Articles

Six proposals for graduation in Psychology: a dialogue between PET-Health and Italo Calvin

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This paper problematizes the orientation of a Psychology graduation course to the principles of the Brazilian National Health System (SUS). It was carried out by conversation wheels with a group of people from the Education for Working Health Program (PET-Health) from the Alagoas Federal University. The analysis was carried out from the interaction between the conversation rounds and Ítalo Calvino's text "Six proposals for the next millennium": lightness, quickness, exactitude, visibility, multiplicity and consistency, deriving the six proposals for a graduation in psychology. The conclusion is that an education to be applied in the SUS happens in life, and it is in the life of cities and people that an knowledge in Psychology needs to (insist in the challenge to consist) occupy concrete spaces to dialogue with people regarding their health needs.

Keywords: Psychology graduation course. Teaching-service integration. Brazilian National Health System.

Training in Psychology and Health in Brazil

The regulation of psychology as a profession in Brazil in 1962 included the minimum curriculum of undergraduate courses. The transmission of knowledge was done through the division of disciplines. The studies were isolated from the concrete processes of the social context in which they occurred, and the learning was carried out with the accumulation of information. This curriculum was based on the natural sciences, valuing, above all, the experimental method[1].

The economic rationality of neoliberalism re-signified policies and sectors previously stated as unproductive and reorganized the supply of services and consumption, inducing other modalities of production, transforming public law into commodity. In this context, Brazilian Psychology has consolidated itself as a project that converges with the modern logic of regulation and control, transforming itself into a fertile territory for the dissemination of techniques designed for a knowable and functional individual, strengthening a calculated manipulative and coercitive politics of the elements, gestures and behaviors of populations[1-3].

The liberal, positivist, and biomedical model was produced in the most diverse spheres of health in Brazilian psychology. The new National Curriculum Directives (DCNs) for health courses seem to maintain the fragmentation and isolation of the various disciplines[1]. The effectiveness of this model has been exhausted in the daily work, because, historically, the organization of the disciplines was done by precocious specialization, standardization of complaint procedures and naturalization of the health-disease process.

The Brazilian Unified Health System (SUS) emerges and consolidates in a scenario in which new discourses begin to circulate and validate original practices, thus providing another professional profile politically involved in the construction of a fair and supportive system of attention.

The invitation to interdisciplinarity and the valorization of learning contents and experiences that prioritize social needs are presented as challenges for the transformation of training[3]. In this sense, due to social control in the health area, in 2003 the National Policy on Permanent Education in Health (PNEPS) was created with the aim of bringing health professional training closer to the needs of the population[4,5]. For this, several programs and actions are constituted, for example, the Education for Work for Health Program (PET-Health).

PET-Health, as well as other programs and actions from the PNEPS, has been producing displacements in health training and practices.[12,13] Such displacements are important in order to move towards training based on the health needs of the population.

In view of these issues, the purpose of this article is to discuss training in Psychology and work in the SUS, adopting PET-Health and its performative effects as a problematizing element.

For this, we will articulate the formation in psychology with the "Six proposals for the next millennium"[6], from Italo Calvin, functioning as "images-objetive"[7]. Not very clear principles that drive our desires in refusing to accept what is there. We will use these propositions as guiding principles for training in psychology. Literature[8] makes knowledge turn, does not fix, does not fetishize.

We explored literary narrative establishing connection points between present voices, without the pretension of establishing parallels or in-depth discussions about literature and language. In this work6, the author presents six propositions that should mark the 21st century not only in literature, but in existence itself, transforming them into ethical-political imperatives: lightness, quickness, exactitude, visibility, multiplicity and consistency. We will try to establish conversation points and intersections between Calvino's propositions and the dialogue from the conversations rounds with PET-Health participants (Psychology students of the Federal University of Alagoas (UFAL) and psychologists of the Municipal Health Department of Maceió). However, before we advance to such propositions, we will delimit concept, context and method.

Training Projects for SUS - the refusal to accept what is there

Based on the advances of the Brazilian Health Reform and the dispute areas of care and management models, it is argued that the many existing devices to operate such processes are not delimited by homogeneous systems. These devices are mobile, unstable, heterogeneous, with tense confrontations, unbalanced and produce diverse resistances[9.] They also produce constant rearrangements and rearticulations in their configuration, since they generate cracks in dominations schemes[9].

The devices are practices that indicate a set of characteristics related to the unpredictability of the device itself and to its "event" condition[9]. Generally, they are productive models capable of operating in the various dimensions of the health worker's toolbox and in their modes of subjectivation.

However, catches in the use of these devices imply living movements, whether in the use of hard technologies (equipment/protocols) or in the translation of a laboratory examination involving a more defined technological know-how, which are light-hard technologies, or even light technologies that are in the relational dimension of an encounter with others[10].

The first projects of psychology were consolidated as devices that found spaces as regulatory techniques, with prevailing universalizing knowledge about people, with the institutional objective of administering them, molding them, reforming them[11].

When we consider that the devices operate in lines-functions which other orientations are always possible, how to think about the formation in psychology and the work for the SUS from lines that do not close in themselves, but that make possible other compositions? This definition is only possible due to the capacity the device incorporates regarding novelty and creativity.

Currently, we see some cracks in psychology courses on a daily basis, new experiments have sought to build other projects. This does not mean that this movement is seeking to replace the current model, or a truer model. But, considering that history is a movement of permanence and ruptures.

However, we seek to prioritize in the training model a project based on the health needs of the population and the challenges for the consolidation of SUS. Such a project presents itself as an image-objective. "Image-objective" is a statement of certain characteristics that are considered by some as desirable, aiming at a fair and solidary society. An image-objetive is never detailed and is not confused with specific projects that will tell how things should work, rather it is always expressed through general

statements, marked by the uncertainty as to the possible paths for its production7. It implies, therefore, a redistribution of the possibilities that lead to a transformation that is at least partial, unprogrammable, linked to the unpredictable creation of new time-spaces, unprecedented institutional arrangements[12].

The "images-objetive" always start from a critical thinking that refuses to reduce the reality to what exists and that is indignant with what is there: "The utterances of an objective image synthesize our movement. In enunciating what, according to our aspiration, there will exist, the image-objetive also speaks, albeit synthetically, of what we criticize in what exists, and which led us to dream of another reality"[7] (p. 45).

Context of the research

This research was developed in the context of the psychology course of UFAL, together with PET-Health, whose objective is: "To contribute to the training of future socially committed professionals, with a critical capacity to analyze their work reality and competence to act as a team, prioritizing the integrality of care"[13] (p. 2).

PET-Health activities began in 2009, adding 12 tutorial groups (300 participants - among tutors, preceptors and students of Nursing, Pharmacy, Medicine, Nutrition, Dentistry, Psychology and Social Work). In these actions, the aim was to develop the pedagogical political projects of health care courses, in the perspective of professional training aimed at strengthening Primary Care through the planned insertion of students into the Family Health Strategy. The program remains, still today, accompanying all the edicts for its renewal launched by the Ministry of Health.

The actions carried out at that time consisted of the composition of mixed/ multidisciplinary groups, with activities supervised by preceptors and tutors in the health units, developing interdisciplinary actions guided by the curriculum of each course, with integrated activities of extension and multidisciplinary research (workshops, groups, visits and others), advocating actions that involved three major thematic axes: infant mortality, humanization and popular participation/social control.

Methodological Path

Since the beginning of the research, meetings have been held with the group of interlocutors (students and psychology professionals) in order to visualize the methodological steps and jointly articulate the guiding questions, transforming itself into an exercise that sought to guarantee, somehow, a democratic and dialogical process in the construction of research. For this article, we will look at two conversation rounds[14] led by students and professionals separately.

The conversations were triggered by the guiding questions that articulated the daily life of the training with the work in the PET-Health, seeking to establish connections between the training in psychology and the health needs of the population, based on SUS principles.

After the transcript of the conversation rounds[14] we made floating readings of the text in order to establish the sets of meanings present in the speeches. Then, we systematized in Dialogic Maps with sequential transcription[15], making the linking of

the themes in dialogue with the objectives of the research seeking to keep the narratives in full and in their contexts. Subsequently, the themes were articulated to previously established analytical categories, based on Calvin's propositions, as we find in the "Six proposals for the next millennium"[6] the starting point for triggering a comprehensive analysis of conversations. The book of Calvin is a beautiful and singular manifesto on the literature capable of conjugating ethics, aesthetics and politics conducted by lightness, quickness, exactitude, visibility, multiplicity and consistency. An essay on the course of literature in the twenty-first century, which carries lessons that we can translate into life, for "there are things that only literature with its specific means can give us"[6.] Thus, we have produced six proposals for training in psychology from the talks.

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Six proposals for training in psychology

Lightness

Health education, which is light and articulated to undergraduate change processes, has the power to change health services, making them more effective, integrated and sensitive to the local reality.

The strength of dialogical technologies in health is echoed in Calvin, and in this sense, everything can take on new forms. Literature helps us to understand that changing the health work model will be conducted in micro-places, adopting other frameworks that dissolve compact knowledge, distributed across disciplines and curriculum models, and that can foster encounters, blur the frontiers of knowledge, see the invisible and understand the unpredictable[6].

> I think that dialogue, besides enriching individual work, so to speak, also enriched us when we took them to the community. (Student)

It is the appreciation of lightness, of dialogue, of conversations (which are never thrown away). They are light technologies that always produce materiality, as they are vectors of information, produce effects and meanings.

Calvin[6] associated lightness with his first proposal. He uses for this association the image of the dispute between Perseus and Medusa which, with his eyes, petrifies all of them. In this dispute, Perseus used two stratagems: Athena's shield (as a mirror, where he saw Medusa, without looking directly at her - and Hermes' winged sandals. Perseus kept his gaze pointed and made himself light.

> In order to cut off the head of the Medusa without being petrified, Perseus stands on what is lightest, the clouds and the wind; and turn our gaze to that which can only be revealed by an indirect vision, by an image captured in the mirror[6]. (p. 16)

Exploring the metaphor, training in psychology needs to escape from the petrifying gaze of scientism, from harsh, process-centered technologies, and forged in the movement of work produced in the act, operated through a living curriculum that potentializes encounters, democratic collective construction and know-how in the field of health.

> Each time the kingdom of the human seems to me condemned to weight, I say to myself that in the manner of Perseus I should fly into another space. This is not an escape from the dream or the irrational. I mean that I need to change my point of view, that I must consider the world under another perspective, another logic, other means of knowledge and control. The images of lightness that I seek should not, in contact with present and future reality, dissolve like dreams...[6]. (p. 19)

We suggest that training in psychology and work for SUS can open in infinite ways to be explored, suggesting always to preserve three characteristics: being light, always moving and being an information vector[6].

Quickness

One of the great achievements of the Brazilian health system was to assimilate the training of its workers as a political act. This achievement represents a living ethical-political challenge. This plan calls for the transition from a banking model of training that is hegemonically composed of homogeneous blocks of courses, trainings and consultancies, for an emancipatory policy.

In this sense, time is configured in the relational dimensions between users-workers-managers and the forming network that interconnects between them:

> [...] No one knew exactly what to do. We did not know. And our reception in the units was also not the best. We got there and did not know what to do. Our preceptor also did not know what to do. And we often got lost in the activities. I think the activities started to become consolidated in the second year of PET. [...] Because we remember that in the beginning, how we stayed only in construction, in construction, in construction. PET began to dissipate. Everyone started to leave. Like... I had 30 people, when it came in the middle of the year, I think, it was 10 people. Because everyone started to leave, no one was more able to keep building only in theory. But it was very funny because we fought so hard in the field and when it got there it got everyone... and now, my God? And now what will we do? What will we do? (Student)

At another point in the conversation, the anguish felt by elapsed time, finds other possible combinations in the meeting places. Speed is not necessarily about arriving first in a pre-established location, but rather on how to get there. And in this sense, for health work processes, the more time we spend on planning and organizing actions, the greater the capillary power and consistency in the meetings:

> [...] The key word of PET-Health I was construction. We heard that a lot. Look... there's no model ready, you're going to be helping us build it and everything. So we spent a lot of time on that. In construction, training, how it was going to be. To make it interdisciplinary with other courses, because there where students from other health courses participating. But there came a point that the students began to get a bit saturated with this question. Then we kind of started putting pressure to go to the field. Then it was talked among the preceptors, with the tutor. Oh I think it took a matter of five months [...]. Each student had his choice. From choosing which unit to go [...] (Student)

Facing change processes requires the construction and maintenance of collective spaces for meetings, debates and critical reflections, especially because the challenges are many. The gap between the expansion of the clinic, the articulation between the individual and the collective, the construction of the integrality of the attention, of the work in matrix teams, for example, are simultaneously posed as challenges for schools and for the health system.

The institutionalization of programs such as PET-Health focuses on the curriculum experiences that can produce tensions throughout the training. In order to make the curriculum alive it is desirable that it be in the skin of the people, embodied in their bodies, experienced and in constant process of evaluation and mutation[1]:

> I think that some of the fundamental things that we see in this PET experiment, that is why I think this [practical experience] is something very important in the academic curriculum, it's just that we learn to let reality itself define the act of the professional.[...]. And most of the time it is the reality itself that will tell us how we will act. Regardless of what approach we have or not. And for that we must be open and prepared for it. So, I think these experiences bring that preparation. And that's why I think they are very important in undergraduation. (Student)

If, on the one hand, the explicit issues point to a difficulty in a context, other actions are presented as a powerful work scenario:

> [...] To work in a different way, some themes and some processes were triggered. For us to follow-up, such as transdisciplinarity, popular education in health, and some groups, to leave, the capture, the active, collective search of an audience that was not much worked there, [...] was change the meaning, of psychology itself, of how they could see, what to do with this professional inside. A lot of it was: this is something for a psychologist, this type of group is more psychology oriented, what you are doing is mental health. Demystify a little, to leave a little of this place, look this is mental health because it is health promotion. (Professional)

Training for the SUS requires the production of ethically and politically committed subjects in the construction of the SUS, contemplating the expanded spaces for the planning of actions and the permanent evaluation of its pedagogical projects, that is,

a transit through the network that enables processes of coexistence in the daily life of services. And this is the greatest characteristic that speed can present, as Calvin says[6]: *festina lente* (hurry).

This transition marks a temporality, but like the lightness sustained by Calvin[6], the time of the institutionalization of the management of the system and care "flows with no other intent than to let ideas and feelings grow, mature, free from all impatience and all ephemeral contingency" (p. 66). For literature, time is a wealth that can be disposed of with prodigality and indifference. Time is movement and speed is the resourcefulness to go through the ways of writing.

We are in the century of speed. The information is processed in milliseconds. The relationship of the human with technology has never experienced such a period of innovation. However, operating the productive valise of health work requires that other inscriptions, regarding time and space, be questioned.

Exactitude

In the field of health and transdisciplinary actions, it is fundamental that the models are close to the experiences. The uniqueness of each situation is produced by continuously seeking the best ways of approaching it, so that the historical constitution of practices is evaluated permanently.

It is in the production of a policy of "complicity", of the production of a new type of interaction between the subjects and the modes of work that the ever-differentiating and vast attention of living singles out the pedagogical experience:

> [...] there are times you must handle, maybe it's the right word [...]. I think in graduation we, at work, learn to follow a line, follow a pattern. And when that happened, at the beginning there were the girls who were there longer. We were calm. Only when they left. It was that thing, now what? Who's going to be the pull type person if something happens. And it was an apprenticeship. Then, afterwards it was kind of: I also want to be part of this! Every little thing has not to be planned. (Student)

This interaction demands attention to the singularities and local knowledge. Be accurate in relation to the other, an alertness that implies planning and evaluation. According to one of the students, it represents a challenge for programs such as PET-Health to provoke the adoption of health issues in the courses as a cross-cutting theme:

> So [...] it is in this space of dialogue that the PET proposes and that these activities, they can be built and can be effective not only for the people of the PET but leave that legacy to the unit itself. (Student)

The search for accuracy has to do with paths that divide: on the one hand, the reduction of events contingent on abstract schemes translated into calculations and theorems. On the other hand, the effort of words to account for the sensible aspect of things, with the greatest possible precision[6]. Escaping the duality between these two paths is the challenge for singularity, for exactitude.

In Exactitude, Calvino presents three main keys that serve not only for Literature: 1) a well-defined and calculated work project; 2) the evocation of clear, incisive, memorable visual images; 3) a language that is as precise as possible as a lexicon and, in its ability, to translate the nuances of thought and imagination[6] (p. 71). The highlight in these three keys is given by the details. Calvin himself admits that to be exact is difficult, and that he himself begins one story and ends up in another quite different, for the stories are fraught with dispersions in the smallest details. Thus, for Calvin, the just use of language is "one that allows one to approach things (present or absent) with discretion, attention and caution" (p. 90).

In this sense, how to constitute formative processes that value accuracy as a detailed, precise and singular composition, without being led by the prescriptive norms that generalize the experiences?

Visibility

It is fundamental to think of science from political parameters, as well as to demand that the definition of its limits be understood through broad and democratic social processes.

In the health units, the "Psychology Room" is often the most common place to identify the psychology distant from political, collective and institutional processes. Their schedules and records are usually of individual order of each professional.

When the processes of planning and evaluation of health services are not collectivized, at least in psychology, it is characterized the constitution of bureaucratic processes, triggering its "Inaccessible Information Box". In our conversations, we realize how much it is present in the institutions:

> And psychology sort of had not a problem, but there was a question. Because the other courses were already going straight into what they were going to do. Like the medicine was already going there, answering, going to the room answered. The nursing staff went there and did the dressing. But what will we do? Because they are there in service. What will we do? But the psychologist has no room! What are we going to do? Are you going to stay there doing what if there is no room? But it was a very interesting learning, I think we could see the evolution of PET. We got out of this room issue, stopped thinking we had to pick it up, come in and develop other activities, like groups. [...] (Student)

The experience of the training has little explored on the modes of production in health directed to models of attention that value the demands and needs of the population. In this sense, other paths present themselves as possible paths:

> Some processes of labor there that did not happen because there was a fragmentation of work. Despite being a family health team it was very sectorial. Still in a very traditional paradigm [...]. On the other hand, I think that we managed to bring the nature of what the mixed group was so strong, what was being proposed as a work axis, as a way of working. The social control that we adopted and so chose, which needed to strengthen the management council, had to do with the reality of our unity. (Professional)

In the conversation rounds the mixed group was presented as being a process capable of producing spaces of visibility in the workspace in a collective and collaborative manner. The visibility presents itself as an open crack for the construction of a broader project for psychology in the field of health.

This project is based on democratic models of health care, maintaining academic training by approaching other fields of knowledge and, above all, aspects related to the professional profile[6].

Besides the pedagogical question of the training process itself, there is also the transition of care models. We perceive that, to a certain extent, the student's presence in the health network points to other possible movements in the SUS, since sometimes, it implies inviting professionals to revise their modes of production and, at other times, inhibit professionals's movement.

So, which visibility exercises can operate in the daily life of training and work for health? What can be known and what cannot be known are closely linked to the games of power. Visibility is also to recognize these powers and to circulate between them. The set of skills (of know-how) is captured in this fabric of knowledge production. Visibility points to democratic, collective, co-manage processes, that is, other forms of imagining training and health work.

For the literature, valuing the world of visibility (images, fantasies and imagination) is one of the most important characteristics to preserve[6]. If the literature is an unfinished field, the training for health work is also, with the capacity to renew itself always from the living devices that operate in the spaces of visibility and conversation produced by the pedagogical proposals of the courses. Visibility for Calvino[6] operates with the purpose of not losing the ability to "put into focus visions of closed eyes (...) to think for images" (p. 107).

As far as psychology is concerned, "visibility" unfolds in the matter of its "information-inaccessible" box. The hegemonic tradition of psychology is located as natural science and positivist, by the fragmented and solitary work. Openness to collective and co-management mechanisms is fundamental in health training.

Multiplicity

For literature, it is only possible to live in the proposition of unmeasured goals, even beyond its possibilities of realization. For us, thinking about psychology training approaching a daring project (such as SUS) is necessary to "weave together the various knowledges and codes in a pluralistic and multifaceted view of the world"[6] (p. 127).

This is a challenge that goes beyond the "joints" produced in most everyday work spaces. Family Health Teams (FHS) or the Family Health Support Centers (NASF), for example, for the most part, still function by operating a sectorized logic of work processes and end up perpetuating the fragmentation of care users, adopting a tacit division of skills and practices. Certainly, they are conjunctural implications and located in a specific group. However, when we presented the participants as interlocutors for the problematization, other questions were presented: "One of the difficulties for this is that [teamwork] is because, first, no course wants to give up. And, secondly, that professionals, ourselves, as students, the professionals themselves, often put our scientific knowledge and such, as superior" (Student).

The permanence of students in services is a proposition that requires articulations between the technical-assistance and teaching-learning dimensions and attentive to the conditions of care and the health needs of the population and social control: "Not everyone wants to get out of their position of superiority. So this notion of putting knowledge as complementary, not as superior or inferior, popular knowledge, is placed on an equal footing with the knowledge that we have" (Student).

Students and professionals locate the importance of training for the health field as the construction of in-service education that can contribute to individual and institutional development, between services and sectorial management, and between health care and social control[16]: "[...] We think that just putting together, will give something interesting, a good broth, right?! [...] students of the course could have another tutor without necessarily being from the department, without necessarily being that natural reference" (Professional).

Multiplicity then seems to be a gallery of themes in which knowledge widens as it sets out to meet one another, constituting itself in the complexity of its production, but valuing the local dimensions of production.

> Knowledge as multiplicity is a thread that ties together the major works, both of what is being called modernism and what is being called postmodernism, a thread that — in addition to all labels — would like to see the course unfold over the next millennium[6]. (p. 130)

For Calvin, the contemporary novel must present itself as a network of connections between the facts, between the people, between the things of the world with the simultaneous presence of the most heterogeneous elements. It is, therefore, network that propagates from each of the objects. In the formation in psychology, recognizing the multiplicity in the dimension of the encounter opens a crack to question the consistency, the last lesson of Calvin.

Consistency - final considerations

Unfortunately Calvino did not have the opportunity to write the sixth lesson. As a result, some questions are asked: what is consistency? What would Calvin say about consistency? What would the consist act be about?

We can imagine that consistency, in a way, would be the denial of all previously announced proposals. For consistency is a state of firmness, solidity, and / or coherence, how can we translate such characteristics into literature in the twenty-first century, from lightness, quickness, exactitude, visibility, and multiplicity?

But Calvino himself[6] does not intend to exclude the values opposed to the themes chosen for the conferences: "My praise of lightness implied my respect for weight" (p. 59).

From the hegemonic textual point of view, consistency is the syntactic and semantic stability of its statements. However, for contemporary literature, this concept is emptied in its senses, since the predominance of several languages in the same text is the concept guiding such perspectives.

In the statistics, internal consistency is a form of measurement based on the correlation between different items in the same test. That is, it is the measure used to calculate whether several items produce similar results. Internal consistency, therefore, has to do with the condition of replicability of the phenomenon through new instruments.

But, and for us, what would be the challenge of consistency? Just the opposite of the condition of replicability, automatism, to be always producing the same. In the field of health, would consistency be the living labor produced in act?[10]. A political strength for life? What practices would be involved in this process to drive health education out of collective processes oriented towards SUS? Thus, we bet on consistency to be signified as the intensity with which narratives present their foundations.

With PET-Health two movements were produced micro-politics: stimulation of extension actions, especially with the interaction of students in the classroom with other students who did not participate in the experience of the program; the presence of preceptors in the University, encouraging the interlocution between teaching-service and the other students of the courses.

The professionals visualize such advances and appropriated the proposal: "[...] we had many talks, many discussions, many encounters as well. At various times, both for psychology and for the large group. [...] especially the first year, was one encounter after another. We were always at university" (Professional).

They also presented other needs to invest permanently in worker training, signaling that it is important that training takes place in the context of action. The formative processes to the SUS are fields of intersection of different knowledges that are not given *a priori*. They arise in everyday encounters between professional knowledge, enabling interdisciplinary practice as a territory of experimentation, exposure and destabilization of knowledge:

> My impression was that if there was no preceptor, the experience of PET group would be helping us when we graduated and managed to act as a psychologist in these institutions. [...]. Now the experience of PET, from the moment it has a preceptor, knowledge already modifies at that exact moment, it does not wait for a previous group that had that experience to form, for the action to begin to be modified. There is not that distance between the knowledge that the academy has, the knowledge that the preceptor has and the student. (Student)

Permanent Education is the way that seems to potentialize the realization of the meeting between training and work, in which learning and teaching are incorporated into the daily life of organizations and work[5]. These are fecund territories for the new pedagogical and methodological experiments that also produce effects on the production of care and the relationship with the user.

It is the passion and intensity necessary for the SUS work processes, which needs to be made explicit the need for a clearly committed training directed to the implementation of the principles of sanitary reform. A project under construction, but that is echoed in the micropolitical formative processes:

[...] A particular student of psychology caught my attention. She came with a theme that would be from her final paper[...]. From the point of view of [...] the analysis of health workers in SUS, already imbued with a view that processes did not happen in the system because workers did not want them. Everything was a problem of workers' denial, of their working hours, so it was always a problem with them. And when she experienced the experience with us [...], the difficulties there, how hard workers could be involved, those who were trying, those who smiled, cried and frustrated, because they couldn't manage from one hand, then they tried on another, right?! [...] (Professional)

The investment in SUS principles (universality, equity and completeness) become more powerful and possible when we translate them into the practical experiences of daily life and formation. It is in the construction of networks, of co-management processes, of increasing the index of transversality in the actions, of investing in projects, that the degree of democracy and institutional participation increases, making some paths possible.

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