mere accident (Foucault, 1977). So, with a change in the physician's attitude in relation to the apprehension of the patient's experience, from understanding to an obstinate submission to the body's envelopes, a field is founded where health professionals, by displacement, also work in this same aspect.

As an attempt to intervene in this dynamic, and with the unfolding of the SUS, some other proposals emerged, one of them being the engendering of affirmative policies to refocus the disease on a sick subject that precedes it. It is in this wake that in 2003 the National Humanization Policy, also known as HumanizaSUS, came to light, whose main objective is to provide a change in the modes of care (Brasil, 2013). Such a policy believes that it is from the stimulation of communication between health workers and users that creative processes of work and affection can change and be built in a fruitful way.

Another proposal is the construction of an expanded clinic, where the biologicist technicism gives space to the clinical and human bond (Campos, 2013). The understanding of this new approach to health is that the patient is not an abstract, generalizable patient, but a concrete and social subject, crossed by a history and political and economic intersections. Thus, the extended clinic is also a clinic of the subject. This is a true manifesto of change in health practices, which starts from the judgment that the disease does not represent the totality of the patient, but is just one of its facets (Campos, 2013).

Even before these endeavors emerged in the field of health, a theoretical and clinical conception was already out of harmony with medical abstractionism and proposed not a clinic focused on the biological, but focused

on listening to the subject: Psychoanalysis. The Freudian discoveries about the relationship between the body and the psyche gave it an exceptional position when compared with the current medical discourse. The idiosyncrasies of the subjects, previously abandoned by the medical scope, gain an accent of particular importance, because for Freud the symptoms have a meaning and are derived from the patient's experiences (Freud, 1918 [1914] / 1996).

That said, this path was followed to point out that the present report will deal with the experience of two psychology residents in Mental Health inserted in an Art and Health project existing in a large general hospital in the city of Recife, Pernambuco, where the issue of humanization and the subject's clinic was permanently present. In the same sense, the apprehension of the lived experience and its discussion will be anchored in psychoanalysis, since, as previously mentioned, it does not put the disease in parentheses, bringing the subject to the main scene.

The Art and Health project undertaken in Castelinho, the setting where this experience report took place, began in 1996 by the coordination of Professor Paulo Fernando Barreto Campello de Melo, who also began to teach Art Therapy classes to medicine students. Throughout its trajectory, this project promoted several innovations at the hospital, such as a cultural meeting for patients, a musical initiation school, a fairy tale workshop, among others. Furthermore, the physical space of Castelinho itself can be taken as an invitation to Art, as in its first room, the waiting room, we can find a large table with chairs and countless manual objects, which, arranged this way, were a true summons to the production of works by patients and their families.

Since the beginning of his work, Freud has already pointed out the importance of artistic creation as an appeaser of ungratified desires, granting the created work a power of liberation for the creative subject (Freud, 1913/1996). By uniting artistic production with the general and, above all, infantile experiences of its creator, Freud articulates Art as a concrete experience of a subject who suffers, a vision that will be important for the later discussions of this report. Even though the Freudian conception of Art is one among many others, it is consistent with a general conception of Art, which is related to a creative gift that has the practical objective of meeting the obstacles of life (Suassuna, 2009).

It is by taking this space of the waiting room as an initiator of subjective and health processes that this report will unfold. Psychic phenomena arising from bonding relationships between patients, family members and project participants will be discussed, pointing to a new look at how to do it within the scope of the SUS (Unified Health System).

DISCUSSION

The work of psychoanalysis in public health institutions is already foreshadowed by its own creator. As early as 1918, in his text Lines of Progress in Psychoanalytic Therapy, Freud considered and yearned that analytic practice could enter public institutions and, through this insertion, produce effects as a competent work on subjects (1918/1996). According to him, psychoanalysis, through its intervention and reach in neurosis, would be as important as a surgical procedure, since psychic suffering can be considered a threat to public health (1918/1996). Although Freud had not dedicated himself to this practice, his interest was clear and in several texts he points out difficulties and paths in this direction.

Kaës (1991) says that from very early on the field of institutions imposed itself on the analysts' activity, being them in the quality of treatment, re-education, training

or correction. This author points out that analysts are called upon to intervene in institutions to carry out a unique activity on the shared psychic reality. The link between theory and analytical practice with the public service is important to be highlighted since the residents/authors of this report made their incursion into Castelinho based on this proposed action.

Nevertheless, artistic activity permeates all Freudian production. Didier-Weill (2014) points out that in psychoanalytic research art is taken in a crucial aspect, as a sedative, an opium, bordering on the feeling of consolation, with this sedative function of art articulated to the principle of pleasure and the creation of a moment of fleeting satisfaction. Therefore, art in analytic theory is apprehended as one of the ways to suspend the insistent experience of dissatisfaction imposed on us by reality.

In Castelinho's daily life, this dissatisfaction took on excessive contours of anguish as it came, roughly speaking, from the possibility or realization of death, since it was frequented by patients, mainly children, diagnosed with some type of cancer and their families. It was in this field, then, that artistic production flourished within the general hospital. The Castelinho waiting room, as described above, served as a support and waiting point between one medical appointment and another, as well as a meeting and creation point for patients who were hospitalized in this hospital.

Upon arriving at the waiting room, patients and family members were welcomed by the facilitator responsible for the space who, in addition to presenting the materials and helping with the artistic issue, also listened and shared their story. The facilitator lived with cancer in childhood and had to have a leg amputated because of the disease. The way of welcoming visitors to Castelinho, of talking about death without taboos, of having experienced the effects of cancer in his own body enabled the facilitator to have a differentiated management with patients and family members. As a psychic effect of this dynamic, we point out that the presence of this facilitator worked as an identification figure for the children, providing the undoubted effects of a clinical operator.

In Group Psychology and Ego Analysis, Freud conceptualizes identification as the most primitive expression of an emotional bond with another person (1921/1996). For him, this primordial bond is established in the affective dynamics that the child establishes with the parents in early childhood, causing the parent to be taken as a model, as what the child wanted to be. From this fundamental relational prototype, Freud maintains that later life ties are anchored, to a large extent, in this identification paradigm (Freud, 1921/1996). Therefore, the aforementioned Castelinho facilitator, through his own history and connection with the space, served as a psychic investment for children in suffering, who, by identifying with him, could glimpse the crossing of the illness and a future success.

However, in many cases, illness imposed itself and made the imperative of reality present, materializing a state of mourning that acted on two fronts, one being in the body of the patients and the other in the family members who frequented Castelinho. At this point, it is essential to emphasize that in many ways this health space was traversed par excellence by psychic pain, which for Nasio (2007) says of a pain of separation, based on an object to which we are intimately connected, such as a loved person or our own body.

In this context, children underwent many invasive procedures and transient or permanent sequelae were common, such as hair loss or amputations. We know that these effects linked to cancer treatment directly affect not only the body, but, above all, the subject's body image, his narcissism, since the

psychic identity of each of us is constituted by an ego that is corporeal (Freud, 1923/1996). In this wake, by circumscribing psychic pain in the field of body integrity, Nasio maintains that it is the pain of mutilation (2007).

From the family's perspective, losing a loved one inaugurated psychic pain as the ultimate affection, transforming the family member's ego into a desperate ego that contracts itself so as not to sink into the void (Nasio, 2007). It was not uncommon that, even after the death of the child or adolescent, the family member returned to Castelinho and continued to manufacture some manual object or resumed one that he had already started, indicating that this health promotion project was a place of affective investment. During these visits, the relative could talk about their suffering of abyss and loss, being welcomed by the facilitator and the mental health residents. On the professionals' side, listening to the excess of anguish was not easy, as the psychic pain is radiated to those who listen (Nasio, 2007).

In this clinical device between speaking and being listened to, and welcomed, the elaborative power of the experience in Castelinho is centralized, serving so that we can enunciate a line of management of psychic pain. This conduct passes through the production of a meaning, but not through a forced interpretation or consolation to the sufferer, but rather tuning in to this pain of the other and resonating with it, allowing time and words to purify it (Nasio, 2007). This happened in the very process of manufacturing the artistic objects, which, being manual, could be accompanied by the speech of the bereaved family members.

Before moving to the end, it is necessary that we deal in detail with which aesthetic paradigm we are starting to establish these relationships between Castelinho and its practice, because as informed in the introduction of this report, Freudian psychoanalysis participates in a unique vision when it comes to artistic production., belonging to what we could call a tragic current. In the 1919 text that deals with aesthetics, The Stranger, Freud already points out that his vision is at odds with the classical current, where aesthetics is not just a theory about Beauty, but a theory about the qualities of feeling. (Freud, 1919/1996).

In this tradition that relates artistic production to a subject who suffers, Freud is accompanied in Philosophy by Nietzsche and in Poetry by Baudelaire. While Nietzsche (2011) associates the process of creation with suffering, Baudelaire (1981) denounces that the face of Beauty in Art takes on contours of vulgarity, granting a special place to melancholy and proclaiming an aesthetics of disgrace. Therefore, the production of objects and the artistic process developed in Castelinho is a depository of this tradition, since it has psychic pain as a subjective engine that swarms its upholstery.

Finally, we find in Baudelaire and not in Freud the bases to affirm the Castelinho as a living museum, perennial in its purpose, since its physical space is full of objects produced by the subjects who have already transited inside it. Freud sees artistic production as something fleeting, as previously pointed out, but Baudelaire states that the creations of the spirit are more alive than matter (1981). In this sense, the service has an important function in the face of death, allowing both family members and patients to leave something of themselves in the hospital, transcending time and in its general museum apprehension, surpassing the material disappearance of patients who have already demanded help.

CONCLUSION

The experience of the two psychology residents crossing Castelinho was permeated by laughter, doubts, anguish and crying. The name itself allows us to refer to the playful,

the imagination, attracting children through pain, but also through play, through the space to artistically produce and transform objects, since most of the materials were recycled, in addition to allowing the elaboration of singular questions, such as one's own relationship with death or that of a loved one.

This space of Health and Art, despite not having Psychoanalysis as a theoretical basis shared among professionals, considers the subject in its entirety, without disregarding subjectivity and the disease that affects it. This way, there is an expansion of the object of knowledge and intervention of the disease clinic to include the subject himself and his context in the space of a general hospital. (Campos, 2013).

Safatle (2015) addresses two affections that were constantly present in the waiting room: fear and hope; the first being the expectation that an evil may occur and the second the expectation that something good will happen. Thus, fear and hope are placed as ways of organizing time from the projection of a horizon of expectation, time is emptied, as it becomes a space for confirmation of expectations.

Faced with the anguish or confirmation of these expectations, there was the presence of the facilitator, with his speech and listening, enabling the identification of children and family members with the same, this emotional bond that translates into a therapeutic resource (Campos, 2013) and can be making Art, that is, projecting the quality of feeling onto this object (Freud, 1919/1996). It is through these works, which are sometimes taken by patients and/or family members, sometimes left in the enclosure, whether they are complete or unfinished, as well as by the affections that circulate in Castelinho that it is considered a living museum. I live for fear, hope and identifications, I live for death, I live for promoting health, making art and considering the subject.

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