



Popular strategies for identification and treatment of insanity in the first half of the twentieth century: an analysis of medical charts from the Uberaba Spiritist Asylum

Alexander Jabert

Professor, Psychology Department,
Universidade Federal de Sergipe

Rua Constante Sodré, 869/1202
29055-420 - Vitória - ES - Brazil
alexanderjabert@hotmail.com

Received for publication in December 2009.

Approved for publication in March 2010.

Translated by Naomir Sutcliffe de Moraes.

JABERT, Alexander. Popular strategies for identification and treatment of insanity in the first half of the twentieth century: an analysis of medical charts from the Uberaba Spiritist Asylum. *História, Ciências, Saúde – Manguinhos*, Rio de Janeiro, vol.18, n.1, Jan.-Mar. 2011. Available at: <http://www.scielo.br/>

Abstract

Through analysis of the medical charts from an institution for treatment of the insane run by an association of Kardecist spiritists, it is possible to identify the various perceptions and strategies for treatment and social control of insanity developed by different sectors of the Brazilian population in the first half of the twentieth century in the Brazilian countryside. The multidimensional aspect of the experience of insanity is stressed, as it is a sociocultural event capable of different analyses and interpretations by heterogeneous groups of social actors, who interpret it based on their own systems of meaning and understanding.

Keywords: psychiatry; spiritism; insanity; medical charts; Brazil.

Medical charts are a rich source of information for researchers studying the history of insanity. They are privileged instruments for analyzing the activities of institutions and their therapeutic agents, and provide a better understanding of collective and individual experiences of insanity.

First, in insane asylum medical charts, the discourse on insanity, whether psychiatric or spiritistic, is presented in a manner different from that found in the texts that address the subject from a strictly theoretical point of view and attempt to produce an interpretative system to make the phenomenon of insanity intelligible. In these medical charts, this discourse has been operationalized by the medical-administrative personnel of the institution in their practical form of analysis, interpretation and control of insanity, in addition to being tied to individual, unique cases that exemplify the daily experience of insanity through the application of this discourse to specific situations.

Second, the analysis of this type of document allows us to identify how the phenomenon of insanity was understood by the social group of the individual considered insane, demonstrating how this situation was interpreted, which factors were considered the cause of insanity and which types of procedures were adopted when insanity occurred. It also allows us to detect which attitudes and behaviors exhibited by a given subject were identified as visible signs of their insanity. Finally, it is an opportunity to glimpse the different ways in which heterogeneous social actors detected, interpreted and treated insanity.

During my research at the Uberaba Spiritist Asylum, I located 1,851 medical charts for patients hospitalized from 1933, when the institution opened, to 1950. In preparing this article, I analyzed the medical histories for all medical charts during this period, with a few especially interesting cases selected to describe the ways in which the inhabitants of the region sought to identify and treat insanity.

Spiritism and insanity

The bibliography on the history of Brazilian medicine can be divided into three phases. In the first phase, works whose purpose was to create an ennobling and triumphant view of medicine were common. Medical knowledge was seen as developing progressively, and medical professionals were treated like a heroic elite in the vanguard of the fight against the diseases suffered by the Brazilian population. These texts were produced almost exclusively by physicians and provided a descriptive, schematic narrative that led inexorably to celebrating the advances of modern medicine. The two volumes of the *História geral da medicina brasileira* (General History of Brazilian Medicine) by Lycurgo Santos Filho (1991) are typical of this phase.

The second phase, beginning in the 1970s, was marked by the influence on Brazilian researchers of the works of Michel Foucault, which in Brazil were associated with a Gramsci-influenced Marxism. The principal characteristic of these works were analyses that characterized academic medicine as an instrument used in a privileged manner by the government to discipline and control Brazilian urban populations since the imperial period, increasing after Brazil became a republic (1889). In this approach, the medical profession was seen as having developed a plan to medicalize society. This plan would subordinate

society to their knowledge and at the same time provide ideological support for the construction of a repressive, coercive state system. The book *Danação da norma* by Roberto Machado et al. (1978) is one of the pioneering works using this type of approach.

Since the 1990s, new approaches putting the prestige of academic medicine during the construction of a national state in Brazil in perspective have begun to be published. These publications seek to explore the tensions between the representatives of medical knowledge and government agents in developing health policies, which they claim are more complex than the prior approaches suggest. They also question the ability of medical knowledge to penetrate a population that continues to use alternative curative practices in the event of illness instead of seeking assistance from official academic medicine. Examples of this approach are the books *Nas trincheiras da cura* (In the trenches of curing), by Gabriela Sampaio (2001) and *As artes de curar* (The curing arts), by Beatriz Weber (1999).

In alignment with these approaches, some academic works have sought to analyze how the therapeutic activities developed by the followers of Kardecist spiritism became one of the principal curative methods competing with academic medicine and their plan to make this knowledge hegemonic in the field of the art of curing in Brazil in the first half of the 20th century (Jabert, 2008; Almeida, 2007; Scoton, 2007).

Among the activities developed by the Kardecist groups was a set of curative practices based on the belief that spiritual entities are able to intervene in the natural development of an illness (Giumbelli, 1997). Among these practices, 'spiritual dispossession' stands out. It sought to treat individuals suffering bouts of insanity through the spiritual doctrine of 'obsessive spirits.'

Although its original focus was unrelated to the search for an explanation for the phenomenon of insanity, Kardecist spiritism created its own conception of the nature of mental phenomena. According to this doctrine, mental functions such as will, intelligence, conscience, feelings and reason are attributes of a spiritual body that is temporarily inhabiting a material body. In this sense, Kardecism promotes a dualist view of reality, occupying the material world, which is visible to us, and a spiritual world, which remains unobservable most of the time. The entities that inhabit this spiritual world are able to influence the actions of the spirits incarnated in the material world. As a result of this conception, the spiritist doctrine developed the idea that there are two fundamental types of manifestation of insanity: brain injury of an organic nature that should be treated by medical professionals, and spiritual obsession, related to a brain injury or not.

In *A loucura sob um novo prisma* (Insanity under a new prism), the physician Bezerra de Menezes (2002, p.7) presents some of the spiritistic understandings of how the human brain functions. According to this author, for example, the brain should not be considered the organ producing thought, but just the transmitting organ: "thought is purely the function of the soul or spirit and, therefore, ... its perturbations, in thesis, are unrelated to a brain injury." According to Kardecism, the spirit is responsible for animating and controlling the physical body. According to spiritists, when something affects the natural origin of thinking, the spirit, it could appear perturbed and incomprehensible. In this case, since the spirit is understood as an immaterial entity, the source of the perturbation could only be of an immaterial nature too, which led Bezerra de Menezes (p.9) to affirm

that insanity “could also be the result of the fluidic action of enemy spirits on the soul or spirit incarnated in the body.”

Converging with the concepts developed by French alienism in the first half of the nineteenth century, spiritism postulated that any excess of passion and feelings would be a predisposing factor for insanity, given that adopting a deregulated, inappropriate life style would attract inferior, vindictive spirits responsible for spiritual obsessions.

According to Kardecist conceptual formulations, all types of mental disturbances not due to an organic cause were understood as deviations of reason or morals, and were explained as resulting from persecution by spirits with the ability to influence the mental manifestations of the incarnated. In this respect, when a spiritual obsession is perceived, the treatment to be used includes recourse to a specialized group of mediums that act to indoctrinate the obsessive spirit, attempting to convince it to abandon persecution of the insane person based on the Christian principles of forgiveness and charity.

Thus, derived from their more general belief in the existence of a spiritual world parallel to ours, spiritism established its own explanation for the nature of mental phenomena, the human mind as a manifestation of a spirit temporarily inhabiting a material body, and insanity as the possible result of the influence of incorporeal entities. On the other hand, as a result of their conviction that certain individuals have the innate ability to establish privileged channels of communication with incorporeal entities, spiritism developed its own therapeutic method for treatment of insanity, understood as a process of spiritual obsession. As a result of these formulations, plus the importance given by Kardecism to developing charitable actions as a way to facilitate the spiritual evolution of its followers, Brazilian spiritists sponsored the establishment of various institutions for treating insanity in the first half of the twentieth century. From the 1930s to the 1950s, seven institutions of this type were established in the countryside in the state of São Paulo (Puttini, 2004).

The objective of this study is to analyze the various strategies developed in Brazil to identify, manage and treat social and family problems due to the insane and the experience of insanity – not restricted to recourse to medicine or spiritism – through the analysis of the medical charts of one of these institutions, the Uberaba Spiritist Asylum (SEU).

Medical charts and popular strategies to treat insanity

The SEU was built as a result of the mobilization of the Uberaba spiritist movement supporting a plan to offer the city’s inhabitants an institution for caring for and treating the insane. Inaugurated in December 1933, it was directed by the medium Maria Modesto, an important figure in the Uberaba spiritist movement and the principal supporter of the creation of the Asylum. According to local records, after being cured of an infirmity by a medium from the region, Maria Modesto was counseled to support the spiritist movement publicly, and was given the recommendation to promote the creation of institutions for treatment of the ill and insane (Araujo Júnior, 2007, p.34). From its inauguration through the 1980s, the Asylum’s clinical director was the physician Inácio Ferreira. It is important to stress that, despite having graduated from the Rio de Janeiro School of Medicine in

1929, Inácio Ferreira was a practicing spiritist and also acted as a medium at the Uberaba Spiritist Asylum (Jabert, 2008). Additionally, in the years following his hiring as the clinical director of this institution, he published a series of books in which he defended the use of spiritist therapy as a viable form of treatment for insanity (Ferreira, 1941, 1945, 1946, 1949, 1951).

Analysis of the SEU medical charts allows us to determine some of the principal therapeutic practices used by the patients and their families to treat insanity. Since Uberaba was located in a region which, at that time, was dominated by family-scale agricultural production, the family was normally the social group closest to individuals who demonstrated behavior considered awkward and socially censurable. Consequently, it was frequently responsible for taking the first steps to correct the individual's conduct, in order to allow him to participate normally in social situations.

The indications found in the SEU medical charts suggest that, in an attempt to correct the erratic and deviant behavior of some of its members, one of the principal resources used by local families was to seek help, guidance and treatment from the mediums at the spiritist centers located throughout the region. The Asylum's files contain frequent reports of cases with these characteristics.

For example, the patient O.A.R. was admitted on September 13, 1940. He was a single, black Brazilian aged 17, originally from the city of Prata in the state of Minas Gerais. According to the data collected in his case history, he had "been disturbed for a year, was sick for six months and was cured with a spiritist treatment, he just took the passes and the magnetized water, was truly well, and now has once again been disturbed these past 12 days" (Record book, 1940, medical chart 469).

In the same month, on September 22, the patient J.S.B. was admitted. He was a single, white Brazilian aged 66, originally from the city of Araxá in the state of Minas Gerais. According to the data provided by the patient's family, he had

been suffering attacks of mental illness for approximately five years, and this was the third. The first two were short, sudden, and treated in spiritist centers. The last lasted longer, and he has been in the same state for 2 months... There had been various cases of disturbances in the family, but all had been cured using spiritist resources (Record book, 1940, medical chart 470).

It is important to stress that, despite spiritism being considered a viable resource for treating insanity, it was only one of various curative practices that the inhabitants used during that period to treat their innumerable diseases. When the medical charts of the SEU patients included information on the therapeutic resources used before admission by the patient or his or her family, as a first attempt to treat mental disorders or health problems, they indicated that, in general, spiritist resources were employed only after other practices were ineffective. Following the tradition common in the culture of the Brazilian lower classes, the therapeutic assistance most frequently used by the patients was to seek healers and herb doctors of all types, which indicates that these practices were more accessible to large portions of the population than medical treatment and spiritism.

An example of this characteristic of the Brazilian population during this period may be seen in the case of the patient L.G. Her disorder began with the death of his father two

years before her admission. Beginning at that time, she began to be very aggressive with the family and her children, who chose to keep her tied up at home, with the patient living under these conditions for various months before they chose to hospitalize her. However, according to her family, even before these events the patient had been constantly “subject to illnesses, constantly using medicines provided by the herb doctors setting up shop everywhere” (Record book, 1938, medical chart 183).

An even more illustrative report is found in the case history of the patient J.S.C., in which one can see how the population of the region sought healers to treat various types of infirmities. Despite the family declaring that this patient, a married man with six children, had always been a good worker and never suffered from any serious illness preventing him from supporting his family, they also mentioned the occurrence of

venereal diseases which the patient treated with the help of healers... A little more than one month [before his admission], during his daily work at the farm, he was kicked by a horse. He was injured in the abdomen and fell, remaining unconscious for a few minutes. They treated him with home remedies... Advised to seek a physician, he followed the advice of friends and went to a herb doctor who gave him a remedy (Record book, 1937, medical chart 58).

Another report that demonstrates how often healers and herbal doctors were sought out in the daily reality of the Brazilian population, in addition to providing evidence of the strong role played by these individuals in the understanding of health and disease created by popular culture during the period, is found in the medical chart for patient M.A.S., a 35 year old married woman living in the city of Uberaba at the time of her admission. She had married at 16, but had no living children, according to her case history, because she had had “4 abortions by taking what [the herbal doctors] had told her to take” (Record book, 1937, medical chart 129). The patient’s problems were believed to have begun after her husband contracted chicken pox, leaving her overworked and with the need to reconcile her daily activities with care of her sick husband. After her husband improved, the patient fell ill, with fever and cramps in the liver and kidneys, which forced her, too, to take to her bed. The most interesting aspect of this case is the patient’s own interpretation of her disease and the treatment she and her family sought. According to the case history, the patient,

After several days [of illness], got up and, very weak, began to show symptoms of mental insanity. Sometimes crying, sometimes quiet, and distracted. When asked why she was crying, she said she was the victim of spells that someone had cast using her hair. They sought out a practitioner of macumba, who confirmed her suspicions, saying that someone had cast a spell on her and he gave her a potion containing alcohol... She was fond of alcohol and, finding this medicine very good, began to take it more often than prescribed and in greater doses (Record book, 1937, medical chart 129).

In addition to providing an additional example of how, when faced with some type of infirmity, the population commonly sought the services of healers, this case also allows us to see another characteristic feature of ideas about health and disease common to the Brazilian population at the time: the belief that certain black magic rituals were able to influence the health of individuals.¹

The patient M.G.J. also believed she was the victim of black magic. She was a married white woman and 45 years old when she was admitted. She had been healthy throughout her life, suffering only from insignificant illnesses. She had married at twenty and, after 25 years of marriage, had three living children and six that were deceased. According to family members, in the ten months prior to her admission the patient had been constantly irritated, complaining of intense pain in her ears, crying constantly and stating that she felt as if someone were sticking needles in her all over her body. According to the data in her medical chart, on these occasions the patient

became very nervous, crying and shouting... Some days after [her symptoms began] she said she was under a spell and obsessed – she constantly sought the location where she imagined the fetish was hidden. She then began to rip open mattresses, break objects, and dig in the earth, diligently seeking a specific object that had taken hold of her mind (Record book, 1937, medical chart 65).

One can see, therefore, how the patients hospitalized in the SEU frequently sought explanations and therapeutic resources different from those provided by medical professionals in their attempts to make sense of and resolve health problems. Although they appear less frequently, there are also indications in the Asylums' medical charts that patients and their families had sought the assistance of medical professionals before choosing hospitalization at that institution. The low rate of interest in medical solutions may be in part due to the lack of health institutions serving poor inhabitants in the region during that period. At the time the Asylum was inaugurated, the Uberaba Santa Casa de Misericórdia (a charity hospital) was located in a small, precarious building. The other institution providing free services to the poor inhabitants of the city was the Health Center run by the Uberaba Sociedade de Medicina e Cirurgia (a local medical association). According to the *Anuário demográfico de Minas Gerais* (Minas Gerais demographic yearbook), just these two institutions were available to serve a city that already had more than 75,000 inhabitants in 1929 (Martins, 2003, p.156).

The SEU admission records show the indignation of the institution's physicians with respect to the government's negligence of the health of the poor inhabitants in the region, in addition to clearly illustrating the situation of almost complete neglect to which they were subject. The report on the patient H.F.A. is a good example of this. From a humble family, the patient had married at 15, had three living children and lived in Uberaba. She was admitted at 28 years of age. Normally, she spent her time on domestic tasks and working the fields with her husband, which she normally did without complaint. In the period before her hospitalization, however, she had begun to suffer from a strong physical indisposition, which kept her from performing her daily activities. She complained of intense, frequent headaches, as if she were "constantly being jabbed." She also said she felt she was feverish, and could not sleep or eat, feeling repugnance for food. After she became so weak she could barely stand, the family decided to hospitalize her in the Asylum. When describing the exams carried out on the patient, the physician reveals the cause of her headaches and illness: "This patient was admitted and immediately examined. Her scalp was covered by lesions in which thousands of blowflies squirmed. Nits and louses were teeming. The necessary washing was performed immediately and, after a few days,

she returned to her former state – willing and strong in body” (Record book, 1938, medical chart 229).

The physician’s indignation with respect to the patient’s state was so great that he strongly criticized the central government in her medical chart – especially in relation to its absence in areas as fundamental as basic health – claiming its only interest was in collecting taxes. According to the physician, this patient’s case was a

Living testament of the degeneration of a people abandoned by the government. Preventive medicine clinics, cleaning clinics, pre-nuptial exams, nothing is provided to this miserable population that toils almost all day and all night, sacrificed to the tax man who takes most of their work without providing even the basic health conditions needed to be more productive (Record book, 1938, medical chart 229).

This case serves to illustrate the health status of the majority of the Brazilian population at that time, with poor access to public health services; an example of the institutional vacuum left by the Brazilian government in the countryside. Thus, even with strong demands by health professionals and Brazilian intellectuals since the first decades of the twentieth century regarding the need for a broad sanitation campaign to improve the people’s health (Hochman, 1998), by the end of the 1930s access to these services was still difficult.

According to the authors who recount the history of the Minas Gerais Triangle and Uberaba regions, the situation was even worse there due to their poor political representation in the state government. This fact led to the triangle region being neglected compared to other regions in the state of Minas Gerais with respect to access to funds for infrastructure, public health and social welfare (Martins, 2003; Wagner, 2006). This institutional vacuum was precariously filled by the local economic elite, which financed philanthropic or charitable institutions through their own initiative, usually organized by religious groups. Thus, the Santa Casa de Misericórdia and the SEU attempted to attenuate the government’s inefficiency by promoting and defending their principles of charity and brotherly love.

Medical charts and regulation by the family

As cited above, the SEU medical charts appear to indicate that the facility was used preferentially by families in the region as a way to regulate and control their less disciplined members. Contrary to what happens in large urban metropolises in Brazil, such as Rio de Janeiro, where up to 96% of institutionalizations in the National Asylum for the Insane are due to referrals from the police (Facchinetti, 2004), in Uberaba asylum admissions were almost always at the request of the patient’s close family. Even when an individual was referred by the Uberaba police, this was due to prior request by the patient’s family, such as in the case of J.R. The admission medical chart for this patient included a letter from the city’s police chief, clarifying: “Held by the local public jail at the request of their respective families due to their mental illness, we request the admission of J.R. and A.A.P. by your establishment” (Record book, 1942, medical chart 723).

In some Asylum medical charts I saw situations in which, despite the institution’s physicians and employees not diagnosing any trace of insanity in the individual analyzed,

the family members insisted on institutionalization, alleging some behavior in the patient they judged inappropriate. These events demonstrate how the family used its sociocultural prerogatives to control and determine the social fate of its members. This was the case, for example, of the patient V.F., admitted by the institution for the second time on June 7, 1937. According to the data in his case history, V.F., "near the start of 1936 was hospitalized in this Asylum without presenting any behavior justifying his admission. The same is the case this time" (Record book, 1937, medical chart 69). However, according to his family, the patient was always very quiet and avoided family members, although he had friends outside the family circle and spent time and talked with them normally; he apparently cared more for his friends than for his parents and siblings. His family, finding this behavior abnormal and a matter for concern, decided to send him to the asylum again. However, according to the physician responsible for the case, the patient had a

Perfect understanding of place, time and space, remembering when he had been admitted before... He is not ill and does not feel ill. Some things that he does, things that are also natural, are due to his family's contrariness. He does not need to be hospitalized. He came to make his father happy, and feels his father needs to spend some time here more than he does... He is friendly with his peers and talks with them, and is a great help with Asylum tasks (Record book, 1937, medical chart 69).

Note how the Asylum was used as a mediator in resolving family conflicts, in addition to being used by families in the region to regulate and control individuals with behavior they considered socially inappropriate. What, then, were the behaviors that resulted in exclusion of individuals from social and family interaction, leading them to institutionalization in an insane asylum?

The field for the patient's case history usually contains the arguments submitted by family members to justify admission requests, and reports of family difficulties caused by the patients. Their analysis allows us to observe how the sociocultural relations that regulated social interactions at the time were organized. This was the sociocultural reality that determined which plans, concerns and desires were acceptable and legitimate, in addition to defining the social roles of the different sexes and social groups. The admission medical charts at the Asylum provide real examples of the possible consequences for those whose actions and desires threatened the integrity of the family, or for those who contested the established models for behavior.

When I analyzed the patients' disorders as reported by family members at the time of admission, one aspect that caught my attention was the difference with respect to gender. In the case of adult male patients, behavior indicating insanity appeared to be related, in general, to the individual's productive capacity and disposition to work. On the other hand – and while this disposition to work sometimes appeared as a relevant factor in the cases of the poorest women – the behaviors related to admission of adult female patients were normally associated with domestic disorders. In both cases, the objective of institutionalization was to preserve the integrity of the family, but the variations related to the gender of the patient were circumscribed primarily by these two different areas of social life.

For men, the social perception of normality was directly related to the role of provider and head of the family, and the ability to satisfactorily perform these functions, principally

through work. As a consequence of these characteristics, one of the most important pieces of information present on the medical charts of the men admitted to the Asylum, together with the information on their family history and their state of health, was with respect to their prior disposition to work, with this normally being the first data recorded in the case history. Thus, for example, at the beginning of the case history for the patient J.A.S., the admitting physician noted: "poor individual, with a large family, was always willing to do hard labor, because as a good man and good father he was always moderate in his habits, working so that his family lacked for nothing." In this case, note how the image of a "good man" was directly linked to that of a "good father," a representation that, in turn, was expressed by the fact that he was a worker who demonstrated his ability to support his family materially. Another interesting point in relation to this case is that, after the mediums at the Asylum determined that J.A.S.'s mental illness was due to spiritual causes, he was diagnosed as a sensitive medium, that is, his perturbation was not characterized as the result of persecution by some vindictive spiritual entity, but rather due to his lack of spiritual orientation in studying the Kardecist doctrine, as indicated in his prognosis: "Prognosis: Favorable. He is an undeveloped medium. He needs guidance and development" (Record book, 1937, medical chart 82).

On the other hand, M.A.S., a married man admitted at the age of 36, the father of seven living children, born in the city of Jubaí in the state of Minas Gerais, and diagnosed as suffering from obsession by a spirit, had great difficulty fulfilling his role as father and provider for his family. His case history contains the following description:

He has been alternating between normal and abnormal mental behavior for 10 years. Sometimes he fights often with his wife, mistreats his children, and is rude and uncivil to everyone, principally acquaintances and friends. He throws his wife out, leaves his children with neighbors and does nothing, no work, walking aimlessly... After some days or sometimes months, he calms down and is once again a good father and husband. He convinces his wife to return home and returns to work... Ten days ago, the same manias returned, he threw his wife out of the home..., mistreated his children and stopped working (Record book, 1937, medical chart 82).

Disposition to work was such an important characteristic in the social assessment of an individual that it was used as one of the principal parameters in defining his state of health or mental equilibrium. In the case history for D.B.C. his family began to suspect he was suffering from 'mental difficulties' when he stopped working: "One month ago we noticed that he was not well, since he stopped working and began to wander [the streets]" (Record book, 1938, case history 189).

An interesting aspect recorded in the medical charts and which reinforces the importance placed on a man's ability to satisfactorily undertake the functions of head of household can be observed in the cases in which the patients were referred for institutionalization when their decisions or behavior began to threaten the material assets and financial stability of the family. These were the reasons given by E.A.R.'s relatives when requesting he be admitted for treatment by the Asylum. Described as a competent businessman, astute and a hard worker, his problems began when his family noted that he

slowly began to lose his vivacity and intuition for commercial transactions. His disorientation increased so much that friends began to advise the family that they should convince him to rest a bit, thinking he was working too much and this had weakened him. Four months ago, his disorientation was so great that he carried out absurd business deals, unnecessary transactions whose losses were obvious even to a person of average intelligence... He had been seeking out all the land owners in order to offer to buy their properties (Record book, 1937, medical chart 63).

Another aspect of his behavior that alarmed his family was his desire to “seek out political leaders and authorities, and ask them for permission to contract vital services to provide water, power and sewage for the region, at his cost” (Record book, 1937, medical chart 63). Note that, due to the tenuous political connections between the Minas Triangle and the state government, Uberaba suffered a great deficit in infrastructure investments that would have increased the population’s quality of life and productive capacity. As a result, it often fell to the agricultural and business elite in the region to provide the city with infrastructure improvements or support institutions serving the Uberaba population at their own expense. By perceiving the region’s abandonment by the government and wanting to provide improvements – a relatively common practice among the local elite – the patient demonstrated that he had enough insight to be aware of the lack of infrastructure that held back development in the region. However, his plans began to be seen as a threat to the family’s assets and they decided to institutionalize E.A.R. in an insane asylum, where he died at the end of his first year there.

While the sociocultural rules that regulated male behavior determined that adult men should principally perform the role of working head of the family, the image of the ideal woman was intimately associated with the role of housewife and mother. This limitation of the social role of women to the domestic and family can be clearly seen in the question ‘Profession,’ in the medical charts of the female patients. With the extremely rare exception of primary teachers, feminine occupations are almost invariably described by the terms ‘maid’ or ‘homemaker,’ whereas for male patients, while the majority were described as ‘farm worker,’ there is greater variation in professional occupations such as telegraph operator, mason, bookkeeper, barber, tailor, merchant, industrialist and even physician. As a result of this sociocultural reality, even though the admission of female patients was also the result of attempts to preserve the integrity of the family, the disorders cited as justification for institutionalization were normally more related to the domestic and private spheres.

An example of what constituted satisfactory performance of the social roles of mother, wife and homemaker, in addition to demonstrating the social fate of those who were unable to conform, is seen in the case of A.F.S., a white, married 48 year old woman and mother of five children. The information provided by her family attested: “Good wife, good mother, adored her little children, was always dedicated and very affectionate,” until she became

very nervous, complaining about faults, even becoming irritated without provocation. She became very angry at her husband, opposing him in everything and, despite the patience and affection of all, wept and wailed... First it was just with the husband, but

then she began to quarrel with the children, chastising them severely, in contrast with how she had been before, always good and loving to them (Record book, 1937, medical chart 90).

However, domestic conflicts due to excessive irritability towards the husband or children were not the only reason why women were referred to the Asylum for treatment, since there were various situations that could impair the stability of the family and result in a woman being classified as mentally unstable. The case of C.D.B. is a good example. A married, white woman admitted at forty years of age, she was referred to the Asylum five days after presenting the 'mania' of wanting to divorce her husband. She was only released two months later, when she was considered cured of her mental disturbance (Record book, 1942, medical chart 641).

The analysis of the Asylum's medical charts also indicates that, in accordance with the moral standards of the time, the only legitimate form of expression of female desire was through the strict rules of matrimony. While there were also mechanisms regulating male sexuality, it was the free exercise of female sexuality that was considered one of the principal threats to the family. The infirmity of M.D.A., for example, was described as having developed during the five years prior to her admission. According to information in her medical chart, although the patient was married and the mother of nine children, when she was referred to the Asylum she was

Living separate not only from her husband, but also from her family due to her licentious habits. She made herself up in an exaggerated fashion, with rice powder, rouge, and lipstick, and said her intention was to find a fiancé, and anyone would do. She thought only of make-up, expensive dresses and trips. She was engulfed by these ideas, and did not accept her detention. She asked all the people she met to call for an automobile so they could go for a ride. She had no idea how ridiculous she was and, when counseled or called back to reality, she became angry, very nervous, agitated and talked a lot (Record book, 1943, medical chart 788).

One can see in this medical chart the physician's repugnance towards the patient's behavior, demonstrating intolerance with respect to the manner of expressing sexual desire not subjugated to the rules of matrimony and, consequently, considered inappropriate for women.

Attempts to circumvent matrimonial rules could result in institutionalization in an insane asylum, but there were also rules on the appropriate procedures for a woman to become married. N.M.L. was sent to the Asylum because she used a strategy considered incorrect and scandalous by her family. Single at 32, she had become a concern to her relatives:

During the last two years, she slowly began to show hatred for family members, and at the same time became ridiculously vain, using too much make-up, flamboyant clothing and unusual accessories. When counseled by her brothers and sisters, she became angry, sobbed and cursed life – she claimed she was young and needed to get married. She had been hospitalized in various asylums in São Paulo with no improvement (Record book, 1943, medical chart 744).

This case demonstrates once again how the Asylum could be used as an instrument to punish those who deviated from established norms, since the patient, in her attempt to

attract the attention of potential suitors, was classified as mentally unstable because she dressed in a manner her family considered inappropriate. This case also illustrates the anguish suffered by women who, having reached a certain age without marrying, lived in a sort of social limbo because they did not perform any of the few roles socially acceptable for them – those of wife, mother and homemaker.

Based on the reports of these cases, one of the principal functions of the Uberaba Spiritist Asylum was as a instrument to intermedate and solve family conflicts. It was used principally to treat, control, punish and discipline those individuals whose behavior the family considered inappropriate.

Conclusions

With the objective of determining the possible sociocultural mechanisms used in identifying insanity, I presented the most frequent motives cited by families to justify institutionalization of their members. As noted, the reasons leading to institutionalization in an insane asylum showed clear differences between the sexes, similar to those found by Cunha (1986, p.143) in the medical charts of the Juquery Psychiatric Hospital. The analysis of the justifications provided by the families regarding the immediate causes of hospitalization allows us to observe how the relations that regulated social interactions at the time were organized. In this respect, men and women from the poorest classes of the population were generally referred for treatment when they were no longer able to work, and in the case of men this inability was usually considered a threat to the family's assets. In the case of families above the poverty limit, the behaviors related to insanity in adult female patients were associated with domestic disorders.

One can conclude that, independent of recourse to the principles of spiritism or psychiatry, the professionals working at the SEU were 'men of their time,' and this was reflected in the sociocultural process of identifying insanity. Thus, men who were unable or unwilling to work, or who acted in a manner considered threatening to the family's assets, and women who wished to obtain a divorce or used techniques to find a husband that were considered inappropriate, could be classified as insane and their social fate could be institutionalization in an insane asylum.

The possible therapeutic strategies used during the first half of the twentieth century by certain sectors of the Brazilian population when faced with insanity were also seen. I noted that the sufferer and his family frequently sought the assistance of popular curative practices first in their attempt to find a solution for cases of insanity. However, when these resources failed, the family sought other treatment methods – ranging from professional medicine to spiritism – in another attempt to find a cure for the illness of one of its family members. I sought to demonstrate, through this, that the Brazilian population at the time used different therapeutic resources to find a solution to their health problems – and even when those resources did not lead to a cure, at least they offered a satisfactory explanation for the illness.

The fact that the sufferers and their families turned to spiritism can be seen as a demonstration of the ability of the spiritist doctrine to produce a symbolic network,

inserted in the Brazilian cultural universe of the period, which provided an explanation for the illness, making it more understandable for the sufferers and their loved ones – normally the family.

In the specific case of the therapeutic practices used by spiritists, I saw that, according to their doctrine, insanity is the result of persecution by spirits that seek revenge against the sufferer for errors made by him in his current or prior incarnations. The acceptance of this spiritual retribution law allowed misfortune and illness to be comprehended as trials to be faced by the individual in order to achieve a higher level of spiritual perfection. As a consequence of these formulations, the phenomenon of mental illness could, in principle, be less stigmatizing for followers of spiritism.

It was this ability to reinterpret the phenomenon of insanity that allowed the followers of spiritism to provide competition for the psychiatric theories in vogue during the period. More than a cure, Alan Kardec's doctrine provided the possibility of creating new meaning for a phenomenon that was difficult to understand, when analyzed based on the assumptions of academic medicine, for a considerable portion of Brazilian society at the time – including physicians such as Dr. Inácio Ferreira – and made intelligible the experience of falling ill, faced by the sufferers and their families.

NOTE

¹For a more detailed analysis of the belief in the ability of spells to influence the health and illness of individuals, and how this belief was shared by the lower and upper classes in Brazil, see Maggie, 1992, and Sampaio, 2000.

REFERENCES

- ALMEIDA, Angélica Aparecida Silva de. *'Uma fábrica de loucos': psiquiatria x espiritismo no Brasil (1900-1950)*. Dissertation (Doctorate) – Instituto de Filosofia e Ciências Humanas, Universidade Estadual de Campinas, Campinas. 2007.
- ARAÚJO JÚNIOR, Iracy Cecílio. *Recordações de Modesta*. Belo Horizonte: Inede. 2007.
- CUNHA, Maria Clementina Pereira. *O espelho do mundo: Juquery, a história de um asilo*. Rio de Janeiro: Paz e Terra. 1986.
- FACCHINETTI, Cristiana. *Diagnósticos de uma nação: discursos e práticas revelados pelo acervo do Hospício Nacional (1900-1930)*. Postdoctoral research report (CNPq/Fiocruz). 2004.
- FERREIRA, Inácio. *A psiquiatria em face da reencarnação*. Uberaba: A Flama. 1951.
- FERREIRA, Inácio. *Novos rumos à medicina*. Uberaba: Gráfica A Flama. vol.2. 1949.
- FERREIRA, Inácio. *Tem razão?*. Rio de Janeiro: Mundo Espírita. 1946.
- FERREIRA, Inácio. *Novos rumos à medicina*. Uberaba: Gráfica A Flama. vol.1. 1945.
- FERREIRA, Inácio. *Espiritismo e medicina*. Rio de Janeiro: Federação Espírita Brasileira. 1941.
- GIUMBELLI, Emerson Alessandro. *O cuidado dos mortos: uma história da condenação e legitimação do espiritismo*. Rio de Janeiro: Arquivo Nacional. 1997.
- HOCHMAN, Gilberto. *A era do saneamento: as bases da política de saúde pública no Brasil*. São Paulo: Hucitec. 1998.
- JABERT, Alexander. *De médicos e médiuns: medicina, espiritismo e loucura no Brasil da primeira metade do século XX*. Dissertation (Doctorate) – Casa de Oswaldo Cruz, Fiocruz, Rio de Janeiro. 2008.

LIVRO DE REGISTRO.

Sanatório Espírita de Uberaba. Uberaba (Sanatório Espírita de Uberaba). 1937, 1938, 1940, 1942, 1943.

MACHADO, Roberto et al. *Danação da norma: medicina social e constituição da psiquiatria no Brasil*. Rio de Janeiro: Graal. 1978.

MAGGIE, Yvonne. *O medo do feitiço: relações entre magia e poder no Brasil*. Rio de Janeiro: Arquivo Nacional. 1992.

MARTINS, Herbert Toledo. *A fragmentação do território nacional: a criação de novos estados no Brasil (1823-1988)*. Dissertation (Doctorate) – Instituto de Filosofia e Ciências Sociais, Universidade Federal do Rio de Janeiro, Rio de Janeiro. 2003.

MENEZES, Adolfo Bezerra de. *A loucura sob novo prisma: estudo psíquico-fisiológico*. Rio de Janeiro: Federação Espírita Brasileira. 1st.ed., 1897. 2002.

PUTTINI, Rodolfo Franco. *Medicina e religião no espaço hospitalar*. Dissertation (Doctorate) – Faculdade de Ciências Médicas, Universidade Estadual de Campinas, Campinas. 2004.

SAMPAIO, Gabriela dos Reis. *Nas trincheiras da cura: as diferentes medicinas no Rio de Janeiro Imperial*. Campinas: Editora da Unicamp. 2001.

SAMPAIO, Gabriela dos Reis.

A história do feitiço Juca Rosa: cultura e relações sociais no Rio de Janeiro imperial. Dissertation (Doctorate) – Instituto de Filosofia e Ciências Humanas, Universidade Estadual de Campinas, Campinas. 2000.

SANTOS FILHO, Lycurgo de Castro. *História geral da medicina brasileira*. São Paulo: Hucitec. vol.2. 1991.

SCOTON, Roberta Müller Scafuto. *Espíritos enlouquecem ou espíritos curam?: uma análise das relações, conflitos, debates e diálogos entre médicos e kardecistas na primeira metade do século XX (Juiz de Fora – MG)*. Thesis (Master) – Instituto de Ciências Humanas, Universidade Federal de Juiz de Fora, Juiz de Fora. 2007.

WAGNER, Roberta Afonso Vinhal. *Papel das elites no desenvolvimento político e econômico do município de Uberaba (MG) – 1910 a 1960*. Thesis (Master) – Instituto de Geografia, Universidade Federal de Uberlândia, Uberlândia. 2006.

WEBER, Beatriz Teixeira. *As artes de curar: medicina, religião, magia e positivismo na República Rio-grandense, 1889/1928*. Santa Maria: Editora da UFSM. 1999.

