History unveiled in Juquery: intramural psychiatric care in the civic-military dictatorship

A história desvelada no Juquery: assistência psiquiátrica intramuros na ditadura cívico-militar

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Abstract

Objective: To unveil the unofficial history of psychiatric care at the time of the civic-military dictatorship. **Methods:** This is a descriptive, exploratory, investigative, qualitative study that uses content analysis. Interviews were conducted with former employees of the psychiatric hospital Hospicío do Juquery. Two interviews were registered, and the others recorded and transcribed.

Results: Processes involving care were accompanied by the use of violence, encouraged by the dynamics of the institution. Like the policy at the time, the unveiled psychiatric care points to rigid, authoritarian rules, and to the annihilation of forms of subjectivity, a true process of reification of individuals. A strong relationship between the violence practiced and the therapy involving knowledge/scientific power was noted.

Conclusion: The state should be responsible for having spread rampant repression through its ideological and repressive apparatus, such as the Hospício. Analyzing the real facts that were concealed by the official history promotes understanding in an attempt to avoid the repetition of the violent practices and the dehumanization presented there.

Resumo

Objetivo: Desvelar a história não oficial da assistência psiquiátrica na época da ditadura cívico-militar. Métodos: Estudo exploratório-descritivo-investigativo, qualitativo, por meio da análise de conteúdo. Foram realizadas entrevistas com ex-funcionários do Hospício do Juquery. Duas entrevistas foram registradas e as demais gravadas e transcritas.

Resultados: Processos que envolviam o cuidar estavam acompanhados do uso da violência, incentivadas pela dinâmica da Instituição. Assim como a política vigente, a assistência psiquiátrica desvelada aponta para normas rígidas, autoritárias e da aniquilação das formas de subjetividade, verdadeiro processo de reificação dos indivíduos. Notou-se forte relação entre a violência praticada e a terapêutica que envolvia o saber/poder científico.

Conclusão: O Estado deve ser responsabilizado por ter propagado repressão desenfreada por meio de seus aparelhos ideológicos e repressivos, como o Hospício. Analisar os fatos reais ocultados pela história oficial favorece a compreensão na tentativa de se evitar a repetição das práticas violentas e desumanização apresentadas.

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Introduction

Founded in 1898 in the city of Franco da Rocha, Hospício do Juquery came to equate, through the scientific way, the possibility to combine healing and care, based on a fundamental political issue that is to give legitimacy to the exclusion of individuals or social sectors not fully classifiable in criminal provisions with a view to regeneration or disciplination of the individual that is resistant to discipline of urban life, work and family.⁽¹⁾

In the period from 1964 to 1985, Brazil passed through a period of civic-military dictatorship; its greatest feature was the restriction of the exercise of citizenship, and violent repression of opposition movements.⁽²⁾

During this period, the psychiatric hospital was important because those considered undesirable to the new social and political setting were also put there. The military government consolidated the linkage between the asylum-type hospitalization and privatization of care, increasingly hiring beds and associated clinics, which quickly grew to meet the demand. During this period, Hospício do Juquery had an incredible increase in admissions and in the number of inmates that was 7,099 in 1967, and reached 14,438 inmates in 1968.

These data reveal the need for the state to invest in these legitimized spaces for social cleansing; the assistance that was announced as science became one of violence, the face of the political system of the time.

The objective of this study was to reveal the unofficial history of psychiatric care at the time of the civic-military dictatorship.

Methods

This is an exploratory and descriptive, investigative study, using the qualitative method, through content analysis. (5)

Inclusion criteria were being a former employee or retiree or both of the Psychiatric Hospital Franco da Rocha - Juquery; having worked between 1960 and 1990 and having cognitive conditions to participate.

The contact with the study participants was done through the intermediation of a former employee of the hospital complex who, after interviews with one of the researchers, articulated the participation of five other respondents. The interviews took place in public spaces and residences of respondents in the city of Franco da Rocha, state of São Paulo. The first two interviews were recorded in writing, and the other were recorded and fully transcribed.

The interviews were conducted by means of guiding questions and began after guidance on the research and participation, when they voluntarily signed an informed consent. The guiding questions were about the period they worked at the institution, their main functions in the complex, the care provided, the analysis of this care, situations experienced and how this experience influenced their lives.

We emphasize the difficulty to find people who were willing to talk about their experiences due to fear of retaliation, so exclusion criteria were not used, and the number of participants obtained was the maximum achieved during the study period. There were people invited who refused to participate when they knew the purpose of the study, and showed fear. For safety and confidence of researchers and respondents, it was agreed that there would be no mention of data that could identify them, such as gender, age, time and place of work; although the questionnaire had sociodemographic data, these cannot be disclosed. Respondents were designated by the letter E, followed by a number from 1 to 6.

The study was registered on *Plataforma Brasil* with the number of *Certificado de Apresentação para Apreciação Ética* (CAAE): 18656913.2.0000.5505.

Results and Discussion

Six former employees of Hospital do Juquery participated in the research. During the interviews, violence actions appeared as a central theme in the speeches of the six respondents. In the period they worked at the hospital complex, the unveiled psychiatric care points to rigid, authoritarian rules, oriented to submission of any expression of subjectivity.

We will treat violence as a product of social relations, determined according to time, space, assumptions, conditions, contexts and cultures of each society. (6) The replication of State violence in the hospital confirms the idea that man reproduces what society is. If it is unfair, he is too. If it is violent, he does not leave at that. (7)

The hospital favored the practice of violence, with the employees feeling free to exercise their perversity in controlling bodies: biopower. (8) For Goffman, (9) the main purpose of this culture is to be able to control patients - control that must be kept regardless of their welfare.

The study obtained broader data with categories and thematic units, but in this article we substantiate the issue of institutional violence and gather the respondents' speeches into two categories: Violence as a synonym for care and Violence against political prisoners.

Violence as a synonym for care

It was observed, from the respondents' speeches, that violence was embedded in the provision of care, because its origin was in the liberality of its use, and the certainty of impunity.

Inmates reception sets the internal logic to be implemented during their stay wide open. The humiliating and assaulting treatment is the way to keep patients under obedience, because the violent act can impose unquestioning obedience. (10)

The report below refers to the Judicial Asylum.

E1: The example is that it does not depend on what the patient did out here (pause), if the guy was admitted in a very severe state, there was the 2nd floor that was the death row, it is like a corridor from here to the station and there, there was a dark cell. The window was high, it was a solitary cell, there was a corridor, they "put" an employee at one side and another employee at the other side, and the patient passed and they beat (accelerated voice), yes, they called it the death row. Things heated up there. Ah! Patients were badly treated there. Very badly treated, oh I worked there from 1980 to 1984, I was there for almost 05 years.

The formation of the "death row" makes institutional operations clear, since violence was intensively and indiscriminately applied, to make clear to the "new inmate" his/her submission role, because his/ her body and will belonged to the institution that, through its employees, could use them as it wished.

This violent reception is part of the general theory of training, with the notion of "docility" reigning in the center, making the body analyzable and manipulable. A body that can be used, which can be subjected to a transformation, and improved according to the needs of the institution is a docile body. (11)

Following we have excerpts that indicate which was, beyond the practice of physical violence, but through it, the greatest evil of torture:

E4: torture was down there in the Psychiatric Department. In the Psychiatric Department there was torture, this was the easiest thing (pause) it was normal to say that there was this and that there.

The focus of psychiatric care is the individual in psychological distress. When subjected to torture in a place that is intended for care, the abysmal gap between the ideological position delegated by society and practice devoid of ethical and scientific sense becomes evident. In addition, it shows that the practice was used by the state hegemonic ideology, and that science was an ideological/repressive apparatus of the State to satisfy its whims and excesses.⁽¹²⁾

And violence had no limits:

E3: It was this one that rubbed the broom and everyone was afraid of her. They were terrified of her. Nowadays she is a Protestant. If you did a bad thing, man, she took the broom handle, and hit patients, hit, hit. She hit a lot, this I saw. (...) Because there was one there that scrubed the patients with brooms, she did not bath them correctly, everything with the piassava broom (pause), that woman who did this was an employee, at that time there was a lot of violence.

The cases involving care were accompanied by violence due to the institutional opening provided for this type of behavior.

The abuser turns the victim into a prey, pouring his/her narcissistic needs on this prey, to be free of all his/her internal discomfort, or worse, using it for his/her sadistic tendencies of pleasure. The situation becomes favorable for the caregiver of vulnerable

people to vent his/her anger, the aggressiveness that was received and badly elaborated internally, the frustration, anger, lack of control. (13)

For the maintenance of this order, the use of torture may have different motivations. On the collective level, the motivation may be maintainance of power, but at the individual level, sadism prevails as the main motivation. (14)

Some indicated the acts of violence as a recommendation from the management team:

E1: it was an order from the directors - first, hit them.

We emphasize that the institution's leaders would never have had enough power to use violence "successfully" if the employees had not supported them in their ideology through practice.

It is the support that gives power to the institutions, a support that is also part of consent that led to the existence of laws. (10)

E3: the smell was also horrible, there were places where they vomited, many people died due to lack of care. Because some of them gave the medicine, they said "Look, the medicine, the medicine, here" (laughs), the two did like this "which medicine do you take?" I don't know why they died, they appeared dead in the morning, we checked how many were dead in the morning, many died. [...] Obviously they went into a coma because of the drugs.

E5: many patients died there due to the state of impregnation, they were about to die they were taken to "surgery" (code used to the place where most recently was the Emergency Room).

Medicines come to have their therapeutic use pushed aside, taking a role of punishment and even destruction, being supported by science discourse.

Chemical torture had the advantage of being a "legal" way of practice, unlike other forms that forced the perpetrators to hide them and deny them. (14) There is recent literature of a former employee who became a hospitalized patient to demonstrate the use of unbridled violence. It is known that the most agitated patients, those considered furious, were more medicated than others, especially if they had beaten an employee. The use of drugs did not follow any criteria, and those in charge turned a blind eye or even encouraged their practice. (15)

E4: once there was a patient who was totally disturbed, then she kept screaming day and night, shouting and singing, and she sang religious songs, all the time (pause), they even called, as she had a clinical problem, she could not go to Psychiatry. So they called a person to do electroshock. They applied electroshocks, that day I was astonished (pause) they applied electroshocks on her, blood was flowing from her mouth, her teeth were ground, it was violent, and they did that two or three times in one day and said it was to calm her spirit, this happened for three or four days.

We note that there is a strong relationship between violence and therapy; because in the asylum institution those considered having power/knowledge have the freedom to implement their perversity. The disciplinary use of medical practices, such as electroshock, according to the speech of the interviewee, was the means to threaten inmates to behave well, and to calm those who were not threatened.

This fact gives a more widespread example of the process of use of knowledge for domination through repression and submission. (9)

The use of electroshock was one of the practices that served as a lesson for other inmates, with the desired success achieved by the institution: the establishment of fear and blind discipline. Reporting indicates that it was enough for inmates to hear the letters E, C and T for fear to force them into submission.⁽¹⁵⁾

Violence against political prisoners

The issue on political prisoners was reported by respondents with much fear and resistance, because they believed that this was the point of greatest vulnerability due to touching a theme that was considered prohibited and that would place them at risk of persecution and punishment, even so long after the fact.

There was fear to fully report the events regarding political prisoners, but they mentioned the existence of individuals that, based on the conditions of detention and treatment, were considered those who disagreed with the dictatorial regime and so were hospitalized there. Given the absence of guaranteed civil rights, social movements were silenced through

arrests, torture, killings and systematic destruction of their organizational structures. Political prisoners represented the central ideology of oppression. (16)

Political violence presented itself in various ways, such as the disappearance of dissidents, the overthrow of unions, and legislation that defrauded the public opinion. (7) As an arm of the State, the madhouse and lunatic asylum started admitting people who threatened the established order, and were elevated to repressive apparatus of the dictatorship aid.

The respondents reported having had contact with this practice that despite of being camouflaged was easily perceived, because the prisoners in the asylum came with no identification, were brought by the police, came from the Judicial Asylum for some medical treatment. They reported mistreatment received and the marks left.

E4: they came with no name, the police brought them, suddenly on the next day they were dead [...] internal bleeding, was the diagnosis that doctors gave as cause of death, that's it. There was no investigation, they died, it was over. I saw corpses entering there, I saw (pause) many who had no marks, many came all injured, traumatized, with a hit on the eyebrow, head (pause) hurt [...] We thought it was a political prisoner, because there was no (pause) because the police brought them, they did not come out alive, there was no live one. (...) One thing that caught my attention was that when they were admitted, they had had no identification, no name, they had a number, ignored number so-and-so. It was always like that, then every time there was an unknown number so-and-so I said "maybe that one is a political prisoner", I thought, I did not say, I thought (pause) because we could not even say anything.

The nomenclature "ignored" symbolized the real vision of the State of those who were destined to madhouses and asylums. The designation of ignored is part of the process to prevent the identification of this new inmate, being another number for the State of many who are to date considered missing. To the ignored ones there was only disappearance left.

The marks left by this process in family, society and employees are huge, with the State being the greatest protagonist of this violence and not being held responsible for such acts, giving the feeling of being something untouchable, encouraging submission and silence of population.

Even today, violence is seen as a possible way in contrast to tolerance, dialogue, recognition and civilization. (17)

E1: already got a political prisoner, I'm afraid to tell. Oh, the guy was hungry there, he had a bath once a day, sometimes not shower (silent pause) toothpaste was denied for him to brush his teeth. He was separated, in a place were the most dangerous were. I will not even tell if he left alive, all of them left (pause) from here on I will not tell (accelerated voice) the guys raped, they did horrible things, the guy went out with fear, the guy did not come out as the same person, he was one when he entered and another one when he left (accelerated voice) and this was made on purpose with political prisoners. There were many political prisoners (...). They were beaten a lot or died there or were left there.

Violence was the primary method of maintenance of the state power, where those who questioned authority had the intensity of the violence they received increased, a collective demonstration of the path that should be followed.

It is clear that the practice of systematic torture was sponsored by the State. (15) These acts did not aim only to produce pain on the body of the victim that made him/her go into conflict with his/her very spirit, and give up the speech against the system, but also to give the victim moral destruction through the rupture of emotional boundaries. (18)

E5: I saw many political prisoners being placed on Anatensol and Scopolamine, and then they were "broken", all crooked, with no control of the tongue, ECT was used.

The reports show the hygienist political power given to the madhouse/asylum by the State. The admission of political prisoners as mentally ill patients allowed the application of the behaviors considered "therapeutic" such as electroshock, impregnation, violence of various forms, neglection and lack of assistance. If the electroshock was the device used for improvement of symptoms, in the political prisoners the presented symptoms were those of resistance, and so aimed at their full submission.

It is felt that violence was systematically used by the institutions, being employed as a true State policy, authorized and encouraged by the organs of power. To make these practices feasible, not only executioners were involved, but also health professionals who, supported by their scientific knowledge, applied torture practices disguised of therapeutic procedures. (19)

The limitation of this study regards the quantity of participants who agreed to participate.

Conclusion

Hospício do Juquery, the Judicial Asylum, and other asylums became great state allies to maintain the political ideology of the time: the civic-military dictatorship. As a true repressive apparatus in the Althusserian sense, the space was legitimized by society, far from the eyes but not from the imaginary, and a space was created for the seclusion of those who were socially and ideologically undesirable, with places and apparatus that were appropriate to flourish perversity of those who kept order. We note the creation of a space intended not only for excluding people, but also for their annihilation as social and autonomous subjects, both permeated by care on behalf of knowledge.

Having knowledge of the facts as they occurred through whom lived it, and revealing what was hidden by the official history, promotes better critical understanding in an attempt to avoid the repetition of practices of violence and dehumanization that occurred at the time.

Collaborations

Sakaguchi DS and Marcolan JF declare that they contributed with the project design, writing of the article, relevant critical review of its intellectual content, and final approval of the version to be published.

References

- Cunha MC. O espelho do mundo: Juquery, a história de um asilo. 2a ed. Rio de Janeiro: Paz e Terra; 1988. 217p.
- Reis DA, Ridenti M, Motta RP. A ditadura que mudou o Brasil: 50 anos do golpe de 1964. Rio de Janeiro: Zahar; 2014. 267p. [1964, Cinquenta anos depois].
- da Fonte EM. From institutionalization of madness to psychiatric reform: the seven lives of the public agenda on mental health in Brazil [Internet]. Rev Prog Pós-graduação Sociol UFPE. 2012;1(18). [citado 2016 Ago 20]. Disponível em: http://www.revista.ufpe.br/revsocio/ index.php/revista/article/view/60.
- Sá EN. Análise de uma organização pública complexa no setor Saúde: o conjunto Juqueri no Estado de São Paulo [tese de doutorado]. São Paulo: Universidade de São Paulo; 1983.
- 5. Bardin L. Análise de conteúdo. São Paulo: Edições 70; 2011. 279p.
- da Costa MR, Pimenta CA. A violência: natural ou sociocultural? São Paulo: Paulus; 2006. 106 p. [Coleção Questões Fundamentais do Ser Humano].
- Odalia N. O que é violência. São Paulo: Brasiliense; 1983. 93 p. [Coleção primeiros passos].
- Foucault M. Microfísica do poder. 25a ed. São Paulo: Graal; 2012. 431p.
- Goffman E. Manicômios, prisões e conventos. 8a ed. Leite DM. [tradutor]. São Paulo: Perspectiva; 2010. 312 p.
- Arendt H. Sobre a violência. 3a ed. Duarte AM. [tradutor]. Rio de Janeiro: Civilizacão Brasileira; 2011. 167 p.
- Foucault M. Vigiar e punir: nascimento da prisão. 39a ed. Ramalhete R. [tradutor]. Petrópolis: Vozes; 2011. 291p.
- Althusser L. Aparelhos ideológicos de Estado. 8a ed. São Paulo: Graal; 2001. 127p.
- Day VP, Telles LE de B, Zoratto PH, Azambuja MR, Machado DA, Silveira MB, et al. Violência doméstica e suas diferentes manifestações. Rev Psiquiatr. 2003; 25(1):9-21.
- Mattoso G. O que é tortura. São Paulo: Brasiliense; 1984. 100p. [Coleção primeiros passos].
- Farias W, Sonim DN. O capa-branca: de funcionário a paciente de um dos maiores hospitais psiquiátricos do Brasil. São Paulo: Terceiro Nome; 2014. 192 p.
- de Medeiros SM, Guimarães J. Citizenship and mental health in Brazil: a contribution to the debate. Ciênc Saúde Colet. 2002; 7(3):571-9.
- Minayo MC. Social Violence from a Public Health Perspective. Cad. Saúde Públ. 1994; 10(1): 07-18.
- Moser FA , editor. Brasil nunca mais. 41a ed. Petrópolis: Vozes; 2014. 311p.
- Reis Filho DA. Os muitos véus da impunidade: sociedade, tortura e ditadura no Brasil. [Internet] [citado 2014 Set 17]. Disponível em: http://www.artnet.com.br/gramsci/arquiv94.htm.