Mental health and psychiatric reform in Brazil: reflections on the basis of the philosophical reference of Kuhn

Saúde mental e reforma psiquiátrica no Brasil: reflexões com base no referencial filosófico de Kuhn

ABSTRACT

Objective: to reflect on the mental health and possible breaks paradigms in this area. Method: theoretical philosophical assumptions using Thomas Kuhn that articulates on three key concepts: the concept of 'paradigm', 'normal science' and 'extraordinary science'. Results: the predominant paradigm in mental health is still the medical model/psychiatric referent, and concepts that underlie psychiatric care are sending signs of exhaustion because all theoretical and technological progress has reversed a paradox of institutionalization/exclusionary often costly. Another factor involved in the paradigmatic transition is the mystification of science, as if she could solve all the problems of humanity. Conclusion: accept the new paradigm imposed by the deconstruction and construction of mental health as a complex social process, implies the assertion that the challenge of Mental Health Policy is to transform the traditional identities of healthcare professionals and invent new ways of caring. Descriptors: Mental Health; Community Mental Health Services; Nursing.

RESUMO

Objetivo: refletir sobre a saúde mental e possíveis quebras de paradigmas nessa área. Método: reflexão teórica filosófica utilizando os pressupostos de Tomás Kuhn que se articula em três conceitos fundamentais: os conceitos de “paradigma”, “ciência normal” e “ciência extraordinária”. Resultados: o paradigma que predomina na saúde mental é ainda o do modelo médico/psiquiátrico, as referências e conceitos que permeiam a assistência psiquiátrica estão emitindo sinais de esgotamento, pois todo progresso teórico e tecnológico tem se revertido num paradoxo, de asilamento/excludente, muitas vezes, de alto custo. Outro fator implicado na transição paradigmática é a mitificação da ciência, como se ela pudesse resolver todos os problemas da humanidade. Conclusão: aceitar o novo paradigma imposto pela desconstrução e construção da saúde mental, como um processo social complexo, implica na afirmação que o desafio da Política de Saúde Mental é transformar as identidades tradicionais dos profissionais da saúde e inventar novas formas de cuidar. Descriptors: Saúde Mental; Serviços Comunitários de Saúde Mental; Enfermagem.

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INTRODUCTION

In Ancient Greece and in the early Middle Ages the crazy people were valued by society, temples and hospitals were constructed so as to allow, when institutionalized, enjoy fresh air, pure water, sunlight.\textsuperscript{1,2} Based on this definition the term crazy and crazy conceptual analysis that will be used in the more common and in no way pejorative.

With the advent of Christianity the madman came to be seen as a poor person of spirit and suffered this influence during the Middle Ages, madness was seen with certain tolerance, for that period, it was believed that the world was an organized according with the will of God and the church. The insane, the retarded and the poor were considered part of society that characterized for the deliverance from sin, and made crazy to charity aimed at liberation and salvation.\textsuperscript{3}

The fact that mental illness is not a disease origin and manifestation only organic even more difficult a change in the conception of the madmen who considered sick soul were seen as a threat not only to the society in which they lived, but the whole humanity.\textsuperscript{2}

In the modern age, changes occur in the concept of madness and that did not work and did not produce wealth, were considered marginal and unproductive, and may not share space in this new society. Prisoners are then orphans, patients with epilepsy, elderly and abandoned children, patients with sexually transmitted diseases, people with special needs, religious offenders and madmen.\textsuperscript{3}

Continuing to discuss the modern era, the vision that society creates crazy about is incapable of, vacated, threatening, deviant social standards of the time with regard to reason, without capacity, one that differs by external aspect of beauty and normality, and should be housed in a location away from other people. For this purpose are created or reformed institutions for the purpose of seclusion and exclusion and reintegration of these individuals not to society or any other therapeutic-pedagogical purpose.\textsuperscript{1,4,5}

There followed a long period of obscurity that only began to be dispelled by the first attempts at humane treatment of persons with mental disorders. The French Revolution, to disseminate new ideas regarding the protection of human beings, allowed the Philippe Pinel, pioneering medical treatment of people with mental disorders, laying the foundations of modern psychiatric care. The ideas of the Enlightenment, which came just before the beginning of the Modern Age, have increased protests and complaints against hospitalizations arbitrary practices of confinement indistinct with other marginalized and torture against them were violated.\textsuperscript{4}

Madness and crazy co-exist with the history of mankind, but mental illness and psychiatry from Pinel born, which required medical treatment for the patient mental.\textsuperscript{5} Until near the end of the nineteenth century, mental illness was understood almost exclusively as changes bio-physical chemistry of the body. Psychiatry has had an incipient theoretical body that allowed him to classify mental illnesses, theorize about dementia praecox and other aspects of psychopathology.\textsuperscript{7}

However, given the absence also of psychotropic, the unusual mental illness manifested was treated with strait-strength tethers, swivel chairs, hydrotherapy, and even corporal punishment; therapeutic trials that entailed great human suffering. These strategies were used because at that moment the person with mental disorder was seen as dangerous, frightening and not say anything to anything.\textsuperscript{1}

Since the mid-nineteenth century, the alienism suffers severe criticism, with a growing awareness that the mental hospital occupied a place of chronicity of mental illness. After World War II, many theoretical and practical movements arose and developed in various cities of different countries in search of change in psychiatry, and became known as the Reform Movements Post War. Laing and Cooper (England), Goffman (USA), Foucault (France), Basaglia (Italy) are expressions of this process. It was a period of intense attempts of transformations in order to conceive a person with a mental disorder, mental illness and treatment, as well as the creation of different devices and treatment spaces. These movements fighting exclusion, chronicity and violence imposed by traditional psychiatric models of the Age.

In the twentieth century came great advances in the area and the way of treatment of mental disorders such as psychoactive and various therapeutic experiences were consolidated. However the person with mental disorder remained institutionalized without any condition of autonomy and behaves as a man and citizen. In the minds of society and some professionals, the person with mental disorder is still considered dangerous, frightening, undiscerning, which differs from his fellows and that disturbs or offends the society.\textsuperscript{4} This situation persists for many years throughout the world, on various scales but maintaining
the exclusion and isolation of mental patients from society.

In the mid-1970s in Brazil begins a process of transformation under the influence of post-war movement, and especially the Italian Psychiatric Reform. Surge Workers Movement in Mental Health consists of professionals dissatisfied with the treatment conditions and work in this area. Thanks to criticisms and complaints about the precarious mental health care, this movement was responsible for searching for the formulation of a theory of organization and new practices in mental health care.8

Today mental health in Brazil is included in Psychiatric Reform movement, emphasizing the need for new relationships between society and mental patients. Among the proposals for changes in this area are those of the Draft Law No. 3657/89, which proposed the phasing out of psychiatric hospitals and their replacement by open services and social inclusion.9

The said bill was processed in the Congress and Senate for 12 years, underwent changes resulting in Law No. 10.216, of April 6, 2001, which redirects the model of psychiatric care in Brazil, in order to include also the hegemonic forces sector.9

Law No. 10.216/2001 may broaden the care for people with mental hitherto existing, stating the purpose of social inclusion for the mentally ill, expanding the boundaries of the struggle for the transformation of the traditional model of psychiatric care, strengthening the possibility of adoption of a model that recognizes the equality of human beings and respect the differences that equality.6

The Third National Conference on Mental Health held in December 2001 and recommends the effectiveness of psychiatric reform, access, quality, humanization and social control, reaffirmed that mental health policies must comply with the guidelines of the psychiatric reform and laws federal and state and prioritize the construction of network of comprehensive health care mental.8

Thus, the Psychiatric Reform Movement, which has been consolidating in Brazil, prioritizes the rehabilitation of people with mental disorder in society, through health policies aimed at reducing the number of beds in psychiatric hospitals and hospitalization time, stimulate the interaction of the person with mental disorders and their families and create a support network.10

These changes should lead all health professionals a new way of conceiving mental illness and its treatment, featuring a deconstruction / reconstruction paradigm that allows rethinking concepts of madness, ways to deal with mental patients, the roles professionals, the need for other social practices including mental patients and their families. This paradigm shift and treatment results in the search for comprehensive care grounded in an ideology of citizenship and ethics.11

Such policies must be based upon social inclusion and psychosocial rehabilitation, which should be integrated with other social policies such as education, work, leisure, culture, sport in order to guarantee the full exercise of citizenship.11 These assertions drive the paradigm shift and both bring up reflection on the Theory of Revolution Thomas Samuel Kuhn.

Thomas Samuel Kuhn began his college career as a theoretical physicist, and even at the gym, came into contact with scholars of the history of science, which saw a very fertile field of study. In an extensive interview in 1995, at the University of Athens, he spoke about himself "was never trained as a philosopher, an amateur learning more and more things about it for you, interactions but not a philosopher." A physicist who became a historian to answer philosophical objectives.12

It was probably one of the first scientists to describe the evolution of scientific thought as an adversarial process in which scientific development does not only by the constant accumulation of knowledge and, yes, it's basically rolling through breaks, marked by a concept the scientific revolution.13

While reading the book it is envisaged that the Kunai perspective tends to be pessimistic about the form of disruption that causes the new paradigm in the scientific community. For him, "when the scientific community rejects an old paradigm, simultaneously waives the most books and articles that embody, failing to consider them as a suitable object to scientific scrutiny".13

On the other hand does not mean, of course, that the break occurs immediately. However, it may mean a shift in fact, especially if it looked like Kuhn establishes the concept synthesis paradigm. His conception is that "a paradigm is what the members of a community share, and, conversely, a scientific community consists of men who share a paradigm".13

The central theory of Kuhn is that the growth of scientific knowledge does not occur as cumulative and continuous. Rather, this growth is discontinuous, operates by leaps, which cannot be justified on the basis of
criteria validation of scientific knowledge. Its justification lies in external factors that have nothing to do with scientific rationality and defile the scientific practice itself.\textsuperscript{13} The importance given by Kuhn to psychological and sociological factors in the organization of scientific work, is a blow to the image of science has been consolidated since the eighteenth century, and that tends to identify with scientific rationality, but with rationality as a whole at least with rationality at its best.\textsuperscript{13}

Kuhn’s work triggered a veritable earthquake in the philosophy of science and innovative inaugurates a speech that privileges the historical and sociological analysis of scientific practice, devaluing the methodological aspects.\textsuperscript{14}

The leaps advocated by Kuhn occur in periods of scientific development; they are questioned and undermined the principles, theories, basic concepts and methodologies, which hitherto understood throughout the entire research and scientific practice. The set of all principles constitute what is called Kuhn paradigm. We use the concept of paradigm in two fundamental ways. In a broad sense, the paradigm Kuhn refers to that which is shared by a scientific community, is a way to make science a disciplinary matrix. A scientific community is characterized by the practice of a scientific specialty, by a common theoretical training, the abundant flow of information within the group and by the unanimous judgment in professional matters. In particular sense, the paradigm is a copy; it is a set of solutions to concrete problems, an achievement that provides the concrete scientific conceptual and instrumental tools for troubleshooting.\textsuperscript{14}

Reaffirming the above in the introduction of this article, the paradigm is, in this sense, a world view that, assuming a way of seeing and practice, includes a set of theories, tools, concepts and research methods. The term is used to mean a set of scientific concrete able to provide models from which spring coherent theories arise from a project concept, a way of seeing things and works as a model. These special theories whose scope and influence go far beyond the context, in which they arose, are the paradigms. Kuhn was deeply troubled by the fact that his explanation of the paradigm shift has been identified as a defense of irrationality. However, he never denied the thesis of incommensurability, although it has softened its original formulation. In reality, the incommensurability is essential for there to be scientific. One of the major reformulations Kuhn was the emphasis that does not mean incommensurability or incomparability incommunicado. As mentioned, Kuhn admits the possibility to make use of translation in order to set up some kind of interaction. He even agrees that only a small number of words or sentences remain, in fact, immeasurable in the succession of paradigms.\textsuperscript{13}

Leaving the weights carried, it was the objective of this article theoretical and philosophical reflection on mental health and psychiatric reform and possible paradigm shifts in these areas, from the design of Thomas Kuhn.

**METHODOLOGICAL WAY**

It is theoretical study whose philosophical reflections emerged from knowledge built in the discipline of History and Epistemology of Science Course Graduate-Doctorate in Nursing from the State University of Maringá (UEM). The reflection and Kuhn’s work on the nature of scientific activity are articulated on three key concepts: the concept of “paradigm”, “normal science” and “extraordinary science”. Although there are other key factors that can be addressed to understand the organization of scientific activity that author stands out in this theoretical essay philosophical perform reflection on mental health in Brazil and the paradigm shift from the viewpoint of Kuhn. For more theoretical, held comprehensive reading of “The Structure of Scientific Revolutions” said the author.\textsuperscript{13}

☆ Contextualization of approach of the philosopher Thomas Samuel Kuhn and mental health in Brazil

Scientists as others are very resistant to change. Kuhn demand criticizes the various philosophers who describe how science should be, not as it really is. If we look at the history of Science, he said, “we find that scientists are more concerned with confirm theories already accepted as true than put them in question that may arise for new ones”.\textsuperscript{12}

Most of the History of Science consists of long periods where things work a certain way, what Kuhn termed science standard. In these periods, the scientists do not question the paradigms. Kuhn argued that scientific theories arise from a project concept, a way of seeing things and works as a model. These special theories whose scope and influence go far beyond the context, in which they arose, are the paradigms. Constitute the background, or mental context, from which scientific theories arise without this paradigm is challenged. Reflecting on the theme paradigm used by Kuhn “Not all theories are paradigms, although all theories fit a paradigm”.\textsuperscript{12}

The conception of madness changed throughout the times and always had a strong
influence of beliefs, customs, rituals, religion and politics at the time. Understanding how mental health was conceived in its historical path to understand their influence on mental health care in Brazil is an important factor today.  

Mental health presents itself today in the process of transformation driven by the movement of the Brazilian Psychiatric Reform and Psychiatric Reform process is divided into two phases: the first from 1978 to 1991 includes a critique of the hospital model, while the second from 1992 to the present day stands out by deploying a network of extra hospital.  

Corroborating this process of deployment and implementation, the Ministry of Health, in the end of 2011 published by the year 2012, more than ten ordinances with encouragement and funding of alternative services with the assertion of the National Psychosocial whose an objective pre deconstruct concepts or misconceptions regarding the person with mental disorder.  

The paradigm shift presents a challenge to the process of psychiatric reform. In mental health care paradigm is still dominant psychiatric whose objective intervention mental illness and not the person in their life context. Accept the new paradigm imposed by the thoughtful community mental health, as a complex social process, implies the assertion that the challenge of Mental Health Policy is to transform the traditional identities of healthcare professionals and invent new ways of caring.  

At present actions should integrate mental health concepts consistent with the proposals of the Psychiatric Reform and the said paradigm, aiming to reach the precepts of the Unified Health System (SUS): comprehensiveness, accessibility, universality, equity, among other things that for a long time been on the fringes of the discussions and are still challenges to be faced by managers, workers and users.  

A new paradigm implies a different view of the madness, another attitude of citizenship and a distinct therapeutic strategy for people with mental disorder. Thus, we present a theoretical framework in Figure 1, which aims to raise awareness among health professionals, especially nurses, about this new paradigm.

Figure 1. Representation of the transition of mental health in Brazil.

The predominant paradigm in mental health is still the medical model / psychiatric references and concepts that underlie psychiatric care are sending signs of exhaustion because all theoretical and technological progress has reversed a paradox of institutionalization / exclusionary often of high cost. The precarious assistance is insufficient for the vast majority of the population, reflected by a repressive practice, chronifying and stigmatizing, which does not meet the needs of people with mental disorders and their families.  

Another factor involved in the paradigmatic transition is the mystification of science, as if she could solve all the problems of man. It is observed in the area of mental health in a sense that there was an opposite effect, where scientific knowledge seems to have contributed to worsen the health status of the population. Just as with his claim to the monopoly of knowledge and technology, expropriated large sections of their commonsense knowledge gained over his body and disease, channeling all for medical, not providing adequate assistance in contrast to most deprived and disadvantaged individuals their cultural resources.  

The challenges are found beyond the biological and technical knowledge that health professionals learn in the academy and require a store of knowledge that allows care for people with mental illness in their fullness, as being unfinished,
transcendence and multiple needs and possibilities. Authors argue that it is necessary to remember that we cannot pre-judge and delete topics we think is irrelevant, perhaps for the simple fact that it includes topics, the dominant paradigm in science and health care models are placed in a second action plan. 19

**FINAL REMARKS**

Based on the above allowed here make some considerations about the paradigm of mental health and mental health / mental illness, based on theoretical theories of Thomas Kuhn. One cannot ignore the objectivity of science helps us to reach a useful understanding of certain phenomena. However, imagine that all aspects of human life, especially those related to the functioning of the mind can be reduced to mechanistic principles cause-effect is incurring a strong reductionism. That is why it is possible and justified this reflection on the actual change that has occurred mainly from mid-twentieth century, treatment and understanding of what has to be mental illness and mental patients.

The low level of resolution, unproductive incarceration of PTMs serious playback of mental illness, the demand pressure on the population level, all these factors reinforce and confirm the need for the emergence of new paradigms with new models of mental health care will Brazil.

It is understood that the thoughts and ideas presented here will meet the concerns of the everyday practice of some nurses in general and those working in mental health. It is expected that the discussion undertaken here can contribute to the health professionals and especially nurses, take new attitudes, new behaviors, new ways of thinking and being, submitting work in mental health as an ongoing challenge.

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