

Demolishing paradigms of Brazilian mental health: the Barbacena Psychiatric Hospital and its new identity as a museum¹

Demolindo paradigmas da saúde mental brasileira: o Hospital Psiquiátrico de Barbacena e sua nova identidade como museu

Karen Cristina Galletto*

<https://orcid.org/0000-0001-5319-3553>

Abstract

This article examines the evolution of psychiatry in the 19th and the 20th centuries. It emphasizes treatment and isolation of individuals considered mentally ill. The aim is to understand how the social construction of madness and isolation practices reflect structures of power and exclusion. It also examines the evolution of psychiatric institutions, and the reforms aimed at humanizing the treatment of the mentally ill. The work culminates with an analysis of the Colônia Psychiatric Hospital in Barbacena, Minas Gerais, Brazil, highlighting the abuses and dehumanization that occurred, using the concept of *Dark Heritage* to explore how the memory of horrors can promote awareness and social justice. The Museum of Madness, established in the former Colônia, exemplifies this concept, transforming a place of suffering into a space of learning and memory. Methodologically, this investigation is based on bibliographic and qualitative research, in addition to incorporating recent studies on the history of psychiatry.

Keywords: Evolution of Psychiatry. Social Construction of Madness. *Dark Heritage*. Psychiatric Hospital Colony. Barbacena.

Resumo

O artigo analisa a evolução da psiquiatria nos séculos XIX e XX, com ênfase no tratamento e isolamento de indivíduos considerados mentalmente alienados. O objetivo é compreender como a construção social da loucura e as práticas de isolamento refletem estruturas de poder e exclusão. Examina-se também a evolução das instituições psiquiátricas e as reformas destinadas a humanizar o tratamento dos doentes mentais. O trabalho culmina com uma análise do

* PhD student in Cultural Heritage and Museology at the University of Coimbra. Researcher at the Centre for Interdisciplinary Studies of the University of Coimbra (CEIS20/UC). Email: karengalletto@hotmail.com.

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Hospital Psiquiátrico Colônia, em Barbacena, Minas Gerais, Brasil, destacando os abusos e a desumanização ocorridos, utilizando o conceito de *Dark Heritage* para explorar como a memória dos horrores pode promover conscientização e justiça social. O Museu da Loucura, estabelecido no antigo Colônia, exemplifica o referido conceito, transformando um local de sofrimento em um espaço de aprendizado e memória. Metodologicamente, esta investigação se baseia em pesquisa bibliográfica e qualitativa, além de incorporar estudos recentes sobre a história da psiquiatria.

Palavras-Chave: Evolução da Psiquiatria. Construção Social da Loucura. *Dark Heritage*. Hospital Psiquiátrico Colônia. Barbacena.

Introduction

The aim of this study is to analyse the evolution of psychiatry in the 19th and 20th centuries, focusing on the treatment and isolation of individuals considered mentally ill. At the beginning of this period, people with mental disorders were often perceived as dangerous or out of control, and institutionalization was a common practice to regularize their condition. This approach revealed a utilitarian vision, in which society benefited from the isolation of these individuals, who, in turn, were deprived of freedom due to the social and economic order.

The research aims to understand how the social construction of madness and the isolation practices of mentally ill patients reflect structures of power and exclusion. In addition, it analyses the evolution of psychiatric institutions and the reforms that aimed to make the treatment of mentally ill patients more humane. The transition to the 20th century brought new criticisms and movements for change, such as antipsychiatry and Democratic Psychiatry, which questioned traditional methods and proposed more inclusive and compassionate approaches.

The historical trajectory ends with an analysis of a Brazilian case, focusing on the Colônia Psychiatric Hospital in Barbacena, Minas Gerais, Brazil. This hospital is an example of the abuse and dehumanization suffered by patients admitted to psychiatric institutions. The work is also connected to the concept of *Dark Heritage*, analysing how the memory of the horrors committed in institutions such as Colônia can be preserved and used to promote awareness and social justice. The analysis of the Colônia Psychiatric Hospital, from this perspective, allows us to reflect on how these spots can be reconfigured as spots of memory and education, contributing to a more

conscious and empathetic society. The Museum of Madness, located in the former Colônia, is an example of *Dark Heritage*, by transforming a place of pain into a tool for learning and memorialization.

Methodologically, we opted for bibliographical and qualitative research, in addition to using recent studies on the history of psychiatry. Qualitative analysis provides a more profound understanding of the social, cultural and institutional dynamics that shaped the treatment of patients in the 19th and 20th centuries.

From Pinel to Basaglia: The Development of Psychiatry and the Transformation of Treatment Models

The emergence of psychiatry as a scientific subject occurred during the 19th century. Initially, it was characterized by questions about the representation of individuals with mental disorders as dangerous or uncontrolled. Commitment regularized a state of affairs, since it was not possible to deprive someone who did not have freedom. For society, there were only benefits, since the individual remained ignorant, while the community profited both socially and economically². However, with the conception of madness as a problem of a social nature, it began to be recognized and studied as a pathological condition.

These recurrences become more evident from Michel Foucault's analysis, which goes back to the "structure of exclusion". This concept was established at the time when leprosariums began to be emptied at the end of the Middle Ages, considered dark places full of "rites"³. At that time, only those considered "undesirable madmen", such as drunkards and debauchees, were confined on ships. For this reason, Foucault sought in his studies to identify the moment when madness began to be seen as a pathology. It is worth remembering that the history of madness was the object of study of his doctoral thesis, defended in 1961 and published a few months later with its original title, *História da Loucura: Na Idade Clássica*⁴.

According to Foucault, the era of mass internment, which occurred throughout the 19th century, represents a crucial point in which madness was

² PEREIRA, Ana Leonor. "A institucionalização da loucura em Portugal" In Revista Crítica de Ciências Sociais, v. 21, pp. 85-100, 1986.

³ FOUCAULT, Michel. *História da Loucura: Na Idade Clássica*. São Paulo: Perspectiva, 2017 [1972].

⁴ FREITAS, Fernando Ferreira Pinto de. "A história da psiquiatria não contada por Foucault" In *História, Ciências, Saúde - Manguinhos*, Rio de Janeiro, v. 11, n. 1, pp. 75-91, 2004, p. 77.

considered part of the social spectrum, associated with poverty, incapacity for work and difficulty in community integration. In this context, madness emerged as an urban problem, standing out from other social conditions. This period witnessed a significant change: while poverty was no longer automatically confined, madness became an object of incarceration. At the end of the 18th century and during the 19th century, asylums emerged, designed for therapeutic purposes⁵.

Madness is then conceptualized as “mental alienation,” as proposed by Philippe Pinel, integrating itself into the medical domain. In France, Pinel frees the inmates of Bicêtre from their chains, advocating for their reeducation through social and more, especially, moral control⁶. In England, simultaneously with Pinel’s efforts, Samuel Tuke stands out as a central figure in mental health reform, promoting the recovery of the disease, especially women, in rural settings free from physical restraints such as bars and chains. A notable example is the Ticehurst House Asylum in East Sussex, an elite establishment that received some of the most affluent patients in the 19th century of the Victorian society (Figure 1). However, Pinel’s therapeutic method involved procedures such as cold water baths (Figure 2) and the use of straitjackets, which, according to Foucault, only perpetuated the notion of judgment and punishment in the context of the patients⁷.

⁵ See also: FOUCAULT, Michel. *Problematização do sujeito: Psicologia, psiquiatria, psicanálise (Ditos e Escritos, Vol. I)*. Rio de Janeiro: Forense, 2010.

⁶ In 1793, during his time at the Bicêtre Asylum, Pinel implemented the groundbreaking decision to remove the chains that restrained the inmates. This emblematic gesture represented a major transformation in the approach to mental health, promoting a more humanitarian and less punitive perspective towards psychiatric patients. The reform led by Pinel was decisive in the development of more compassionate and therapeutic practices in the treatment of the mentally ill, leaving a significant impact on the evolution of modern psychiatry. See: PEREIRA, Mario Eduardo Costa. “Pinel - a mania, o tratamento moral e os inícios da psiquiatria contemporânea” In *Revista Latinoamericana de Psicopatologia Fundamental*, v. 7, n. 4, pp. 113-116, 2004.

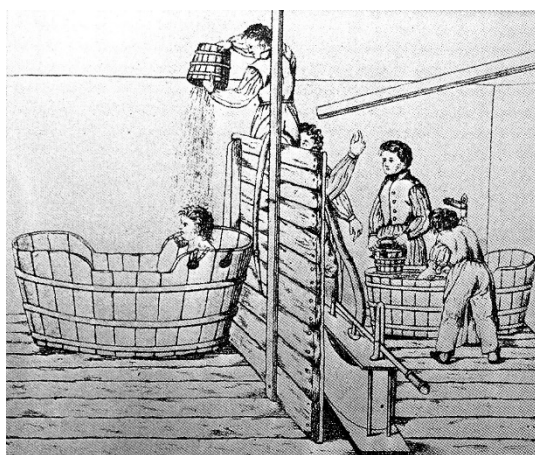
⁷ FOUCAULT, op. cit., “História da Loucura...”, pp. 55-57; 97-99.

Figure 1: Ticehurst House Asylum.



Source: Wellcome Collection.

Figure 2: The shower, a method to “calm down” violent lunatics.



Source: Wellcome Collection.

At that time, prognoses indicated that the best option would be to keep the “mad” in an asylum, where they would be “safe”. This place would

function as a place for supervision and work, the last one being considered the main method of treatment. Work was seen as an element that dignifies the human being, converting the insane into a useful and obedient individual. This Pinelian model, based on the triad of isolate/know/treat, in which the hospital appears as the epicenter of medical power and knowledge, continues to arouse both criticism and defense nowadays.

Western psychiatric hospitals, characterized by long-term or full-time admissions, were overcrowded and understaffed in the 1950s to meet demand. Furthermore, these institutions were frequently the target of allegations of abuse. Criticism of this model led to significant reforms in these sector. Prominent among the reformers were those who advocated internal restructuring of institutions to make them truly therapeutic, as demonstrated by the adoption of the therapeutic community in England, and institutional psychotherapy in France⁸. Other groups proposed the expansion of psychiatry into the public sphere, promoting community psychiatry, which sought to integrate mental health care into the community rather than isolating them in institutions. At the same time, advocates emerged for a radical break with the established psychiatric model. Among these, the supporters of antipsychiatry, stood out a movement that began in England in the 1960s and criticized the repressive and dehumanizing nature of traditional psychiatric treatments⁹. In addition, there were the proponents of Democratic Psychiatry, led by the Italian Franco Basaglia, who advocated a more humanistic and liberating approach to the treatment of mental disorders, emphasizing the deinstitutionalization and social reintegration of patients¹⁰.

These changes and movements reflect a period of intense debate and transformation in the approach to mental health, marked by a constant search for more effective and humane methods of treatment¹¹. The changes implemented during this period were also influenced by the ideas of Michel

⁸ See: PASSOS, Izabel Friche. "Duas versões históricas para a Psicoterapia Institucional" In *Cadernos Brasileiros de Saúde Mental*, v.4 , n. 9, pp. 21-32, 2012; COUTO, Richard; ALBERTI, Sonia. "Breve história da Reforma Psiquiátrica para uma melhor compreensão da questão atual" In *Saúde em Debate*, v. 32, pp. 49-59, 2008.

⁹ See: COOPER, David. *Psiquiatria e anti-psiquiatria*. Rio de Janeiro: Zahar, 1970; SPOHR, Bianca; SCHNEIDER Daniela Ribeiro. "Bases epistemológicas da antipsiquiatria: a influência do Existencialismo de Sartre" In *Revista Abordagem Gestáltica*, v. 15 n. 2, pp. 115-125, 2009.

¹⁰ See: BASAGLIA, Franco. *A instituição negada: relato de um hospital psiquiátrico*. Rio de Janeiro: Graal, 1985.

¹¹ BASAGLIA, op. cit.; JUNQUEIRA, Anamélia Maria Guimarães; CARNIEL, Isabel Cristina. "Olhares sobre a loucura: os grupos na experiência de Gorizia" In *Revista da SPAGESP*, v. 13, n. 2, pp. 12-22, 2012.

Foucault, who in his works, such as *História da loucura...*, criticized the medicalization and incarceration of the mentally ill, proposing a reflection on the mechanisms of power and social exclusion present in psychiatric practices. These reform and criticism movements contributed to the continuous evolution of psychiatry, promoting the need for a more inclusive and compassionate mental health system.

Franco Basaglia's proposal was not limited to the abolition of mental hospitals in Italy, a process that began in 1973, but also involved the deconstruction of psychiatric knowledge, practices and discourses. He argued that institutions such as the family, schools, prisons and mental hospitals are "institutions of violence". According to Basaglia, "paternal authority is oppressive and arbitrary; schools are based on blackmail and threats; exploiters exploit the workers; mental hospitals destroy people with mental illness"¹². He also questioned clinical diagnoses, identifying in them a "deep discriminatory meaning". He observed that a rich schizophrenic patient admitted to a private clinic received a different prognosis than a poor schizophrenic one and sent to a psychiatric hospital. The rich patient has never been decontextualized or completely separated from his reality, facilitating his reintegration into society. On the other hand, the poor already suffered from the violence of the social system, which "pushes them out of production, to the margins of associative life, until they are locked up within the walls of the hospital"¹³.

For him, the core of the problem did not lie in the disease itself, but in the dynamics established around it. The rejection of the asylum model implied not only the rejection of any nosological classification, but also the need to restore the patient's freedom, understood as the core part of therapy. Upon assuming the direction of the Provincial Psychiatric Hospital of Gorizia in 1961, Basaglia introduced the concept of therapeutic community, influenced by the ideas of the British David Cooper and Ronald Laing¹⁴. He aimed to transform the asylum into a true treatment hospital, a transitory phase in the healing process, which would eventually be overcome and replaced by an alternative system of services. According to Izabel Passos, these changes were considered bold and radically innovative by those who still defended the paradigms of an old-fashioned asylum psychiatry. These

¹² BASAGLIA, Franco. "As instituições da violência" In AMARANTE, Paulo (Org.). Escritos selecionados em saúde mental e reforma psiquiátrica. Rio de Janeiro: Garamond, pp. 91-149, 2005, p. 91.

¹³ Ibid.

¹⁴ COOPER, op. cit.; LAING, Ronald David. *The Politics of Experience*. New York: Pantheon Books, 1967.

were the true elements of disturbance in the society. The exclusion of the insane from the world of the sane only confirmed and sanctioned the validity of the norms established by society itself¹⁵.

The Italian Parliament enacted Law No. 180, known as the Basaglia Law, which represented a significant milestone in the history of mental health¹⁶. This legislation included mental illness into the scope of health legislation, removing it from the connotation of particular dangerousness, as advocated by the advocates of Democratic Psychiatry. A crucial step forward was the regulation of compulsory treatment, which was no longer limited to hospitalization, allowing such treatment to be carried out in community services rather than in psychiatric hospitals. Consequently, these hospitals were gradually decommissioned. In addition, the law eliminated custody measures over the person and their assets, and restored the constitutional right to vote for patients with mental disorders.

In the context of sectoral psychiatry, which began in France in 1945 and was officially incorporated as a mental health policy in 1960, the main focus was on treating patients within their own community. Multidisciplinary teams, composed of psychiatrists, psychologists, nurses and social workers, were created to prevent and treat mental disorders with no need for confinement. The hospital began to play a secondary role, only to provide treatment assistance. The French reform aimed to replace the exclusionary and isolationist model, which was based on repression, with a model that promoted the emancipation of mental patients and their reintegration into society¹⁷. These reforms reflect a paradigmatic shift in the approach to mental health, where the focus shifted from institutionalization and confinement to community integration and patient autonomy. This new paradigm sought not only to treat mental disorders, but also to combat the stigma and marginalization associated with these conditions, promoting a more humanistic and inclusive approach.

¹⁵ PASSOS, Izabel C. Friche. Reforma psiquiátrica: as experiências francesa e italiana. Rio de Janeiro: Ed. da Fiocruz, 2009.

¹⁶ ITÁLIA. Legge 13 maggio 1978, n. 180. Accertamenti e trattamenti sanitari volontari e obbligatori. Gazzetta Ufficiale, Roma, n. 133, 16 maio 1978.

¹⁷ PASSOS, op. cit., Duas versões históricas para a Psicoterapia Institucional, 2008.

Psychiatric Hospitals in Brazil

In the 19th century, “madness” was considered as an integral part of social coexistence, but it gradually came to be seen as a manifestation of disorder and disturbance of collective peace. During this period, madness began to be appropriated by religious discourse¹⁸. The origins of mental hygiene are deeply rooted among theorists of Psychiatry, and this current became one of the main themes in intellectual circles. The terms eugenics, initially introduced by anthropologists and historians, became part of Brazilian culture in the early 20th century, before being widely adopted by doctors¹⁹.

Individuals considered insane were progressively removed from society and confined to the basements of hospitals or public prisons. However, for doctors at that time, this approach did not effectively solve the problem of insanity. Segregation, combined with poor hygiene and the absence of adequate physical and moral treatment, made the cure practically impossible. During the First Republic, the concept of insanity was detached from religious discourse and adopted by scientific medical-psychiatric discourses. This changing allowed inhumane approaches to be replaced by humanitarian principles, implementing the process of medicalization of insanity and its reconceptualization as a mental illness²⁰. As a result, there was an expansion of the public network of psychiatric hospitals. Isolation in these institutions was justified by the need to separate the individual from the supposed causes of the illness, mainly the family, and by the viability of effective therapeutic interventions, believing that the cure would not be possible without this isolation.

In Brazil, psychiatric hospitals emerged as a response to this need to deal with mental disorders from a predominantly medical and segregationist perspective. Influenced by the European model of asylum treatment, these institutions sought to isolate individuals considered “insane” from society. Despite this, it is essential to preserve memory and value the fight against oblivion. It is not only the effort of memory that is important, but mainly the fear of negligence²¹. So that the past is not forgotten in

¹⁸ VECHI, Luís Gustavo. “Introgenia e exclusão social: a loucura como objeto do discurso científico no Brasil” In Estudos de Psicologia, v. 9, n. 3, 2004, pp. 489-495.

¹⁹ COSTA, Jurandir Freire. História da Psiquiatria no Brasil. Ed. Garamond Ltda. 2007.

²⁰ FONTE, Eliane Maria Monteiro da. “Da institucionalização da loucura à reforma psiquiátrica: as sete vidas da agenda pública em saúde mental no Brasil” In Estudos de Sociologia, v. 1, n. 18, 2012.

²¹ See: RICOEUR, Paul. A memória, a história, o esquecimento. Campinas: Editora da Unicamp, 2007.

the present, it is essential that the events that occurred are systematized and analyzed²². Therefore, from now on, this study aims to highlight the importance of the historical analysis of the Barbacena Psychiatric Hospital, where the experiences of patients left deep scars, compared to the Nazi concentration camps traumas. Opened on October 12, 1903, the hospital was one of the seven psychiatric establishments built in the city and became known as the “Brazilian Holocaust”.

The Colony of the “crazy”

The Colônia Psychiatric Hospital, located in Barbacena, Minas Gerais, Brazil, represents a dark and disturbing chapter in the country’s history. Established in 1903 as part of a group of psychiatric institutions in the city, Colônia over the years transformed from a treatment center for mental disorders into a place of despair and anguish for thousands of people. The founding of Colônia marked the beginning of an era of indescribable suffering for those interned in its facilities. Over the decades, the hospital became a symbol of inhumanity, where patients were often subject to subhuman conditions and brutal treatments. Such intensity is essential to produce studies on the events that occurred at Colônia, in addition to analyzing the crucial role of dissonant memories in preserving history and promoting a more empathetic and just society²³.

²² See: FERRO, Marc. *A Cegueira – Uma Outra História do Nosso Mundo. Cem anos de guerra, política e religião*. Lisboa: Cavalo de Ferro, 2017.

²³ Regarding dissonant memories, see: FESTINGER, Leon. *A theory of cognitive dissonance*. Stanford: University Press, 1957.

Figure 3: Colônia Psychiatric Hospital, opened in 1903, in the mining town of Barbacena.



Archive: Minas Gerais Public Collection.

By discussing the role of dissonant memories, we propose a reflection on how knowledge and awareness of the horrors of the past can inform present actions and shape a more inclusive and compassionate future. Recognizing the importance of confronting the darkest aspects of our collective history, it is essential to be able to learn with the mistakes from the past and work together to create a society where everyone is treated with dignity and respect. By confronting our collective past, we can strive to build a future in which humanity and compassion are the pillars of our existence. This approach is corroborated by historical studies that highlight the relevance of preserving memory for the construction of more just and humane societies²⁴.

Since its founding in the early 20th century, the Colônia Psychiatric Hospital has demonstrated a worrying pattern of arbitrary admissions, in which approximately 70% of patients did not present symptoms of mental illness and were simply categorized as undesirable by society²⁵. The influence of eugenic theories deeply permeated the medical and

²⁴ RICOEUR, op. cit.; IRON, op. cit.

²⁵ ARBEX, Daniela. *Holocausto Brasileiro: Vida, Genocídio e 60 Mil Mortes no Maior Hospício do Brasil*.

social practices to be adopted at the hospital. The notion of social cleansing and purification of humanity fostered the idea that individuals considered “undesirable” should be segregated and subjected to inhumane treatment²⁶. This ideology, widely disseminated at that time, justified the abuses committed at the Colônia and perpetuated in a cycle of discrimination and suffering.

Overcrowding was a chronic condition at the Colony, further exacerbating the already precarious living conditions of the patients. Initially designed to hold a limited number of people, the hospital quickly found itself overwhelmed, resulting in unsanitary conditions, lack of proper hygiene, and a shortage of medical resources. This overcrowding contributed significantly to the physical and psychological deterioration of inmates, perpetuating a cycle of suffering and despair²⁷.

Furthermore, the lack of strict medical criteria for admissions made the Colony a destination for those deemed inconvenient to society but not necessarily mentally ill. Individuals marginalized by their sexual orientation, socioeconomic status, race, or political views were often admitted to the hospital, deprived of their freedom, and subject to a regime of terror and oppression²⁸. This phenomenon can be understood within what Foucault called the “structure of exclusion,” as mentioned earlier, a concept that highlights how certain populations are systematically marginalized and isolated by society²⁹.

São Paulo: Geração Editorial, 2013.

²⁶ See: SOUZA, Vanderlei Sebastião de. Renato Kehl e a eugenia no Brasil: ciência, raça e nação no período entreguerras. Guarapuava: Unicentro, 2019.

²⁷ “In 1930, with the overcrowding of the unit, a story of extermination began to be drawn. Thirty years later, there were 5 thousand patients in a place initially designed for 200. The replacement of beds with grass was then officially suggested by the head of the Department of Neuropsychiatric Assistance of Minas Gerais, José Consenso Filho, as an alternative to the excess of people. The intention was clear: to save space in the pavilions to fit more and more unfortunate people”. ARBEX, op. cit., pp. 21-22.

²⁸ Ibid.

²⁹ FOUCAULT, op. cit., História da loucura...

Figure 4: Patients “incarcerated” in Colônia.



Photo: Luiz Alfredo (1961), for the magazine “O Cruzeiro” [the Cruise].

The combination of these factors created an environment where suffering and despair were endemic. Patients at the Colony faced not only the hardships inherent in their mental conditions, but also institutional cruelty and neglect. Their voices were silenced and their lives devalued, as society continued to perpetuate the myth of madness and marginalize those who did not fit in its established norms.

When examining the cruel reality of the Colônia Psychiatric Hospital, it is possible to perceive the complexity of the social and medical issues that contributed to its tragic history. Understanding the depth of suffering experienced by those who passed through its doors raises the need to recognize the importance of preserving these dissonant memories and confronting the injustices of our collective past. Shock therapy, a controversial technique, became routine practice at the Colônia, highlighting the lack of scruples and medical ethics that permeated psychiatric institutions at that time. Applied indiscriminately and often without anesthesia or adequate care, this form of treatment resulted in more suffering than healing for patients. Disturbing accounts of abuse include cases of death and severe fractures resulting from these brutal procedures, casting an even darker shadow over the already

sinister environment of the hospital. In addition to shock therapy, other forms of abuse were commonplace at the hospital³⁰. In addition to shock therapy, other forms of abuse were commonplace at the hospital. Hunger and thirst were constant realities for inmates, who often faced shortages of food and clean water. The hospital's unsanitary conditions, including a lack of basic sanitation and proper hygiene, contributed to the suffering and despair of patients, who were forced to live amid filth and decay³¹.

The Colony also became a center for illegal trafficking of bodies to medical schools, adding another dark side to its already tragic history. The bodies of deceased patients were often sold without the consent of their families, violating their dignity and privacy even after death. This inhumane practice not only violated the rights of the deceased, but also perpetuated the devaluation of patients' lives. As John Lennon and Malcolm Foley point out in their article entitled *Dark Tourism: The Attraction of Death and Disaster*, this dehumanization culminated in the commodification of human suffering³².

In short, the Colônia Psychiatric Hospital was a literal Hell on Earth, where patients were subject to a series of abuses and human rights violations. Shock therapy, lack of basic living conditions, and illegal trafficking of bodies are just a few examples of those horrors that occurred within its walls. Confronting this dark side of our collective history is essential to acknowledge the suffering of those who were affected, and to give voice to those who have been silenced until now.

Dark Heritage and the “Museum of Madness”

The inhumane conditions at the Cologne Psychiatric Hospital were finally brought to light by complaints and criticism from mental health activists and professionals. Notable among these whistleblowers was the aforementioned Italian psychiatrist Franco Basaglia, who compared the facility to a Nazi concentration camp³³. Basaglia, renowned for his role in psychiatric reform in Italy, visited the Cologne in 1979 and was deeply shocked

³⁰ ARBEX, op. cit.

³¹ Ibid.

³² LENNON, John; FOLEY, Malcolm. *Dark Tourism: The Attraction of Death and Disaster*. London-New York: Continuum, 2000.

³³ MATOS-DE-SOUZA, Rodrigo; MEDRADO, Ana Carolina Cerqueira. “Dos corpos como objeto: uma leitura pós-colonial do ‘Holocausto Brasileiro’” In *Saúde Debate*, v. 45, n. 128, pp. 164-177, 2021.

by the inhumane conditions and abuse to which patients were subject to, and denouncing them publicly³⁴.

Despite decades of neglect and abuse, Colônia was finally closed in the 1980s, ending a dark chapter in the history of mental health in Brazil³⁵. However, the hospital's legacy lives on in the memories of those who suffered its atrocities and in the public recognition of the impact of its existence. Today, the place has been transformed into a Museum of Madness [Museu da Loucura], representing an example of *Dark Heritage*, a heritage associated with suffering and pain, that is, places that bear a negative emotional burden due to the traumatic events that occurred there³⁶.

On August 16, 1996, the Colônia Psychiatric Hospital, which was known for its outrageous practices, such as cold showers used for torture, was restored as the Museum of Madness. This museum, which now opens its doors and rooms filled with memories to the public, symbolizes not only a new historical milestone, but also a significant discursive event. It is a reinterpretation of the past, a break with the dominant institutional discourse, and a connection between memory and the present.

The inauguration of the Museum of Madness is not only a historical milestone, but also a painful but necessary archive that plays a crucial role in the process of identity of the city of Barbacena. The process of reconfiguring the "City of Madmen" occurs through the valorization of a memory that persists in reinventing itself, transforming the museum into a space of memory, remembrance and even oblivion. This phenomenon is related to the concept of archive, according to Michel Foucault, who considers the archive as a guarantee of the future, influencing the way in which one lives and understands the past³⁷. Furthermore, the narrative of the Museum of Madness establishes a constant dialogue between change and permanence, disappearance and reconstruction, seeking new meanings for the model of psychiatry represented by the hospital. The Anti-Asylum

³⁴ Ibid.

³⁵ It was only in 1994 that the last cell in the Colônia was destroyed. The implementation of therapeutic workshops and extramural activities only began in the late 1990s. See: GODOY, Ana Boff de. "Arquivos de Barbacena, a Cidade dos Loucos: o manicômio como lugar de aprisionamento e apagamento de sujeitos e suas memórias" In Revista Investigações, v. 27, n. 2, 2014.

³⁶ LENNON; FOLEY, op. cit.; LOGAN, William; REEVES, Keir. Places of Pain and Shame: Dealing with 'Difficult Heritage'. London: Routledge, 2009; GALLETTO, Karen Cristina. Dark tourism: patrimônio, memória e contos. Rio de Janeiro: Letras e Versos, 2022.

³⁷ FOUCAULT, Michel. A arqueologia do saber. Rio de Janeiro: Forense Universitária, 2008.

Movement³⁸ and the Psychiatric Reform were fundamental in transforming the hospital into a museum, a place of memory that aims to preserve the traces of a dark past and promote a new approach to madness³⁹. This transformation is an example of how cultural heritage can be a political expression, using collective memory to express the injustices of the past and propose a more humane future.

In the context of *Dark Heritage*, the Museum of Madness represents an exemplary case study. As mentioned, according to Foley and Lennon, *Dark Heritage* involves visiting places marked by catastrophes, genocides and other forms of human suffering, which, although painful, are essential for memory and historical education⁴⁰. The Museum of Madness, inserted in this context, transforms the pain and suffering experienced in the former hospital into an educational and collective memory tool. Through the museum's exhibitions and collection, visitors are confronted with the reality of the atrocities committed and encouraged to reflect on the relevance of not repeating such acts. This process of patrimonializing suffering not only preserves the memory of the victims, but also serves as a constant reminder of the need for empathy and social justice.

The opening of psychiatric hospitals to the press allowed news reports to publicly denounce the atrocities suffered by inmates. In this sense, the Museum of Madness is a metaphor for the discourse of Psychiatric Reform, created to reveal a painful memory and reveal a little-known history. The transformation of a "hospice" into a place of memory and cultural heritage demonstrates the expansion of the notion of heritage in recent decades, including not only physical monuments but also intangible and identity-related elements of communities and groups⁴¹.

³⁸ The Anti-Asylum Movement in Brazil, which began in the 1980s, seeks to reform the mental health system, criticizing the asylum model of hospitalization, which often resulted in inhumane conditions and social exclusion. Advocating deinstitutionalization and defending the human rights of psychiatric patients, the movement promotes the replacement of psychiatric hospitals with community services, such as Psychosocial Care Centers (CAPS). It influenced significant legislation, such as Law No. 10,216 of 2001, which establishes guidelines for the protection of people with mental disorders and encourages social reintegration, highlighting the importance of the active participation of patients and their families in the management of mental health policies. MACHADO, Cristiani Vieira. "A Reforma Psiquiátrica Brasileira: caminhos e desafios" In *Saúde em Debate*, v. 44, pp. 5-8, 2021.

³⁹ LÜCHMANN, Lúgia Helena Hahn; RODRIGUES, Jefferson. "O movimento antimanicomial no Brasil" In *Ciência & Saúde Coletiva*, v. 12, pp. 399-407, 2007.

⁴⁰ LENNON; FOLEY, op. cit.

⁴¹ GODOY, op. cit.

Cultural heritage can be a political discourse that aims to establish the relevance of certain assets, whether material or symbolic. Thus, the analysis of the Museum of Madness collection is essential to understanding the society that created it, considering it as a historical object that reflects a collective memory. In the archive-asylum, individual memories are often forgotten, but in the museum, these scattered memories are rescued and recontextualized in a large mosaic, a document of the collective memory of the “City of Madmen”⁴². However, this memory can only be maintained and updated if there is a constant effort to keep it alive and relevant.

Final Considerations

The conclusions of this work, which aimed to briefly analyze the historical trajectory of psychiatry and its social and human implications, highlight the complexity and progress of this field over time. From a religious perspective to a scientific and medical-psychiatric focus, the conception of madness has undergone significant transformations. However, this path has not been free of controversy, abuse and violations of patients’ rights, as it was clearly demonstrated in the case of the Colônia Psychiatric Hospital in Brazil.

Preserving dissonant memories, such as those associated with Colônia, is essential raising awareness of past wrongs to prevent future tragedies. Understanding and confronting the dark aspects of our collective history is essential to healing and building a more just and compassionate society. Remembering and honoring the victims of Colônia acknowledges, the importance of all lives and reaffirms our commitment to human dignity and rights. The exposure of these atrocities by activists and mental health professionals, including prominent figures such as Franco Basaglia, was crucial in exposing the inhumane conditions and pushing for change. Closing the hospital and transforming it into a museum represents an attempt to confront the dark past and educate the public about the horrors of psychiatric history. By confronting the injustices of the past, future generations will recognize the signs of oppression and discrimination and advocate for the values of social justice and equality.

The Museum of Madness not only protects the memory of victims, but also provides an in-depth reflection on past injustices and their effects

⁴² Ibid.

on today's society. Analyzing the Museum of Madness as a site of political memory and patrimonialization reveals the importance of preserving and confronting the traumatic events of the past, allowing for a more in-depth understanding of the social and medical injustices that shaped our society. The concept of *Dark Heritage* reinforces the relevance of confronting the past, not only as a form of memory, but also as a way to educate and raise awareness about the atrocities committed and their consequences for the present and future.

It is crucial to recognize those tragedies such as the “Brazilian Holocaust” occurred in a context of unfair social and political systems that marginalized and dehumanized certain social groups⁴³. Therefore, when designing a more promising future, we must commit to eliminate these oppressive structures and create a culture of mutual respect and inclusion.

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⁴³ LOGAN; REEVES, op. cit.

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