Arguments for utopias of reality and the Brazilian psychiatric reform experience

Argumentos para utopias da realidade e a experiência da reforma psiquiátrica brasileira

Cláudia Braga[a]

🔟 https://orcid.org/0000-0002-6061-7972
E-mail: claudia.pellegrini.braga@gmail.com

[a]Universidade de São Paulo. Faculdade de Filosofia, Letras e Ciências Humanas. Departamento de Sociologia. São Paulo, SP, Brasil.

Abstract

Political philosophy authors have argued that utopia and realism are distinct approaches to understand human relations and social problems, always in a state of constant tension, yet there are practical examples of utopias that became real experiences. Taking as starting point the experience of the Brazilian psychiatric reform in a theoretical-practical perspective of deinstitutionalization, this study aimed to develop and present arguments to conceptually sustain the possibility of realizing utopias. An argumentative-reflective investigation was carried out on two topics – knowledge possibilities from an utopian position and the idea of problem in realism, interconnecting utopia and realism. The first argument focused on Spinoza's approach to the kinds of knowledge, sustaining that a utopian position involves not only the imagination, but also reason and practices. The second argument proposes a shift in the understanding of the notion of problem in realism in order to comprehend it as contradictions that need to be kept open and dialectically confronted. Finally, based on a reading of Spinoza, hope and security are presented as the foundations sustaining the utopias of reality, in addition to reason and open contradictions.
Keywords: Deinstitutionalization; Mental Health; Philosophy; Utopia; Democracy.

Correspondence

Universidade de São Paulo, Faculdade de Filosofia, Letras e Ciências Humanas, Departamento de Sociologia. Av. Prof. Luciano Gualberto, 315. São Paulo, SP, Brasil. CEP 05508-010.

Resumo

Diante da proposição na filosofia política de que utopia e realismo são vertentes distintas de leitura das relações humanas e dos problemas sociais, estando em constante tensionamento, contrapõem-se experiências práticas de realização de utopias. A partir da experiência da reforma psiquiátrica brasileira, compreendida na perspectiva teórico-prática da desinstitucionalização, objetivou-se desenvolver argumentação sustentando conceitualmente a possibilidade de realização de utopias no real. Realizou-se investigação argumentativa de natureza reflexiva em dois tópicos – o conhecimento possível na posição utópica e a ideia de problema para o realismo – e foi desenvolvida uma proposição de aproximação das posições de utopia e realismo. Como resultado, o primeiro movimento argumentativo necessário parte da proposição de Espinosa acerca dos gêneros de conhecimento, sendo sustentado que a vertente utópica envolve, além da imaginação, a razão e o agir prático no mundo. O segundo requer uma mudança de perspectiva daquilo que é entendido como problema no realismo para sua compreensão enquanto contradições que precisam ser mantidas em aberto e confrontadas dialeticamente. Por fim, a partir de uma leitura espinosana, são apontados como elementos para a sustentação de utopias da realidade, além da razão e manter as contradições em aberto, a esperança e a segurança.

Palavras-chave: Desinstitucionalização; Saúde Mental; Filosofia; Utopias; Democracia.

Utopia and realism in the understanding of human relations and social problems

In the context of the current debate on ethics and political philosophy, Ribeiro (2017) identifies two different approaches to understand and deal with social relationships and problems: utopia and realism. In general, these approaches can be viewed as positions in constant tension in how human conditions and political action are understood. Utopia would retain elements of transgression in order to go beyond the limits of what is given (Ribeiro, 2004), while realism is a "moderate practice" that "deals with the real world" (Ribeiro, 2000, p. 36); utopia projects another possible world, while realism projects alternatives in the world as it is.

For Ribeiro (2017), a utopian position considers that: (1) society as it exists is unhappy, (2) society as it exists is unfair, (3) there is a cause for this unhappiness and unfairness, and (4) by acting on the cause we can establish full happiness and fairness. At this point, it is worth mentioning that happiness is understood as a way of being, which has continuity over time, involves only what is sufficient for that way of being, without excesses, and does not rely on external factors or elements: it is about being happy. In turn, fairness can be understood in the context of human dignity and social justice, in the sense of intending to guarantee a dignified existence for all. It is a position that imagines a new world and a new future, and which has a project for a happy and fair society, achievable by acting on the causes of unhappiness and unfairness.

The position of realism, according to Ribeiro (2017), considers that: (1) in society as it is, there are many problems, which also include happiness and fairness; (2) the causes of these problems are multiple; (3) it is not possible to eliminate all problems, as there will always be conflicts; (4) and if we try to eliminate the problems, there is a strong tendency to create a dystopia; (5) thus, what we have left is an attitude of harm reduction. In summary, this position assumes that inconveniences exist and will always exist, and that what is possible for us is to manage conflicts, but not to overcome

them. It is a position on political action and human conditions that aims to manage problems through harm reduction.

It is worth noting that, contrary to what might be assumed, these positions are not necessarily directly correlated with left and right political positions. An example is the ways of understanding and acting in the case of drug abuse. On the one hand, the right advocates a war on drugs with utopian elements, since it understands the existence of drugs as a cause of unhappiness and eliminating this cause would lead to happiness. On the other hand, the left's position has elements of realism, viewing drug use as part of the human experience and the problems – to use the vocabulary of realism – related to this use as having multiple causes, which leads to the proposition of the harm reduction strategy.

As mentioned above, utopia and realism can be understood as distinct positions regarding the ways of understanding and acting in the world in order to address social issues. Being different, these positions are in constant tension. Even so, we might ask whether is possible to twist this tensioning in such a way as to create points of connection, intertwisting these positions. This questioning becomes even more pertinent in view of the fact that, historically, things that were considered utopian, notwithstanding their current incompleteness, have advanced – examples being the legal abolition of slavery and the reduction of social inequalities based on gender; and also in view of current experiences involving strong utopian elements that produce real changes, such as the experience of Brazilian psychiatric reform. That said, since it was possible to realize these utopias, there must be ways to promote others.

In this sense, a theoretical study based on two topics – namely, (1) the possibilities of creating knowledge based on the utopian position using imagination as a starting point, and (2) what is understood as problem in realism – aimed to put these positions into contact with each other by following two argumentative paths. In addition, assuming the possibility of utopias due to the ongoing or already realized experiences, one of these experiences is taken as a guide to this path of reflection: the utopia of a world without mental asylums expressed in the Brazilian psychiatric reform experience, understood from the perspective of deinstitutionalization.

A brief presentation of a utopia of reality: a world without mental asylums

In addition to a process of shifting services, the Brazilian psychiatric reform involves questioning and overcoming an asylum-based model of mental health practices, which includes not only the service itself, but the traditional psychiatry and the psychiatric hospital's rationale and it's institutional role played in society, and asks for changes in social relationships, affirming the freedom and citizenship of people who have mental health problems (Brasil, 2005). Considered in its historical development, the psychiatric reform began in Brazil in the late 1970s in a context of the fight to reestablish the country's democracy and of the health reform social movement strengthening. An important historic milestone of the 1980s is the holding of the II Congress of Mental Health Workers in the city of Bauru, in 1987, on which was defined the utopia of a "society without mental asylums" ("por uma sociedade sem manicômios") as the psychiatric reform motto. The participants gathered at this meeting argued for rejecting the mainstream practices by refusing their "role of agents of institutionalized exclusion and violence, which disrespect even the minimum rights of the human person" while recognizing that the "mental asylum is an expression of a structure, present in the various mechanisms of oppression of this type of society" (MTSM, 1987, p. 1). In this perspective, the psychiatric reform goal is not "rationalizing and modernizing existing services," but rather questioning the multiple mechanisms that provides support to an asylum-based model of mental health practices, and overcoming these mechanisms by proposing new practices, knowledges and types of social interaction that recognize and respect differences.

The following years saw the first practical deinstitutionalization experiences with the closure of psychiatric hospitals and the establishing of community-based services. In this context, the experience of the municipality of Santos stands

out due to its initiative in this regard. Inspired by the Italian deinstitutionalization efforts to overcome the asylum-based model, actions taken led in 1989 to an intervention in the psychiatric hospital *Casa de Saúde Anchieta.* As a result, a pioneer deinstitutionalization process began at city level, involving the implementation of community-based services to substitute this psychiatric hospital, as well as the development of new practices and attitudes. In the 1990s, encouraged by the psychiatric reform social movement and by pioneering shifting paradigm experiences, within the scope of the Brazilian National Health System (SUS), the national provision of mental health public polices and services for people with mental health problems began to be modified (Brasil, 2005).

With the approval of Federal Law No. 10,216/2001, psychiatric reform gained an important institutional basis on a national mental health policy committed to respecting the citizenship rights of people with mental health problems and guided by the principle of freedom, leading to a national deinstitutionalization process with the establishment and consolidation of an open-door and community-based mental health network of services, enhancing social participation and citizenship (Brasil, 2005, 2016). To illustrate this shifting of services, between 2002 and 2015, more than 58% of the SUS' beds in psychiatric hospitals were closed based on planned and agreed actions and on strategies for progressively reducing the size of psychiatric hospitals; considering only this period, the number of beds decreased from 51,393 to 25,988 (Brasil, 2015). At the same time, a community-based network of services was implemented within the SUS, with important legal milestones being the Ordinance No. 336/2002, which provided for the establishment of community-based mental health centers, the *Centros de Atenção Psicossocial* (CAPS), and the Ordinance No. 3,088/2011, reenacted in 2013, which defined the points to be addressed by mental health services and established the community-based network of mental health services, the *Rede de Atenção Psicossocial* (RAPS), which has as guidelines the affirmation of the citizenship and right to freedom of people with mental health problems. Within the scope of RAPS, as of 2015, 2,209 CAPS of different modalities had already

been implemented; 619 *Serviços Residenciais Terapêuticos* (residential services) had been created; and more than 4,000 people were enrolled in the *Programa de Volta para Casa* (Going Back Home Program), which provides a financial support to people who have been institutionalized for over a year, with the aim of increasing social contractual power and promoting their social inclusion (Brasil, 2015).

These figures illustrate the paradigm shift produced by Brazilian psychiatric reform with the closure of psychiatric hospitals and the implementation of substitute and community-based services committed with guaranteeing freedom and citizenship of people with mental health problems. In addition to and based on this network of substitute mental health services, the motto "for a society without mental asylums" created new ways of understanding mental health problems and has been seeking to establish a new social place for this experience. It is worth mentioning that there are numerous reports and narratives addressing the practical changes in the daily life of people with mental health problems that increased their autonomy and social contractual power, especially regarding those who, after years of institutionalization, returned to their homes or established new homes and resumed an ordinary daily life in their communities.

Brazilian psychiatric reform has as an important theoretical-practical reference the deinstitutionalization experience developed in Italy, particularly in Trieste. The Italian approach highlights the need the need to abolish asylum-based institutions and dismantle their rationale and hierarchical-authoritarian structure, as well as to overcome the social factors that sustain this institution's existence. In this sense, what is put into question, in addition to the psychiatric hospital itself, is the "set of scientific, legislative and administrative apparatuses, of cultural reference codes and power relations structured around a very precise object: 'the disease,' to which the object of 'hazardousness' is superimposed in the asylum" (Rotelli; De Leonardi; Mauri, 2001, p. 90). For this reason, the utopia of a world without mental asylums requires a critical attitude and the end of such psychiatric ideology, with the creation of

new bases for practices oriented to the real needs of people, including creating opportunities and conditions for people with mental health problems to enjoy freedom and rights. In realizing this utopia, concomitant with a permanent critical attitude, it is necessary: to implement innovative practices based on the community and with respect to freedom; to create opportunities for new social interactions and engagements within the community level; to have attitude of openness towards differences and build up collective dialogues, facing contradictions; diversify strategies and mobilize a variety of community resources, multiplying the responses offered to people with mental health problems; and to expand negotiation opportunities for rebalancing power in social relations, so that social norms are transformed in order to become more inclusive and so that real opportunities for social exchange are created. It is a matter of deinstitutionalizing social dynamics, knowledges, attitudes, practices and beliefs.

This innovative experience, which Basaglia (2005) nominated as "utopia of reality," created pathways for overcoming the asylum-based model and the psychiatric ideology that sustains this model, and also established new parameters for community-based mental health practices that respects the right to freedom, transforming the reality and overhauling the relationship between utopia and reality. According to Franca Basaglia, at its beginning, the Triestine experience of deinstitutionalization "was, in fact, an island, that is, an isolated practical and theoretical project" (Basaglia, 1992, apud Nicácio; Campos, 2007, p. 147). This image recalls, in a way, the narrative about the island of Utopia, by Thomas More (2004), because this work of fiction describes an island isolated from the rest of the world in which an ideal of society is realized so as to ensure the experience of happiness. However, unlike the island of Utopia, the Triestine experience of deinstitutionalization projected itself to the world beyond in an "incessant search for a common purpose: the practical utopia of freedom" (Basaglia, 1992 apud Nicácio; Campos, 2007, p. 147), with the understanding that it was necessary to change social relations, impacting the social fabric, to move toward a society without asylums.

Within the Brazilian context, a country of continental dimensions and deep inequalities, psychiatric reform has demonstrated through practical initiatives aimed at transforming the reality that the utopia of a society without mental asylums can be – and actually is – a reality.

It should be noted that recent regulatory changes, in particular the provisions of Ordinance No. 3,588/2017, which altered the organization of RAPS and the principles of the national mental health policy, are not consistent with this utopia because they reinforce the traditional psychiatric ideology and the psychiatric hospital as the basis for public policies, reaffirming the mental asylum model. Such changes make the discussion about how to realize utopias even more relevant.

Two shifts in understanding for realizing utopias

Utopia as more than imagination

The first shift concerns the understanding of the imagination. From a utopian perspective, by definition, another reality is imagined. Those who assume a realistic position often argue that the utopian project is impossible, as it could only be located in the imagination.

By referring to the actual experience of realizing a utopia, while bringing these different positions closer together, it is not possible to state that utopia could only occur in the realm of imagination. Beyond its feasibility, the act of projecting a utopia requires in itself more than the creation of images: it is linked to what is currently happening in society and demands a certain understanding of the social fabric dynamics in order to be put into practice. To abolish psychiatric hospitals and the psychiatric ideology, for example, it is necessary to understand how they are sustained. Of course, affirming that there is a cause for unhappiness and injustice would still be required, but this shift in understanding would bring into focus the complex network of relationships and institutions that are linked to this cause; it is possible to imagine another future, but also, rationally, to project how that future can become real. For this first shift, aiming to demonstrate

that, in addition to imagination, a utopian project involves reason and is related to what is happening in society, we refer to Spinoza and the distinction he establishes between different kinds of knowledge.

Spinoza (2015) states that there are three kinds of knowledge, all of which are true: imagination, reason and intuition; we will deal briefly with the first two. Imagination is the first of the three kinds, and to it belong ideas that are inadequate and confusing. For Spinoza, when we encounter other bodies or things, we experience something, we are affected in some way, this affect being constituted, simultaneously, by the body's affection and the idea of that affection. We then form a concept of this experience, an idea, which may be inadequate, in the case of a lack of knowledge of the causes of the effects that things have on us, or adequate, in the case of having knowledge of the causes of the effects that things have on us. Imagination is limited to the knowledge of the effects that things have on us, that is, to the knowledge of images of affections whose causes we do not know, thus constituting confused and inadequate ideas. For Spinoza (2015), imagination can also be defined as opinion, being related to general notions and, although it may constitute true knowledge, it is not enough for experiencing an active life.

The second kind of knowledge is reason, and to it belong the adequate and necessarily true ideas, and that "to have a true idea means nothing other than knowing a thing perfectly, or in the best way" (Spinoza, 2015, p. 205). Adequate ideas are intellectual ideas and we are active in their formulation: "our intellect, by its own strength, knows for itself the causes and effects of ideas, the nexuses they form with other internalized and necessary connections and orders" (Chaui, 1995, p. 39). It is through reason that we infer the causes of what affects our bodies and, thus, form clear and distinct ideas of things. The ascertainment of the effects that things have on the body leads to the inference of the cause of the effects that things have on the body, knowing what is common to things and the relation between things and bodies; this is possible because the foundation of reason are the common notions - what there is in common between existing modes of thinking and "which

answer to things common to all" (Spinoza, 2015, p. 197). Through rational knowledge, by correctly knowing the cause, it is possible to become active, to moderate the affects and to seek good encounters permeated with joy: reason provides the paths for acting in the world.

By taking these definitions of kinds of knowledge as a reference, we see utopia as being beyond the imagination: more than an opinion formulated on the basis of the effect that things have on us in encounters with others or actions, utopia points by inference to what causes this effect that things have on us, and this may help define a path to happiness and justice through acting. Thus, if it is usually said that a utopia consists of imagining the reality, an understanding based on Spinoza's conceptual framework allows us to say that utopia consists of, besides imagination, trough reason apprehend the reality by experiencing encounters with other bodies in the world, within a society. In this sense, reason allows us to conceive the eradication of a cause in order to achieve happiness and fairness. A utopia, thus, is formulated not only in the imagination, but also with reason, in encounters, in the experience of everyday life and in understanding the affects we experience - of joy, sadness and, together with the desire, all derivations of these affects. The utopia of reality involves the ability to project, in the sense of going beyond the reality - a imagination strength that, although limited to the knowledge of images of affects without knowledge of their causes, has the power to get in touch with reality; and the utopia of reality also involves reason, which, as a kind of knowledge related to the knowledge of causes and that is based on common notions, produces ideas that contain in themselves more reality than inadequate ideas and that, by knowing the causes and driving the actions, enables an active involvement with the world and an opening of paths that involve certainty in action.

It is possible to argue that projecting a new reality is deeply related with the present reality: it is a path that is projected and reasoned in connection with affective experiences and encounters occurred at a certain time and with what is being constituted in the social fabric. In this sense, it is understandable that the fight for a world without mental asylums in

Brazil starts in the context of the fight for restoring the country's democracy and citizenship rights, that is, a time of projecting other futures. It is also clear that it is after democratic restoration and the experiences of that time – and even more vigorously in the years of developing and implementing social policies aimed at reducing social inequalities and promoting citizenship for all – that there is a favorable context for disseminating the practical utopia of a country without mental asylums in Brazil.

Nevertheless, it should be noted that even before a national shift on public policies, the initial and local experiences of psychiatric reform, such as the Santos experience of deinstitutionalization, had already realized this utopia. This is because, and this is the main point, such utopia is constituted continuously in daily life, in the encounters between bodies, in social relationships, in shared emotions, in dialogues and in confrontations with reality, being experienced and lived as a reality in the present. In this sense, social reality is related to utopia, since projecting and realizing utopias involves experiencing and being affected in encounters that take place in a certain network of relations: the invention of new forms of relationship with the experience lived by people with mental health problems, affirming and producing freedom and rights, is carried out in practice. It is not by chance that the dimension of practical action and what it generates form a structuring axis of the psychiatric reform.

Going a little further, we might say that if the projected utopia is related to a certain social reality, it might be that it is formulated only when the question arises, in the sense pointed out by Marx (1976, p. 2) that:

> mankind ... inevitably sets itself only such tasks as it is able to solve, since closer examination will always show that the problem itself arises only when the material conditions for its solution are already present or at least in the course of formation.

This argument indicates that utopias – of the most diverse kinds – not only would not be unrealizable, since they are not the result of mere imagination, but that when formulated they already contain the paths or conditions of their realization, transforming the existing reality.

From an isolated understanding of problem to the possibility of keeping contradictions open

The second shift proposed in this twist applied to the utopian and realistic positions is related to the understanding of the notion of problem, in order to understand this notion not as an isolated situation of incompatibility or opposition generating an insoluble dispute, but as a contradiction intrinsic to a situation that needs to be kept open in order to be transformed.

It is a change in understanding and attitude towards various social situations. If the realistic position is that it is not possible to eliminate all problems because there will always be conflicts, realizing a utopia at the point of contact with realism would involve the need to keep contradictions open in a process of continuous criticism, dialogue and shared reflection, so that dealing with the existing contradiction would not mean eliminating one of the elements of the situation, but rather transforming the situation itself. In this sense, it is not a matter of eliminating a problem, but of debating and overcoming it as a contradiction in a process involving all participants in the situation, while recognizing that other challenges will be revealed. It is thus necessary, instead of appeasing or hiding the contradictions, to accept them as part of the relationships and transformation processes.

This shift requires starting from a position that recognizes and deals with current contradictions dialectically, tensioning the established situation and working against the crystallization of responses. The search for a utopia intertwined with realism demands recognizing that transforming reality is always an ongoing process because new problems, understood here as contradictions, may arise, requiring an open attitude of reinventing responses in the face of the contradictions revealed in that process. In dealing with current contradictions, the utopian position requires a certain openness, not regarding the principles and understanding of what the cause of society's unhappiness and unfairness might be, but with respect to the network of causal

connections, reconstructing the possibilities of multiple, collectively built paths.

Facing the contradictions, while keeping them open in the confrontation with reality, is one of the guiding principles of the deinstitutionalization process. The Italian experience shows that it is necessary to maintain a questioning, critical and dialectical attitude to mental health practices in the face of new situations – it is an ongoing process "founded on reality and its contradictions" (Basaglia, 1985, p. 10). The practice of inventing new ways of thinking, acting and relating in the pursuit of this utopia of a world without mental asylums requires identifying and problematizing the contradictions that are part of and that emerge from the process of overcoming the asylum model. Thus, a starting point for this process is to critically face the contradiction, which is the psychiatric hospital itself, as well as the contradiction in the role played by the professionals in this institution, since both the institution and the professionals intend to provide care, but occupy a social place and role of control and segregation of deviations from social norms.

The changes in the establishment of open-doors and community-based mental health services replacing the asylum-based model are accompanied by emerging contradictions that, before being resolved or hastily subdued, need to be opened in the sense of being revealed and collectively discussed, such as the imbalanced power within services. It is in this sense that, in the course of psychiatric reform, assemblies were instituted as strategies of confrontation and dialogue for

> facing and discussing the lives of everyone inside the institution, a real *Agora* for internal 'politics,' but also a space for debates and discussions about politics outside the institution: exclusion, stigma, poverty, unemployment, race, color, creeds, etc. (Kinoshita, 2009, p. 224)

It is a strategy of collective discussion to face and mediate the contradictions of reality, which, if ignored and stifled, conceal the reality. According to Kinoshita (2009, p. 224), these assemblies are not established as "spaces for formal deliberation," but as devices to "intensify contradictions and, at the same time, exercise participation and co-responsibility", capable of questioning established ways of dealing with situations lived in mental health services and generating new norms, new pacts, new arrangements – even if provisional and valid only until the next meeting. Democratically based, everyone participates on equal terms in these assemblies. And, it should be noted, other mechanisms can be used to keep contradictions open, as the issue here is to establish daily arrangements to maintain a critical attitude and a collective dialogue to implement, in practice, changes.

Elements to support utopias of reality

The strength of a utopia as understood in political tradition is to project another reality when actual conditions do not mean happiness and fairness for all; its strength is such that it is capable to put reality into question and dispel the realistic argument that, since problems and conflicts will always exist, changes would not be possible, only harm reduction. This strength is demonstrated and sustained by practical experience. The fight for shifting paradigm towards a world without mental asylums shows that utopia opens new possibilities and transforms the reality of the world: in encounters, in actions and in collectively and dialogically recognizing and facing contradictions, a utopia of reality is possible. In this sense, utopia is not lacking in reality.

Saraceno (2018, p. 15) states that "utopia and hope are not the kingdom of the impossible, but that of the 'not yet'", being necessary "to make Hope a research project, a political work of innovation, either of instruments to understand reality, or of how to act upon the reality: a work on the (future) potential of the present". In line with this statement that utopia carries an element of hope for new futures, and that producing the utopia of reality means dealing with actual contexts, establishing new futures in the present, one may argue that transforming situations and the world requires an act of hoping now, in the present.

But understanding what it is and how it is possible to make this act of hoping, even more so in challenging situations that arouse the feeling of uncertainty, requires understanding what hope is

and, for that, it is also necessary to understand the affect that goes hand in hand with it: fear. According to Spinoza (2015), doubts in the face of an imagined future can be expressed in different ways depending on the predominant, albeit inconstant, affect. If it is sadness, what we feel is fear, which is "the inconstant sadness arising from the image of something concerning which we are in doubt" (Espinosa, 2015, p. 269); and in a situation in which fear is the predominant affect in relation to some uncertain future, there is no possibility of transformative action. However, fear's counterpart, hope, is an affect of "inconstant joy which has arisen from the image of a future or past thing whose outcome we doubt" (Spinoza, 2015, p. 269). Hope is the joy related to how we imagine we have been affected or to how we will be affected, being a temporal, passive affect. Defined as the uncertainty about the future, it is nonetheless based on the affect of joy – thus with hope we relate to joyful affects and, hence, it is possible to project new worlds within this world. Although distinct, hope and fear are intertwined affects: the person who is afraid, but doubts a future thing while excluding the possibility of what is feared, feels hope; and the one who has hope, but doubts to some extent a certain future thing while excluding the possibility of what is expected, is afraid.

That said, the question remains as to how it is possible to doubt a future thing while excluding the possibility of what is feared. We argue here that sustaining a utopia in a context of adversity requires, in addition to activating the elements exposed above that are involved in utopias of reality, retrieving or experiencing a certain emotion when recognizing the experience of utopias of reality, such as the one of Brazilian psychiatric reform: experiencing, in this emotion, the affect of confidence, which involves the certainty of affirming that it can be accomplished. This is because experiencing the emotion of joy, the affect that predominates in hope, requires suppressing doubt, thus enabling confidence; in other words, confidence is possible when the cause of the affect of hope is inferred. Thus, if hope, even though based on joy, is an affect that leaves us adrift because it is related to the imagination as knowledge, confidence is the affect we feel when we infer the cause of the affect of hope, and therefore we can, in

our relation with the present and reality, act in the world (Spinoza, 2015).

The Brazilian psychiatric reform has already demonstrated this possibility of accomplishing: it is possible to hope, to suppress the uncertainty about the realization of the utopia of a world without mental asylums, because it is a known fact that the Brazilian psychiatric reform is a reality materialized in community-based network of services that have been replacing the mental asylum-based model; in practical experiences; in new knowledges produced; in professional training and capacity building oriented to deinstitutionalization and human rights; in life stories of people who once were institutionalized in psychiatric hospitals and now live in the community and enjoy rights in freedom; and in new approaches of relating with the experience lived by people with mental health problems. Feeling confident is possible on the basis of a transformation process already demonstrated and sustained in the daily practice of community-based services and, thus, by knowing that the fight for a world without mental asylums is a utopia of reality, it is possible to continue trusting and acting in the world to achieve this utopia.

This same exercise is applicable to other experiences of transforming reality. Thus, when there is much doubt about a certain future, given a certain context of challenges and adversities, it is necessary to engage and know in practice successful transformative experiences to change hope into confidence and know that is possible to accomplish. And it is worth remembering that, although certain macro social and political contexts might be unfavorable and hindering, the experience of transformation is built in everyday life in local contexts. The fight for a world without mental asylums proved to be an achievable utopia at the national level in Brazil regarding the shift of services, but it is at the local level that, in the deep sense of transforming the reality, that the paradigm shift is sustained.

Thus, sustaining it requires mobilizing precisely the elements of a utopia of reality: to actively engage with others while keeping contradictions open, confronting them dialogically and collectively. In the daily activities of community-based services,

this means seeking the causes of affects in each situation, legitimizing and allowing the expression of the conflicts and contradictions intrinsic to the practice itself, creating forms of mediation with the participation of all so that these contradictions can be revealed and that arrangements and agreements can be established and renegotiated while new contradictions and needs arise in the process. To do so, it is necessary to start by recognizing the legitimacy of everyone's participation and the differences and inequalities in social contractual power determined *a priori* by society, redistributing and balancing power in relations so that everyone involved in the service can, by sharing a position of greater equality and freedom, express own opinions and collectively face the issues that arise. It is no coincidence that some of the main features of democracy – which has a political dimension that takes the form of a regime of government, but which also has a social dimension that takes the form of social relations – are the affirmation of the need for equality and the right to express an opinion, the recognition of the existence of conflicts as legitimate and constituent of social relationships, and the search for institutional arrangements for mediating conflicts (Chaui, 2019).

Final considerations

In conclusion, it is worth remembering that the Brazilian psychiatric reform begins, as a process, in a context of fight for democracy, placing itself from the beginning as a movement that needs to liaise with other movements opposed to various forms of oppression. Even today, the utopia of a world without mental asylums is about, in relationships and in the daily activities of community-based services and communitarian social life, sustaining deeply democratic relations and recognizing practices arising in communities, aligning and articulating with them to affirm and enhance freedom.

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