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Original Article

Mental health and work: dialogues on rights, desire, and need for access[1]

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Abstract: Introduction: Based on a research undertaken as part of a professional master's degree, which aimed to study social inclusion through work in the context of Brazil's Psychiatric Reform. Objective: To analyze the dimensions of rights, desire, and need in work inclusion practices aimed at people with mental disorders. Method: We elected seven workshops among the income generation initiatives that make up the psychosocial attention network in the municipality of Campinas, SP. Qualitative approach using data production techniques such as participant observation, followed by the production of field journals and the organization of focal groups with workshop participants and health professionals. Data analysis and results came from connecting viewpoints and crossing data found in research tools. Results: Associative and cooperative work following the lines of solidarity economy is a political option based on Brazil's Psychiatric Reform, and allows us to identify different expressions of (a) needs, (b) desires, and (c) rights present in the narratives of people with mental disorders, which are trespassed by themes such as access to work and treatment interfacing. Conclusion: Cooperative and supportive work constitutes an important instrument for the insertion of people with mental disorders by approaching in an inclusive way the singularities of people with psychological suffering, considering their desires, rights and needs on the everyday life.

Keywords: *Work, Psychosocial Rehabilitation, Social Inclusion.*

Saúde mental e trabalho: diálogos sobre direito, desejo e necessidade de acesso

Resumo: Introdução: Baseia-se em uma pesquisa de mestrado que teve como objeto a inclusão social pelo trabalho dentro do contexto da Reforma Psiquiátrica. Objetivo: Analisar as dimensões de direito, desejo e necessidade nas práticas de inclusão laboral de pessoas com transtornos mentais. Para isso, como campo de pesquisa, foram eleitas sete oficinas dentre as iniciativas de geração de renda que compõem a rede de atenção psicossocial do município de Campinas-SP. Método: Partiu-se de uma abordagem qualitativa participativa, utilizando como técnicas de produção de dados a observação participante, seguida da produção de diários de campo e a realização de grupos focais com os oficineiros e profissionais de saúde. A análise dos dados e a produção de resultados se deram a partir da técnica da interpolação de olhares, que cruzou os dados produzidos pelas ferramentas de pesquisa citadas. Resultados: O trabalho associativo e cooperativo, nos moldes da economia solidária, é uma opção política pautada na Reforma Psiquiátrica e permite identificar diferentes expressões das (a) necessidades, (b) desejos e (c) direitos presentes na narrativa das pessoas com transtornos mentais, que são transversalizadas pelos temas do acesso ao trabalho e a interface com o tratamento. Conclusão: O trabalho cooperado e solidário se constitui como um dispositivo importante para a inserção de pessoas com transtornos mentais por abordar de forma inclusiva as singularidades das pessoas com sofrimento psíquico, considerando cotidianamente seus desejos, direitos e necessidades.

Palavras-chave: *Trabalho, Reabilitação Psicossocial, Inclusão Social.*

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1 Introduction

This study is the result of an investigation of a professional master's degree aimed at the social inclusion by the work of people with mental disorders in protected workshops in Campinas-SP.

The participants of this research, known as "workshop workers", develop several work activities within the equipment that intersectorally integrate the Network of Psychosocial Attention (RAPS). This network is the materialization of a struggle for the improvement of the conditions of treatment and life of these individuals, a conquest coming from the movement of the anti-asylum fight and the Psychiatric Reform.

Since 2004 in Brazil, the technical area of Mental Health and the National Secretary of Solidarity Economy have been articulated fomenting income generation initiatives and mental health work (BRASIL, 2005). Currently, this articulation fosters the struggle for the legalization of social cooperatives aimed at people in social vulnerability, such as prison inmates, young people and people with mental disorders.

Despite the efforts of the National Support Program for Social Cooperative and Associativism, the social cooperative does not have a legal reference that allows its full development. The current regulatory law 9.867/99 has restrictions that do not allow the formalization of solidarity initiatives, which tend to suffer from informality or institutional precariousness (SINGER; SCHIOCHET, 2014; CUNHA, 2012).

Together with this, the implantation of psychosocial care strategies in Brazil has produced significant results in the treatment and social inclusion of people with mental disorders, either through strategies of deinstitutionalization and implementation of substitutive equipment or through the production of citizenship and other social responses to madness.

An important part of these strategies against asylum practices is focused on initiatives for income generation and inclusion through work, which is an important reference in the Campinas experience.

Thinking about the effective inclusion of these people through work is a significant step towards building their citizenship. However, this process has found concrete obstacles because of the fragility of public employment and income policies that assist people with mental disorders at the national level. Currently, the only means to finance these initiatives is Ordinance 132/2012 of January 2012, which provides for the cost of development of the workshops by means of extremely selective edicts, leaving the projects hostage of transfers of funds and bureaucratic obstacles of prefectures (CASTEL; RODRIGUES; PINHO, 2012).

Also, the income-generating initiatives in Campinas have been exploring social inclusion through work based on the quota law (BRASIL, 1991), which, due to strict diagnostic criteria, it excludes the vast majority of people suffering from psychic suffering (prioritizing people with disabilities and not a mental illness).

In this context, the development of studies that identify processes of singularization of the interface between work and mental health is paramount, so it is possible to construct more transversal, less disciplinary work practices that recognize the subject in his or her way of being in the world.

Campinas was chosen as a research field, given that contexts such as this one consubstantiate relevant transformations, being able to express the potencies and difficulties of income generation initiatives. Based on the experience of the subject with a mental disorder to have access to work, this experience focuses on three main dimensions: need, desire and the right to work.

These dimensions were previously chosen as axes of analysis based on the researcher's experience as a worker in the psychosocial care network in Campinas, in which it was identified that the need for work, as well as the right and desire to work, are dimensions that express important movements of the patients for the work and can guide emancipatory processes that contribute to the construction of new forms of subjectivation. Thus, narratives and observations about the dimensions chosen to research the experience of access to work, lived by people with mental disorder, were taken as analysis data to construct the presented results.

1.1 Historical context: the interface between work and Mental Health

Although the work is currently considered an important device for the citizenship production of people with mental disorders, it is known that their incorporation in mental health practices varied greatly throughout the history of the Psychiatry and Psychiatric Reform. The Force Houses, the General Hospital, the Labor Houses and the Agricultural Colonies of the eighteenth century were institutions

that witnessed the use of forced labor, applied as a punishment tool and behavioral disciplinary. The use of the work in this scenario had the sense of regenerating beggars, heretics and indigents or was based on moral and religious justifications (FIORATI, 2010; LUSSI, 2009).

By the end of the eighteenth century, these paradigms were changing. The capitalist arrangement of the Western world was found in the breaking of humanism with the strictly religious perspective, giving rise to positivist science as the predominant ideology. The social mode of production was structured in such a way that society came to see work as something fundamental that organized the forms of sociability.

Moral treatment of Pinel arose in this context, where the work was also understood as an instrument used to avoid idleness and to guarantee the subsistence of asylum institutions, so enclosure and obligation to work were justified as a therapeutic-moral resource (LUSSI, 2009). These processes sought the 'restoration' of the inmates to the conditions of returning to society productively. With this, the ability or not to work became a parameter of normality: the greater the aptitude for work, the closer to the prevailing conception of 'normal' (LUSSI, 2009). Likewise, the incapacity for the formal labor market was gradually compounded as a diagnostic criterion. Following this logic, an approach was sought with the social organization, with the understanding that the greater the aptitude for the work, the greater the approximation of the objective of the cure.

The questioning of this process arose with the democratization movements in several countries, which were organized against dictatorial and repressive policies and proposed a more inclusive form of work organization. An important example for the Brazilian Psychiatric Reform was the Italian Deinstitutionalization movement, as proposed by Basaglia (1985).

The proposal of Italian democratic psychiatry was that beyond the extinction of the asylum, it would be necessary to rethink and transform the way society and psychiatric knowledge thought and dealt with madness. It was a question of putting the disease in parentheses and finally looking back at the subject of experience. Thus, the proposition of psychiatry, which dealt with mental illness, was reversed, and a conception of treatment was defined in which, more important than the elimination of symptoms, was the process of invention of health and social reproduction of the present. From this conception, the possibility of the invention of a subject who previously had his subjectivity annulled by the total institution emerged. The paradigm of deinstitutionalization ended by extrapolating the discussions of psychiatry and, by questioning the social bases of exclusion, constructed a critique of the exploitation of capitalist society, especially in relation to work (HEIDRICH, 2007).

For Saraceno (2001), the reinvention of production relationships and cooperatives/workshops were the key to this whole process. For him, work was the "[…] articulation of the field of interests, needs, and desires" (SARACENO, 2001, p. 126), a principle that strongly inspires this research.

In Brazil, these discussions were guided by the anti-asylum movement, which made a significant part of the practices of labor inclusion of people with mental disorders linked to Mental Health, except, of course, the personal initiatives of each one (MARTINS, 2009). Therefore, social inclusion through work is part of the psychosocial care strategies and it is based mainly on the Psychosocial Rehabilitation reference (SARACENO, 2001) and on the strengthening of income generation workshops, which represent the main support strategy to supply the need for employment and work of people with mental disorders despite the consolidation of an increasingly exclusive and competitive market.

With the closure of psychiatric hospitals and the insertion of patients in the city, the need for subsistence arises. This need has been confronted with the creation of workspaces governed by the ethics of the solidarity economy, characterized by three inseparable elements: its economic nature (as productive activity linked to the production and reproduction of the means of life); their collective nature (which refers to the social and political ties of the relationship between members); and its self-managing nature (CUNHA, 2012). This movement not only recognizes the rights of citizenship but also seeks to put them into practice, towards the affirmation of an autonomous and participative subject in the social dynamics (LUSSI, 2009).

In this work, several authors have produced knowledge, arguing that work is a tool for social emancipation (LUSSI, 2009), with the power to produce another existential condition for people with mental disorders (SANTIAGO; YASUI, 2011).

Work in the field of social inclusion can be a device for producing health and life; however, if

the critique of the total institution is concerned with the reconstruction of the institutionalized subject, this paper aims to problematize some of the effects produced by the attempt to construct this new subject, who sometimes works where he is treated or where he works.

This Brazilian peculiarity will be analyzed from the experience of Campinas, where social inclusion by the work of people with mental disorders operates in synchrony with the Mental Health network of the municipality.

In this city, where RPA is considered one of the most well-structured in Brazil, inclusion by work is developed in two pieces of equipment: the NOT (Work Group Center) and Casa das Oficinas, which include 22 income generation initiatives, as well as occasional experiences in other services such as Coexistence Centers and CAPS (Psychosocial Care Centers). These equipment have the articulation of a forum known as Gera Income Forum, a space for organized dialogue with the purpose of encouraging the construction of a network that performs actions within the logic of solidarity economy by supporting each other.

NOT is characterized as an association made up of the partnership between the SSCF and the Cornelia Vlieg Association. With 23 years of existence, it offers self-management insertion in the logic of solidarity economy. Currently, it has fifteen workshops and serves over three hundred patients. The workshops Agricultural, Culinary, Handicraft, Nutrition, Handicraft Stained Glass, Construction, Partnership, Graphic, Hydraulic Tile, Mosaic, Joinery, Sawmill, Events, Sewing, and Painting reambiguated the spaces, in which, before, the wards and the mortuary of the then Candido Ferreira Sanitarium. The current "Cândido Ferreira Health Service" (SSCF) is a complex of equipment of the municipal mental health network.

Casa das Oficinas is divided into two workspaces (Casa do Artesanato and Casa da Culinária) and it is defined as a service of social inclusion for work and income generation in mental health, functioning since 2005 in partnership with the Center of Coexistence and Cooperation Tear of the Arts. For this, it is fundamental to explore conceptually and empirically the relevance of work as an inclusion device and its practical consequences in the daily life of people with mental disorders.

1.2 Objective

To emphasize the dimensions of right, desire, and need in the practices of labor inclusion of people with mental disorders.

2 Method

2.1 Research field

To carry out the research, it is recognized that the particularities of the objective of this study require a qualitative approach with a participatory and interventional character. A selection of seven workshops and the NOT assembly is defined as a research field, with the participation of NOT consultants and professionals in the aforementioned set of income-generating initiatives in the city of Campinas-SP.

2.2 Ethical procedures

Regarding the ethical procedures, this research project and the Free and Informed Consent Form (TCLE) were approved by the Research Ethics Commission of UNICAMP with the number 20546613.3.0000.5404 and the Municipal Health Department of Campinas.

2.3 Instruments of data collection

A semi-structured script was used as data collection instruments to guide the conduction of the focus groups and the researcher's field diary.

2.4 Data collection analysis

For data collection and production, participant observation and field diary construction were used as techniques, as well as focus groups (FG) with workshop workers.

The participant observation process went through seven of the twenty-two workshops in the municipality between September 2013 and February 2014. In this process, it was seeking to understand the dynamics of relationships, the meeting between professionals and workshop workers before the institutional task of social inclusion by the work, and to understand how this institutional arrangement was given in daily life through statements, practices, estrangement, and impressions. For this, a field diary is a tool capable of prolonging the transience of field experience (LOURAU, 2005; HESS, 2006).

Two FG circles were carried out with volunteer workshop workers from the seven workshops observed, starting from a random selection and a semi-structured script previously prepared by the researcher. The FGs were audio-recorded and later transcribed for analysis.

After defining the tools of data production, the technology of 'interpolation of looks' was chosen for data analysis and production of results, which proposes a cross-linking of the research devices, according to the interest of composition of a writing committed with the production of knowledge, by engendering between modes of data production and not a linear chaining, nor synthesis (AZEVEDO, 2012; FERIGATO, 2013). In this perspective, analyzing the material produced from the focus groups, the field diaries and the participant observation is to conduct and give visibility to the statements, to the theoretical and practical productions, to the narratives of different protagonists of this process and participants of the research, interspersed with readings from the bibliographical survey and contributions of the researcher. After reading and organizing the material produced, the interpolation of these materials was systematized into three previously defined analytical axes.

3 Results and Discussion

As previously described, our investigation of inclusion by the work came from the three-dimensional focus of this experience (1) the need; (2) the rights; and (3) the desire. For each of these dimensions and from the analysis of the material, sub-dimensions were proposed based on the different expressions of needs, desires and rights identified.

In a qualitative research, the production and analysis of the data, as well as the description of the results and their discussion, are processes that are all the time in relation. The division of these dimensions will be presented separately, only for didactic questions and for the organization of the results of the research, since, in practice, as well as in the narrative of the patients, these dimensions intertwine incessantly.

3.1 Need

In all of the three dimensions investigated, this one was certainly the most explored by the workshop workers and the one with more relevance in the focus groups.

Before the meeting with the workshop workers, the readings of Agnes Heller (1996) sensitized the perception of how they could manifest the needs of these patients within the cut of this research. For her, the need is a social dimension: while political animals, men, and women would have needs that differ in three aspects: (a) Need as such, which relates to the mandatory aspects of the biological and social in its dimension inseparable from the being; (b) The subjective-psychological relationship of the individual, who announces his need in his own recognition; (c) Sociopolitical needs (or lack) attributed socially according to personal meritocratic criteria, distributed according to the institutional affiliation built up in social life. According to Heller, the modern distribution of needs is totally quantitative.

Together with the three aspects of the cited needs, when considering the needs in the Health area - the health needs - on the one hand, the need of the patients according to the perception/evaluation of the professionals and, on the other hand, the need for according to the patient's own vision (generally different from professional analysis) were identified. From this meeting, the diagnostic and treatment hypotheses were observed. However, to guide the discussion of the needs within this concept would risk transmitting the reductionist understanding that the insertion in the work could be considered exclusively a health necessity. It is clear that a health need does not come from a disease, it is a need to access a care or service that could contribute to the health of an individual or group, so it cannot be said that 'it is sick who needs health'; individuals and groups continue to have their health access needs. Thus, an individual with a mental disorder, before needing a job for having a disease, needs it because of it's a healthier aspect, he needs it to be a citizen.

From this, the analysis of the dimension of necessity is an analysis both singular and collective since it expresses a process contextualized in the capitalist production system and in the system of production of mental illnesses. This system, by exploiting subjectivity and human labor, placing them at the service of capital, tends to dismiss the work from its place as an act transforming man and his world and replacing it with what represents the set of conditions to continue following a conventional pattern of participation in health consumption, material goods, etc.

Some of the needs expressed in the focus groups and field diaries show that these needs

are produced partly by aspects of subsistence and partly to meet the needs of the construction of the subject-consumer-productive:

> *I also came to work here because of a psychiatric problem and also because of money, because I have two children and I had to work to support my children. I have already worked in a family home* (Izaura).

> *We need to because I paid R$ 330.00 of pension, then you have to gain, or how can I not gain?* [...]. *I can pay my INSS, I can pay the pension where I live, I have no benefit* (Marisa).

> *I also need to work to have money, to buy the thing, to help at home, to give to my son, to buy food* (Sandro).

The workshop workers interviewed express the profile of the one inserted in the income generating initiatives of the municipality in a situation of social disadvantage as a result of their disease process. As in the case of D. Marisa, who, in one of her crises, lived in the streets for six months and crossed two states until she reached Campinas on foot. Marisa was welcomed by a CAPS, diagnosed with schizophrenia and, with the support of this service and in partnership with the Renascer shelter, she was rebuilding conditions for a more dignified life. When inserted in the treatment and in the work, she could have the choice to continue living in Campinas and to improve her health.

From the reports collected, it is noted that the relationship of people like her to work is an important and concrete part of the search for satisfaction of needs to change their condition of life and establish a territory.

The need to have access to work as reported is related to the provision of survival. However, it must be said that the search for subsistence satisfaction through labor is an imperative of the capitalist system, within the access to goods is secured principally by the submission of its labor force (or exploitation of the labor force of other). In this way, the search for what is needed is confused with the search for work.

For Foucault (2007), necessity is a carefully organized political instrument, calculated and used to capture the body in a subjection system to exploit its constitution as a workforce in a clear power relationship. Based on these reflections, an issue that ran through the whole process of this research is: as in a world where time is counted for productivity, in this society, where work has been transformed into a means of exploitation, can work be liberating, health and emancipatory?

The workshop workers, with their needs for work that is concomitantly healthy and inclusive in the logic of a solidarity production/consumption, occupy the space of those who announce the need for transcendence of our society or, as Heller (1996) explains, take the place of bearers of Radical Needs (RN), those needs that are born in capitalist society as a consequence of the development of civil society, but which cannot be satisfied within itself and which, therefore, are factors of overcoming capitalist society.

In general, movements that organize around RNs represent minority groups. These movements announce that their purposes and aspirations to transcend subordination and hierarchy also fit the values and needs of other collectives as values that transversal humanity. For Heller (1996) it is necessary to devise strategies to eliminate the needs that make an individual one medium to another. This is a long-lasting process; it is democracy as a task. "The tendency of this task is to enable all individuals to participate in social decisions and decentralize power" (HELLER, 1996, p. 81). The way people make up their existence in relation to their occupations may be one of these strategies.

Another data that appeared in the needs dimension was the report of losses in quality of life when there is no access to work:

> *So, I started to get nervous, you know? It was all at once, I had to stop working... I would stay home doing nothing, knowing that I had to buy things* [...]. *Everything is stopped, everything gets in the way and you feel useless; I cannot stand it* (Carlos).

> *Before I worked here, I had problems to sleep, you know?* [...] *I was out of the air; working, I've improved a lot, now I'm sure I cannot stay still* (Ana).

The need for affection and to occupy the territories, to occupy spaces of coexistence, is sometimes referred, as below:

> *What made me better, ah, it was their way here and also, I'm doing something that I like, cooking pastries* [...] *I know I've gotten better! Here, it is easier to get along* (Rita).

In this speech, Rita compared the protected space of the workshop with the other places in which she worked and comments on other advantages she perceives in the workshop:

> *In other jobs, you have friends like that* [...]. *In the front is one thing, but they do not have that cooperation.*

Ricardo adds:

> *I had several friendships in other jobs, but they were never like this; here, it is a family, because in others I had friends* [...]. *And there is something else if one friend goes wrong, the other supports, we always have a friendly shoulder.*

It is worth to say that the experience of protected spaces differs from the experiences they had with the formal labor market:

> *I worked as a freelance salesperson and became ill. I sold car insurance and health insurance, I never had a problem with a boss or a colleague, it was always quiet, in this insurance company I worked a long time, I stayed more than five years, I stayed the longest and when I got sick I did not I got to work more* (Marisa).

Although this speech does not translate into a bad experience within the formal market, it is marked with regret that this work has been interrupted by illness.

> *In society, if you fell ill you are already excluded* [...]. *I worked in the pastry shop, in the Blue Lagoon, but at that time I only wanted to sleep, I was not well* [...] *I started with the problem of panic, I took the bus and I could not stay, I got to the bus stop and it was bad, so I got to go and walk back from the city, I was afraid of everything, you know? And then my sister, talking to them here, she thought it better that I come here to work* (Ana Helena).

> *Because of the disease, I cannot take tests to get a job, I had to do a psychologist test too* (Sandro).

The experiences of interruption of work in the formal market are also expressed by professionals, as the author records in her diary:

> *Most users find it difficult to stay in the formal market and end up returning to the workshop; they do not adapt because there is neither flexibility nor tolerance with moments of crisis. In situations like this, what sadly happens is the blame of the subject who could not work. The company does not organize to adapt to these singular needs, there is no double-way road* [...] *sometimes, that is worse, it stigmatizes, even more, it increases the prejudice.*

The careful manner in which workshops take place differs greatly from these reports. D. Marisa, commenting on the operation of the workshop before a possible difficulty of adaptation of the workshop, says:

> *Ah, they change us, they are always asking if you are succeeding, because if they are not they take you out of a difficult job and put you in a place that you can* (Marisa).

Several data were observed during the field research, moments of the conversations circles, debates of daily life. Some of them are highlighted here because they are demonstrative of how the work is designed to meet the needs of the workshop workers and at the same time building a possible composition with the world of "unprotected" production.

> *The workshop workers comment on the improvements made in the workshop rest space. Everyone approved the new puffs, except a workshop worker who suggests that this investment is made in the bag-salary and not in the workshop space* [...]. *Then they talk about the new workers to come: It's good that someone new comes because this work was important to me, it can change one's life, avoid selfishness and start teaching these people* (João).

> *If the person does not work in the stained glass, it goes to the painting/finishing and the finishing needs good people* [referring to the field of technique], *otherwise, the piece does not come out* (Mario).

> *He cares about the quality of work of his job, so he talks about the qualifications his new co-workers must have.*

> *The inclusion of new workshop workers is seen as a time to be taken care. Workers comment that each one has a special skill inside the workshop. There are people who are very good with the drawings and others with the stained glass technique* (Field Diary Annotations).

These differences that people found in workshops compared to the formal labor market express the difference in the nature of these two spaces, but also express the need to build new social responses to work insanity. Protected therapeutic and cooperative workshops cannot be the only possible alternative or response so as not to run the risk of creating islands of inclusion in an ocean of exclusionary and overly hostile work.

Briefly, our research was able to highlight at least four variations of needs built by the madness-work interface and that appear more explicitly from the janitorial perspective: (1) the need for subsistence; (2) the need for affection; (3) the need for occupation; and (4) the collective need to produce new social responses to madness and to work processes in general. It is important to point out that these needs

are produced in contexts of psychosocial attention in an attempt to expand the capacity of subjects to exercise their freedom outside the asylum institution.

3.2 Desire

Within the scope of the Psychosocial Rehabilitation, among other contributions, the main ways of approaching desire in Brazil have been theorized from Psychoanalysis and Schizoanalysis. These two approaches assume the concept of the unconscious as a central element for the analysis of the desiring production, however, with differences.

The unconscious for Psychoanalysis is a transcendent concept, a structuring and representative component of psychic processes, while for Schizoanalysis, the unconscious is machinic, immanent, productive, directly related to the social assemblages and to the assemblages experienced by the individual.

For Freudian psychoanalysis, the central philosophical reference for the conceptualization of desire is Platonic philosophy, starting from the conception of desire as lack. On the other hand, Schizoanalysis starts from the pre-Socratic conception of desire and draws inspiration from the constructions of Spinoza and more recently Deleuze and Guattari. For these authors, the desiring process is characterized by elements that are intensities, differences, and multiplicities. To this process nothing is missing, it cannot be complete nor incomplete because it is not totalizable, but infinite and runs untimely. In this sense, all desire runs to an agency, to an essentially collective plan (DELEUZE; GUATTARI, 2011).

Amarante (1996) argues that the effective construction of a subject of desires and projects must go through broadening the concept of citizenship so that it encompasses the plurality of subjects with their diversity and differences on the same level of sociability. The pertinence of this discussion is that without it, it is impossible to have a transformation in social and cultural relationships with madness. From this context, the question that arises is how the modes of dominant subjectivation are being reproduced.

In the field of research, it was observed that in the meeting between professionals and workshop workers, the desire expressed by them is heard, welcomed by the professionals and often led to some practical consequence or a new agency, is this a great brand of practices of Psychosocial Rehabilitation.

Psychiatry, in its institutional totality, objectified the subject that his needs – as well as his desires – disappeared, with such as the nullity of possibilities for a psychiatric hospital intern. Even subsistence, food, bath, among others were provided by others, that is, they were not activities of this subject, which, therefore, had no channel for the expression of their desire in the daily. Those who insisted on wanting, even though they were within walls, negotiated their meager craving for cigarettes or small benefits. With deinstitutionalization, the possibility of circulation is presented as a new form of subjectivation of people with mental disorders, as will be seen below:

> *I've always wanted to work. Now that I work, if today I decided to travel to visit my relatives, I do not need to ask for permission. I'm going to tell my family about my wish, but first of all, no, I would have to ask and justify why I wanted that money before it was like this: if I want to give something to a little friend, I cannot. So, thank God, that's where I am better than before. Sometimes they would tell me "I'll check and if it is spare, I'll give it to you", but I'm not the surplus and thank God I have my money!* (Dinorá).

The construction of the desire to work on this account is imbricated with the context of whoever wishes. Thus, desire can be read as a process that gives way to the construction of an agency. In this sense, a job is not just social recognition, it is the creation of possibilities. Thinking about a journey is not simply a mechanical action to move, it is to have recognized its ability to come and go like any other, it is to occupy a territory, it is to live the nostalgia of childhood times or healthy times in a concrete way and with autonomy to that. These possibilities triggered by the desire are a field of bet and intervention of mental health professionals who have the production of health and autonomy as a guide, a position erected on the basis of the referential of Psychosocial Rehabilitation, mentioned above.

In this way, the desire ends up inventing its materiality by being able to glimpse the desired situation. In this sense, they do not want a job simply because they lack a job; if they want a job for the agencies that the work activity produces: income, friends, being able to travel, having somewhere to go, being recognized by a job.

> *This year my Christmas will be different. Every year, in my house, it's very bad, because people sit down to talk and there are always people that we have not seen for a long time, I have family in several cities and when we meet everyone tells us*

> *what they are doing, where are you and I've never had anything to tell. And this year I'll tell you about my work...* (Annotation of the researcher in field diary).

Then, a worker told about the example above:

> *He even shivers me, every time I tell him, that's it, he said that it was the first time he was going to spend Christmas and be able to tell who he was, what he did and, mainly, he could contribute financially to his supper, defining work is this: it is the place we put ourselves in the world* (The researcher's note in his field diary).

For this reason, the desire for work cannot be seen as an abstract desire, nor just as having a job in itself, but, effectively, having a job within this context in life. Addressing the dimension of desire is also to address a socially constructed dimension and, often in the context of mental health, is to address the deconstruction of a hegemonically given desiring mode of subjects of unlicensed desires. Leaving the position of "object of the other" and occupying the place of the desiring subject is not an easy task.

In the perspective found in the area, work was what gave concreteness to desire as a force that, if looking it in detail, it could also be understood as a desire to be together, to produce meaningful things, a desire to find people.

In the discourse of the patients, at least four ways of expressing how the desire appears directly in the relationship with the work in the workshops are identified: (1) the desire to develop as a person; (2) the desire for autonomy and independence, whether from family or institutions; (3) the desire for work as a path to the performance of their dreams; and (4) the desire to return to the formal labor market:

> *There are people who work because they have to work, to survive. I have retired colleagues who work, they have other reasons, but for me, working is the 'soul of the business', not to depend on anyone* (Jonas).

The desire to be independent, to be responsible for their own sustenance, also seems to be related to a moral valorization of work, with the fulfillment of the expectation of the role of an adult worker:

> *I spent a very difficult time, I put this thing in the head know? Because, I do not want to be dependent on my father,* [...]. *We need money, and I feel good like this, helping to make the purchase* [...]. *Before, I was ashamed of him.* [I ask: Shame?] *Yeah, when I did not work, I know he's my father, but I'm ashamed of not being able to help* (Leandro).

In conversations about the desire to work, it is noted that many of them understand that having the desire is "having a dream":

> *"I wanted to have a profession", says Carlos; Rogério continues the speech and says: "have another profession, I'm a musician, I've been honest for life and what I really wanted to do was help my mother financially".*

The desire to develop as a person also appears sometimes:

> *I worked eight years in a nursing home in Natal and left because of the lack of study, which I did not have* [...] *but now I earn my money from my own sweat. In this workshop time, I did not know how to read or write and I was sent to FUMEC for three years and that's where I learned. Before, I arrive at the bus stop, and I stay "but which bus do I pick up? And what color does it have?" Want to see me get angry was when they taught me the wrong way! Uhhhrg! But look! Not that I have to delay learning, but I will! It was like this every day and I remember that to make my name she* [the teacher] *would take my hand and say "you will!". And I did not give up. She made the letter A and I covered* (Dinorá).

With this speech, Dinorá told us how her perception of herself has changed over the years she has been in the workshop, and in fact, reticence sums up several adjectives that are difficult to put into words.

The desire to return to the formal market appears as in the situation reported below:

> *I wanted to go back to work* [saying of the old market stand], *I think about improving and coming back, because it's good here, but when I heal, I'll want to go back* (Marisa).

In the following accounts, the workshop context is better understood.

> *The meeting has not yet started and Eduardo says that before going to the workshop he went to a diner where they are hiring an assistant cook. He went there to leave his resume, comments that he worked before at a restaurant counter* [...]. *This same workshop worker approves the extension of the quota law for the mentally ill: I think it would improve because we work here because we cannot get a job elsewhere, Izaura also says: I would rather work in a company because it is better and earn. But, I think I could do it.*

> *In situations experienced in the field, it is noticeable that in the workshops, as well as outside of them, the meeting of different desires sometimes produces conflicts, sometimes possibilities for change. A workshop worker asks for the word and asks that they put his request in the NOT team meeting: he wants to change the shop, he says it's because of dust, he coughs a lot* [...] *His colleagues seem surprised and comment on how much he works well in the joinery. The coordinator comments that he started on the tasks of the workshop as a polisher, and now as an assistant carpenter, about to start working with machines. This workshop worker had been in the shop for two years. And his colleagues say, "Well, but here you get well* [...] *but do you wear a mask? The group ends by welcoming his request, understanding that it may be better for him to try out another type of work and open the possibility that he may return to the workshop if he wants.*

The desires and needs expressed so far are often confused, it blurred, by the very subjective nature of the production of desires and the construction of needs. This expression has social and historical conditions that also vary as the concrete possibilities of the exercise of citizenship and the conquest of labor rights are advanced.

3.3 Right

When opening the discussion of right, we remember the many advances that could be announced with the advent and progression of the Psychiatric and Social Security Reform in Brazil and in the world. Part of these constructs formed steps that, gradually and depending on a series of power disputes, have been and have allowed the emergence of a new citizen, with a greater coefficient of autonomy over his desires, rights and duties, a formerly completely marginal subject - the crazy.

Deinstitutionalization is a process that seeks the recognition of new subjects of rights and, therefore, defends new rights for these subjects. The right to work is part of this effort (AMARANTE, 1996).

Addressing the issues of right and madness reminds us of the relations that society establishes between freedom and difference, it puts us thinking about the new limits, the control of the invisible walls and the very concept of social rights as a construction still in progress.

In national publications, as a result of the influence of the Italian Democratic Psychiatry and of the whole political-social process that led to the change in mental health care, the issue of the right of patients with psychic suffering has been treated indirectly through the problematization of citizenship (EMERICH, 2012). Regarding this statement, it is a small digression here and remembers that the eighteenth century witnessed the double birth of alienism and human rights.

Pinel's "freedom" to the mad with the "breaking of the shackles" was, in fact, the delivery of madness to the governability of psychiatric knowledge. Madness came to be considered the opposite of wisdom (HEIDRICH, 2007) right at the same time that the discussions on the rights of man and of the citizen were advanced. This document dealt with the guarantee of the universal rights of the subject, which should be guaranteed since all were equal and free to use their reason and their conscience. Thus, it was clear that the function of alienism was to restore the reason deteriorated by madness, that is, a concept of citizenship is founded here, which is based on reason, in which the unreasonable would be excluded from the possibilities of deciding about themselves and about the city.

Nowadays, in a certain way, this legacy is maintained, since exercising citizenship is only possible if operated within the modern circuit: the reason that allows freedom of choice - freedom of choice is the condition of citizenship.

With this statement, it is meant that it is not enough to operate a transference of rights, it is not enough to make an adaptation of the subject's unreason, giving him the rights built by us "normosis"; in the end, it is realized that it is impossible to transform this subject into a citizen without performing a social transformation.

Thus, a new question arises: what subject of rights is this to whom one wants to give way? Prandoni and Padilha (2006) describe this citizen as a complex and subjective individual. Such an understanding marks the notion that does not deprive the subject of his madness, placing it as an existential condition of this subject in the world.

The discourse of unreason brings the truth of its emitter, who, by communicating experiences without sharing a common textual code, it is found in a vulnerable place before society. The practices and the theoretical production correlated to the psychosocial clinic have been directed to create possible spaces for this experience, to create alternatives to be in the world with its existence-suffering and, in this condition, to be a subject of rights and duties.

The question is how to guarantee the rights of the person with a mental disorder if it is not possible to fit him into the citizen-reason standard? The recognition of the rights of this subject passes through the respect to its existence-suffering as another expression of life in the world, without requiring of its adequacy or any movement that tries to homogenize such diversity. The affirmation of difference is the primary resource that can help to understand their own suffering and to be able to invent a way of being in the world from their condition of existence. After all, what is at stake for the person with the mental disorder is not the madness phenomenon but their very existence.

The specific case of this object of study, when entering different scenarios (at one time space of treatment, work and social life) of the field of research, gave rise to different expressions of rights guaranteed or never accessed from different approaches: their rights as a SUS user, as a worker, as a citizen, as a human being, among others.

In the specific research process, from the patients' speech, three main statements were identified: (1) reports related to labor rights; (2) reports that identify basic social rights; and (3) reports that bring the right to work together with the right to health/treatment.

With regard to labor rights:

> *It is good in one part and not in the other because we are not registered and do not have vacations. The monitor corrects her and she follows: The vacation is 15 days and without registration, if registered you are entitled to the 13TH salary, right to medical* (Izaura). *Sandro points out: "the right to a doctor depends on the company". Izaura: "I wish I had those rights." Izaura says: "I know that this is not a company, I have worked in a cooperative, I do not have vacations, there is no record in the portfolio, here and the cooperative is the same thing". Ari interrupts her: There is no owner here* [...] *in the company, the job is a vacancy, you will have a salary, a guarantee fund and vacations, and here, no. People keep talking about having rights here, there's no way! It's no use even if we talk about it, we cannot!* (Dialogue of an FG).

> *In another GF space, Leandro says: Work is everyone's right!* [...] *Caio participates: "I think the right is to receive and the duty is to work and also I think I have the right to vacation"* [...]. *Leandro goes back to his previous speech: "I think this is written in the Constitution, it says that everyone has the right to work, leisure, health, education, a job right? Thirteenth, vacation, and other rights. " Ana says she does not know her rights but completes the conversation: "I think they* [the politicians] *should fight for us! For all those who have problems* [referring to mental illness]. *We are human like any other, but outside we do not have privileges and thus we are excluded". Dinorah completes: "And look that even patients, we pay taxes!"* (Dialogue of a GF).

Besides the workshop workers, there was a debate on the relationship between people with mental disorders and their social security rights, especially since pensions, when assessing which taxpayers are entitled to receive a possible benefit, extremely dynamic state that is the labor capacity. This situation ends up generating dependencies of the social security benefits, since, once considered by the social security structures as inactive and disabled people, those with mental disorders are prevented from regularizing any productive activity (AMARANTE; BELLONI, 2014).

Social inclusion to be carried out in a supportive, ethical and responsible manner with the subject with a mental disorder, should expeditiously offer the possibility of insertion or withdrawal of work according to the health of the clerk/worker: this is the first attitude of respect of the differential of the needs of this public.

In some speeches of professionals registered in field journals, it is also noticed that a significant part of patients do not understand or know that work and health are in the field of their basic rights.

> *I think that the issue of the right to work is an advance that we still need to achieve in the Reform, I think patients do not have this clarity* [...]. *I think it may be a lack of protagonist in these income-generating services. See: NOT has more than 20 years of experience and has other experiences in Brazil, but little is seen of the protagonist of patients talking about it, they talk more about their need, but have little understanding about their rights* (Viviana).

> *For many, being in any job in solidarity economy is not work. There is something very cultural in Brazil about which work is only the formal one with a formal contract. So many people do not join the workshop and keep looking for a formal job because that is what will make sense, will say that they are working in fact* (Mila).

Although the workshop workers are not fully entitled to their rights, they have shown that they are aware of the quota law and the rights provided by the CLT. In agreement with Mila's account, in fact, it is not the practices of social inclusion, the

associated and cooperative work that appear with greater expressiveness as a right. However, it is noted that this theme has been worked on daily, as follows:

> *The agenda was free transportation claim; a workshop worker asks: "Free pass is to walk for free on the bus? But who will pay? The collector, the driver? "With this question, he launches a conversation that clarifies citizens' rights to public transport and the responsibilities of private enterprise and city hall in providing this right* (Field Diary Annotations).

Although there are training spaces in solidarity economy, for workshop workers and monitors, it was identified that what justifies the practices of inclusion in the work is still its connection with the treatment.

> *I think that work is an occupational therapy, so you occupy the mind, occupy time and stop thinking about empty things. That is why I have looked for a job* [...]. *I have not improved well yet, I still have to spend some time here, because here it is very good for health, here we work, occupy the mind. I'm in the canteen, I like it, I'm in the kitchen, so it's good for us to take the time* (Marisa).

> *I see in NOT a therapy and a job opportunity. With that, I can get an activity, get out of the house. Well, as I told you, this work here is a therapy, I think it's cool because I survive here and tomorrow or later, if I go back to São Paulo again, that helps me* (Rogério).

It is known that this intrinsic relation present even in the imaginary of the workshop worker has historical explanations, as already pointed out previously. In fact, what guides the insertion in the work, based on our stay in the field, is often precisely the extension of the psychosocial rehabilitation. The work appears, then, as a part of the treatment, oriented from the Unique Therapeutic Project, as expressed by this worker in the following report:

> *Sometimes you have to say that the NOT is work! That they have already sent there very serious cases, in crisis or that they did not have a profile to work. He says that when you have nothing else to do, work becomes the last alternative, a bet of the Therapeutic Project* (Notes from the field diary - it tells of a worker).

Thus, it is not a question of denying the therapeutic potential of work, but rather of problematizing possible situations in which the use of labor may be linked to a subjection of the rhythm of life to the productive need (LIMA, 2004).

The request to work in crisis situations, among other situations that call into question the pertinence of the work activity, can be manifested by the clerks themselves, so the importance of recognizing what the needs, desires and the rights of the clerks in order to better legitimize them. This is a concern for the care not to reduce the work to the condition of treatment and, at the same time, not to assign the cure or discharge processes to the possibility of labor insertion.

Situations of this nature "[…] challenge the creation of innovative and transversal actions that affirm meetings and projects of collective life" (VALENT; CASTRO, 2016, p. 848).

4 Conclusion

In this article, the process of a masters' research was synthesized, presenting its main results and problematizations. For this, the historical and concrete context in which the research is inserted was presented, followed by a brief presentation of the methodological course covered and, finally, an explanation of the results of the research that sought to give visibility to the processes of inclusion by the work experienced by the network of psychosocial care of Campinas, with emphasis on the aspects that can be problematized in other spaces that realize practices of inclusion by the work.

This process was explored from the dimensions of need, desire and the right of access to work. After completing this first degree of analysis, it is concluded that social inclusion through work, when performed in a way that prioritizes the participation of the person with a mental disorder in the definition and conduction of this process, tending to consider the desires, rights, and needs of those subjects. With this, it is possible to produce a new practice in which social exchanges happen and are added to exchange values with social recognition.

It was identified, in the second moment of analysis, that some aspects strongly cross-cut the three dimensions: among these aspects is the subject of access. That is, both the field of needs and that of desire and that of the right are crossed by the first condition of access to work.

Access to productive and paid activities is a need, it is a desire and a right. Another transversal aspect of the three dimensions is the production of subjectivity and the construction of subjects: subjects with needs produced, the subjects of rights, the

desirable subjects. In this specific theme - inclusion through work - the construction of work processes, relationships and, so to speak, the production of subjectivity tend to be repeatedly captured by the logic of capital, a catch from which one must escape on a daily basis.

It is also transversal in the three dimensions the blurring of the boundaries between work and treatment in the case of people with mental disorders living experiences of income generation in spaces managed by the health sector and conducted by clinical professionals. It was not intended, therefore, to deny the clinic, but to consider it in its broadest sense. The expanded clinic should always compose with the themes of life, in the sense that considering life improves their gaze to the act of creating life when they invest in health care, but they should not capture life, because a need to have a decent job, satisfactory from the point of view of the worked dimensions and of others still remains a necessity that the one who complains is the own life. If life claims its needs, desires, and rights, it does so within the social fabric, which is much broader than the health sector, a plot in which one is confused to take care of life and have power over life. In this sense, if it is possible to produce both work and health, it is necessary to invent health, to invent new confirmations for the world of work, to transpose the technical quality of the action and to presume the social production of this subject, being configured in a process of production of citizenship, conquest of rights and production of life.

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Ana Paula Donizete da Silva was responsible for the design, analysis, and writing of the text, under the guidance, writing, and review of Sabrina Helena Ferigato. All authors approved the final version of the text.

Notes

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