


SCHIZOANALYSIS AND DECOLONIALISM, KEY CONCEPTS FOR A NEW MENTAL HEALTH <https://doi.org/10.56238/sevened2024.039-007>

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ABSTRACT

Dealing with key concepts such as "decolonialism", "psychiatric reform" and "schizoanalysis" and trying to integrate them constitutes both a challenge and a step towards the resumption of an episteme of the human psyche that contemplates a more humane clinic and that acts rigorously on the social space that exists according to the perception and appropriation by the social subject. It is possible, in this chapter, to understand the intercession between the colonized reality and the predisposition to mental illness by a symbolic system that makes lives invisible and makes lives less likely to mourn or identify belonging without the use of a mask. The consequences of this reflect the alienated colonized's neglect of their own condition, causing them to signify and see the world through the lens of colonized thought and reinforced by corrosive institutions that crystallize these concepts.

Therefore, the schizoanalysis of Deleuze and Guattari emerges as a decolonial power to destroy the ties of the individual's desiring machine and to construct through group devices, schizodrama and cartography and its reaffirmation as an existence endowed with intrinsic value even in the face of the cultural clash between colonial hegemonic culture and countercultures and diverse existences.

Keywords: Fanon. Decolonial. Schizoanalysis. Mental health.

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INTRODUCTION

Society's gender stereotypes contribute to the devaluation of health practices and cause aggravation as a result of their negligence (Martins et al., 2020). Due to this factor, the male population is more prone to disease due to its greater exposure to behavioral and cultural risk factors. Thus, the demand by men for health services is considered lower, which makes specialized care necessary for this group (Separavich; Canesqui, 2013).

In this chapter, we aim to explore how colonialism and its epistemological and cultural consequences shaped mental health and contributed to the illness of individuals and collectivities in the twenty-first century. We start from the understanding that psychic suffering is not only a reflection of internal or social tensions, but also the result of power dynamics that alienate and pathologize subalternized groups. By integrating the decolonial perspective, we seek to rescue marginalized epistemologies, problematize the legitimacy of the pain of the colonized, and propose alternatives that prioritize subjective and collective emancipation.

Decolonialism is understood as the way of placing theoretical-discursive lenses to see the world outside the perspective of the colonizer and European ethnocentrism, criticizing the tendencies towards post-structuralism, precisely because of the connection and attachment of this strand to the power matrices of the colonizing political north, proposing to analyze contemporary capitalism from a "perspective of the south" (FAUSTINO, Deivison Mendes; 2013).

"For Gibson, Fanon's relevance would be in the conceptual tools he offers to understand the reluctance of colonial violence in contemporary society. Indigenous demonstrations against the privatization of Bolivia's water; o the conflicts in Palestine and the events surrounding the so-called Arab Spring; the massive demonstrations in Athens; Cyprus and Spain, as well as the persistence of the colour barrier in post-apartheid South Africa, would be, according to him, elements that put Fanon's concerns on the agenda. (GIBSON, 2007 and 2011) apud. FAUSTINO, 2013.

Contrary to the linear idea of the British anthropologist Edward Tylor (1871) that cultures develop uniformly and, therefore, there would be stages through which each society would pass, culminating in more or less advanced societies - coincidentally or not, the most advanced being European societies - the modern concept of culture proposed by George Stocking (1968) has a multilinear approach. In addition to being multilinear and despite the divergences between modern theories, culture is defined as an accumulative process, the result of the repercussions of the past, the present context and the ideas of the individual future to each society and human experience.

Based on this, we can analyze mental illness considering the past, the present and the dominant anxiety in modernity, seeking to understand the cultural factors that influence and culminated in this scenario, in particular, the condition of colonialism (FAUSTINO, Deivison Mendes; 2013). To do so, we will use Theodore Roszak's vision of the counterculture, which defines it as a cultural movement of resistance that rejects the dominant values, norms, and structures of technocratic society. In addition to the use of a counterculture vision, we will work under a decolonial bias. To begin with, we need to work on the concept of colonialism, a system of domination and exploitation in which a foreign country or power exercises control over another territory, people or nation, and this control can manifest itself in various ways, such as political, economic, military, cultural and social.

The central objective of colonialism is the extraction of resources and the subordination of local populations to the structures and interests of the colonizer, in this way it is not restricted only to a political or economic system, but with its structures of domination, it imposes a Eurocentric worldview that hierarchized and devalued the cultures and knowledge of colonized peoples. This unequal relationship generated a process of deep alienation, where the subjectivities of the colonized were reconfigured and pathologized within a system that denied their humanity and their own ways of life. The colonality of power, a concept by Aníbal Quijano (2016), illustrates how these power dynamics continue to shape postcolonial societies, not only in the economic and political spheres, but also in the cultural and epistemological spheres. The psychic suffering of the colonized, therefore, is not only the reflection of their personal experiences, but an expression of the historical and structural tensions that place them in a position of subordination and denial of their identity.

In "Epistemologies of the South", Boaventura de Sousa Santos (2019), defends the urgency of recognizing and valuing the knowledge that emerges from the experiences of colonized peoples. Mental health, within this context, cannot be dissociated from a critical analysis of colonial structures that marginalize and delegitimize the forms of suffering of subalternized subjects. Mental illness in postcolonial societies is, therefore, a consequence of historical oppression, the denial of the subjectivity of individuals and the imposition of a cultural and psychological model that ignores their specific realities and contexts. The technocratic and rationalist vision that predominates in contemporary society, as Theodore Roszak points out in *The Counterculture* (2016), by valuing efficiency and control, ends up alienating the human being from his own essence, reducing emotional and cultural complexities to simple data or pathologies to be treated.

The delegitimization of the pain of the colonized, as Frantz Fanon warns us in *The Wretched of the Earth* (1961), is one of the most devastating consequences of colonialism. The unrecognized or invalidated pain of a people that is constantly reduced to a position of historical and cultural inferiority, causes their psychic sufferings to be neglected, transforming them into invisible or pathologized experiences in a systematic way. Traditional clinics, still influenced by colonial logic, do not have the tools to understand this pain, since their approaches are often based on a Eurocentric view of mental health that disregards the cultural specificities of the subjects. This process of delegitimization is also largely due to the maintenance of a technocratic paradigm that aims to optimize, categorize, and control, rather than understand and treat the complex subjective and collective experiences of marginalized populations.

From a decolonial perspective, inspired by Paulo Freire, it is possible to build a new approach to mental health that takes into account the emancipation of the oppressed subject, promoting the appreciation of their knowledge and cultural practices. De-alienation, within this logic, involves the ability to resist these power structures that alienate and pathologize individuals, and, at the same time, strengthens desire as a power of life. This is fundamental for mental health to stop being seen as a mere adaptation to the system, but as a process of liberation from subjectivity, which prioritizes resistance to colonialism and technocracy, embracing healing alternatives that emerge from a culturally sensitive and politically committed vision.

With this, our intention is to build a theoretical framework that not only denounces historical oppressions, but also inspires the creation of clinical practices aimed at de-alienation and the strengthening of desire as a power of life. With this, we intend to invite the reader to rethink the paths of mental health in contemporary society, illuminating possibilities of resistance, transformation, and healing towards decolonial mental health.

THE ILLNESS OF SOCIETY

The illness of contemporary society, understood as a reflection of social, historical, economic and cultural conditions, is not a spontaneous phenomenon. It is, rather, the product of a set of structural dynamics that determine the relationship between the individual and the collective, often configuring a scenario of disseminated psychic suffering. To approach this phenomenon critically, it is necessary to draw on multiple theoretical perspectives, including Sigmund Freud's reflections on the inherent malaise of civilization, the historical materialism of Karl Marx and Friedrich Engels, and Franz Fanon's analyses of the civilizational violence of colonialism.

In 'The Discontent in Civilization' (1930), Sigmund Freud argued that culture exerts an inevitable pressure on individuals. For him, the civilizing process requires the repression of fundamental human drives, which results in internal conflicts and, consequently, in psychic suffering (FREUD, 1997/year of work). This analysis, centered on a universal and abstract subject, does not take into account the historical and social specificities that shape the experience of suffering in different contexts. Freud identifies that the tension between desire and social norming is intrinsic to human existence, but he does not address the power dynamics that make suffering unequally distributed among social groups.

It is at this point that the reflections of Franz Fanon, in 'The Wretched of the Earth' (1961) and 'Black Skin, White Masks' (1952) become fundamental. Fanon broadens the debate by situating social illness in the context of colonial violence, showing how the imposition of systems of exploitation and domination transforms the subjective experience in a profound way (FANON, 2020; FANON, 2008). He describes "civilizational violence," a type of structural violence that not only physically subjugates but also culturally destroys and symbolically subjugates colonized peoples. For Fanon, colonial culture is not just a repressive structure; it is a device that delegitimizes identities, erases subjectivities and transforms alienation into the norm.

This process of epistemological and cultural violence has devastating effects on the mental health of colonized subjects. As Fanon explains, the colonized are forced to see themselves through the eyes of the colonizer, internalizing the dehumanization that is imposed on them. This experience generates feelings of self-hatred, alienation and inferiority, configuring a specific type of psychic suffering that transcends the notion of malaise discussed by Freud. The suffering of the colonized is not only a matter of repression of drives; it is the result of a system that positions him as inferior and denies him even the right to claim his pain (FANON, 2008).

The historical materialism of Karl Marx and Friedrich Engels in 'The German Ideology' (1932) offers another fundamental axis for this analysis. For Marx, the dominant ideology in any society reflects the interests of the ruling class (MARX; ENGELS, 2007). In the colonial context, this ideology justifies economic exploitation, social segregation, and cultural violence, consolidating a system that perpetuates the suffering of marginalized populations. Fanon complements this perspective by demonstrating how colonial ideology not only controls bodies and territories, but also captures minds and subjectivities. Colonial ideological violence perpetuates mental suffering by naturalizing racial, cultural, and economic hierarchies, transforming oppression into something apparently inevitable (FANON, 2020).

This structural illness is exacerbated in contemporary capitalist societies, which are direct heirs of colonial dynamics. The logic of profit and accumulation, typical of capitalism, maintains a direct relationship with the exploitation of native peoples, quilombola communities, non-white people, and other historically marginalized groups. These groups face not only precarious material conditions, but also the delegitimization of their pain and their grieving processes. Colonial violence, in this sense, did not end with political independence; it has metamorphosed into other forms of oppression, such as structural racism, economic exploitation, and cultural exclusion.

The concept of "illness of society" therefore needs to be understood in its complexity. It is not just a pervasive malaise caused by repressive cultural norms, but a historical and material process deeply rooted in power structures. This illness reflects the inequalities, exploitation and violence that characterize capitalist and colonial modernity. By considering these questions, it is possible to understand why certain social groups face disproportionate levels of mental distress: their subjectivity has been, throughout history, systematically attacked and invalidated.

In addition, it is important to highlight that mental illness is not only a consequence of colonialism; it is also instrumentalized by this system. The colonized are often pathologized, being seen as unable to manage their own life or as naturally inferior. This pathologization has a double effect: it delegitimizes the demands for justice and reparation, while justifying the continuity of policies and practices of oppression (DELEUZE; GUATTARI, 2010).

When dealing with malaise, Freud (1997) suggested that culture was both a source of suffering and a containment for destructive human impulses. But Fanon invites us to ask: what is this culture? Who was it built for? Who does it privilege and who does it marginalize? These questions are central to deconstructing the myth that social suffering is inevitable. In fact, it is manufactured and maintained by systems of exploitation and oppression that can — and must — be challenged.

In the final analysis, the illness of society is not an immutable condition. Recognizing it as the product of material and historical structures opens space for resistance and transformation. From decolonial perspectives, it is possible to imagine forms of existence that are not grounded in exploitation and exclusion. This reimagining of society requires not only structural changes, but also the legitimization of marginalized epistemologies and subjectivities. Only in this way will it be possible to build a civilization that does not produce malaise, but health and emancipation for all.

THE MENTAL ILLNESS OF THE SUBJECT IN A SICK SOCIETY

At first, it seeks to understand how Fanon conceives mental health and madness. It is possible to identify several terminologies and concepts in its approach: madness, mental alienation, mental pathology, mental illness, mental alterations, mental disorders, psychic and mental disorders, neuroses and psychoses, among others. For him, "madness is one of the means that man has to lose his freedom" (date and page), causing madness to be seen as a pathology of freedom.

Furthermore, Fanon investigates where obsessions, inhibitions that violate human freedom come from, how they are formed, where they manifest and what they symbolize. He demonstrated that mental alienation cannot be reduced to neurological alterations; the disease is situated in a being and its intersocial relations. For there to be mental alienation, it is necessary that there is alienation of the human being. With regard to the colonized, mental alienation expresses a being separated from the colonial split itself that makes him a non-human by confronting him with the human being, in fact, the white European. It is affirmed in a relationship of elevation through inferiority, enabling human development in several dimensions, such as economic, political and social, whether by the subjective fatalization of the colonized, or by death itself.

Understood in this way, madness, mental alienation, are not things in themselves, but, above all, symptoms of a society, signs of a condition of existence. Madness becomes a means of vocalizing a call for freedom. However, it is a pathological, sickening environment, because it is a sick being. Madness is not liberating; it is one more of the currents with which the being must struggle in his saga for freedom; Another of the mechanisms by which alienation operates: "Illness subtracts an individual from others and isolates him, making it impossible for him to live in his cycle. He has dug for himself a deep ditch that separates man from the world, leaving him powerless and alone with an evil that is strictly his own" (reference, date, pg).

The need for contextualization is Fanon's main focus; of understanding pathology as a supposed abnormality in a "normal" condition of existence that is particular, even if inserted in a social totality; that is, its understanding must be considered with the sociocultural context in which it is produced. The madman is only mad in comparison with the non-madman, the normal. But it is important to mention the question: what does it mean to be normal in this society? And why does society demand normality, when it is characterized by exploitation and oppression?

In 1961, the year of the publication of the book 'The Wretched of the Earth', Fanon (1979, p. 173) pointed out that "colonialism understood where its tactic of social reforms

would lead it, we saw it recover its old reflexes, reinforce the police force, dispatch troops and install a regime of terror more adapted to its interests and its psychology". In the excerpt, the psychiatrist states that the fixity of colonialism does not only operate in the instruments of war, martial and military, but also in the psyche, in the ways of thinking and acting, aiming at a kind of crystallization of thought. In addition, it is worth mentioning that it extends to all the "wretched of the earth", distributed in the remote confines and large metropolises of Africa, Asia, Latin America and where the inequality intrinsic to capitalism imposes injustice and exclusion.

In addition, in the work, it is said about how the psychic suffering of the black population stems from the effects of coloniality, which is constantly reinventing itself, which allows oppressions to be maintained, in various ways. The effects of coloniality are maintained due to the perpetuation of institutional violence, institutional racism and also racist discourses about the colonized subject, their culture and their land (FANON, 2006).

One can bring Fanon to the analysis of situations of oppression and violence in contemporary metropolises. Fanon's description (p. 29) of the "city of the colonized", where blacks and Arabs live, fits dramatically to current scenarios around the world: "the city of the indigenous, the black city" is a place "populated by ill-famed men", where "one is born no matter where" or how, where one dies "no matter what", it is a "cornered city" where in "a world without breaks" men are "one on top of the other, the houses one on top of the other" (reference).

Thus, it can be said that the language spoken by the colonizer and the colonized is the language of violence. There is a brutal psychic violence that is looking at a mirror painted white. It is as if the self-image reproduced in the formation of the ego of black people was a self-image always sculpted in colors that do not reflect the shades of their (black) skin. The epithet of the work 'Black skin, white masks' could be in this context: to mask oneself. It would not, then, be possible to see oneself in the mirror if it is not with this mask, just as an identity is denied if it is not with this mask. In this sense, the love relationship is one of the parts of this mask. Fanon says that, somehow, this sociogenesis of racism leads the man of color to promote self-hatred and to make every effort not to be recognized as black. In the racist context, in the search for a relationship, within an interracial relationship, there is a striking dimension because of racist sociogenesis, which is the search to get closer to whiteness.

Furthermore, it is also worth mentioning how asylum treatment and colonial psychiatry were and are tools of alienation and imprisonment. The existence of asylums – a symbol of what we could define as "psychiatric reserves", equating them to black apartheid

or ghettos – is the expression of a desire to exclude what is feared to be unknown and inaccessible, a desire justified and scientifically confirmed by a psychiatry that considered the object of its studies "incomprehensible" and, as such, relegated to the ranks of the excluded... (BASAGLIA, 2005, p. 117). P

True attempts at psychosocial rehabilitation require, according to Fanon (1925-19610), a society that is in opposition to coloniality and asylum treatment. It is seen times of cultural and political setbacks that impose obstacles to the free exercise of democracy and the achievement of health as an expression of social justice and the process of Psychiatric Reform suffers the consequences of this. Thus, Brazilian mental health and collective health lack a critical sense of postcolonial and decolonial thought.

THE PROCESS OF COLONIAL PRESSURE AND AESTHETIC EDUCATION

When we deal with colonization, we also deal with violence, of the various physical and mental forms, in which we have two worlds as a scenario: that of the colonized and the colonizer. The latter aims to ensure the respect of subjugated men regardless of brutalities. Proof of this is in the dehumanization of the colonized, in which nothing is spared to liquidate their traditions, duties, habits, culture and aesthetics. In this way, alluding to Tocqueville (1835), democracy itself could be questioned when we take into account the colonial heritage in which the basis of equality (a (pseudo)egalitarian (pseudo)ethics) among the human beings that make up a nation goes against the colonized thinking that tyrannizes minority groups and places them in conditions of lesser value, expropriation of the means of production (which includes the land of native peoples), At the same time, society tries to perpetuate this system of exploitation and maintain control of class war through a colonized aesthetic education, whose decolonization comes through countercultural movements.

That said, such dehumanization of the colonized by the colonizer is justified by a society without values, in its bias, thus the colonizer and the institutions of power of the metropolis, such as Christian churches, for example, are given the roles of correctors of the "corrosive elements" (FANON, 1968, p.31) that afflict the original peoples of the colony under the same colonial bias, which pleases only a small elite of the colonizing country.

Thus, after a nation has their bodies taken over by slave labor, they also have their minds. When the most precious assets that constitute a nation, such as culture and its histories, are taken from them, there is a great helplessness and lack of belonging. As in "Black Skin and White Masks" (1957), masking as a condition for seeing oneself and being able to name oneself reaches groups for common ideals and becomes significant symbolic

systems, scarce, as well as the possibility of reversing the situation through independence or revolution, which escape the horizon of the colonized's vision.

At the same time, it is possible to relate the dominant class to the colonizer and the exploited productive class to the original peoples, alluding to Karl Marx and Friedrich Engels with historical materialism, with the dominant ideology prevailing over the interests of society as a whole. In this context of exploitation, from the moment that this model is perpetuated, the exploited class, when faced with a situation of difficult ascension, and the lack of a story with a happy ending, a suffering is produced that the person internalizes, leading him to think that he deserves this for being who he is. Nevertheless, the dominant discourse of the colonizer takes advantage of the fragile moment of the individual in order to his productive interest.

Concomitantly, the colonizer produces a tyranny of the discursive majority. Including even social institutions such as School and Church, which legitimize this violence and reproduce it in the colonization process. We can say that when education does not liberate, it makes the colonized adopt the most accepted and validated model of discourse as a way of emanating power of social capital, which is nothing more than the discourse of the colonizer. In aesthetic education the colonized oppressed, when educated by a non-liberating form of education, dreams of being the colonizing oppressor (FANON, 1968, p.40-41).

Thus, I highlight how culture is established as an essential intrinsic part of a people, it also affirms individuals in society and favors the visibility of psychotics and neurotics. Proof of this is in the regional culture of which it is valued in fairs and establishments that use manufacturing and handicrafts as a cultural expression that permeates daily life and keeps traditions alive (such as the production of baskets, production of greengrocers, arrangements of *sempre viva*, works with clay and clay in the Jequitinhonha Valley and Mucuri).

In everyday life, the culture of psychotic patients and substance addicts could follow the same path with a joint organization that could mediate exchanges and bring communication from common banality to neurotic and psychotic reality, after all, psychotics listen to music, sing, have activities of daily living, have dish towels, among others, which would enable the recognition of psychotics and addicts by the opposite movement proposed by Bourdieu (knowing and defining what is not), but by the points of common assimilation, which can be in anyone's home and work, whether a manufacture produced by psychotics or produced by neurotics.

Under this bias, the loss of cultural aesthetic education perpetuates the mental suffering of psychotic and colonized groups. (I thought the last three paragraphs are disjointed, I think an articulation could be made earlier, as this conversation of psychotics and neurotics comes in)

THE DECOLONIAL PERSPECTIVE IN THE CONTEXT OF THE ANTI-ASYLUM STRUGGLE AND PSYCHIATRIC REFORM

The concept of deinstitutionalization refers to the transfer of the focus of attention from the institution, such as the hospice or asylum, to the community, the territory or the district. This term originated in the Italian psychiatric reform movement (HIRDES, 2009). Over time, societies have reflected on madness and defined who are the individuals considered insane, based on the predominant conceptions and values of each era. These definitions are not neutral, but are linked to the political and social needs of each historical context. In the nineteenth century, with the advance of bourgeois society, the medicalization of madness emerged as a way of dealing with those who did not fit into the social order.

Medicalization represented a change in the form of control: the so-called insane ceased to be exclusively the responsibility of the judiciary and began to be treated by medicine, which allowed them to be kept under surveillance without openly disrespecting the bourgeois ideals of individual freedom. This approach made it possible to resolve a central contradiction of that society. On the one hand, it was necessary to isolate individuals considered insane, since they were seen as a threat to social stability. On the other hand, the right to individual freedom, an essential value of bourgeois society, could not be explicitly denied. Thus, by justifying isolation as a medical "treatment", society was able to restrict the freedom of these individuals in a disguised way, removing them from community life and masking the control it exercised over them. (MONTERO, 1986).

Deinstitutionalization, however, goes beyond simply transferring the focus of attention from the asylum to the community. It carries a broader dimension, questioning the separation between the normal and the pathological and proposing a new way of understanding and dealing, seeking to break with exclusionary, segregative, European practices and reaffirm the rights and dignity of individuals. The anti-asylum reform is not limited to the transformation of the physical space of care, but challenges the traditional model centered on exclusion, promoting care that recognizes the complexity of existence and respects human rights.

The Brazilian psychiatric reform was largely inspired by the Italian Democratic Psychiatry, which was led by Franco Basaglia, an author who was strongly influenced by

Frantz Fanon and his revolutionary ideas against colonial racism, Eurocentric segregation and the dehumanization of psychiatry (SEVALHO; DIAS, 2022).

Therapy is no longer seen as the return of the subject's productivity. It comes to be understood as the right to life, social interactions, sentimental meaning and reintroduction to the community. A view very similar to that adopted by Fanon, who studied how mental illness was understood by Muslim culture, where celebrations of traditional festivals, meetings with storytellers and local music groups and social reintegration were held. Comparing colonial isolation with asylum, Fanon took a stand against segregation (SEVALHO; DIAS, 2022). Fanon's decolonial perspective on the anti-asylum struggle is a critique of Eurocentric psychiatry and a call to action for the construction of a mental health system that respects and values the experiences and cultures of colonized peoples. In this sense, while the asylum system is still in force, interventions should aim to inactivate it.

Still following Fanon's thought about the vision of humane, dignified treatment and the valorization of one's own culture in decolonization, Deleuze and Guattari's concept of *ezquisoanalysis* fits in, which can be understood not as a set of techniques (HUR; VIANA, 2016) or a rigid methodology, but rather a philosophy of valuing vibrating and pleasant life, valuing the infinite ways of composing life from a cartographic perspective, leaving aside the Platonic dualism good/evil (PERES; BORSONELLO; PERES, 2000) or even more daringly, the normal/pathological dualism.

With *ezquisoanalysis*, a new conceptualization is proposed for the understanding of psychoaffective pathologies, the notion of subjectivity is thought of, thus enhancing the construction of a practice focused on the singularities of the subjects assisted (DE PÁDUA; TENÓRIO, 2019). Culture, nature, society, sexuality and a series of assemblages that involve the production of subjectivity and ways of being in the world are now considered in the schizoanalytic clinic (DE PÁDUA; TENÓRIO, 2019), thus concurring, in a very visible way, with Fanon's ideas of decolonialism.

WHAT IS SCHIZOANALYSIS AND HOW CAN IT OFFER CLINICAL GUIDANCE IN MENTAL HEALTH

Mentioned for the first time in *The Anti-Oedipus*, published in 1972 in the post-May 1968 context, schizoanalysis is not a method, being described in contemporary literature in a plural way, either as a perspective, an area of knowledge, a way of living-intervening or even as close to the field of poetic knowledge (DELEUZE; GUATTARI, 2010; ROMAGNOLI; SIMONINI, 2023; BASTOS; CAVALCANTI, 2017; PERES; BORSONELLO;

PERES, 2000; HUR; VIANA, 2016). It is capable of being used in the practical and political analysis of the desire of the subject, of a group or of society. Although it is not a technique, it is anchored in it that several Brazilian psychologists carry out various interventional practices through the three fundamental tasks of schizoanalysis, to be addressed later in this chapter (DELEUZE; GUATTARI, 2010; ROMAGNOLI; SIMONINI, 2023; SOCZEK, 2021).

As categorized by Hur & Viana (2016), in Brazil, schizoanalysis today occurs in a heterogeneous and individual way. These authors seek to classify into open categories: theoretical studies and transmission, group cartography device, workshop device and schizodrama, and it is not impossible or even uncommon for a practice to be classified in more than one typification (HUR; VIANA, 2016). In addition to the academic, literary, theoretical and cartographic production of the first two, in the workshops schizoanalysis works both as an inspiration, as "[...] a lens that enunciates subjective, group and institutional processes". "It does not operate as a theory of technique, but as a theory of process analysis. It comes in as a tool that enables the researcher to understand what processes the intervention mobilized in the group and in the individuals" (HUR; VIANA, 2016, pg 118).

In an even more present way, schizoanalysis is closely linked to schizodrama, created in Brazil by the Argentine Gregório Barenblitt (HUR; VIANA, 2016). In it, together, the theoretical and dramatic poles aim to "[...] to act on the subjective, social, semiotic and technological aspects of its devices to provide experiences of deterritorialization of the instituted assemblages, to give circulation and transit to the codified flows (psychic, bodily, group, social), to foster processes of creation and aesthetics, thus effecting events, new regimes of signs and processes of singularization" (HUR, 2013 pg 271).

From schizoanalysis, the tools of schizodrama are then created, in which there are two types of tasks: the destructive ones - of destruction and scraping of the instituted and the blockades - and the positive ones, which aim to enhance the desiring affirmations and virtues of the collectives, encouraging processes of creation and transformation. In this, verbal, bodily, artistic and political resources are used, transcending mere psychological theory (HUR; VIANA, 2016). It is worth emphasizing, however, that schizodrama also does not consist of a consolidated, fixed and delimited field of knowledge, but rather a continuous practice that stimulates the creation of new devices and practices (HUR; VIANA, 2016).

Schizoanalysis proposes to overcome the idea that there is a universal structure of the psychic subject, with a listening process that values the singularity of the subject, taking into account the action of capital in the reterritorialization of human activities and the

domination of the devices of power and knowledge that instrumentalizes cultural, scientific, technical and artistic innovations (PERES; BORSONELLO; PERES, 2000; BASTOS; CAVALCANTI, 2017; ROMAGNOLI; SIMONINI, 2023).

THE NEGATIVE MOVEMENT IN SCHIZOANALYSIS

The negative movement is an initial movement of unveiling domination and the mechanisms of cultural coercion and blocking of desire, moving towards the destruction and liberation of the ties of suffering hitherto indeterminate and often "unnamed". In this aspect, Guattari and Deleuze's proposal to schizoanalysis goes in the same direction as the current proposal of the construction of an analysis question, enabling the identification and deepening of the notions about psychic suffering perceived by the individual himself. Thus, the initial movement is an onslaught against the sickening denial of desire and, consequently, against a colonial pressure that distorts the location of desire of the will and human demand (HUR, Domenico Uhng; VIANA, Douglas Alves; 2016).

The dismemberment and emptying of the schizoanalytic negative movement is necessary so that, in the midst of the negligence generated by cultural alienation, especially in relation to colonized societies, the mental health clinic considers that by de-alienating and/or clinicing for a subject, who adapts his product-person to the environment in which he lives, this subject will return to a context of expropriation, alienation and exploitation (CARVALHO, João Rafael Chió Serra; 2020), and the answer found in the application of the positive constructive movements of schizoanalysis.

Thus, the other construction movements present in schizoanalysis, such as "group cartography device", "workshop device" and "schizodrama", can serve as support for the de-alienated neurotic and target of clinical intervention (HUR, Domenico Uhng; VIANA, Douglas Alves; 2016). In other words, by abandoning the subject by the vacuum left by the emptiness of the formative position of the dominant discourse, the location of the agent causing his pain as something systemic and apparently insurmountable, is welcomed by the group devices and places the individual as an active agent of history and of the struggle for the rights of his equals, without alienation being able to direct him to his self-destruction or lack of recognition of realities close to or equal to his own.

As previously stated in topic 4, colonized aesthetic education predisposes the colonized to a double pressure coming internally from their own group and externally from the majority that reproduces the colonizer's thinking. In this way, approaching culture in a multilinear way while benefiting from Vygotsky's view of aesthetic education, culture has been constructed as an accumulative process that uses the diverse social productions

introduced from an early age, resulting in repercussions of the past, the present context and the ideas of the individual future to each society and human experience, expressing the domination of the significant units of determination of the psychic and external world by the colonizing discourse (HUR, Domenico Uhng; VIANA, Douglas Alves; 2016; (ALMEIDA, Marilene Oliveira et al, 2024; Prestes, Z, 2010).

Even before applying the schizoanalytic negative movement as a way to list tools for the decolonization of the affects and the lenses through which the world is seen, it is necessary that the subject is able to see in education and socialization a path to support and mobilization. It is by destroying the aesthetic marks of the colonizer that culture imprints itself on the body and modifies human action and the social environment, which only exists if there is an individual who perceives it (ALMEIDA, Marilene Oliveira et al, 2024; Prestes, Z, 2010; HUR, Domenico Uhng; VIANA, Douglas Alves; 2016).

It is in the understanding of the interdependence between the subject who perceives the social environment and the social environment that the first movement becomes evidently necessary for the overcoming of individual feeling by means of schizoanalytic devices, so that the positive movement of creation can exist.

POSITIVE MOVEMENTS IN SCHIZOANALYSIS

Among the points of the schizoanalyst theory are the two positive movements, which are inseparable from the negative movement in order to carry out a reading of the world that escapes the shackles of capital, colonization or any other theories that limit the form of human life, which is fully endowed with well-being and health (Donhauser, Lucas José; Bonamigo, Irme Salete, 2023). In this sense, Baremblytt states:

"a knowledge that has life as its objective, in its broadest sense: the increase, growth, diversification, enhancement of life" (Baremblytt, 2010, p. 15).

At first we have that the first positive task of schizoanalysis, that is, the first positive movement, aims to strengthen the machine, or even to the lives of individuals.

Molar state, or molar machine, is where the phenomena of crowd or mass occur, that is, they are machines that subordinate themselves to capture individual molecules and, then, the movement of unification, structuring at the social level occurs (Barbosa Soczek, Amanda, 2023). The molecular machine is at the individual level, understanding the singularities and intensities of each person's senses and desires (I think you need to explain what these states are better, suddenly, to make it easier, you can use the footnote). Thus, Deleuze and Guattari affirm that they are "machines properly so-called, because they

proceed by cuts and flows, associated waves and particles" (Deleuze & Guattari, 2011, p.378)

It can be said that they are free parts by themselves, which may or may not compose a body without organs, to the extent that they may or may not be added to the whole of the organism with its relations. In this way, they are beyond that, as they can by themselves attract or repel other partial objects, or molecular machines (Barbosa Soczek, Amanda, 2023). From the perspective of clinical practice and mental health care, this view of two states, taken by schizoanalytic authors in the theoretical meaning of machines, is fundamental. This is because, in order for there to be an integral view of the subject, it is necessary to simultaneously understand the respective relationships, desires, individual impulses, that is, how this individual relates to his feelings and how this same being responds and experiences his life drive in the collective context of the crowd.

Also from this perspective, it is possible that the use of the molecular, individual, desiring machine is explored to resist pressures imposed by the molar machine, of the collective (Barbosa Soczek, Amanda, 2023). The subject with his individualities potentiated and reaffirmed is capable of creating, intrinsically, escape mechanisms that come to protect him from implosions, or more specifically in the context of the clinic, to situations of outbreaks that expose him and/or make him vulnerable. Thus, Deleuze and Guattari state:

"When, in one case, we establish an involuntary of the social and technical machines, and in the other case an unconscious of the desiring machines, it is a question of a necessary relation between inextricably connected forces, one being the elementary forces through which the unconscious is produced, and the other the resultant forces which react on the former, statistical sets through which the unconscious represents itself, already suffering repression and repression of its elementary productive forces." (Deleuze & Guattari, 2011, p. 374)

Thus enhancing the notion of impossible dissolution of these machines, the way they interact with each other may or may not strengthen the existence of health and well-being of this individual. Deleuze and Guattari, by coining the cartography method, create an invitation for the individual to construct himself as a map, in constant movement, based on his experiments in real and everyday life (Donhauser, Lucas José; Bonamigo, Irme Salete, 2023). In this sense, it seeks to value the multiplicity of experiences, exploring the most diverse connections in the subject's life. It is important, therefore, to produce knowledge, or care, that considers the various aspects of life such as historical, social, economic, technological, affective, cognitive, among others, always aiming at the search for new connections among all dimensions of the human person (Donhauser, Lucas José; Bonamigo, Irme Salete, 2023). These dimensions can be dismantled, reversible and always be modified and new perspectives and connections incorporated. For only in this way will

schizoanalysis fulfill its objective, to put an end to any form of repression, manipulation, coercion or alienation. Thus, the authors state:

"Schizoanalysis has a single objective, that the revolutionary machine, the artistic machine, the analytical engine become parts and cogs of each other... This is what interests us: the revolutionary schize as opposed to the despotic signifier" (Deleuze & Guattari, 1992, p. 36)

The cartographic making shows the clinic to be a very relevant method, while it resides in the power of the act of producing, being, therefore, free of any preconception or judgments, but only being a simple stimulus the forms of light and broad lives. This theory brings together the forms of care based on the humanization principle of these subjects, who are no longer socially seen as sick and, therefore, should be excluded or isolated, a fact that is very well portrayed in the literature of Machado de Assis, and become producing subjects endowed with affections, memories, but above all, authors.

"This is to fabricate for oneself a Body Without an Organ: to produce and make intensities pass" (Deleuze & Guattari, 2012b).

The second positive movement of schizoanalysis is based on establishing a nexus between libidinal investments, or unconscious desire, and social assemblages, in order to unite desire with the environment, establishing a flow between what is internal and external to the subject (Donhauser, Lucas José; Bonamigo, Irme Salete, 2023). Thus, it is necessary to understand the types of social investments worked by Deleuze and Guattari, considered distinct from each other and that in some way relate to the duality of the molar and molecular machines. In this way, the paranoid investment is more like the molar machine, while the schizophrenic investment is more like the molecular machine. For this justification, schizoanalytic authors appropriate concepts from psychoanalysis of paranoia and schizophrenia, however they go beyond these to establish their connections with the social field (Barbosa Soczek, Amanda, 2023).

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