

## **For a minor art: resonances between art, clinical practice and madness nowadays**

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### **SUMMARY**

We discuss the changes that were brought about in Brazil in the 20th century related to the acceptance of works of art produced in clinics or, in any way, other than those conventionally accepted by the artistic community. The enlargement of this field, now including dissenting works of art, seems to indicate a change in contemporary sensibility therefore shifting the relationships between art, clinical practice and madness itself.

**Key words:** art, health, environment of mental institutions, madness, occupational therapy, mental health.

“A minor literature is not one made in a minor language, ... but one made by a minority in a major language. (...) The second characteristic of the minor literatures is that all in them is politic. (...) The third characteristic is that everything gains a collective value. (...) And if the writer is at the edge or apart from his community, he is even more in such a condition to express other potential community, to forge the means of other awareness and other sensibility.” Deleuze & Guattari, 1977, p.25.

### **Introduction**

In the day-to-day of occupational therapy practice constructed in the interface of the art universe, we frequently face with aesthetic experimentations that associate paint, clay, a camera, sound and movement to extreme experiences, to certain extent, rejected by culture.

They are artworks or events that in privileged moments can cross the frontier that separates them from cultural products and attract gazes other than those of the clinical specialists. But even when they do not occur out of the treatment space, they embody experiences of creation made on a borderline on which life fights against illness, poverty and death. They are aesthetic fragments or

performances that cannot be reproduced and constitute privileged moments when art, health, madness and precariousness connect, holding in check the differentiation between art and non-art, and art and life, connecting in a fecund manner to the research moving and feeding modern and contemporary art.

In front of these artworks produced in the vicinity with clinical practice or, as we said, out of mainstream art, for some even more serious: without the intention to make art, a question persists: is this art?

Firstly, we will attempt to explore this question and after to think the relationships between the domains of art, clinical practice and madness in the contemporary world.

### **Is this Art?**

This question is not just posed in front of Mental Health Services users' work, it is a question for the modern art itself. Favaretto apud Santos (2000) explains that modern and contemporary art challenge the romantic concept of art fixed on tradition that identifies art with a masterpiece, which attributes are harmony, craftsmanship and unity. Challenging this idea, the art of our time generates estrangement and demands a different way of looking: a productive gaze inquiring: "so, this is also art?".

For Favaretto, this is the great modern interrogation bouncing in our heads, instaurated when art became a wide playground hosting varied experimentations and stretching the limits of art into yet non-explored territories.

Meanwhile, the enunciation of the question in those terms, in front of drawings and paintings produced within the health care space or as part of social inclusion propositions, implies, at least two lines of thought. First, this question is posed because a gaze coming from the art universe, lays on these external artworks and gives them some degree of value. But the question is also posed because these objects are not immediately artistic. And... why not? Because the way and the places they were produced, do not belong to the art system, and therefore, the question simultaneously implies the challenge these artworks represent to the very art system.

In sum, we are not only in front of objects that use the same material and the same language of art, but also, many times, break-up such language; they are objects created on the edge of art. They are not a mere scratch, or photograph, line, shape or phrase we find in a day-to-day full of visual and aural stimuli. They are disturbing, motivating and stir our sensibility.

In the text "The art threshold", Righetti (1970, p.44) explores the issue of the artistic value of artworks produced in the clinic, when interviewing a psychoanalyst, a psychologist and an art critic, each one with their own perspective about the issue. However, his interrogation hides an ideological a priori. In the attempt to explore the relationships between "artistic expressions and mental illness", the author uses a wide approach, asking if "we can speak of artworks in the case of paintings or drawings made by mental patients". The designation of "mental patient" is made before having contact with the artwork; the fact of the art maker being mad is more important than the appreciation of the artwork itself for the assessment of its artistic value. On one hand, there is the risk of thinking that all a mentally disturbed person makes is not art because in their condition they are not in control of their own reason; on the other, to establishing an immediate relationship between art and madness, as if to make art, it would be necessary to be, at least, a bit mad or as if every mad person were an artist.

The art critic Dorfles' response to Righetti (1970) is obvious. He takes sides with one of these streams: "an artwork cannot be defined as such, if there is not a technique and a precise will to make an artwork" (p.48). From this point of view, we could not consider art the work of Bispo do Rosario, since he made clear to his admirers, that if he could, he wouldn't make the work, but he did not have a choice (1) (Hidalgo, 1996).

However, if we agree with the second option, we create a myth around the image of the mad, which sufficiently romanticised becomes the epitome of the artist par excellence, one who

released from social constraints, can create freely. In this way, we maintain intact the idea that creation is a sphere of human experience only accessible to the select few, to geniuses or peculiar people.

The discussion, thus initiated, disregards the work, which is central to the question asked: whether it is an artwork or not.

Today, we can recognise art and art objects in all civilisations, groups and tribes: where there is man, there is art. Yet, we know that everything that is regarded as art, is submitted to a value system that corresponds to our present understanding of art according to the current codes and that is neither eternal nor universal.

For many civilisations, things we find today so amazing and rare as the most wonderful art, were, in their context, just a way of “breaking through a mountain” (2), a device to prepare a meal, or a magical attempt to control the environment, the gods or the animals.

Thus, the definition of an object as an artwork depends on parameters of time and circumstances. Yet, what makes a certain object, in our culture, belong to one universe or the other? What makes it to be perceived and understood as art?

Currently, we go backwards and forwards with numerous definitions of art and attempts to understand this sphere of human creation as autonomous. In the book “Art is what you and me call Art” Morais (1998) introduces 801 definitions of art and the art system. But even if we can define art in a number of ways or even if we cannot define it whatsoever, our culture turns certain objects into art, and not others. From the end of the 19th Century and more radically during the 20th Century, the territory of art was enlarged to include, even with the subtitle of brut art, primitive art or outsider art, some art produced by marginalised people. What does this indicate?

Exhibition of work from mental institutions intern patients and its welcome.

This enlargement of the territory of art can be observed if we follow the trajectory of works produced in the Occupational therapy sector at Engenho de Dentro Hospital, in the decade of 1940, and that in a later date constituted the Images of the Unconscious Museum. Since the first shows of these works, the debate around their artistic worth has been on the agenda.

The polemic established between the critics Campofiorito and Pedrosa, around these shows in 1947 and 1949, exemplifies this debate. Campofiorito defended the idea that in the works of the alienated, there is not mental work, since they lack the interference of intelligence or reason as a configuring force that would confer them aesthetic qualities.

Pedrosa’s critique was free from the restrictions of instituted art and flagged by an ethical affirmation of everyone’s right to contribute with their own expression to society’s cultural and artistic universe. In this perspective, the question around the artistic worth of the psychotics’ artwork gave room to an aesthetic evaluation that did not take into account the clinical status of the creator. (3)

During the decade of 1980, three great exhibitions – Uncommon Art, in the XVI Sao Paulo Biennial; Desire Region and Art and Madness: unpredictable limits – were on the listings in Sao Paulo, attesting the continuity of the cultural interest for the issue. According to Frayze-Pereira (1995), at that time, a great deal was written about the relationship between mental illness and art, in a context where, frequently, the artists were treated as geniuses close to children and the naïve and the value of the events fell upon the curators or the people responsible for the clinical care that enabled the production of those works.

In the exhibition Uncommon Art, 1981, as well as in 1940’s exhibitions, there were captions next to the paintings with the painters’ diagnosis and a brief history of the case. Youth attending treatment at the day Hospital “A Casa” felt insulted with this form of presentation of the work that emphasised the clinical discussion over techniques and language of the artworks.

Almost twenty years later, in 2000, the Images of the Unconscious Module, at the exhibition Brazil 500 Years: Re-discovery Showcase – a retrospective that intended to include all the

Brazilian visual production – finally seemed to point at a new level in the relationship between art and certain sectors of the population that were suffering or in social disadvantage. In this exhibition the captions do not indicate the artists' diagnosis as if they had finally been liberated from the last reminders that connected them to psychopathology, and definitely assimilated to Brazilian cultural production. This resembles the index of a small revolution, subtle and silent, that had been developing in the interface where these marginalised people meet art.

Aguilar – main curator of this show – considers that it amends a historical mistake “Despite of the efforts to classify it rationally, there are no adjectives for art, it flourishes from any environment, in any condition” (Aguilar apud Cancino, 1999, p.4). In other words, the attempt of categorisation of a creative event becomes increasingly superfluous.

A reference to Nise da Silveira, in this exhibition module, indicates her importance for her effort and gentleness that made possible the production of many of these works. She gave them significance in an innovative way and exposed them to gazes outside the clinical environment, allowing their relocation in the cultural universe.

The presentation, (in video) of the place where these artists lived, is no longer questioning if their work is or not art. It intends to point out the place of exclusion where artists and work had been confined. During all the XX century many people fought for the social inclusion of people experiencing mental distress; others, like Pedrosa, for the inclusion of their work in the art world. Nevertheless, why the small accounts of the painters' biography are still there? And why wouldn't be? Is it not that in these artworks, art and life are indissolubly attached? Is it not the profound connection, glaring here with intense light, what so many artists are looking for? Is it not part of these artworks, as well a strong historical mark of our time, the place where they were produced? And is it not even more astonishing that people living such a miserable life, from our point of view, were able to produce so much beauty? Beauty and strength that, from the place they hold today in culture, they challenge and shake the basis of a certain mental institution logic, and a way of looking at madness, illness and difference.

Maybe this is one of the most powerful effects of this collective work. Because it comprises the artists' work; the good encounters the production and the works promoted for all the involved; the workshop leaders; the indefatigable work of those who continue their struggle in the Engenho de Dentro, creating ways of working with new patients, and the careful work of archive, memory and recovery of the pieces that through the Rediscovery Showcase, show us this precious work with impressive beauty. Work made, at last, by the mechanism that reunited a collage of artists, therapists, artworks that created worlds as if they were implying that all artwork is always collective, based on heterogeneous components, the people surrounding them, and the feelings produced by the signs it must decode.

The module Images of the Unconscious has yet another relevance: it includes, in an adjacent space, outside the Modern and Contemporary Brazilian Art module, the work of those artists, recognising their importance for Brazilian Art of the XX century, as is stressed on the text of the exhibition's leaflet, distributed to the public.

Voices coming from the interior of the psychiatric hospital dialogue with the art vanguards of the XX Century, blurring the limits between normality and pathology and self asserting as art (Brazil+500 Rediscovery Showcase, 2000).

### **A mutation in contemporary sensibility.**

The trajectory of the work produced by the artists of Engenho de Dentro Hospital leads to a transformation of art critique with regards to the work produced out of art institutional sphere, specially those associated to in-patients and madness. However, if this implies a widening of the concept of art that, which in quite clear way, included marginal artworks, it indicates further and foremost, a mutation of contemporary sensibility.

Somehow, as Pelbart suggests (1998, p.66), the challenge that traverses the contemporary aesthetic project “to make present the excess of what is non- present, using the formless as an

evidence of such non-presence”, asking for a fragmented, complex, flowing aesthetics, traverses as well some aesthetic experimentations made in the borderline of clinics or pathology, which evoke pain and collapse, besides of metamorphoses and nameless intensities.

Perhaps it is not by chance that two Brazilian contemporary artists developed artworks signalled by a disquieting proximity with the clinical space and inhabited this indiscernible area between art and clinical practice in a very successful way and with a very powerful effect: a madman and an artist, Bispo do Rosario, and a fine artist that sees herself as a therapist: Lygia Clark. Both are interesting exactly because they challenge the art system, which eventually may not define them as artists, or what they do as art. In the work of Clark, the painting and its frame constitute the first metaphor for the limit to be stretched, challenged, crossed through or even abolished, on the path to other structures. The unfolding of this poetic project led to “Caminhando” (= walking), from which the artist started to attribute increasing importance to the action performed by the viewer, now participating in the work. The action, the experience lived in that precise fragment of time, becomes the work, “It is necessary, she says, to absorb the sense of what is precarious to discover, in the inherence of the action, the sense of existence.”) Clark apud Clark, 1997, p. 164). This research took her to the limits of art. The artist reached the borderline area in which art and clinical practice are implicated in their connections and their dissonances, generating a destabilising tension in both fields.

The propositions she developed in her experimental clinic were many times considered not artistic, which connotes an attempt to maintain intelligible the separation between the two areas (4). However, these aesthetical and clinical experimentations escape all attempts of a purely therapeutic reading and bring to the universe of the arts a clinical dimension yet difficult to be understood.

In the same way, it doesn't seem to be just a coincidence that Bispo do Rosario's huge and impressive production can be analysed in the context of contemporary art, as Morais did, to assert that it belongs with absolute originality and competence to current art. To those who insist in separating the sphere of art and madness, Morais (1990, p.18) retorts that “art has to do with everything, including madness”, adding that creation is never a completely conscious act. For this critic, Bispo is crude, direct and rude, because it deals with ordinary materials, “the materials of life”. He is a thing maker, a demiurge, someone capable of uprooting things from their banality and its material concreteness to give them a new meaning, alike Marcel Duchamp” (Morais, 1990, p.22).

Journeying between poverty and madness, Bispo do Rosario spent a large part of his life in a mental institution. We can say that he suffered the materialisation of exclusion processes that hunt certain existences. Nevertheless, Bispo's trajectory shows us that he created within the mental institution, agencies that allowed life to continue pulsating in his body. During forty years Bispo managed to avoid electroshock, lobotomies and even medication (saying that medicines undermined his working capacity), and protect himself and his work produced outside any therapeutic proposition, because of an intense necessity that not even the institutional tie-ups were able to pacify.

Only in the 1980s, his work would exceed the walls of Juliano Moreira Colony. With the political aperture, journalists and movie makers penetrated the gates of the Metal Institution and deflagrated a kind of hell, up to that moment hidden from all: Bispo do Rosario's parallel universe.

Then started the polemic around his work: is it art or not? The first exhibition of his work in his lifetime took place at MAM in Rio de Janeiro in 1982. The name of the show was “At the edge of life”.

Would Bispo be at the edge of life? Or on the contrary, would be life, in all its creative power, secluded in the little cell of a mental institution? At the edge of what kind of life had Bispo been in his passage on the Earth? This trajectory shows another side of what we call marginality” a

movement of deterritorialisation, of rupture, in relation to certain available codes, that may contain in its heart the possibility of re-territorialisation elsewhere.

Aguillar said about Bispo do Rosario: "In knitting those sumptuous shrouds, Bispo (...) proved that in the Brazilian mental institutions, an extremely vanguardist art was produced that did not have any precedents in art history." (Aguillar apud Cancino, 1999, p.4). However, besides the resonances between his work and contemporary art, highlighted by Moraes, the power of his creative process is so remarkable that escapes any attempt of psychopathological reading, and also protected and made to emerge the creator and the work. At the side of the body of work created along years of reclusion, there is an immaterial product, a life thus constructed.

We are interested in stressing the aesthetic character of both Bispo do Rosario and Lygia Clark trajectories, and at the same time, somehow preserve their exteriority in relation to the art system and the deterritorialisation they provoke.

Other events in the art world resonate with clinical practice. In 1989, Arnaldo Antunes was invited to organise a show based on the MAC-USP vast collection. In the text on the invitation, he explains that his intention was to create a show marked by precariousness (Antunes, 2000). He searched in the collection for pieces in which the creative process was more evident, or even, where the process became the aesthetic object itself, as scratch books, sketches, unfinished works. He journeyed, as he says, through non-pieces or quasi-pieces, or the piece out of the piece.

The studies of genetic critique explore the creative process manifestation in art, marked by the precarious stability of the forms, through which something that did not exist before comes to exist. The interest of these studies is to go beyond the artwork given to the public and observe art through the prism of gesture and work. "When introducing in critique this idea of time, the researcher begins to deal with continuity, which leads to the aesthetic of the unfinished" (Sales, 1998, p.20).

In the perspective of these studies, art is not only what the artist considers a finished piece; it comprehends a state of creation and continuous metamorphosis made by a succession of precarious forms. This view challenges the concept of finished work, and places us in front of a reality of constant change. The artwork given to the public is just a moment in the process, a transitorily frame.

"The perceived idea of the reception of an artwork in a state of perfection and completeness is undermined" (Sales, 1998, p.25). A new aesthetic perspective is thus assumed, that leads us to consider the "beauty of precariousness of unfinished forms and the complexity of its metamorphosis" (Sales, 1998, p.160).

The very concept of artwork becomes obsolete. Favaretto apud Santos (2000) tells us that in the mid 60's, the idea of object had the power of codifying a whole set of transformations that were taking place from the beginning of the century, and opening perspectives for what would come afterwards. The artworks were no longer designated as such and started to be designated indistinctly as 'objects'.

Today, many are the forms of art that do not become a thing or an object and, in some cases, they can neither be seen, they exist in the head of who conceives them, as in conceptual art. Others exist only in the moment in which we experience them. They are ephemeral because they exist within the order of duration rather than matter.

Art without categorisations becomes populated by performance, actions and experimentations, as Favaretto apud Fabrini (1994, p.7) teaches us.

In the search for new directions in contemporary sensibility (...), art displaces the artworks' stress to the production of events, actions, experiences, objects (...), liberating a basic implication: the re-invention of art is the condition for art to intervene in the radical transformation of man and the world. In this way, it would be exceeding the category of art, becoming a category of life, through aesthetisation of the day-to-day life or through the re-creation of art as life.

For Favaretto apud Santos (2000), art can be many things, but it is, above all, the experience of subtlety. The perception of nuances in art is a kind of unconscious training for the perception of

other areas of life. In this sense, an aesthetic experience can provoke a mutation of sensibility. The artist stops being the creative wizard and starts proposing situations that will elicit the intervention of the ex-spectators, now participants, and both will configure what was called artwork.

In this context, artistic moments can be incomparably intense clinical moments, that cannot be repeated, but they have the power of provoking subjective mutations, enlarging one's capacity to be affected and increasing life's strength.

On the other hand, experimentations creating subjects foreign to the art world gain another dimension and value. In the encounter with the diversity of existing forms and the most unusual expressive forms, artists look for the breakdown of art language and the art system in order to restore expression (Gullar, 1982). We could say that the efficacy of the artwork is what is being sought for, with respect to its power to generate a becoming, a posteriority, to establish new spheres of possibilities, new visibility fields and generate its own subjects.

Between the search for a breakdown in language and the effort to insert in the language singular expressions, isolated and, so far, meaningless, art making and therapeutic activity meet. If art comes to include this kind of extreme experience and, in this way "prepare, beyond culture, a relationship with what culture rejects" (Blanchot apud Pelbart, 2000, p.56), this will have deep consequences for clinical practice.

The resonance between contemporary sensibility and the schizophrenic (5) functioning of some dissident existences – a functioning which productivity is linked to a production plan that works through agencies and the connection of heterogeneous fragments – opens a path for granting "visibility to what is intangible and legitimacy to what social sense despises, fears or abhors [thus inverting] the game of social exclusion and its cruelty" (Pelbart, 1998, p.66).

This fact has a powerful effect over the lives of people experiencing clinical states, as already glimpsed by Nise da Silveira. Every individual that makes an object, paints a canvas or sings a song does more than exposing himself and his own suffering. He performs a cultural fact (Napolitani apud Riguetti, 1970). The value certain works acquire may arouse interest exactly for its singular character, dissidence, drift and incompleteness. Its circulation in a collective realm enriches these lives; and here we are taking life and not art as criterion. In connecting with the mainstream expression forms, these dissident forms crossed the line that separated them from cultural production, gaining cultural citizenship (Frayze-Pereira, 195) and most importantly a certain strength in the actual relationships of power (Guattari & Rolnik, 1986).

Meanwhile, these forms of expression are not only valuable in relation to the mainstream culture. The most varied levels of connection – with the group, with the local community, with one another that may become the mediator – are promoters of value.

Moreover, the exchange value the artwork acquires when it is introduced in the art circuits, using agencies with artists and critics, must not divest them of its use value as aesthetic practice, enabling the self-construction of subjectivities in progress, configuring and shaping chaos and the sense break-up that, many times, exists in them.

Therefore, if we considered the relationship of the artwork reception's with the senses placed on them; on the other side, we turn our gaze towards the creation process, to take it from its effect on life and the self-production of subjects, mapping the meanings each work contains for its creator.

Beyond opinion, we are interested in thinking the plan of composition that can be created; the consistency that can be acquired through the manipulation of expressive matter, and the agencies that may be produced. All in all, to think of the relationship that can be established between creation and the promotion of certain health, the invention of a new way of confrontation of illness, loneliness and isolation.

To give a higher value to the designation of art or non-art than to the experimentation process that produced an artwork, even if precarious or ephemeral, would be to limit the sensation and the opinion of a viewer (more or less qualified), who would eventually 'materialise' or 'decide' if the

work is art or not. So much effort to reclaim from the infinite the perceptions and ordinary affections and guide the concept to a doxa of the social body... (Deleuze & Guattary, 1997).

### **Conclusion.**

A mutation of contemporary sensibility, which enabled a new gaze on the artworks produced in the frontier of art with the clinical field was, in a certain way, precisely because of these artworks. This mutation provoked a displacement of the relationships between art, madness and clinical practice in the contemporary world. As if, somehow, each of these fields, as monoliths isolated from the social praxis had been imploded and started to interweave in multiple connections, in many other territories.

In a certain way, it is as if the artistic investment made in the madmen's work would have contributed to release them, at least partially, of carrying a deterritorialisation that society doesn't embrace; and would have helped to spread this deterritorialisation, eliciting the search of an inherent schizoid process in the creation process, and not in a nosological entity that is also cultural exteriority.

In this process, madness found a line of fugue that extrapolates the field of a subjective exteriority; art, a second line, which can lead to territories that extrapolate the field of a delimited and autonomous activity; clinical practice, a third line that can lead to extrapolate the dominium of pathology.

In the same way, the relationship between the fields was also displaced. Art will no longer be interested in madness as a psychopathological entity, but in a certain schizoid mode of production, a deterritorialisation that remains condensed in the schizophrenic.

As per René Scherer (1999), the place of art is, today, this place of the residue that comprehends the abnormalities of human life irreducible to an ideal model. Abnormalities that allow the research of an utopia, in the sense of the non-acceptance of reality reduced to its objective aspects. Art is thought, thus, in its ideal dimension conceived as an opening to possibility that promotes the re-encounter with the world of life, beyond and beneath the artifices that conceal it, and with man in his always-precarious living body. In this sense, abnormality, precariousness and incompleteness embody forces of resistance to the stereotypes of function and body and move provocatively close to art, through the artworks or the creation process.

Clinical practice, in this new configuration, is limited to its territory. It is not devoted to remission of the symptoms, but to the promotion of living and creation processes, and may therefore imply other kind of health. Not an iron made health, but an irresistible fragile health, as Deleuze would say (1997), signalled by an essential incompleteness that, precisely because of that, can open up to the world, "such health, that it is not only possessed, but is constantly conquered and yet it has to be conquered, because it is relinquished again, and it has to be relinquished!" (Nietzsche apud Vieira, 2000, p 15)

Consonant with some art movements, some clinical practices that use art activities displaced the emphasis from the product and the concept of product as the expression of a pre-existing inner universe, to invest in the idea of dissociability between the process and its multiple products. These products can be material and immaterial: artworks, works in progress, events and effects on the bodies creating signs whose decodification produces life and subjectivity. The sense of art making here is to find tools to recompose existential universes and for the mutating production of enunciation (Guattari, 1992).

For this kind of clinic, marked by the idea of deinstitutionalisation, the art system or the institutionalised art don't matter, but the artistic procedures associated to an ephemeral and unfinished art, that implicate the deterritorialisation and the unbalances of the subject under its care.

Regarding the creative subjects – those who would say, with Artaud apud Encontro (1992), "we have nothing to do neither with art nor with beauty. What we seek for is the interested emotion. A certain deflagration force connected to gestures and words" – well, those continue tied up for a



set of impossibilities, carving way-outs, creating possibilities, searching to build lines of fugue that, finally, serve for all of us, because, as Drummond would say “ the problem is not to invent but to be invented, hour after hour, and never get a convincing edition finished.”

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### **Events**

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(1) Bispo do Rosário considered his work his mission on Earth and said: "I do this obliged. If not I wouldn't do anything of this. (...) I receive orders and I am forced to do" (Bispo apud Hidalgo, 1996, p.142). It is frequent to find artists and writers' statements about their creative processes that reveal such a complete experience of submission of the creator to the work. For Kandinsky, the artist should not consider himself as the master of the situation, "but somebody who serves a particularly high ideal, which imposes precious and sacred duties (...) The task is painful, often, a heavy cross" (Kandinsky, 1996, p.128). For Picasso, "art is stronger than me. It forces me to do what it wants" (Picasso apud Righetti, 1970, p.46).

(2) Deleuze & Guattari (1997, p.98) cite Elie Fauvre's text (*Histoire de l'art: l'art médiéval*), about a nomadic people in India who as they were penetrating and crossing through granite mountains, they were leaving behind magnificent shapes sculpted in the rocks.

(3) For a more detailed presentation of this discussion, please see Lima, 2003.

(4) For some critics, like Ferreira Gullar (1997), Lygia's work ends in the invention of a therapeutic procedure. Rolnik (1997) and Brett (1997) disagree. Both emphasise the importance of not reducing the work to either one field or the other, but, on the contrary, of keeping the tension the work establishes between the two.

(5) "We distinguish schizophrenia as a process, and the production of the schizoid as a clinical entity beneficial for the hospital: both are, rather, in inverse relationship. The schizoid in hospital is somebody that attempted to do something and failed, crumbled down. [However] we affirm that there is a schizoid process, of decodification, and deterritorialisation that only the revolutionary activity hinders from becoming schizophrenia." (Deleuze, 2000, p.36).

Translated by Liliana Lopez

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