Every head, a sentence: Deconstructing stigmas in mental health

https://doi.org/10.56238/sevened2024.007-064

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ABSTRACT

The article proposes a reflection on the complexity of the human mind and the stigmas associated with madness throughout history and in contemporary society. Addressing fundamental concepts about mental health, the evolution of the understanding of madness in the world and its relation to the Brazilian context, the text emphasizes the importance of an inclusive and compassionate approach in caring for people with mental disorders. The evolution of conceptions of madness throughout history is presented, highlighting the transition from terms like mental alienation to mental disorder, reflecting social, political, and scientific changes. The text emphasizes the need to replace stigmatizing terms with more updated and less pejorative language, promoting a broader and more respectful understanding of mental health. Additionally, the article discusses the importance of mental health as a collective project, which should be incorporated into everyday life and not restricted to specific awareness campaigns. It highlights the influence of various biological, psychological, social, and environmental factors on mental health, emphasizing that its care goes beyond the absence of mental disorders, encompassing emotional and psychological well-being. The research also addresses the trajectory of psychiatric reform in Brazil, highlighting transformations in the national mental health policy and the emergence of social movements in favor of anti-asylum struggles. It is concluded that the exclusion of madness is rooted in social and cultural discourses, and its deconstruction requires a paradigm shift and a more inclusive and respectful approach to mental disorders. In summary, the article offers a comprehensive and critical analysis of issues related to mental health and madness, encouraging reflection on stigmas and prejudices and advocating for a more humanized and inclusive approach in the care and promotion of the rights of people with mental disorders.

Keywords: Mental health, Madness, Mental disorders, Psychiatric reform, Social stigmas.

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INTRODUCTION

Each mind is a universe unto itself, so the intriguing question arises: what really defines sanity? Under the title "Every Head, a Sentence: Deconstructing Stigmas in Mental Health," we are invited to an exploration of the intricacies of the human mind. In this text, we embark on a journey that crosses centuries and cultures, unraveling the multiple facets of madness and challenging the stigmas that surround it. From the dusty pages of history to contemporary debates, we break down entrenched prejudices and pave the way for a more compassionate and inclusive understanding of mental health.

"You can't heal too much. People who are too healed are boring people. Everyone has a little bit of craziness. I am going to make a request of you: live your imagination, for it is our deepest reality. Fortunately, I've never been around people who are very sensible." The quote belongs to Nise da Silveira, one of the most influential and revolutionary figures in the history of Brazilian psychiatry (Aidar, 2021).

We realize that madness is something that arouses curiosity, involves mystery and doubts. But what is madness? Even with so much ink spent, we cannot admit that there is a consensus on the concept of madness.

In the dictionary definition, for example, the description of madness remains as "disorder, mental alteration characterized by the more or less prolonged removal of the individual from his or her habitual methods of thinking, feeling, and acting" or "a feeling or sensation that is beyond the control of reason" (Dício, 2022).

From the perspective of the romantics, madness reveals itself as the manifestation of unbridled passion, the trance of overwhelming love, and the total surrender to feelings that transcend reason (Rozeira et al., 2023).

In the approach of philosophical science, the individual considered insane is understood as a construction influenced by the social environment in which he is inserted, also taking into account the historical moment and the specific cultural context of society. This suggests that the notion of madness in Brazil, for example, may differ significantly from that in other countries (Frayze, 1985).

For legal science, madness is perceived as the inability to perform civil acts, so that the insane receives different treatment from other citizens. Let's see: in the criminal sphere, the insane person "does not commit a crime", he is not imputable (art. 26 of the Brazilian Penal Code); and in the civil sphere, he is "incapable" of performing legal acts by himself (article 5, II, of the Brazilian Civil Code).

For the Christian religion, there was a stigmatization of the insane as someone with demonic possession, requiring interventions of exorcisms against evil and protection of people (Pereira, 1999).

In the artistic sphere, the interaction between art and madness generates controversies.

However, it is undeniable that, healthy or not, artists are perceived as individuals who are outside of conventional norms. Those involved in the arts are often not afraid to challenge the *status quo*, to escape established conventions. It is not just a matter of the desire to be different or to walk a path that is often lonely and arduous, but rather of an intrinsic need to give meaning to one's own life. It is important to note that, in the context of Modern Art, this link between art and madness has sometimes resulted in prejudice and even aggression directed at artists (Rivera, 2019).

For the various approaches to psychology, madness is seen subjectively, and can be interpreted in different ways: as a disconnection from one's own consciousness, from the perception of oneself and one's place in the world; as a pathological condition, a mental state caused by brain changes; an imbalance or deviation from established social norms; a manifestation of psychotic personality disorder; a reflection of emotional difficulties stemming from challenging family or social contexts; a form of escapism or evasion of responsibility; or even as an awakening to a deeper understanding of oneself (Rozeira et al., 2023).

Psychiatry, on the other hand, understands madness as an organic disease, being able to identify it by methods, almost always establishing a pharmacological treatment that eliminates it from the patient's behavior and thinking (Frayze, 1985).

Collectively, it is thought that the insane person is the one who has no reason, who exposes fear, who does not control his own impulses, escaping from social standards, needing specialized treatment (Wickert, 1998).

In order to understand the concept of health together with the right to mental health, it is necessary to examine external, social, historical, political and economic situations and factors. Our health is integral, which means that physical and mental health is influenced by access to health, education, work, social and legal services, as well as exposure to violence and discrimination. For this reason, and because mental health has crossed all the boundaries of life and has social determinants that affect it, we therefore need to consider the realization of this right as an action shared by different fields and that also depends on these rights as a guarantee (Rozeira, et al., 2023).

The World Health Organization (WHO) ratifies most of the ideas mentioned above, and considers madness related to mental and behavioral disorders with dysfunctional alterations in the way of thinking, the way of feeling, mood and behavioral changes associated with significant distress or the degradation of global psychic functioning, so that it cannot exercise normally, due to gender, age, cultural and social factors, the function that would belong to them for their personal fulfillment (WHO, 1993).

We have the fear of becoming insane because we are aware of what they can do to those who arrive in this condition, which leads to the desperate feeling that we will be forgotten or will have the neglect of care. It is to think that we will be "objectified" and left in a corner as an object (Moffatt,

1991).

Throughout this text, we will explore the evolution of the understanding of madness over time, both globally and in the Brazilian context. We will address relevant topics, such as psychiatric reform in Brazil, the scientific foundations of madness, the rights of people with mental disorders, and the promotion of human rights in the area of mental health. In addition, we will discuss the intersection between madness and science, as well as different psychiatric and psychological perspectives on the topic.

This is an exploratory research of a qualitative nature, evoking concepts and information from the scientific literature on madness. An ever-current theme, which deserves to be studied in various fields of knowledge, mainly through psychology, medicine, law, education, social work, nursing, as well as by all those who are interested in fighting and making policies in favor of care and human rights.

THE EVOLUTION OF THE UNDERSTANDING OF MADNESS THROUGHOUT WORLD HISTORY

History has always placed madmen on one side, as opposed to reason. This boundary between normal and abnormal must be questioned, if only because it has varied over time. Foolishness, sorcery, desperate passion... they were crazy. Madness that had no remedy, only the mercy of God. However, history and culture also offer positive references, which induces us to reflect on the fragile thread that distinguishes madness from sanity. The image of the insane person emerges today strongly as a dangerous and uncontrolled being, an idea inherited from the psychiatric conception, coming from the nineteenth century (Rozeira, et al., 2023). However, the French philosopher Michel Foucault (1926-1984) was the one who excelled in understanding that the means of understanding and dealing with madness are different over time.

In 1961, Foucault published the "History of Madness", describing how humanity has lived with madness in each time, understanding that it is not a natural phenomenon, nor a "disease". The big question was: What ideas did you have for "madness" to begin to be understood as "mental illness", "mental alienation" or "pathology"?

According to Foucault, the transformation of the understanding of madness was deeply influenced by science, but mainly by the result of the relations between knowledge and power, customs, beliefs, rites and the political regime of each time. "It was in a relatively recent epoch that the West granted madness the status of mental illness" (Foucault, 2008).

In ancient centuries, mental illnesses were thought to be caused by magical or demonic actions, so the first doctors were sorcerers and priests. The insane subject was seen as an eccentric being, or possessed by the devil, due to his behavior that distanced him from what was considered the

standard for society (Foucault, 1978).

Foucault (1978) argues that in Ancient Greece, there was a valorization of the insane, considering them as chosen by the Divine. They believed that the agitated crises were related to supernatural forces.

In Sparta, it was normal to throw children with physical or mental disabilities off cliffs. Speaking of children, it is interesting to note that in Ancient Rome, both nobles and commoners were allowed to kill children who were born with a disability (Foucault, 1978).

Also, according to Foucault (1978), during the Middle Ages, at the time of leprosy, the insane roamed freely in society, being considered sacred. Leprosaria (buildings isolated from the urban perimeter) began to be used for the treatment of venereal diseases, and then also began to house all kinds of sick people for treatment, including the insane. As a consequence, exclusion came to be shared between those with venereal diseases and the insane.

It is important to note that it was in the eighth century that madness was best described as a manifestation of "non-being". Therefore, society was afraid that the insane would contaminate it with this "unreason", continuing to send them to hospitals for the exceptional purpose of protecting society against the proliferation of madness. It constituted that madness was treated in this period in the most inhumane way: the idea was to expose the abnormality, with the aim of welcoming an indigence in exalting the morality and reason of the bourgeoisie (Rozeira et al., 2023).

Between the fourteenth and sixteenth centuries, in the Renaissance, madness was considered an esoteric knowledge about the nature of life. Thus, the "famous" madmen were tolerated, but the "strange" madmen, with bizarre and deviant behaviors, including the debauched and drunkards, were confined to ships in a kind of ritualistic exile (Foucault, 1978).

There was a period of segregation, between the seventeenth and eighteenth centuries, in which madness began to be linked to the comic, to the dream, and also to error, always excluded from reason, beginning its enclosure with misery, venereal diseases, and inability to work (Rozeira et al., 2023).

As for the comic part, there were in France, at the beginning of the seventeenth century, the famous madmen. With them the cultured public was amused. Some, like Bluet d'Arbère, wrote books that were published and read as works of madness. Until the mid-1650s, Western culture was strangely hospitable to these forms of experience (Foucault, 1978).

Foucault (1978) noted that detention centers spread rapidly in Europe, in particular in Germany, France, and England. Many of them were erected within the walls of the old leprosariums, being maintained with public funds. The great problem of internment is the moment in which madness was linked to the inability to work, plunging into the context of urban problems. There came a time when misery no longer needed to be imprisoned, but madness did. The insane being was

sometimes understood as disturbed, maladjusted and dangerous, sometimes he was considered as someone who did not produce, that is, a subject incapable of producing and effectively participating in progress, who could not integrate into social groups, and consequently disrupted the social structure and the constituted order.

At the end of the modern age, psychiatrists and reformist philosophers noted the confinement of the insane as evil, as a crime, seeing madness as a disease. From this fact, the idea of having a normal being, prior to the disease, arises, and it is accepted to see the mad subject as a sick being, out of the norm (Rozeira et al., 2023).

From the eighteenth century onwards, the idleness of the bourgeoisie was compensated by the labour of the insane. Thus, the action of interning them came to be seen as a waste of labor (Rozeira et al., 2023).

In his work, Foucault (1978) points out that at the end of the eighteenth century and during the nineteenth century, asylums with therapeutic value appeared, and madness began to be perceived as "mental alienation" (a mental state that results from a psychic illness in which there is a deterioration of cognitive processes, of a transitory or permanent nature, in which the affected individual becomes unable to manage his or her social life). In other words, madness has become an object of medical knowledge, coming to be apprehended as a "mental illness", which needs treatment, consisting of an object of knowledge to be tamed.

Other important movements in this context took place in France (Philippe Pinel freed the insane from Bicêtre in 1794, advocating re-education through social and moral control) and in England (Samuel Tuke tried methods of healing the sick in the country, free of bars and chains). Despite good intentions, these movements failed to break with the idea of internment. That is, the insane were released from incarceration, but placed under medical care. For Philippe Pinel, asylum was still the best place to ensure the personal safety of patients and their families, by freeing them from external influences (Foucault, 1978).

All this context shows that, in the end, the insane had to be stigmatized, enclosed in a delimited place and set aside to be studied, because history reinforces that the suffering of the sick person serves to make the so-called healthy know what evils threaten them and provide subsidies to avoid such suffering (Wickert, 1998).

MADNESS IN BRAZIL

The history of madness in Brazil, according to Othon Bastos (2007), began with the arrival of the Portuguese royal family in Rio de Janeiro in 1808.

> bringing on board, caged, Queen D. Maria I. Her Highness had been considered insane and removed from her duties by the court doctor, José Correia Picanço (1745-1824), the first Baron of Goiana, founder of medical courses in the country (Bastos, 2007, n.p.).

In the course of the centennials, the insane subject re-emerged as a social problem in the nineteenth century, in a very analogous way to what occurred in Europe, that is, as an element of maladjustment to the social order, in the midst of a context of disorder, idleness and begging. The number of individuals who posed a threat to the social peace of the cities and the bourgeoisie was increasing. Initially, these subjects were taken to seclusion in Santa Casas de Misericórdia, being thrown into basements, without humane treatment and handed over to guards and jailers responsible for their protection; beatings and restraints on logs were the usual forms of control (Amarante, 1995).

Among several episodes that occurred on Brazilian soil, the fact that occurred at the Psychiatric Colony Hospital in Barbacena/MG between the years 1930 and 1970 stands out. In this place there was the annihilation of 60,000 victims, that is, people who not only had mental disorders, but also those who did not fit into the social molds, such as sad, introverted, epileptic, alcoholic, with venereal diseases, homosexuals, prostitutes, girls who were raped and/or impregnated by their employers, "rebellious" wives, girls who lost their chastity before marriage, children rejected by their parents for misbehavior or being born with imperfect genetics, among others. It is noteworthy that more than 70% of the patients did not suffer from any mental illness. The internees lived in a situation of extreme lack of hygiene, as prisoners in overcrowded cells, without decent food, being tortured, raped and killed (Arbex, 2013).

Several elements of this real horror story are reminiscent of what happened to the victims of Nazism. One of them is the fact that people were transported to the hospital on a freight train, just as in World War II Jews were taken to concentration camps. The train that took them to the so-called Colônia Hospital became known ironically as the "crazy train" (Arbex, 2013).

As a result of social indignation, the result of an intense struggle for a society without asylums, the process of the Brazilian Psychiatric Reform began in the late 1970s and early 1980s, proposing new contours for the treatment of subjects in mental suffering. The Psychiatric Reform Legislation (2005) legally underpins the implementation of the Ministry of Health's National Mental Health Policy, as well as cross-cutting public policies associated with the guarantee of other basic rights to people with precarious mental health conditions (Amarante, 2018).

As a backdrop to the Reformation, it consisted of offering more humanized care through work carried out by multidisciplinary teams acting territorially. In 2011, guidelines and recommendations were condensed as a national public policy, establishing the Psychosocial Care Network (RAPS) of the Unified Health System (SUS), with multiprofessional and interdisciplinary action (with professionals from psychology, medicine, nursing, speech therapy, social work, physical education and occupational therapy) with a focus on the needs of users, with diversified care strategies in the territory. including not only the field of health, but also that of social assistance, culture and employment, in order to benefit social inclusion and the exercise of citizenship of service users and

families (Amarante, 2018).

Since its inception, RAPS has been composed of a variety of services and equipment, mostly guided by principles of community care and freedom, such as the Psychosocial Care Centers (CAPS), the Therapeutic Residential Services (SRT), the Coexistence and Culture Centers and the Reception Units (UAs).

One of the most well-known and demanded devices of the Network is the CAPS, which operates as a public health unit for people in psychological distress, with mental disorders and/or needs resulting from the use of alcohol and other drugs.

It is essential to emphasize that, when we deal with the humanization of care within the field of human rights in mental health, we aspire to move away from a situation in which subjects with psychic suffering have been, for centuries, segregated and exposed to various rights violations in the fields of public and private health systems. Isolation and consequent exclusion are related to the idea that individuals with mental illness are unproductive and, therefore, do not belong and can be segregated from society (Rozeira *et al*., 2023).

> Thus, from this perspective, we have a polarization, in which we arbitrarily classify people into those who endure their illnesses without intervening in the maintenance of daily life (considered "healthy") and those who cannot (considered "crazy"). A logic that sponsors various configurations of violence (moral, psychological, physical, sexual, institutional, and patrimonial) against social minorities and individuals in vulnerable circumstances (Rozeira et al., 2023, p. 377).

Addressing disease prevention, promoting mental health by integrating to dialogue with perspectives on issues of disability, race, ethnicity, gender, sexuality and religion, and preserving autonomy and encouraging social participation are essential for the consolidation of integrated models of mental health and human rights.

Within the history of Brazilian madness, Nise da Silveira emerges, a remarkable figure in the history of Brazilian psychiatry, known for her humanized approach to the treatment of patients with mental disorders. Her trajectory challenged the traditional and cruel methods of treatment that prevailed at the time, seeking more respectful and effective alternatives. By refusing to adopt invasive and inhumane methods, Nise paved the way for a more compassionate and patient-centered therapeutic approach. Their art and occupational therapy workshops offered patients a way to express themselves and explore their creative capabilities, thereby challenging the notion that they were incapable or dangerous (Escher *et al*., 2021).

In addition, Nise fought against the social stigma associated with madness and advocated for the rights and dignity of patients. His pioneering vision and dedication to the cause of mental health have contributed significantly to the evolution of the field in Brazil (Escher *et al*., 2021).

The recognition of Nise da Silveira's work was not limited to Brazil. His collaboration with

Carl Gustav Jung and his introduction of Jungian psychology to the country demonstrate his international influence and reach (Escher *et al*., 2021).

The anti-asylum struggle, of which Nise was a forerunner, resulted in the approval of the Psychiatric Reform Law, which brought significant changes in the treatment and approach of mental disorders in Brazil. Today, patients have a broader and more diverse support network, which includes Psychosocial Care Centers (CAPS) and greater awareness of the rights and needs of people with mental disorders (Escher *et al*., 2021).

Nise da Silveira's legacy continues to inspire mental health professionals and human rights advocates around the world, reminding us of the importance of a compassionate and respectful approach to treating mental illness.

THE RIGHT OF THE MADMAN

By denying the insane individual the right to citizenship, the right to subjectivity, it is socially exposed how much difference is not supported in our culture, a fact that motivated its marginalization and transformation into a disease (Naffah Neto, 1994).

Strolling through the historical context, we realize that the madman was what the culture of each era wielded: from saint to demon; from the eccentric to the trash; from the sick to the unproductive; from being cultural to social threat; but never, citizen and subject of law.

With the Enlightenment and positivism, madness became something "non-human," the counterpoint of Cartesian reason. The "cogito, ergo sun" (I think, therefore I am) does not apply to the insane (Rozeira *et al*., 2023).

> Access to mental health care is, by law, a fundamental human right for everyone. The Brazilian regulation aims to guarantee free care, humanized treatment, preventing any act of abuse and exploitation, guaranteeing the confidentiality of information, with the right to information to understand the proposal of treatments, also the right to a therapeutic environment by less invasive means, and community mental health services (Rozeira et al., 2023, p. 381).

To reach the level described above, there was a lot of struggle to consider health as a social right. It was from the Universal Declaration of Human Rights, a document drafted in 1948, after World War II, that there was the systematization of universal basic rights for the preservation of human dignity, with the objective of avoiding the repetition of humanitarian barbarism.

Despite all this context, people with mental disorders are particularly vulnerable to abuse and violation of rights at all times, due to their illness. That is why it is important to have legislation to protect vulnerable citizens. In other words, mental health legislation is an effective tool to promote access to mental health care, in addition to promoting and protecting the rights of people with mental disorders. It is now up to society to know its rights, because the hidden law is dead, it has no effect.

Law No. 10,216/2001, which incorporated the principles and objectives of the Psychiatric Reform, is one of the instruments for the protection and defense of the human rights of people with mental disorders. However, it is important to note that mental health legislation, when considered in isolation, does not automatically ensure the respect and protection of these rights (Pereira, 2016).

Pereira (2011) points out that with psychology and the evolution of psychiatry, the conception of madness became clearer and, with this, the expression of our Civil Code of 1916 was suppressed. Obviously, the evolution of law is not reduced to merely changing an expression to adapt it to modern times. Such a change is derived from a debate between law and related sciences.

Correia (2007) clarifies that mental health legislation in Brazil advocates an approach centered on treatment and support, as opposed to punishment. In this regard, it is crucial to establish a connection between this structure and the criminal justice system in order to effectively guarantee access to health services and other rights for people with mental disorders who commit crimes. It is clear that the law, by itself, does not alter reality; therefore, the Law is not limited to declaring, but also seeks to promote institutional and social changes.

Currently, in Brazil, if the individual's "madness" is characterized as "mental alienation", a series of state protections can be enjoyed, and the rights range from social security to tax protection. It is important to say that mental alienation is not considered a disability, although people affected by the disease may be beneficiaries of assistance benefits for people with disabilities.

But what would be the rights of people with mental alienation with the INSS and the Federal Revenue Service? From a tax point of view, the right of exemption from income tax is guaranteed to the bearer of mental alienation. In the social security area, people with mental alienation may be entitled to sick pay, disability retirement and other INSS benefits, such as BPC and death pension (Law 7,713/1988).

MADNESS AND SCIENCE

Today, science makes a clear distinction between madness and mental illness. We have no way of saying whether there is an intention to appear humanized, but psychiatrists no longer usually use terms such as madness or madness and distance themselves from the current classifications of psychiatric disorders and include them (Rozeira *et al*., 2023).

Mental illness, since the eighteenth century, has always been associated by medicine with a negative description of behavior. Esquirol, a disciple of Pinel, explains that madness is a disease of the brain that prevents man from thinking and acting as other men do. He distinguishes between dementia (mental illness) and amencia (mental deficiency), in his words, the former is crazy, the latter is idiot (Blom, 2009).

According to Trent (1994), it was with Esquirol that the term idiocy ceased to be considered a

disease and the criterion for evaluating it became educational performance. The physician, as a consequence, loses the final word with regard to mental disability, opening the doors of this new area of study to the pedagogue (Trent, 1994).

According to Bettarello (2006), the classificatory absurdities of previous eras, such as labeling a lady who falls in love with a younger man crazy, have dwindled.

Madness as a state of expansion of existence is positive. You usually come out enriched after an experience like this. Mental illness, on the other hand, is the opposite of that. Instead of freedom, they give you a restriction of autonomy (Bettarello, 2006).

The International Classification of Diseases (ICD) confers in its diagnostic criteria, signs and symptoms, involving difficulties and limitations in the functioning of the person with a mental disorder, such as: decreased concentration, isolation, negativism, affective blunting, hallucinations, psychomotor slowing, decreased energy, among others (Candido *et al*., 2020).

We just have to be careful, because "mental medicine, itself a product of civilizational development, establishes normality of conduct as a criterion for comparison between individualities, differential analysis of the individual's character, habits, inclinations in his family environment, in his circle of friends, in his professional life, in his political tendencies and religious convictions, etc." (Axe *et al*., 1978).

The madness that psychiatry addresses is classified as psychosis, being a distortion of thought and sense of reality, which can drastically render the patient's life useless. In this regard, Soalheiro (2016), referring to a WHO study (2005), states that

> Five out of the top ten causes of disability in the world are mental problems. The ranking is made taking into account two criteria: the number of years of life and the number of productive years that the disease steals from the patient. And in the case of mental illness, there is little competition on the right side. Whether because of the stigma it carries or because of the inconvenience it brings to a person's routine, mental disorders can lead to a poor quality of life (Soalheiro, 2016, n.p.).

By fighting for a status among the practices of science, modern psychiatry had established a relationship with the sick that became famous in Foucault's definition: the monologue of reason about madness, arguing about the idea that mental patients were devoid of reason and, therefore, had no right to have an opinion about their life and treatment. legitimizing many abuses of medicine (Rozeira *et al*., 2023).

> Forced sterilization and prohibition of marriage are just two examples of what was seen as incontestable truth when it came to the lives of the mentally ill (Soalheiro, 2016, n.p.).

The work of Michel Foucault (1978) served as inspiration for the movements that began to take shape in the 1960s: the anti-asylum struggle and anti-psychiatry. All over the world, former

patients of psychiatric hospitals began to organize against the abuses of reason over madness. There was only one goal: to give "the individual the task and the right to carry out his madness" (Foucault, 1978).

Still on madness, according to science, Pavão (2006) argues that

> Psychiatry, as it developed in the nineteenth and twentieth centuries, broadened its field of intervention, since the concept of abnormality gained great proportions, madness acquired a character of invisibility and became associated with the notion of dangerousness and harmfulness. Therefore, instead of treatment, there was talk of prophylaxis of mental illness, through the defense of the principles of eugenics (Pavão, 2006, n.p.).

A real fact is that madness is not a medical term but a cultural product, an acknowledgment that unreason exists.

In this context, it is important to understand that mental health does not imply the absence of mental disorders. According to the WHO,

> Health is not synonymous with the absence of disease, and the same goes for mental health. People with severe diagnoses, such as schizophrenia or panic disorder, may be healthy on a day-to-day basis. What determines whether a person needs mental health treatment is not the presence of a mental disorder, but rather their quality of life and ability to be functional (WHO, 1993).

As long as madness is seen as a simple pathology, isolationism, segregation, and institutionalization will find a solid basis for the reproduction of its practices.

MADNESS: PSYCHIATRIC AND PSYCHOLOGICAL PERSPECTIVES

The deinstitutionalization of insanity was a process that sought to transform the traditional model of psychiatric care, which historically was based on prolonged hospitalization in large psychiatric hospitals isolated from the community. This model, often known as asylum, as we have seen, was marked by inhumane practices, human rights violations, and social exclusion of patients. Thus, the objective of deinstitutionalization was to promote the reintegration of individuals with mental disorders into society, guaranteeing them autonomy, dignity and quality of life. To this end, a series of measures are implemented, such as reducing the number of hospital beds, closing psychiatric hospitals, creating mental health services in the community, and promoting social inclusion policies (Ribeiro Neto; Iglesias, 2023).

However, deinstitutionalization is not without its challenges. It is essential to ensure that services are adequate and accessible, that health professionals are trained to deal with patients' demands, and that there is effective support for families. In addition, it is necessary to combat stigma and discrimination in relation to people with mental disorders, promoting a culture of respect and inclusion (Ribeiro Neto; Iglesias, 2023).

The relationship between concepts of insanity and psychiatric illness has been the subject of intense debates and reflections throughout the history of Psychiatry and Mental Health. Since the beginnings of psychiatry as a medical discipline, madness has been conceived as a psychiatric illness, a phenomenon that demanded explanation and treatment.

Schizophrenia, in particular, has been studied and discussed as an autonomous nosological entity, a medical condition characterized by biochemical and structural dysfunctions in the brain. Debates about the essence of schizophrenia, its etiology and treatment have permeated the psychiatric literature, with divergences about its genetic, environmental and biochemical bases (Costa Júnior; Medeiros, 2007).

While traditional psychiatry tends to frame schizophrenia within a purely medical perspective, with an emphasis on pharmacological treatments, more contemporary approaches to mental health have questioned this reductionist view. Psychoanalytic theories, for example, highlight the importance of family dynamics and psychological development in understanding psychosis. For Winnicott, psychosis is the result of a failure in the relational environment during development, leading to an inability to differentiate between the self and the non-self (Costa Júnior; Medeiros, 2007).

In the same way, Lacanian theory approaches psychosis as a result of the foreclosure of the Name of the Father, leading to the immobilization of the subject in a position where he cannot restore the meaning of his experiences (Freire, 1999). Jungian psychoanalysis, on the other hand, proposes psychological methods for the treatment of schizophrenia, emphasizing the importance of interpreting unconscious contents.

In addition to psychoanalytic perspectives, existential and phenomenological approaches have sought to understand the experience of schizophrenia beyond the diagnostic categories (Costa Júnior; Medeiros, 2007).

It is evident that in Psychiatry, madness is conceived mainly as an organic disease, with genetic origin, which can be treated through medical interventions, such as pharmacological therapy. This approach emphasizes the biological nature of mental disorders and seeks to reduce the social exclusion associated with madness through medical treatment and public enlightenment about the nature of the disease (Costa Júnior; Medeiros, 2007).

However, Costa Júnior and Medeiros (2007) explain that, on the other hand, in Mental Health, madness is seen as a broader phenomenon, which includes not only biological aspects, but also social and cultural aspects. From this perspective, the social exclusion of the individual considered insane is seen as a result not only of the disease itself, but also of the stigmatization and institutionalization promoted by Psychiatry. Mental Health criticizes the exclusively biological view of madness, emphasizing its social and cultural dimension.

These different conceptions reflect different worldviews, where in Psychiatry the focus is on the disease as a biological entity, while in Mental Health the emphasis is on the social and cultural dimension of madness. Although there are some points of intersection, such as the understanding of madness as a perceptual phenomenon limited to the individual, the two perspectives generally do not meet in a productive dialogue, and are even considered mutually exclusive (Costa Júnior; Medeiros, 2007).

By considering not only the medical aspects, but also the social, familial, and existential contexts of patients, Mental Health can offer a more complete and compassionate view of the experience of madness, thus promoting a more effective and humanized approach to the care of individuals affected by these disorders.

FINAL THOUGHTS

The evolution of the designations of madness throughout history reflects not only changes in conceptions of mental health, but also social, political, and scientific transformations. The transition from the idea of madness to notions such as mental alienation, mental illness and mental health occurred in different periods and was influenced by several factors (Pontes; Calazans, 2014).

Mental alienation, as conceived in the historical context of psychiatry, refers to a state in which the individual is detached from reality or social norms due to psychic disturbances. These disturbances can manifest themselves in various ways, such as delusions, hallucinations, disorganization of thought, or uncontrolled emotions. However, it is important to emphasize that the term "mental alienation" is a historical construction that reflects the conceptions of the time in which it was coined, and its current use can be considered dated or pejorative, being replaced by more up-to-date and less stigmatizing terms, such as "mental disorder" (Pontes; Calazans, 2014).

Caring about mental health should not be an individual project with a beginning, middle, and end. But a collective project. We need to envision the theme with the responsibility that it already occupies in our lives continuously, without restricting ourselves to looking only at illness or at necessary, but often restricted, awareness campaigns, as is the case of suicide in Yellow September. In short, mental health should be a subject for every day, for life, permanently.

Importantly, mental health refers to an individual's state of emotional, psychological, and social balance. It involves the ability to cope with life's challenges, maintain healthy relationships, make appropriate decisions, and contribute to the community. Mental health is not limited to the absence of mental disorders but also includes psychological and emotional well-being. It is important to highlight that mental health is influenced by several factors, including biological, psychological, social, and environmental aspects.

For more than 30 years, the national mental health policy has undergone transformations

guided by a process of psychiatric reform with the emergence of social movements formed mainly by health workers, family associations, trade unionists and people with a long history of psychiatric hospitalizations.

In step with the redemocratization of the country and the creation of the Unified Health System (SUS) by the 1988 Constitution, the first effective demonstrations of what the defenders of psychiatric reform and the anti-asylum struggle proposed.

We realized when we read the content of this material that the society of each era, in its culture, did not account for the madness. Subjectivity has escaped social standards and scientific knowledge has not understood the human being in its totality. They tried, but it was not enough to open the doors of the asylums and remove all the subjects who were there, because the exclusion of madness is inserted in the discourse that surrounds us and it is this discourse that needs to be modified. We need to break down the walls of exclusion that are internalized in our minds. It is essential that we can introject into our lives the creative drive of madness, with all its unreason, and that this enables the respect and right to citizenship of the subject who today is considered insane.

Yes, it's already cheesy to list "madness" as a synonym for mental illness. There are a variety of mental disorders that affect people in the most different ways, which can even elucidate social consequences, but which should not be compared to the concept of madness which, after all, is already outdated, isn't it?

REFERENCES

1. Aidar, L. (2021). Biografia de Nise da Silveira. *Ebiografia*. Disponível em: <https://www.ebiografia.com/nise_da_silveira/>.

2. Amarante, P. (Ed.). (1995). *Loucos pela vida: a trajetória da reforma psiquiátrica no Brasil*. Rio de Janeiro: SDE/ENSP.

3. Amarante, P., & Nunes, M. de O. (2018). A reforma psiquiátrica no SUS e a luta por uma sociedade sem manicômios. *Ciência & Saúde Coletiva* [online].

4. Arbex, D. (2013). *Holocausto Brasileiro* (1ª ed.). São Paulo: Geração Editorial.

5. Bastos, O. (2007). Primórdios da psiquiatria no Brasil. *Revista de Psiquiatria do Rio Grande do Sul* [online], 29(2).

6. Bettarello, S. V., & Segre, C. D. (Eds.). (2006). *Saúde e Liberdade*. Campinas: Editora Livro Pleno.

7. Blom, J. D. (2009). *A Dictionary of Hallucinations* [em inglês]. Springer Science & Business Media.

8. Correia, L. C. (2007). Avanços e impasses na garantia dos direitos humanos das pessoas com transtornos mentais autoras de delito. Dissertação de Mestrado, João Pessoa-PB.

9. Costa Júnior, F. D. A., & Medeiros, M. (2007). Alguns conceitos de loucura entre a psiquiatria e a saúde mental: diálogos entre os opostos. *Psicologia USP*, 18(1), 57–82.

10. Escher, C. et al. (2021). Da loucura à revolução: Psiquiatra brasileira, Nise da Silveira foi a pioneira no tratamento humanizado no país. *Revista Arco*. Disponível em: <https://ufsm.br/r-601-409>.

11. Foucault, M. (2008). *Doença mental e psicologia*. Rio de Janeiro: Texto e Grafia.

12. Foucault, M. (1978). *História da loucura na Idade Clássica*. São Paulo: Ed. Perspectiva.

13. Foucault, M. (2001). *Os anormais*. São Paulo: Martins Fontes.

14. Foucault, M. (2001). *Vigiar e punir* (24ª ed.). Petrópolis: Vozes.

15. Frayze-Pereira, J. A. (1985). *O que é loucura?*. São Paulo: Brasiliense.

16. Freire, A. B. (1999). Considerações sobre a Letra: a psicose em questão. *Psicologia Reflexão e Crítica*, 12(3), 567-583.

17. Loucura. In: *DICIO, Dicionário Online de Português*. Porto: 7Graus, 2022.

18. Machado, R. L. A. L., & Machado, R. M. K. (1978). *Danação da norma: medicina social e constituição da psiquiatria no Brasil*. Rio de Janeiro: Graal.

19. Naffah Neto, A. (1994). *A psicoterapia em busca de Dionísio: Nietzsche visita Freud*. São Paulo: Escuta.

20. Organização Mundial de Saúde. (1993). *Classificação de transtornos mentais e de comportamento da CID-10: Descrições clínicas e diretrizes diagnósticas*. Porto Alegre: Artes Médicas.

21. Pavao, S. R. (2006). Louco e a ciência: a construção do discurso alienista no Rio de Janeiro do século XIX. *Estud. pesqui. psicol.*, 6(2), 147-151.

22. Pereira, P. C. (2016). O direito dos loucos através dos tempos. Dissertação de Mestrado, Univag Centro Universitário.

23. Pereira, R. da C. (2011). Ausentes e Incapazes: Loucura e deficiência mental – uma questão de capacidade. Ministério Público do Estado do Amazonas. Procuradoria Geral de Justiça.

24. Pereira, R. da C. (1999). *Revista Brasileira de Direito de Família*, 1.

25. Pontes, S., & Calazans, R. (2014). Considerações sobre a noção de saúde mental: Um enfoque psicopatológico e psicanalítico. *Barbarói*.

26. Porto da Pedra, Grêmio Recreativo Escola de Samba Unidos. (1997). Samba Enredo: Lia, Cada Louco Com Sua Mania. Compositores: Vadinho, Carlinho e Pinto.

27. Ribeiro Neto, P. M., & Iglesias, A. (2023). A desinstitucionalização da loucura na literatura científica brasileira. *Periódicos UFSC*. Disponível em: <https://periodicos.ufsc.br/index.php/cbsm/article/view/80528/54852#info>.

28. Rozeira, C. H. B., Silva, M. F., Ribeiro, M. A., & Rezende, P. S. (2023). Pobre faz "barraco" e rico "surta": O direito de ser louco. In: Olhares contemporâneos sobre direitos humanos e fundamentais. Deerfield Beach, FL: Pembroke Collins.

29. Soalheiro, B. (2016, outubro 31). Louco, eu? *Rev. Super Interessante*.

30. Trent, J. W. (1994). *Inventing the Feeble Mind: A History of Mental Retardation in the United States* [em inglês].

31. Wickert, L. F. (1998). Loucura e direito a alteridade. *Psicologia: Ciência e Profissão* [online], 18(1).