



The mental health of subjects today

In this editorial, we needed to find a common point between the various articles that make up the volume, as the themes are diverse. They include clinical diseases, such as coping with cancer using religious/spiritual strategies, the experience of having AIDS and the symbolism associated with the disease and expressed in group (social exclusion and isolation), considerations about the bond between mothers who use drugs and their children and also the family insertion in treatment of social phobia. Some themes are also developed in the context of primary health care, such as the perspective of professionals who work at this level on the approach of crack users, in addition to the presence of possible evidence of depressive symptoms among nurses of basic care, as well as, as a possible extension of the work to prevent the consumption of alcohol, the identification of personal factors (gender and age), which seem to influence the use of that substance among adolescent students. A possible common point of all articles would be the persons and the links that they establish in life. This choice allows us to make an interesting reflection on the human being, its context and relations, as well as the ways that humans find to manage their psychological discomforts today.

Regarding this stage of humanity, Bauman⁽¹⁾, sociologist of the 1950s (university professor, who retired in the 1990s, with vast production), discusses the characteristics of what he calls as “Liquid Modernity”. Liquid modernity is a time of uncertainty, when individuals find themselves in a condition of obligation to be really free, with a design of life similar to a “menu of options” in which each one would be the author of his or her script. However, the other face of freedom is responsibility, the ability to make choices, characteristics that make humans moral beings, morality which is consubstantial with man (and not a social product) and linked to ambivalence, as an inevitable condition of human existence.

This seemingly positive vision is actually a mirage of what is effectively supposed, given that the culture of flexibility tends to destroy any future forecast. Bauman⁽¹⁾ states that a growing responsibility rests on the shoulders of subjects at the same time that society and institutions that make it (Government, business and financial institutions) are increasingly inhibited to perform the part that are upon them in the project of reaching the stage of full humanity. Without the existence of collective reports that assign meaning to the history and the lives of subjects, we “surf” a liquid, unstable, individualized and unpredictable society.

Being a person in itself is a complex issue and it seems appropriate to do a summary of the thought of Perestrello⁽²⁾, clinician, psychiatrist, psychoanalyst (the “father” of psychosomatics in Brazil), about man. For this author, the human being at birth brings an asset by convention called inheritance, transmitted through genes, from the species as a whole and particularly from family ancestors. As an example of other traits inherited from the species, a person is born with three basic emotions: fear (anxiety), love (eroticism) and hate (aggression) and with these requirements, and the rest acquired in the uterus, he/she is exposed to the outside world (“liquid and unstable”), where he/she will keep the fetus-mother unit (which may not have the same characteristics as in the past). This setting, throughout the development of the newborn (even if keeping certain constancy) is always being changed, taking on new features, and, over time, it leaves its marks on the personality of the new human being (what is left now is the investigation on how such marks are present today).

According to Perestrello⁽²⁾, the human being is a unique person, with an at most similar anatomy and physiology, but which are never equal, he is also the holder of his world and his own agendas to live, act, react and work, both within the context of his organs and in how he feels and thinks; he has developed his own homeostasis and immunology throughout his evolution, therefore the way he gets sick also has a unique configuration.

In this perspective, diseases are also a peculiar way for the person to express himself in adverse circumstances. This author instigates us by asserting that diseases, as well as other manifestations of human beings, represent a way to exist, or coexist, because he believes that humans being coexist insofar as they are not a closed system. Humans, in their entirety, establish communication with their physical and social environment, which today is an environment subject to continuous changes.

Therefore, to study and to understand the person we must have an amplitude to incorporate him with his world, know the past that has influenced him (to a greater or lesser extent), the perception of the specific context today (perceived as adverse), which could have mobilized behaviors and reasons that have led to the current disease and also the ways that he has established to handle the suffering.

The challenge of those who professionally care for the needs of the other is to look at that person, be available to listen and have a sense of appropriateness when asking questions (without being invasive or arrogant) that identify possibilities; questions are a resource that allows professionals to extend their knowledge or limitation, if directed at a specific point.

The formulation of questions, in the two perspectives, has its recommendations and, as long as they are well placed in the structure of the approach, they will provide the basis for the intervention, which should always be in line with the singularities of the person under care, without rushing so that he can overcome his condition of suffering and return to "normal".

There is a cooling of interest, both in studies and in the practice of services, on themes related to intervention processes based on support, understanding and solidarity, as if there were no science about them. Visibly, we can observe the reductionism to the biological part of the client human being and also of the professional⁽³⁾. Often professionals informally convey feeling the need to acquire information about emotional reception and approach, to have a support of this nature (to take care of themselves and the other), but not having to assume it expressly, in a clear denial of the importance of emotional support, maybe because in their professional area it is not valued, or because of the fear that the action of support will foster an intimacy that leads to the loss of their own control and of the situation.

This approach certainly has inhibited researchers in the search to identify and articulate theoretical foundations that help in the formulation of actions that point to performance levels and that in practice may be effective in providing emotional support. Similarly, professionals have been less apt to offer and assess the effectiveness of actions related to the theme, considering that this practice is for the expert.

The meeting between two or more persons can be a support system, when the exchange of energy is positive and provides instrumental or emotional support⁽⁴⁾ and meets the diverse needs.

Instrumental support can be understood as one of the several types of help: financial support, division of responsibilities, provision of information. Emotional support, in turn, is identified in the manifestations of affection, approval, sympathy and concern for the other, and in actions that induce a sense of belonging to the group⁽⁴⁾.

The demonstrations received and perceived by persons are fundamental to the maintenance of their mental health, in the confrontation of stressful and difficult situations, which involve a change in social roles (becoming a mother or father, retiring), losses (loved one, loss of health) or incorporation of an additional burden (caring for someone who requires physical and/or mental effort) to everyday life. We have to ask if professionals are available to learn how to handle persons today with the new situations, if they occur in contexts in need of the old social anchors, such as close family, known neighborhood, among others. The articles in this volume can give a perspective of the scenario, in answer to that question.

Critical situations mean moments of pain and suffering, but they also mean possibilities of growth for both those that experience them and those who participate with their support, be it of a professional or solidarity nature. Being the protagonist or having a supporting role in critical events promotes reflection on the values and priorities established, abandoning old ways, discovering new potentialities and interests, ultimately acquiring other attitudes towards life as a whole (personally and professionally). This is particularly necessary in current societies, perceived by some as hostile, since the institutions that they know and from where they are receiving contributions may not last.

As professionals, it is indispensable the acquisition of this understanding and the learning to look at the reality of the work under this perspective, otherwise impotence and turmoil will take place, followed by helplessness, as well as the fear of not being able to finish the work and difficulty thinking clearly. This particular framework appears configured by feelings, sensations and thoughts and they are shown with more or less intensity in the articles presented here, from the reports of clients of health services, caregivers and professionals who give support during the care.

It is up to all those who work with persons the incorporation of the idea that the same certainties of the past do not exist in the “liquid modernity”, that we need to note the context, that ongoing reflection is a fundamental need as well as the knowledge on the experiences of individuals and situations, in order to stimulate solidarity for the other as a moral principle⁽⁵⁾, and that goes for both professionals and caregivers and neighbors. We must show to subjects that emotional problems can be solved alone or in the company of other persons, that they do not need to be “victims”, as not all experiences are a disease that needs drugs, despite the incentives to turn them into diseases⁽⁴⁾. We need to bring out in the population the belief in the ability of human beings to solve problems and, ultimately, to handle the inconveniences of life, which is an essential condition to decrease the feeling of vulnerability that currently prevails in the population.

New theoretical and ideological consensus claim that the difference is not only inevitable but also positive⁽⁵⁾. Therefore, the challenge is in how to live in this context of different individuals and groups of multiple identities, who need to make changes to adapt themselves to the fluidity of current times. The biggest challenge still lies in being an individual and professional whose focus is the search to help oneself and others in this context. However, do not be discouraged! As an encouragement to all readers, think that the possibility to experience different times and try new and creative actions do not cease to be thought-provoking and promising.

References

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