



## PRESENTATION

But since you have to write,  
make sure that at least you do not crush  
what is "between-the-lines with words"  
Clarice Lispector

Re-reading Clarice I find the way of expressing the challenge of writing the introduction to a file on Mental Health. How can I avoid crushing what is 'between the lines' with words? How do I introduce three dense and provocative texts without imprisoning what escapes from them? Yes, because what is most important in them is certainly not the concepts they bring us, or the stories they tell, but what vibrates in them.

That is precisely how I would like to present them – for their vibration, for the light that emanates from them, the warmth, the red, the 'between the lines' in each text. In times which some people want to be gray because they are promised by a monotonous 'sanity', in times in which presumptuous synapses are controlled (pretentiously), here there is a splash of red, of intense colors, that escapes.

That is what it is like in São Paulo, Santos, Campinas, Natal, but we could add many other cities, services, workers, users... we accompany the movement of 'Psychiatric Reform in Brazil' which breaks, but also captures, advances with its citizen victories and settles in a place that is already instituted to be (and for being), which resists by (re) creating itself.

We need to tell stories, all those that move us, because the eyes shine. The eyes don't let you lie – the tale of the eye smilingly says that now you can look. Before, it was the lunatic asylum and there you were only looked at. Looked at, spied on, controlled, contained.

Let us have no illusion, however, because for this lunatic asylum to disappear many walls need to come down. As Alverga & Dimenstein warn us in their article, which forms part of the file, "Psychiatric Reform and the challenges of the de-institutionalization of madness" we need to conjure up the 'lunatic asylum desires' that glide past the *socius*, dare, when breaking the nosological identification that insists on welcoming (and producing the repressed demand of) the users, more in the construction of therapeutic projects, more in knocking down the barriers to construct subjective cities to be permanently (re)singularized. The authors draw our attention to the importance of expressing the problem of not only the speed of the present implementation of the mental health policy, but also its direction.

On this point it is Elizabeth Lima's article "For a lesser art: resonances between art, clinical medicine

and madness in contemporary life", which helps us follow the (non)paths of clinical medicine. Closeness, the being alongside, is the direction that is indicated. Beth takes the works of art produced by the inmates of psychiatric hospitals and bets on the *'beauty and strength that, from the place they today occupy in culture, question and shake to the core the bases of lunatic asylum logic and a way of seeing madness, the illness and the difference'*. She highlights the multiple agencies that allowed (allow) life to continue pulsating. Vibration, therefore, which in art and in clinical medicine, we experience as thresholds. A direction that bends us the whole time towards what is being turned into a lunatic asylum in our extramural tasks.

Let us not be deceived, however, that the necessary criticism, of what can capture us in experiences that we want to be non-lunatic-asylum-making, gets confused, as they want to make us believe, with restoration/ industrialization of beds/psychiatric hospitals. What we have conquered in the field of mental health in Brazil, as confirmed by national and international conferences and by Federal law 10.216 of April, 2001, that provides assistance to people with mental disturbances, by outlining, above all, "their rights", is public property to be preserved and improved upon.

In this sense the article by Luzio & L'Abbate, "Brazilian Psychiatric Reform: historical and techno-assistential aspects of the experiences of São Paulo, Santos and Campinas", brings us the powerful story of confrontations, inventions, ruptures with old care models, the boldness of, in neo-liberal times, moving forward with a public health policy project that includes madness as experience. This is the story of a policy that is made from and with experiences, as the authors show. This is a policy that came to make us vibrate, red, colors and light...and because it is made of these parts it is possible to reinvent and maintain the shine in the eyes that look beyond a 'dangerous lucidity'.

I am, to put it like that,  
seeing the void clearly.  
And I don't even understand what I understand:  
Because I am infinitely greater than myself,  
And I cannot reach me.  
Furthermore: what do I do with this lucidity?

I also now that my lucidity  
might become a human hell  
- it has happened to me before.  
Clarice Lispector

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