Anthropology of mental illnesses: the origin of psychopathologies and developmental psychopathology: gender issues

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ABSTRACT
This research aims to address the potential factors that generate mental disorders. Human pathologies have been extensively studied and researched from a biological perspective, however many scientific studies in the field of developmental psychopathology indicate that political, religious and biopsychosocial-cultural factors can influence both the origin and the course of evolution of mental illnesses. The methodology used was a bibliographic review in the field of psychology, psychiatry, psychoanalysis and anthropology. Interdisciplinary and multidisciplinary studies that integrate disciplines such as anthropology, psychology, psychiatry, psychoanalysis, education, social assistance and sociology are fundamental not only for nosology and nosography, but above all with the support of maximum information on how factors act genetic, hormonal and biological factors and cultural and socioeconomic agents interact in the generation of mental disorders at the individual and collective level, taking precedence over the effects of social disorders in the generation of psychopathologies in the LGBTQIAPN+ population.

Keywords: mental illnesses, psychology, anthropology, psychiatry, psychoanalysis.

1 INTRODUCTION

In today's reality, the sciences of the human psyche, with the great increase in human sciences for the purpose of evolution, the understanding of human behavior and the psychosocial and biopsychosocial-cultural factors that impact the psyche of each individual, have provided enormous advances in the understanding of psychic processes from a social perspective. , thus contributing to the diagnosis and description of disorders and mental characteristics (nosology and nosography) of each human being, it is worth highlighting that each area of human knowledge in the field of health has a distinct psychotherapeutic approach, and delimitations regarding its professional and social performance.

Nowadays, the historical-cultural, socioeconomic and temporal aspects in which we are inserted and experiencing, there has been a great increase in tensions between nations with accelerated investment in technology and innovation to survive fierce competition for more consumer markets and
expansion of national capital at the international level. With the total globalization of society. Within this panorama, human beings are under great pressure to invest a large part of their time within the school and work environment, in addition to being bombarded by information and promotions from the consumer market, including objects with added symbolic and monetary value such as clothing brands, footwear, accessories, digital communication equipment, cars, cosmetic products, courses, qualifications, among many others.

Data from the United Nations from the year 2022 warn that there are around 1 billion people in the world suffering from some type of mental disorder, according to data from the World Health Organization (WHO). Suicidal ideas are present in more than 20% of adolescents, and to a higher degree in the most socially discriminated groups such as the LGBTQIAPN+ population and among people of African descent, as Pappas (2023, p. 54) pointed out to the American Psychology Association (APA) of the States United of America.

The cultural and socioeconomic context of extreme competitiveness in the educational and work environment, the pressure in the labor market for qualified and specialized professionals, with the advent of the internet and digital media has accelerated a profound change in behavior, consumption, educational qualification, use of emails, various applications for information and economic transactions, visibility on digital social networks such as LinkedIn, digital culture, cyber-religiosity, online debate groups, online communication and sharing groups, in addition to online or virtual leisure and tourism where we can access museums and digital libraries without leaving home, has led to a change that is partly more accessible, however, exposure to the internet for many hours has led to a sedentary lifestyle and health problems, not only physical, but also mental fatigue.

However, technologies and advances in services offered on the internet do not cause harm to health in themselves, but the intensity we are or expose ourselves to, concomitantly with our ability to deal with environmental stressors, whether physical or virtual, are extremely relevant. For studies and analyzes with the aim of allowing human beings to regain control over their body and mind in order to maintain their physical and mental life in a healthy way, with the help of psychotherapy for behavioral resizing in the face of biopsychosocial-cultural factors in order to minimize the impacts of environmental stressors as much as possible, however, we must take into account that the political, social, economic and cultural structure can significantly affect illness, so that public bodies and health professionals can achieve the therapy to be prescribed and treated in mental health clinics.

2 METHODOLOGY

The methodology used in this work was literature or bibliographic review, among the authors cited we can highlight Durkheim (1983), Karl Marx (2006), Foucault (1984), Foucault (1975), Beck
(2014), De Maat et al. (2009), Cardoso (2002), Kaiser and Kohrt (2019), Jansen et al. (2011) among several other authorities in the areas of anthropology, psychology, sociology, psychiatry and psychoanalysis that complement in a more holistic way the problems, the dilemmas, the varied causes, among others, and their effects on the mental health of the sick patient.

3 DISCUSSION

3.1 HEALTH AND ILLNESS CONCEPT

The World Health Organization, in Portuguese the World Health Organization (WHO), defines health as a state of complete physical, mental and social well-being and not just the absence of illness or disease. In other words, the WHO conceives of health within a much broader spectrum than the absence of pathologies, as well as going beyond issues of dysfunctions and physical-mental disorders, respectively, social well-being has emphasis on the conception or healthcare concept. In addition to the definition of health in general terms that we present as the first item, the WHO adds for the promotion of health, the protection of health as a fundamental tool for security without distinctions among other recommendations to nations, as we can see below:

2 – The enjoyment of the highest possible standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief, economic or social condition.
3 – The health of all people is fundamental to the achievement of peace and security and depends on the fullest cooperation of individuals and States.
4 – The achievements of any State in promoting and protecting health are valuable for everyone.
5 – Uneven development in different countries in health promotion and disease control, especially communicable diseases, is a common danger.
6 – The healthy development of the child is of fundamental importance; The ability to live harmoniously in a changing total environment is essential to this development.
7 – The extension of the benefits of medical, psychological and similar knowledge to all people is essential for achieving full health.
8 – Informed opinion and active cooperation from the public are of the utmost importance for improving people's health.
9 – Governments have a responsibility for the health of their people, which can only be fulfilled through the provision of appropriate sanitary and social measures. (WHO, 2024, online)

Campbell et al. (1979, p. 761) reveals in their research that in the medical discourse about diseases, the name of a disease refers to the sum of abnormal phenomena exhibited by a group of living organisms in association with a characteristic specific common or set of characteristics by which they differ from the norm of their species in such a way as to place them at a biological disadvantage in relation to other members of their species.
3.2 SUICIDE: PSYCHOSOCIAL, BIOPSYCHOSOCIAL-CULTURAL AND GENDER FACTORS

The contributions of Anthropology used to the area of health, in this case mental health, this discipline offers theoretical and practical contributions in approaching issues of human behavior, in the constitution of a theoretical field of studies and research on how diseases mental are the result of social, economic, educational, family, religious, and ultimately cultural processes that society acts on the conduct and behavior of individuals, according to their qualities or “defects” that a given society classifies.

Foucault was one of the greatest critics of social institutions such as psychiatry and prisons, he suffered psychiatric hospitalization, and created many theories about psychiatric and prison institutions, in addition to addressing gender issues among other social themes. In the middle of the 17th century, Foucault (1975, p. 54-55) states that the treatment for mental illnesses, which until then was more “humanized”, underwent a sudden change; the world of madness will become the world of exclusion, completely losing its medicinal or scientific character as such.

Foucault notes that the institutions created to admit the “mentally ill” do not have any medical character; They are not hospitalized to be treated, but rather because society and its institutions consider them unwanted and accepted to live in society:

Institutions for hospitalization are created (and this throughout Europe) which are not simply destined to receive the insane, but a whole series of individuals who are quite different from each other, at least according to our criteria of perception: poor invalids are locked up, the elderly in poverty, beggars, the opinionated unemployed, those with venereal diseases, libertines of all kinds, people whom the family or the royal power want to avoid public punishment, wasteful fathers of families, ecclesiastics in violation, in short all those who, in relation to the order of reason, morality and society, show signs of “alteration”. (FOUCAULT, 1975, p.54-55)

Kaiser and Kohrt, (2019, p. 206) state that the French philosopher Michel Foucault (Foucault, 1965), as well as the Algerian psychiatrist Frantz Fanon (Fanon, 1963), among others, developed a critical vision and stance on psychiatry. Anthropologists began to view diagnoses as social constructions, rather than genuinely corresponding to psychiatric pathology. Anthropologist Margaret Mead challenged the biological essentialism underlying gender norms and expectations, and this set the stage for anthropological critiques that challenged psychiatric medicine's conceptualization of homosexuality as a mental illness (Mead, 2001). Homosexuality was only considered as a natural and normal variety of human behavior, and was no longer considered a psychiatric disorder by the American Psychiatric Association (APA) of the United States of America with the publication of the second edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1973.

For Durkheim (1983, p. 168-169) directs the study of the phenomenon of suicide not only as an event that occurs in a particular individual isolated from one another, but also as a particular examination
of individual factors, the temperament of the suicidal person, their character, by the antecedents and events of private life that this act is explained in terms of private life events by psychology. Durkheim (1983, p. 174), contrary to this perspective, works on the phenomenon of suicide as a human phenomenon, which occurs in all societies, showing through statistical data that the suicide rate, which is the total number of voluntary deaths and the population remains stable over the years, however, like any natural phenomenon, there may be variations at certain times.

Each social group has a specific tendency towards suicide, which necessarily depends on social causes, and which engenders itself as a collective phenomenon, and which is expressed by suicide rates, taking into account geographical variations. and periodic. This fact cannot be explained, according to Durkheim (1983, p. 177) neither through the organic-psychic constitution of the subjects, nor through the nature of the physical environment.

Durkheim (1983, p. 177) divides suicide into two categories: rational suicides and vesanic suicides, and states that there is not enough described data to study its causes, except for the vesanic suicides that alienists described. However, there is a lack of much information for the purposes of description and classification of suicides, which began to be studied in an incipient way in cases of Vesanic suicides, this being the main cause of suicides.

The results are different in studies on suicide when the individual is not placed at the center of the research, seeking in the nature of societies themselves the reasons for the propensity that each of them expresses towards suicide. According to Durkheim (1983, p. 184), if the number of women who commit suicide is significantly lower than the number of men who commit suicide, it is because men are much more integrated into collective life than women.

The author highlights that periods with greater social activity generate an increase in the social rate of suicide, and adds that social factors are determinant in the development of mental disorders, and that suicide is a social fact, and that it is only possible to explain these factors that result in the social rate of suicides through sociology.

The moral issue is a relevant factor for Durkheim (1983, p. 184) as morality is constituted by society and which determines at each moment the number of those who will commit suicide, the voluntary deaths, the rational suicides. There is an established energy in every people that moves men to commit suicide. The movements that the subject affected by psychopathology performs, which at first seem to strictly represent their personal temperament, establish and substantiate, in fact, an unfolding and amplification of a social state that manifests itself externally.

Human societies have a prominent tendency towards suicide, each social group has precisely a specific collective propensity for this execution from which inclinations on an individual level derive, the collective inclination towards suicide does not derive from individual inclinations. In society, there
are currents of selfishness, altruism, anomie with propensities for lassitude or exhaustion of strength, languorous melancholy or active renunciation that are consequences of that social constitution.

Sadness or the private events of suicide cannot be considered as causes arising from the circumstances that immediately surround the subject, of course something external to the individual, but not due to this or that incident that happened during the course of their life, but it is an echo of the moral state of society, it comes from the social group of which it is part. Feelings of sadness and melancholy are due to the intensity with which they act on the individual, suicidogenic causes. The social suicide rates of each people prove the above.

Karl Marx (2006, p. 23-6) in his work “on suicide”, supported by data and statistics, states that, in agreement with Durkheim, the annual number of suicides actually remains within the same periodic average, these autochiries It is considered a symptom of a “deficient” organization of a given society in question, in times of socioeconomic crises such as an increase in the cost of living, auticide becomes more evident and takes on an epidemic character. Contrary to the view of moralists, autochiria affects all social classes, therefore the diversity of the causes of this social phenomenon escapes the censure of moralists; although Marx states in his work that poverty is a major cause of suicides in disadvantaged social classes and the poor.

Issues of human relationships such as betrayals in love, false friendships, bouts of discouragement, suffocating rivalries, family suffering including falsehoods and hypocrisies, repressed or stifled enthusiasm, the disgust of a monotonous life and displeasure in life, and loss of Love for life, being an energetic force that constitutes the human personality, is constantly capable of leading a person to commit self-indulgence.

Without failing to mention inverted ethical and moral issues in society, Karl Marx (2006, p. 27-28) points out that suicide is not unnatural, as it is a behavior that is carried out so regularly, and points out that there have been several attempts to criminalize, insulting penalties, demoralize, and through infamy to defame autocidal killers with a view to containing suicides.

Faced with the anathemas that class society with its respective institutions frivolously inflicts on human lives, disposing of the blood and lives of people, the way in which civilized justice operates with an entire apparatus of prisons, punishments, punishments and instruments of martyrdom and cruelty to sanction their arbitrary designs, whose effects of class societies and their scourges are the proliferation and an incredible number of classes relegated to misery, in addition to the outcasts who are affected by a violent disregard typical of capitalist class society that tramples on their existence through prejudices, habits, behaviors and our laws and customs in general, then it is incomprehensible to demand from the subject that he preserve himself in the face of such oppression, contempt and social exploitation.
Marx (2006, p. 26) reveals in one sentence why there are people who commit autocide and others who do not, when referring to those who utter so much sterile chatter, they are precisely those who condemn those who commit autocide, whether with legal measures divine or by moralistic cultural order:

“How can it be explained that despite so many anathemas, man kills himself? It's just that blood doesn't flow in the same way in the veins of desperate people and in the veins of cold beings, who take to uttering so much sterile talk” (Marx, 2006, p. 26)

Logically, neither in ancient times nor today, there is no place here to justify and encourage self-destruction, but what has been tried to highlight so far is the social nature of the phenomenon of autocide, which is an act that affects all social classes and in all societies in terms of their annual and periodic quantity, as well as how suicide are derived from a “defective” organization of society that induces people to autochiry.

Marx (2006, p. 28) demonstrates that the causes that lead many nervous, melancholic or passionate people to seek and commit suicide come from mistreatment as a predominant factor, injustices, secret punishments, according to a hierarchy of power in which parents and superiors infringe on people who are dependent or subjected to this context and social condition. Tyranny as something that was criticized by despotic powers are present in the family institution, this being a family factor, the family as the nucleus of the constituents of societies, and these of the cultures to which they are inserted, initiate and complete the cycle of social violence against a given unwanted, weakened and more oppressed individual in this relationship.

According to Polanczyk (2009, p. 7) states that developmental psychopathology claims that there is constancy in the process of development of mental disorders, in other words, the effect of previous experiences is carried throughout development.

And that there is an inherent propensity for individuals to adapt to their environment; If the space and its context is pathological, it is predictable that the individual's adaptation to the conditions of their environment will develop in a pathological way, constituting a potentially pathological psyche. Understanding all the factors that lead a subject to develop a certain psychopathology must be related to the age group and the moment of the subject's development.

Maladjusted behaviors or mental disorders must be interpreted in light of the broader context in which the individual is located. The process of development of mental disorders is specific, the concepts presented privilege the understanding of the specificities in which the sick subject is subjected to the forces of the environment in which he finds himself in association with the age group, characteristics of family relationships and their context, socioeconomic factors, which are nothing more than causal mechanisms, and which can be different from individual to individual.
It is relevant to review data from the World Health Organization (WHO) which reveals that every year, more than 700,000 (seven hundred thousand) people take their own lives, however, this figure rises much higher if one considers the people who attack the own life. Suicide occurs throughout life and was the fourth leading cause of death among young people aged 15 to 29 worldwide in 2019. Suicide not only destroys the life of the person who committed suicide, it also affects the psychological state of entire families, communities and countries and has lasting effects on the people left behind.

Although the link between suicide and mental disorders (in particular, depression and alcohol use disorders) and a previous suicide attempt is well established in high-income countries, many suicides happen impulsively in times of crisis, with a drop in ability to deal with life stresses, such as financial problems, relationship breakdown, or chronic pain and illness.

Furthermore, experiencing conflict, disaster, violence, abuse or loss, and a sense of isolation are strongly associated with suicidal behavior. Suicide rates are also high among vulnerable groups who experience discrimination, such as refugees and migrants; Indigenous people; lesbian, gay, bisexual, transgender and intersex (LGBTI) people; and prisoners.

As recorded in the ANTRA dossier of Brazil (National Association of Transvestites and Transsexuals, p. 72), Trans Murder Monitoring (TMM) carries out monitoring research projects whose methodology is based on internet searches, cooperation with partner organizations and contributions of researchers and political and social activists. Systematically collects and analyzes reports of homicides of trans and gender diverse people around the world. Since the beginning of the survey, Brazil has always been the country that committed the most murders of trans people in the world, followed by Mexico and the United States of America.

Also according to ANTRA (National Association of Transvestites and Transsexuals, p. 72) of the total of 4,042 murders registered by Transgender Europe (TGEU), 1,549 took place in Brazil. Brazil accounts for 38.2% of all deaths of trans people in the world, practically more than a third of deaths against trans people in Brazilian territory. [...] Brazil remains the country that murdered the most trans people in the world in this period, with 125 deaths, followed by Mexico (65) and the United States (53).

ANTRA (2022, p. 99-100) in its dossier presents that the International NGO National Gay and Lesbian Task Force reveals that 41% of trans people have attempted suicide in the United States at some point, compared to 1.2% of the cisgender population. A survey by the Williams Institute in Los Angeles released in 2014 estimated that 40% of trans people have attempted to commit self-murder. Research from Columbia University in the United States of America reports that the suicide rate is 5 times more common among the LGBTQIAPN+ population.

The population in general, which we will call cisgender and heteronormative people here, must have due access to quality mental health services, but especially the most vulnerable social groups that
in the broad base of statistics that announced and reported the percentage of disorders mental illness, suicide attempts and suicide itself and the LGBTQIAPN+ population, and as ANTRA (2022, p. 101) points out, cases of suicide have been reported more frequently on social networks and in community groups of trans people, especially among people black and in vulnerable situations.

A survey carried out in the United States of America with 129 trans people concluded that respecting one's social name reduces the rates of depression and suicide, in other words that the mental health of trans people depends on how the State and social institutions treat people, as revealed by Karl Marx in this research, among the causes that most lead a person to suicide are mistreatment, mistreatment has a symbolic representation, especially of trans people, as it is a way of treating the trans person with their identity, gender, behavior and sexual orientation, is a complex that forms a whole in these citizens.

In addition to reinforcing the need to discuss mental health with the trans community. In short, in relation to the trans community, attacks come from everywhere at all times, including physical or sexual abuse, categorical family exclusion, exclusion from the job market, chronic unemployment of the LGBTQIAPN+ population, cultural violence, hopelessness. Generalized anxiety disorder, emotional and social humiliation, low self-esteem, depression are factors that can lead to suicide.

It is a problem that society is responsible for, as we deal here with the sociology of mental illnesses, we reiterate the importance that the evils of society and religious and cultural moralism are the extension of an intensified way that society excludes and encourages suicide in this vulnerable social group, the more vulnerable the person is, the more exclusion, persecution, violence and mistreatment they will suffer, being a chronic evil of the pathological society in which we are inserted, which is recognized by the World Health Organization (WHO) as a health problem public and which only grows over the years, affecting thousands of people annually through cases of autocide or more popularly spoken of, suicide.

3.3 MENTAL ILLNESSES: PSYCHOPATHOLOGIES: MOST COMMON TYPOLOGIES

In this section we will talk in a more demonstrative and descriptive way about mental disorders in the adolescence phase, which represents the transition from childhood to adulthood, in which the young person's body goes through successive transformations, which include hormonal changes and changes in physical and psychological functions. and more intense development in social and sexual interactions.

In agreement with Jansen (2011, p. 440), in this period of human development there is the appearance of some psychopathological disorders such as anxiety, depression, and some behaviors that put health at risk, such as the use of drugs and alcohol. Common Mental Disorders (CMD) were conceptualized by Goldberg and Huxley 10, involving anxiety, non-psychotic depression, and
somatoform symptoms, which are physical symptoms, but may have some psychological origin. CMDs include symptoms such as: irritability, tiredness, memory lapses, insomnia, fatigue, forgetfulness, concentration difficulties, somatic complaints and negative feelings about one's self-image such as worthlessness.

Common Mental Disorders are often found in individuals with low socioeconomic class, women and divorced people. Research has found relationships between CMD and social vulnerability, individuals from socioeconomically lower social classes, which is reflected in low education, precarious housing conditions, low or no purchasing power and properties, low income and unemployment. Finally, the predominant psychopathologies are depression, anxiety and chemical dependency, associated with biopsychosocial-cultural issues, which can have more serious consequences such as suicide if not diagnosed and treated appropriately during adolescence.

Psychology and Psychoanalysis provide non-drug and non-toxic psychological treatment. It is extremely important that patients affected by psychopathologies are informed about psychotherapeutic methods, their methodologies and approaches so that the patient, together with the psychologist or psychoanalyst, depending on the symptoms and the patient’s psychological and personality characteristics, can adopt a method best suited to your patient, however psychology works with a wider range of therapeutic approaches.

Psychoanalysis, on the other hand, has free association as its classic method, but psychoanalysis has evolved and is now able to consider variables about the patient's psyche, although psychoanalysis has never disregarded the patient's past and listened to their complaints consciously in the present, however, to take awareness of the causes of symptoms such as phobias, melancholy, sadness, nervousness, agitation and sudden changes in behavior, suicidal feelings, among others in the psychoanalytic clinic, working with information from the unconscious field of the human mind that reveals itself through dream manifestations, through episodes striking that have been repressed and repressed in the unconscious, constitute the material for the analysis of the analysand who, through free association and through the process of transference, the psychoanalyst takes in hand what is really causing the patient's mental disorders and suffering.

Not every psychoanalyst is necessarily trained in medicine, but many other professionals such as psychiatrists and neurologists can also practice psychoanalysis as long as they qualify with training in clinical psychoanalysis based on the psychoanalytic triad: psychoanalytic theory, personal analysis and clinical supervision of analyses.

There are several approaches to psychotherapy, including Psychoanalysis, Humanism, Jungian psychology, Gestalt therapy, cognitive-behavioral therapy, among others, however we will briefly describe the psychotherapeutic approaches mentioned in this paragraph:
Jungian psychology, also known as Analytical Psychology, which seeks elements of the subject's unconscious such as memories of dream manifestations, dialogue, artistic expression, creativity, ideas, for example, as a way of associating the unconscious with the subject's conscious manifestations with a view to making the subject understand the elements that constitute their characteristics manifested from the unconscious to the conscious, and live in harmony with their self and their essence.

Humanism is a Humanistic Existentialist Psychology that adopts a multiplicity of approaches that cohere and aim at a positive prism of human potential and their reciprocal or mutuality characteristics. One of the qualities of the methodology of humanistic psychology is its character of making the subject perceive himself from a questioning and critical point of view, leading the individual to reflect on his exemplar or ideal, which is nothing more than reflection about the image that the subject has of themselves, their self-image.

Gestalt, or Gestalt Therapy, has a name that is sometimes close to humanist, phenomenological and existentialist. Gestalt Therapy or the Gestalt approach is concerned with the present and the moment, focused on the individual's consciousness, understanding each person as a single, distinct being with an experience and relationships of eminence of importance, it does not disregard the past, but its psychotherapeutic axis it is what is happening in the present moment when the patient encounters the therapist, seeing the human being as a holistic being incorporating aspects of their speech, dialogicity, behavior, body, expressions, affective aspects into the therapeutic process, intellectual, social and so on.

The psychotherapeutic method of Cognitive Behavioral Therapy (CBT) is extremely well known among psychologists. Founded by the American Jew Aaron Becker, he developed this method, the results of which resulted in several scientific articles proving its effectiveness. The approach to this psychotherapy has a collaborative character between the patient and the psychologist, in line with Becker (xxxx, p. 26). Becker's discoveries in analyzing the dreams of his patients with depression had a strong connection with elements linked to failure, deprivation and loss, and that these elements were present when the person was conscious. Important segments of Cognitive Behavioral Therapy (CBT), for depressive patients, encompasses segments that support patients to resolve challenges, become behaviorally reinforced or activated with a view to reversing the negative thoughts they have about themselves, through identification, evaluation and response to their thoughts negative feelings about oneself, the world and the future, such as the feeling of impotence, failure, discouragement and incompetence, for example.

There was a form of intervention for each type of psychopathology, but always based on CBT, cases of anxiety needed to use their internal and external resources to overcome the avoidance of situations, face situations so that they could behaviorally experience their negative premonitions or prescences. It is a deep work of cognition that are the central beliefs that the patient has about themselves, their world and
people. The inversion of dysfunctional thoughts or beliefs results in a longer life, which is nothing more than fixing the experience from a new perspective that would certainly make the person feel better and have a more functional behavior, improving their quality of life and returning to have a more active life and control over your thoughts, consequently with positive effects on your behavior.

The classic psychoanalytic approach, founded by the Jew Sigmund Freud, is perhaps the best known, whose path to psychoanalysis undergoes new trends with the psychoanalysts who followed Freud, however the central element of this mental treatment consists of the method of free association, in which the analysand can express the latent content in the unconscious universe of the human mind in the form of dreams and their dream manifestations, memories of past events that caused traumas, hysterias and neuroses in the patient, the word, the dialogic process is intense in this type of treatment and the patient is the center of the analytical process, whose treatment will be successful with the transfer of the repressed content, latent in the unconscious by the analysand, and that this transfer is perceived and well managed by the psychoanalyst, so that the patient can consciously master the mental disorders that such conflicts were generating from the unconscious to the conscious.

A study revealed through a review of literature pointed out by De Maat et al. (2009, p. 2), that analytical psychotherapy is highly effective, or in other words a great performance in the treatment of moderate mental illnesses, psychoanalysis has the characteristic of providing a prolonged and personalized treatment, whose theories and methods have already been explained objectively and succinctly in this research, and which by definition of “long term ” therapy that consists of at least 50 sessions and lasts at least one year. Psychoanalysis is uninterruptedly long-term; Psychology psychotherapy can be short or long term.

In accordance with the authors’ Long-Term Psychotherapy (PLP), we will use both terminologies here, therefore, it includes psychoanalysis and long-term psychoanalysis, including psychodynamics and psychotherapy. It is inherent that these treatments are rooted in psychoanalytic theories and the psychoanalytic method. We differentiate the two treatments according to principles generally accepted by psychoanalytic therapists.

Two easily identifiable aspects, the therapy environment and the frequency of sessions, discriminate these types of Long-Term Psychotherapy (PLP).

In the psychoanalytic clinic, the patient lies on a couch and there are normally more than three sessions per week. In psychotherapy carried out by psychologists, patients sit in front of the therapist and there are no more than two sessions per week. Interpretation is the hallmark of psychoanalysis; Psychotherapy moves on a continuum between the poles of interpretation and support.
The ultimate goals of Long-Term Therapy – LPT are symptom reduction, prevention of recurrence, better social functioning, greater quality of life and greater life satisfaction, preferably for a long period after the end of treatment. These objectives are in no way specific to LPT.

The difference between Long-Term Therapy is its intermediate objectives, which focus on causing changes in some aspects of the patient's personality. These changes, which must be lasting, should allow patients to face life's problems more successfully and make better use of their personal potential and the opportunities provided by their lives. In other words, people's weaknesses are minimized and their strengths and resources are developed.

Psychoanalytic treatment, however successful it may be, does not, by definition, lead to happier patients; but it increases the likelihood that patients will be happy when there is a reason to be. It also increases the possibility that such reasons exist, since people are (to some extent) the creators of their own circumstances and their attitudes toward those circumstances. In psychoanalytic terms, changes in personality are described as: “structural change”, “personality change”, “behavioral change”.

According to psychological analyzes on the effectiveness of Clinical Psychoanalysis for patients with moderate and mixed pathologies carried out by De Maat et al. (2009, p. 17) in pathology moderate/mixed, overall success rates were (71% at completion; 54% at follow-up).

Overall success rates. In psychotherapy carried out by psychologists for moderate/mixed pathology, success rates were 64% at completion and 55% at follow-up. [...] In psychoanalysis for moderate/mixed pathologies, the pre/post success rate was 71%, and the pre-follow-up success rate was 54%.

It was concluded that the analyzes carried out by clinical psychoanalysts are more effective in treating mental pathologies than psychotherapies carried out by psychologists. It was finally proven that Psychoanalysis and Analysis are more effective than psychotherapies, according to the data from the studies shown above, which were published in the Harvard Psychiatric Journal, the Harvard Review of Psychiatry.

As Schwartzman (1997, p. 34) works with the evolution of the sciences of the human psyche, psychiatry and psychoanalysis is held back by idealisms and concepts that are, in a certain way, without great progress and advances, on the one hand, by psychiatry due to its predominant approach in biological and psychopharmacological aspects, and on the other psychoanalysis that sees the poles of human psychic activity, the conscious and the unconscious, unfortunately psychoanalysis suffers cultural resistance in academia:

I understand then that Psychiatry's reaction must have the value of a good caricature for the community of psychoanalysts. We see in it the installation of a dualist split that paralyzes the flow of investigation into the obscurities of madness and psychic functioning in general. The existence of opposite poles, which govern psychic life in the context of its permanent confrontation, was an observation to which Freud – despite facing difficulties, remained faithful.
The impediment in investigations of the psyche is caused by the reduction of the paradoxical richness of the confrontation of opposing sides that are inseparable and inherent to the human condition to just one of its sides. (Schwartzman, 1997, p. 34)

The unconscious of the human mind that houses the repressed psychic content that causes neuroses and psychological hysteria, whose symptoms manifest themselves in different ways in the subject, from the alteration of their thoughts, physical symptoms, formation and reformulation of representations of the dream content, among other elements they form a rich basis for work not only in psychoanalysis, but which complement studies in the areas of psychology and psychiatry.

4 CONCLUSION

An important phenomenon that WHO disclosed is that suicide does not only occur in more developed countries, but is a global phenomenon that occurs in all regions of the world. More than 77% of suicides in general occurred in underdeveloped or developing countries, according to data from 2019.

The theme of homosexuality and transsexuality is seen by Western culture and a large part of the world permeated by Judeo-Christian-Islamic morality, but not only where these religions exist, but in other cultures as well. It is known that in Greece

According to Foucault (1984, p. 167-168) Homosexuality in Greek society did not have the same conceptual framework as ours. Just as bisexuality to the Greeks was not opposite things, like two excluding options, contrary to our perception in which the person moves between two “personalities” or sexual orientations, sometimes heterosexual, sometimes homosexual, like two radically different types of behavior, at the same time loving people of one’s own sex in the same way or simultaneously sharing love for the opposite sex. The demarcation lines did not follow a border that we created from ancient times until today.

Bisexuality of the Greeks? If we mean by this that a Greek could, simultaneously or alternately, love a boy or a girl, that a married man could have his paidika, that it was common, after inclinations "towards boys" in youth, to turn preferably to women, then, could very well be said to be "bisexual". But if we want to pay attention to the way in which they reflected on this double practice, it is worth noting that they did not recognize in it two types of "desires", "two drives", different or competing, sharing the hearts of men or their appetites. We can talk about their "bisexuality" when thinking about the free choice they gave themselves between the two sexes, but this possibility was not referred to by them as a double, ambivalent and 'bisexual' structure of desire. In their eyes, what it did to that one could desire a man or a woman was solely the appetite that nature had implanted in the heart of man for those who are "beautiful", whatever their sex.
There are some fronts to fight on the issue of sexual diversity in human society as a whole, which go beyond legal issues, but which include educational perspectives, public health, the presence of more public health therapeutic spaces with psychoanalysis professionals and of psychology, public security to protect this still vulnerable population, restructuring of religious institutions in search of a humanist, secular and radically inclusive aspect, especially in more violent countries such as Brazil, Mexico and the United States of America.

Psychology and psychoanalysis, as well as clinical professionals such as clinical psychoanalysts and clinical psychologists, together with anthropologists and sociologists to work in multidisciplinary teams beyond conventional research and statistics centers, but go out into the field to study the family, organizational environment, institutions, schools, religions, peripheral communities and native peoples and other social environments to study the phenomenon of social insertion of the LGBTQIPN+ population. Within the psychoanalytic clinic and the Psychology Clinic we see a vast field for the treatment of mental illnesses without necessarily having to resort to drugs at first, as they can cause neuropsychiatric chemical dependency, but do not treat the causes of mental illnesses that have roots very deep and historical biopsychosocial-cultural nature, where the family nucleus is the epicenter of immediate exclusion, and society in a cultural and reproductive way of social exclusion and the extension of its organizational deficiency to the subject who resorts to suicide to free himself from a trampled existence, despised, ridiculed, humiliating and marginalizing.

Cardoso (2002, p. 93) brings a reflection on the classics of anthropology on the cultural aspects of the micropolitics of social relations and the symbolic systems of therapeutic processes that are articulated with the very premises of the social order. A new perspective is rescued and unfolds to some classic studies, such as those by Lévi-Strauss (1975a, 1975b), which had already highlighted the authoritatively symbolic nature of therapeutic processes, or the studies by Evans-Pritchard (1973) and Turner (1974), who had revealed, respectively, how pathology is established as a kind of "explanatory enterprise" in the context of the micropolitics of social relations and is articulated with the very premises of the social order.

How we show the demystification of psychoanalysis as a pseudoscience with scientific data published in the Harvard Review of Psychiatry with results above other psychotherapies in the treatment of mental illnesses or psychopathologies, but without leaving aside psychotherapies and their advances with their specific methodologies and approaches are essential in family environments, educational, work, recreational, religious environments, among other environments, including digital environments with the era of virtuality.
REFERENCES


WHO remains firmly committed to the principles set out in the preamble to the Constitution. (2024) *World Health Organization* (WHO). Recuperado em 11 jan. 2024, de https://www.who.int/about/accountability/governance/constitution