

RESEARCH REPORT

**Organizational and Labour  
Psychology**

**Editor**

Raquel Souza Lobo Guzzo

**Support**

Programa de Incentivo à Pós-Graduação e Pesquisa (Edital 01/2008).

**Conflict of interest**

The authors declare they have no conflicts of interest.

**Received**

May 7, 2021

**Final version**

October 6, 2022

**Approved**

July 27, 2023

# The construction of dangerousness in accounts about users of substitute mental health services

## *A construção da periculosidade em relatos sobre usuários de serviços substitutivos de saúde mental*

Pedro de Oliveira Filho<sup>1</sup> , Thelma Maria Grisi Velôso<sup>2</sup> , Iara Cristine Rodrigues Leal Lima<sup>3</sup> , Pauleska Asevedo Nóbrega<sup>4</sup> , Roseane Barros Linhares<sup>5</sup> 

<sup>1</sup> Universidade Federal de Campina Grande, Centro de Ciências Biológicas e da Saúde, Unidade Acadêmica de Psicologia. Campina Grande, PB, Brasil. Correspondence to: P. OLIVEIRA FILHO. E-mail: <deoliveirafilhopedro@gmail.com>.

<sup>2</sup> Universidade Estadual da Paraíba, Centro de Ciências Biológicas e da Saúde, Programa de Pós-Graduação em Psicologia da Saúde. Campina Grande, PB, Brasil.

<sup>3</sup> Prefeitura Municipal de Monteiro, Secretaria Municipal de Educação, Núcleo de Apoio Psicoeducacional. Monteiro, PB, Brasil.

<sup>4</sup> Escola Brasileira de Psicanálise, Seção Nordeste da Escola Brasileira de Psicanálise, Associação Paraíbaense de Psicanálise Lacaniana. João Pessoa, PB, Brasil.

<sup>5</sup> Governo do Estado do Ceará, Consórcio Público da Microrregião de Crato, Policlínica Aderson Tavares Bezerra. Crato, CE, Brasil.

**How to cite this article:** Oliveira Filho, P. O., Velôso, T. M. G., Lima, I. C. R., Nóbrega, P. A., & Linhares, R. B. (2024). The construction of dangerousness in accounts about users of substitute mental health services. *Estudos de Psicologia* (Campinas), 41, e210083. <https://doi.org/10.1590/1982-0275202441e210083>

### Abstract

#### Objective

The psychiatric concept of mental illness disseminated the association between psychological suffering and dangerousness in the West and in countries like Brazil, influenced by Western culture. This article aims to understand how dangerousness is constructed as an identity trait of users accessing substitute services, specifically Psychosocial Care Centers and Therapeutic Residences. It is based on accounts from the population residing near these services in the municipalities of João Pessoa and Campina Grande (Paraíba/Brazil).

#### Method

The qualitative methodology of Oral History was employed, and 106 oral testimonies were collected from adult individuals and subjected to Discourse Analysis according to the perspective adopted by Discursive Psychology.

#### Results

Identity attributes such as aggressiveness, irrationality and several others with similar meaning were used with varying degrees of subtlety to describe users.

#### Conclusion

Despite the differences, the testimonies were employed to link the users with dangerousness and render them unfit for social life.

**Keywords:** Discourse analysis. Mental disorders. Social construction of identity.

## Resumo

### Objetivo

O conceito psiquiátrico de doença mental disseminou a associação entre sofrimento psíquico e periculosidade no Ocidente e em países como o Brasil, influenciado pela cultura ocidental. Este artigo objetiva compreender como a periculosidade é construída como um traço identitário de usuários dos serviços substitutivos, em relatos da população residente nas proximidades dos serviços substitutivos – Centros de Atenção Psicossocial e Residências Terapêuticas – dos municípios de João Pessoa e Campina Grande (Paraíba/Brasil).

### Método

Utilizou-se a metodologia qualitativa da História Oral e foram obtidos 106 depoimentos orais de pessoas adultas que foram submetidos à Análise de Discurso de acordo com a perspectiva adotada pela Psicologia Social Discursiva.

### Resultados

Atributos identitários como agressividade, irracionalidade e vários outros com sentido semelhante foram utilizados com variados graus de sutileza para descrever os usuários.

### Conclusão

Apesar das diferenças, os relatos foram mobilizados para associar os usuários à periculosidade e incapacitá-los para a vida social.

**Palavras-chave:** Análise do discurso. Construção social da identidade. Desordem mental.

To ensure the full integration of users of substitute mental health services into city life, society needs to overcome prejudiced definitions about these individuals, especially by rejecting notions that position these individuals as inherently dangerous to society and themselves. This is in line with the Brazilian psychiatric reform, which is rooted in the principles of deinstitutionalization and the deconstruction of the prevailing notion of madness (Amarante & Nunes, 2018; Martins & Guanaes-Lorenzi, 2016; Pacheco et al., 2018). However, this is not an easy task. The psychiatric reform and the deinstitutionalization process have had little impact on this image and the underlying arguments that sustain it in the Brazilian context, as attested by several studies.

Macedo et al. (2015, p. 129), in a research to identify cases of individuals with mental disorders living in private confinement in the municipality of Parnaíba, Piauí, and understand the reality of these families, state that the reasons for family members keeping their relatives confined were “related to classical definitions of madness, specifically, old and well-known stigmas associated with dangerousness, violence, incapacity, and chronicity, as well as the daily difficulties in dealing with psychological suffering”.

In another study conducted by Barbosa et al. (2018) with professionals from a *Centro de Atenção Psicossocial* (CAPS, Psychosocial Care Center) in the municipality of Pesqueira, Pernambuco, the authors confirmed that among the difficulties faced by the service users, the “idea of risk as danger” stands out. The dangerousness attributed to the users, as per the authors, perpetuates coercion, interdictions, and exclusions.

Even in reports from users of substitute services, this image of a person with a mental disorder as being inherently dangerous can be subtly constructed, as shown in a study conducted by Henriques et al. (2017), where evangelical CAPS users in a mid-sized city in Paraíba mentioned aggression as one of the symptoms of their psychological suffering.

Since the beginning of the 19th century, the notion of the “madman” was constructed by the logic of the asylum as someone dangerous, evil, and perverse (Barros-Brisset, 2011; Foucault, 1961/2012; Mitre, 2017; Oliveira & Rodrigues, 2016). Barros-Brisset (2011) questions why we find the association between madness and dangerousness so natural when all evidence points to the contrary.

The author hypothesizes that the Pinelian idea from the early 19th century, according to which the mad person would have a moral deficit resulting from the combination of the idea of permanent deficit with that of “moral evil”, marks the beginning of this naturalization of the association between madness and dangerousness that will make history in the 19th and subsequent century.

Given this situation, understanding how individuals residing in municipalities in Paraíba (Brazil) construct the dangerousness of users of substitute services, identifying strategies and resources used in this construction, is a way to combat its exclusionary effects more effectively. This work centers on the discursive construction of identity, a phenomenon understood here as inseparable from the mobilization of categories in discourse. Discursive social psychologists (Antaki & Widdicombe, 2008; Billig, 1987; Potter, 1996) study categorization as a discursive process that plays a central role in the constitution of groups and identities and in defining social reality itself, rather than as a mental process.

Benwell and Stokoe (2006), also approaching the issue from a discursive perspective, understand identity as something that belongs more to the public world of discourse than to the private world of cognition and experience. According to the authors, identity is not preexistent to discourse and simply reflected in it, but rather a continuous construction through our discursive practices – “who people are to one another” –, and this is performed, disputed, negotiated, attributed, and manipulated in discourse.

In the same vein, Antaki and Widdicombe (2008) state that a person has an identity when they are placed within a category to which a set of characteristics is attributed, regardless of whether they are the person speaking, the person being spoken to, or the person being discussed. This also applies to groups and social categories. A collective of people gains an identity when they are placed in a category (“Brazilians”, “CAPS users”, etc.) to which a set of moral and psychological characteristics is assigned (“Brazilians are corrupt”, “CAPS users are mentally ill”, for example).

However, there are various ways to carry out such discursive actions. An anti-Semite may indirectly assert in different ways that Jews are greedy, using rhetorical devices (such as constructing a narrative) that suggest this, with varying degrees of subtlety. Discourse analysts, such as Demasi (2020), Lester et al. (2018), Carr et al. (2019), and Potter (1996), have extensively demonstrated how people are rhetorically skillful and inventive when they aim to establish certain versions of reality and attack others.

Studies that address, from a discursive perspective, the construction of dangerousness as an inherent characteristic of users in the Brazilian mental health system either focus on dangerousness alongside other identity traits (Henriques et al., 2017), or explore how psychiatric and legal discourses converge to construct the dangerousness of these individuals (Oliveira & Rodrigues, 2016).

This article focuses on the various ways of constructing the dangerousness of users in the Brazilian mental health system network. Its objective is to understand how dangerousness is constructed as an identity trait of substitute service users, based on accounts from the population residing near the substitute services – CAPS and Therapeutic Residences (TRs) – in the cities of João Pessoa and Campina Grande (Paraíba, Brazil).

## Method

### Participants

The research was conducted in João Pessoa and in Campina Grande, the state's capital and second largest city, respectively, with people residing in the vicinity of substitute services (TRs and CAPS) available in these municipalities.

In João Pessoa, 41 people residing near the female TR and three CAPS (Types II, III, and Children) were interviewed. Of the 41 interviewees, 17 were men and 24 were women, with ages ranging from 21 to 88 years. Regarding education, three were illiterate, 10 had complete primary education, 19 had complete secondary education, and nine had complete higher education.

In Campina Grande, 65 people residing near six TRs and six CAPS (Types I, II, III, and Children) were interviewed. Among the interviewees, 47 were women and 18 were men, with ages ranging from 21 to 83 years. In terms of educational level, four were illiterate, nine had incomplete primary education, five had complete primary education, seven had incomplete secondary education, 14 had complete secondary education, 11 had incomplete higher education, and 15 had complete higher education.

### Instruments

Oral testimonies were used as the instrument for data collection, which is a qualitative interview method within Oral History methodology (Lang et al., 2010; Portelli, 2017). A structured interview guide was not used. Participants were asked to talk about the substitute mental health services located near their residences and about the users of these services. In general, the interviews started with the following question: What is this facility (referring to the CAPS or TR) near your residence? Throughout the interview, additional questions were asked based on the participant's narrative to address the research objectives.

### Procedures

To comply with the guidelines of the Brazilian National Health Council, the research project was submitted to and approved by the Research Ethics Committee (CAAE: 40931820.3.0000.5187, Universidade Estadual da Paraíba). Subsequently, the researchers located the mental health services (CAPS and TRs) in the mentioned cities, approached individuals living in proximity to these services in their residences, and invited them to participate in the study. Participants were selected based on convenience sampling and were informed about the research objectives, the procedures that would be followed, and the confidentiality of their data. Upon agreeing to participate, the researchers requested participants to sign the Informed Consent Form.

People over the age of 18, living in proximity to the mentioned substitute services, and who were willing to participate in the research were interviewed. The interviews had an average duration of 20 minutes.

All interviews were recorded and transcribed. To preserve the anonymity of the interviewees, their names were replaced with pseudonyms. Then, the 106 interviews were carefully read and reread, a necessary step for coding. In discourse analysis, coding is but a preliminary analysis, not aimed at finding results, but organizing categories determined by the research questions for further in-depth

study (Potter & Wetherell, 1987). Considering the objective of this study, all passages in which the category “users of substitute services” and other terms used to refer to these individuals appeared, associated with identity attributes, were separated. Next, attributes such as dangerousness, predisposition to violence, aggressiveness, and others within the same semantic field were selected from this set of passages. After this step, the actual analysis began, which involved identifying the different discursive strategies used to construct users as dangerous individuals. The term “discursive strategy” is used here to refer to discursive procedures employed to achieve specific objectives (in this study, specifically, constructing users of substitute services as dangerous individuals). Among the discursive procedures studied by Billig (1987), Potter and Wetherell (1987), and Potter (1996), the following stand out: more direct and aggressive discursive forms such as generalization, as well as more subtle forms such as particularization; the use of narratives; the manipulation of categories, and the construction of impersonality. Therefore, this study focuses more on the form rather than the content and does not aim to explore the different identity traits attributed by the interviewees to the users, but only one trait (dangerousness), while identifying different discursive forms mobilized to construct it.

## Results

### Constructing Dangerousness

The interviewees mobilized various categories to label CAPS and TR users: “sick people”; “wackos”; “crazy”; “mad”; “unbalanced”; “drug addicts”; “exceptional”; people with “mental problems”; people with “psychic problems”; people with “depression”; “slightly tormented”; “people with issues.”

Alongside these categories used to label them, a set of characteristics and actions were presented by the participants of this research as fundamental to the identity of “users of substitute services”. A set of identity attributes, such as aggressiveness, irrationality, childishness, etc., was repeatedly and monotonously used to define who they were. Taken as a whole, this set of attributes constructs an inferior, contemptible, and unworthy identity for these individuals.

Regarding dangerousness specifically, some of the interviewees argued that the users of substitute services are dangerous to themselves. Others did not state it directly but described the users’ actions as those of people who pose a danger to themselves.

There are some who arrive here [referring to CAPS III] crazy, dirty, they just take off, and the security guards chase after them: “catch’em, don’t catch’em, catch’em, don’t catch’em”( ... ) I know it’s mental problems, right? ( ... ) Each one has their own aggravating factor, right? (Dário, 40 years old, lives in the Tambauzinho neighborhood, João Pessoa, near CAPS III)

No. They don’t know how to do it...They’re not like... Unbalanced... They’re not too unbalanced, no.

Interviewer: They’re not too unbalanced?

No. They’re... I don’t know if they take medication, right... They’re not crazy enough to throw stones. Or tear their clothes and toss them... But I saw a crazy guy passing by here.

Interviewer: Hmm.

He would go there, then come back, that one needs care.

Interviewer: Needs to be taken care of.

Yeah, that one needs some... a guy like that should be kept... I mean, they should take him, right? Because having a guy like that in the middle of the street is dangerous, a car could hit him, a car could come, right? (Ricardo, 46 years old, lives in the Mandacaru neighborhood, João Pessoa, near the TR)

In these excerpts and in several others from the interviews analyzed in this article, users are portrayed as individuals who do not control their psychological processes, and therefore, do not control their bodies. In Dário's brief description, some users arrive "crazy", "dirty", and just take off, being chased down by security personnel. The narration of this purposeless and uncontrolled "taking off" creates a user whose body is out of control due to being under the command of an uncontrolled and insane psyche. The lack of control is inferred here from the description of the users' actions.

In Ricardo's speech, the lack of control is explicitly mentioned. For him, the lack of control among users, in general, is not excessive, they're not unbalanced, uncontrolled to the point of "throwing stones". However, he once saw one of these uncontrolled individuals, "he would go there, then come back", and should be "kept" because he posed a "danger" to himself.

In Dário's account, "some arrive here crazy, dirty, they just take off", and therefore, not all of them arrive "crazy". For Ricardo, there are two categories of users: those who are not "that unbalanced" and those who are highly unbalanced, like the user who "would go there, then come back". There is a clear attempt, as in Dário's account, to avoid generalization through particularization. He states that not all of them are mad, insane, and furious.

Particularization as a resource of thought and discourse, through which we create special cases within a category, was analyzed by Billig (1987) in the context of a critique of the categorization process as represented by cognitive social psychologists. According to this author, these psychologists, who view categorization as a process that underlies intolerance and prejudice, disregard the role of particularization in thinking.

When we make statements about the world, we also say something about ourselves. Theorists of Discursive Psychology (Antaki & Widdicombe, 2008; Potter, 1996) have highlighted this argument in various ways when discussing the discursive management of their own identities by those who talk about other groups or controversial issues. In this sense, the accounts of Dário and Ricardo demonstrate some awareness that generalizing statements about the danger posed by CAPS users, in the context at hand, construct an identity for the speaker that may involve attributes such as prejudice, ignorance, or even inhumanity. It is this identity that they try to avoid, not always successfully, using particularization and other strategies, such as carefully choosing their terms (in Ricardo's discourse, using "kept" instead of "imprisoned" or "locked up", and later replacing the former term with "take", which appears to be softer).

In both accounts, small narratives are constructed to provide more credibility to the argument, implicit in the first case and explicit in the second, that these individuals should be kept under control because they pose a danger to themselves. However, it should be noted that narratives and descriptions were also used by the interviewees to avoid being accused of intolerance. This is what Ricardo does when describing the scene where the users "take off, and the security personnel chase after them". At no point does he use terms like "danger" or "dangerous", but throughout the description, he constructs the image of the users as dangerous.

More than a danger to themselves, users of substitute services were frequently mentioned as a danger to society, as can be seen in the two examples below.

Interviewer: What is that service over there?

It's the service that treats those people who are sick... who are exceptional, and... also drug addicts... people who are somewhat tormented.

Interviewer: Tormented people?

Because of that, but that's not the word.

Interviewer: No?

No.

Interviewer: Then what is the word?

How should I know? (Laughs) Because there are days when they... there are days when they're so agitated that I even get scared, I even put a lock on the gate.

Interviewer: You're scared.

I am. Who isn't afraid of these wackos? Because the girl said that there at the... there's one there too, right? That every now and then, they jump over the wall, and then I get scared, they really get agitated, you know? Some days ( ... ) then they take controlled medication ( ... ) There are some who are kind of... kind of mongoloid, you know? That's what people say ( ... ) It's complicated. That they... they are aggressive, right? It seems like they're aggressive. Oh, God, it's complicated to answer that. Most people are scared. They are scared, yes, when they said that... when they said they came to the house, everyone got scared, I remember I wanted to leave, didn't want to stay here ( ... ) Because it's scary, people say they're aggressive, so suddenly, they could even... come to someone's house. (Gerusa, 31 years old, lives in the *Bancários* neighborhood, João Pessoa, near CAPS II)

Interviewer: Um... we would like to know, to your knowledge, what is CAPS?

Well, I think it's the place that treats people with problems. With psychological problems, yes... Now they stay there because they receive people who have... memory problems, people who have... mental problems, there are even some who are very aggressive, you know? Sometimes they even need to call an ambulance to take them, I don't know if to *Dr. Maia* [Psychiatric Hospital in Campina Grande] or *João Ribeiro* [Psychiatric Hospital that was deactivated in the same city], to take them, to administer medication, because they don't do that kind of thing here, but they do occupational...therapy, you know? They have the..., they learn how to make trinkets, make crafts... a lot of other things too. And for all the holidays... they celebrate, like *São João* [Brazilian's designation for Midsummer celebration], everyone dressed up in costumes, you know? And... they do everything... but... I... I... don't... not... well, it's because I don't know it that well... the functioning, you know? But it's these kinds of people, who have problems... depression, even acute depression, those... you know? They treat them there, so in that case, as I told you, when they become violent, they go to *João Ribeiro* [Psychiatric Hospital that was deactivated in *Campina Grande*], I think it's *João Ribeiro* it's... a clinic, you know? When they're busy with something, they play music... for

them to listen to... they sit quietly, right? That's what I know, you know?

Interviewer: Hmm, hmm.

No... the rest... now they have psychologists there, regularly providing treatment, including medication, controlled medication that can only be given... but I don't know if they have a doctor there, you know? I know they have psychologists there and sometimes I see them, I say: "Oh my God, so many young people there. My God!" of Psychology, you know? Who come there, but usually when I see these people... usually, on those days, they are calm, because there are days... Oh my God! In which they are... Oh, Lord! they scream, they cry loudly, they kick the gatekeeper, because when it's a woman, it's easier to control, right? But what about when it's a man? Then people back away, go to the office, the gatekeeper isolates them with a locked gate, then they isolate that area. Not this one here in the front, that one is strictly closed ( ... ) Now because there are many and... many... and I think there are few people to... control them all the time is... is... is... these patients, because some of them are not troublesome, there are some who come for depression, there are some who come... for amnesia, but they're not aggressive, but there are others who are. (Sara, 67 years old, lives in Catolé neighborhood, Campina Grande, near CAPS II)

Gerusa and Sara formulate short stories to support the argument that users are dangerous. Gerusa constructs an identity for the service users in which uncontrolled, inexplicable, insane aggressiveness appears as an essential attribute. Sometimes she does it openly, without subtlety. She is part of a small group of accounts in the interviews that define and describe the service users without excessive care. In most of the analyzed accounts, there was a lot of sensitivity to the potential dangers that this topic represents for the identity of those speaking about it.

In her account, she mixes categories from the medical-psychiatric discourse with a discourse that is openly accusatory and exclusionary in nature. They are "sick" and "exceptional", but they are also "drug addicts", "wackos". The entire account is organized to convincingly portray the users as aggressive people, therefore dangerous. The way she describes the relationships between the users and the people in the community where the CAPS is located ends up portraying them as people terrified by the presence of the users.

The word "fear" is used six times. This repetitive use constructs the community as a group of people affected by a diffuse fear: "most people are afraid", "everyone got scared". The account presents several situations in which the community members appear to be under imminent threat.

The particularization, in the sense studied by Billig (1987), is not used when she talks about the aggressiveness of the users. In these statements, quantifiers like "some" or "a few" (as in the accounts of Dário and Ricardo) are not present. Although she avoids the quantifier "all", she speaks of the group as a whole: "that they... they are aggressive, right? It seems like they're aggressive". When she mentions the fear of the residents, she also constructs unequivocally generalized statements. The rhetorical question she uses, "Who isn't afraid of these wackos?" constructs the community's supposed fear as a simple matter of common sense, as a rational reaction to a threatening insanity, and it is another way of saying "everyone's afraid of these lunatics". Another statement, "everyone got scared", conveys the same meaning.

Gerusa employs various techniques to present what she perceives as a factual and objective account. When describing the community's fear, she avoids using first-person singular pronouns, which would present her account as something produced from a particular perspective (I believe,

I think, I observe, etc.). She uses an impersonal style characteristic of empiricist discourse (Potter, 1996), which removes the author from the statements, as in the following excerpts: “Most people are scared”, “everyone got scared”, “people say they’re aggressive”. Here, it is not she who affirms something about the users, but the world. Thinking in terms of philosopher John Austin’s Speech Act Theory (Austin, 1958/1998), it can be argued that in a constative statement (“everyone got scared”; “most people are scared”), an act is performed just like in a performative statement. However, in the case of performative statements (“I declare you husband and wife”; “I apologize”), different acts are possible and are explicitly acts for those observing them, performed by a subject. Constative statements, on the other hand, perform a single act, that of asserting (or stating), but this act is not evident. It is a “masked performative” (Ottoni, 1998), which makes it difficult to understand that the assertion is the act of a subject who speaks of the world from a certain perspective, rather than a reflection of the world itself.

In contrast to Gerusa, Sara not only highlights the danger that the users represent to society, but also points out the dangers they would pose to themselves. Her account is unequivocally more careful than Gerusa’s. Throughout her speech, there is not a single term used to name the CAPS users that bears any resemblance to terms like “wackos”, “drug addicts,” etc. The terms she uses to describe what may have led them to the CAPS (“mental problems”, “amnesia problems”, “depression”), all derived from the medical-psychiatric discourse, end up constructing these individuals and their relationship with society in a different way than the ones present in Gerusa’s account.

Gergen (2007) argues that we are more understanding towards people labeled as mentally ill than towards those who seem to intentionally cause difficulties for others. Sara’s more tolerant account, composed solely of categories from the medical-psychiatric discourse, and Gerusa’s more intolerant account, consisting of various categories from the accusatory and exclusionary moral discourse that characterizes Brazilian society, seem to support the author’s statement. However, it is evident that this cannot be generalized to all contexts. Categories from the medical-psychiatric discourse can be used by everyday people to justify more exclusionary practices. Historically, it was this discourse that underpinned the creation and perpetuation of the psychiatric asylum.

Notwithstanding the differences between Sara and Gerusa’s descriptions of the users, there are some similarities worth noting. Just like in the previous accounts, the inherent aggressiveness of these individuals can transform into uncontrolled violence. In Sara’s account, the community is not frightened by the users’ uncontrolled violence, but it is tacitly suggested that the community is in danger. After all, the front gate that separates the users from the residents of the street “is strictly closed”, and during outbursts of violence, they are isolated to protect the community living within the walls, represented by the CAPS’ technicians and staff. This presumed danger is dramatized when referring to the Psychology students who work within the facility: “Oh my God, so many young people there. My God!” It cannot be disregarded that this is another rhetorical device used by the interviewee. Specifically, by dramatizing the reference to Psychology students, knowing that the interviewers are students of that course, creates a sense of closeness with the interviewers and establishes a certain alliance with them.

Sara employs various discursive strategies, some of which have already been discussed here, to construct the dangerousness of the service users while simultaneously avoiding being seen as intolerant. Some of these strategies are more effective in preventing accusations of intolerance and prejudice than those used by Gerusa. Unlike her, at certain moments in her speech, Sara avoids a generalizing tone through particularization when discussing the users’ aggression: “there are even some who are very aggressive, you know?”; “there are some who come... for amnesia, but they’re not aggressive, but there are others who are”.

She mobilizes small stories to support the argument of their dangerousness: “Then people back away, go to the office, the gatekeeper isolates them with a locked gate, then they isolate that area”. But she also mobilizes other stories that prevent her from being accused of attributing malice or underlying intentionality to the users’ behavior: “they learn how to make trinkets, make crafts”; “When they’re busy with something, they play music... for them to listen to... they sit quietly”. In these two excerpt fragments, the use of soft terms like “trinkets” and “quietly” unequivocally infantilize the users; thus, she presents herself as someone for whom “illness” is an excuse for violent behavior. The users are big children, not accountable, and cannot be held responsible for their actions.

Certainly, it is highly unlikely that a description portraying individuals as children, even if aggressive children, would be used to suggest they should be inhumanely incarcerated. This is much more likely when these individuals are described as angry wackos whose aggression seems intentional, as in Geresa’s account. There is more compassion and tolerance in Sara’s narrative. However, she still constructs, like all participants in this research, an identity for the users of mental health substitute services that most evidently incapacitates them for life in society.

## Discussion

Some categories used to label the users of substitute services in this study, such as “depressed” and “wackos” for example, do not belong to the same discourse. “Depressive” is undeniably a category of psychiatric discourse; categories like “wacko” and others within the same semantic field, such as “crazy”, “loony”, “mad”, etc., are more ambiguous. These categories have been used for centuries to label people who came to be referred to as “psychotics” by 19th-century psychiatric discourse. However, they are also categories deeply rooted in common sense, often used to mock, disqualify, or insult individuals who are not categorized as psychotic, whose actions are considered as not very reasonable, incomprehensible, and outside the norms.

This depreciating and even insulting tone was present at various moments when the interviewees used categories like “crazy” and “wackos” to label the users of substitute services. Their statements expressed irony, contempt, and, in some cases, a mix of fear and aggression. According to Foucault (1961/2012, p. 138), for classical reason, prior to the emergence of asylums and modern psychiatry in the Western world, “there is no exclusion between madness and crime, but an implication that connects them. The individual may be a little more insane or a little more criminal, but in the end, the most extreme madness will be haunted by wickedness”. According to the author, classical reason is at the extreme opposite of the “fundamental rule of law”, in which authentic, true madness would excuse everything. This rule of law is also that of Pinel. According to Barros-Brisset (2011), for Pinel, the mentally ill are violent, evil, and perverse because they are sick and, therefore, cannot be held accountable.

The accounts of some participants in this research, constructed at a time when the asylum is disappearing throughout the West, are similar to the reasoning of classical reason. In these accounts, labeling someone as “mad” does not function as a strategy to excuse them but rather as an explicit accusation. In other accounts, the accusatory tone is present but in a more subtle manner. Similar to Pinel and 19th-century psychiatry, in these accounts, the mad are seen as sick, and the emphasis placed on their dangerousness sounds almost like an accusation. However, there were, although rare, accounts that openly expressed contempt and hostility towards the users.

Drawing on Billig’s considerations (1987), it is understood that the particularization and other discursive procedures in the participants’ accounts, which seek to avoid open disqualification of

users of substitute services and suggest a mitigation of intolerance towards the “mad”, are more understandable when located within the context of the struggle between the asylum discourse and the psychiatric reform discourse. These accounts highlight the struggle between the two discourses in defining who the users of substitute services are, a struggle that is manifested in the participants’ narratives. In general, they were careful when discussing the users and demonstrated a tacit understanding that they were treading on dangerous ground.

It can be said that these different discourses, in the participants’ speeches, engage in a discursive battle, in the terms of Laclau and Mouffe (1985), to define reality, or rather, to define this aspect of reality that is the identity of the users of substitute services. Undoubtedly, the medical-psychiatric discourse is hegemonic, but in various instances, it appears mixed with other discourses in the account of the same participant. Despite their differences, all these discourses were mobilized in the actions of disqualifying the users, specifically in the act of associating them with dangerousness.

To claim that users are a danger to themselves is an old argument, present since the beginning of the 19th century, as shown by Barros-Brisset (2011), and its function is very clear: to justify the exclusion of users from social life.

However, in some accounts, the careful choice of terms for positioning the users may be related to the visibility of the Psychiatric Reform in Brazil. As emphasized by Amarante and Nunes (2018), despite the ongoing limitations faced by the reformist proposal, the advances made by the proposal cannot be disregarded. According to the aforementioned authors, these advances are building a new social place for madness. Therefore, it can be assumed that this process, involving the circulation of various discourses in the public space challenging the conventional perception of madness, has an impact on how the research participants discuss users of substitute services.

These speeches also indicate a conservative resistance, albeit tacit and unconscious, to the progress of libertarian proposals in the field of mental health, a resistance that, as shown by Amarante and Torres (2017), is more openly and consciously presented in “pro-institutionalizing” proposals, such as religiously oriented therapeutic communities, which advocate moralistic and conservative policies in the field of mental health.

The production of narratives linked to the asylum discourse is updated in the accounts analyzed herein and reinforces a process of stigmatization that needs to be fought against. After all, the “paradigm shift arising from psychiatric reform assumes, in addition to a technical dimension (revision of care practices), a cultural dimension in advocating for a change in the social value of madness, allowing individuals to experience and participate in community life” (Ferreira et al., 2017, p. 374).

## Conclusion

The accounts of the participants in this research, despite their vocabulary, which is often careful when referring to users of substitute services, work to reproduce the rejection of mental health deinstitutionalization. In fact, the construction of users as inherently dangerous to themselves and others, through rhetorically effective descriptions, narratives, and arguments of various kinds, aims to make reasonable and rational the conclusion that these individuals should be incarcerated or carefully monitored and controlled.

This conclusion is reiterated, implicitly or explicitly, in different ways. The normative knowledge reproduced through these accounts regarding the dangerousness of users of substitute services work in favor of a legislation, not always formally legal, on the behaviors of these users, so

that each interviewee strategically exercises such power in their discursive practice, as a judge of their own small case.

These accounts demonstrate the diffuse and plural nature of new forms of social control, through discursive practices that seek to produce a neo-asylumization. They highlight the need to directly combat these discursive practices in the living spaces of the population, through argumentative strategies that enable critical reflection and problematize the association between dangerousness and mental health, as well as the denial of the potential of these individuals. In other words, it is essential that topics related to mental health be objects of continuous and critical debates in the public sphere. This will enable a consistent and lasting change in how the population defines users of substitute services and individuals experiencing psychological distress, as well as facilitate effective deinstitutionalization.

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## Contributors

Conceptualization, Supervision and Funding acquisition: P. OLIVEIRA FILHO and T. M. G. VELÔSO.  
 Investigation: I. C. R. L. LIMA, P. A. NÓBREGA and R. B. LINHARES. Formal Analysis, Methodology and Writing–original draft: P. OLIVEIRA FILHO, T. M. G. VELÔSO, I. C. R. L. LIMA, P. A. NÓBREGA and R. B. LINHARES.  
 Writing–review and editing: P. OLIVEIRA FILHO, T. M. G. VELÔSO and P. A. NÓBREGA.