

History of psychiatry management at Instituto Municipal Nise da Silveira: creative and cultural actions that impact asylum deconstruction in the Brazilian society

História da gestão da psiquiatria no Instituto Municipal Nise da Silveira: ações criativas e culturais que impactam a desconstrução asilar na sociedade brasileira

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ABSTRACT

Asylum deconstruction has been a theme that has brought, both in academia and society, several discussions that have emphasized the struggle for the deinstitutionalization of madness and for the “end of asylums”, as well as the historical constitution of health and mental illness. In this trajectory of deinstitutionalization of madness, the Instituto Municipal Nise da Silveira (IMNS) has acted on several fronts, ranging from the architectural restructuring of the institute, as well as the creation of devices capable of building a new vision of mental illness in society. This study sought to understand the history of psychiatry management in Brazil and the Nise da Silveira Institute, as well as to analyze how the Institute’s creative and cultural actions impact on the deconstruction of the need for clinical hospitalization in closed institutions in Brazilian society. This article joins the interpretative paradigm, since it understands that the phenomena are socially constructed, and are constituted from the interactions of social agents. It was decided to use in-depth interviews, document analysis, and ethnographic-inspired methods, seeking to be part of the experience lived by mental health users. The results suggest that the restructuring movement intensified with the Psychiatric Reform in Brazil, whose proposal was the reformulation of the mental health treatment policy in the country. Therefore, IMNS has acted on some fronts, it can be seen that internal and external actions were included in the strategic planning, called “inside” and “outside” actions in the institutions.

Keywords: History of psychiatry. Art and culture. Hospital management. Psychiatric reform. Asylum deconstruction.

RESUMO

A desconstrução asilar tem sido um tema que suscita, tanto na academia quanto na sociedade, várias discussões que enfatizaram a luta pela desinstitucionalização da loucura e pelo fim dos manicômios, bem como a constituição histórica da saúde e da doença mental. Nessa trajetória de desinstitucionalização da loucura, o Instituto Municipal Nise da Silveira tem atuado por meio de algumas frentes, que vão desde reestruturação arquitetônica do instituto, bem como a criação de dispositivos capazes de construir uma nova visão sobre a doença mental na sociedade. Este estudo buscou compreender a história da gestão da psiquiatria no Brasil e do Instituto Nise da Silveira, bem como analisar de que forma as ações criativas e culturais do instituto impactam na desconstrução da necessidade da internação clínica em instituições fechadas na sociedade brasileira. Este

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artigo filia-se ao paradigma interpretativo, visto que compreende que os fenômenos são construídos socialmente e se constituem das interações dos agentes sociais. Optou-se por utilizar entrevistas em profundidade, análise documental e métodos de inspiração etnográfica, buscando fazer parte da experiência vivida pelos usuários de saúde mental. Os resultados sugerem que o movimento de reestruturação se intensificou com a reforma psiquiátrica no Brasil, cuja proposta foi a reformulação da política de tratamento da saúde mental do país. Sendo assim, o Instituto Municipal Nise da Silveira tem atuado por meio de algumas frentes, e percebe-se que foram incluídas no planejamento estratégico ações internas e externas, chamadas na instituição de ações “do lado de dentro” e “do lado de fora”.

Palavras-chave: História da psiquiatria. Arte e cultura. Gestão hospitalar. Reforma psiquiátrica. Desconstrução asilar.

INTRODUCTION

The new coronavirus pandemic has significantly increased the demand for mental health in the world (OLIVEIRA, 2021). Social isolation, necessary to contain the spread of the virus, gave rise to mental disorders in many individuals in Brazil, but facing these disorders is not a recent issue. For some decades now, psychiatric reform has been a topic that has raised, both in academia and society, various discussions that have emphasized the struggle for the deinstitutionalization of madness and the end of asylums — social isolation —, as well as the historical constitution of health and mental illness.

In this context, Bercherie (1989) underlined that the modification of the mental state needs to remove alienated people from their usual perceptions. In Pinel's view, isolation was necessary to bring the alienated person back to reason with the help of the treatment institution (*apud* AMARANTE, 2007). Alves et al. (2009) pointed out that, mainly from the 1940s, several experiences of transformation of the psychiatric hospital were implemented, such as, for example, the therapeutic community and institutional psychotherapy. Another point raised was that the failure of this type of organization was related to the management of the hospital itself and that the solution, therefore, would be to change the institution.

In addition to the points discussed above, sector and preventive psychiatry, which intended to define mental health and no longer the disease, placed the importance of approaching the community as a central point in the development of treatment. According to Alves *et al.* (2009), studies appeared at the time on antipsychiatry and Italian democratic psychiatry, which directed several questions to this science, its knowledge and the care practices that existed until then.

In that same decade, in Brazil, in 1946, Nise da Silveira, a psychiatrist at the former Hospital Municipal Pedro II, refused to use methods such as electroshock, insulin coma, and lobotomy, against which she undertook intense battles (MELO, 2009). When she opposed to these practices, the creation of an innovative clinical proposal began (MELO, 2009; FERREIRA, 2010), providing changes (SILVEIRA, 1992) in Brazilian psychiatry, which represented a founding and paradigmatic act of her rupture with the psychiatric system of the time. She began a fight against that closed space, resorting to creativity and empathetic acceptance. In this movement,

Nise da Silveira opposed to clinicalism (MELLO, 2014) — a current born in Germany at the beginning of the 20th century which did not recommend activities for people in crisis, since they should be treated in bed — as well as to isolation and asylum segregation. In her trajectory of more than 50 years in the practice of psychiatry, she faced many obstacles from the moment when other possibilities of treatment were adopted, with emphasis on occupational therapy as the modality that guided her clinic (MELLO, 2014).

During the 1980s, the psychiatric reform movement was strengthened as a space for struggle, with the first emergence of the Psychosocial Care Center (*Centro de Atenção Psicossocial – Caps*), in São Paulo, São Paulo, in 1986. Later, in 1989, this experience unfolded with the creation of the *Núcleos de Atenção Psicossocial (Naps)*, which, for Amarante (1995), meant the implementation of an unprecedented psychiatric system that actually substituted the model used at the time, presenting the first demonstration possible to put an end to the asylum system. The emergence of these devices represented the main strategy in the progress of the psychiatric reform (BRASIL, 2004), marking the beginning of the intervention process to the hospital-centered model. Considering these transformations, “a new mental health project for the country was built” (AMARANTE, 1995, p. 94).

Only in 2001 was Law No. 10.216 enacted, known as the Psychiatric Reform Law, which provides for the protection and rights of people with mental disorders and re-directs the mental health care model (BRASIL, 2001). This movement proved to be an achievement and a big step toward changes in the field of mental health. Thus, it is important to emphasize that the psychiatric reform seeks an assumption and ethical criterion for the inclusion of the “mentally ill” in society (VASCONCELOS, 2000, p. 162).

In this sense, the objective of the article was to understand the history of Instituto Municipal Nise da Silveira and of psychiatry management in Brazil, as well as to analyze how the creative and cultural actions of the institute impact on the deconstruction of the need for clinical hospitalization in closed institutions in Brazil. Thus, by revisiting the management history of Instituto Municipal Nise da Silveira in the process of deinstitutionalization, contributions can be made to rethink current practices and the temporal evolution of psychiatric reform in public psychiatric hospitals in the country.

METHODOLOGICAL COURSE

Initially, when starting the visits to the study site, the authors used ethnographic procedures to get closer to the field of study. For Fetterman (1989), ethnographic research was developed through anthropology studies that sought to know and analyze native peoples in their natural environments, identifying their behaviors, problems, and stimuli. Through this method, the researcher describes a social group based on the understanding of people, objects, and symbols in their context, and researchers become interpreters of the studied reality (ARAUJO; ROCHA, 2019). For Araujo and Rocha (2019), this approach avoids artificial responses typical of controlled or laboratory conditions.

Baztán (1995) conceptualizes ethnography as carrying out a descriptive study on a given community, and fieldwork, particularly participant observation, constitutes a process. The author highlights the ethnographic process, composed of four stages. In the first stage, the researcher needs to delimit the field, making clear the object to be investigated, the location, the time used for data collection. In the second stage, there is an investigation making use of documentary sources to deepen the understanding of the object to be studied. Then, in the third stage, the researcher must enter the field and make daily systematic records, through the field diary, writing information from his day-to-day observations in contact with the researched community. Armed with a considerable range of information about that culture, the researcher begins the fourth stage, which is to leave the field to produce a report. At that moment, interpretation begins, according to Flores-Pereira and Cavedon (2009). The researcher, when leaving the field taking the texts, written records, and documents with them, must analyze them afar from the lived experience.

Therefore, the authors used ethnographic-inspired methods applied to organizational studies in field research. Participant observation, field diary, and in-depth interviews were used at all stages. In order for the authors to approach the phenomenon to be studied, they became collaborators of Instituto Municipal Nise da Silveira in April 2019, using participant observation as the methodological procedure.

Data collection was carried out through documentary, bibliographic, and oral sources, from testimonials, audiovisual resources, and ethnography, using primary and secondary data. Primary data were obtained through participant observation at the research locus and interviews with professionals from Instituto Municipal Nise da Silveira and the Nucleus of Articulation and Cultural Intervention (*Núcleo de Articulação e Intervenção Cultural – Naic*), volunteers, professionals from the Health Department and professionals who worked with Nise da Silveira. Additionally, data were collected through documents, objects, texts, images, interview recordings, correspondence, official letters, requests, judicial processes, private documents, letters, books, reports, journals, paintings, sculptures, photographs, films, music, speeches, spaces, architectural constructions, instruments and work tools, utensils, clothing, housing, means of transportation, means of communication, cultural, aesthetic, technical and historical senses that objects express and can be organized in any type of language, be it written, oral or numeric.

Before the interviews, a script was drawn up so that respondents could focus on questions related to the proposed theme. All interviews were conducted personally by the authors and recorded through digital recordings.

For data analysis, content analysis was adopted (BARDIN, 1994), seeking to identify the connections, codes, and categories existing in the material recorded in the field diary, in the transcripts of the interviews carried out and in the other data collected for analysis. The authors, based on Bardin's classification (1994), established that the analysis process is composed of the following steps:

- pre-analysis: when the material is organized, a general reading is made of it, in order to choose what should be analyzed;
- exploration and analysis of the material: when the collected data are codified and categorized;
- data interpretation: carried out based on the researcher's theory and perception.

Thus, the authors gathered material collected for analysis (transcription of interviews, documents, reports, articles, etc.). In general, they organized the investigated material. The following should be understood at this stage:

- Skimming: first contact with the data collection documents, moment in which the texts, interviews, and other sources to be analyzed began to be known;
- Choice of documents: selection of the most relevant documents for defining the analysis *corpus*;
- Formulation of objectives: through the initial reading of the data, it was possible to validate the materials used according to the research objectives.

Once the first phase was concluded, the exploration of the material was carried out.

In the second stage, a thematic content analysis was carried out, through the identification of meaning units (quote/quotation) and the attribution of a label (code) to represent the idea in the selected materials. All citations relevant to the purpose of the research were coded. During the process, comments can be created for documents, citations, codes, families, and analysis notes. At this stage, the authors worked with the *a priori* (more general) categories and identified *a posteriori* (more refined) categories, which became definitive.

Finally, in the third phase, the treatment of results, inferences, and interpretations took place. At this stage, the treatment of results, understanding and highlighting of information for analysis took place, culminating in inferential interpretations and reflective and critical analysis by the authors.

HISTORY OF PSYCHIATRY

When analyzing the European scenario and colonial Brazil, in intervals prior to the 17th century, individuals with mental pathologies moved freely in everyday social life, being excluded only from the population in cases considered dangerous. The European perspective would change in the 17th century. That is, people who showed signs of mental disorders were subjected to confinement in institutions, a phenomenon later called by Foucault (1972) as "the great confinement of the poor". Meanwhile, the Brazilian Holy Houses of Mercy played a role similar to that of European boarding schools, confining not only people with mental pathologies, but also aged people, orphans, beggars, and the sick.

In the 1930s, the Society of Medicine and Surgery of Rio de Janeiro was structured, initiating movements and protests against the unfavorable situation of patients hospitalized in Holy Houses of Mercy by health professionals and members

of these institutions (MACHADO, 1978). Due to this wave of similar demonstrations and mobilizations, the construction of Hospício Pedro II was carried out in 1852, in Rio de Janeiro, currently known by the name of Instituto Municipal Nise da Silveira, marking a crucial moment in the institutional scenario of Brazilian psychiatry (MACHADO, 1978; AMARANTE, 1995; FAGUNDES JÚNIOR *et al.*, 2016).

The reformulation of the mental health perspectives in the country, according to Alves *et al.* (2009), was proposed by the Brazilian psychiatric reform, starting with the process of deconstructing the logic of compulsory hospitalization, with the expected restructuring of assistance related to the psychopathological field in Brazil. The movement originated in the 1970s, constituting a political-social process (TENÓRIO, 2002) inspired by the Italian model, bringing the basic premise of the extinction of psychiatric hospitals and their replacement by care and community mental health care services (GOULART, 2007).

Based on studies carried out in European health institutions by Michel Foucault, Machado (1978) brought five central points for the organization of life in hospices in Brazil:

- establishment of institutional isolation;
- organization of the institution's internal space;
- surveillance of patients at all times and places;
- time management;
- repression, control, and individualization, mainly dependence and submission of the alienated to the supreme figure of the doctor (MACHADO, 1978).

Practices of coercion, containment, and punishment of inmates in institutions were seen as possible forms of treatment, as well as forced labor in agricultural colonies, constituting the basis for moral procedure in Brazilian psychiatric facilities.

The mobilization of new therapeutic resources, aimed at reducing psychiatric hospitalizations, began with the anti-asylum struggle and the psychiatric reforms proposed by François Tosquelles and Franco Basaglia. From the second half of the 20th century, the practices adopted by asylums ended up being compared to the treatment and techniques used in concentration camps in post-war scenarios, appalling public opinion on the subject. This change of perspective brought with it one of the main motivations to start the fight in favor of dismantling the asylum (BOARINI, 2006; AMARANTE, 2008). In 2001, the Psychiatric Reform Law was enacted, which helped to reduce the number of beds. Thus, it was noticed that the treatments proposed by Nise da Silveira were innovative, serving as a historical basis for therapeutic devices aimed at the institutional transformation of Brazilian psychiatry.

Instituto Municipal Nise da Silveira: asylum deconstruction

Through a bibliographic review and document analysis regarding the trajectory and studies of Nise da Silveira and the psychiatric reform in Brazil, it is possible to note that the psychiatric practice focused on delicacy and sensitivity would allow the occurrence of manifestations and discussions referring to the necessary changes

in the logistics of care for psychotics in asylums and outside these institutions in effect at the time, in the early 1940s. Nise would promote, during this period, a great advance on academic and professional reflection in psychiatry, resulting in a dense process of resistance, cultural transformation, and innovation. Her work and research were focus mainly on therapeutics, surpassing the importance of the diagnostic function, synthesizing never seen and creative environments in the workspaces, providing a new experience in the lives of patients, who were identified as and called “clients” by Nise da Silveira. On this aspect, Mário Pedrosa (1980, p. 11) points out:

The first thing to notice [in these artists] — with more or less talent, more or less attacked by illness — is that none of them could have been what they are or what they were in isolation [...] in solitude, any of them could have simply been destroyed by life. The society of Engenho de Dentro, with all the precariousness of its resources, anchored their lives.

Innovations and transformative actions for the time marked the paths trodden by Nise da Silveira, even in moments long before the beginning of the Brazilian psychiatric reform. The articulation, elaboration, and implementation of new clinical perspectives are part of Nise’s legacy, focusing on the necessary research development and organization of training spaces in the field of mental health for the development of the reform (MELO, 2011).

Brazilian occupational therapy had an extensive theoretical and clinical basis for its application, with unpublished studies, aimed at changing the panorama regarding the lives of treated patients, with constant records of observed and obtained results, in addition to care and analysis of artistic and creative capacities of clients to prove and validate the treatments carried out. Nise’s theory and practice are thus beyond any reformist proposal. The reasoning, related to resizing the imaginary, would enable the return to the subject and the redefinition of social ties (MORIN, 1998).

In recognition of the revolution in the treatment of people with mental pathologies, the psychiatrist was the inspiration behind the production of a film in 2016, called *Nise: the heart of madness* (NISE: O CORAÇÃO DA LOUCURA, 2016) The name of Nise da Silveira is frequently quoted in various manifests, meetings, and speeches in public spaces when the subject is mental health. Discussions about madness, especially in the mainstream media, through soap operas and the news, would allow a sort of possibilities on how to deal with the so-called mental illnesses (GIDDENS, 1991).

Nise da Silveira’s legacy is seen as a reference for current practices, having given new meanings to culture and madness, allowing the gradual successful replacement of hospitals and traditional psychiatric treatments, bringing with it sensitivity and emotion to favor cultural media. Therefore, revisiting the work of Nise da Silveira and analyzing the trajectory of the Brazilian asylum deconstruction process can bring contributions to rethink current practices of care, treatment, and reintegration of users of mental health services in Brazil.

Instituto Municipal Nise da Silveira: context and management model

Instituto Municipal Nise da Silveira dates back to 1911, when its land, in Engenho de Dentro, located in Rio de Janeiro, housed the first agricultural colony for the alienated sent from the former Hospício Nacional de Alienados (HNA). In the first decades, it functioned as part of the Assistance to the Insane network, which had the Praia Vermelha hospice as its central institution. However, throughout the 1940s, with the decision to transfer HNA to Engenho de Dentro, the colony received the medical and administrative structures of the former hospice, which included patients, employees, and part of the institution's collections. From then on, it became the main psychiatric center of the city of Rio de Janeiro and was renamed as the National Psychiatric Center (*Centro Psiquiátrico Nacional*) and later as the Pedro II Psychiatric Center (*Centro Psiquiátrico Pedro II*). In the 2000s, the administration of the old center was passed on to the municipal sphere, and the institution was renamed Instituto Municipal Nise da Silveira.

The municipalization of Instituto Municipal Nise da Silveira and its transformation into an institute took place amid the search for consolidation of proposals for a psychiatric reform and the decentralization of management and health policies in the country (BRASIL, 1911; 1999).

Currently, Instituto Municipal Nise da Silveira has a permanent archive, which organizes and keeps the documentation of a permanent nature, today encompassing the clinical collection until 1949 and the administrative collection produced until 1999, inventoried in 2000. The input of documents has been taking place as other documents of these clippings are located in the institution. In addition, there is the intention that the clinical documentation, now considered intermediate (1950-1975), be gradually transferred to the permanent archive, however there is still no transfer plan. The Alexandre Passos Library originates from the library of the former HNA, also transferred to the institute in the 1940s, where it continued to be expanded.

For the permanent archive, Instituto Municipal Nise da Silveira has some research instruments, such as name indexes and Excel spreadsheets for some parts of the funds. The library has two databases available, one online, for books and theses, hosted in the Virtual Health Library, and another in free software, for journals. This space is known as the Documentation and Memory Center.

Currently, one can see a great effort by the Documentation and Memory Center to consolidate itself as a research center, since in recent years some actions of this project have been discontinued. The coordination of the Documentation and Memory Center makes the collection available for external research and defends the memorial construction beyond the intellectual role, for an active participation in the field of mental health and history of medical-psychological knowledge (RIBEIRO; LAMB; MASCARENHAS, 2018). In this sense, the coordination of the Documentation and Memory Center understands that the work of preserving these collections is fundamental for the development of practical and theoretical reflections in the field of mental health.

In addition to these spaces, Instituto Municipal Nise da Silveira has the Museum of Images of the Unconscious (*Museu de Imagens do Inconsciente*). Currently, the museum has a collection of around 350,000 works, including paintings, drawings, models, and woodcuts, and has held more than 100 exhibitions in Brazil and abroad, always emphasizing the scientific aspect of the collection. These exhibitions attracted a large audience, either because of the fascination of the forms or because of the revelation of the unconscious. Recently, the Banco do Brasil Cultural Center (*Centro Cultural Banco do Brasil – CCBB*, 2021) held an exhibition that brought together around 90 works by clients of the Museum of Images of the Unconscious. It was through these works of art that Nise deepened her knowledge of the processes that unfolded within those individuals, revealed through images and symbols. The work of the museum is part of the history of the psychiatric reform in the country and, through its activities, has influenced the process of transformation of spaces and therapeutic methods, constituting a center of reference in the field of mental health (FIGUEIRA; AMARANTE; BELANCIEIRI, 2007). According to Motta (2005), Nise carried out a revolution for the psychiatric molds of the time, by proposing a method of approaching psychotic internees, generally institutionalized for long periods of time.

New management model: asylum deconstruction process through art and culture

The concept of creative economy emerges in this study from the new model proposed by the psychiatric physician Nise da Silveira. It is a concept that can be defined as a set of economic activities that involve the creation, production, and distribution of cultural and creative goods and services. In 2010, the United Nations Conference on Trade and Development expanded the concept of creative economy by making the following statements:

(1) Creative economy is an evolving concept based on creative assets that potentially generate economic growth and development; (2) It can stimulate income generation, job creation and export earnings, while promoting social inclusion, cultural diversity, and human development; (3) It embraces economic, cultural, and social aspects that interact with technology, intellectual property, and tourism objectives; (4) It is a set of economic activities based on knowledge, characterized by the dimension of development and cross-linking at macro and micro levels to the economy in general; (5) It is a viable development option that demands innovative and multidisciplinary policy responses, in addition to inter-ministerial action (UNCTAD, 2010, p. 10).

For Miguez (2007), creative economy promotes new possibilities for the creation and distribution of cultural and creative content, which, in turn, generates new business opportunities, income generation, and employment. For the author, creative economy has enormous potential to promote economic development, social inclusion, and cultural diversity, provided that appropriate policies and strategies are adopted to encourage the formation of collaborative networks and the protection of intellectual property rights.

These creative economy principles influence the assumptions of the new management model at Instituto Municipal Nise da Silveira. Art and culture gain importance in economic growth and development at the institute, as well as stimulating income generation and promoting the social inclusion of users in this asylum deconstruction process.

In this sense, as a psychiatrist deeply involved in the recovery process of patients, Nise da Silveira believed that art, culture, and creativity were powerful tools for understanding and treating mental illness. She developed a therapeutic approach that combined conventional psychiatry with occupational therapy and art therapy (painting, sculpture, music, drawing, among others). In her work, she highlighted the importance of creativity, culture, and access to cultural resources in promoting mental health and curing mental disorders, as well as fundamental resources for generating economic value for users of Instituto Municipal Nise da Silveira.

With the municipalization of *Centro Psiquiátrico Pedro II*, which became Instituto Municipal Nise da Silveira, the process of deinstitutionalization began. This movement, which began with nominal recognition, needed to align itself with the values defended by its patron and, for that, promoted several organizational changes:

- implementation of the community therapeutic residency program (Ministry of Health Ordinance No. 106/2000, which creates and regulates therapeutic residential services);
- transformation of day hospitals into territorially based Caps;
- transfer from the psychiatric emergency to the general hospital;
- implementation of the Historical Archives Recovery Project (*Projeto de Recuperação dos Arquivos Históricos*) and creation of the Psychiatry Memorial in Brazil (*Memorial da Psiquiatria no Brasil*).

According to Oliveira (2007), in the 1980s, *Centro Psiquiátrico Pedro II* was responsible for a great advance in the assistance provided to mental health users, but the absence of a policy for mental health care in the city of Rio de Janeiro and the isolation of patients on the walls of the asylum did not allow the asylum deconstruction process to take place.

For the asylum deconstruction process, the elaboration of a strategic planning began that had internal actions of great impact so that they reflected external actions, that is, the division of “inside” and “outside” actions. The two fields of action are interdependent and have a single objective: “The aim is to deconstruct an ‘engine from within’ to design an ‘engine from outside’” (OLIVEIRA, 2007, p. 25).

The process of organizational change began with the implementation of a new structural model. In this sense, the direction extinguished the directions of the hospital complex and created an organizational structure based on coordination of areas of technical actions, which were subordinated to a technical coordination. This new organizational structure now has the following “inside” actions:

- Psychosocial Care Program;
- Housing Program;
- Psychiatric Inpatient Program;
- Child and Adolescent Care Program;
- Community Center;
- Museum of Images of the Unconscious;
- Study Center.

For Oliveira (2007), the first four programs mentioned and the Community Center have several actions that deserve to be highlighted for the beginning of the asylum deconstruction process. The Museum of Images of the Unconscious and the Study Center, on the other hand, seek to preserve the history and memory of psychiatry and expand academic studies in the field of mental health in Brazil, but these internal actions sought administrative support in three sets of actions to promote and sustain the change in the organizational structure of the institute. First, administrative actions compatible with the deinstitutionalization process were developed, which were intended to reduce resistance to change. In a second moment, a human resources department was created, which, in partnership with the Study Center, promoted staff training and allocation of human resources in programs and projects. Finally, the Management Information Center was restructured to provide information for the decision-making process for assistance actions.

In addition to an inner point of view, the management of Instituto Municipal Nise da Silveira, in line with the creative economy concept, implemented “outside” actions to complement this new management model. The first challenging action was clinical care for psychiatric patients at the institution. The death rate of the medical block was 30%; the data showed a high indicator, above the target. As part of the strategic planning, the old medical block was handed over to the municipal health network, although it is still physically installed in the complex. The results of this action were promising. There was a reduction in deaths, and this fact helped to mobilize other actions, listed below:

- Psychosocial Care Program, whose objective is to carry out these actions for the territory and the community;
- Attention to children and adolescents, offering services that were transferred to Caps Infantil Maria Clara Machado, in a house in the community located in the neighborhood of Piedade;
- Attention to the community of residents, based on the principle that the clientele is made up of residents of Instituto Municipal Nise da Silveira, favoring actions that seek to individualize spaces, objects, belongings, clothes, gestures, personal routines of residents;
- Community Center, Archival Project and Museological Project, for the occupation of the former asylum space. The Community Center has the mission of developing projects for the community that include cultural, social, educational, and income generation projects for mental health users. The other

two projects seek the recovery of archival and bibliographic heritage for historical research, in addition to the construction of a memorial of Brazilian psychiatry, to help keep the memory alive and thus the legacy of Nise da Silveira and her importance in Brazilian psychiatry. Art and culture are important resources for promoting mental health and treating mental disorders. Through artistic expression, patients can develop self-awareness, communication, and problem-solving skills, as well as access a sense of purpose, meaning, and social connection.

In 2014, another restructuring took place at Instituto Municipal Nise da Silveira. A new director was appointed, and with that came the need to implement a new organizational structure. At that moment, Naic was created, with the objectives of articulating the institute's cultural devices and intervening in them.

In order to understand the current organizational structure of Instituto Municipal Nise da Silveira, an organizational chart was created based on the triangulation of collected data and interviews with the institute's professionals (Figure 1).

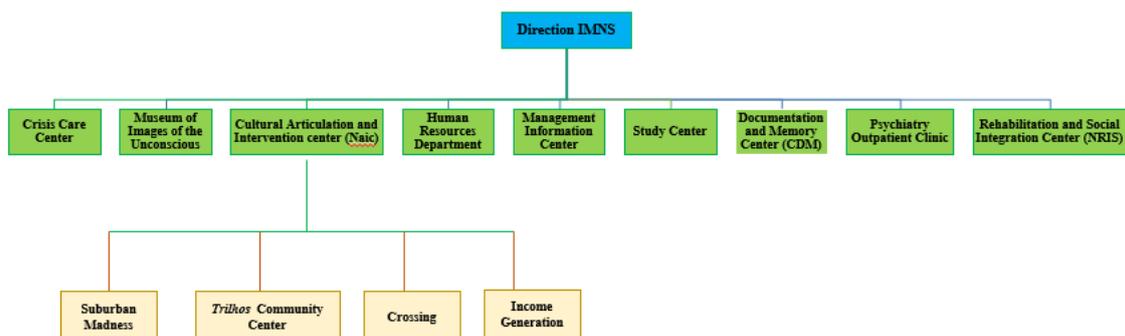


Figure 1. Organization chart of Instituto Municipal Nise da Silveira (IMNS).

The current organization chart of Instituto Municipal Nise da Silveira is consisted of nine departments, which are subordinated to the board:

- Crisis Care Center (*Núcleo de Atenção à Crise – NAC*): its function is to welcome acute and medium/long-stay patients in the process of deinstitutionalization during the crisis;
- Museum of Images of the Unconscious: operates through the art studios of the occupational therapy section. In addition to being a space that gathers and preserves the works created, it also functions as a research center;
- Naic: promotes facilitation, articulation, and investment in cultural actions. This core is responsible for various activities, from the carnival block to art and music workshops, which can generate products made by patients that are displayed and sold as artistic products. Creative economy comprises these activities, which bear in common the ability to generate wealth and employment through the exploitation of intangible resources, such as creativity, innovation, and culture;

- Human Resources Department: responsible for all processes related to people management;
- Management information center: performs data analysis and generates reports for management, in addition to providing technical support to other areas;
- Study Center: responsible for monitoring and approving all the institute's academic research;
- Center for Documentation and Memory: its activities are aimed at the preservation and maintenance of historical collections of psychiatry and madness in Brazil;
- Psychiatry outpatient clinic: provides outpatient care for hospitalized mental health users and also for patients undergoing treatment;
- Rehabilitation and social integration center: assists in the rehabilitation and social integration of medium/long-term mental health users.

On September 6th, 2021, Instituto Municipal Nise da Silveira experienced a milestone in its history. The walls of the institute were demolished to make way for the Nise da Silveira Urban Park (*Parque Urbano Nise da Silveira*) (MATTOSO, 2021).

The wall did not fall, it was knocked down. It was overthrown by the work of asylum deconstruction that was carried out by hands, dismantling, brick by brick, the walls of social exclusion. Of the many patients who blended in with the landscape, today there are only seven in the process of resuming community life, in an ordinary house like any other. (PONTES, 2020).

The legacy that Nise da Silveira left at Instituto Municipal Nise da Silveira is undeniable, but one cannot fail to mention that this achievement is woven by many professionals and users of mental health services, as well as by all who support the anti-asylum fight. Carta de Bauru (2017) was a manifesto for this struggle, which cited several important aspects, in which freedom in a society without asylums is highlighted as a fundamental value.

In the last 20 years, more than 300 internees at Instituto Municipal Nise da Silveira were able to return to social life, leaving the rigid hospital routine and enjoying citizenship again. The deinstitutionalization of madness makes it possible for people who lived inside to gain the right to freedom. The current City Hall of Rio de Janeiro signed a commitment to transfer the asylum park to Parque Nise da Silveira.

FINAL CONSIDERATIONS

In recent decades, asylum deconstruction, which represents clinical treatment by hospitalization in closed institutions, has been a theme that raises several discussions regarding the anti-asylum struggle, which aims to end asylums. This movement intensified with the psychiatric reform in Brazil in 2001, whose proposal was the reformulation of the mental health treatment policy in the country.

In this trajectory of deinstitutionalization of madness, Instituto Municipal Nise da Silveira has acted on some fronts, ranging from the architectural restructuring of the institute to the creation of devices capable of building a vision of what has been

called madness in society through culture. In this sense, the institute's managers prepared a strategic plan, in which action plans and organizational restructuring initiatives were created.

Among many initiatives, in 2015, Naic was created, whose proposal is to facilitate and articulate, collectively, through culture, the occupation of the city and spaces in society historically inaccessible to madness. Naic's guidelines are in line with the concepts of creative economy, which are characterized by a strong presence of talent and creativity for the production of goods and services, which encourages the development of patients through active participation in the artistic workshop, whose results are exhibited and offered for sale as an artistic production. In this way, the creative economy has great potential to generate jobs, stimulate innovation and promote economic and social development, which are essential to collaborate with the asylum deconstruction process.

In the case of Instituto Municipal Nise da Silveira, internal and external actions were included in the strategic planning, called "inside" and "outside" actions in the institution. With this strategic planning and its action plans, several opportunities and challenges emerged, of which it is possible to highlight the architectural set, with several hospitals within a single complex, as well as the power struggle between the teams, competing for similar actions, hindering the existence of a hegemonic group for this great moment of transformation (OLIVEIRA, 2007).

In an attempt to minimize the power dispute at Instituto Municipal Nise da Silveira, Naic was created, whose proposal is to facilitate and articulate, collectively, through culture, the occupation of the city and spaces in society historically inaccessible to madness, aiming to integrate the devices that work cultural actions, and not to make an intervention, as it is entitled. In this sense, Naic seeks to act as a facilitator and fundraiser in cultural actions through partnerships and public notices of cultural incentives, guaranteeing the sustainability of the projects, in line with the asylum deconstruction process.

However, in addition to the internal challenges of the teams, one cannot ignore the economic and financial crisis in the country and, consequently, in the Unified Health System (*Sistema Único de Saúde*). This crisis is putting state health programs as well as mental health programs at risk. In order for the programs to be sustainable, Naic and its devices have made a great effort to raise funds with the help of the community, public notices, and partners in the territory itself. As each device has its own management model and total autonomy in the decision-making process, Naic is often called upon in times of crisis, facilitating the articulation of its devices and the territory and integration with them.

Analyzing the "outside" actions, the results were promising, reducing the number of deaths and the mobilization of several actions, of which the following stand out:

- Psychosocial Program and Care;
- Attention to children and adolescents (*Atenção às crianças e aos adolescentes – Capsi*);

- Attention to the community of residents;
- Community Center.

Currently, there are already two projects aimed at recovering archival and bibliographic heritage, in addition to the proposal for the Memorial of Madness (*Memorial da Loucura*), helping to keep alive the memory of Instituto Municipal Nise da Silveira and the legacy left by the psychiatrist. To give continuity to the proposed form of work, creative economy emerges as an important engine that guides these actions.

Still regarding internal and external actions, the question remains: what is still missing in the asylum deconstruction process at Instituto Municipal Nise da Silveira? It is noticed that the institute has promoted several actions in this process, such as: significant reduction of beds in the psychiatric hospital, new services and experiences that help to exercise care in the territory, the guarantee of the transformation of public attention in mental health in the state, the development of multiple art, culture and income generation projects, promoting the autonomy of users of mental health services, and especially the willingness to fight against what affects human dignity. One can observe in this process the Naic and its devices promoting the construction of bonds of affection and solidarity, a legacy left by Nise da Silveira. All users of mental health services are recognized by name and surname; before, they did not even have a birth certificate.

Nise's trajectory has always been marked by innovative and transformative actions, a legacy composed of articulation, elaboration, and implementation of a new clinical proposal. Although the proposal at the time was not aligned with the current asylum deconstruction process, questioning its management and clinical treatment, as well as its opposition to the oppressive system of the hospice, favoring sensitivity and emotion through culture. After the research was carried out, there was resistance from devices aimed at the institute's culture to link them to the figure of Nise da Silveira, although users recognize Nise as the person who implemented a new form of treatment. The need for memory and history studies is presented for a better deepening of the issue.

Currently, Naic, realizing the importance of the legacy left by Nise da Silveira, created the income generation project *Casa de Cultura Nordestina*, which rescued Nise's memory and provided a space for users of mental health services to produce and sell their products to the community. The project has great potential for generating income for the clientele, but it is still in its beginning. There is a need for investment and dissemination of the project, as well as to train users to become entrepreneurs.

Users depend greatly on the institute, even for basic needs, such as, for instance, food. Since its cafeteria had to close during the pandemic, patients were in a situation of misery. Therefore, during the social distancing caused by the COVID-19 pandemic, Naic carried out some solidarity campaigns with donations for the families of users of the mental health services of Instituto Municipal Nise da Silveira.

The importance attributed to asylum deconstruction is understood, but the need to promote means for the clientele to survive, have freedom, and autonomy to meet their physiological, social and safety needs is also observed.

As mental health is an object of study little explored in creative economy works, it is recommended that studies in this segment be resumed in other contexts of analysis. The country needs to seek a way to plan, coordinate, execute, lead and control different segments of the various areas of knowledge that can be affected by creative economy, as seen in this study, which addressed a theme in the health area that resorts to production of therapies through art and creativity, generating products for patients that enable income generation.

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