Pessoa Júnior JM, Santos RCA, Pessoa JD et al. THE SAID AND THE UNSAID: REFLECTIONS ON PSYCHIATRIC REFORM AND MICHEL FOUCAULT

ABSTRACT
Objective: to reflect on existing counterpoints in the historical process of Brazilian Psychiatric Reform and the thought of Michel Foucault, from the perspective of the said and the unsaid. Method: reflective philosophical study of the psychiatric reform and the thought of Michel Foucault performed from literature review on the topic. Results: the discussion is structured in three areas: the first mentions what was said about the psychiatric reform, contextualizing the main social and political aspects that marked the movement; the second highlights the philosopher Michel Foucault and his classic work that influenced Western thinking on madness; and in the third, some counterpoints are woven around the Psychiatric Reform. Conclusion: the official history of the Reform totals episodes and enigmatic characters, counterpoints on the said and the unsaid. Descriptors: Mental Health; Philosophy; Science; Knowledge.

RESUMO
Objetivo: refletir sobre contrapontos existentes no processo histórico de Reforma Psiquiátrica Brasileira e o pensamento de Michel Foucault, sob a ótica do dito e não dito. Método: estudo filosófico reflexivo sobre a reforma psiquiátrica e o pensamento de Michel Foucault realizado a partir de revisão de literatura sobre o tema. Resultados: a discussão encontrou-se estruturada em três eixos: o primeiro menciona o dito sobre a reforma psiquiátrica, contextualizando os principais aspectos sociais e políticos que mararam o movimento; o segundo destaca o filósofo Michel Foucault e sua obra clássica que influenciou o pensamento ocidental sobre loucura; e, no terceiro, são tecidos alguns contrapontos em torno da Reforma psiquiátrica. Conclusão: a história oficial da Reforma perfaz episódios e personagens enigmáticos, contrapontos sobre o dito e não dito. Descriptors: Saúde mental; Filosofia; Ciência; Conhecimento.

RESUMEN
Objetivo: reflexionar sobre contrapuntos existentes en el proceso histórico de la Reforma Psiquiátrica Brasileña y el pensamiento de Michel Foucault, sobre la óptica del dicho y lo no dicho. Método: estudio filosófico reflexivo sobre la reforma psiquiátrica y el pensamiento de Michel Foucault realizado a partir de revisión de literatura sobre el tema. Resultados: la discusión se encuentra estructurada en tres ejes: el primero menciona lo dicho sobre la reforma psiquiátrica, contextualizando los principales aspectos sociales y políticos que marcaron el movimiento; el segundo destaca el filósofo Michel Foucault y su obra clásica que influyó el pensamiento occidental sobre locura; y, en el tercero, son tejidos algunos contrapuntos en torno de la Reforma psiquiátrica. Conclusión: la historia oficial de la Reforma tiene episodios y personajes enigmáticos, contrapuntos sobre lo dicho y lo no dicho. Descriptors: Salud mental; Filosofía; Ciencia; Conocimiento.
INTRODUCTION

Revisiting historical aspects of the emergence of psychiatry and the movement of Psychiatric Reform is a reflective philosophical exercise necessary when we turn back to the knowledge produced by man in different periods in the health field. It is a time to seek to understand more broadly such knowledge and its relationship with the social dynamics shrouded in political, economic and cultural context of countries.

It is recognized, in this path of transformations, the existence of figures and subjects that traditionally distinguished themselves for their role, actions or even their studies and/or thinking about certain social phenomena. However, starting from a critical and problem-raising philosophical thought of the classic story told, it is necessary to give voice to the subjects not mentioned in the books and official speeches, establishing a counterpoint between what was “not said” and what was institutionally “said” and formulated in the human knowledge production process.

In this sense, we consider that this problem-raising perspective, of flagging this counterpoint on the history of Psychiatric Reform and the classic work of Michel Foucault on madness will enable to rethink the transformation of the Western hegemonic psychiatric knowledge for interdisciplinary care, based on new concepts of health care to individuals with mental disorders. The starting point was this exercise of reconstitution of international reform movements, recognizing their consonances in the history of Brazilian policies.

Thus, the present study aims to:

- Reflect on existing counterpoints in the historical process of Brazilian Psychiatric Reform and the thought of Michel Foucault, from the perspective of the said and the unsaid.

METHODODOLOGY

This is a philosophical study, with critical and reflective approach on counterpoints in the historical movement of the Psychiatric Reform and the thought of Michel Foucault, designed as one of the theoretical products of the Doctoral Thesis “Profiles and practices of mental health professionals in two large psychiatric hospitals” defended in the Graduate Nursing program in Health Care of the Federal University of Rio Grande do Norte in 2014.

The discussion is structured in two axes: the first, the “said”, mentions what was said about the Psychiatric Reform, contextualizing the main social and political aspects that marked the movement and the transformation of thought about the madness and emergence of psychiatry; and in the second, the “unsaid”, some counterpoints are woven about the Reform, particularly on the figure of Phellipe Pinel and the Foucault’s work Madness and Civilization.

ANALYSIS

- The “said” in the Psychiatric Reform

In an international scenario marked by a period of social disorder and severe economic downturn, especially among the countries of Europe, the first experiences of social enclosure emerged in the late seventeenth century, and have not yet received a medical aspect or approach faced to treatment of diseases. The hospices and nursing homes were spaces for the gathering and hosting people, mostly homeless, unemployed, prostitutes, thieves, among others, who had somehow threatened life in society.

A brief review of the existence of hospitals in society points to a source linked, at first, to the Catholic Church, when theology wielded power and influence around the world. Their structure reported the similarities with hostels, houses of support to the needy, under the custody of religious men that provided spiritual care. Coincidentally, during this period, they lived under the aegis of the Middle Ages, when the heretics, people contrary to the dominant thinking advocated by the Church, would be condemned to the stake of the Inquisition, as they represented danger to the interaction between the burgs.

It is also highlighted that in Brazil, the first hospitals had philanthropic aspect, linked to the Catholic Church. Many considered these spaces as human “depositories”, given the large number of people housed with various diseases concentrated there. We can mention as examples the Santas Casas de Misericórdia, especially in the Brazilian South-Eastern region.

From the French Revolution, new transformations took place in the political, economic and cultural field, with the fall of the Old Regime monarchy and the advent of the bourgeoisie, which directly contributed to major changes in medicine, and specifically to the historical background of psychiatry and madness.

The social order required a new conceptualization of madness and, above all,
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of its forms of care. With the Declaração dos Direitos do Homem e do Cidadão (Declaration of Rights of Man and of the Citizen), with the Contrato Social and the free movement of people and goods, the new civil sovereignty had to reflect on the responsibility and the limits of freedom.³

Gradually, throughout the nineteenth and twentieth centuries, new studies, projections and theoretical and conceptual perspectives had been established for hospitals, influenced by the various continents, particularly Europe. Among the notes, we refer to the influence of the nurse Florence Nightingale, with the released books Notes on Hospitals and Notes on Nursing, which exerted influence on the discussions regarding the layout of wards and regarding the functional quality of the hospital, given her experiences and studies.⁵

In this sense, the hospital, which was an institution formerly destined to philanthropy and religious charity, started to acquire its social and political bases. The seventeenth century is referred⁶ as the moment of invention of the General Hospital, when, simultaneously, there was the direction for the debates surrounding the madman and the madness in Western society, although, at first, it was intended to punitive interventions determined by royal and judicial authorities.⁷

In his classic work, Foucault evidences a new approach in the field of knowledge production by the defense of critical ideas about psychiatry as scientific knowledge, breaking the dominant absolutist thinking at the time an epistemological perspective that advances toward the man as a subject, lead author of knowledge production and of their own philosophy.⁶⁻⁷

It is designed, therefore, a social place for the so-called crazy people with the introduction of new ways of handling and treating them under the support of the medical power, in which the various mental spaces and madness in society are critically understood.³ The image of order and control of human disorders within that confined space promotes an idea that this is the best place for these people to be treated, or that removing them from would be a risk to society.

Over time, doctors began to operate in this space, in order to transform the practices carried out there, focusing on humanistic ideals brought with modernity. In this way, hospitals had become healing and treatment environments for diseased people, favoring the medicalization and the knowledge of medicine.⁶

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The previously existing enclosure, determined by lettres de cachet (dictates of kings and authorization of governments) and which banned people who threaten the social order from social spaces went through a process of abolition. A thought that deprive the human right to liberty could not be conceived, in view of the absolutist confinement of that time.³

Some scholars usually call this period as a transition between the absolutist society - determined by the support of totalitarian and clerical governments, for the disciplinary society - of normalistic bases and that gradually would print aspects of citizenship. The microsociology of psychiatric institutions is regarded by them as “total institutions” whether they have clinical, prison or conventual character. It is referred that both with forced and even voluntary institutionalization, the mortification process of the self of the subject is initiated.³

In this context, the emergent patient is naturalized as a product of social exclusion, and is considered a dangerous and violent subject to community life.⁷ There was prevalence of the culture of the power of psychiatric and psychological diagnosis over the individual’s life, who therefore would face the process of stigmatization, being deprived of their civil rights and have their tutelage by technical and psychiatric agents.

The publication of Traité Medical Philosophique by Phelippe Pinel, in 1801, became the basis for the constitution of psychiatry and the new conformation of the social order, containing key points about the science of mental illness, briefly defined as the disease of passions, that would produce the loss of human wisdom about the reality of world.³ The term “alienated” (alienare and alienatio) referred to something external, alien, outside the world; or to something that offered risk or danger to society and moral order.

Archaeological and gynecological Foucaultian writings on human madness address the relationship between discourse, practice and knowledge, weaving up the foundations of what would constitute psychiatry and psychiatric medical practice. Thus, the institutions were implemented only after the knowledge of the studied phenomenon, and in the case of mental illness, the ignorance at the time about this phenomenon would lead to the creation of an institution to seek, from the imprisonment and enclosure of the subject, understanding on the causes that make that person different from the others.³
In the nineteenth century, Psychiatry assumed a biologicist posture, focusing on medical biological basis by the prevailing paradigm in the natural sciences. Thus, the psychiatric hospital contributes to the process of chronicity of mental patients by strengthening their submission to a mechanism of institutional violence, imposing the practice of internment and social segregation for life, either by ignorance of the phenomenon studied or even by the lack of therapeutic strategies to reintegrate the subject to family and community life. This classic model of psychiatric practice was and still have been widespread in society, although it is quite questioned, given the effects of exclusion that results from it.

- **Counterpoints on the history: “the unspoken about the Psychiatric Reform”**

Conventionally, Pinel has been considered the precursor of discussions on the mental alienism and psychiatry, being awarded to him the honor of “father of psychiatry”. His merit is regarding the contribution in the foundation of the first psychiatric hospitals and the development of moral treatment for madness and the alienated person. According to him, this type of treatment “consisted of the sum of principles and measures that, imposed to alienated people, intended to re-educate their minds, repulse delusions and illusions and draw awareness to reality. The hospital, as a disciplinary institution was itself a therapeutic institution”.2,3

The very work of Pinel, Traite Philosophique Medico-sur l’Alienation Mentale (1801), with the founding of psychiatry and the first reform in the hospital, establishing the pillars of moral treatment, which are considered by scholars as great deeds, is questioned in its legitimacy by others; it is necessary therefore to mark the counterpoint to this story.1,2

On the figure of Pinel, three reasons converge for the his prominence in psychiatry’s history: the social and cultural apogee experienced in France in the nineteenth century, his native land; the pioneering of Pinel in the field of Psychiatry, with the establishment of new forms of treatment for mental illness and their philosophical and ideological bases inspired in Classical Antiquity. These substrates supported the construction of the new psychiatry.2

There were three fundamental issues involving the moral treatment that justify the actions taken: social isolation; asylum space as a predominant resource and authoritarianism. These ideals of Pinelian alienism had a historic international repercussion and contributed to the enactment of the Law of 1838 in France that legitimized the relationship between the doctor and the mentally ill person, at a time when policies for the creation of hospitals for alienated people expanded among several continents.1

Demythifying this passage of history, Gladys Swain (1978), in her doctoral thesis entitled Le Sujet de la folie, discussed the controversies existing in the history of psychiatry and in the field of madness. She criticized all the “heroism” propagated worldwide around Pinel and his projection on the image of “liberator of alienated people from Bicêtre” [male asylum] and thereafter from “Salpetriere” [female asylum], from the frames of Charles Muller; in a historical patchwork full of uncertainties and controversies about his achievements. In one of the passages, she says that Pinel’s son, Scipion Pinel, was the author of much of his studies and postulate.2,6

In the second edition of the Traite, Pinel did mention the contributions of “someone who was not me” for the termination of the enclosure and repression system in vigor at that time, highlighting the experiences of “Mr. Pussin” at Bicêtre Hospice still in a shy way. In this passage, he referred to the French nurse Jean-Baptiste Pussin, the first psychiatric nurse in the world, although he had been forgotten among the classical writings of Foucault and among other scholars of the time. He had no academic training in the area but was the true author of a new approach in dealing with the mentally ill person.1

Pussin was one of the precursors of the movement, which began in Europe still in the seventeenth century, in favor of more humane treatment for people with mental disorders, which did not use methods of violence. The moral treatment proposed by Pinel reflects the systematic approach developed and applied by Pussin, and similar virtues in hospices across Europe.2

Added to this fact, early criticism to Foucaultin thought came from his former student Jackes Derrida in 1963, after the publication of the first edition of the work History of Madness in the Classical age, particularly on the preface for not agreeing with historical periodization described and methodology used for the understanding of madness.8 According to Derrida, Foucault disregarded that madness did not have its origins in Greek-Roman antiquity, from Socrates dialectic, but long before that period; moreover, the methodological
approach advocated by the author was not suitable for considering impossible for us to be spokesmen of madmen by listening to their silence because to do so the language of order would be required.⁶

Foucault also received harsh criticism for adopting a unilateral view to analyze the power and for emphasizing the role of Pinel in the history of psychiatry, which reinforced the hegemony of medical knowledge in the field of madness, in which the asylum model would represent the exercise of violence in psychiatric practice.¹² Besides, he did not mention the existence of documents and letters written by Pussin calling administrative and governmental authorities of France for freedom from internments; these requests were not answered.²

The silence of the philosopher and the speculations of Derrida still generate controversy among scholars, especially because the preface of the first edition of the work has been removed in its second edition, though its initial content remained the same.¹ Why did Foucault remove from his history of psychiatry such valuable documents? The fact is that, voluntarily or involuntarily, the philosopher preferred to use what Barthes had observed a few years earlier: the myth of the 'naturalization' of the historical event, as a 'non-polarized' result of an 'emptying of the historical process' in its significant intensity and properly dialectical.¹ ² ³ ⁸

FINAL REMARKS

The official story describes aspects considered "truths" and mostly taken as absolute, although this course is permeated by the counterpoints on the said and the unsaid. Thus, the voice and the right are fundamental prerogatives when seeking to understand paradigms and changes involving the fields of science, philosophy and knowledge.

It is recognized the genius work of Michel Foucault to the studies on madness, psychiatry and modern society. His contributions and influence to the Western thought today is still present, particularly in the field of mental health, because from it we can rethink the relationships between subjects, between madmen and the madness itself, and their social subjective experiences resulting from this relationship.

Since it is an exciting and challenging theme, the counterpoints marked here on the basis of the origin of psychiatry, the thought of Foucault and of the pioneers of the new mental patient care methods emerged from the need to question the historical background of the Reform and its prominent figures. The forgotten Pussin itself, precursor of humanized care in mental health, besides the episode in which Derrida criticized his teacher in one of his lectures are facts that need reflection. We also emphasize the existence of struggles for prestige in academic spaces that can lead to conflicts and personal differences between scholars and great thinkers.

REFERENCES


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