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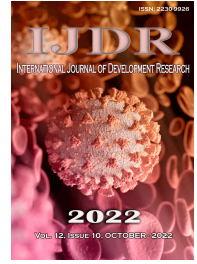
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## SPINOZIAN CONTRIBUTIONS TO HEALTH CARE: A THEORETICAL REFLECTION

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### ABSTRACT

This theoretical study aims to reflect on the clinic of affections, influenced by Spinozian philosophy. Therefore, to propose a new look at sensitive and human issues present in the relationship. Care is one of the most complex activities of human existence. Believing that care can be learned in universities is the best way to multiply a more affective and humane way of caring. It is considered that the practices of health professionals are complex and involve a series of overlapping knowledge, practiced in an environment full of vulnerabilities. In the daily lives of people involved in the health-disease process, we have several events that can cause us joy and sadness, reducing or increasing the power to act and exist. Knowing the affections and recognizing them can be an important tool in helping to build better health practices, which can prevent iatrogenic care, create better experiences for service users and allow better working conditions for health professionals.

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## INTRODUCTION

Care is one of the most complex activities of human existence. Believing that care can be learned in universities is the best way to multiply a more affective and humane way of caring. It is considered that the practices of health professionals are complex and involve a series of overlapping knowledge, practiced in an environment full of vulnerabilities. In the health environment, there are people with the deepest existential issues, which are related to illness and death. Care is the main activity of health professionals. It can be considered a movement that has at its base devotion, solicitude, zealous diligence, applied in an appropriate context and built on acceptable norms about what is formative, pleasurable, protective and supportive<sup>1-3</sup>. While the understanding of care is multifaceted and complex, where in history there was a Cartesian construction of care practices, forming a complex paradigm for those who provide it, there are more sensitive and humane ways of producing it, including at the professional level. Care cannot be carried out in a fragmented way, but with a purpose in an act of existence in an integral and subjective perspective. Humanity discusses care for its essentiality, considering aspects that involve the other and itself, in an autopoietic perspective, considering the rhizome of each existence, thus becoming an object for those who

study its importance. In this perspective, the relationships between the participating elements of care are considered. Moreover, for that, the study of affections is fundamental because it is the inoculating element of care propositions<sup>4,6</sup>. When talking about affection, we must understand the existence of one of the most important philosophers in history. On November 24, 1632, Baruch was born, (or Benedict in Portuguese or Benedictus in Latin), the one called by Espinoza, was born in Amsterdam in Holland and died in The Hague. It is necessary for a better understanding of Espinoza's work to understand that his studies generated an atheistic rationality, considered profane, such as logic, medicine and metaphysics, approaches theology, carrying out arrogant thoughts for the time. Secular thinking, within a rationality, was prohibited by religious traditions and for this reason, Spinoza was tried and excommunicated from his Jewish religion, as well as being persecuted by Catholics in The Hague, where he wrote most of his works<sup>7,8</sup>. Spinoza was a rational philosopher; his fundamental work was "Ethics", written in 1677, being the synthesis of his ontological, epistemological, anthropological and ethical thought, revolutionary at its time and with increasingly contemporary discussions. Spinoza makes clear one of his most important concepts in Ethics. In addition to his understanding of God, he defines Conatus, who can be considered the expression of the body and mind in connected ways, but in the

expression, they happen in different ways. This fact generates the modification of the body without it falling apart, expanding its affections, thus generating new possibilities of existing<sup>9,10</sup>. In this context, Spinoza makes it clear that affects have the characteristics of promoting movement in existing bodies. For this, he dedicates an entire chapter of ethics to discuss the movement of the body through affects. In addition, from the knowledge of affections, we can build a reflection at the epistemological level about its importance in the proposition of care, building a clinic of affections. A way of caring that considers the affections between the existing bodies in the care proposition. Thus, this theoretical study aims to reflect on the clinic of affections, influenced by Spinozian philosophy. Therefore, to propose a new look at sensitive and human issues present in the relationship.

**Affection for Spinoza:** Existence in Espinoza has a strong connection with nature, that which exists and therefore cannot be conceived, created, forged. Spinoza says that this existence is finite, that is, it has the possibility of an end. For the author: “a body is finite because we always conceive a larger one”. This concept is very important to understand affections. Thus, a body can change another body, modifying its existence and the means by which this can happen is related to affections. Thus, according to Marilena Chauí: by essence, the Espinosian body takes place in the relationship. In addition, in the movement of affecting and being affected by bodies of different magnitudes<sup>11</sup>. When we understand, through Spinoza's philosophy, that there is a potency, we understand the potency of relationships and, through affections, the modification of bodies in existence. These affections are configured in the constitution of desires, produced among human beings in the immanence of encounters. The affection is the state of modification of a body. Affections, on the other hand, would be the interpretations that the mind makes of the affections suffered by the body, causing an increase or decrease in the power to exist. Afflictions of the body can still stimulate the bodies or restrain them. It is worth considering that the bodies we are talking about can be of different natures, human or not<sup>12</sup>.

The bodies described by Espinosa can be people, professionals, users of health services, men, women, children, the elderly, each with their own peculiarities, as well as institutions, representative bodies, the profession itself, which constitute legal entities with personality and that can be affected, as well as affect other bodies. The affections of the body can bring us closer or further away from our Conatus, which can be considered our capacity to be and to act. There is, therefore, a little physics in the affections that occur, in the laws of movement and rest. Bodies move sometimes faster and sometimes slower, but the movements are determined by other bodies. It is also necessary to consider the affected body and, simultaneously, the body that affects it<sup>13</sup>. The movement of bodies still considers that by nature some bodies are hard, soft and fluid. This nature makes them more vulnerable or more resilient to other bodies<sup>14</sup>. We can see that: “Bodies that are juxtaposed on large surfaces are hard, as far as bodies are juxtaposed on small surfaces are concerned; and that bodies whose parts move among each other are fluid”<sup>10</sup>. Hard bodies are more rigid, soft ones are easier to move and fluid bodies are sensitive to affection. It is important after understanding that bodies have greater or lesser possibility of movement<sup>14</sup>. By its nature, to understand further that: “An affect cannot be restrained or suppressed, except by an affect that is contrary and stronger than the affect to be restrained”<sup>10</sup>. In this context, knowing the positive and negative affects, can we modify the condition of bodies by supposition?

For Spinoza, the good question is: What can a body do? What affections is he capable of? Affections of joy, which increase the power of existing? Or affections of sadness, which diminish this power to exist? Moreover, we never know in advance, what a body can and what this body is capable of. In advance, we can say, without further analysis, that affects are propellers of the movement or inertia of a body. Therefore, your definitions become very important. Affects need basic definitions, mainly, to be differentiated from each other<sup>15</sup>. In Chart 1, we can know the affects according to Spinoza. Positive affects would be those that can only potentiate the body, unlike

negative affects that can give potency or decrease potency when it restrains the body. Moreover, finally, the affects of desire, which are those that are in the essence of man by virtue of an affection, that is, of how the body modulated itself after contact with an affect.

**Chart 1. Classification of affects according to Spinoza. Niterói, RJ, Brazil, 2022**

|                  |   |
|------------------|---|
| Positive affects | They are those who generate power in the bodies   |
| Happiness        | Man's Passage from Lesser to Greater Perfection   |
| Admiration       | Positive imagination of something   |
| Love             | Joy accompanied by an external cause  |
| Attraction       | Accident accompanied by joy   |
| Worship          | Love for whom we admire   |
| Hope             | Unsteady joy in the idea of a future or past thing  |
| Safety           | Dispels doubt, being a joy  |
| Gaiety           | Joy accompanied by a past thing that accomplished contrary to what was thought                                  |
| Consideration    | Love over an opinion above the fair   |
| Recognition      | Love for someone who has done good to another   |
| Compassion       | Love that man is affected in such a way that delight appears with the good of another                           |
| Satisfaction     | Recognition of the power to act   |
| Glory            | Joy that we imagine from one another's praise   |
| Gratitude        | A feeling of love in which we strive to do good to those who  |
| Negative Affects | They are those who generate potencies in bodies or restrain them  |
| Sadness          | Man's Passage from Greater to Lesser Perfection   |
| Contempt         | Imagination that barely touches the mind  |
| Hatred           | Sadness accompanied by an external cause  |
| Aversion         | Accident accompanied by sadness   |
| Derision         | Joy that is in the contempt of the thing we hate  |
| Fear             | Unstable sadness at the idea of a future or past thing  |
| Disappointment   | Sadness accompanied by a past thing that performed contrary to what was thought                                 |
| Commiseration    | Sadness accompanied by the idea of an evil that has affected a nother that we imagine to be our similar         |
| Disregard        | Hate to have a less than fair opinion of someone  |
| Envy             | It is that, as it affects man, makes him saddened by the joy of the other.                                      |
| Repentance       | Sadness accompanied by the idea of an action that we believe we have done by a free decision of the mind        |
| Superb           | Self-esteem above fair  |
| Relegation       | Make yourself, out of sadness, an underestimation   |
| Shame            | Sadness accompanied by the idea of some action of ours which we imagine to be disapproved of                    |
| Affect of Desire | Definition: essence of man by virtue of an affection  |
| Longing          | It is the desire, the appetite to enjoy something intensified by the memory.                                    |
| Benevolence      | It is the desire to do well the one we have miseration  |
| Revenge          | It is the desire that drives us out of mutual hatred, with equal affection, in, which it has done us harm.      |
| Cruelty          | It is the desire to do harm to those we love or to whom we have pity.   |
| Fear             | It is the desire to avoid through a lesser evil   |
| Audacity         | Being the one that someone is incited to do something risky to which their fellow men dare to expose themselves |
| Dread            | Being the desire to avoid an evil   |
| Courtesy         | It is the desire to do something that pleases the other.  |
| Ambition         | Immoderate Desire for Glory   |
| Greediness       | Desire immoderately for the pleasures of the table  |
| Drunkness        | It's the immoderate desire and love of drink  |
| Avarice          | Love of riches and lust is the immoderate desire for the conjunction of bodies.                                 |

Thus, joy would be man's passage from lesser to greater perfection, as well as sadness would be inversely proportional. There are only three primary primitive affects: joy, sadness and desire. The discussion of these affections in the face of the health-disease process and the health work process is necessary, since comprehensive care prospects that there is an appreciation of the affections of the bodies involved in the context of care. Spinoza makes it clear that human servitude is an impotence to curb affections. In this sense, as these affections come from the bodies, which have the impossibility of stopping the affections, it is a reality. It is important to discuss the interrelation that

provokes negative affects in places of care and health, related to the intrinsic or extrinsic aspects of bodies that make them hard, soft, larger or smaller fluids<sup>16,17</sup>.

**The clinic of affections:** Conflicts in health have affective relationships of all kinds. We receive and generate affection at all times throughout our lives. We can consider intrinsic and extrinsic conditions in the decrease of human potency. However, historically, health practices have a Cartesian and Flexnerian construction, which divides the body into parts with its attention on the physical construction of existence, which is characterized in the field closest to the rational and physical, creating a paradigm in the healthcare to be taken<sup>18</sup>. In this sense, the French philosopher Gilles Deleuze, a profound scholar of Spinoza, is an intercessor in this understanding, since his philosophy is the pragmatics of encounters and combats a traditionalism of thought of the mind-body dichotomy. Deleuze has a clear intention to enlighten us about a current of thought that is born in Spinoza and develops in his philosophy, thus, the body would be a place of passage of the forces of affection, moving away from an ideal, which there is a mechanical and organic functioning. The body becomes one, without fragmentation or without organs, in the perspective of integral existence. If the body is defined by its power of affection, knowledge of the body must be the main object of care with the affections that generate the affection. In addition, thus, it would make it impossible to separate the body into parts. Spinoza does not speak of affectionate feelings, but of affection, the transformation caused by the encounter of the body with an affection<sup>19,20</sup>. If the body can, when affected by positive affects, enable the increase of potency, what would be the behaviors to be constructed. In this way, it is possible to expand the ability to create and act, especially in the health-disease process, reinventing the relationships with the process of illness and intrinsic or extrinsic vulnerability. It is in the sense that we will practice the discussion of the encounter between the clinic and art<sup>21</sup>. Thinking in this way, it promotes the epistemological construction that considers the body and not what is promoted through it. After all, the body projects affections, receives affections, increases and decreases in size with the same power in relation to other bodies, given its nature. And the body, when human, when experiencing affects, can also react in the same proportion. Thus, considering the field of experimentation, which, when valued in care practices, can have a much more integral emergence of care.

The body is constituted by exchange relations. In the care environment, it is necessary to understand how these affections are passed between bodies, since it is a place for the integral rehabilitation of the being<sup>22</sup>. The clinic focused on the body and on experiences in the field of health, is not only linked to the holistic field of care, but a logic of valuing sensitivity and experimentation, where the person has an experience with care, approaching, in this feeling, of the power of care. This path places the clinic in an interdisciplinary plan, which values sensitive, metaphysical issues, related to the field of affections, affection and bodies. The daily work of health teams must go through activities that explore the concept of the singular body. In this way, its valorization promotes the need to look at metaphysical issues, such as affections, and build a more sensitive work gear with people who have had a negative affect on their bodies, created by negative affections, constituted by the disease and/or by the disease encounter with uncertainty. It is also worth mentioning those who faced the possibility of loss, pain, fear and hopelessness. Just as one should look at what potentiates them. The clinic presupposes respect for an exchange between the person to be cared for and the one who cares, considering the existing positive and negative affects and seeking for experimentation that approaches the movement<sup>23</sup>. While there is a proposition of sensitive care, there are institutional and formative difficulties of care of this nature. The construction of a health care practice that associates creativity, art and imagination can be an alternative to breaking the paradigm. This question is so strong in the relation of affects that, according to Spinoza: "to the extent that we imagine a thing as contingent, we are not affected by any image of another thing that posits the existence of that thing. That is, the imagination can restrain us in the face of an

affect, modifying the form, including that this affection really exists"<sup>10</sup>. Could it be that there is a way here for the creation of a clinic of affections that considers creativity, art in the contribution of health practices?

Deleuze and Guatarri understand that each body expresses itself in a unique way, in characteristics, habits, potentialities, connections and movements. It is to this set of potentials that we consider the body without organs. This is activated and becomes real through action/interaction with other bodies without organs. The concept of a body without organs is based on Espinoza's concept of affection of bodies<sup>24</sup>. Therefore, for a health practice that establishes such care from this perspective, an initial transformation of the caregiver is necessary<sup>25</sup>. It is not enough to understand the philosophy of the body without organs, it is necessary to experience it. For this reason, the only way would be through education, provoking such experimentation in the training process. An important issue raised by Spinoza in Ethics is that man must make an effort. For him: "the mind can make all the affections of the body, that is, the images of things, refer to the idea of God. [...] And so he who understands himself and his affections, clearly and distinctly loves God, and the more we understand himself and his affections"<sup>10</sup>. God would be free from passions and unaffected by any affect of joy or sorrow. In this way, it must be the search of the man out of servitude on the way to freedom and beatitude. Learning during training about affects can promote predictability of emotional vulnerabilities. Faced with illness, we need, through technique, knowledge about the main existing affections and sensitivity, to generate health care actions that are therapeutic and have the power to act. Undoubtedly, health professionals (body) act as a result of affections, external forces, being, many times, subjected to human servitude, being able to produce health practices that are not those neglected in professional principles<sup>27</sup>. As well as patients (body) who are negatively affected by the disease, they need positive affections related to care practices, otherwise their bodies may decrease. It is in the experience of encounters that the greater and lesser power of human existence is promoted. And, in this sense, the disease can diminish the patient's body through sad affects that will curb the power to act. The health professional is responsible for understanding the path of affections and preventing them when they are negative.

Health practices aimed at teaching sensitivity should be promoted. The perspective is that there is promotion of positive affects and the prevention of negative affects. There is already a consensus on the need for disciplines in the training of health professionals, which value transversal humanistic themes. As well as the same movement must be carried out in the institution through permanent education. Discussions in the workplace should be based on the recognition of negative affects that tend to diminish or restrain the bodies of professionals, patients and their families<sup>28,29</sup>. The evolution of the times demands that the health sciences walk side by side with other sciences. More poetic knowledge brings greater possibilities to issues of diverse and heterogeneous flows that have different levels of contradictions and conflicts, as well as new forms of research, which need to adapt to reality<sup>30</sup>. The meeting of the body with care is the meeting of the body with a universe of affections. Care by itself is confused with the affections themselves, and therefore, we must delicately understand how to promote care, thinking beforehand what the practices promote, so that there is no departure from its proposition.

## FINAL CONSIDERATIONS

In the daily lives of people involved in the health-disease process, we have several events that can cause us joy and sadness, reducing or increasing the power to act and exist. Knowing the affections and recognizing them can be an important tool in helping to build better health practices, which can prevent iatrogenic care, create better experiences for service users and allow better working conditions for health professionals. Therefore, this context contributes to the extension of care to those who care health professionals and family

members of the health service user. Reflection has epistemological limitations like any study. However, the multiplicity of issues that involve health paradigms need to weave their own articulations, associating understandings that consider the complexity of care. To this end, it is necessary that new studies that postulate philosophy, sociology, managerial observations of human behavior and that analyze conflicts can be carried out. Care movements on the logic of affections can awaken existing bodies in the health area to the power of existing. Moreover, this proposition can be used uninterruptedly as care practices that involve caring for those who care.

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