v. 2, n. 31, 2022

International
Journal of
Human
Sciences
Research

TREATMENT OR SEGREGATION? REFLECTIONS ON MENTAL HEALTH PRACTICES IN THE CONTEXT OF THERAPEUTIC COMMUNITIES BASED ON AN EXPERIENCE REPORT

Bruno da Silva Campos
Psychologist. Doctor in Collective Health and Master in Psychology from UFES. Specialist in Psychological Assessment and Chemical Dependency. Professor of the Psychology course at Faculdade Pitágoras Timbiras/MG
https://orcid.org/0000-0002-1756-720.

Pamella Vitoria Moreno dos Santos
Psychologist. Master in Public Security. Specialist in Legal Psychology.
Professor in the Psychology course at Faculdade Pitágoras Guarapari/ES
https://orcid.org/0000-0003-3368-1722

Antonio Marcos Rosa Leal
Graduating from the Psychology Course at Faculdade Pitágoras Guarapari/ES

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).

Abstract: This article aimed to problematize mental health practices within a therapeutic community in a Brazilian state. Based on an experience report, the authors point out that what is often called "treatment" in some of these spaces reinforces the crossing of segregation, prioritizing subjectivities, based on the productivist logic, asylum and the imprisonment of the that are considered 'disposable'.

INTRODUCTION

> "It is what pulses my hot bloodIt's what makes my animal human
> It's my most civilized and controlled compass
> I'm letting the air breathe me
> Drinking water to lubricate
> Focusing the mind on something productive
> My aim is peace!
> I'll carry everything out of my life
> Marks of love, mourning and spurs
> I leave joy and pain as I leave
> I love life every second
> For to live I transformed my world
> I open my chest happily, it's my right."
>
> ("Compasso" - Angela RoRo / Ricardo MacCord)

More than fifty years after the launch of the book on the "History of Madness", in which Foucault (1997) conducts a critical study of madness in the Western world, having Europe as a reference, we highlight some points in this work, as a way of to raise questions to discuss about the treatment models currently adopted in mental health, especially with regard to therapeutic communities. In the understanding of Pozas (1996), the objectives of the TC are not only the results of the treatment, but also the consequences of a social rehabilitation involving intervention also in other places outside the TC space. It is a structured system, with precise limits and well-defined functions, clear rules and controlled affections, through norms, schedules and responsibilities. The whole structure is for the patient to be fully situated in the treatment, thus, the intense work, both by the professional team and by the patients. (Sabino and Silva, 2005)

According to Foucault (1997), madness was not always imprisoned/interned. Until the 15th century, mad people circulated freely through the streets and social spaces, enjoying a certain "extraterritoriality". In this century, aptitude and unfitness for tasks and jobs were not grounds for judging whether someone was normal or abnormal. However, from the 16th century onwards, things changed, with the end of the peasantry (at the end of the 15th century), the renaissance and rationalism emerged, and some historians will call this period the era of mercantilism.

As a result, there was a need for a lot of "rational" labor for work, and what can be seen is astonishing: the cities were very populous and with very few "qualified" people to work. From there, they decide to "remove from the social scene" all those who did not "follow the rule of production" (beggars, abandoned children, the elderly, the poor, the handicapped, prostitutes, lepers and the insane). All were "swept out of society" and sent to "holy houses", not with the intention of treating them, but of excluding them. Foucault says that leprosy left the legacy of exclusion to madness (CAMPOS, 2018, p.43).

Later, in the 20th century, more precisely in the 1950s and 1960s, many researches and studies appeared involving the theme of "madness" as a mental illness. An American scholar named Thomas Szasz (1979), worries about sociopolitical tyranny disguised as psychiatric treatment. This author states that "in the 20th century, those who deviated from the current norms were excluded, hospitalized and treated in an inhumane way, and it is necessary to take into account that

any mental symptom is intrinsically linked to the social and ethical context in which the conceptual definition is elaborated." (SZASZ, 1979, p. 59).

Szasz (1979) warns that the concept of mental illness is misleading and dangerous, as it has no other function than to label and stigmatize the patient. In this sense, he points out that psychiatric hospitalization is not just any hospitalization as many believe, precisely because of this stigmatization, and that "psychiatric hospitals are sought after in two situations: sometimes patients who want to treat some problems they face, have medication and care, sometimes because they are taken by relatives who do not know how to deal with their misfortunes (they actually take them to get rid of them)" (SZASZ, 1979, p. 61).

Based on his work and discussions involving mental illness, Szasz (1979) proposes to rethink this theme from an ethical point of view, when dealing with people in psychological distress. The author asserts that "the practice of modern Western medicine is based on the scientific premise that the physician's task is to diagnose and treat disorders of the human body, and on the ethical premise that he can only perform these services with the consent of his patient" (SZASZ, 1979, p. 10)

Corroborating this historical statement that madness tends to be excluded and banished from society, we have in Foucault's "Discipline and Punish" (1987), a statement about prison that is relevant to us at this moment. The author points out that the prison does not tend to disappear, but rather has an inclination to be recoded according to a set of carceral mechanisms that greatly exceed its contours. To exemplify this, Foucault (1987) uses the expression "carceral archipelago", a term he coined to describe the migration of prison technology to the vastness of social relations.

Based on this concept, the author Guillaume Le Blanc (2013, p.183), in his article "History of Madness in the classical age: a history of poverty", postulates that:

> "If we return to the history of madness, we can also think in a way similar to that of Foucault, that the persistence of the asylum as an administration of the insane is not recoded according to a set of asylum mechanisms, which also, in this case, strongly exceed their contours . He then suggests the expression 'asylum archipelago'.

In the view of Le Blanc (2013), the expression "asylum archipelago" has two meanings. The first being linked to a transformation of psychiatry, in which the asylum was characterized as a gear, among others, for the administration of the insane. In his view, the asylum "is no longer a place closed in on itself allowing a defense of society, but a place of stay connected with other instances of treatment for madness" (page 183). Second, he points out that this "expression suggests an unexpected porosity between prison and asylum, or more precisely, between prison archipelago and asylum archipelago" (page 183). Also according to the author,

> The prisoner and the asylum, whose logics Foucault would carefully distinguish, today tend to be quoted in the name of an imperative of the "defense of society", which makes the specter of the dangerous individual re-emerged with the individual with whom one does not know what to do the vagabond or the madman. In fact, it is the whole sense of the disciplinary institution that has changed profoundly. (LE BLANC, 2013, p.183)

In this sense, Le Blanc (2013) suggests that it is wrong to think that asylum and prison disciplines are weakened. They have been remodeled from the imperative of defending society, thus making an allusion to the writings of Foucault (2005). In his view, the

prison and the asylum went through a process of resignification, leaving aside a technique permeated by a “heavy administration”, for “a lighter complex of procedures, of control disseminated, along with others, throughout the society, destined to manage subjects with whom one does not know what to do with” (LE BLANC,2013, p 184).

Therefore, “it is significant that among these subjects without a place, not employable, ‘without a voice’, that ‘clinics’ are configured as being at the same time a place of social distance and exclusion” (CAMPOS, 2018, p. 45). Diante disso, podemos nos perguntar what is the place for drug addicts today? Of silence and oblivion in clinics and prisons? From the helplessness of the streets? From the dismay of the “cracolândias” (places where people use drugs)? From the disorientation, belonging to some homeless group, despised by the social and health care devices? How can society be guaranteed protection in the face of these supposedly dangerous individuals, who are the non-employable, among which are the “crazy people”, “the vagabonds”, the “drug users”? In the thought of Le Blanc (2013), today “the fear of drug users is reactivated by their supposed dangerousness. The security devices, mainly, recreate the old population fired from the general hospital, treating the drug user, the delinquent and the poor together” (page 86).

This appeal to the security device seems more imperative and is currently based on a social war against these individuals, further promoting their exclusion. It seems to be supported by some discourses that reactivate the sovereign’s power over life and death.

An example of this are the positions of some members of the psychiatric community, in favor of maintaining “asylums S/A” (ZAMORA, 2008), inpatient clinics, asylums, psychiatric hospitals, among others. For them, there are several reasons to explain the reality of incarceration of people with mental disorders. The flag raised by them brings the argument that:

> 1) The total helplessness to which multitudes of patients with severe mental disorders are relegated; 2) The official policy of the so-called “psychiatric reform” in Brazil sent thousands of patients out of the country, but without offering them appropriate substitute equipment for health care located in the community; 3) In addition to the indiscriminate closing of psychiatric beds, the ban on opening new beds has also contributed to many patients in crisis situations no longer receiving adequate care for their mental health problems, thus becoming more socially vulnerable, increasing their chance of being in conflict with the law and being arrested as a result; 4) Lack of assistance in the mental health area related to chemical dependence, especially to crack. Chemical dependents without health care have been left to their own devices, getting involved in petty trafficking and crimes against property in order to finance their addictions (CORDEIRO; MORANA, 2017, n. p).

In addition, this segregationist logic seems to gain even more strength in the administration of the Bolsonaro government, which works to the detriment of community-based mental health policies, advocated by Brazilian legislation and bets on the privatization of health. This attitude directed towards the consumer, towards capital, creates obstacles to the exercise of citizenship and human rights and does not compromise the State in the execution of actions around the person with abusive use of psychoactive substances.

It becomes increasingly urgent to act against this authoritarian logic of the sovereign, of capitalism that insists on taking over the health of the less favored, those who have no voice, in favor of their hunger for production and the domination of productive and active bodies. Composing resistance

actions, in favor of the human rights of the most vulnerable and perpetuating actions in favor of Brazilian psychiatric reform, is configured more than ever as a duty, as a practice of citizenship.

SOCIAL ISSUES, PSYCHOLOGY AND HUMAN RIGHTS

In an attempt to re-signify this historical panorama and guarantee rights, Law nº 11.343/2006, which establishes the National System of Public Policies on Drugs - SISNAD, brings a chapter on "activities of attention and social reintegration of drug users or addicts", through actions aimed at improving the quality of life and reducing the risks and damage associated with use" (CFP, 2011, p.28).

In this direction, the positioning of psychology in the anti-asylum struggle and in the participation of the Brazilian Psychiatric Reform, whose important milestone occurred with the enactment of Law 10.2016/2001, becomes even more relevant. The aforementioned law highlights the importance of mental health services being provided on an outpatient basis, valuing freedom and family relationships and facing the possibility of hospitalization, on a timely basis, which must only occur when all other measures have already been exhausted.

The category is one of the most striking representatives in the search for absolute emancipation from the psychiatric reform: "the current struggle of the category involves therapeutic communities aimed at treating, in an inpatient regime, users of psychoactive substances" (SILVA; PICIRILLI, 2016, p. 182), models of therapeutic communities such as the one that served as a model for the present work.

In 2011, a national inspection was carried out, involving the current twenty regional councils of psychology that at the same time inspected 68 inpatient units (SILVA; PICIRILLI, 2016). The result of this inspection shows that the assistance offered, in most places, goes against public policies, especially with regard to the subject's citizenship. According to the Federal Council of Psychology (2011), "these institutions, widely publicized as a solution to the drug problem, are inscribed in the field of invisible or subaltern social practices" (p. 189). Thus, according to the document, "there are clear indications of human rights violations in all the reports. In an aggressive or subtle way, this social practice is based on the trivialization of the rights of inmates" (CFP, 2011, p. 190). However, therapeutic communities are a dizzying, growing reality and touch and provoke the knowledge of psychology. And this "touching" searches for answers. Thus, what was found in this inspection is the replacement of chemical dependence "by submission to an ideal, keeping the treated subjects submissive and inferior. This is the desired cure" (CFP, 2011, p. 190).

It is necessary to overcome the dichotomy that underlies this (dis)service. On the one hand, the financial interests of Therapeutic Communities, which disregard the subject as an integral being and feed the drug/disease concept, in addition to considering it as a possibility of profit. On the other hand, families and the State, which see the asylum model as the only possible solution to drug addiction, thus buy a product/service that has already proved to be ineffective, but which is currently remodeled by capitalist marketing and has become the "solution" as asserted by Moura (MOURA, 2020, p. 278)

> The Therapeutic Communities have stood out and gained space as an alternative to the public network. They are private and philanthropic institutions that mostly work from a hygienist and conservative perspective, using labor therapy, discipline and spirituality as pillars for treatment, also taking advantage of the isolation of

> internal people from social and family life. These spaces grew when the crack epidemic was publicized by the media, expanding with the financial incentive of the Federal Government. Since then, voluntary, involuntary and compulsory hospitalizations have been a source of profit for large businessmen who benefit from hospitalizations and readmissions.

The path that seeks to overcome the aforementioned dichotomy is possible with the positioning of the psychology professional, who must be critical, assertive and stripped of previous judgments, because, otherwise, he will be in line with the commodification of disease/health, allowing his knowledge are at the service of the "disciplining bodies" process. In so doing, he delegitimizes medieval models of segregation and ostracism:

> The historical moment of the disciplines is the moment when an art of the human body is born, which aims not only at increasing its abilities, but at the formation of a relationship that, in the same mechanism, makes it all the more obedient the more useful it is. A policy of coercion is then formed, which consists of working on the body, a calculated manipulation of its elements, its gestures, its behaviors. The human body enters a machinery of power that scrutinizes it, dismantles it and recomposes it. Discipline thus manufactures submissive and exercised bodies, the so-called "docile bodies". Discipline increases the forces of the body (in economic terms of utility) and decreases those same forces (in political terms of obedience). (...) It dissociates power from the body; it makes him, on the one hand, an "aptitude", a "capacity" that it seeks to increase; and on the other hand it inverts the energy, the power that could result from it, and makes it a relationship of strict subjection (FOUCAULT, 1999 apud FERREIRA, 2013. p. 3).

Inexorably, the psychologist must pay attention to the Fundamental Principles of the Code of Ethics of the profession, as pointed out by the CFP (2005, p. 7), by including that:

> I. The psychologist will base his work on respecting and promoting freedom, dignity, equality and the integrity of the human being, based on the values that underpin the Universal Declaration of Human Rights.
>
> II. The psychologist will work to promote the health and quality of life of people and communities and will contribute to the elimination of any form of negligence, discrimination, exploitation, violence, cruelty and oppression.

Paying attention to the above is to understand man through the Principle of Integrality, since the subject using psychoactive substances is part of a large social fabric, not being a mere disposable object, but a subject of rights and duties.

The psychologist must appropriate the theoretical tools of psychology in order to open new horizons in the service of the empowerment of the subject and fight for the end of oppression and all forms of banishment and ostracism.

METHODOLOGICAL PATHS

For the construction of this chapter, a participant observation and a bibliographic review were carried out, aiming to build a better understanding of the topic addressed, motivated by the experience in a therapeutic community in the municipality of Guarapari, Espírito Santo, in the second half of 2019, lived in the field of Basic Internship I, of the Psychology course at Faculdade Pitágoras of Guarapari. The visits took place on a weekly basis, and the student remained in the field for a period of two hours.

The participant observation was carried out during the Basic Stage I, and focused on observing the experience of a group of inmates and the practice of psychology in that institution, in the therapeutic community.

As well as, information and complaints about the environment and the activities carried out in that space, among others, were recorded. Therefore, the "being" present in the daily lives of subjects residing in the therapeutic community brings the possibility of interacting and reflecting on the reality of those individuals. Therefore, we agree with Silva (2013), when he emphasizes that "the act of observing is fundamental to develop human capabilities, and in essence it is the mechanism that enables a cycle of identifying, knowing, recognizing and providing a frequent synthesis of knowledge". of the phenomena that surround us" (p. 415).

REGARDING OBSERVATIONS, LISTENING AND NARRATIVES: DRUG ADDICTION, PHYSICAL SPACE AND COERCIVE CONTROL IN A THERAPEUTIC COMMUNITY

In the therapeutic community where the internship experience took place, everything revolved around drug addiction. In the detailed exercise of listening to the reports of the inmates and paying attention to the "pedagogical practices" offered there, it was found that everything revolved around the word drug. As a unison voice, she was present in all narratives and correlated with all emotions, condemning the past, denying the present and clouding the future. As an example, here are some narratives recorded in a notebook (Table 1).

[...] We ended up getting involved with a small group at the coffee table, the subject became very interesting and productive, however, a the word drug was the core of the dialogue, but always permeated by other terms rescued by memories: family, affections [. ..].
Personal notes of the researchers (10/22/2019)
[...] It is difficult to watch the entire lecture, especially in view of the therapist 's statement : "drug addiction is a disease, you have an incurable disease". At this point, we couldn't hide our disapproval and leaving the room was inevitable. In the external patio, it was possible to find the "boys" (an expression used by the psychologist in the treatment with the inmates) and with them to carry out a conversation circle - with some "runaways" from the lecture. Drugs were always a function of everything and the desire to leave that place was a recurring subject. At that moment, one of the inmates reported that the family *was already* arranging for his removal, but for breach of contract with the institution, they would pay a termination fine of R$3,000.00 (three thousand reais) [...].
Researchers' personal notes (11/12/2019)

Table 1: Observations about the visits.

Source: the authors.

In this sense, the word drug models all possible identities of the subject, preventing other variables from being perceived. This centralization of drug addiction imprisons the "subject/client" in a vicious circle of comings and goings to the asylum system, as the model of "cure" despises its other *personas,* thus denying the universal right to citizenship. In other words, it is as if no other knowledge were possible, condemning the subject to a single possibility of being: a sick person *ad eternum*.

In view of our observations in the Therapeutic Community, we noticed several architectural and service deficiencies such as: lack of accessibility for people with special needs, collective accommodation with low lighting and poor ventilation, in addition to the dark and unhealthy dining room. Among so many records, some are worth mentioning (Table 2):

"At 14:57 we crossed through an iron gate - approximately 70 cm, in poor condition, rusted and unpainted, which was positioned above 03 steps, giving access to a space of beaten earth, with a dry and arid appearance. In it some men, with some difficulty, plowed it with hoes, making small furrows, which later we learned that it was a future vegetable garden. We walked towards àthe reception room of the therapeutic community, where clinical care also took place: small room An iron cupboard stood out in the back with two or three hard-to-identify books.

[...]. We arrived just in time for breakfast, they were all in a damp and dark room about 8 meters long by about 3 meters wide, with a large masonry table in the center and some niches in the wall where some inmates tried to sit. There we find "the boys" , like animals in an baía,inhospitable and grimy environment. [...] the inmates drank coffee in reused plastic cups, that is, cups that were reused from containers of other products - they looked like drinks made from guarana extract. [...]

Personal notes of researchers (10/15/2019)

Table 2: The environment.

Source: the author.

In addition to the recorded observations, others were narrated by the inmates: low quality food, presence of people in psychological distress, absence of physical activities, reading offer, therapeutic activities such as music, painting, crafts and only one psychologist who we believe does not meet the demand. .

Considering what has been discussed above, it is necessary to highlight some observations made by the authors regarding the inmates within the institution: extreme idleness, passivity in relation to the disease/ health process, absence of citizenship, ignorance of rights, superstitious behavior, poverty of meaning of affections and the presence of coercion as an instrument of control.

In addition, the presence of coercion as an instrument of control and the absence of citizenship were identified, some field notes will be highlighted here (Table 3):

[...] in the cafeteria, affixed to a wooden column, a poster called attention with prohibitions and sanctions: not sitting on the railing, penalty 30 points, swearing, penalty "x" points and so on. We were introduced to two or three security guards who worked there. Their clothes and postures were a simulacrum of the military, pants with side pockets, they wore boots and taciturn faces. [...]

[...] The security, who seems to be the "sheriff" of the place, introduced us and with a threatening tone of voice, shouted: THESE BOYS ARE PSYCHOLOGISTS, RESPECT THEM. When making two or three threats, we interrupted and took the floor to undo this initial mistake in the presentation. We said that we were not psychologists, but students of the psychology course, that we were not there to observe them, but to learn together, that we would just be "attentive ears" and not "watchful eyes". [...]

[...] It is noticed that in that place live together: young people, old people, people with psychic disorders. While watching and talking to two young men, they were all summoned to the cafeteria and a search in the rooms was announced by the "sheriff". Everyone was to remain in that room and nominate a representative from each room. As soon as the representatives were appointed, the Sheriff shouted in a loud voice: "the visitors will stay with you, DO NOT SHAME ME!". Thus began the searches in the rooms, breaking a little the atmosphere that favored our approach. [...]

Personal notes of researchers (10/15/2019)

Table 3:Control Mechanisms.

Source: the authors.

By acting this way, the institution seems to be in disagreement with the legal provisions that regulate these rights, which are protected by law 11,343 of 2006, which establishes the National System of Drug Policies - Sisnad. follows its main devices:

> Article 4 establishes the principles of Sisnad:
>
> I - respect for the fundamental rights of the human person, especially regarding their autonomy and freedom; III - the promotion of ethical, cultural and citizenship values of the Brazilian people, recognizing them as protective factors for the misuse of drugs and other correlated behaviors;
>
> The Article 8th-D. Establishes the following objectives: I - promote interdisciplinarity and integration of programs, actions, activities and projects of public and private bodies and entities in the areas of health, education, work, social assistance, social security, housing, culture, sport and leisure, aiming at the prevention of drug use, care and social reintegration of drug users or addicts; (BRAZIL, 2006)

The legal mencionado anteriormente system legitimizes the questioning proposed by the present work, as the objective here does not aim at a struggle for the creation of legal mechanisms, the problematization made is an invitation to psychology professionals and civil society to demand that Law nº 11.343/2020 be fulfilled. In proposing health and citizenship, we did nothing new, but we called for the application of the rights already conquered. We cannot talk about duties without the counterpart of rights, since it is necessary that all the variables that constitute the subject are considered.

Thus, according to Lopes and Abib (2002) the only thing that exists are the functional relationships between the behavior of the individual and the environment, and by environment it does not refer only to the current scenario - the antecedent stimulus - but to everything that which affects the individual, for example, his past history of reinforcement and punishment.

It is worth noting that , we understand the individual in his entirety (past, present, future) and all his family, professional, religious relationships and not a mere imprisoned/abandoned body, deprived of its history, relegated to ostracism, obtaining as treatment only the variable time, as if this were the remedy - perhaps in the popular saying "time heals everything". However, psychology is a science and as such it must provide an answer to the treatment of chemical dependence, because if it does not, it will impute to the individual all their ills, misfortunes and misfortunes and will strengthen the prejudices and stereotypes existing in society.

CONCLUSION

By problematizing the treatment model offered by the therapeutic communities, new perspectives were possible. These provided questions, which caused the distancing of the discourses of common sense and the political rhetorical discourse that legitimized the asylum model.

At the beginning of the modern age there was the banishment of the individual incapable of work, through prisons, thus establishing madness as a social problem, and the solution was ostracism. However, what was said to produce was also deprived of its forces by the docility of bodies, so both the first and the second, in the end, were discarded. In current times, prisons do not tend to disappear, but resignify themselves, because if in the beginning of the 16th century the non-productive/crazy was excluded, today it was also renamed drugged/crazy, now seen as a source of profit, not because of its strength. of work, but for the reason of his "illness".

In the practical observation carried out in the therapeutic community, it became clear that the current asylum model does not seek a "cure", but rather stigmatize drug addiction as madness. Therefore, the asylum model in its recoding not only imprisons bodies, promoting social hygiene, but also profits from them.

When experiencing the day to day in a therapeutic community, it was found a cluster of subjects relegated to idleness, with time/abstinence being the main treatment offered. Certainly other ancillary activities are offered as decoy and propaganda, after all, like any capitalist company, good marketing is essential, and the "marketers" on duty perform excellent work with a frightened society and families in despair.

The "therapeutic activities" only reinforce and stigmatize the inmates, crystallizing the drug/madness idea, disqualifying many other social roles such as parents, children, bricklayers, carpenters, lawyers. So, we need to rethink: how to break this massive

structure and make possible the permeability of so many other possibilities of being, beyond madness/profit?

It is also necessary to question the treatment given to the families of asylum seekers, who are sometimes criticized for the "abandonment" of the subject in the therapeutic communities. Faced with the despair experienced by them, most of them poor and ignored by the public power, they are deceived by the "merchandising" of cures, seeing in the asylum communities the only way out and therefore they buy an expensive service, inefficient and away from the territoriality of the subjects, because most of the "clinics" are located in areas far from large urban centers, many without public transport, which makes visits to therapeutic communities.

The intention is to combat authoritarian discourses and provide a favorable environment for dialogue, which goes beyond walls, in a systemic view, so that we can see a totality, that is, the subject in use of substances psicoativas, suaterritoriality and the family. Tools must be sought to deconstruct the asylum model, remodeling public policies, as the current ones are at the service of banishment and profit.

However, for the effective deconstruction of this model, it is necessary that the knowledge of Psychology establishes a dialogue with the knowledge of the asylum seekers and their families, producing new possibilities of treatment for a universal problem, in a way that meets the local peculiarities and the demands of each individual. individual.

Thus, the face à urgênciagenerated by what was observed in the clinic, it is intended to move away from the hegemonic rhetoric that only contributes to a tautological discourse that reinforces the criticized model. Faced disso, owith a psychology professional, the task of breaking away from an inert and naturalized view of social complaints is called upon and paying attention to the consequences the pairing of their practices with asylum policy.

Due to the new questions, the psychologist professional is invited to answer them, not being able to do it from a hierarchy as the possessor of an a priori knowledge, the bearer of a privileged knowledge regarding the questions, but he must assume a horizontal posture, a doing with the other, one doing for the other, only this way will it be possible to answer the questions proposed at the beginning of the chapter: what is the place destined for today's chemical dependents? Of silence and oblivion in clinics and prisons? From the helplessness of the streets? From the dismay of the ''Cracolândias" (places where people use drugs)?

Finally, it is not the scope of the present work to bring ready answers or miraculous proposals, nor to exhaust the possibilities of questioning, but rather to provoke indignation in the face of the imperious policy that provides the gratuitousness of chaos, but the promise of calm is sold dearly. It is understood that this will only be possible through the arduous defense of Human Rights.

REFERENCES

BRASIL. (2001). **Lei nº. 10.216/2001**. Dispõe sobre a proteção e os direitos das pessoas portadoras de transtornos mentais e redireciona o modelo assistencial em saúde mental. Brasília.

BRASIL. (2006). **Lei nº 11.343**, de 23 de agosto de 2006. Disponível em:< http://www.planalto.gov.br/ccivil_03/_ato2004-2006/2006/lei/l11343.htm>. Acesso em 05 maio 2018.

CAMPOS, B. S. (2018). **Rompendo silenciamentos: modos de vida, dilemas e vulnerabilidades a que estão expostas pessoas com transtorno mental em conflito com a lei no sistema prisional capixaba.** [dissertação]. Vitória, ES: Universidade Federal do Espírito Santo.

CONSELHO FEDERAL DE PSICOLOGIA. (2005). **Código de Ética do Profissional Psicólogo**. Brasília. Disponível em < https://site.cfp.org.br/wp-content/uploads/2012/07/codigo-de-etica-psicologia.pdf > Acesso em: 09 de dezembro de 2019.

CONSELHO FEDERAL DE PSICOLOGIA. (2011). **Relatório da 4º Inspeção Nacional de direitos Humanos: locais de internação para usuários de drogas**. Brasília. Disponível em < https://site.cfp.org.br/wpcontent/uploads/2012/03/2a_Edixo_relatorio_inspecao_VERSxO_FINAL.pdf > Acesso em: 09 de dezembro de 2019.

CORDEIRO, Q. E; MORANA, H.C.P. (2017). Pacientes psiquiátricos em unidades prisionais comuns. **Revista psychiatryonline Brasil**. Volume 22. Disponível em: http://www.polbr.med.br/ano13/for0313.php. Acesso em 29.11.2017.

FERREIRA, E. B. (2013). Docilizando Corpos: Aportes sobre o emoldurar de condutas na obra Vigiar e Punir de Michel Foucault. **Revista Eletrônica Conteúdo Jurídico**. Brasília. Disponível em < http://www.conteudojuridico.com.br/consulta/Artigos/36849/docilizando-corpos-aportes-sob e-o-emoldurar-de-condutas-na-obra-vigiar > Acesso em: 09 de dezembro de 2019.

FOUCAULT, Michel. (1987). V**igiar e punir: história da violência nas prisões**. 21ª ed. Petrópolis (RJ): Vozes; 1987

FOUCAULT, Michel. (1997). **A História da Loucura na Idade Clássica** (1961). 5. ed. São Paulo: Perspectiva.

FOUCAULT, Michel. (2005) **Em Defesa da Sociedade: curso no Collège de France** (1975-1976). 1ed. São Paulo: Martins Fonte.

LE BLANC, G. (2013). **História da loucura na idade clássica: uma história da pobreza. In: O mesmo e o outro – 50 anos de história da loucura.** MUCHAIL, S.T., FONSECA, M. A, VEIGA-NETO, A. (org.). Belo Horizonte. Autêntica editora.

LOPES, C. E; ABIB, J. A. D. (2002). Teoria da percepção no behaviorismo radical. **Psicologia: Teoria e Pesquisa**, Brasília, v. 18, n. 2, p. 129-137.

MOURA, H. C. E. A Reforma psiquiátrica brasileira e os entraves para a superação do modelo manicomial. **Argumentum**, *[S. l.]*, v. 12, n. 3, p. 270–283, 2020. DOI: 10.47456/argumentum.v12i3.29217. Disponível em: https://periodicos.ufes.br/argumentum/article/view/29217. Acesso em: 30 jan. 2021.

POZAS, J.E.M. (1996). **Comunidades terapêuticas enEspaña: evolución histórica, situaciónactual y perspectivas** [on-line]. Disponível em:http://www.ieanet.com/boletin/opinion.html

SABINO, Nathalí Di Martino e Cazenave, SÍLVIA de Oliveira Santos. **Comunidades terapêuticas como forma de tratamento para a dependência de substâncias psicoativas.** Estudos de Psicologia (Campinas) [online]. 2005, v. 22, n. 2 [Acessado 23 Setembro 2022] , pp. 167-174. Disponível em: <https://doi.org/10.1590/S0103-166X2005000200006>. Epub 05 Nov 2007. ISSN 1982-0275. https://doi.org/10.1590/S0103-166X2005000200006.

SILVA, Marcos Antonio. (2013). A Técnica da Observação nas Ciências Humanas. **Revista Educativa**, Goiânia, v. 16, n. 2, p. 413-423, jul./dez. 2013. Disponível em: < file:///C:/Users/Pc/Downloads/3101-9226-1-PB.pdf> Acesso em: 10 de nov. de 2020.

SILVA, E; PICIRILLI, C.C. (2016). **Psicologia e Políticas Públicas**. Londrina: Editora e Distribuidora Educacional.

SZASZ, T. (1979). **O Mito da Doença Mental**. Rio de Janeiro: Zahar.

ZAMORA, M. H. (2008). Os corpos da vida nua: sobreviventes ou resistentes? **Lat.-Am. JournalofFund.Psychopath.Online**. São Paulo, v.5, n.1, p.104-117.