

Interface of art, healthcare and culture: a transverse field of knowledge and practices

To cure contemporary subjectivity, which is doped and on the way to becoming set in stone, we would need to prescribe poetry in the same manner as we prescribe vitamins. This is what Felix Guattari wrote in a book that he published with Suely Rolnik, *Micropolíticas: cartografias do desejo* (Micropolitics: cartography of desire)¹, thus affirming that poetry, sensitivity and artistic creation are privileged tools for health production in our times.

Crossovers between cultural production and healthcare practices have a long history in Brazil. As long ago as the 1920s, while Mário de Andrade was writing a book called *Namoros com a Medicina* (Love affairs with Medicine), the psychiatrist Osório César was publishing art critiques in journals. Some time later on, Nise da Silveira stimulated and produced the first assembly of a text by Artaud in Brazil, inside a psychiatric hospital, while the art critic Mário Pedrosa developed the idea that the main aim of a persistent and systematic artistic occupation was not the production of masterpieces. The most important thing, in his view, was what the person doing these activities would acquire through doing them and what these activities would produce in a life².

At the end of the 1970s and the beginning of the 1980s, with the opening up of politics, the relationship between art and healthcare was further boosted in Brazil. The strengthening of the democratic movements and, in particular, the healthcare reform movement that culminated in the creation of the National Health System (Sistema Único de Saúde, SUS) modified the understanding of healthcare, which came to be understood as a fundamental right. This transformation implemented a field of innovative practices, thus strengthening interprofessional and intersectoral actions and involving daily life within communities. In line with these gains, the disabled people organization demanded and sought to ensure opportunities for all citizens to develop their creative, artistic and intellectual potential.

Within the field of mental health, the new care models that were created within the context of the psychiatric reforms contributed towards strengthening practices within the sociocultural field through proposals for clinical care dedicated towards favoring the potential of life. Invention of new ways of living and new sensibilities implied esthetic development and potent linkage to the fields of art and culture, thus giving rise to varying numbers of cultural, artistic and leisure experiences, which became viable through intersectoral policies.

It is also important to note the creation of community centers in the cities of São Paulo, Santos and Campinas during the 1990s. In São Paulo, the proposal for CECCOs (community and cooperation centers) envisaged linkages between the municipal departments of health, culture and sport and the city's parks and green areas. These services were open to the general public and continue to the present day, and also receive referrals from healthcare units. They seek to promote social interaction through participation in groups, workshops and studios for artistic and physical practices.

At the beginning of the 2000s, the field of culture also underwent significant changes. Public cultural policies came to include diversity and active participation in cultural life within their agenda as a right, thus favoring the creation of new debates and the creation of actions in partnership with the social and healthcare fields. The state's role was thereby repositioned as the facilitator of the creative forces that already existed in every corner of the country, especially in areas of greater vulnerability and social risk, sustained along the lines of creation and

expression, free access, and dissemination and participation in cultural policy decisions³.

Consequently, the field of healthcare in Brazil is invigorated through marked presence of cultural actions, artistic activities and corporal practices. These factors intensify the production of healthcare in spaces that are not traditionally designated for this purpose. These activities form a set of strategies aimed towards constructing projects for life, inventing other forms of social participation, promoting exchange spaces and experimenting with novel ways of producing value⁴. These are complex compositions that mobilize processes of social inclusion and exclusion and cause openings within networks of expression and communication that are constantly being reconfigured. New cultural connections in certain groups free them to have new ways of seeing things, speaking, thinking and acting that renew relationships and affections. They also implement and require concrete changes in the partition of the sensible, using Rancière's expression⁵, which resonates in the sociocultural experiences of collective life.

This meeting of the arts, healthcare and culture has given rise to a new field of knowledge at their interface, which gives new dimensions to each of these terms. Healthcare comes to also have a relationship with the possibility of experiencing creativity, participating in social exchanges and having access to cultural experiences. Likewise, artistic and cultural manifestations come to be understood as capable of contributing towards producing healthcare and subjectivity, and thus having the capacity to reorient ways of living, becoming ill and caring for oneself and for others.

Through mobilization of either governmental or nongovernmental organizations, the emergence of common points of collective connection motivated by accomplishments that are recognized as artistic has been increasingly shown to be necessary for posing the problems of managing day-to-day life and for resisting hegemonic scenarios for colonizing their potency. Community groupings in unusual movements join together in categories instituted within the field of healthcare (madness, psychosis, schizophrenia, deficiencies, disorders, social risk, etc) and/or the arts (theater, dance, music, literature, sculpture, painting, etc), and other forms of vitality shifted from what might be named are invented and discovered, along with possibilities for existence that had previously been unthinkable. This can also be called the arts of contemporary life.

These arts have formed part of the editorial project of the journal *Interface* since the time of its first issues, given that this periodical was conceived with the aim of addressing questions within public health in an interdisciplinary manner, thereby linking the topics of education and communication to the field of healthcare. The effort to construct a dialogue between artistic expression and the content of published texts was thus related to the perspective of this editorial project, which was also guided by knowledge production methods based on the sensibilities that belong to the arts.⁶ In this regard, the Creation section of the journal, in which "reflective texts of greater freedom of form, with emphasis on iconographic, poetic and literary language, etc.," are published,⁷ constitutes an important space into which different productions address the relationships between art and health converge and which simultaneously stretch the traditional structures of communication and expression of academic settings.

The dossier of this issue of *Interface* brings together three papers dedicated to this topic, which has occupied increasingly significant spaces over the course of the journal's 17 years.

The paper "**Arte y Salud: algunas reflexiones para profundizar las potencialidades de análisis del campo**"⁸ (Art and Healthcare: some reflections

towards deepening the potential for analysis in this field) shows us that this convergence between art and healthcare has also taken place in other countries of Latin America and in countries in the Anglo-Saxon world. According to the authors, the sociopolitical context that has made it possible for this field to emerge was marked by new cross-cutting agendas within social policy, based on the idea of human development and concerned about issues of social inclusion, community practices and sustainable development. In the same manner, cultural policies have also caused artistic and cultural practices to taken on an important protagonist role as strategies and tools for promoting inclusion and the struggle against social inequalities.

Following this, in the paper "**Arte e humanização das práticas de saúde em uma Unidade Básica**"⁹ (Art and humanization of healthcare practices at a primary care unit), we learn about a humanization project based on the arts and we accompany some reflections coming from philosophical contributions. Thus, this singular project that took concrete shape provides material for thinking about the place of art in the light of the general meaning of humanization and the relationships between instrumental rationality, esthetic experience and ethical horizons.

Lastly, the paper "**Receituário Mais que Especial: uma intervenção urbana para pensar arte e pesquisa no contexto da Reforma Psiquiátrica**"¹⁰ (A more-than-special prescription: an urban intervention for thinking about art and research within the context of the psychiatric reforms) presents an experience of urban intervention that was obtained within the context of the psychiatric reforms, with the focus on the intersection between art and research within the area of psychosocial care. The authors pose the problem of the frontiers between healthcare, the medicalization of life and the creation and resistance movements that may come into being from this. Along this path, the potential of art for producing knowledge and addressing problems regarding care is shown.

The publication of a dossier of the journal *Interface* dedicated to these topics validates a path that has already been followed and at the same time affirms the relevance of continuing to open up spaces for exchanges and reflection that start from the transdisciplinary fields between the arts, healthcare and culture. Within this sphere, Brazil and Latin America possess rich production that needs to be disseminated. The constant invention and qualification of community and creative spaces that are not reduced to hegemonic cultural, artistic, healthcare and/or social principles is still a current topic of debate, supported by a concept of life that cannot be limited by any absolute or preestablished category. Bringing these different fields of knowledge together is of interest because of the transverse nature of this action, in that it enables cross-fertilization between concepts and practices that because of their differences and similarities, result in additional vitality for these experiences.

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