

The production of mental health care: A quilombist community perspective

A produção do cuidado em saúde mental: Uma perspectiva comunitária quilombista

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Background

The reflections presented here adopt as a starting point Health and the practices of production of care in Mental Health field, in interface with the debates produced by Brazilian intellectual-activists (Evaristo, 2005; Gonzalez, 1979a, 1979b; 1983; Carneiro, 2003; Werneck, 2016), as epistemic-methodological territories that help me position myself politically against the manicomializing violence that cross the lives of black and mentally ill women. This text seeks to dialogue with the contributions of black intellectuals, Nascimento (2009, 2016); Fanon (2008); Mbembe (2017, 2018), and Almeida (2019), to think about the relations between mental health, racism and necropolitics, as diagrams that organize the production of madness, the medicalization of life and the regulation of death, which sustain the endogeneity of Psychosocial Care Networks in Brazil.

Aims

The objective of this article is to analyze the ways in which racism creates and defines the suffering, madness, and death of black women, articulating it with the need to build community-based quilombist actions for the production of care in Mental Health, in tune with the paradigm of Psychosocial Care, which arises in counterpoint to the psychiatric paradigm and extends the dimension of care in mental health to community care and to the development of a clinic-politics (Santos & Iñiguez-Rueda, 2021).

Method & procedures

This work is characterized as an ethnographic research (Hammersley & Atkinson, 1983). According to Silva and Dávila (2011), ethnography is a methodology that requires observation, recognition, analysis and registration. It is also a methodological disposition to meditate, reflect, theorize and, in short, to lose oneself reflexively in everyday subtleties and, thus, produce dense descriptions about experiences and pathways. From these references, it was possible to locate participant observation as a process of sensitive, attentive and also floating creation. The research activities were constituted from the participation in Therapeutic Workshops in the Mental Health services, Conversation Rounds and Meetings with the Teams and municipal management. It took four months, building close relationships with the users and professionals. Through this report, constructed from the field diary and an interview with a patient of Psychosocial Care Center, she describes an episode that marks her trajectory and changes her relationship with suffering and the psychiatrization of life. Throughout the research, from data collection to the writing of academic papers, the ethical criteria were observed, especially the guarantee of anonymity of the interlocutors.

Results & discussion

From a black quilombist aesthetic (Nascimento, 2009), which reaffirms the African heritage and seeks a Brazilian model capable of reinforcing ethnic identity as a central element in the production of care (Nascimento, 1985). This is an ethnographic report and its starting point is the story of a Brazilian woman, black and mentally ill. Her claim in defense of life gives her right to maternity, under the mark of racism, in two ways: obstetric violence and the production of madness. Each time I listened to Mãe D'Água, it became urgent to broaden the debate on the movement of the anti-manicomial struggle and the anti-racist struggle. In other words, there is no democratization of production of care without first questioning racism and its necropolitical function of regulating the distribution of death and making possible the murderous functions of the state (Mbembe, 2018).

Conclusion

Mental Health care is still hegemonically white, and when I say that I mean the classic notions of Psychiatry and Psychology, operated from deterministic, naturalizing, and above it all, racist models, which sustain the daily life of health services. Lima (2018) considers that no analysis of care in Mental Health in Brazil can be produced without considering racism as a constitutive category. According to Almeida (2019), racism is always structural, it is an element that integrates the economic and political organization of society. It is considered that racism creates and defines the suffering, madness, and death of black women. In this context, in which race, gender and class coordinates the lines between life and death, it is fundamental that the care and articulation of networks can incorporate "quilombism" as an ethical, aesthetic, political, and community reference, capable of constituting itself as a strategy for Psychosocial Care.

Keywords: psychosocial care, quilombism, racism

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