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Reflection Article

A critical view on singular therapeutic projects

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Abstract: This article discusses the issue of unique therapeutic projects within the mental health services built in the Brazilian psychiatric reform process. Starting from the concepts that have gained strength in both the psychiatric reform as in the collective health, this study proposes that current notions of the therapeutic project still are influenced by biological, psychological or social paradigms that simplify the complexity of the experience suffered by the subjects. Despite therapeutic projects are an essential achievement for the qualification of mental health care, it is still necessary to produce an epistemological rupture in the relationship with mental suffering so that they can achieve the greatest potential for transformation. Therefore, the article suggests that the practice of therapeutic projects should hold discussions with the reality of users life of and their relationships in the territories of existence, to transform the relations of power and knowledge that reproduce the subjects annulment. Thus, it is possible to dialogue with the complexity of the mental suffering experience, producing changes in the scenes that produce it.

Keywords: *Health Care, Mental Health Services, Psychiatric Reform.*

Um olhar crítico sobre os projetos terapêuticos singulares

Resumo: Este artigo problematiza a questão dos projetos terapêuticos singulares no âmbito dos serviços de saúde mental construídos no processo de reforma psiquiátrica brasileira. Partindo das concepções que foram ganhando força tanto no campo da reforma psiquiátrica como no da saúde coletiva, problematiza que a noção de projeto terapêutico ainda sofre influências de paradigmas biológicos, psicológicos ou sociais que simplificam a complexidade da experiência dos sujeitos que sofrem. Apesar de os projetos terapêuticos representarem uma conquista fundamental para a qualificação do cuidado em saúde mental, ainda se faz necessário produzir uma ruptura epistemológica na relação com o sofrimento psíquico, para que eles possam atingir maior potencial de transformação. Desta forma, o artigo propõe que a prática dos projetos terapêuticos dialogue com a realidade concreta de vida dos usuários e suas relações nos territórios de existência, de forma a transformar as relações de poder e de saber que reproduzem a anulação dos sujeitos. Agindo desta forma, é possível dialogar com a complexidade da experiência do sofrimento psíquico, produzindo transformações nas cenas que o produzem.

Palavras-chave: *Atenção à Saúde, Serviços de Saúde Mental, Reforma Psiquiátrica.*

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1 Introduction

The purpose of this article is to discuss one of the benchmarks concepts of everyday mental health services built in the Brazilian process of psychiatric reform. It is the concept of the Single Therapeutic Project or Individual Therapeutic Project.

The reflections presented here have reference to clinical and institutional supervision experience in different CAPS of the State of São Paulo during the 2000s, the discussions in the graduation course to the students of occupational therapy course at UNIFESP, the reflections with students and teachers of the different undergraduate courses of UNIFESP – Baixada santista and professionals around the Common Knowledge Production Laboratory of Mental Health, and the dialogues conducted in university research groups. Also, the participation of the research study coordinated by fellow teachers at UNICAMP and UNIFESP in 2011 contributed to these reflections with the goal of building a participatory manner evaluation indicators of CAPS III of the State of São Paulo.

Thus, the article is not based on the report of a unique experience, but it will bring reflections that are based on the author´s experience in various community services over the past few years.

2 Genealogy of the therapeutic projects

The issue of therapeutic projects arises in the context of the psychiatric reform with the implementation of the first territorial and community services.

Deconstruction experience of the psychiatric hospital in Santos and its simultaneous replacement by community and territory services during the 1990s, which influenced unique experiences that followed similar assumptions such as Campinas, Belo Horizonte, among others, represented experimentation moments and construction therapeutic projects focused on the "existence-suffering in its relation with the social body" (ROTELLI, 1990), implying a creative and tense dialogue with appropriate concrete reality of users and the actors involved in these existential territories (NICÁCIO, 1994). The continued proliferation of social experiences and dialog forms involved changing movements in the contexts in which life was given, the values, the material and relational living conditions, require new practices and knowledge. Here is why the therapeutic projects could be included as life projects (NICÁCIO, 2003) in a mutual network of interactions, and multiplying by modifying the dependency network, producing autonomy (KINOSHITA, 1996).

Subsequently, the discussion of the therapeutic projects began to assume greater importance in the field of public health (CAMPOS, 2003; CUNHA, 2005; OLIVEIRA, 2008), throughout a fruitful discussion on the care and health production in Primary Health and SUS service network.

Currently, it takes centrality of the official qualification of health care programs, especially in the National Humanization Policy of the Ministry of Health, extrapolating from the Primary Care to the entire SUS at various levels of complexity, and strengthening the Network Attention idea. It focuses its intervention in the relationships between the various actors involved in the care, the various professionals, users, various services, various sectors, the territory (BRASIL, 2007).

In the last perspective, it is important the idea of the formation of reference teams for certain user groups, overcoming the fragmented and anonymous character of care, and enabling the users to participate in their care and to locate during their journey in different network services.

This perspective also strengthens the idea of the circulation of knowledge and support matrix (CAMPOS, 1999), proposing a new involvement and co-responsibility of the teams, enhancing and making creative their actions, and enhancing the knowledge of the users and the community. Focused on collective work and team, it proposes finally changes in power relationships involving the operation of the therapist-patient relationships, in relationships between the various actors and institutions. It claims a new place for care management and service networks which tends not only to exchange the verticality of the hierarchical relationships by the horizontality of cooperation, such as to overcome the tight divisions that separate the administrative role of technical function, the production practice and knowledge of bureaucratic procedures, the practice of care of its political dimension.

As it is seen, the current discussions on the change of public health practices go towards the enrichment of the possibilities of action and transformation of the various actors involved in the daily services and health production, and represents a significant advance in SUS construction because, in fact, it addresses the issue of health care in the real actors involved in it, overcoming the managerial visions that separate watertight functions and moments of the process. These tight management views that are challenged by changes in public health practices

divided into different times and among different actors functions to plan, implement and evaluate, and strengthen the strict and artificial separation between the processes of prevention, treatment, and rehabilitation.

The practice enrichment process has used the Enlarged Clinic term for the care process, the large framework of knowledge, practices, attitudes and political relationships involved in the changes (CAMPOS, 2003). The Enlarged Clinic term suggests the need to integrate the understanding of the health-disease process to the various dimensions involved in illness phenomena and suffering, with the need to expand the arc of responses and resources to build complex answers to complex questions. Several areas related to the production of suffering and disease will have a place and importance in establishing the strategies of services and teams.

The idea of Enlarged Clinic is linked and explained the proposed construction of individual therapeutic projects, rather than individualized and fragmented actions between the different professions that make up the traditional arsenal of health. Therapeutic projects appear here as the set of strategies established by the teams, through discussions, diagnostic assessments and survey capabilities and possibilities (BRASIL, 2007). This set of strategies is formulated to compose a set of steps ranging from diagnosis to action, and evaluation of the action, considering that during the therapeutic course, new demands arise, new paths open, new strategies and interventions are necessary.

3 Theoretical frameworks and worldviews that support the concepts of Therapeutic projects

Paradigm changes in care proposals involve changes in power flows and changes in the field of knowledge, which has not occurred without resistance and difficulties. Biomedical models with Flexnerian inspiration resist crossbreeding process between the various fields of knowledge, and there are tensions between different paradigms, in a struggle for legitimacy. Many of these paradigms, substantiated by theoretical frameworks that involve psychological or sociological concepts in this struggle for legitimacy do not entirely outweigh the risk of oversimplifying a complex as the health-disease process and the question of care, taking the place of traditional biomedical perspective. The challenge is to develop a reading of relational processes than mechanical and doctrinaire, where the multiplicity of discourses and the complexity of the phenomena can be treated in a dialogical form, inducing the production of new and novel concepts. Therefore, despite these new buildings, the biomedical paradigm persists, and often the actors who question this paradigm require interventions guided by it.

Considering the importance and the progress that this idea of the therapeutic project brings to the enrichment of practice, some dimensions arose on the way these notions has been operated in the practice of care, from the experiences that I lived as a clinical-institutional supervisor in some CAPS. I understand that there is a great diversity concerning the clinical concept and that the idea of therapeutic projects as an arsenal of procedures, and not as a building life project, being very present in some of the daily practices that I could follow.

The discussion about the need to establish therapeutic projects is very present in the territorial and community mental health services, such as CAPS.

It seems to be a culture and a consensus on the need for continuous monitoring of users, and the territory of ideas, inter-sectoral work, networking, and interdisciplinary action have become quite widespread (BRASIL, 2004, 2005), although there are also several ways to understand them and practice them. As the notion of therapeutic project, the proposal to establish reference professionals to weave and monitor such projects is also a present discussion in some CAPS, representing an attempt to escape the fragmentation of disciplines and interventions that divide the user into slices, responding more to the exercise of power demands and social prestige of different professions than the needs of users.

The projects of existing therapeutic concepts are the line of multiple assumptions and ways of conceiving the experience of psychological distress and care. There are ways that still maintain the linear causality idea (whether biological, psychological or social) of the suffering phenomenon, and there are ways to practice a break with linearity, valuing the discovery and experimentation.

The linear and mechanistic perspective is linked to a conception of treatment, improvement or cure primarily associated with the elimination of symptoms, considered sensory perception, thinking, mood or cognition changes. This diagnosis look is marked by a clinic concept as suppression of disease or symptom (ROTELLI; DE LEONARDIS; MAURI, 1990).

A psychodynamic look is also present (ROTELLI, 1990), through the development of causalities and possible pathways focused on psychic development. The presence of a plurality of rows produces tensions,

and these conflicts can either produce a richness and multiplicity of responses as can be paralyzing, which will depend on the team's operation, their style, their talent or their ability to guarantee freedom, the exercise of creativity and novel inventions, assuming the risks inherent in such a process. It is true that psychoanalysis and its successive movements of reform and transformation contributed and contribute to the daily practice of care in the services of psychiatric reform through it. But what it is wanted here is to alert for less dialogical and more stiff postures, which sometimes they try to fit in its explanatory scope complex phenomena that do not allow to simplify for any specific approach.

Another look that understands the suffering just as a result of a social process of exclusion arises as an alternative to the previous two lines, without, however, ensure the production of a critique to the social and standards parameters (ROZEMBERG; MINAYO, 2001). Such lines understand the service user as a victim of a process of social fragmentation and can reaffirm the invalidation and the minority of users, developing a process of standardization and adaptation. Focusing only on criticism of the exclusion and the affirmation of a corporate project marked by the centrality of work, they fail to look into the possibility of unlinked emancipatory processes of sociability of the goods and labor, and associated with new ways of living life (KURZ 1999).

An epistemological rupture that transforms the mental health object in the direction indicated by Rotelli (1990) when he proposes that this "existence-suffering in its relationship with the social body," seems to remain a challenge. This would require the science dealing with the uncertainty, to admit that little is known of this complex object that is the mental suffering.

Such hegemonic ways of developing the "Clinic" or, as we prefer, care to correspond to certain men's models that were forged in modernity taking shape in the eighteenth and nineteenth centuries, but continue today, with different nuances adapted to values and ways of life of postmodernity.

The forms of control society (DELEUZE, 1992) intersect with the deregulation modes (BAUMAN, 2003), producing new forms of control, not only discipline but a control associated with abandonment techniques (KINKER, 2007).

These strategies are guided in the production of a certain kind of man to be useful to current forms of production and handling gear market, either via the hard and painful work, either through the seductive way, but no less invasive and totalizing life such as the so-called immaterial labor (NEGRI; LAZZARATO, 2001).

The concept of a man of the nascent biological psychiatry and psychodynamic lines originates from the time of industrialization and carries ways of conceiving ways of life. Bauman (2003) recalls how the masses at the time of Freud were considered lazy and unintelligent, and how psychoanalytic techniques developed by the Viennese elite were to be used only in some; for the vast majority, control of instincts should be given by cruelest forms of surveillance, education, and correction. Therefore, the psychoanalytic concept brings with it the marks of a civilizing project marked by modern sociability of work.

In a critical view of psychoanalysis, Deleuze and Guattari (2010) will question the simplification and impoverishment of this man's view of psychoanalysis and their corresponding way of conceiving the unconscious, saying that this is not representative, but productive, multiple, producer of life. For them, the schizophrenia of the mentally ill is a caricature of potential capitalist dispossession. Another schizophrenia, however, would be producing subjectivity, overcoming the tight sense of identity and self.

Rotelli (1990, p. 97) will also towards a questioning of concepts attempts to describe in a logical and mechanical line psychic mechanisms, stating that

> Also, the couch is an invented institution, but for an internal object all the autonomy of the psychic, a first simplified psychological uniqueness and then made infinitely complex (and so seductive). Here, simplification original leaves no doubt how proceeds and the setting hygienism, like that ambulatory, is not just a practice mode but is constitutive of psychoanalytic episteme.

One of the risks present in the construction of therapeutic projects developed in the CAPS, in some cases, concerns the simplification of the mental health object noted above, that is, the understanding of this as illness, or reflections of mechanically articulated psychological mechanisms, or as a result exclusion processes of 'normal' ways of living.

The risk of this approach is to establish a series of strategies that replace old and fragmented disciplinary procedures without, however, changing the understanding and look at the phenomenon. It would be like finding new drugs to replace the old ones, but dealing with the same objects, seeking to heal, making effective treatment of the disease.

One of the signs that this trap can be close is the rigidity and the establishment of the institution operation of strict regulations, the repetition of actions repertoires and standardization of responses by type of problems. This kind of modernization or upgrade (CASTEL, 1978) is an ever-present risk that can live contradictorily with practice transformation processes, as if trying to boycott them or make them harmless, since the repertoires of repetition and security often bring weapons against unsafe, always incipient and unstable inventions.

These exchange procedures without changing the look on the phenomenon, can cause mechanical or chemical restraint with the institutional protection mechanism, either replaced by a recreational activity or a therapeutic workshop; the user's voice invalidation can be transferred from the dark and stuffy room of the mental hospital for therapeutic or guidance group (SARACENO, 1999).

Evidently, all the suggested activities are important and can make powerful transformation processes, if they are given in connection with the real and concrete context of the life of users, considering their relationships, the spaces they occupy, the spaces that they are prohibited, their wishes and plans for the present and the future. However, disconnected from this reality, they may represent forms of control because they do not have the potential to transform the life experience and how the service user lives his suffering.

After all, the elements involved in these therapeutic interventions are multiple, significantly outpacing the constitution of the therapist-patient relationship. Factors such as the reasons for the presence of the user on the unit, the features of their life context, social position, the organization and the relationships between the actors of the institution, which represents the institution in its territory, and many others, make up this framework as synthesized and transmitted in hologrammatic form in the therapeutic act, whether individual or group.

It seems that the wealth of experience and social exchanges is guarding the seed of change, and they often request a type of support that enables the experience; changes in the contexts, enabled by small breaks in the order of elements (SARACENO, 1999), that can open holes for unique experiences of life.

It is how to change a certain part of the chess game, allowing a sudden change of power lines. Changes in scenes (ROTELLI, 1990). Overcoming some division is needed to rescue the complexity of mental health intervention object to overlap the man visions that simplify and impoverish existence.

Think in overcoming the Cartesian division of the various antagonistic pairs such as the subject-object, body-soul, nature-culture (MORIN, 2001, 2002), leads us to question the conscious-unconscious, biological-cultural, social-clinical division.

4 Therapeutic project as a production life

The possibility to enrich existence, and enrich the mental health involves the overcoming of this fundamental dissociation that was produced throughout history and led us to the current situation in which we have the risk of the destruction of the planet. It is possible to take a dialogical mode and complex design subjects, operating more by conjunction and fermentation and overcome disciplinary disjunctions fragmenting of experience. Several authors from different currents of thought, as Morin (1996), Deleuze and Guattari (2004), Serres (2003), Rotelli (1994), among others, have pointed in this direction. This complex way of conceiving man as a human being mixed with nature that changes constantly could guide the construction of individual therapeutic projects.

The idea of the therapeutic project as a set of procedures from this point of view, cannot respond fully to the challenge of transforming the quality of relationships and produce life because it remains tied to a simplified view of the experience of suffering.

Intervention strategies are part of a building, but they do not represent the totality of what would be a therapeutic project. That is because this concept of limiting the intervention of idea is reproduced in an inert object in search of a supposed normality.

The process to be built in permanent dialogue with the users of the services and the multiplicity of factors involved in everyday life is the bricolage of a project/life process (NICÁCIO, 2003), much more than an administrative, technical, scientific of procedures set to be applied to users.

Thus, the therapeutic project does not fit into forms and attendance records; it is a dialogic and dynamic process whose immensity is inexpressible, not fitting in assistance records. Those can help in the process of the organization, but do not represent the process as a whole.

The therapeutic project can sometimes be understood as one form or assistance records that, in addition to having data history, it contains the strategies and procedures of the 'clinical,' the requirements of staff and contracts with users, such as activities

to be developed, the frequency days in the unit, etc. However, it can be much more than that.

The construction of the therapeutic project as a life project (NICÁCIO, 2003) implies the permanent modification of the scenes that generate impoverishment of existence (ROTELLI, 1990), decreasing the power of acting (SPINOZA, 2009), limiting the trials and meetings between social actors.

The formulation of the therapeutic project is then a movement in time, but marking spaces transforming them into places with meaning, as said by Saraceno (1999), discussing the issue of dwelling on the envisaged psychosocial rehabilitation.

The dialogue, the multiplication of actors involved and experienced scenes then represent the establishment of a framework of therapeutic projects. The change of scenes takes power and construction of new scenes are related to the construction of new practices, new knowledge, new values, that is essentially including changes in power flows, micro-political and microphysical changes (in the sense of Foucault's microphysics power), metamorphoses of roles, ways of understanding suffering and live life (FOUCAULT, 2008).

The term project can be problematic for referring to something like a pre-established plan that must be followed to the letter, without deviations. But we can also understand the term project as a point paths when walking (NICÁCIO, 2003), as the walk that mixes drawing a map to the contingencies of life (such as navigating the ship in an uncertain ocean, which requires the pilot's talent printing movement while at the same time, impelled by external movements) (SERRES, 2008).

To project can act in line with what the late sanitarian David Capistrano Filho (1995) called "do-planning" when discussing the need to revise the rigid division between theory and practice, planning, implementation and evaluation in the case of implementation of health policies.

The project then would be traveling with the users of services by existential territories (GUATTARI, 1990), always in the company of all the elements that help make up the scene, and that are always present with its power lines shaping the profile of any relationship therapeutic, or even any dialogue between therapist and patient to take anywhere.

The therapeutic project is the transformation process to which all actors involved are subject, being users, their families, professionals, other characters present in the lives of the subjects. It will be more or less therapeutic depending on the ongoing transformations, changing scenes because the user change depends on changing the service professional and social actors involved in the concrete and substantial life of users (KINKER, 2012).

The therapeutic project then has a unique dimension and other collective, noting that these dimensions make up an indivisible whole, which makes up the scenes, because people are composed of multiplicities, for entire societies. The unique therapeutic project speaks to the institutional design of services; this is explicitly outlined by its actors or just lived through them without much criticism.

The ordinary everyday life of the institutions both produces suffering as the intensification of life of users, the institution's project spoke on the unique therapeutic project of users, or as a light wave coming lick the sand of the sea or as a powerful wave leaves no stone unturned.

The possibility of the institution into crisis is the gateway to the production of life with users (ROTELLI, 1990).

5 Conclusion

In line with the changes occurred in the last decades in the psychiatric reform and health reform field, the idea of natural or individual therapeutic projects has occupied an important place in the practice of care.

The production of care and the concept of therapeutic come from discursive fields (FOUCAULT, 1972) producing certain realities, in which the concepts of health, life and normality are present. Man and life models marked by biological, psychological and social paradigms have influenced the construction of therapeutic projects and so-called clinic or care.

This article originally brought a critical look at these models and paradigms, arguing that the experience of psychic suffering is so complex that the mechanical and linear explanations cannot dialogue with it to produce metamorphoses in scenes that reproduce the invalidation and lack direction.

Associated with these supposed reductionist looks, advocating certain natural functioning of the body, the psychic and the social, therapeutic project may appear as a simple tool that expresses the operation of health workers on an inert object, lifeless, or common to life that deviates from normal patterns and expected operating. Standardization and adaptation processes may arise such that treatment design mechanisms for the future construction of a particular kind of man.

Then, the challenge becomes to establish a multiple and rich dialogue in the care process, understanding

as a therapeutic project that makes and weave life with users of services in their concrete daily life and relationships, changing scenes that generate violence and invalidation and thus transforming all stakeholders: users, professionals, and society.

Such therapeutic project, by its immensity and power, is inexpressible, not fitting in simple forms, prescriptions, and records of the institutions. This flow of transformations can be used, however, register-memory mechanisms, projects that turn when walking a collective metamorphosis process.

In this perspective, the therapeutic project is much more than a set of strategies and procedures established by the care teams and institutions. It is the do with users. It should not be confused with the set of procedures that health units offer to users, although they can make use of it. However, they represent a lot more ways to control deviations, and domination subjugates all the glowing life and relationships to a prescriptive process for therapeutic purposes if they do not understand that real life in the territories of existence is to make up the complexity of living and suffering, and a spectacular framework of processing possibilities.

When the dialogue with service users take us to the conclusion that the scenes and contexts need to be changed, leading to the transformation of all of us, then the therapeutic project term may assume fully another place in care practices, contributing to the production of new enriching forms of sociability.

References

BAUMAN, Z. *Comunidade*: a busca por segurança no mundo atual. Rio de Janeiro: Zahar, 2003.

BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Coordenação Geral de Saúde Mental. *Reforma psiquiátrica e política de saúde mental no Brasil.* Documento apresentado à Conferência Regional de Reforma dos Serviços de Saúde Mental: 15 anos depois de Caracas. Brasília: Ministério da Saúde, 2005.

BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. *Saúde mental no SUS*: os centros de atenção psicossocial. Brasília: Ministério da Saúde, 2004.

BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Núcleo Técnico da Política Nacional de Humanização. *Clínica ampliada, equipe de referência e projeto terapêutico singular*. Brasília: Ministério da Saúde, 2007.

CAMPOS, G. W. S. Equipes de referência e apoio especializado matricial: uma proposta de reorganização do trabalho em saúde. *Revista Ciência e Saúde Coletiva*, Rio de Janeiro, v. 4, n. 2, p. 393-404, 1999.

CAMPOS, G. W. S. *Saúde paidéia*. São Paulo: Hucitec, 2003.

CAPISTRANO FILHO, D. *Da saúde e das cidades. São Paulo*: Hucutec, 1995.

CASTEL, R. *A ordem psiquiátrica*: a idade de ouro do alienismo. Rio de Janeiro: Graal, 1978.

CUNHA, G. T. *A Construção da Clínica Ampliada na Atenção Básica.* São Paulo: Hucitec, 2005.

DELEUZE, G. *Conversações.* São Paulo: Editora 34, 1992.

DELEUZE, G.; GUATTARI, F. *Mil platôs*: capitalismo e esquizofrenia. São Paulo. Editora 34, 2004.

DELEUZE, G.; GUATTARI, F. *O anti-Édipo:* capitalismo e esquizofrenia. São Paulo: Editora 34, 2010.

FOUCAULT, M. *A arqueologia do saber.* Petrópolis: Vozes, 1972.

FOUCAULT, M. *Microfísica do poder*. Rio de Janeiro: Graal, 2008.

GUATTARI, F. *As três ecologias*. Campinas: Papirus, 1990.

KINKER, F. S. Encontro terapêutico ou processo-metamorfose: desafio dos serviços territoriais e comunitários. *Saúde em Debate*, Rio de Janeiro, v. 36, n. 95, p. 695-701, 2012.

KINKER, F. S. *O lugar do manicômio*: relato da experiência de desconstrução de um hospital psiquiátrico no interior do Nordeste. 2007. 173 f. Dissertação (Mestrado em Ciências Sociais) – Pontifícia Universidade Católica de São Paulo, São Paulo, 2007.

KINOSHITA, R. T. Em busca da cidadania: desinstitucionalização de um hospital psiquiátrico. In: BRAGA CAMPOS, F. C.; HENRIQUES, C. M. P. (Org.). *Contra a maré à beira-mar*: a experiência do SUS em Santos. São Paulo: Scritta, 1996. p. 39-49.

KURZ, R. *Antieconomia e antipolítica*: sobre a reformulação da emancipação social após o fim do marxismo. São Paulo: USP, 1999. Mimeografado.

MORIN, E. A noção de sujeito. In: SCHNITMAN, D. F. (Org.). *Novos paradigmas, cultura e subjetividade*. Porto Alegre: Artes Médicas, 1996. p. 45-58.

MORIN, E. *O método 4:* as ideias, hábitat, vida, costumes, organização. Porto Alegre: Sulina, 2002.

MORIN, E. Os desafios da complexidade. In: MORIN, E. *A religação dos saberes:* jornadas temáticas idealizadas e dirigidas por Edgard Morin. Rio de Janeiro: Bertrand Brasil, 2001. p. 559-567.

NEGRI, A.; LAZZARATO, M. *Trabalho imaterial:* formas de vida e produção de subjetividade. Rio de Janeiro: DP & A, 2001.

NICÁCIO, M. F. S. *O processo de transformação da Saúde Mental em Santos*: desconstrução de saberes, insti-

tuições e cultura. 1994. 155 f. Dissertação (Mestrado em Ciências Sociais) – Pontifícia Universidade Católica de São Paulo, São Paulo, 1994.

NICÁCIO, M. F. S. *Utopia da realidade*: contribuições da desinstitucionalização para a invenção de serviços de saúde mental. 2003. 224 f. Tese (Doutorado em Saúde Coletiva) – Universidade Estadual de Campinas, Campinas, 2003.

OLIVEIRA, G. N. *O projeto terapêutico e a mudança nos modos de produzir saúde.* São Paulo: Hucitec, 2008.

ROTELLI, F. A instituição inventada. In: NICÁCIO, M. F. S. (Org.). *Desinstitucionalização.* São Paulo: Hucitec, 1990. p. 89-100.

ROTELLI, F. Modelli scientifici e complessità. In: ROTELLI, F. *Per la normalità*: taccuino di uno psichiatria: scritti 1967-1993. Milano: Edizione E, 1994. p. 58-63.

ROTELLI, F.; DE LEONARDIS, O.; MAURI, D. Desinstitucionalização, uma outra via: a reforma psiquiátrica italiana no contexto da Europa Ocidental e dos "Países Avançados". In: NICÁCIO, M. F. S. (Org.). *Desinstitucionalização.* São Paulo: Hucitec, 1990. p. 17-59.

ROZEMBERG, B.; MINAYO, M. C. S. A experiência complexa e os olhares reducionistas. *Revista Ciência e Saúde Coletiva*, Rio de Janeiro, v. 6 n. 1, p. 115-123, 2001.

SARACENO, B. *Libertando identidades:* da reabilitação psicossocial à cidadania possível. Belo Horizonte: Te Corá/Instituto Franco Basaglia, 1999.

SERRES, M. *Hominescências:* o começo de uma outra humanidade. Rio De Janeiro: Bertrand Brasil, 2003.

SERRES, M. *Ramos.* Rio de Janeiro: Bertrand Brasil, 2008.

SPINOZA, B. Ética. Belo Horizonte: Autêntica, 2009.