




Displacing Theory Through the Global South, ed. by Iracema Dulley and Özgün Eylül İşçen, Cultural Inquiry, 29 (Berlin: ICI Berlin Press, 2024), pp. 125–48

MARLON MIGUEL 

Inner World and Milieu

Art, Madness, and Brazilian Psychiatry in the Work of Nise da Silveira

CITE AS:

Marlon Miguel, 'Inner World and Milieu: Art, Madness, and Brazilian Psychiatry in the Work of Nise da Silveira', in *Displacing Theory Through the Global South*, ed. by Iracema Dulley and Özgün Eylül İşçen, Cultural Inquiry, 29 (Berlin: ICI Berlin Press, 2024), pp. 125–48 <https://doi.org/10.37050/ci-29_09>

RIGHTS STATEMENT:

© by the author(s)

Except for images or otherwise noted, this publication is licensed under a Creative Commons Attribution-ShareAlike 4.0 International License.

ABSTRACT: This short essay focuses on the work of Brazilian doctor Nise da Silveira, a pioneer in psychiatry who introduced artistic tools to work with psychiatric patients, especially those diagnosed as psychotic. She founded the Museum of Images from the Unconscious in 1952 inside an asylum in Rio de Janeiro to assemble and exhibit the works produced by her patients. As an iconoclast who did not systematize her theory, she engaged with several European psychiatrists, psychoanalysts, and thinkers to produce a very innovative reflection and practical clinical work. Her work resonates in particular with French Institutional Psychotherapy, as well as with Frantz Fanon's psychiatric work in Algeria, but, differently from the former, places art at the core of its clinical method and proposes a radical positioning against every form of medicalized approach.

KEYWORDS: psychoanalysis; psychiatry; institutional psychotherapy; Silveira, Nise da; milieu; Brazil; Fanon, Frantz

Inner World and Milieu

Art, Madness, and Brazilian Psychiatry in the Work of Nise da Silveira

MARLON MIGUEL

INTRODUCTION

In the recent renewed interest for historical instances of alternative and ‘radical psychiatries’,¹ Global South figures are systematically missing. The Brazilian Psychiatric Reform, for instance, which developed very interesting strategies of care and established direct dialogues with Anti-Psychiatry movements, psychoanalysis, Italian Democratic Psychiatry, and Institutional Psychotherapy, is hardly discussed outside of Brazil. The psychiatrist

* I would like to thank the Museum of Images from the Unconscious for granting me access to their archives, as well as the right to reproduce the images used here.

1 See for example Camille Robcis, *Disalienation: Politics, Philosophy, and Radical Psychiatry in Postwar France* (Chicago: The University of Chicago Press, 2021).

Nise da Silveira, who anticipated many elements of this Reform — in particular with her critique of closed and segregationist structures, as well as of hyper-diagnostic and medicalization — is one of the figures who are completely overlooked by European and Anglophone academia. Nise can be considered an iconoclast who engaged with several European psychiatrists, psychoanalysts, and thinkers to produce a very innovative reflection and practical clinical work using artistic expression to treat psychiatric patients, especially those diagnosed as psychotic.² As I will demonstrate in this chapter, her work strikingly engages with and unsettles established European theoretical frameworks at once. Despite being a pioneer in her field and a relatively well-known public figure in Brazil, her work has been completely overlooked abroad — and, even in Brazil, remains understudied.

There are a couple of reasons why her work has not received the attention it merits. Despite having published many texts and books, she remained above all a practitioner who never systematized her speculations. Because of her non-orthodoxy, she never belonged to any school of thought and always referred freely and eclectically, often even loosely, to thinkers such as Spinoza, Antonin Artaud, and Carl Gustav Jung, who were nonetheless crucial to her theoretical-practical developments. Moreover, her assumed affiliation with Jung rather than with Sigmund Freud or Jacques Lacan, as well as her interest in themes considered polemical — such as mandalas, archetypes, or the collective unconscious — are also factors that have

2 One often refers to public persons in Brazilian Portuguese using their first name instead of their family name. I will thus refer to her in this way throughout this essay. Many who were close to the psychiatrist would also call her '*Doutora Nise*' (Doctor Nise) as a term of endearment.

contributed to her 'minorization.' Finally, although Nise was relatively recognized in the Brazilian public sphere, she remained an isolated figure. Such isolation was determined both by her marginal social position — that of a woman coming from the northeast of Brazil, practicing within a deeply masculine and patriarchal environment in Rio de Janeiro — and by her methods — her work was associated with art therapy rather than with a so-called 'true' clinical method.

In this essay, I propose a double movement. On the one hand, I address Nise's work and how she produced a very innovative and situated reflection on and practice with psychosis through her non-orthodox engagement with European traditions. In particular, I focus on her critical engagement with psychoanalysis and her resonances with the French Institutional Psychotherapy movement, of which she was a direct contemporary. On the other hand, I propose to tackle the obfuscation of her work within and beyond Brazil, which can be partly explained by the fact that she was a Global South practitioner speaking from and to the South despite her far-reaching work on the visibility of the question of madness.

ART AND MADNESS IN BRAZIL

In order to grasp the historical significance of Nise's pioneering work, it is crucial to inscribe her practice in the Brazilian context of both modern art and psychiatry. Interestingly, they are intimately connected.

In the 1920s in Brazil, the reorganization of psychiatric institutions took place simultaneously with the beginning of the Brazilian modernist movement. Freud is, for example, a key figure of Oswald de Andrade's *Manifesto*

Antropófago (1928),³ but also for artists such as Tarsila do Amaral and Flávio de Carvalho. In 1933, the latter organized with Osório César, psychiatrist and author of the seminal book *The Artistic Expression of the Alienated* (1929),⁴ the famous exhibition *O Mês das Crianças e dos Loucos* (*The Month of Children and the Mad*). Carvalho claimed on that occasion that ‘the only art is abnormal art’.⁵ This statement can be seen as a sort of critical reversal if one considers that, in the European context, national-socialism and fascism disseminated precisely at this moment the *entartete Kunst* (degenerate art) discourse. Moreover, more than just a provocation, it also reveals a particularity of the Brazilian context in that the institutionalization of modern art is inseparable from the production of the so-called ‘mad people’ (*loucos*).⁶ An indicator thereof is the fact that one of the first exhibitions of the São Paulo Modern Art Museum, which opened in 1947, was an exhibition made up exclusively of works by psychiatric patients from the Juquery Hospital.

However, except for the very few more progressive experimentations, such as those conducted at Juquery, the

3 Oswald de Andrade, ‘Cannibalist Manifesto’, trans. by Leslie Bary, *Latin American Literary Review*, 19.38 (1991), pp. 38–47 <<https://www.jstor.org/stable/20119601>>.

4 His book was a contemporary of other works on this subject, such as: Walter Morgenthaler, *Ein Geisteskranker als Künstler: Adolf Wölfl* [1921] (Bern: Zentrum Paul Klee, 2021); Hans Prinzhorn, *Bildnerlei der Geisteskranken* [1922] (Hamburg: Severus Verlag, 2016); Jean Vinchon, *L’Art et la folie* (Paris: Stock, 1924).

5 Flávio de Carvalho, ‘A única arte que presta é a arte anormal’, in *Diário de S. Paulo* (24 September 1936), Documents of Latin American and Latino Art, International Center for the Arts of the Americas, Museum of Fine Arts, Houston <<https://icaa.mfah.org/s/en/item/1084943>> [accessed 20 September 2023].

6 See Kaira Cabañas, *Learning from Madness: Brazilian Modernism and Global Contemporary Art* (Chicago: The University of Chicago Press, 2018).

Brazilian psychiatric system remains extremely racist and reactionary. It can even be considered an instrument of social regulation that rejects certain parts of the population, in particular of Afro-descendants.⁷ Foucault has described how certain statements (*énoncés*) can be typical of a certain time.⁸ In this context, examples of such statements included the so-called 'pathologies of the poor' and of 'black people', which freely circulated; psychiatry is thus transformed into an apparatus to 'whiten' the population. As a consequence, black patients are usually hospitalized for a much longer period than white patients. Moreover, the teachings of Freud, the same figure who inspired the Brazilian avant-gardes, have been uncannily instrumentalized and mobilized by these psychiatric discourses in order to legitimize social Darwinism and the overdeterminism of the psyche.

RECONSIDERING THE SPACE: ANOTHER CONCEPT OF CARE

Nise da Silveira started to work as a psychiatrist in Rio de Janeiro in 1936. Shortly afterwards, however, during the Getúlio Vargas dictatorship (1937–45), she was sent to prison twice for a total of three months and was forbidden to practice until 1944. She often mentions how her carceral experience was crucial for her rethinking of psychiatry:⁹

7 See Joel Birman, 'O negro no discurso psiquiátrico', in *Cativeiro e liberdade*, ed. by Jaime da Silva et al. (Rio de Janeiro: UERJ, 1989), pp. 44–58; Lilia Moritz Schwarcz, *O espetáculo das raças: cientistas, instituições e questão racial no Brasil. 1870–1930* (São Paulo: Companhia das Letras, 2005), pp. 189–238.

8 Michel Foucault, *L'Archéologie du savoir* (Paris: Gallimard, 1969).

9 'Those months spent in Detention and Correction were the greatest human experience of my life. I think that every psychoanalyst should spend a year in prison.' Nise da Silveira, 'Interview with Márcio Moreira Alves for the Newspaper *Correio da Manhã* (1959)', quoted by Luiz

first, to reconsider the space of psychiatric institutions; second, to elaborate on the notion of ‘activity’ as a method to think through her clinical work:

From the start, the architecture, the spaces of the psychiatric hospital show the concept of disease that we have. There were corridors and ambulatory rooms, as if it were a surgical hospital. [...] I developed an interest in therapy through activity.¹⁰

Coming back to a psychiatric hospital in 1946, Nise refused to make use of traditional methods such as Electroshock Therapy (ECT), insulin therapy, and lobotomy. Instead, she created the Section for Occupational Therapy, a section offering several ateliers in which patients could practice many activities, especially artistic ones. From Nise’s perspective, this would be the occasion for them to re-elaborate their personal dramas and traumas. As a psychiatrist, she constantly emphasizes the importance of the space and ambiance — of the context of expressive production.

When treating and hosting patients, Nise also highlights the need of *afeto* (affect) or *afeto catalisador* (catalysing affect) and of *cuidado* (care) as notions guiding her clinical practice. In Portuguese, ‘affect’ also has a positive connotation, which is absent from the English word. When one talks about ‘afeto’, a positive and supportive attitude of acceptance and even encouragement is implied. For Nise, the cultivation of affect helps structure a ‘supportive mi-

Carlos Mello, *Nise da Silveira. Caminhos de uma psiquiatra rebelde* (Rio de Janeiro: Automática, 2014), p. 81. All translations, unless otherwise noted, are mine.

10 Nise da Silveira, ‘Nise da Silveira, Artaud e Jung’, interview with David Bocai et al. for *Rádice* (1976–77), in Luiz Carlos Mello, *Encontros/Nise da Silveira* (Rio de Janeiro: Azougue, 2009), pp. 44–75 (p. 49).

lieu' that is necessary for the healing process. The word *cuidado*, in its turn, is equally crucial to the extent that it reflects its double, Latin etymological origin: it stems from both *cura* — implying an attitude of care, attention, and listening — and *cogitare* — thus also implying a degree of reflexivity.

Furthermore, in this context of the newly established Section, Nise took a stance embracing artistic activity as a legitimate clinical means to treat mental illness rather than as a mere form of distraction for the patient. According to her, such activities could act upon the subject's interiority and exteriority and establish a relationship between them during the clinical process. In her terms:

the occupational therapy I sought to adopt was based on expressive activities that were capable of saying something about both the individual's interiority and the individual's relation to the milieu.¹¹

Until now, the significance of the notion of 'milieu' for Nise has been very little researched and I consider it a blind spot regarding her work's reception. In her practice, shifting away from the patient-doctor relationship towards what she calls the 'co-therapeutic' elements, which work as 'catalysts' within a given milieu, is crucial.¹² Such elements include animals, tools, objects, materials, or any person present in the space (a doctor, a nurse, a visitor). This is particularly important regarding psychotic patients, in which case the usual setting of the one-to-one talking cure

11 Nise da Silveira, 'O mundo contemporâneo é impaciente', interview with Luiz Carlos Lisboa, *O Estado de São Paulo*, newspaper online archive, 24 January 1987, p. 58 <<https://acervo.estadao.com.br/>> [accessed 1 February 2023].

12 Nise da Silveira, *Imagens do Inconsciente* (Rio de Janeiro: Alhambra, 1981), p. 69.

is often much less effective. Thus, Nise demonstrates how any aspect of a context of care may have a ‘clinical function’. Indeed, I propose to think about her practice through the conception of a constructed milieu, conceived as a trans-ferential space for the patient — or as in Jean Oury’s interesting notion of ‘burst transference’ (*transfert éclaté*),¹³ i.e., a transference not based (only) in the patient-doctor (or analyst-analysand) relationship, but mediated by these several elements dispersed in a milieu.

In this regard, it was productive for me to situate Nise’s interventions through the concepts developed from the 1950s onward by the French movements, which struggled to radically rethink clinical settings. For example, I find an ally in Fernand Deligny,¹⁴ who developed important experimental and theoretical work with autistic children, as well as in Oury and François Tosquelles,¹⁵ who developed the principles of Institutional Psychotherapy. These encounters shifted my focus onto the notion of ‘milieu’ and its operability in rethinking and restructuring clinical settings, which are also apparent in Nise’s work. Indeed, Nise is a contemporary of such authors and developed her reflection and practice in parallel with them. In this sense, what I try to do here is not a projection of alien concepts onto her work. Instead, my efforts concentrate on showing

13 According to Oury, ‘[w]hat appears to us to be the fundamental principle of our action is the question of transference and its modalities: burst transference, “dissociated transference”’. For him, ‘[a]ll this shows the impossibility of psychotherapeutically taking in charge a psychotic person if one is alone and if there is no reference milieu.’ See Jean Oury, ‘Psychanalyse, psychiatrie et psychothérapie institutionnelles’, *VST — Vie sociale et traitements*, 95 (2007), pp. 110–125 (p. 115) <<https://doi.org/10.3917/vst.095.0110>>.

14 See Fernand Deligny, *Camering: Fernand Deligny on Cinema and the Image*, ed. by Marlon Miguel (Leiden: LUP, 2022).

15 See François Tosquelles, *Soigner les institutions* (Paris: L’Arachnéen, 2021).

a dimension that was already there, operating in her practice, but that has not been investigated so far.

CRITIQUE OF THE PSYCHIATRIC INSTITUTION: NISE DA SILVEIRA AND FRANZ FANON

In parallel to her work in the asylum, Nise created a space called Casa das Palmeiras (House of the Palm Trees) in 1956. She defined it as a 'free territory' with open doors where the distinctions between patients, doctors, and nurses were blurred.¹⁶ This setting guided her elaboration of the critique of the psychiatric institution. Nise's critique consists in showing that by isolating the patient from their usual and original milieu, the hospital in fact helps to crystallize the pathology. Again, the notion of 'milieu' plays an important role in her argumentation. For instance, she claimed that

the hospital reinforces the pathology because it does not help to re-establish the connections between the patient and their milieu, from which they were separated because of the pathology. [...] The hospital becomes an extremely efficient apparatus for the chronification of pathology.¹⁷

Furthermore, if the mental pathology turns the subject into a fragmented entity incapable of dealing with their usual daily milieu, Nise centres the treatment on the notion of 'activity', thanks to which the fragmented state of the ill

16 Nise da Silveira, *Casa das Palmeiras: a emoção de lidar, uma experiência em psiquiatria* (Rio de Janeiro: Alhambra, 1986), p. 12. The word 'territory' would later play an important role in the Brazilian Movement for the Psychiatric Reform and the project of dismantling the asylum-structures.

17 Nise da Silveira, '20 anos de Terapêutica Ocupacional em Engenho de Dentro', *Revista Brasileira de Saúde Mental*, 10 (1966), pp. 17–160 (p. 47).

subject might eventually find their unity again. Referring to Gaston Bachelard, she searches for a 'materialized psychoanalysis' in which physical work with materials may constitute a fundamental feature of working through the pathology and hallucinations;¹⁸ in sum, the aim of a materialized psychoanalysis is to give form to the destructive emotions that dramatically submerge the patient. Here, another Portuguese word plays a key role in her argumentation: *lidar*, to deal with, to manipulate (a material), to confront. This verb also relates etymologically to *litigar*, that is, to conflict. In this sense, the patient's confrontation with certain materials could also reflect conflicts taking place within their unconscious.

My hypothesis is that the reflection developed by Nise in the context of Casa das Palmeiras is close to that of Frantz Fanon's late texts from the end of the 1950s regarding the day hospital. Though Fanon and Nise did not read each other's work, they developed strikingly similar reflections. This similarity can be partially explained by their shared references to psychoanalysis and existential psychiatry, but more important is their situatedness within peripheral and colonial conjunctures of the Global South context. They both emphasized the importance of engaging with the subject's *lived experience* so that clinical work can tackle this very context.

According to Fanon, an institution open to the outside, where the patient is no longer isolated, is the only effective way to confront 'an illness as lived by a patient, a personality in crisis within a present environment'. This is because such an illness is not 'a disorder of affectivity *in abstracto*, isolated as a symptom in a delusion or in the course of an

18 Gaston Bachelard, *La Terre et les rêveries du repos* (Paris: Librairie José Corti, 1982), p. 258.

interview. Instead, it is a manifest and perceptible ambivalence that tears to shreds the synthetic unity of the person and the milieu daily.’¹⁹

Though the Brazilian and Algerian contexts are radically different, both societies are marked by an indisputable colonial element that structures the functioning of the asylum-form. Pointing out contextual differences and similarities would demand further analysis. Yet, in both Global South contexts, the psychiatric institution plays an even more direct role in social control and alienation, which might have led both psychiatrists to arrive at similar conclusions regarding mental pathologies and their treatments. For instance, in the Algerian psychiatric sector, racist European theories were predominant, and the role the colonial war has played in the traumatic state of patients taken in charge is ignored — these elements count among the reasons that led Fanon to leave the Blida-Joinville Hospital for Tunisia at the end of 1956.²⁰ In Brazil, as we have seen, the situation was not very different; racist and social elements are rarely taken into account when treating patients, and the segregationist racist policy, at the base of the Brazilian system, was even intensified during the later years of military dictatorship (1964–85).²¹ As Fanon points out, the catastrophic or apocalyptic ‘atmosphere’ of war and the colonial situation are key elements in psychosis,

19 Frantz Fanon, ‘Day Hospitalization in Psychiatry: Value and Limits. Part Two: — Doctrinal Considerations’, in Fanon, *Alienation and Freedom*, ed. by Jean Khalfa and Robert J. C. Young, trans. by Steven Corcoran (London: Bloomsbury, 2018), pp. 495–510 (p. 501).

20 See Frantz Fanon, ‘Letter to the Resident Minister’, in Fanon, *Alienation and Freedom*, pp. 433–35.

21 See Marlon Miguel, ‘Psychiatric Power: Exclusion and Segregation in the Brazilian Mental Health System’, in *Democracy and Brazil: Collapse and Regression*, ed. by Bernardo Bianchi et al. (London: Routledge, 2020), pp. 250–67.

although they are generally ignored by institutionalized psychiatry.²²

In this sense, for both Fanon and Nise, there was a need for open institutional structures. Only such structures could maintain ongoing contact between the patient and society, as well as between the patient and their original milieu, strengthening the healing process and overcoming the chronification of the pathology. Furthermore, both insist on the restructuring of institutional roles and spaces within the hospital in ways that support the patient's 'activity' — Fanon speaks about the significance of the 'work scheme' in which patients invest themselves in their healing process.²³ This term resonates directly with the experience he acquired with Tosquelles in the Saint-Alban Clinic, where the Institutional Psychotherapy movement began, and where Fanon did his residency for just over a year (1952–53). In this respect, 'activity' is often considered the core of Tosquelles's method, a '*clinique* of activity'.²⁴ Similarly, Nise thinks about the 'club' as a space for both patients and non-patients, one that cultivates collective occasions that engage every person in presence through organizing parties, poetry readings, and theatre plays.²⁵

First, these collective occasions help the patients deal with their symptoms not only within the artificiality of the hospital but also closer to their existential position, which

22 Frantz Fanon, *The Wretched of the Earth*, trans. by Richard Philcox (New York: Grove Press, 2004).

23 Frantz Fanon, 'The Meeting between Society and Psychiatry', in Fanon, *Alienation and Freedom*, pp. 511–30 (p. 522).

24 See Yves Clot, *Éthique et travail collectif. Controverses* (Toulouse: Érès, 2020), p. 52.

25 In the context of Casa das Palmeiras, she creates the Club Caralâmpia. Tosquelles, and later Oury at La Borde and Fanon at Blida-Joinville, think the club-form as a crucial structure organized by patients inside a mental health institution.

shapes their pathology that comes to the surface within everyday life and collectivity. In such a strategy, as Fanon claims, 'there is no pointillist approach to different symptoms, but a global tackling of a form of existence, a structure, a personality engaged in current conflicts.'²⁶ Second, these occasions, indeed, 'activate' the suffering subject and help them actualize their tendency to heal. In this context, Nise develops a theoretical principle loosely based on her readings of Spinoza, according to which the psyche is, despite the pathology, marked by a kind of *conatus*, a tendency towards self-preservation and self-healing.²⁷ Nise recognizes the mandalas and circular figures painted by her patients as examples of this tendency and of a mechanism of the 'psyche's defence' against the imbalance caused by the pathology.²⁸ However, this tendency remains very fragile and, in order to recover it, she claims that it is necessary to move away from the excessive attention usually given to diagnoses and the symptoms of the pathology; rather, one should structure a supportive milieu that allows for the patient's affective world to be re-articulated. In cases of severe psychosis, when speech is lacking or completely disarticulated, Nise further emphasizes the need for non-verbal expressive activities such as painting.

Though they both see the observation of patients' symptoms as an essential part of the clinical work, Fanon and Nise seem to emphasize that such observation should only take place 'in action', which is to say, in the concrete situations with which the patients are engaged. As we have seen, Fanon says that the pathology is not simply a disorder but implies a 'form of existence'. Later, taking an even more

26 Fanon, 'Day Hospitalization', p. 502.

27 Nise da Silveira, *Cartas a Spinoza* (Rio de Janeiro: Francisco Alves, 1995), p. 81.

28 Silveira, *Imagens do Inconsciente*, p. 55.

radical stance and mobilizing Antonin Artaud, Nise will leave behind nosological conceptualizations (e.g. 'schizophrenia') to speak rather of 'dangerous states of being'.²⁹

As mentioned before, Fanon and Nise did not read each other's work but arrived at similar conclusions and approaches, for instance: the importance of taking into account the lived experience (*Erlebnis*) of the subject;³⁰ the critique of the psychiatric institution as marked by a colonial drive of social regulation; the centrality of the patient's 'alienation' and lack of freedom caused by the mental pathology.³¹ These are some points that would demand further analysis. From a theoretical perspective, such similarities could also be explained by their shared references to authors coming from a tradition related to phenomeno-

29 Nise da Silveira, *Os inumeráveis estados do ser* (Rio de Janeiro: Museu de Imagens do Inconsciente, 1987), p. 5

30 The question of the lived experience traverses all Fanon's writing. He refers more specifically to *Erlebnis* when commenting on Lacan's dissertation — see Frantz Fanon, 'Mental Alterations, Character Modifications, Psychic Disorders and Intellectual Deficit in Spinocerebellar Heredodegeneration: A Case of Friedreich's Ataxia with Delusions of Possession', in Fanon, *Alienation and Freedom*, pp. 203–76 (p. 264). Nise, in her turn, takes it over from Jung in relation to the importance of the '*vida vivida*' (lived life, *Erlebnis*) (Nise da Silveira, *Imagens do Inconsciente*, p. 107).

31 Fanon, following the psychiatrist Henri Ey, considers the mental disorder a 'pathology of the freedom': 'In any phenomenology in which the major alterations of consciousness are left aside, mental illness is presented as a veritable pathology of freedom. Illness situates the patient in a world in which his or her freedom, will, and desires are constantly broken by obsessions, inhibitions, countermands, and anxieties. Classical hospitalization considerably limits the patient's field of activity, prohibits all compensations, all movement, retrains him within the closed field of the hospital and condemns him to exercise his freedom in the unreal world of fantasy' (Fanon, 'Day Hospitalization', p. 497). The same Henri Ey visited Nise and the Museum of Images from the Unconscious in 1956, but there is very little information about their exchanges. In Nise's library, though, one can find Henri Ey's complete works.

logical psychiatry.³² And these authors provide a context for understanding how both Fanon and Nise mobilize the notion of milieu and put it in relation to the inner world of the patient.

ARTISTIC EXPRESSION AS A CLINICAL MEANS

Despite the difficulties encountered inside the psychiatric hospital, Nise insists on keeping collective and creative activities going, including the circulation of people through this setting, to blur the radical division between inside and outside. The idea of creating a museum *inside* the hospital, allowing for the circulation of figures that would not otherwise go to such spaces, is, in this sense, very interesting. Nise collaborated with artists and critics — Mário Pedrosa, in particular, played a very important role there. Although her collaborators did not directly guide the patients' expressive production, they supported the creation of a setting encouraging that. For instance, they helped choose materials and tools as well as put together exhibitions. This creative context not only participates in the clinical process, but also plays a role in the political task of making the question of madness visible by animating a discursivity that accompanies the work produced by patients. In doing so, Nise confronts the double alienation reflected by the pathology: that of society and that of patients.

32 Beyond the several references cited throughout the text, Nise navigates through many others, such as Eugen Bleuler's observation of the transformation of the function of spatial orientation in schizophrenia. Or Eugène Minkowski's notions of 'lived space' and 'lived time', which transform, for example, the assessment of how distances between objects are experienced differently according to the existential and mental state of the subject. Her other influences include Maurice Merleau-Ponty and Ludwig Binswanger for addressing the relationship between space, affect, and one's health condition.

The starting point for Nise remains the question of how to deal with psychosis from a non-medicalized and non-violent strategy — in this sense, she differs from the methods used by Fanon and Institutional Psychotherapy. To many of her patients, the trigger of their clinical process had to be non-verbal. That is why expressive activities seemed to be a good strategy to start the work. As she claims, 'for us, the image is valid in itself, it speaks for itself, and it speaks in a loquacious way'.³³ A good example of her clinical method can be seen with a very well-known artist of Nise's Section, Fernando Diniz. According to Nise, Diniz needed to arrange and frame objects in order to organize the flow of sensations and images he violently experienced.

When Diniz was first hospitalized in 1949, it was after having been arrested by the police because he was swimming naked in Copacabana. He spent almost the rest of his life in the asylum. As a black, poor subject, Diniz was a typical target of the racist psychiatric system. He spent his childhood in the invasive atmosphere of homes shared by several people, and Nise identified his need for a place of his own. In the beginning, the space within his paintings, which were populated by overlapping objects, appears disorienting. He subsequently discovered the possibility to gradually organize this space in a series of works. First, he draws the 'baselines' of the floor; second, he draws new series of works in which the objects are separated from one another by being located in separate paintings; finally, he brings them together again in a new single work. By gradually structuring his paintings, Diniz began to 'reappropriate the daily space, he tried to recover reality'.³⁴

33 Nise da Silveira, 'Os documentos vivos do inconsciente, a expressão plástica como forma de linguagem dos psicóticos', quoted by Mello, *Nise da Silveira. Caminhos de uma psiquiatria rebelde*, p. 139.

34 Silveira, *Imagens do Inconsciente*, p. 42.

Regarding Nise's involvement with the expressive production of patients like Diniz, it might be helpful to look at some references that inspired her work, such as, in particular, Wilhelm Worringer and his book *Abstraktion und Einfühlung* (Abstraction and Empathy).³⁵ According to Worringer, the cosmos inspires anguish and anxiety, and in order to confront it, techniques of abstract painting are mobilized by the subject, who seeks refuge and defends themselves from the invasive power exercised by surrounding objects. Alongside abstraction, Nise observes that geometrical painting techniques are also recurrently mobilized by her patients as a strategy for organizing chaos. Carlos Pertuis, another important artist of the Section, at one point paints faces that he then encloses in geometric spaces (Figure 1). This constitutes, according to Nise, a function to 'prevent the images from subjugating (*avassalar*) the field of consciousness.'³⁶

Nise also notes that several individuals suffering from schizophrenia tend to fix their doubles in figures. She uses Jung's and Freud's notion of 'shadow' to talk about these obscure and rejected parts of the personality. She claims that the more the elements are repressed, the more the shadow is nourished and the less it is recognized. For some patients, such shadows take animal forms; for others, they appear as monsters or doubles. Generally, the shadow reveals the conflict within the patient, the self's inner splitting caused by psychosis.³⁷ For instance, this is apparent in a specific

35 Wilhelm Worringer, *Abstraction and Empathy: A Contribution to the Psychology of Style*, trans. by Michael Bullock (Eastford, CT: Martino Fine Books, 2014).

36 Silveira, *Imagens do Inconsciente*, p. 28.

37 Following the psychoanalytic framework, the subject (be they neurotic or psychotic) is always structured by an inner division (*Spaltung*). In the case of psychosis, though, the repressed is rejected towards the outside in a very particular way: it takes very concrete and perceptible forms, which usually return and are lived as very violent invasions of the inside.



Figure 1. Carlos Pertuis, Untitled, no date, oil on paper.
Image credit: Museu de Imagens do Inconsciente/Museum
of Images from the Unconscious Collection — their archive
is located at the Nise da Silveira Municipal Institute.

work of Abelardo Correia (Figure 2), another patient of the Section, in which he paints such division: in the reflection of the mirror held by his right hand, one sees a part of the self in terror, while the other part, the shadow, holds a revolver in its left hand. If the shadow opens fire, it will break the self apart. According to Nise, this image reflects the very moment of conflict between the two parts of his self. Indeed, this is a suspended moment: the last threshold has not yet been crossed; his self is not completely shattered, for the shadow has not taken over. Abelardo's fragile situation is expressed through his painting. In his case, the clinical work to be done is to help him resist the annihilation whose danger inhabits him when he is in this state.

As with Abelardo, these creative, expressive productions have a double importance as they were regularly exhibited within a museum inside the hospital, thereby constructing a substantial archive. They demonstrate Nise's innovative approach to collective practice and the very setting it created for the flourishing of artistic works, inasmuch as they let the patients reveal their journeys through their states, sufferings, and traumas.

AGAINST PHALLOCENTRISM

Nise's relation to psychoanalysis is very complex. She definitely proposes to inscribe herself in this tradition, but not without proposing amendments to its established framework — in particular regarding the place of the phallus in psychoanalysis, as well as of the binary coupling of masculine-feminine. Indeed, I claim that one has to read her positions by taking into account the very patriarchal environment in which she develops her work.

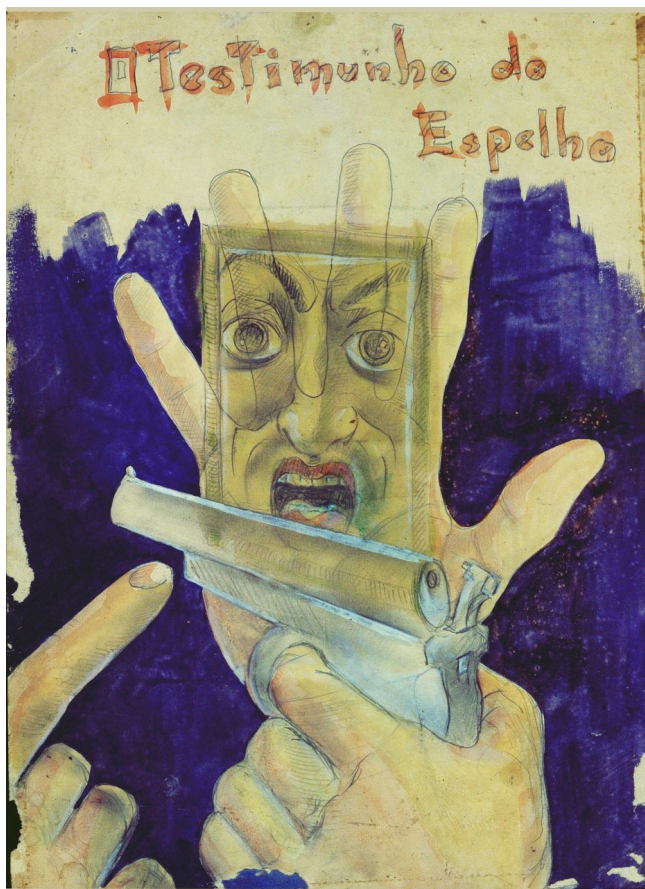


Figure 2. Abelardo Correia, Untitled, 1951, graphite and gouache on paper. Image credit: Museu de Imagens do Inconsciente/Museum of Images from the Unconscious Collection — their archive is located at the Nise da Silveira Municipal Institute.

Throughout Nise's psychiatric practice, Jung is, also for such reasons, an indisputable central reference. Generally, she takes over many of his notions as working tools: the 'collective unconscious' provides the basis for an archaeological drive and social theory of the psyche. Jung's 'archetypes' — for example, the 'great mother' — help her read the patients' productions. Archetypes are used for a comparative anatomy of the psyche, since for Nise, as for Spinoza, the psyche and the body correspond to two forms of expression of one and the same substance, and therefore have logics that are certainly different but comparable. By putting together different individual cases in which similar images appear, it is possible, according to her, to show to the individual that although their suffering belongs to them, they are not alone. This is a struggle that others have already faced, perhaps by going through very archaic journeys, some of which are represented in ancient myths. In this respect, my hypothesis is that her use of mythology can be read as a clinical strategy for the de-dramatization of the pathology and of the hallucinations of the subject.

Last but not least, Nise's return to Jung seems to be strategic to rethink the unconscious in a less phallogocentric key:

And when he [Freud] looks [in *Totem and Taboo*], on this dark continent, for something specific to the little girl, the fundamental element he finds is the envy of the male organ from which the whole psychic development of the woman follows. Everything happens as if the woman were a failed man. [...] With C. G. Jung's psychology, the feminine has its full place and is particularly highlighted. The Jungian unconscious is the mother in a wide symbolic sense, both fascinating and threatening.³⁸

38 Ibid., p. 276.

Nise mobilizes Jung to make the structural matrix of the unconscious 'the (great) mother'. Such a reversal has clinical and theoretical implications that demand further analysis beyond the scope of this paper. Though Jung still refers to the woman as the feminine and the mother, thereby maintaining a very problematic binarism, one can see its inversion in Nise's political operation: a woman — who chose not to become a mother and dedicated her whole life to a radical and experimental clinical attempt — situated in post-Vargas Brazil and engaged with struggles for redefining the very theoretical core and framework of psychoanalysis. Such an operation against phallocentrism must thus be read against the very patriarchal environment in which she worked and the more European established forms of psychoanalysis.

CONCLUSION

As this essay briefly outlines, Nise's work could make a significant contribution to the history of radical and critical psychiatry and have global relevance for the future. More than pointing out whether Nise belongs to this or that school — Jungian rather than Lacanian or Freudian, for example —, I argue that she *instrumentalizes* such readings in a very productive manner and transforms them into working tools for her critical practice and reflection. Engaging with a variety of European thinkers within and through her situatedness within Brazil, Nise produces a deeply innovative and reflective practice. Hence, she unsettles established theoretical frameworks in psychiatry and psychoanalysis without rejecting them altogether: she reconfigures unorthodox concepts coming from polemical streams of psychoanalysis; she thinks very early about how to use unconventional elements in the clinical setting

(such as animals, for example); she transforms artistic expression into the core of the treatment of mental disorder and discards more medicalized strategies.

Nise's work has slowly started to gain some visibility but, given the innovativeness of her critical interventions in psychiatry, this remains very far from what her legacy merits. Two recent examples confirm this point. First, there is the 11th Berlin Biennale, held in the fall of 2020, which had a room dedicated to her and some of her patients' works. Unfortunately, it was poorly exhibited in a narrow room, cornered among unrelated rooms, and without enough contextualization. Second, a more comprehensive exhibition, titled *Images from the Unconscious*, took place at Marres in Maastricht in the spring of 2022. It presented a very prominent corpus of works by three famous artists of the Section: Adelina Gomes (Figure 3), Carlos Pertuis, and Fernando Diniz. However, due to a lack of interest from other European institutions, the exhibition did not travel, and the works went straight back to Brazil. Indeed, one could also add that, despite all her connections to important European figures such as Ronald Laing, Henri Ey, or Jung since the 1950s, her writings have remained mostly untranslated into other languages. This is the case not only with Nise's works but also with other significant Brazilian figures such as Osório César and Mário Pedrosa.

Years before Anti-Psychiatry, which flourished in the 1960 and 1970s, a psychiatrist within an authoritarian Global South context was already practicing radical and critical alternative strategies of care. Today, in the highly medicalized times we live in, marked by a renewed organicist vision of mental disorders, coming back to Nise's reflections and practices — as well as to the Brazilian history of psychiatry and psychoanalysis — would definitely bring fresh and powerful perspectives to current clinical debates.



Figure 3. Adelina Gomes, *Untitled* ('Great Mother' series), 1940s, modelling clay for plaster cast. Image credit: Museu de Imagens do Inconsciente/Museum of Images from the Unconscious Collection — their archive is located at the Nise da Silveira Municipal Institute.

Marlon Miguel, 'Inner World and Milieu: Art, Madness, and Brazilian Psychiatry in the Work of Nise da Silveira', in *Displacing Theory Through the Global South*, ed. by Iracema Dullely and Özgün Eylül İçcen, *Cultural Inquiry*, 29 (Berlin: ICI Berlin Press, 2024), pp. 125–48 <https://doi.org/10.37050/ci-29_09>

REFERENCES

- Andrade, Oswald de, 'Cannibalist Manifesto', trans. by Leslie Bary, *Latin American Literary Review*, 19.38 (1991), pp. 38–47 <<https://www.jstor.org/stable/20119601>>
- Bachelard, Gaston, *La Terre et les rêveries du repos* (Paris: Librairie José Corti, 1982)
- Birman, Joel, 'O negro no discurso psiquiátrico', in *Cativeiro e liberdade*, ed. by Jaime da Silva et al. (Rio de Janeiro: UERJ, 1989), pp. 44–58
- Cabañas, Kaira, *Learning from Madness: Brazilian Modernism and Global Contemporary Art* (Chicago: The University of Chicago Press, 2018)
- Carvalho, Flávio de, 'A única arte que presta é a arte anormal', in *Diário de S. Paulo* (24 September 1936), Documents of Latin American and Latino Art, International Center for the Arts of the Americas, Museum of Fine Arts, Houston <<https://icaa.mfah.org/s/en/item/1084943>> [accessed 20 September 2023]
- Clot, Yves, *Éthique et travail collectif. Controverses* (Toulouse: Érès, 2020)
- Deligny, Fernand, *Camering: Fernand Deligny on Cinema and the Image*, ed. by Marlon Miguel (Leiden: LUP, 2022)
- Fanon, Frantz, *Alienation and Freedom*, ed. by Jean Khalifa and Robert J. C. Young, trans. by Steven Corcoran (London: Bloomsbury, 2018)
- 'Day Hospitalization in Psychiatry: Value and Limits. Part Two: — Doctrinal Considerations', in Fanon, *Alienation and Freedom*, pp. 495–510
- 'Letter to the Resident Minister', in Fanon, *Alienation and Freedom*, pp. 433–35
- 'The Meeting between Society and Psychiatry', in Fanon, *Alienation and Freedom*, pp. 511–30
- 'Mental Alterations, Character Modifications, Psychic Disorders and Intellectual Deficit in Spinocerebellar Heredodegeneration: A Case of Friedreich's Ataxia with Delusions of Possession', in Fanon, *Alienation and Freedom*, pp. 203–76

- *The Wretched of the Earth*, trans. by Richard Philcox (New York: Grove Press, 2004)
- Foucault, Michel, *L'Archéologie du savoir* (Paris: Gallimard, 1969)
- Mello, Luiz Carlos, *Nise da Silveira. Caminhos de uma psiquiatra rebelde* (Rio de Janeiro: Automática, 2014)
- Miguel, Marlon, 'Psychiatric Power: Exclusion and Segregation in the Brazilian Mental Health System', in *Democracy and Brazil: Collapse and Regression*, ed. by Bernardo Bianchi et al. (London: Routledge, 2020), pp. 250–67
- Morgenthaler, Walter, *Ein Geisteskranker als Künstler: Adolf Wölfl* [1921] (Bern: Zentrum Paul Klee, 2021)
- Oury, Jean, 'Psychanalyse, psychiatrie et psychothérapie institutionnelles', *VST — Vie sociale et traitements*, 95 (2007), pp. 110–125 <<https://doi.org/10.3917/vst.095.0110>>
- Prinzhorn, Hans, *Bildneri der Geisteskranken* [1922] (Hamburg: Severus Verlag, 2016)
- Robcis, Camille, *Disalienation: Politics, Philosophy, and Radical Psychiatry in Postwar France* (Chicago: The University of Chicago Press, 2021)
- Schwarz, Lilia Moritz, *O espetáculo das raças: cientistas, instituições e questão racial no Brasil. 1870–1930* (São Paulo: Companhia das Letras, 2005), pp. 189–238
- Silveira, Nise da, '20 anos de Terapêutica Ocupacional em Engenho de Dentro', *Revista Brasileira de Saúde Mental*, 10 (1966), pp. 17–160
- *Cartas a Spinoza* (Rio de Janeiro: Francisco Alves, 1995)
- *Casa das Palmeiras: a emoção de lidar, uma experiência em psiquiatria* (Rio de Janeiro: Alhambra, 1986)
- *Imagens do Inconsciente* (Rio de Janeiro: Alhambra, 1981)
- 'Nise da Silveira, Artaud e Jung', interview with David Bocai et al. for *Rádice* (1976–77), in Luiz Carlos Mello, *Encontros/Nise da Silveira* (Rio de Janeiro: Azougue, 2009), pp. 44–75
- 'O mundo contemporâneo é impaciente', interview with Luiz Carlos Lisboa, *O Estado de São Paulo*, newspaper online archive, 24 January 1987, p. 58 <<https://acervo.estadao.com.br/>> [accessed 1 February 2023]
- *Os inumeráveis estados do ser* (Rio de Janeiro: Museu de Imagens do Inconsciente, 1987)
- Tosquelles, François, *Soigner les institutions* (Paris: L'Arachnéen, 2021)
- Vinchon, Jean, *L'Art et la folie* (Paris: Stock, 1924)
- Worringer, Wilhelm, *Abstraction and Empathy: A Contribution to the Psychology of Style*, trans. by Michael Bullock Eastford (CT: Martino Fine Books, 2014)