

I - TEORIAS, PESQUISAS E ESTUDOS DE CASOS

THE PSYCHOLOGIST PSYCHOANALYST IN PUBLIC HEALTH INSTITUTIONS IN BRAZIL: A HISTORICAL-EPISTEMOLOGICAL PERSPECTIVE

*O psicólogo psicanalista nas instituições de saúde pública no Brasil:
uma perspectiva histórico-epistemológica*

*El psicólogo psicoanalista en instituciones de salud pública en Brasil:
una perspectiva histórico-epistemológica.*

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Abstract: A review is presented on the development of the professional identity of the psychologist psychoanalyst in Brazilian public health institutions, under a historical-epistemological approach from pioneering processes, with an emphasis on those generated at the *Universidade de São Paulo (USP)*.

Keywords: psychoanalysis; psychology; professional identity; Brazilian public health institutions.

Resumo: *Apresentamos aqui uma revisão sobre o desenvolvimento da identidade profissional do psicólogo psicanalista nas instituições de saúde pública brasileiras, numa abordagem histórico-epistemológica, a partir de processos pioneiros, com ênfase naqueles gerados na Universidade de São Paulo (USP).*

Palavras-Chave: *psicanálise, psicologia, identidade profissional, instituições de saúde pública brasileiras.*

Resumen: *En el presente trabajo se hace una revisión sobre el desarrollo de la identidad profesional del psicólogo psicoanalista en las instituciones brasileñas de salud pública, a partir de un abordaje histórico-epistemológico desde procesos tempranos, en especial aquellos ocurridos en la Universidad de São Paulo [USP].*

Palabras Clave: *psicoanálisis, psicología, identidad profesional, instituciones brasileñas de salud pública.*

Introduction

Between the years 1970 and 1980, among graduate students at the Institute of Psychology at USP [IPUSP], there was a massive preference toward specialization in Clinical Psychology, in opposition to other areas; inside Clinical Psychology a choice for Psychoanalysis predominated (Campos, 1991). After graduation, this trend was confirmed by their professional choices, even though all students had been exposed to many other types of psychotherapy along the course. In an attempt to make sense out of this phenomenon, a historical-epistemological investigation was made on the psychoanalysis' pathways

in Brazil. This text intends to be a continuation of this work, now with a focus in the historical development of the *psychologist psychoanalyst*, his training profile and professional identity in Brazilian public health institutions.

Early History of Psychoanalysis in Brazil: Medicine, Mental Alienation and Eugenics

Between the years 1899 and 1937, a number of Brazilian intellectuals and professionals, mainly

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physicians, have come to know Freud's early works. Some of them started to disseminate these works, as well as to make use of them in their clinical work. Perestrello (1987), a Brazilian pioneer psychoanalyst and researcher in History of Psychoanalysis in Brazil, qualified them as *precursors* of the psychoanalytical movement, as they did not have psychoanalytical training.

Perestrello (1987) mentions as precursors psychiatrists Juliano Moreira, Júlio Porto-Carrero, Antonio Austregésilo, and Medeiros e Albuquerque in the City of Rio de Janeiro; Arthur Ramos in the State of Bahia; Washington Pires and Martins Gomes in the City of Porto Alegre (Rio Grande do Sul); and neurologist Franco da Rocha in the City of São Paulo. Juliano Moreira (1873-1932), a physician from Bahia, is considered to be the first one to publicly mention psychoanalysis in Brazil, in 1898. In 1929, already established in the City of Rio de Janeiro, he was nominated Director at the *Hospital dos Alienados [Hospital for Mental Alienated]*, thus authorizing psychiatrists Murillo de Campos and Carneiro Ayrosa de Paula to install a psychoanalytic office at the Hospital (Perestrello, 1974; 1987). In 1914, physician Genserico Pinto (s.n.), from the State of Ceará, presented his PhD thesis *On Psychoanalysis: sexuality in neuroses*, demonstrating to be acquainted with Freudian concepts created up to that point in time -1900-, a period considered by historians as pre-psychoanalytical. Pinto also reported having practiced clinical work into a psychoanalytic framework. This was the first psychoanalytical text written in the Brazilian Portuguese language (Vale, 1988). The dissemination of Freud's texts in Brazil occurred almost at the same pace as they were being written; Freudian work was still in its beginnings. *The Interpretation of Dreams* was first published in 1900. Psychoanalytical training was formalized by the Training Committee of *The International Psychoanalytical Association (IPA)* only in 1925 (Douville, 2006). It follows that psychoanalytical training cannot be strictly referred to at the onset of the twentieth century, as it did not yet exist as we know it today, not even in Freudian circles. In Europe, as well as in Brazil, psychoanalysis was still in a *wild* condition, according to Freud's own conceptualization (Freud, 1910). What would be the characteristics of this *wild* psychoanalysis, as practiced by these Brazilian precursors? In *From social medicine to psychoanalysis*, Nunes (1988, in: Birman) risks a guess: the precursors would have incorporated Freudian ideas to the already existing

framework of *eugenics*, a pseudoscientific theory of social control very popular in the beginning of the twentieth century, which advocated specific social actions as a means of controlling, educating and *hygienizing* Brazilian people. This *social hygiene*, or *mental hygiene*, intended to prevent "degeneration and mental disease" (Goldim, 1998). Eugenics was a theory developed by Sir Francis Galton in England, in 1883, and spread out to the rest of Europe, United States and Latin America, including Brazil. In Brazil, eugenic ideology was mixed with racist ideas against race miscegenation of white Brazilian people with Afro-Brazilian descendants of slaves, as well as Indians, considered "inferior races". It was believed that white people might be "contaminated" by traces of excessive sensuality, alcoholism and indolence, supposedly typical of Afro-Brazilians and Indians (Goldim, 1998). Modernist Brazilian writer Mario de Andrade wrote a "rhapsody," where he portrayed a character called Macunaíma, in which he ironized several uncomplimentary features of the Brazilian national character. Those features fit perfectly into this profile: Indian and "deep black", "the hero without any character" (Andrade, 1928, p.2). Psychiatrist Julio Porto-Carrero (1887-1937), from Pernambuco, but living in Rio de Janeiro, demonstrated to be an enthusiastic fan of psychoanalysis, with which he developed a peculiar relationship: especially interested in education, he adopted a pedagogic-psychoanalytic bias mixed with eugenic issues as well as totalitarian ideas. He worried about miscegenation in Brazil, which he considered to be the cause of mental diseases, and advocated a prophylactic action from the Government. Quoting Mokrejs (1989): "[Porto-Carrero] considered the diffusion of eugenic ideas underpinned by psychoanalysis... paralleling Freudian citations with irruptions of his totalitarian thoughts" (Mokrejs, 1989, p.12-15). For psychiatrist Henrique Britto de Belford Roxo (1877-1969), psychoanalysis would be helpful to the eugenic ideals, as it allowed for the investigation of "others' thoughts" (with the goal of controlling it) (Nunes, 1988, in: Birman, p.71). A concrete example of Brazilian psychoanalytical-eugenic ideology was the real-life case narrated by historian Boris Fausto in *The crime of the Chinese restaurant* (Fausto, 2009). A humble Afro-Brazilian young man living in the City of São Paulo was accused of having brutally murdered four people. Without any real evidence, he was arrested by the police, filed, had his height measured, was weighed and photographed

naked from the front, the side and the back. With basis on the interrogation and on the interpretation of the Rorschach test, he was convicted of murder. The inquiry of the Rorschach, detailed by Fausto, is full of distorted pseudo psychoanalytical interpretations, with nuances from eugenics. (In fact, eugenic ideas permeated the mind of Brazilian people in general). Garcia (2014) tries to evaluate the impact of eugenics on medical thought, from texts written between 1930 and 1950 by Arthur Ramos de Araújo Pereira (1903-1949) and Durval Bellegarde Marcondes (1899-1981), distinguished representatives of the mental hygiene school, whose principles amalgamated notions of psychiatry, psychosomatics, psychoanalysis and pedagogy. Ramos, in Rio de Janeiro as well as Marcondes, in São Paulo, had a leading role in the formulation of politics of Public Health at the institutions of Mental Hygiene. They believed that an early intervention could prevent the *degeneration* of troublesome children into mentally ill adults. Garcia (2014) considers that Ramos and Marcondes actually followed common-sense guidelines with a utopic character, emphasizing that Ramos never really discriminated Afro-Brazilian students. At the end of the 1940 decade, the first Brazilian psychoanalysts completed their formal training under the norms of IPA in the city of Buenos Aires, Argentina, as training was still unavailable in Brazil: Danilo & Marialzira Perestrello, Walderedo de Oliveira and Alcyon Bahia, from Rio de Janeiro; and Mario & Zaira Martins, from Porto Alegre. Perestrello (1987) calls them the *pioneers* of psychoanalysis in Brazil. Although psychoanalysis was only practiced by physicians, Freudian ideas also attracted some intellectuals, as Modernist writers Oswald de Andrade and Mario de Andrade and jurist Candido da Motta Filho, in São Paulo (Perestrello, 1987).

Durval Marcondes and Psychoanalysis in São Paulo: Lay Psychoanalysis

In March 1919, while reading a newspaper article on Freud written by neurologist Francisco Franco da Rocha (1864-1933), at the time about to retire from the *Medical School of São Paulo*, the young Durval Bellegarde Marcondes, then a psychiatry student at the same school, was immediately and irreversibly hooked by psychoanalysis (Moretzsohn, 2014). Marcondes became Head Professor at the *Institute of Hygiene* at USP, founded the *Mental Hygiene*

School Service, and was assigned as Full Professor in Psychiatry at *Medical School* at USP; in 1954 he organized the first *Specialization Course in Clinical Psychology*, in the *Faculty of Philosophy, Arts and Human Sciences (FFCLCH)* at USP (Segre, 1982). After all, Franco da Rocha never made clinical use of psychoanalysis. On the contrary, Marcondes started a private clinical practice right after graduating from *Medical School* (Sagawa, 1985, in Figueira). At that time, he was not but an autodidact, *wild* psychoanalyst, without formal training. At that time, he officially launched the first psychoanalytic movement in Brazil in 1927: a first *Brazilian Society of Psychoanalysis*, of academic character and with brief duration. The inaugural session was attended by psychiatrists, intellectuals and university teachers; Sagawa (1985) considers that this may have been the milestone to *lay psychoanalysis*, that is, non-medical, in Brazil (Sagawa, 1985, in: Figueira). In 1938, Durval Marcondes presented a work at a medical Congress in defense of lay psychoanalysis (Moretzsohn, 2014). The arrival of German Jewish didactic psychoanalyst Adelheid Koch (1896-1980) in 1937 inaugurated psychoanalytical training in São Paulo. Koch conducted the didactic analyses of Durval Marcondes, Virgínia Leone Bicudo, Darcy Mendonça Uchoa, Frank Philips and Flavio Dias, thus allowing the official recognition of the *Brazilian Society of Psychoanalysis of São Paulo (SBPSP)* – the second one-, by IPA, in December, 1943. Virgínia Leone Bicudo, from São Paulo, was the first lay psychoanalyst woman in Brazil (Perestrello, 1987; Moretzsohn, 2014; Braga, s.n.). From the very start of his professional life, Marcondes became an untiring radiating pole, as well as a multiplier, of psychoanalytical ideas in Brazilian academic and cultural media, influencing a full generation of physicians, psychiatrists, psychologists and other health professionals along his whole life. He taught at USP until his compulsory retirement at the end of 1970 (Vale, 2003). Sagawa (2007) suggests that the first generation of Brazilian psychoanalysts may have inaugurated an *expanded* conception of psychoanalysis, with professional practice out of the private office.

Psychoanalysis and the Mental Hygiene School Service

In São Paulo, Durval Marcondes was the main responsible for the expansion of psychoanalysis beyond private offices. Between 1930 and 1950, under the

direction of Dr. Joy Arruda, he coordinated a pioneering work of psychodiagnostic and therapy of children from the school system, at the *Mental Hygiene*, a section of the *Mental Hygiene School Service* from the *Board of Education of São Paulo*. His multiprofessional team was composed of social psychiatric "visitatrices", psychologists, nurses, pediatricians, psychiatrists, neurologists, and general practice physicians (Carmo, 2015). Even under the influence of the French-North American model of Mental Hygiene, Marcondes objected to organic medicine as well as drug therapy (according to the scientific *Zeitgeist*), training his collaborators with an "open, but predominantly dynamic or psychoanalytic, mind" (Van Kolck, 1990, p. 157-158; Carmo, 2015). The social psychiatric "visitatrices" were responsible for tracking those students with emotional, learning or relationship problems, by interviewing all professionals who had contact with them at school, and also by visiting the families of those students, orientating them and proposing psychoanalytic psychotherapy. The *psychologists* in the team were responsible for the application of tests on the students (Carmo, 2015). Helena Moreira da Silva Carmo, who worked with Marcondes at the *Mental Hygiene*, and later on at the *Psychological Clinic of USP*, tells that "Durval, considering that his collaborators did not have a critical comprehension of the necessary clinical skills, taught himself a daily course of three hours on psychoanalytic training devoted to school assistance. Many of these professionals became psychoanalysts later on" (Carmo, 2015). Many professional doctors aimed at being trained at the *Mental Hygiene*. However, in 1962, under vehement protests by Marcondes, the *Section of Mental Hygiene School Service* was extinct by the Government (Sagawa, 1985, in: Figueira).

Specialization in Clinical Psychology and the Psychological Clinic of USP

In 1934, the *University of São Paulo* and the *Faculty of Philosophy, Arts and Human Sciences* were founded, the last one with "the purpose of developing uninterested research, and training teachers" (<http://fflch.usp.br/historia>).

Between 1947 and 1968, Annita de Castilho e Marcondes Cabral (1911-1991) was designated to direct the Chair of Psychology at the *Faculty of Philosophy* at USP. Cabral was specialized in Gestalt Therapy

in the United States of America, and, in a visionary inspiration, created in 1954, under her Chair, the *Course of Specialization in Clinical Psychology*, inviting Durval Marcondes, Anibal Silveira and Cicero Cristiano de Souza to implement it (Góes & Vilela, s.n.; <http://www.ip.usp.br/>). In 1968, as a consequence of the University Reform, the *Course of Psychology* was separated from the FFLCH, thus originating, in 1970, the *Institute of Psychology (IP)* and the *Graduation Course of Psychology*. The *Clinic of Psychology*, which was created in 1960 as a part of the *Faculty of Philosophy*, became the embryo of the *Department of Clinical Psychology*, one of the four Departments of the IP USP (<http://www.ip.usp.br>).

Durval Marcondes recruited as collaborators some of the social psychiatric *visitatrices* he had formerly trained in the *Mental Hygiene Service*. The psychoanalytical models of psychodiagnostic and psychological support adopted at the *Clinic of Psychology* at USP were the same ones from the *Mental Hygiene Service*, and this orientation remained for many years (Carmo, 2015). At present baptized as *Clinic of Psychology Durval Marcondes*, it follows the basic objectives proposed by academic institutions: to teach, to do research and to have services delivered to the community, encompassing other clinical approaches besides psychoanalysis.

Parallel to the *Course of Specialization in Clinical Psychology* at USP, equivalent courses were created at the *Faculty of Philosophy "Sedes Sapientiae"* and at the *Faculty of Philosophy, Arts and Human Sciences São Bento*, later incorporated by the *Pontifical Catholic University* (Van Kolck, 1990).

The Psychologist Psychoanalyst in Public Hospitals in Brazil

In the 1950's, the branch of *hospital psychology* started to be shaped (Sebastiani, 2000), parallel to the creation of the *Mental Hygiene Services*, of the many specialization courses in clinical psychology, and of the formalization of the profession of psychologist in Brazil. According to the author, the term *hospital psychology* was coined in Brazil in the decade of 1970, and only exists in this country. Psychological services in hospitals originated from actual demands. In 1950, psychologist Mathilde Neder was invited to join the *Clinic of Orthopedics and Traumatology* (at present, *Institute of Orthopedics and Traumatology*) at the *Clinical Hospital (HC)* in the *Medical*

School from USP (Oliveira & Rodrigues, 2014). Neder was asked to attend children who underwent surgery, as well as their families. She became also *Coordinator of Psychologists' Activities in HC* and *Chairwoman of the Board and Editorial Counsel* of the review *Hospital Psychology* (Romano, 1999). Bellkiss Romano, another pioneer, identifies Sueli Brunstein as the first hospital psychologist to be mentioned in 1953, at the registry of the *Clinical Hospital of Porto Alegre*; she also mentions pioneer Aidyl Macedo de Queiroz Pérez-Ramos at the HC in São Paulo, and herself, as organizer of the *Service of Psychology* at the *Heart Institute – INCOR*, in São Paulo. In 1976, Romano also created the first *Course of Hospital Psychology*, at the *Pontifical Catholic University of São Paulo* (de Almeida, s.n.). In 1983, the *INational Meeting of Psychology in the Hospital Area* took place (de Almeida, s.n.). In 2005, Avelino Luiz Rodrigues started to develop at the *Institute of Psychology* of USP an “umbrella project” called *Clinical Practices in Psychosomatics*, that contemplated several types of scientific initiations, Master’s and PhD researches, as well as many publications in that field. In 2006, Elisa Maria Parahiba Campos created the *Lab Chronos – Humanistic Center of Recovery in Health and Oncology*, to deliver psychological help to cancer patients, their families and health teams, at the *Ambulatory of the Clinic of Psychology of IP USP*, and at the *University Hospital (HU)* at USP. Still in 2006, Rodrigues was designated as *Coordinator of the Research Lab of Subject and Body (SuCor)* and created the *Interdisciplinary Research Group in Psychosomatics*, aiming at the development of psychosomatics of relations health-disease. This group was registered in the *Directory of Research Groups* at the *National Center of Research (CNPq)*, accredited by USP. In 2008, Campos & Rodrigues created an annual event named *Journey of Health Psychology, Psychosomatic & Psycho-oncology*, now in its 11th edition (2018). In 2010, they created a graduation course in *Health Psychology – Hospital Practice*, together with a hospital residence at HU. Presently, they have been teaching the post-graduation courses of *Health Psychology, Psycho-oncology, and Psychosomatics* for more than one decade. Since 2011, Maria Livia Tourinho Moretto started to develop a research on *Analysis on Demands of Health Professionals for psychologists' Performance* at the HU. Presently, she is *Coordinator* at the *Research Lab in Psychoanalysis, Health and Institutions (LABPSI)* at IPUSP (Moretto & Prizskulnik, 2014; <http://www.ip.usp.br/>). Similar initiatives occurred in other institutions. A recent

research reported a predominance of the clinical model in hospitals in many Brazilian states until the last decade, and, in some cities such as Curitiba (State of Paraná), and Florianópolis (State of Santa Catarina), the predominance of the psychoanalytical model (Cantarelli, 2009). In recent years, a model of integral assistance to health has been practiced, promoted by current public policies of the *[National] Unified System of Health, (SUS)*, (Marcon, Luna & Lisbôa, 2004). This model is similar to the *bio-psycho-social model*, disseminated in the last decades by psychosomatic medicine (Engel, 1977) and by *SuCor – Subject-Body Lab*, at USP. What would characterize psychological support in hospitals? Romano (1999) tells us that, in the beginning, there was no model to follow; there was simply a translation from the private office model to the hospital. However, due to the specific demands of this kind of institution, guiding concepts had to be “adapted, reviewed and readjusted” (http://www.crpsp/119/.../fr_entrevista.aspx).

The Psychologist Psychoanalyst

In Brazil, psychoanalysis' popularity resulted in its national diffusion along the twentieth century. The *Zeitgeist*, the social, political and philosophical processes seem to have shaped the practice and training of psychoanalysis in the *Psychoanalytical Societies* as well as in academic institutions. The development of the profession of psychologist psychoanalyst is one of the resulting acculturation processes involving psychoanalysis.

At the beginning of the twentieth century, the still young Brazilian psychoanalysis has left its mark in Public Health Institutions – hospitals as well as schools -, from a blend of [*wild*] psychoanalysis, eugenics and medicine from precursor physicians, at least in Rio de Janeiro and in São Paulo, national diffusors of health trends. Another trend in mental health, psychosomatics, also had a role in Brazil. In the Brazilian History of Mental Health, psychosomatics and psychoanalysis have unclear boundaries. The “*carioca*”³ physician Eksterman (s.n.), a pioneer in psychosomatics, even employed the term “psychoanalytical psychosomatics”; however, Rodrigues (2006), in an article on Professor José Fernandes Pontes, an eminent pioneer psychosomatic physician in São Paulo, affirms that “although Pontes had

³ “Carioca”: A person born in the City of Rio de Janeiro.

included psychoanalysis as a reference for the understanding of the person, he did not reduced psychosomatics to psychoanalysis” (Rodrigues, 2006, p. 1). Danilo Perestrello (1916-1989), one of the first “*carioca*” physicians to be trained as a psychoanalyst, was also the founder of the *Division of Psychosomatic Medicine*, in the first *Chair of Medical Clinic* at the *National Medical School* at the *University of Brazil*, presently *Federal University of Rio de Janeiro (Center for Psychosomatic Medicine - História, s.n.)*, and creator of the *Medicine of the Person* (Perestrello, 1974).

The beginning of institutional training of psychologists in São Paulo, long before the foundation of the *IP USP*, occurred at the *Mental Hygiene School Service*. In that context, clinical psychology and psychoanalysis were interchangeable terms. The fact that the “*visitatrices*” were designated as “*psychiatric*” evokes the influence of psychiatry in the professional identity of the psychologist psychoanalyst. It should also be added that, in the *visitatrices*’ work there was also a pedagogic bias, represented by the orientation given to educators and families of students; maybe it was some kind of a *pedagogic psychoanalysis*.

That was our primordial mental health school.

Sagawa (2007) affirms that the expanded psychoanalytical model from the *Mental Hygiene School* was “buried and minimized in the years 1960 and 1970” ... [that there has been] “ruptures and discontinuities” favoring elitism as well as the segregation of psychoanalysis into private offices (<http://www.psicopatologiafundamental.org>). At least four critical factors have influenced these “ruptures and discontinuities”: 1) the military dictatorship (1964-1985), 2) the unique development and diffusion of psychiatric pharmaceuticals, 3) the relationships between psychologist psychoanalysts and physicians, and 4) the development of sciences and scientific methodology.

Military Dictatorship in Brazil: Consequences for Psychology and Psychoanalysis

The decade of 1960 was extremely disturbing in political and social terms in Brazil, after the fall of President João Goulart, in March, 31, 1964, with the instauration of a military dictatorship that would last for more than two decades. The dictatorship imposed increasing political restrictions, as well as

restraints to freedom, in the form of Institutional Acts. These Acts inaugurated one of the most somber periods of Brazilian History, the so called “Years of Lead”. Those who dared to disagree with the established rules would be coined as “subversives”, “communists” and “terrorists”. The suspects of dissidence where persecuted. Strongest persecutions were targeted at intellectuals, students, teachers, syndical leaders and lay organizers of catholic movements in the universities. In a review in database SciELO from 1997 on, which examined the relations between psychology professional activities and military dictatorship, Scarparo, Torres & Ecker (2014) suggest that the “official” Psychology was then used as a “normative tool” toward people, with a “pretended neutrality” in its practice, a “decrease in the valuing of singularity”, with an emphasis in tools and techniques in detriment of “activities of reflection” (Scarparo et al, 2014, p. 86). In that period, an atmosphere of fear and silence prevailed at *USP*. Classes proceeded with apparent normality; however, there were rumors on infiltrated secret agents, *disappearances*, the existence of archives and *files* with names of suspect teachers and students. At any time, for unknown reasons, anyone could be denounced as subversive, and arrested. In the past, university students used to be politicized, but now, they did not dare to talk; survival instinct imposed itself. Many eminent teachers were expelled from the *University*. Those more engaged in left movements were arrested, killed, disappeared, became clandestine, run away, or were exiled to other countries.

To properly grasp the feeling of what happened, the extreme situation lived inside the universities must be mentioned – there was an almost insurmountable pressure on freedom of ideas; the same pressure was also exerted on intellectuals and artists. At *USP*, an intellectual *sterilization* was soon felt. The subsequent generations emerged in a calm state, alienated, without many questioning, unaware that they bore a primordial repression... in the military and Freudian sense. Maybe only those who actually underwent this nightmare are authorized to make a judgment on what really happened in those years. In such repressive context, how could psychoanalysis, an investigation on the Unconscious and its transgressive character, be cultivated? In a recent event carried out at *IP USP*, Niraldo de Oliveira Santos (Santos, 2015) affirmed that the University should be an “ecological reservoir for psychoanalysis”, for being a place of questioning, of new ideas, of

openness, more than traditional institutes. Indeed, at the dictatorship period, it was not. This situation may have contributed to the crystallization of the professional identity of psychologists in a private clinical model.

Development and Ascension of Pharmaceuticals in Mental Health

In the decades of 1920 and 1930, the development of electroconvulsive therapy and surgical psychiatric interventions [frontal lobotomy] influenced the ideas on mental disease in Brazil, favoring early biological psychiatry in detriment of a psychoanalytical view. From 1950 on, development of psychopharmaceuticals has represented a major qualitative change in benefit of mental illness, also strengthening the medical power in the following decades, along the popularization of anxiolytics, antidepressants, and antipsychotics (Socudo, 2015).

Actually, the onset and subsequent development of psychopharmaceuticals caused a real revolution in the treatment of psychiatric disorders, until then without alternatives to offer to disabling cases. Presently, there is a general trend of blending psychotherapies and pharmaceuticals. According to Cordioli (s.n.), this new possibility caused a “wide reformulation on present conceptions”, including more sensitivity from physicians and society towards psychic pain.

Relations between Physicians and Psychologist Psychoanalysts

In a period in which the psychoanalytic knowledge apparently guaranteed a certain place of recognition in multidisciplinary teams for the psychologist psychoanalyst, a work of cooperation between physicians and psychologists seemed possible, although the more organicist medical knowledge always questioned the psychoanalytical knowledge - which is understandable, from the epistemological point of view. In 1936, Durval Marcondes lost the election for the *Chair of Psychiatry* in the *Medical School* at USP, in favor of Pacheco e Silva, a conservative psychiatrist (Sagawa, 1085, in: Figueira). Discredited by the *Faculty of Medicine*, Marcondes took refuge in the psychoanalytical work in *Mental Hygiene School Service* and in USP's *FFLCH* (Carmo, 2015; Oliveira, s.n.), just like Freud, who psychologized psychoanalysis

after being attacked and rejected by the medical establishment. Brazilian psychology had an early institutionalization and legalization. Since 1932 it became part of the *FFLCH* curriculum; in 1954 a Draft Law on the profession of psychologist was approved, and the *Course of Clinical Psychology* was created; in 1962 the National Congress approved the law that recognized psychology as an independent university course, and regulated the profession of psychologist (Soares, 2010). In turn, Brazilian psychoanalysis inherited from *IPA* the training model, away from institutes of health and the academic environment. The *SBPSP* was recognized by *IPA* in 1951; the *Society of Rio de Janeiro* in 1959 and the *Society of Porto Alegre* in 1972 (Vale, 2003).

In 2002, the *Federal Senate* approved the Bill of the Medical Act, whose author, representing the *Federal Council of Medicine*, proposed to regulate the practice of medicine claiming exclusivity in the exercise of certain procedures traditionally practiced by psychologists (http://www.planalto.gov.br/ccivil_03/_ato2011-2014/2013/lei/112842.htm). To date, this situation has not been truly clarified, but has caused a stir in the professional relations between physicians and psychologists, especially in the area of mental care. On the other hand, as a serious blow to the legitimacy of psychoanalysis, many Medical Covenants and Health Plans do not recognize psychoanalytic care within the traditional canons for reimbursement purposes, unlike they do with cognitive behavioral psychotherapy. In addition, approval of psychotherapeutic care depends on a medical diagnostic.

Sciences, Scientific Methodology and Psychoanalysis

The global strengthening of the scientific discourse and methodology, with emphasis on the norm, on the objectification of knowledge, on databases, on research, on statistical treatments, also represented a blow in psychoanalytic research, focused on the subjectivity, the singularity, the person.

One of the criticisms on the medicalization of health is that the current medical education is increasingly subjected to the model of scientific and biological knowledge, and less and less committed to a humanistic culture and multidisciplinary work. Besides, it favors an impersonal conception of the patient – and sometimes mistakes the patient for his illness. The

scientific model would generate protocols for the care of clients diagnosed according to known diseases. The role of the physician within this organization would be to cure the disease, to eliminate the symptom. Any noise arising from the patient would be undesirable, would break the routine, and would disrupt the course of treatment. As knowledge becomes one-sided and biological, the patient's voice is silenced, and their demands, subjectivity, and suffering vanish. At the hospital, the psychologist is likely to be inserted into a health team historically marked by the hierarchy of

medical knowledge (de Almeida, 2000). Perhaps this is, at present, the greatest obstacle to the psychologist psychoanalyst's work in the hospital, where he would likely be subordinated to this template, except when the illness situation subverts this order. Generally, this is the moment when the psychologist receives a demand from the medical staff.

At present there seems to be a clear demand on the part of doctors in hospitals for psychological, psychoanalytic support, even though the obstacles represented by the medical model remain unchanged.

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