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Women interrupted by the power of patriarchy - the madness

Abstract

This article aims to demonstrate how a set of ideas, norms, culture, social and moral rules defines "the feminine", triggering strong coercive actions resulting in violent hospitalizations in the Juliano Moreira Asylum in Belém do Pará, in the 50's, I justify the choice of this period due to a personal case in the family that I always wanted to understand better. The objective was to research how and what were the diagnostic reasons women were admitted to the asylum. Our hypothesis is that many women were isolated, with their lives interrupted just because they were women who deviated from the standards of the time, who did not remain silent in the face of the injustices committed against them. The methodology used was the research of hospitalized patients' records, history and described symptomatology. The research focuses on 6 cases of women hospitalized as a way of correcting an attitude towards life that is not consistent with the parameters of the current society; Mad women bring with them the violation of freedoms, interruption of a social life and the youth of women considered unsuitable for society, thus allowing a discussion about Madness based on Foucault's writings, patriarchy and the appropriation of women's bodies, minds and lives.

Keywords: Madness, violence, woman, asylum, patriarchy.

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Introduction

> *A man doesn't define you / Your house doesn't define you / Your flesh doesn't defines you / You are your own home*
>
> – Francisco, El Hombre, "Sad, Crazy or Bad".

This article tells the particular story of some women who were involuntarily admitted to the Juliano Moreira Psychiatric Hospital in the 20th century, more precisely in the 1950s, in Belém do Pará. The stories of these women who were interrupted by the power of the patriarchy; having been an attempt at change, rebellion, to the current model that categorizes women and the frame as an inferior being whose need to be protected was evident due to their feminine nature.

This article aims to invade the space and history of women, looking directly into the lives of these women, through medical records from the collection of this medical center in Public Archives of the State of Pará. They are just fragments of a life, fragments that do not fail to measure a reality that is sometimes larger. Although we note that psychiatry was an instrument of power at the time, it is not, in itself, the only instrument, as it is part of a broad social fabric of power over female bodies. The role of families in the hospitalization of the women described in this article is clearly seen in Cunha's[1] statement:

> Hence the true ferocity with which "good families" treated their deviant women, and the ease with which they were sent to the asylum, often as a disguised way of punishing them or hiding them from the curious eyes of the neighborhood: they represented a kind of failure of the idealized family model, stains that dangerously undermine the purity of moralized health.[1]

The aim, through the analysis of medical records, is to get closer to this feminine universe of the moment in question and to realize that we are still very close to ultraconservative customs and thoughts that permeate our today, despite so many decades having passed.

The research focused on reading files and medical records from the Juliano Moreira Hospital, a collection of the Public Archives of the State of Pará, which is a century-old public body linked to the Heritage Directorate of the State Secretariat of Culture.

The methodology is characterized by a qualitative approach, using as a source the medical records of six patients admitted to the Juliano Moreira Hospital in the 1950s, an interim chosen due to the personal desire to know more about the history of Veneranda Melo Matos, my great-grandmother, who was incarcerated for years in the aforementioned asylum.

A look at madness and human relations

Over time, thinking and information about madness have changed, and the way of dealing with it has changed based on theoretical and practical knowledge. In ancient Greece, madness and physical disabilities were associated as effects of possession or punishment from the gods. As a result, those suffering from these illnesses were treated violently, often condemned to death.

The landmark emergence in the history of studies on madness as a disease dates back to 1745 to 1827, in France, by the French physician Philippe Pinel in the Bicêtre and Salpêtrière hospitals, culminating in the publication of his books Philosophical Nosography (1798) and Medical-Philosophical Treatise on Mental Alienation, or Mania (1801). It is important to emphasize that the term used by Pinel to characterize the patients in question was alienated.[2]

In The History of Madness[3], Michel Foucault systematizes thought throughout history, makes a narrative about those considered Mad, from the Middle Ages to the 19th century and narrates about the prevailing thought in the medieval era that the mad were those animalistic beings whose cause was nothing more than a diabolical possession; this idea begins to change with the theories of Cartesian thought that thought of the mad as devoid of reason, but both in the Middle Ages and after Descartes, these human beings were considered execrable. The same author, in The Abnormal,[4] discusses the models

of leprosy, which is a model of exclusion in the sense of purification of society, which was a social practice that involved a strict division, a rule of no contact between individuals. Lepers, the insane, and the lazarus were kept away, in a practice of exclusion, marginalization, and political and legal disqualification of the excluded. This was the model of the Middle Ages. In Classical Antiquity, the leprosy model tended to fade away as a practical action.

With population growth, socioeconomic crisis and the expansion of cities, this place of exclusion tends to disappear. Cities were filled with sick people, beggars, and children, the poor and unemployed peasants with the crisis of feudalism. Then the plague model emerged as a great instrument of social control, "the inclusion of the plague-bearer", quarantine, observation and control of the so-called abnormal. In the words of the author,

> [...] the replacement of the leprosy model by the plague model corresponds to a very important historical process that I will call, in a word, the invention of positive technologies of power. The reaction to leprosy is a negative reaction; it is a reaction of rejection, of exclusion, etc. The reaction to the plague is a positive reaction;
>
> A reaction of inclusion, of observation, of formation of knowledge, of multiplication of the effects of power from the accumulation of observation and knowledge. We have moved from a technology of power that expels, excludes, banishes, marginalizes, and represses, to a power that is ultimately a positive power, a power that manufactures, a power that observes, a power that knows, and a power that multiplies itself from its own effects.[4]

To explain the plague model, it is necessary to understand Europe, which was hit by the bubonic plague (the "famous" Black Death, because one of its symptoms was the presence of black marks on the skin): quarantine was instituted in a city, territory, suburb; this territory was designated as a closed territory. It is important to understand that this was not a territory of exclusion, as was the case with the exile of lepers, but rather a territory of policing, observation, and the object of detailed analysis; there were a series of regulations to be followed and controlled by inspectors and others. In this organized and analyzed model, a continuous power was created that monitored, registered, and controlled the sick and non-sick. However, there was no exclusion as in the leprosy model, but a quarantine – that is, care to preserve health and life. The plague replaced the leprosy model as political control and this model became, according to with Foucault, one of the great inventions of the 18th century or, in any case, of the classical age and the administrative monarchy (invention of positive technologies of power. (idem).

It is interesting to note that Foucault makes a comparison between the models of leprosy, which excludes, and that of the plague, which observes and studies, without leaving aside the same eye that observes and holds power over the observed. It is worth noting that this power occurs through an extremely degrading process of domestication of the observed, since some "jailers had a great reputation for the skill with which they made the madmen perform dance steps and acrobatics, at the price of a few lashes" (ibid., p.147). According to the theorist, some furious madmen were exhibited where large sums were paid to see them.

The model of internment was then determined; the insane, the sick, the physically and mentally disabled, the poor, the beggars, those with venereal diseases, prostitutes and orphans were taken to the General Hospital in France, to the cells and "powerhouses". It was the mid-17th century, and the absolute power carried out such internments through royal letters and arbitrary arrests (Op. Cit.). Regarding this, Jean-Etienne Dominique Esquirol (quoted by Foucault [Op. Cit.]) reports on the sick:

> I saw them naked, covered in rags, with only a little straw to shelter them from the cold dampness of the ground on which they lay. I saw them poorly fed, without air to breathe, without water to quench their thirst and without the most necessary things for life. I saw them handed over to real jailers, abandoned their brutal surveillance. I saw them in narrow, dirty, infected places, without air, without light, closed in dens where one would hesitate to lock up wild animals, and which the luxury of governments maintains at great expense in the capitals.[3]

The General Hospital was a charity hospital that used terrible coercive methods. Over time, the number of admissions exploded and the exclusion factor was of the most varied kinds; this is the experience that Foucault (Op. Cit.) called "The Great Internment". It is therefore necessary to contextualize the history of the creation of asylums, the terminologies, the words and diagnoses of the lazarentos, the insane and the insane.

Those who treated and thought about madness were called Alienists. This term was given by Philippe Pinel, who thought of alienation and its cause as passions being its main moral cause. Pinelian alienism, therefore, assumed an educational character, aiming to correct passionate deviations according to which they are responsible for alienation and corrected with moralizing measures.[2]

Brief history of mental hospitals in Brazil

In 1830, a Health Commission of the Rio de Janeiro Medical Society, with physician José Martins da Cruz Jobim as rapporteur, called for urgent changes how the insane were treated in the dungeons of the Santa Casa de Misericórdia, in the way they were distributed (women, men and children in the same space), in the cleanliness and in the mistreatment they suffered.[5]

In 1841, three days after the ordination of D Pedro II, by decree no. 82, he created a public establishment to treat the insane and sent the order and proceeds for its construction to the provider of the Santa Casa de Misericórdia.

The Hospício D. Pedro II was opened in 1852, it was the first in Brazil and in all of Latin America, exclusively for treating the mentally ill, but to understand the context of this story it is necessary to know a little about Rio de Janeiro with the arrival of the Portuguese court in Brazil in 1808.

All port activity intensified to such an extent that the city swelled with the population that settled there and those who passed through to perform a function, individuals from various origins, cultures and languages, Portuguese, Americans, enslaved Africans.[2]

In this context, the population called for the construction of a hospice, as the insane roamed the city streets and represented a danger to society at the time. It is worth noting that no distinction was made between the physically and mentally ill, beggars and the poor who begged on the streets, orphans, prostitutes, beggars and incorrigible drunks.

In the midst of this situation, the Hospício D. Pedro II was opened to receive 140 mentally ill people and the space was designed for 150 people, including men and women, which at the end of the 1870s, with the expansion of the space, would be able to receive up to 240, and at this date it already had 390 mentally ill people. The D. Pedro II hospice was administered by three brothers from the Santa Casa de Misericórdia and sisters of charity. As for the admission of the insane, they were divided between the homeless (in greater numbers), first-class boarders (because if the homeless roamed the streets, the rich carefully hid theirs); second and third classes who would have their bills paid with a low amount. This form of admission and administration followed for all other hospices opened throughout Brazil.

It is important to realize that Hospices could eventually even have medical support, but most of the time they were intended to provide shelter, food and religious care. Only in the 20th century did such institutions come under the control of doctors, taking administration and care out of the hands of religious institutions.[6]

Other spaces in Brazil exclusively for the alienated

Following the idea of the Hospice D. Pedro II, others were created in the provinces of Brazil, in São Paulo, Bahia, Pernambuco, Pará and Ceará.

Provisional asylum for the insane in belém do pará

Juliano Moreira[5] lists news about assistance to the mentally ill in Brazil, stating that, since 1834, in Pará, the mentally ill began to be isolated, initially in the basements of the Santa Casa de Misericórdia, whose provider was the famous canon João Batista Gonçalves Campos. Soon after, these individuals were taken to the Olaria dos Mercenários (in Tucunduba) where the lepers of the time were placed.

According to Moreira (1905), the space followed the same conditions as all asylums – deposits without any hygiene, medical treatment, food and any attention that we could at least call tolerable. After the Proclamation of the Republic, the government authorized by laws nº 1289, of December 13, 1886 and nº 1214 of December 1, 1889, then decided to build an Asylum exclusively for the Mentally Ill, choosing Marco da Légua as a favorable environment, with a project prepared by the engineer Nina Ribeiro, being inaugurated on July 18, 1892 and the administration handed over to Santa Casa de Misericórdia.

The dispute for power and control of psychiatric hospitals by religious and lay people was consolidated based on the expansion of knowledge of positivist psychiatry, at the end of the 19th century, which began to demand a cure through medicalization carried out through the use of psychotropic drugs.[7]

With the evolution of the treatment of the insane, carried out during the government of Rodrigues Alves by professors Juliano Moreira and Afrânio Peixoto, and, in Pará, during the government of Augusto Montenegro, around 1905, the management of the Asilo dos Alienados was transferred from the administration of Santa Casa de Misericórdia, and the governor appointed the public health doctor Izidoro Azevedo Ribeiro to run it. He had been sent to Europe to do internships in the most famous hospices in Paris. Izidoro was the first psychiatrist with specialized training in Pará, having abolished the stocks, straitjackets and other forms of mistreatment, humanizing the treatment of the sick. In addition, he renovated the entire building, equipping it with a hydrotherapy and electrotherapy room, with machinery brought from Europe.

In 1930, the interventor Magalhães Barata dismissed the then director of the Hospital for the Insane, the aforementioned Izidoro Ribeiro, replacing him with Antônio Porto de Oliveira, who He managed the institution for forty years, initiating biological therapies, such as malariotherapy, intravenous cardiazol, and electroconvulsive therapy.

In 1937, the Asilo dos Alienados changed its name to Hospital Juliano Moreira in honor of the doctor, teacher, scientist with vast theoretical production, to whom we owe the first legislation on assistance to the insane, the elaboration of the first classification of mental illnesses and the foundation of the Brazilian Society of Neurology, Psychiatry and Legal Medicine.

It is worth noting that the name change from Asilo dos Alienados to Hospital Juliano Moreira is highly relevant to the concept of care and treatment for mental illness in the state of Pará. The term asylum has an alienating, pejorative and discriminatory character, while hospital has the specificity of providing medical and therapeutic care. It was the only psychiatric hospital in the north of the country and received patients from all states in this region. It was only in the 1970s that an embryo emerged within Pará society to challenge the exclusionary methods of totalizing institutions, leading to the closure of the Juliano Moreira Hospital in 1984 and changes in the therapeutic practices provided to those with mental disorders.[7]

In the early 1980s, a slow process of dehospitalization of Juliano Moreira began. The terrifying fire consumed part of the building's structure and revealed the agonizing process that the hospital was going through, as well as all the stories embedded in the walls, all the feelings of physical and mental pain that called for the end of that place of injustice. Some patients were sent to CIASPA (Integrated Psychiatric Assistance Center of Pará) in Ananindeua, while others were sent to the Dom Macedo Costa Asylum.

Motivations and objectives of the research

The author has always felt a sense of injustice, repulsion and anger when, as a child, her mother would tell her about her grandmother, Veneranda, who had been imprisoned and abandoned by her three brothers for 7 long years at the Juliano Moreira Hospital. She was only brought into her family after her only daughter got married, as this was the wedding gift she asked her husband for. It is important to tell the details of this story that ultimately ended well.

Veneranda Cleofas de Melo, born in the state of Ceará, of Portuguese Jewish origin, met her husband Euclides Augusto de Mattos, a Portuguese who arrived in Brazil and acquired land, and they had an only daughter, Antônia Augusta de Mattos. They moved to the current state of Amapá to buy more land. On one of his boat trips, Euclides, returning to Ceará, suffered an accident and died, leaving behind his wife and daughter. Veneranda lived a very quiet life, without financial worries, she had employees and everything she needed. Her life began to change with the death of her husband and her three brothers began to take care of her, her daughter and all her possessions. The brothers sold their entire inheritance and divided the profits among themselves, becoming major merchants in Pará.

Antônia was 3 years old when her father died and they went to live with one of her uncles. They told Veneranda that she no longer had any of her possessions. Veneranda was upset and went through moments of great sadness, worried about her future and the future of her only daughter. They took everything she had and now she only had Antônia. As time went by, her brothers became rich, they spent a lot, bought titles of nobility, baronies, houses and Veneranda saw

it all but exploded with rage. Between crying and screaming, she could not do anything concrete and finally, they threatened to take her daughter away from her. In this context, as a form of punishment, they institutionalized Veneranda as insane.

Antônia grew up and, at the age of 16, met Tertuliano José Palheta, a carpenter and musician, leader of the Banda 31 de Agosto (31 de Agosto Band) of the Municipality of Vigia (the date of Vigia's accession to Brazil's independence). They were making out at the window, she inside the house and he on the sidewalk; they decided to get married, against the advice of their uncles. One condition for accepting "Terto"'s marriage proposal was that he would come with her to pick up his mother at Juliano Moreira and that Veneranda would live with them. The proposal was accepted, and the wedding would take place. After the wedding, three days later, they both came to Belém to pick up Veneranda Cleofas de Melo. I can imagine Antônia's disappointment when she saw her. Despite having resources, she was like a pauper, dirty, wearing only a rag on her body, she would pull out her hair on one side of her head and tie it in knots on the other side, she had no hair on one side of her head, and her feet were swollen and inflamed due to an infestation of fleas that were penetrating the skin on her feet. Veneranda did not immediately recognize her little daughter, as she called her until her death, and Terto, she called him Doctor and hardly spoke to him. Veneranda saw the birth of and helped take care of 5 of Antônia's 7 daughters, she could not bear to see them crying; she was affectionate, caring, and loved to sing to her granddaughters and rock them in the hammock.

At another point in my life, as a professor at UEPA (State University of Pará), in the Geriatrics discipline, I met JF, a very talkative lady (she even liked to tell a story about a certain boyfriend she was in love with), cheerful and pretty at the then Asilo D. Macedo Costa, in addition to being a graduate of Hospital Juliano Moreira. JF's medical records had a story of "rebellion" and "behavior not befitting a good-natured young lady": she fell in love with a black man, the boyfriend she always talked about; she, from a rich family of merchants in Belém, white and with extremely blue eyes that age has not reduced. She ran away with this man, but the family came after her, brought her back and imprisoned her. Only left Juliano after the fire that destroyed the Hospital; a lost life, an interrupted story. We will see later that the different behavior of women as the story progresses causes women to be labeled as crazy.

Power relations, moral norms and the monopoly over female bodies

For Simone de Beauvoir[8], women have always been treated as "the other," a separate body, "the second sex," and this difference carries with it a high social and cultural burden. When we think about the differences between masculine and feminine and the power relations that permeate these differences, we realize that women's history is characterized by invisibility and silence: invisibility because their space is private, the home; and the male space is public and few women venture into it. At the same time that they are described, imagined, and represented, they are also silenced, because the discourse of imagination and representation is still dictated by men; silenced because there is still a lack of authentic accounts of their daily lives, real lives, and sexual asymmetries, written for women and by women.[9]

It is important to emphasize that Brazil was marked by 354 years of slavery, being the last country in the world to abolish it. This is a terrible moment in its history, but it should not be forgotten: remembering the pain, torture and violence suffered by enslaved men and women means that we can build public policies for reparation in the present. For Davis (2016), talking about women without taking into account their racial and class context is a trap, and he considers that the myths that shape femininity, such as delicacy, shyness, natural maternal instinct, fragility, and submission, are social and political constructions, fruits of capitalism and of a patriarchal system that requires the production and reproduction of people in the home for work, through the creation of the woman as "housewife", "housewife" and at the same time dictates that this work is unpaid, unproductive and invisible.

Davis[10] also clarifies that black women, while enslaved and even after the abolition of slavery, always worked in the private sphere and also in the public space, being oppressed and violated. Discourses on femininity take on specific characteristics when we take into account diversities, such as gender, generation, race, class and sexuality.

The female body, characterized as a place of contradictions and ambiguity, has always caused fear throughout history, constituting a priority target for normalizing interventions in medicine and psychiatry and in the most varied knowledge. Among the alienated individuals considered most rebellious to any treatment, for reasons more moral than medical, Pinel included women who became irrecoverable due to "a non-conformist exercise of sexuality, debauchery, onanism or homosexuality. The nervous temperament, predisposed to neuroses, neuralgias, were considered common among women "whose special functions to sex, contribute greatly to their development".[11] This is how women were seen and we still carry this stigma.

In the context of mental illness, a debate on gender, class and race is also necessary, as they reproduce a stigma and forms of oppression and violence that women experience when they are characterized as Crazy.

Magali Engel[17] says that female madness refers to an alteration of the feminine essence and its sexuality, while male madness refers to the ability of men to not fulfill their roles in society. Thus, women are relativized, diminished, trapped in their bodies and sexuality while men are imputed reason. Since the beginning of the 19th century, women have been under psychiatric control, leading to their incarceration in mental hospitals, and over time the number of women confined to these spaces has only increased, and mental illnesses related to women have come to be seen as a feminine characteristic, leading to the idea that all women are always on the verge of a nervous breakdown.

The sexual division of labor was evident within the asylums that carried out labor practices as a support for treatment. These were more a means of unpaid work than a means of treatment; men were usually forced to do agricultural work, and women to do domestic work, such as washing, ironing, cleaning, and cooking, within the asylums, thus reinforcing gender stereotypes, where men work outdoors, which favored their cure, and women should be in reserved spaces, within the home, corroborating the idea that the female condition is restricted to closed spaces, also reinforcing the idea of female submission through institutionalization, through a current social demand for control of the bodies and minds of women considered to be insane.[1]

According to Caleiro and Machado[12], social and/or moral transgression is transformed into mental illness and madness by those who hold power, whether political, economic, religious, medical, legal or especially family power. It is worth considering that the sense of morality was historically constructed on bourgeois bases and by the Roman church, where women were mainly made objects of oppression, and the view of women and madness is constituted

as a gender issue. The woman's body is seen as a commodity, a place of devaluation, reduced only to her sexuality, attributed to any action or speech or any situation that contradicts sexist, misogynistic arguments, mental illness, alienation and hysteria.

Throughout history, women have been imprisoned in mental hospitals, raped, killed, and had their lives interrupted due to their subversive attitudes, which went against the prevailing norms. It is understood, therefore, that psychiatric power joins forces with patriarchal power to silence these women and preserve social control. Thus, patriarchal power dictates norms of behavior, standards of normality appropriate for a woman and sees men as the holders of wisdom, reason, and sanity, and women who do not fit within the established norms and standards of submission are ultimately left with the stigma of madness.

In Ao Sul do Corpo, Del Priore[13] reports on the female condition in colonial Brazil and on the process of domestication of women, motherhood and the female roles dictated by the Roman church and the colonizing society, since training "women was part of the civilizing process and, in Brazil, this training was done in the service of the colonization process" (idem, p. 27). This process of "domestication" also makes use of a medical discourse on the functioning of the female body, its thinking and its actions; while medicine took care of the body, the church took care of the soul.

> The sacralization of the social role of mothers therefore involved the construction of its opposite: the worldly, lascivious and lustful woman, for whom procreation was not a duty but a pleasure. Women who lived in the ambiguity of these two roles were systematically persecuted, as the autonomous use of female sexuality was interpreted as revolutionary and went against the desire of the Church and the State to place the female body at the service of patriarchal society and the colonizing project.[13]

According to Priore (idem), the female training process was based on two main instruments, a discourse on ideals of behavior exported from the metropolis and disseminated by the Roman Catholic Church and its preachers, confessors in sermons impregnated in the Portuguese and European mentality with a discourse normalizing conduct, behavior and actions. The other main instrument was the medical discourse, which placed women as incapable of reasoning, their natural condition of procreation and outside this condition, melancholy and lust were also their natural condition, and they were condemned to exclusion. The two discourses were associated and after the Council of Trent, which reaffirmed the dogmas of the Catholic Church and instituted theTribunal of the Holy Inquisition and the Society of Jesus, the doctrine of sin original, the virginity and purity of Mary; leading to the formulation of ideals of feminine behavior.

The medical records

The medical records researched are not divided by gender or class, only by decades; therefore, they are in boxes, many of them marked by the fire that consumed the hospital. Each one has an identification number; some have photos and others this identification was lost. It contains a brief history of the reasons for admission to the hospital, it is not a medical history as we know it today, dates, addresses, some with a medical certificate, which was not mandatory, as the history of how they presented themselves clinically, told by whoever was going to take the future inmate, was enough. Sometimes the patients were taken by the police authorities, without even having a family member present.

The medical records are all microfilmed. However, because the microfilm reader was faulty, I had to check each box, research each medical record and choose the cases that caught my attention the most within the intended decade. The medical records also contained the medications, as the patients needed to be restrained and medicated, and they presented with severe adverse reactions, such as drowsiness, intense sialorrhea, motor paralysis, all the symptoms described in the medical records. The records also included the number of electroshock sessions.

Patient assessment

When the patient was admitted to the Juliano Moreira Hospital, as can be seen, there was an initial interview, in most cases the story being told by a third person and normally someone from the family, husband, brother, police authority and never by the patient herself.

Women interrupted

VLA; identification number: 22.144

Patient admitted for the first time at age 15 after attempting suicide with a sharp weapon (kitchen knife). It is said that VLA was raised by her maternal aunt and her husband. At age 13, she became pregnant, according to her aunt and husband, by an unknown boyfriend (they have difficulty presenting information, mixing up the facts and hindering the screening); patient presents abundant leucorrhoea with a foul odor and greenish color. She was taken from the hospital by her biological mother and her husband a week later and brought back three days later, as VLA attempted suicide again (there is no report of the form of the suicide attempt). Patient does not speak, stares fixedly, was sent to the hospital. Treatment: Sitz bath with potassium permanganate + 10 sessions of electroshocks + a vial of neozine 6/6 hours.

Patient died after 30 days in hospital. There are no reports of the cause of death.

VFS; identification number: 22/492

According to her medical records, VFS is 21 years old, literate, drinks alcohol, has never had a boyfriend, likes to play soccer, only hangs out with men, and likes to dress like her friends. She arrived involuntarily. Since she was admitted to the hospital, she has been crying, not eating or sleeping, and is agitated and in temporary restraint. It was not possible to keep her in the triage area because she wanted to leave. According to her family (siblings), she was taken to a witch doctor who said she had a spirit, had sexual relations with women, and the family said she was bewitched.

Treatment

Restraint, Benzetacil, two vials in each gluteal region, mebendazole, imipramine, Haldol+5ss of electroshocks.

After 5 weeks, the patient became calmer, stopped crying and was already smiling. The patient left the hospital, although the family was informed, they reported not knowing information about the location of VFS.

WRP; identification number: 6/714

A 15-year-old patient came with a medical certificate stating that he had mental disorders that justified hospitalization. He entered the triage room talking a lot, satisfactory guidance regarding himself and his family, brought by his father, verbal excitement, tachypnea, demanding.

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Phrases said by WRP: "I want to think"; "I want to be a nurse"; "I want to travel to Rio de Janeiro", "They won't let me do anything I want"; "I feel sick every day"; "I have great handwriting, I love writing"; "I don't want to be handed over to this hospital"; "I want to write, they won't let me".

Treatment

10 ss of electroshock + Neozine (1 ampoule of 6/6 hours) + 10 ss of electroshocks + one ampoule of Neozine +5 ss of electroshocks.

After treatment, the patient was hospitalized for 3 years; she is calm, speaks naturally, presents coherent information, all symptoms have disappeared and her speech indicates "the cure", "I intend to continue my studies and collaborate with my parents so that everything goes well at home", we discharged her definitively.

VSS

Patient aged 16, raised by her maternal grandmother, after her grandmother's death, relatives, uncles, cousins, came to live in VSS's house. The patient began to change her behavior, she no longer ate, she did not sleep, she became aggressive, attacking her cousins, her aunt; she began to leave the house, she spent a lot of time on the street, to the point of spending 3 days away from home without saying where she was, not even with whom she was. She was taken to the doctor to have a sexual intercourse test and had a ruptured hymen. For all these reasons, her family and uncle took her to the Juliano Moreira Hospital. She did not want to answer the questions, her head was down, leaning on the table, sleepy.

Treatment

Neozine injectable 6 ampoules; performed 20 electroshocks in total.

The patient alternated between days of silence and drowsiness and days when she talked. At one point she said she didn't want to stay there anymore because she knew what had happened to her and because she was acting aggressively. She reported that her cousin's husband would go to her bed every night and "mess with" her. When he was able to, he would do it every night without anyone knowing. The patient was discharged two years later, being taken by her aunt.

Case analysis

The cases cited in this article refer to stories of women whose lives could have been very different. The results of the research demonstrate a character and presence of sexuality control devices and normalizing behaviors. Notice the madnessas a social issue, as it points to gender, cultural and moral relations, in an extremely misogynistic, sexist space, which was succinctly, meticulously being elaborated by capital and patriarchy.

To analyze each case, it was necessary to understand the female profile in the 1950s and identify deviant behaviors; in this way, the medical records provide us with traces and evidence of women who did not fit into existing standards or who in some way refused to have their bodies used physically and emotionally.

Venerable Melo de Matos, in the world in which she lived she could not be a widow, take care of her assets and raise a daughter alone. Her body was seen and defined as incapable, creating an inherent inferiority and, therefore, she needed her male brothers, seen and considered capable, to take care of her body, her daughter and her assets.

When she tried to scream, cry and sometimes attack, this being the only way to try to be heard and understood, she was considered crazy and had a good part of her life interrupted at the Juliano Moreira Hospital, without being able to react, otherwise she was restrained physically, mentally and soulfully.

JF, Her only sin was to love, because she fell in love with the wrong man, a black man, according to the racist standard. She did not accept the impositions of her time, she ran away to love, to live what she thought was best and this act was the last choice of an entire life, her life was interrupted, being imprisoned until the destruction of the only space she deserved as punishment for transgressing the imposed normality.

VLA, at the age of fifteen, with a possible history of abuse. During the screening, it is found in the medical records that her uncles tell a confusing story of pregnancy at the age of thirteen, presenting suicide attempts as a response to the abuse of her body, and the only form of containment was hospitalization, which did not prevent her death. Let us think about what was going on in her little head, without being heard, because normality said that the woman would need to keep quiet, and if she spoke, they would not be believed.

VFS, a homosexual according to the medical history told by her brothers, decided to be different from everything that was thought for a woman: she liked soccer and dressed like a man. She arrived at the hospital involuntarily, she understood what it meant, she realized what they were doing and why they were doing it; she was extremely punished in her body and in her feelings. I want to believe that VFS managed to escape, that she had a happy ending; I usually imagine her smiling, dressing as she liked and loving whoever she wanted. For her, living at that time must have been a martyrdom, given the whole situation and torture she experienced inside that asylum, just for having had the audacity to be and live differently from the standards.

Reading what was prescribed as treatment, I cannot understand the use of Benzetacil, two bottles on each side of the gluteal region, except for the torture, the restraint at that time; arms and legs were tied to the bed and VFS spent days like this.

The patient **WRP** was the one that shocked me the most, maybe it also shocked the person who I was doing the screening, because in the cases I researched, it was the first time that someone reported the phrases said by the patient. A 15-year-old girl who was very agitated and who knew where she was and what the purpose of the place was and knew that she did not want to be there, was agitated, nervous and talked a lot, made accusations against her parents, who did not let her write when she had good handwriting, wanted to study, and travel. Of the patients researched, she was the one who had the most electroshock sessions (25 in all), after 3 years of hospitalization. She then left, but not before expressing that she would not get into any more arguments with her parents and would do everything to make everything okay at home, so she was definitively discharged. In this case, the patient was admitted on 06/18/60 and discharged on 08/29/63. Her case is an exception to the rule dictated by the author about closing patients from the 50s, but because of the details of the fact, the case was described here.

VSS It is another interesting case to realize that the behavior of women dictated and still reproduced today is that of silencing, of literally swallowing their tears; no one needs or wants to hear her; with VSS it was like that, it didn't matter what she was going through, but the deviant behavior was what was important, a reason for disgrace, shame and needed to be treated, because the woman was

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always guilty, men were seduced by their sinful bodies and if at 16 she lost her virginity it was because she wanted to.

Several doctors defended the thesis that normality was the absence of desire, that what was normal was for women to be as if anesthetized in this area, in order to exercise sexuality, and this was legitimized by the prevailing medical discourse.

It is necessary to understand, being careful not to conclude that not all women were institutionalized due to a punitive process, there were those who were in fact going through a process of mental illness and the treatment at the time was hospitalization and exclusion and they needed intervention. However, it is important to realize that the female body was susceptible, because it carried stigmas, to institutionalization. Regarding this, Perrot[9] explains that

> The body is at the center of power relations. But women's bodies are the center, immediately and specifically. Their appearance, their beauty, their shapes, their gestures, their way of walking, looking, speaking and laughing (provocative, laughter does not suit women, they prefer to keep their tears in check) are the object of perpetual suspicion. Suspicion that targets sex, the volcano of the earth. Enclosing them would be the best solution: in a closed and controlled space, or at least under a veil that masks their incendiary flame. Every woman in freedom is a danger and, at the same time, is in danger, one legitimizing the other. If something bad happens to her, she is only getting what she deserves.[9]

It is important to make it clear that all the work of cataloging and researching documents and medical records from the Juliano Moreira Hospital collection was unique. There are 425 boxes covering a period from 1913 to 1993 that contain reports, exams and medical records of patients who passed through the hospital.

It is worth noting that many of the documents are incomplete and have parts that are burned, which makes them difficult to read and research. I tried to research the most complete ones. These documents are papers, microfilms, letters and photos that describe the lives of suffering of patients who, for a long time, were considered "alienated" beings and, as a result, were isolated from their relatives and social life. Today, the treatment of those suffering from psychological distress and mental illness has changed and advanced, in the way mental illnesses are viewed and in the medications used, but knowledge of history is essential for the ongoing process of change in this area.

A light in the darkness

Then, amidst the darkness of ignorance, a movement emerged that thought differently about mental illnesses and how they were viewed and treated in Europe and the United States around 1950, coined by David Cooper[14] as antipsychiatry, whose concepts remain current. The author proposes a review of the concept of "mental alienation" dictated by traditional psychiatry, questions the reasons for hospitalization and invites us to think about the way we see others, since "good" and "mentally healthy" men define themselves as such by defining certain others in their midst as "crazy" and "bad", and then expelling them from the group, they maintain a safe and comfortable homeostasis with this lie about the lie.

I will therefore mention other names that raised the banner that culminated in the anti-asylum struggle, such as Franco Basaglia, whose work is very similar to Cooper's anti-psychiatric communities. Italian psychiatry, through Basaglia, defended the denial of asylums, as they would be a means of maintaining the paradigm in which the origins of mental illnesses bring in their biological, racist and sexist origin the expression of a so-called normal society.[15] Basaglia, in turn, criticizes the psychiatric model and argues that madness is too complex to be limited to psychiatry alone and suggests a new interdisciplinary model, not a tutelary one in the treatment of mental illnesses, condemning the condition of exclusion and proposing the patient's reintegration into society.

All the concepts discussed culminated in the anti-asylum struggle in Brazil, a struggle that is not even close to ending. Much has been achieved and many setbacks have also occurred. The fact is that, through anti-psychiatry concepts and then the anti-asylum struggle, we were able to give people with mental disorders the right to citizenship, but we have not yet addressed the suffering these people experience in terms of expanding access to new pharmacological and even more interdisciplinary treatments in order to obtain a social structure that allows those who are different to live according to their rights and their condition as human beings.

Final considerations

The construction of the discourse on femininity emphasizes the expected natural behavior and the inability to overcome it and the need to control these instincts; this should be supervised, initially by the father, husband and sons and if any deviation occurred, doctors could restore normality. Therefore, we can see the control of medicine over women's bodies and minds. Another point emphasized by doctors is the ambivalence attributed to women, who carry opposing thoughts and actions characterized by the feminine nature "two ambivalent poles: one maternal and beneficial, the other magical, red as blood, black as the devil, evil".[16,18–20]

This article sought to clarify the norms of behavior in the 1950s and their origins in capital and patriarchy. The article did not concern itself with making a distinction between race and class, despite making reference to the need for the fact. The research focused on the analysis of only 4 medical records and two stories that were part of the author's life, women who were hospitalized as insane for breaking the current imposed norms.

To understand all the acts carried out by society that interrupted the lives of women simply because they wanted changes that were different from the standard of the time, it was necessary to carry out a study on madness, from Foucault's point of view, and on the brief history of asylums in Brazil and on the reading of Michelle Perrot; a little of the History of Psychiatry was also analyzed. I think the article would like to be longer, to go deeper into the subject, but it still has good content even if it only covers a few cases. Analyzing the situation of the women in question, it was possible to understand that being a woman is a construction that changes over time and these changes can be beneficial or not; as Beauvoir says (1980): all it takes is an economic, political and religious crisis for the women's rights are questioned; and that there is no such thing as a feminine nature. New possibilities for studies should emerge from the entire collection of the Juliano Moreira Psychiatric Hospital, paving the way for new research, after all there is still a lot to tell respect.

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Conflicts of interest

The author declares there is no conflict of interest.

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