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O trabalho alienado e a alienação mental: a reforma psiquiátrica no capitalismo

Alienated work and mental alienation: the psychiatric reform in capitalismo

El trabajo alienado y la alienación mental: la reforma psiquiátrica en el capitalismo

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RESUMO: O artigo faz um paralelo entre o trabalho alienado na perspectiva marxista e a alienação mental. Para levantar hipóteses sobre essa correlação, considera-se a dupla utilidade da instituição psiquiátrica, de isolar e tratar pessoas que apresentem comportamento desviante. Permanece, não apenas na saúde, mas nas diversas políticas sociais, a compreensão do trabalho – em seu sentido estrito – como único meio de acesso a direitos, e do salário como única forma de manutenção da vida. Os programas de assistência social destinados a pessoas impedidas de trabalhar – crianças, idosos e pessoas com deficiência – são uma manifestação dessa centralidade, pois a única possibilidade apresentada a essas pessoas é de sobrevivência com valores monetários pífios. No entanto, as pessoas com transtorno mental não têm sequer esses direitos no âmbito da política de assistência social no Brasil, o que revela uma incompreensão quanto à natureza dos transtornos mentais ou uma compreensão de que eles são, na verdade, desvios morais ou simulações com o objetivo de manter as pessoas afastadas do trabalho. A inserção e a manutenção no mercado de trabalho são consideradas indicadores positivos no âmbito da saúde, sendo um determinante social de saúde ou um sinalizador de alta médica e ou psicossocial. Por outro lado, o trabalho é um dos elementos mais estressores da contemporaneidade e o ambiente de trabalho é um dos mais propícios ao desenvolvimento de transtornos mentais. Este artigo dedica-se à tentativa de elucidar essas contradições, questionando em que medida a reforma psiquiátrica teria um potencial revolucionário diante dos desafios que emergem numa sociedade capitalista.
Palavras-chave: Reforma psiquiátrica, Saúde mental, Trabalho.

ABSTRACT: This paper makes a parallel between the alienated work in the marxist perspective and mental alienation. To raise hypotheses about this correlation, it is considered the dual utility of psychiatric institutions, to isolate and to treat people who present deviant behavior. It remains, not only in health, but in several social policies, the understanding of work – in its strict sense – as the only mean of access to rights, and of salary as the only way of maintaining life. Social assistance programs for people who are prevented from working – children, the elderly and people with disabilities – are a manifestation of this centrality, since the only possibility presented to these people is survival with insignificant monetary values. Nevertheless, people with mental disorders do not even possess these rights in the scope of the social assistance policies in Brazil, which reveals a misunderstanding about the nature of mental disorders or an understanding that they are, in fact, moral deviations or simulations in order to keep people away from work. The insertion and maintenance in the labor market are considered positive indicators in health, being

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a social determinant in health or a sign of medical and/or psychosocial discharge. On the other hand, work is one of the most stressful elements in contemporaneity and the workplace is one of the most conducive to the development of mental disorders. This paper attempts to elucidate these contradictions, questioning to what extent the psychiatric reform would have a revolutionary potential in the face of the challenges that emerge in a capitalist society.
Keywords: Psychiatric reform, Mental health, Work.

RESUMEN: El artículo realiza un paralelismo entre el trabajo enajenado en la perspectiva marxista y el desequilibrio mental. Para aplicar una hipótesis sobre esta correlación, se considera la doble utilidad psiquiátrica, de aislar y tratar a personas que manifiestan comportamientos desviados. Permanece, no solamente en la salud, sino también en las distintas políticas sociales, la comprensión del trabajo – en su sentido estricto – solo como medio de acceso a derechos, y del salario bajo una forma de manutención de vida. Los programas de asistencia social destinados a personas imposibilitadas de trabajar – niños, personas mayores y personas con insuficiencia – son la manifestación de este carácter central, el cual brinda únicamente la posibilidad de sobrevivir con valores monetarios insignificantes. Sin embargo, las personas con desorientación mental no obtienen ni siquiera estos derechos en el contexto de la política de asistencia social en Brasil, dejando observar una incomprensión en cuánto a la naturaleza de los trastornos mentales y la comprensión de que en verdad son desvíos morales – simulando con el objetivo de mantener las personas alejadas del trabajo. La inserción y el sustento en el mercado de trabajo se consideran indicadores positivos en el contexto de la salud, sirviendo, a su vez, como determinante social de salud o incluso como un indicio de alta médica y/o psicosocial. Por otra parte, el trabajo es considerado el elemento más estresante de la actualidad donde a su vez, el clima de trabajo es el que genera el desarrollo de trastornos mentales. Este artículo intenta dilucidar tales contradicciones, cuestionando en qué medida la reforma psiquiátrica presenta un potencial revolucionario entre los desafíos que emergen dentro de una sociedad capitalista.
Palabras clave: Reforma psiquiátrica, Salud mental, Trabajo.

INTRODUCTION

It is difficult to find bibliographies with the purpose of discussing the insertion of the person with mental disorder in the labor market. On the contrary, mental illnesses arising from work are discussed. However, the already established relationship between work and mental disorder does not happen by chance. Obviously we refer to a work with characteristics that allow the sickness and that reject the sick person.

Although there is this rejection of the individual in psychological distress, the State and social constructs determine the need for work to reach certain rights. Despite two centuries of the contributions of Philippe Pinel to psychiatry, the logic of moral treatment still permeates the relations established between society and the maniac.

It is from this reflection that some theories are raised here about the role of work in the life of the person with mental disorder and about the way in which the psychiatric reforms have understood it in their propositions of profound modifications in the mental disorder.

It is within the scope of a capitalist society anchored in the exploitation of the workforce that psychiatric reforms are developed. Although the gains derived from innovative procedures in mental health are considered, it is questioned, in the macro-social context, the critical level reached by these proposals when they extrapolate the psychiatric hospital and psychiatry itself. Would the centrality of work, so much questioned today, be in question when it comes to social rights and policies? What does mental rehabilitation mean? What is the role of non-medical professionals in the practical conduct of mental health policies after the advent of psychiatric reform? These are some questions raised in this work, for which we find hypothetical answers and still at exploratory level.

1. Mental alienation and alienated labor

The conception of mental alienation is directly related to other concepts, such as mental illness, mental disorder, madness and, more recently, psychic suffering. It is based on the understanding of normality, which, according to Foucault (a1999)[1] , refers to the affiliation of individuals to a so-called homogeneous social body, but whose function is to hierarchize, classify and distribute places. Normalization is, for the author, from the XVIII century, a form of discipline and regulation, which can occur through legislation, for example.

However, Foucault differentiates law and norm in five aspects, highlighted by Edgardo Castro (2009, p. 310, free translation)[2] :

> 1) The norm refers to acts and behaviors of individuals to a domain that is, at the same time, a field of comparison, differentiation and rule to follow (the average of conduct and behaviors). Law, in turn, refers the individual conduct to a corpus of codes and texts. 2) The norm differentiates individuals in relation to this domain, considered as a threshold, as an average, as an optimum that must be achieved. The law specifies the individual acts from the point of view of the codes. 3) The norm measures in quantitative terms and hierarchizes in terms of value the capacity of individuals. The law, however, qualifies individual acts as permitted or prohibited. 4) The norm, based on the valuation of the conduct, imposes a conformity that must be achieved; it seeks to homogenize. The law, from the separation between the permitted and the forbidden, seeks condemnation. 5) The norm, finally, traces the boundary of what is external to it (the difference with respect to all differences), the abnormality. The law, in its turn, has no exterior, conduct is simply acceptable or condemnable, but always within the law.

The predominant difference between law and norm is, therefore, the level at which both operate. The norm is collective and constructed collectively, informally creating modes considered correct to act and to be. The law makes this applicable to individuals, in constructing a system of surveillance and control, since it becomes possible to attribute to the individual guilt and responsibility for any practice considered deviant. It is in this aspect that Foucault stresses the importance of medicine: “From the moment it is a society of the norm to which it is being constituted, medicine, because it is the science par excellence of the normal and the pathological,

will be the royal science" (1994, p. 76, free translation)[3].

Foucault (b1999)[4] still considers two other ways of approaching the norm: as a rule of conduct, which opposes disorder, eccentricity and deviance in the order of behavior; and as functional regularity, whose opposite is the pathological, referring to the malfunction of the organism. Psychiatry dictates norms at these two levels, supported, in the latter, by neurology.

Under a more pragmatic logic, Loïc Wacquant approaches this discussion, without, however, specifically addressing the notion of normality. The author, in partnership with Pierre Bourdieu (2013)[5] , approaches cultural imperialism, which, under the neoliberal model, makes use of the globalization of practices and concepts to determine patterns:

> Like the dominations of gender and ethnicity, cultural imperialism constitutes a symbolic violence that relies on a coercive communication relationship to extort submission and whose particularity consists, in this case, in the fact of universalizing particularities linked to a singular historical experience, by making them unknown as such and recognized as universal. (Bourdieu, Wacquant, 2013, p. 83, free translation)

Imperialism allows the diffusion and regulation of norms worldwide. Before nations adopt laws, the think tanks, under the umbrella of international organizations, organize what can be standardized. It is emphasized that the authors see in this process a symbolic violence, since the singularity assumes the status of abnormality.

The mental alienation, in turn, is debated by Foucault, who, from the perspective of illness as an anomaly, states that, for classical psychiatry, it is an abnormality in its "pure state", crystallizing pathological behaviors that alter the personality of the individual (Castro, 2009, p. 32, free translation).

It is understood mental alienation as derived from a social construction, dependent on the norms of a society. It is worth remembering the relation that this concept holds with work: madness only became a social problem from the moment the madman came to be seen as someone without utility, that is, within the scope of industrial capitalism, a society based on work. And the social problem of madness erupts in hospitalization, in psychiatric hospitalization.

> The development of capitalism, with the transition to industrial capitalism in the late XVIII and early XIX centuries, will require a mass of unemployed as an instrument of wage policy. Thus, the institutions of mass enclosure ceased to be useful and even dangerous. Therefore, they will be replaced by a hospital system with dual utility: on the one hand, for those who could not work for physical reasons and, on the other hand, for those who were prevented for non-physical reasons. (Castro, 2009, p. 68, free translation)

The asylum that previously carried the moral and physical burden of leprosy is now receiving a non-communicable disease under medical or legal justifications. Foucault understands

that madness is broader than capitalism and great hospitalization suggest: “The mentally ill is not the truth at last discovered of the phenomenon of madness, he is its own capitalist avatar in the ethnological history of the madman” (1994, p. 499, free translation).

According to the author, alienation deprives the individual of the recognition of physical and moral truth, leaving the mentally ill excluded from the world of men: he passes from the possession, which would have reached his soul during the Renaissance, to the dispossessed status of his own body, which is now submitted to the asylum institution.

> Even though society does not recognize itself in the mentally ill, which it considers a stranger and a foreigner, it is impossible to deal with mental pathology without referring to social structures, without seeing its human environment as a real condition of disease. [...]. The contradictions of the environment become diseases only when they are functional contradictions. Social conflicts become, this way, mental conflicts (Castro, 2009, p. 261, free translation).

From this reflection inspired primarily by Michel Foucault, it is possible to draw upon Dulce Whitaker (1992)[6] , who suggests “normality as a pathology”. The author assumes that diseases arise from an imbalance in the face of nature and the socio-cultural environment. However, imbalances can be generated by the culture itself, which would program individuals artificially through a “rationality”, far from nature and their nature. Therefore, the greater the rationality, the more mental illness – or more irrationality. However, what would be most irrational: to adjust to an artificial logic that drives people away from nature and their own nature or to reject this adjustment and live according to a truth of their own? According to the author, “when more adjusted to the productive system, the more efficient a citizen is, the more pathological his relation to the world” (Whitaker 1992, p. 191, free translation). Mental alienation thus appears as an alternative to alienation from the world of work. It becomes a form of reason before the unreason that is to abandon the own nature.

Sérgio Lessa (2006)[7] affirms that people are what they do, are the relations they establish between themselves and with the history of which they participate. Since society is a producer of commodities, human beings become guardians of commodities: while those of the ruling class preserve capital, the proletariat protects its own labor power, the only commodity it possesses. The marginalized and the unemployed are miserable guardians who cannot sell their labor force.

His understanding of alienation very closely approximates that of a mental one. In the same way that madness ends up dehumanizing the individual before society, analyzing the population appropriate to the model of production, it is verified such a level of artificiality in daily life, that it becomes possible to note the dehumanization promoted by the exploitation of the labor force. “[...] our destinies are determined much more by the money we create than by the gravity we do not control. The power of money over us comes from ourselves and, however, it seems that it has such

a tremendous force that it could not be in any way human" (Lessa, 2006, p. 5, free translation).

While in the popular saying, it is crazy who "rips money", it is considered rational to lose goods that could feed entire populations, if there is no money that can buy them.

> The examples are endless: from fashion to war we do what is profitable, not what is humanly necessary. Think of the barbarity that is building a nuclear arsenal enough to destroy the world 99 times. From a military point of view, once would only be more than enough. And this was done because, for us, "guardians of the commodities", it is more "sensible" to construct the bombs than sensibly meet human needs. What would be more "reasonable" than to prepare our own self-destruction of planet Earth – if this is profitable? (Lessa, 2006, p. 6, free translation)

From the point of view of psychiatry, it is unhealthy to plan our own death. From the social point of view, if it is in the name of profit, it is normal, acceptable and even healthy. Legislation, which, as Foucault describes, individualizes the norms, provides for punishment of murderers. However, political choices that harm entire nations and cause the deaths of thousands are considered fair human practices, especially if measured by meritocracy.

> The madman, in his painful and debauched unreason, provokes, deep down, a reflection on this great capitalist illusion of giving meaning to life through the accumulation of honors and material goods. To listen to the madman may be to hear a cry that echoes within the soul not only as an object of curious pity or nervous fear, but as a challenge to the illusory security of a life erected under the unstable ground of the pursuit of a happiness that always reveals itself and each unattainable. (Oliveira, Dorneles, 2005, p. 26, free translation)[8]

With these theoretical perceptions analyzed, it is questioned how the psychiatric reform movement initiated in the 1970s deals with the issue of work and with the relationship between the subject diagnosed with mental disorder and the society. In Brazil, despite the expression "reform", this movement is interpreted, at least in the scope of its theoretical elaboration, as "a proposition of paradigmatic change – and not just another proposal of an assistance model" (Bezerra Jr., 2007, p. 243, free translation)[9]. However, one wonders: to what extent does the ongoing psychiatric reform promote a critique of alienated work? Is the denial of the institution "psychiatric hospital" presented by Franco Basaglia enough to respect the truth of the crazy in a context of centrality of work? Or what follows the denial of hospitalization?

2. Experiences of psychiatric reform and the place of work

The Italian Franco Basaglia influenced everyone with his proposal of opening the doors of exit and closing the doors of psychiatric hospitals. It cannot be denied the contribution of the Italian Democratic Psychiatry to the whole conception of mental health treatment. It is not possible, however, to steer clear of his methods and questions about their consequences from the point of view of human emancipation.

Franco Rotelli, by reporting his experience of deinstitutionalization in the city of Trieste, Italy, reveals the success of the replacement of closed services for community-based services, open and better distributed in the city. Families are cited as a fundamental element for the rupture with the asylum institution and with the inhumane forms – often reproduced from the hospital environment – of caring for the sick loved one.

From the point of view of the daily life of patients or former patients of psychiatric hospitals, Rotelli (1992)[10] highlights the partnership with labor cooperatives, social enterprises. The work appears as a therapeutic and deinstitutionalizing element. The term citizenship recurrently arises in discussions about psychiatric reform in any nations, but little is debated about its practical significance. Apparently, the fight against the asylum has not proved enough to guarantee citizenship, autonomy and emancipation. In critique of the implemented models, Denise Dias Barros (1992)[11] states that there is a contagion of the manicomial culture, in which reformed psychiatry becomes "a diffuse institution in the social fabric, without transforming or revising the paradigms that had created asylum. Although hospitalization did not take place in macro-institutions, the patient continued to live without conditions for the exercise of rights" (p. 174, free translation). It is questioned here what rights these authors refer to and what they mean by citizenship.

At the same time that it proposes to be revolutionary, the deinstitutionalization devised by Franco Basaglia was based on the assumption of the existence of full employment for all. Therefore, rehabilitation, a term that refers to skill or functional habilitation, would rise above a society of work. Rotelli (1992) considers the importance of de-institutionalized people "to be able to reacquire the possibility and the identity of work". "But not at any price" (p. 165, free translation), he adds. According to him, in the implementation of the Italian reform, there was an opening for innovations in work in Western Europe.

> But our philosophy is that small things should be put together, with few adherents to each of these situations, trying to mix people who have serious problems with people who have few problems and seeking to do professional training, but for the market in which one works much in what we call the mediation of the object. In other words, in that the relationship is not only from person to person, but through the object that is produced, the quality of the object that is produced, the quality of the way this object is produced, and the fact that it is an object to the market, that is, a true object and not a make-believe object. [...] I do not think that Mental Health is done by producing useless things [...], but I think it is much more important that a person commit himself for a year to do something that can be sold than hiring one day just doing something that no one serves. (Rotelli, 1992, p. 158, free translation)

It is clear that cooperatives, at least in their conception, are intended to be alternatives to the exploitation of the workforce, but what is doubtful is, apart from insertion in an alienated work, the association between treatment and work, between health rehabilitation mental and work. After all,

is "existence-suffering" assumed or not, that would replace to a certain extent the cure of disease? Is work the ultimate indication of success in a treatment? Which work?

France, which in 1838 already had a law aimed at the alienated and alienists, developed from the 1970s the so-called Sector Psychiatry. Inspired by the models of physical health care, it aimed to increase the participation of other professionals in care, based on a logic of prevention, prophylaxis, cure and post-cure, with a division of the territory by the teams. Although its discourse had replicated Anglo-Saxon experiences, of prioritizing mental health over mental illness, the results of Sector Psychiatry were very different from those observed in the reformed italian psychiatry: psychiatric hospitals were strengthened and it was from them that the demands emanated to the teams of the sector. According to Izabel Passos (2009)[12], the French model increased the segregation of people with mental disorder.

Nicolas Henckes (2007)[13] describes in detail the elaboration of the french mental health policy and affirms that Sector Psychiatry began to be thought even in the 1950s by young doctors, under the influence of the World War II and the development of studies in the field of biological psychiatry, which has appropriated its own pharmacology. One criticism made by the author is that the construction of Sector Psychiatry was headed by doctors who held management positions or prominent positions in corporate entities at the time. This made policy largely stop giving psychiatry greater visibility over other medical specialties.

The focus of the sectors on the traditional treatment logic – prevention and cure – made this model unable to deal with chronic patients, those unable to resume life they had before the onset of illness or unable to rehabilitate. In the field of medicine, they suffer from insufficient pharmaceutical resources to enable them to live a more integrated life in the community. From the point of view of the other areas of mental health, they are people who can hardly demonstrate positive responses through psychological accompaniments or other therapies. They are not, also, people who would produce salable materials, contrary to what Rotelli values, which is the production of quality products for the market. They are considered, thus, a problem in psychiatry and for the proposed care model, since they do not fit into the expected patient pattern for services.

Not only in France, but also in the United States, mental health care has developed from the perspective of preventing diseases. Prevention was directly related to the type of citizen one wanted to shape (Alessi, Oliveira, 2005)[14]. Thus, avoiding mental disorder and chronification would be to teach people to remain adapted to the ways of life appropriate to the time and place. The cure would also adopt the same goal.

Reports about the psychiatric reform in Canada suggest the same line of thought, but with different outcomes depending on locality. According to Rotelli (1992), the experiences of Quebec, Denmark, the Netherlands and France are similar insofar as, despite a proposed dehospitalization,

they built services around hospitals without actually deinstitutionalizing. He criticizes, in these places, the use of art as therapy, and not for the market, which should be the focus, according to the author.

What is verified is an emphasis, insistent and uncritical in some aspects, on the insertion of the individual at work as an indicator of the success of mental health treatment. In Brazil this is provided for in the latest legislation on the subject. Law 10.216/01 considers that, among the rights of persons with mental disorders the right "to be treated with humanity and respect and in the exclusive interest of benefiting his/her health, in order to achieve his/her recovery by insertion into the family, work and community" (Art. #2, Sole paragraph, line II) [emphasis added].

The law uses the expression "recovery", which, although distinct from "cure", presupposes the possibility of returning to be what or who you were or to return to have something that you had, in this case mental health. Such a recovery is linked to the insertion of the individual in the family, in the work and in the community, being this the means by which the individual would reach the mental health or its more complete state of psychic well-being, respecting the concept of health of the World Health Organization (WHO) in 1948 (Scliar, 2007)[15,] or the cure for mental disorder.

In a research conducted in 2005 by Jorge et al. (2006)[16], mental health professionals were able to inform their conception of psychosocial rehabilitation in interviews. The central role of the work appears in some manifestations: "in illness, he/she is incapable of work and social life. Mental health is to cure this disability"; "we must replace the patient with mental disorder in the affective and social relations of work" (p. 736-737, free translation). The authors criticize the fact that many professionals reduce the comprehension of rehabilitation to the insertion in the work, emphasizing the importance of promoting citizenship. The concept of this, however, is not mentioned. Apparently, it is an expression of human dignity, related to the respect to the basic rights of the people.

Benedetto Saraceno (1998)[17], an important thinker of the italian psychiatric reform, criticizes, as Rotelli, mentioned above, the use of art as therapy:

> Rehabilitation for what? And a technique? Make dolls, paintings? This is not rehabilitation, it is an activity of people. Institutionalizing these activities is a great danger. I agree that psychotics do paintings, but I do not agree that there is therapeutic painting. I agree that psychotics make music, but I do not believe in music therapy; that psychotics do theater, but I do not believe in theater therapy. Theater, painting, music are legitimate fields of expression of people. We do not need psychotic painters, we need psychotic citizens. We do not need psychotic artists, we need psychotic citizens. And like any citizen, artists or not, but not as psychotics, but as citizens (p. 27, free translation).

Saraceno proposed to people with psychic suffering a meaning-generating work. From the criticism to the traditional clinic, which refers to the Latin "clynos" – bed –, the author discusses

a practice of rehabilitation of listening and accompaniment in which the subject is not seen as passive and devoid of power and in which preoccupation prevails with the actual material level of the patient: “A clinic that allows the patient to produce social value. Let it be the painting, the work cooperative, let it be something, but that produces value” (Saraceno, 1998, p. 30, free translation). The value there understood is concrete, but also symbolic, once work comes with the mission to make sense. In what kind of work does the production of sense take place but in the work not alienated?

3. For a revolution in the mental health field

The values that elevate work as a dignifying practice are relatively recent. According to André Gorz (2003)[18], what we call work is an invention of modernity, generalized by industrialism.

> “Work”, in the contemporary sense of the term, does not confuse itself with the tasks, repeated day after day, which are necessary for the maintenance and reproduction of everyone’s life; nor with the labor, however painful, that an individual performs to fulfill a task of which he himself and his neighbors will be the recipients and the beneficiaries; nor with what we undertake on our own, without measuring our time and performing in our place. [...]
>
> Because the most important characteristic of this work – that which we “have”, “seek”, “offer” – is to be an activity that takes place in the public sphere, solicited, defined and recognized useful by others besides us and, remunerated [...] Thus, industrial society can perceive itself as a “society of workers”, distinct from all others that preceded it (GORZ, 2003, p. 21, free translation).

The same author states that work was not a factor of social integration, but the opposite, and those who performed it were considered inferior, because they were estranged from the possibility of getting involved with the affairs of politics. Using Hannah Arendt, Gorz states, yet, that work “was unworthy of the citizen” (ibid., p. 22, free translation).

Hannah Arendt differentiates labor, work, and action. The first would be inherent in human life, it has to do with the needs that are imposed on the individual, corresponding to the biological development. “The human condition of labor is life itself” (Arendt, 2007, p. 15, free translation)[15]. The work, in turn, is linked to what the author considers artificialism. “Work produces an ‘artificial’ world of things, markedly different from any natural environment” (ibid., p. 15, free translation). Only at the level of action does the human being develop politically.

> The labor ensures not only the survival of the individual, but the life of the species. Work and its product, the human artifact, lend a certain permanence and durability to the futility of mortal life and to the ephemeral character of human time. Action, insofar as it strives to found and preserve political bodies, creates the condition for remembrance, that is, for history. (Arendt, 2007, p. 16, free translation)

The author affirms that the expression vita activa, which formerly designated human action of a political character, passed, with the end of the ancient Greek city-state, “to denote all kinds of active engagement in the things of this world” (ibid., p. 22, free translation). This does not mean, she recalls, that work and labor have been elevated in the hierarchy of human activities. Contemplation is considered the only truly free and dignified way of life.

The expression of work as a condition of dignity is an aspect that leads us to question the understanding of citizenship adopted by the so-called psychiatric reform in several countries of the West.

Even though, in the health field, legislation has adapted to the so-called “humanization” of service provision – with all the limitations arising from the training of professionals, the structure of public equipment and the very notion of society about madness, still cloistered in mental asylums (Pelbart, 2009)[20] –, the other policies have little changed their conceptions about people with mental disorder and hardly receive them. Thus, the service network, which should extend beyond mental health, remains at an almost utopian level.

Salaried work is directly linked to the notion of dignity and rights. It is in this work that the expected morality of the poor is concentrated. And the impediments that are considered valid to keep away from the labor market some groups of society are limited, since children, the elderly and people with some types of disability are released from the moral duty to work.

Still, when unemployed people – in the profile described above or not – receive some kind of socio-welfare benefit, it is assumed that they have an interest in staying away from the labor market, which is harshly criticized and is clearly avoided by the rules. Otherwise, there would not be so many protocols in the agencies of medical and social expertise and the famous “INSS queues” in Brazil.

In Brazilian reality, we see, therefore, several policies and programs aimed at people with disabilities, including mental, which differs from mental disorder from a medical-biological point of view, but not so much when considering the physical-intellectual functionalities. The granting of the Benefit of Continuing Provision is limited to certain International Classification of Diseases (ICD-10) codes, which presuppose cognitive impairment. Therefore, while the so-called “intellectual disability” does not appear as a comorbidity, parallel to the mental disorder, there is no provision of support to the citizen in psychiatric and/or psychosocial treatment in order to remove him/her from the compulsory work activity.

Other rights, such as the granting of a free pass for local or interstate transportation, are also intended, in law, only for people with disabilities and the elderly. In the Federal District, the request form includes a space for the doctor to inform the “level of disability” and the “autonomy

level" of the patient, being necessary, in the case of intellectual disability, to attach a medical report specifying the degree of social coexistence and cognitive level. These are often not applicable to people with mental disorders who have good coexistence and no cognitive impairment. This does not mean that these people would be fit to work, since employability depends on several other factors. In the case of mental disorder, the person is often recognized as having a high level of communication and autonomy that allows him/her to lead his or her life without, however, meeting the requirements for paid work as we know it.

Robert Castel (1978)[21], in his analysis about the psychiatric order, states that, under the liberal contractual basis "the individual is an autonomous subject as long as he is able to engage in rational exchanges. Or his inability to enter into a system of reciprocity exempts him from responsibility and he must be assisted" (Castel 1978, p. 34, free translation). This is the same vision spread by the Universal Declaration of Human Rights, of 1948, which states, in its Article 1, that all men are "endowed with reason and conscience and should act towards one another in a spirit of brotherhood".

What is questioned here, when we approach the relation between the person with mental disorder and paid work and, therefore, alienated, is the obligation of work for subsistence. While legislation and even common sense address a "right to work", one sees in practice, a work that is a duty, not a right, and rights that are only guaranteed through the fulfillment of the work obligation.

The same morality of the poor identified in the critiques of initiatives such as the Bolsa Família Program and others aimed at people with low incomes is one that can be found in the discussion about the rights of the person with mental disorder outside the health field.

According to Hespanha and Matos (2000)[22], the moral dimension of the issue, especially in the group of employers, is "that one cannot admit that someone receives help in exchange for nothing" (p. 93, free translation). According to these authors, this is one of the reasons that lead several countries to adopt active policies to combat unemployment, characterized mainly by the diffusion of professional courses aimed at this public. The counterparts or conditionalities imputed to beneficiaries are also considered active or activation policies, such as attendance at school in the case of the Bolsa Família Program in Brazil.

Vocational courses and insertion in employment are considered the panacea for all social problems. Mental disorder does not eliminate the obligation of work. On the contrary, besides the moral problem of not occupying a workplace, there is added the so-called immorality contained in the mental disorder itself. In this sense, it can be thought that the withdrawal of maniacs from asylums solved a problem and created several others, among them the doubt about the existence of a society willing to receive the maniac and from the maniac willing to find and be part of the society outside the institution.

Psychiatric reform, understood as a change in the pattern of care for mental health, is only feasible in a society based on equity and citizenship interpreted as a value higher than the insertion at work, as a guarantee and access to human, social and political rights. Tolerance is not enough to guarantee the coexistence between people with mental disorders and other people. The only way to promote rights is not through a psychiatric reform focused on services and professionals, but through a society that understands dignity as coming from humanity and not from insertion into alienated work.

FINAL CONSIDERATIONS

In order to make practical propositions about caring for people with mental disorders, some aspects should be considered. The first concerns the peculiarity of mental disorder in the connection of the individual with work and employment. The predominance of studies that associate mental disorder with work and its relationships is not trivial, nor by chance. Work is and has been a driving stressor of so-called common mental disorders – anxieties and depressions. And this occurs only in labor relations involving subordination, appropriation of the workforce by others and, consequently, alienation.

Mental disorder is not like physical diseases, with diagnosis and delimited treatments, with predictable body response. Although medicines contribute – and a lot – to the relief of the suffering of people with psychic ills, one does not work on mental health – or one should not work – with the notion of complete healing and recovery. Thus, work can be, indeed, a factor of health promotion, as long as it is not harmful, as long as it does not cause the aggravation of the disorder, as long as it does not mean subjecting people to pressures and precarious conditions of bonding and work.

The second aspect is the participation of the maniac in society. In the perspective of mental disorder as a chronic disease and of people with mental disorder as people whose existence cannot be divided between madness and normality, there is, as for any human being, the needs of movement in the city and of family and community coexistence. Therefore, it is necessary to guarantee to this public rights that allow mobility, income and coexistence, not necessarily linked to work.

Finally, there is the perspective of health itself. Mental health services need to overcome the logic of moral treatment and the reduced understanding of madness as a health condition, seeing it as a condition of existence, without which the individual ceases to be who he is. Mental health care must be the link between individuals and society, it should facilitate, rather than hinder, the insertion of subjects in community life. The opening of the exit doors of the asylums has to be accompanied by the opening of doors of entry in programs and services of other policies.

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