interface
comunicação, saúde, educação
https://www.interface.org.br
eISSN 1807-5762

Articles

Healing and reenchanting Mental Health care: reflections from the inner love of bell hooks

Curar e reencantar o cuidado em Saúde Mental: reflexões com base no amor interior de bell hooks (resumo: p. 15)

Curar y reencantar el cuidado en Salud Mental: reflexiones a partir del amor interior de bell hooks (resumen: p. 15)

Eliane Oliveira de Andrade Paquiela[a]
<aneoandrade3@gmail.com>

Eluana Borges Leitão de Figueiredo[b]
<eluanaoft@yahoo.com.br>

Tiago Braga do Espírito Santo[c]
<tbes81@gmail.com>

Roberta Georgia Sousa dos Santos[d]
<robertageorgia27@gmail.com>

Ândrea Cardoso de Souza[e]
<andriacsouza@gmail.com>

[a, c] Departamento Médico-cirúrgico/subárea Saúde Mental, Faculdade de Enfermagem, Universidade do Estado do Rio de Janeiro (UERJ). Boulevard 28 de Setembro, 157, Vila Isabel. Rio de Janeiro, RJ, Brasil. 20551-030.
[b] Departamento de Enfermagem Médico-cirúrgica/subárea Saúde Mental, Faculdade de Enfermagem, UERJ. Rio de Janeiro, RJ, Brasil.
[d] Departamento de Enfermagem de Saúde Pública, Faculdade de Enfermagem. UERJ. Rio de Janeiro, RJ, Brasil.
[e] Departamento de Enfermagem Materno Infantil e Psiquiátrica, Escola de Enfermagem Aurora de Afonso Costa, Universidade Federal Fluminense. Niterói, RJ, Brasil.

This essay is based on bell hooks' philosophy and aims to reflect on the concept of healing based on inner love in bell hooks. The author presents a different understanding of healing as a practice of power, enabling other ways of caring and healing in Mental Health. The results emerge from three categories: a brief passage on the knowledge of healing; who owns healing in the field of Mental Health? and (Re) enchanting Mental Health care using inner love as a device. The focus is on inner love as an instrument that allows us to activate and (re)appropriate the enchanted dimension of healing. We understand that caring for people requires us to escape the traps of both practical and conceptual power relations, making Mental Health care an ethical, political care that perseveres in life.

Keywords: Mental health. Careful. Cure. Love.

Paquiela EOA, Figueiredo EBL, Espírito Santo TB, Santos RGS, Souza AC. Healing and reenchanting Mental Health care: reflections from the inner love of bell hooks. Interface (Botucatu). 2025; 29: e250182 https://doi.org/10.1590/interface.250182

Introduction

Western medicine, especially since the 20th century, thinks of healing often from the point of view of the relationship between disease and treatment, or from the perspective of the relationship between anatomy and the clinic. If the disease/treatment pair refers to a perspective of eradicating the disease, the anatomy/clinic pair refers to a way of fixing a malfunctioning organism[1].

With this in mind, we start with the following question: how can we cure what can't be cured? How can we cure the madness that escapes what is said to be a disease? Certainly, talking about a cure in the field of Mental Health is somewhat embarrassing, since past experiences in the field of Psychiatry have pointed to a certain impossibility not only of "eradicating" but also of "fixing" mentally ill bodies.

The movement we are going to propose here is that we explore other possibilities for the word "cure", that is, ways of healing and (re)enchanting care according to the principle of inner love. Thus, we present bell hooks' concept of inner love in order to detach the idea of healing from the logic of the clinic of illness in the field of Mental Health. For bell hooks[(f)], inner love is an active and affirmative capacity of the self, which differs from self-love. The philosopher explains that inner love is an exercise of the sensitive. If we exercise this action of the sensitive, we can love[2].

[(f)] The author uses the pseudonym bell hooks, but her name is Gloria Jean Watkins. In several of her writings, she makes it clear that she uses a codename in homage to her grandmother, and she makes a point of spelling it in lowercase to give focus to the content of her writing, a way of criticizing the hegemony of academic powers.

However, in this study, what are we calling healing? According to the philosopher: "When we know love, when we love, it is possible to see the past with different eyes; it is possible to transform the present and dream of the future. That's the power of love. Love heals"[2] (p. 272).

This is how hooks invites us to experience inner love - and to do so, the first exercise is to suspend the idea of love as a feeling. That's not what this is about.

This study make it bet on the idea that is that inner love functions as a healing device. To defend this perspective, the study discusses the colonization of the word "cure" by the biomedical field, and at the same time presents other understandings of healing, which implies, *a priori, a* way of producing healing and care that escapes the hegemonic forms of healing. Therefore, inner love assumes a notion of healing to the extent that, when exercised in everyday mental health practices, it creates an opening for encounters and can promote confluences of affections and, at the same time, horizontalize the bodies that care for and heal in mental health spaces. This means that, under this logic, everyone can heal, everyone can care, including users of health services.

Note that we do not intend to present a "new model" of care in Mental Health, nor do we claim that mental disorders can be cured from a medical perspective. On the contrary, our main challenge is to problematize the hegemony of biomedical and hospital-centric thinking in relation to the understanding of what healing is, because we believe that this discussion serves to enhance care.

We would like to point out that our interest in the subject stems from the different experiences of the authors/teachers from the UERJ School of Nursing and the UFF School of Nursing, who, throughout their careers as nurses and teachers in Mental

Health, have come across living and organic forms of care, which are often considered minor or not even recognized in the field of Mental Health as being care.

The aim of this study is to reflect on the concept of healing based on bell hooks' philosophical proposal of inner love[2] as a possible way of producing other ways of caring and, consequently, healing.

For this analytical endeavor, our reference point is the apprehension of healing from the perspective of bell hooks, the results of which were made up of the following categories: "A brief passage on the knowledge of healing" deals with reframing and restoring the enchantment of the word "healing", which was appropriated by medicine; "Healing in the field of Mental Health, to whom does it belong?" refers to the fact that the possibilities of healing are not restricted to any given knowledge, but rather to the bodies that give way or not to the living experiences of care; finally, the category "Re-enchanting care in Mental Health using inner love as a device" addresses some scenes from the daily routine of Mental Health nursing training that discuss the enchanted dimension of care.

A brief passage on healing knowledge

What we want to think about in this topic is the conceptual expropriation of healing from a vast universe of studies and theories on the subject. To do this, the study will use decolonialist and counter-colonialist[3] concepts to guide us through what we call the passage through the idea of healing.

To do this, we take as our starting point the process of colonization as an intense movement that not only produces physical, collective and cultural death, but also the identity and semantic death of words.

Let's take a look at some examples of how colonization has usurped words: the colonizers called "Brazil" what those who were here called "Pindorama" (Land of Palm Trees); they suppressed various peoples' self-denominations, such as: Tupinambás, Tupiniquins, Caetés, Tamoios, Potiguaras, Temiminós and Tabajaras for a generic term called "Indians"; they named the diversity of African peoples by generalizing them into "blacks"; they called the peoples who worship the elements of nature and various other divinities of the universe "pagans" and replaced the Tupi language with the general language/Nheengatu[4,5].

The original indigenous peoples maintained an understanding of health as harmonious with nature and built collectively[6]. As for the field we call Health today, the colonizers stole organic and circular knowledge from the word cure to turn it into synthetic, universal knowledge and later call it scientific[5].

We can therefore say, like Antônio Bispo dos Santos[5], an important Quilombola leader, that whoever puts the name on it calls the shots, and that naming is also a way of colonizing.

Thus, the movement of emptying the meaning of words was not merely aesthetic in colonization, it was political. Understanding that colonization was also the colonization of words helps us today, in the field of Mental Health, to understand

that it is words that determine our thinking and our actions towards caring for life and any life. Bondía[7] tells us that "we don't think with thoughts, but with words, we don't think from a supposed genius or intelligence, but from our words" (p. 21). Thus, re-signifying and restoring the enchantment of the word "cure" is a primary ethic that we will affirm here, since the field of Health (or the medical sciences) has captured the concept of cure, which was once endowed with enchanted signs.

Therefore, it is important to say that the words brought in the luggage of the first colonizers arrived via European priests who had knowledge derived from Christian religious magic, which for a long time guided medical practices both in Europe and in the colonies[8].

As previously mentioned, the word as "politics" can be understood as an authorization for the theft and expropriation of everything and everyone, including enchanted knowledge, as can be seen in the Papal Bull of 1455:

> We [...] grant free and broad license to King Alfonso to invade, pursue, capture, defeat and subdue all Saracens and any pagans and other enemies of Christ wherever their kingdoms [...] and properties may be and to reduce them to perpetual slavery and to take for himself and his successors their kingdoms [...] and properties [Bull "Romanus Pontifex", Pope Nicholas V, January 8, 1455][5]. (p. 28, translated by the authors)

It was with this word/authorization to expropriate and take for themselves that the priests came to Pindorama, better known as Brazil. Their "mission" was to take a "pacifying" approach to the "savage" behavior of the indigenous people. Yes, the word became political as global changes took place in relation to man and nature, in relation to land ownership and changes in relation to the conceptions of health supported by Christianity[8]. Priore[9] explains that the very notion of the need to expand the territory and the mass catechization of distant people in "discovered" lands was a colonizing subjectivity that was applied from the first invasions of Brazilian lands, dressed in gowns and crucifixes, to "redeem" peoples "forgotten" by "God".

Evangelization or catechization tried to change words, behaviors and seize (steal) original knowledge about healing practices, since this expropriation and eradication was necessary in the name of doing good through a certain pirating of knowledge[10].

In principle, medicine as structured and scientific knowledge was a craft with no relevant social force, as it took a long time to establish itself in the colonized lands of Brazil, since all ailments of various kinds were solved and respected by non-scientific or organic knowledge, in the words of Santos[5]. Somehow, men and women who practiced healing and health care did what their enchanted knowledge allowed them to do. According to Soares[11], "The remedy against the evils arising from the evil eye was ensured by the use of amulets and benedictions; therefore, the cure and prophylaxis against such ailments were not in the hands of doctors" (p. 419).

Let's take the example of Jose de Anchieta, a famous colonizing priest who had a great understanding of words as he was the author of the first grammar of the Tupi language, who was also an important operator of care even though he used the

knowledge authorized by medicine and charity. Anchieta was called a nurse because his healing practices were always linked to care, including bathing, feeding, cleaning, etc. Furthermore, we have imported this religious notion of care as charity into the field of health from Europe[10].

This is perhaps one of the differences between the forms of healing and care brought from Europe as health, healing and care practices of the various non-Christian peoples, whose enchanted healing and care practices consisted of the idea of a whole without separation between body and mind, death and life, animal and people, people and river, people and tree, for example. Caring for nature was therefore self-care. In this sense, everyone cared. Then, with Christianity, the word (catechesis, schooling) separated the human from the divine, creating hierarchical categories between beings, which we can see in the idea of charity. Thus, even though care and healing were forms of transcendence and empirical/magical, it was not enchanted; on the contrary, it disenchanted existence.

In this respect, if the European monotheistic Christian religion disenchanted what we call healing through the separation of man/nature and the notion of charity as a new form of colonization of bodies, the emergence of science tried to cement it.

Federici[8] suggests that the emergence of science in the Western world simultaneously provoked a disenchantment of the body and a replacement of the bodies that were authorized to heal, in other words, healing became a practice of masculine and disenchanted power[12], and at the same time replaced the authorization to heal with people who had enchanted bodies.

The philosopher[7] says that disenchantment in the West arose from the union of the State and Christianity, becoming a single institution. She strives to show historically, based on Foucauldian analysis, that there were mechanisms of power that made not only healing practices disenchanted, but also the disenchantment of the body itself. These analyses show that the process of disenchanting the world culminated in the construction of a masculinizing medicine, while at the same time disallowing the enchanted healing performed by matriarchal communities. In addition, the author names patriarchy as the main structure of this orchestration of masculinizing powers, both in the form of the State and the Church.

The emergence of Western science, based on Cartesian thinking, also acted as instruments for disenchanting the body. Teixeira[13] points out that the foundation of Descartes' philosophy is a duality that creates categories, always fixed between one thing to the detriment of another. In relation to human existence, this duality is established in mind and body, in which an impoverishment of the mind in relation to the body is proposed, promoting the idea of a divided body[13].

There is also the idea of the machine body, which came from Newton, making it an objectified body, with existential functions that are smaller than those of the mind. Thus, these are the synthetic conceptual legacies to the detriment of an organicity of knowledge, which the West based on the biological health sciences, in which they took the enchantment out of the body, separating it from the mind and devaluing it instead of the superiority of thought, as well as making it a body divided into organs and machine functions[13].

In Brazil, this phenomenon of disenchantment presents other complexities, as the country has a scientific history that carries all the Cartesian duality already mentioned, but built from a colonized perspective. The field we call Health today was built by the colonizing process just like any other scientific field, and replaced by care and healing practices that had previously been carried out by native indigenous peoples and people from Africa brought to this territory in the process of enslavement by the first colonizers (European priests and doctors)[9].

Although the process of scientific expansion in Brazil (substitution of knowledge and practices) has succeeded in its colonizing project in the field of health, we believe that many of our everyday productions are still resistant as ancestral enchanted knowledge. Eluana and Krysthal[14] warn us that the advent of Western medical knowledge brought during colonization led to a dispute in Brazil between scientific knowledge and empirical knowledge, or in the words of Santos[5], between organic knowledge and synthetic knowledge.

Although the scientific field of health is an effect of the colonizing process, there is still a certain power in this field that can contribute to people's happiness projects, since there is also a dimension to health work, a practical wisdom that can awaken enchanted beauties and trigger inner love[15].

Who owns healing in the field of mental health?

What if healing could belong to everyone? Who is authorized to heal? What if we understood healing as a practice of care in a permanent state of creation, rather than an absolute truth? And since it is a practice, could we then infer that what will tell us if the practice is satisfactory or not is the effect, and not the instrument used?

With these questions in mind, we turn to scene 1: the scene is re-enacted from the movie Nise da Silveira: The Heart of Madness[1]. The character Nise was a psychiatrist who witnessed the supposed healing methods used by doctors to treat madness: electroshock. The movie[g] shows Nise confronting her medical colleagues (all men), who opposed her healing techniques with the use of art in occupational therapy[h]. One of her colleagues mocks her therapeutic methods, claiming that she didn't cure them, and that her way of caring wasn't accepted/authorized as a cure. Nise then took a firm stance and said: "My instrument is the brush, yours is the ice pick".

It is important to note that, in the 1940s, electroshock was only an experiment and there was no precision in the voltage of the electrical energy charges used on people suffering from mental disorders; and that the ice pick, a pointed object whose name alone is explanatory, was incorporated into the healing practices of psychiatrists and neurologists around the world to perform lobotomies[i]. It was no different in Brazil, as the movie shows. We're talking about the birth of science, of psychiatry.

The birth of psychiatry took place in harmony with events ranging from the dismissal of the hospital as an institution linked to popular and religious knowledge to the establishment of the hospital as a medical institution. As mentioned earlier, whoever calls the shots calls the shots. This is how psychiatry, using Pinelian technology (in reference to Philippe Pinel, the father of psychiatry), tried to imprint the idea of

[g] A 2016 film by director Roberto Berliner.

[h] This is what the technique used by Nise was called. Today it is a higher education course in the field of Health.

[i] Lobotomy was an intervention used on patients in Brazilian asylums between 1936 and 1956 that consisted of disconnecting the right and left frontal lobes of the brain in order to change behavior or cure so-called mental illnesses.

curing madness by isolating people, with the aim of observing, describing, comparing and classifying them into diseases. As in botany, psychiatrists sought to identify and group diseases by their similarities and differences. Psychiatrists were given the power to cure[16].

As history progressed, other healing methods inspired by the colonizing psychiatric logic from Europe emerged and arrived in Brazil, such as: discipline, convulsive therapies with fever induction, inoculation of malaria parasites, insulin shock, convulsions with cardiazole, therapeutic work in agricultural colonies, electroconvulsive therapies, lobotomies, straitjackets, strong cells, psychopharmacology and others[17,18].

Nowadays, talking about healing in the field of Mental Health is a kind of interdict with silent vocalization in the order of language, much to the detriment of the perspective of healing that the history of Psychiatry has given rise to, as was seen earlier. The fact is that even today, even with the Brazilian psychiatric reform, bringing the words cure and love into the Mental Health discussion can cause certain discomfort, since we have learned, through this same science, that Psychiatry was frustrated in its attempts to biologically cure so-called madness and, at the same time, silences inner love[2] as a care practice, because it is not considered a scientific practice.

Furthermore, it is important to note that, just as Nise da Silveira opened up a passage in her own body for a different way of healing, even today we have health workers and service users who invest in a healing that is decolonized from the dominant knowledge of psychiatry by practicing love as an ethic of life, as bell hooks[2] teaches us.

Thus, healing (a concept of domination in the psychiatric medical field) uses instruments authorized by a logic of institutionalized power that forges its weapons in the science of absolute truths. However, as it is a practice of power, these practices change depending on the political and historical context, as proposed by Foucault[19], and can update their forms of action according to social changes at any given time.

Nise da Silveira, despite being a psychiatrist, was one of the mental health workers who subverted the idea of healing from the logic of the illness clinic to healing as enchantment through expressive activities such as painting, modeling, music, dance and theater. It is this way of healing and caring that we will refer to here as enchanted knowledge. The Portuguese expression *encantar* (enchanting) comes from the Latin *incantare*, the song that bewitches, intoxicates, creates other meanings for the world[20].

Presenting the enchanted cure in the field of Mental Health works in this study as an escape from hegemonic Cartesian science (said to be the holder of the cure) and keeps both scientific research and the production of care in Mental Health open, because as we assume to give other meanings to words that have been emptied and objectified, such as cure, for example, we make the practice of research an enchanted practice.

Thus, re-enchanting mental health care also means re-enchanting the field of academic training which, like so many others, is a colonized space, as Simas and Rufino[20] show us. The authors explain that colonial power imposes a hegemony

of forms of knowledge and elects them as valid, invalidating other epistemologies considered subordinate and lesser. Therefore, considering that power disputes are also present in the academic field, we understand that this study is a claim for other ways of forming, and that these are more in line with our ancestry.

Therefore, making it possible to discuss the enchanted body that can heal in Mental Health practices brings us closer to an elaboration of care full of possibilities and an understanding of what an enchanted body is in order to think of inner love as a device that triggers this body. In other words, by practicing the inner love proposed by philosopher hooks in everyday mental health practices, we reach an enchanted dimension of existence.

In order to better understand enchantment, it is essential to take an ecological view[21,22], or even a cosmological view of the universe[23]. It is necessary to subvert the notion of humanity, an understanding that comes from Western conceptions that place the human being as the center of the Universe. Thus, in order to understand enchantment, it is essential to see life, things and human beings as part of a whole. It is necessary to remove the hierarchy of references between life and death, between the living and the non-living. Therefore, evaluation is based on the potency of what is analyzed, so people and things can be alive and revived depending on their potency and enchantment.

What is at stake in enchantment is precisely the possibility of staying alive in work/care. We can draw on and learn from the perspectives of indigenous peoples, for example. The enchanted thing does not know the end, death. For some indigenous peoples[24], a person can remain enchanted/living when their memory is revered, so this memory is a powerful enchanted source. It is in a permanent state of life when it is remembered. Things, whether they are people or not, can become enchanted, because enchantment is understood as a continuous flow of possibilities, it is creative power, it is mobility. Disenchantment[20], on the other hand, is erasure, oblivion, what stagnates, what doesn't flow, hardens and dies.

Thus, the enchanted body in Mental Health work is a body that maintains the possibility of staying alive, in constant creative fluidity. In the enchanted body, knowledge is diverse, multiple and intersects, making this body a passage body, in which knowledge circulates, slides, transits and converges with each other.

In the enchanted body, there is no owner of the cure, there are bodies that pass through or not, and the cure can pass through the body of the worker, through a work of art, through music or poetry, through an animal, through a collective and through the bodies of the users themselves. Nise da Silveira already proposed in her health practice that the users themselves acted as co-therapists, as well as the animals she cared for. Healing, in this sense, lies in the possibility of an enchanted body, open and in transit to the experiences of care.

(Re)enchanting mental health care with inner love as a device

Based on the healing and the enchanted body discussed above, we move on to other questions, namely: how would it be possible to inhabit an enchanted body within mental health services? What if the instrument for healing the enchanted body were inner love, rather than lobotomy, electroshock, medication and mechanical restraint?

To illustrate the use of inner love as a care device in practice, let's look at scene 2: a teacher accompanies nursing internship students in a mental health outpatient clinic. Students and teachers are working hard to produce humanized care in the field. As it is an outpatient clinic, there are users waiting to see psychiatrists. At one point, a student notices that a person waiting for an appointment is agitated and looks desperate. In order to support the wait, the teacher and student try to reduce the anguish of the suffering expressed by the patient. There is an invitation to take a walk outside the unit. So the teacher, student and patient begin to take a walk outside the clinic in order to alleviate the anguish and provide welcome. However, the unexpected happened. As this is a mental health treatment area, there are many users in the vicinity who attend the service. At one point during the walk, a user known to the teacher (who had been discharged from the inpatient service) approached to express her affection for the meeting and noticed the scene. She goes over to the person in crisis, rubs her hand on their chest, starts massaging and making signs of blessing. She speaks words of affection and welcome. Unexpectedly, the face of the person in crisis goes into deep relaxation, smiles meet and hugs seal the practice of inner love, which, according to bell hooks, heals.

The scene exposed a way of healing! The user who healed another person who was in crisis and in deep suffering was attentive to what was happening, and her body held an enchantment in some dimension. The user's body, in the act of meeting a body that was suffering, was sensitive and was able to give way to inner love. According to the philosopher hooks[18], this was only possible because it was a body capable of producing more affirmative existential forms, which is constituted as an affective ethic learned in the social field and can be exercised at any time and in any context. In other words, a body is only capable of giving way to or practicing inner love and healing if it is open and authorized to do so.

With the scene presented, it was possible to see in bell hooks[2] that the healing was the result of love in action. Note that the healing did not pass through the teacher's (scientific and professional) body or the student's body in formation, as might be expected in a situation like this. In the scene, we could see that the body that was asleep, numb and dampened by suffering awoke to the world of the senses after meeting another user. In this way, it was the user's enchanted body that cured her!

This can make one wonder when we have a body colonized by Cartesian science. What do you mean, the body that cured her is that of a user? Let's continue with scene 3: the student and teacher were experiencing a mental health cultural space together, which at the time was serving as a practical field for a nursing internship. It was lunchtime and they were both engaged in a conversation that went beyond academic boundaries. They were talking about life, motherhood, family, what it's like to be a single mother, about the struggles and sufferings of daily life. The conversation flowed

into the student's venting of the intense suffering she was experiencing. Tears, crying, listening, affection. This was a moment of encounter between teacher and student. A unique, private, powerful moment of listening and welcoming suffering. However, before the teacher could even say anything to her student, a mental health service user unexpectedly appeared, approached them and, one by one, made an intervention. To the student, the user holds her hand and speaks words of encouragement, faith and life - reinforcing, even without knowing her, her potential. Later, the user turns to the teacher, takes her hand and reinforces her role as an educator, saying how important it is to have sensitive teachers who welcome their students.

The story narrated goes back to a moment when the user suddenly enters the scene where the student meets her teacher and heals her. This loving action awakened us to the healing power of users too. As bell hooks says, the healing power of love attracts us and summons us towards the possibility of healing[2].

Note that the teacher did not interdict what was happening there. She could have concluded that it was all part of the user's symptom and invalidated his discourse. In this way, the healing that comes from inner love doesn't compete with the forms of healing produced by disenchanted science, because it only happens if bodies are flexible to affections and if they are building openings, which doesn't happen with the healing of disenchanted sciences. Inner love is a revolutionary and emancipatory ethic, which frees and liberates bodies from hardened and scientific machinic imprisonment[25], making any body capable of healing, even if it has labels of madness, for example, as we saw in scene 1, as Nise da Silveira proposed in defining users and animals as co-therapists.

The logic of Cartesian science argues that healing can only be experienced by the user as a passive "carrier" body of some illness and never as the person who heals. The "owners of the cure", because they are prescribers of medicines and authorized to bring together the set of symptoms in a given diagnosis, do not recognize in the scientific canon the effects of the cure practiced by the users' enchanted bodies, not allowing openings for the power to heal to circulate between bodies, and create other authorizations for healing, based on inner love, as bell hooks points out.

The philosopher bell hooks also clarifies that the exercise of inner love creates a reconnection in bodies with their powers, rescues other ways of seeing and experiencing life, and allows enchanted forms of existence, loaded with ancestry and which can heal.

It's worth pointing out that it wasn't just the person who was in crisis who was healed, nor was it the student. The healing affected the student, the teachers and the users themselves, the protagonists of the scenes, since this type of healing does not concern the biological body, but reaches other dimensions of existence. We could say that the teachers were cured of their hardened Cartesian training, and that they didn't believe it was possible to get out of the crisis or relieve suffering without medicines or instruments authorized by Cartesian science.

The students in both scenes were also healed, because they took on the role of sustaining the scene, withdrawing and placing themselves as a passage device for the healing event. They were cured of the immediacy, the desire to give quick answers, the

possibility of dodging and fleeing the scene, which is so common in the day-to-day work of mental health professionals who are unprepared - and who can't stand the time of the event and rush to respond to the demands invented by the protocols.

Final considerations

In this essay, we propose other possibilities for producing healing and care in the field of Mental Health. For this task, we have allied ourselves with the philosophy of bell hooks and her concept of inner love, as it presents us with another understanding of healing. In this way, we deny the notion of healing as a practice of power in the biomedical field that perpetuates the disenchantment of life and affirm the idea of healing that can be activated by any body that maintains an enchanted dimension of existence.

In this way, we present this reflection betting on the notion of inner love as a device capable of re-enchanting care practices in the field of Mental Health, understanding that restoring enchanted meanings to the word cure and (re)appropriating it functions as a claim for what has been denied and erased from us in the practical and scientific field of Health, namely: the right to exercise cure in its enchanted and living sense.

This study, therefore, has helped us to think about more powerful ways of producing care in Mental Health and for a way of caring for people in suffering, which requires transformations in the daily practice of care, enabling it to be ethical and political, making inner love an instrument of healing and perseverance in life.

Authors' contribution

All authors actively participated in all stages of preparing the manuscript.

Conflict of interest

The authors have no conflict of interest to declare.

Copyright

Editor
Erotildes Maria Leal
Associated editor
Mariana Hasse

Translator
Félix Héctor Rigoli Caceres

Submitted on
04/05/24
Approved on
03/10/25

References

1. Amorim MOF, Arvelos ÉF. Intermezzo: o xamã e o médico, uma análise sobre doença e cura. Ñanduty [Internet]. 2018 [citado 7 Nov 2022]; 6(9):42-63. Disponível em: https://ojs.ufgd.edu.br/index.php/nanduty/article/view/9518
2. Hooks B. Tudo sobre o amor: novas perspectivas. São Paulo: Elefante; 2021.
3. Núñez GDL. Nhandeayvu é da cor da terra: perspectivas indígenas guarani sobre etnogenocídio, raça, etnia e branquitude [tese]. Florianópolis: Universidade Federal de Santa Catarina; 2022.
4. Souza ASS Jr. Tupinismo: um estudo sobre a imposição da língua geral amazônica no contexto brasileiro. Rev Letras JUÇARA. 2019; 3(2):128-2.
5. Santos AB. Colonização, quilombos: modos e significações. Brasília: Instituto Nacional de Ciência e Tecnologia de Inclusão no Ensino Superior e na Pesquisa; 2015.
6. Barbosa VFB, Lopes JC. Diga ao povo que avance: biopolítica e medicalização do sofrimento do povo Xukuru do Ororubá. Fórum Linguístico [Internet]. 2019 [citado 9 Dez 2024]; 16:3994-4002. Disponível em: https://doi.org/10.5007/1984-8412.2019v16n3p3994
7. Bondía JL. Notas sobre a experiência e o saber da experiência. Rev Bras Educ. 2002; (19):20-8.
8. Federici S. Calibã e a bruxa: mulheres, corpo e acumulação primitiva. São Paulo: Elefante; 2017.
9. Priore DM. Sobreviventes e guerreiras: uma breve história das mulheres no Brasil: 1500-2000. São Paulo: Planeta; 2020.
10. Garcia AV. O problema do extrativismo epistêmico e da etnobiopirataria: desafios para a promoção dos direitos humanos. SciELO Preprints [Internet]. 2023 [citado 9 Dez 2024]. Disponível em: https://preprints.scielo.org/index.php/scielo/preprint/view/7700
11. Soares MS. Médicos e mezinheiros na corte imperial: uma herança colonial. Hist Cienc Saude-Manguinhos. 2001; 8(2):407-38.
12. Simas LA, Rufino L. Encantamento sobre política de vida. Rio de Janeiro: Mórula; 2020.
13. Teixeira AL. Spinoza e práticas clínicas em psicologia: algumas considerações. Fractal Rev Psicol. 2022; 34:e28197.
14. Figueiredo EBL, Trevisani K, organizadoras. A história da Enfermagem em correspondências: entre fatos e versões. Rio de Janeiro: Quicelê Publicações Artesanais; 2019.
15. Ayres JR. Vulnerabilidade, cuidado e integralidade: reconstruções conceituais e desafios atuais para as políticas e práticas de cuidado em HIV/Aids. Saude Debate. 2022; 46(7 Spec No):196-206.
16. Amarante P. O homem e a serpente. Rio de Janeiro: Fiocruz; 1996.
17. Fanon F. Alienação e liberdade: escritos psiquiátricos. São Paulo: UBU Editora; 2020.
18. Zacarias LS. Amefricanizando o amor: diálogos entre Bell Hooks e Lélia Gonzalez [dissertação]. Brasília: Universidade de Brasília; 2021.
19. Foucault M. Microfísica do poder. Rio de Janeiro: Graal; 2011.

20. Simas LA, Rufino L. Fogo no mato: a ciência encantada das macumbas. Rio de Janeiro: Mórula; 2018.

21. Lima CAL. Holismo ambiental: ética da terra e ecologia profunda. Rev Inst. 2023; 5(1):146-6.

22. Nunes JA, Louvison M. Epistemologias do Sul e descolonização da saúde: por uma ecologia de cuidados na saúde coletiva. Saude Soc. 2020; 29(3):e200563.

23. Krenak A. Ideias para adiar o fim do mundo. 2a ed. São Paulo: Companhia das Letras; 2020.

24. Lopes RCC. Cura encantada: medicina tradicional e biomedicina entre os Pankararu do Real Parque em São Paulo [dissertação]. São Paulo: Universidade Federal de São Paulo; 2011.

25. Paquiela EOA, Figueiredo EBL, Muniz MPG, Abrahão AL. O sofrimento de mulheres que vivem com HIV e o amor interior como prática revolucionária. Saude Debate. 2023; 46(7 Spec No):75-84.

Trata-se de um ensaio baseado na filosofia de bell hooks que tem por objetivo refletir sobre o conceito de cura por meio do amor interior em bell hooks. A autora apresenta uma compreensão diferente de cura como uma prática de poder, possibilitando outras maneiras de cuidar e de curar na Saúde Mental. Os resultados emergem de três categorias: uma breve passagem sobre os saberes da cura; a quem pertence a cura no campo da Saúde Mental? e (Re)encantar o cuidado em Saúde Mental tendo como dispositivo o amor interior. Aposta-se no amor interior como um instrumento que permite acionar e (re)apropriar a dimensão encantada da cura. Entende-se que cuidar de pessoas exige que se escape das armadilhas das relações de poder tanto práticas quanto conceituais, tornando o cuidado em Saúde Mental um cuidado ético, político e que persevera na vida.

Palavras-chave: Saúde mental. Cuidado. Cura. Amor.

Se trata de un ensayo basado en la filosofía de bell hooks cuyo objetivo es reflexionar sobre el concepto de cura a partir del amor interior en bell hooks. La autora presenta una comprensión diferente de cura como práctica de poder, posibilitando otras maneras de cuidar y de curar en la Salud Mental. Los resultados surgen de tres categorías: un breve paso sobre los saberes de la cura; ¿a quién pertenece la cura en el campo de la Salud Mental?; y (re) encantar el cuidado en Salud Mental teniendo como dispositivo el amor interior. Se apuesta por el amor interior como un instrumento que permite accionar y (re)apropiar la dimensión encantada de la cura. Se entiende que cuidar de personas exige escapar de las trampas de las relaciones de poder, tanto prácticas como conceptuales, haciendo que el cuidado en Salud mental sea un cuidado ético, político y que persevera en la vida.

Palabras clave: Salud mental. Cuidado. Cura. Amor.