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### **Dialogical Nature of the Mind: Rhizomatic weft mind model.**

In the first seventeen years of this century, we find ourselves working, in different countries to achieve substantial changes in the mental health systems. The referred changes are mainly pragmatic, and they are founded in the obtention of results, the logics of measurement of that results still (mainly) inhabited by the biomedical paradigm. The new paradigm pretends to develop a conceptual framework that defines the nature of the mind: What we are? Our vision is that we are people who constitute and are immerse in socio-family wefts . It will be from there and not inversely, where the comprehension and help models should be created. This corroborates our confluency with the observations made by the new dialogic systems of assistance. We ask ourselves. How can we organize our exposition in order to be received by a determinate public, situated in a historic, hinge time, in which many mind paradigms coexist? In order to it, we have chosen two paradigms for discussion: One, which is strongly nurtured by the medical sciences, and other, at the vanguard, nurtured by dialogical and community practices, and by the Deleuze and Guattari work. Beyond the epistemological considerations that can be made, we will use the scientific method to systematize our work:

1. Material and method:
  - a. Person contextualized in their biopsicosocial reality, emphasizing that it will maintain its integral dimension.
  - b. The existence of reciprocal interdependencies in between all the meaningful persons of a weft.
  - c. The emotional climate as the atmosphere created by every integrant of the multifamiliar sessions.
2. Main Hypothesis: Mind in weft model, rhizomatic, alive and real. 3- Secondary Hypothesis
  - a. Psychic suffering (instead of mental illness) can be comprehended as a survival strategy
  - b. The others in us, as a concept that demonstrates the being inhabited by the others in a disabling way.
  - c. Psychic conflict can be read as a solution of compromise between the intersubjective relationship.
  - d. The emotional climate as an opportunity for the opening of mind spaces.
3. Hypothesis demonstration.
4. Discussion.
5. Conclusion.

We seek to facilitate the reflection from another perspective, integrating dilemmas that occur mainly in the spheres of literature, philosophy, ontology, religion. Taking borrowed questions as: Who we are? Why we suffer? What does it mean to be an integrant of social and transgenerational collectives? From the hand of the materials presented as facts, coming from observation, we always found ourselves constituting complex welts, there is no self without the other. That take us to the main hypothesis: The other is inseparable from the others, and the weft doesn't have a nitid beginning or end. The weft define crossing points in which our identity would be determined, what it make us singular. Inside the weft, we feel, we think, we do, and accomplish operative functions attributed to the self. When an event affects any of the diverse wefts, suffering can surge. So, suffering can be seen as an ask for help about the submitting logic of a weft. Therefore, no health system should mitigate the importance of the dialogical practices. They run the risk of denaturalize the other, reduce it. The parameters to evaluate the mental health systems, should not take the health-illness path exclusively. How can we measure subjective parameters? How can we express them? How to value the investigator implication in the weft and the modification of himself that comes for being part of it? These are some of the questions that remain open to discussion.