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PSYCHIATRY AND RACISM – THE PSYCHIATRIC HOLOCAUST IN THE BARBACENA ASYLUM AND RACISM AGAINST BLACKS IN BRAZIL

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ABSTRACT

This article makes a critical analysis of psychiatric practices in Brazil based on the emblematic case of the Hospital Colônia de Barbacena, located in Minas Gerais, known as the scene of a true "psychiatric holocaust". Through a historical-social approach, it seeks to show how psychiatry, far from being configured only as medical-scientific knowledge, was used as a tool of exclusion, control, and oppression, especially against black, poor, and marginalized subjects. Compulsory hospitalization, arbitrary diagnosis, and dehumanizing treatment reveal an asylum logic crossed by structural and institutionalized racism. By articulating medical discourses with the racist ideology of Brazilian social formation, the text discusses how madness was racialized, serving as a justification for hygienist, segregationist, and genocidal practices. Theoretically, we used the works of Amarante (1998), Arbex (2013), Basaglia (1968; 1987; 2011), Bento (2022), Davis (2018), Fanon (2008; 2022), Foucault (2014), Goffman (1961), Grosfoguel; Bernardino-Costa; Maldonado-Torres (2018), Laing (1968; 2010), Mbembe (2018), Pinel (1809), Ribeiro (2017), Scheper-Hughes (undated), Silveira (1981; 2001), Szasz (1970; 1970; 1994), among others. Methodologically, it is a qualitative research based on Minayo (2007), descriptive and bibliographic according to Gil (2008), where a comprehensive analysis was carried out based on Weber (1949). The research showed that Brazilian psychiatry has historically served as a mechanism of social exclusion, especially racial exclusion. Barbacena's case reveals how asylum practices have been aligned with racist and hygienist ideologies. Madness was used as a justification to neutralize bodies that deviated from the white and bourgeois norm. Institutional silence and historical erasure reinforce necropolitics applied to the undesirables. There is an urgency to rethink policies of care and historical reparation.

Keywords: Psychiatric Holocaust. Structural Racism. Madness. Exclusion.

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INTRODUCTION

BETWEEN SILENCE AND EXTERMINATION: THE HOSPITAL COLÔNIA DE BARBACENA AS A RACIAL AND PSYCHIATRIC DEVICE OF DEATH – INTRODUCTION

Although the official history of Brazilian psychiatry usually silences the horrors of asylum institutions, the Hospital Colônia de Barbacena[16] emerges as an unavoidable symbol of a policy of extermination and exclusion. Founded in 1903, in the city of Barbacena, Minas Gerais, the Colônia quickly became a space for the systematic confinement of unwanted people, categorized as "crazy", but who, in their overwhelming majority, did not present any clinical picture of mental illness. As Daniela Arbex (2013, p. 25) reports, "[...] about 70% of the inmates had no psychiatric diagnosis; they were poor, illiterate, most of them black, homosexuals, alcoholics, prostitutes, pregnant girls, women who lost their virginity out of wedlock." For this reason, the author does not hesitate to state that Colônia was, in fact, a "[...] Nazi concentration camp in the middle of Brazilian territory" (Arbex, 2013, p. 16).

> Words suffer from trivialization. When abused by our shamelessness, they are robbed of meaning. Holocaust is a word like that. In general, it sounds like an exaggeration when applied to something other than the mass murder of Jews by the Nazis in World War II. In this book, however, its use is precise. Accurate. At least 60 thousand people died within the walls of the Colony. Most of them had been stuffed into the carriages of a train, forcibly interned. When they arrived at the Colony, their heads were shaved and their clothes torn off. They lost their name, were renamed by the employees, and started and ended there (Arbex, 2013, p. 17).

Therefore, the magnitude of the tragedy that occurred in Barbacena cannot be treated as an isolated case or historical exception. Throughout its decades of operation, the Hospital Colônia was responsible for the death of more than 60 thousand people, victims of abandonment, violence, cold, hunger, electric shocks, and institutional negligence. As Arbex (2013, p. 32) reveals, "[...] between 1969 and 1980, 1,853 bodies were sold to medical schools in the country." Even more appalling, "[...] when there was an excess of

[16] The Hospital Colônia de Barbacena, founded in Minas Gerais at the beginning of the twentieth century, has become a symbol of one of the greatest tragedies of mental health in Brazil. Under the discourse of hegemonic psychiatry and influenced by a hygienist logic, the place has housed more than 60 thousand people throughout its history, most of them did not have any diagnosed mental disorder, being hospitalized for reasons such as poverty, homosexuality, pregnancy outside marriage or simple social divergence. The hospital functioned as a space of exclusion and extermination, where inmates were subjected to mistreatment, hunger, torture and abandonment, which led to the silent extermination of thousands. This episode reveals how madness was used as a justification for the marginalization of undesirable subjects, revealing a deep articulation between medical knowledge, the state apparatus and the structures of social oppression. See: Arbex, D. *Brazilian Holocaust: life, genocide and 60 thousand deaths in the largest asylum in Brazil*. São Paulo: Geração Editorial, 2013.

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cadavers, the bodies were dissolved in acid in front of the patients, so that the bones could be sold" (2013, p. 33).

However, beyond journalistic denunciation, it is necessary to understand the Colony as an expanded mirror of the modern psychiatric project itself[17], which Michel Foucault (2014) had already unveiled as an instrument of power and disciplinary domination. What was at stake there was not only the containment of madness but the silencing and control of bodies considered deviant from bourgeois and colonial norms of behavior. Foucault (2014, p. 90) warns that "[...] the exclusion of madness succeeded, in the social space, the exclusion of leprosy", pointing out that "[...] psychiatric internment reproduces structures of segregation, punishment and social moralization". In addition, it states that "the birth of the asylum was less a therapeutic advance than a political gesture of containment" (2014, p. 231).

> The asylum of the positivist era [...] is not a free domain of observation, diagnosis and therapy; it is a judicial space where one is accused, judged and convicted and from which liberation is only achieved by the version of this process in the psychological depths, that is, by repentance. Madness will be punished in the asylum, even if it is acquitted outside it. For a long time, and at least until today, it will remain imprisoned in a moral world [...] The entire life of the inmates, the entire behavior of the security guards in relation to them, as well as that of the doctors, are organized so that these moral syntheses are carried out (Foucault, 2014, p. 226).

How, then, to interpret the asylum as a racial device? From an intersectional analysis between psychiatric exclusion and structural racism, it is possible to affirm that the black population was especially targeted by the mechanisms of containment and exclusion operated by asylum institutions. According to Frantz Fanon (2008, p. 144), "[...] the black person is not only an object of social discrimination, but of ontological annulment." Thus, the asylum often functioned as an extension of the pillory, being the new place of banishment of racialized bodies. Fanon (2008, p. 110) states that "[...] the white man is to the black what the psychiatrist is to the alienated person: the one who determines his truth from the outside."

[17] Understanding the Hospital Colônia de Barbacena as an expanded mirror of the modern psychiatric project means recognizing that its extreme practices of exclusion, confinement and violence were not isolated deviations, but radical expressions of a psychiatric rationality based on the normalization of bodies and the social control of subjects considered deviant. The Colony brutally materialized the hidden face of modern psychiatric knowledge, by transforming diagnosis into sentence and treatment into punishment, revealing how the asylum has historically operated as a technology of power, aligned with an exclusionary biopolitics. Thus, what was seen in Barbacena was the amplification of a logic that crossed several psychiatric institutions: the medicalization of difference and the silencing of the "abnormal" under the guise of care and science. See: Foucault, M. *History of madness in the classical age* (7th ed.). São Paulo: Perspectiva, 2014.

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For this reason, the articulation between asylum and racism cannot be ignored in contemporary readings of the Barbacena Colony. The exclusion of the black population from the public space and civil recognition found in the asylum was an effective way of institutionalizing death in life. Achille Mbembe (2018, p. 70) calls this logic "necropolitics", that is, the practice of a power that defines who can live and who must die. According to the author, "[...] racism is the vector par excellence of the authorization of death in contemporary societies" (2018, p. 87).

> That 'race' (or, indeed, 'racism') has a prominent place in the rationality proper to biopower is entirely justifiable. After all, more than class thinking, race was the ever-present shadow in the thinking and practice of Western politics. In Foucauldian terms, racism is, above all, a technology intended to allow the exercise of biopower, 'this old sovereign right to kill'. In the economy of biopower, the function of racism is to regulate the distribution of death and to make possible the murderous functions of the state. According to Foucault, this is 'the condition for the acceptability of making die' (Mbembe, 2018, p. 87).

Therefore, it is essential to understand that the Colony did not operate outside the State but was part of its institutional machinery of control of the undesirables. In this sense, Cida Bento (2022, p. 41) denounces that "[...] The pact of whiteness consists of the maintenance of racial privileges silently legitimized in institutional practices." In other words, the asylum was not only a space of madness but also of authoritarian whiteness, which excluded, punished, and forgot black, poor, and female bodies. As Bento (2022, p. 65) adds, "[...] Institutional racism manifests itself when the black population's access to basic rights and places of recognition and belonging is denied, delayed, or made unfeasible."

Although the Brazilian Psychiatric Reform[18] has advanced in the deconstruction of the asylum model, racial criticism remains absent from most studies and public policies in mental health. The research presented here seeks precisely to fill this gap by proposing a look that intersects mental health, social exclusion, and structural racism in Brazil. As Amarante (1998, p. 23) observes, "[...] madness has always been the object of a

[18] The Psychiatric Reform in Brazil emerged as a political, social and sanitary movement that sought to break with the asylum model centered on the exclusion, confinement and medicalization of madness, proposing a new logic of care based on human rights, citizenship and the social insertion of the person in psychic suffering. Inspired by the Italian anti-asylum experiences led by Franco Basaglia, the Brazilian reform had its legal framework in the 2000s, with the enactment of Law 10.216/2001, which redirected the mental health care model and encouraged the creation of substitute services, such as the Psychosocial Care Centers (CAPS). This process represented a paradigmatic turn, by understanding madness as a complex human experience, which requires listening, bonding and protagonism of the subject in the treatment, and not his imprisonment. See: Amarante, P. *Mental health and psychosocial care*. Rio de Janeiro: Fiocruz, 2007.

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disciplinary knowledge-power, which operated to eliminate difference". As the same author points out, "[...] The asylum was a device that institutionalized the exclusion of the poor, under the justification of psychiatric tutelage" (1998, p. 45).

Therefore, revisiting the case of the Hospital Colônia de Barbacena under the lens of structural racism constitutes a scientific, social, and political urgency. The invisibility of the black victims of this policy of exclusion reveals how necropolitics operates in silence, naturalizing the genocide of the undesirables. As stated by Ângela Davis (2018, p. 58): "[...] racism is not only a problem of individual attitudes, but a structure that organizes institutions, knowledge and practices". And, for her, "[...] the struggle for freedom necessarily involves denouncing prisons, asylums, and punitive control systems that disproportionately affect black people" (2018, p. 61).

> Prisons are the embodiment of racism. As Michelle Alexander[19] points out, they constitute the new Jim Crow. And also much more: how psychiatric institutions are often an important part of the prison-industrial complex. Nor do we recognize the intersection between the industrial-pharmaceutical complex and the industrial-prison complex. [...] We had to unlearn racism – and I'm not just talking about white people. [...] There is not enough psychological therapy or group training that can effectively address racism in this country unless we also begin to dismantle the structures of racism (Davis, 2018, p. 100).

As an academic justification, the scarcity of interdisciplinary research that dialogues with mental health from a decolonial and racialized perspective is highlighted. By maintaining the merely biomedical view, the idea that asylums were medical errors and not devices of a political project of extermination is perpetuated[20]. According to Bento (2022, p.

[19] Michelle Alexander is an American jurist and activist who stood out for her scathing criticism of the criminal justice system in the United States, especially in relation to the black population. In his best-known work, *The New Jim Crow*, Alexander argues that the so-called "war on drugs" and the policy of mass incarceration configure a new form of racial segregation, comparable to the Jim Crow laws that institutionalized racial discrimination in post-slavery. For her, the penal system works as a mechanism of social control that perpetuates the economic, political, and civil exclusion of African Americans, even after legal conquests of civil rights, by creating a "caste of pariahs" marked by the racialization of crime. His analysis reveals how structural racism is actualized through the formal institutions of the state, maintaining white supremacy under a new legalistic guise. See: Alexander, M. *The new segregation: racism and mass incarceration*. São Paulo: Boitempo, 2017.

[20] Asylums, far from being just institutions for medical treatment, have historically functioned as central devices of a political project of extermination, aimed at the symbolic and physical elimination of those considered undesirable by the social body. Based on a hygienist and eugenicist logic, these spaces of confinement legitimized, under the discourse of science and psychiatry, practices of violence, abandonment, and death, aimed mainly against the poor, blacks, women, homosexuals, and other marginalized subjects. By pathologizing difference and transforming it into an abnormality to be isolated, asylums have fulfilled the role of ensuring the exclusionary social order, operating as tools for silencing and making invisible the lives that do not matter. Thus, madness was less understood and cared for, and more used as a justification for an institutionalized necropolitics. See: Amarante, P. *Crazy for life: the trajectory of the Psychiatric Reform in Brazil*. Rio de Janeiro: Fiocruz, 1995.

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132), "[...] technical discourse is often used as a neutralizer of the power relations that sustain racial inequality." as Fanon (2008, p. 89) points out, "[...] colonial psychiatry was one of the most effective instruments of domination, as it pathologized resistance and treated the pain of the colonized as a disorder."

Therefore, the central objective of this research is to demonstrate how the Brazilian asylum model was crossed by a hygienist, authoritarian, and racist rationality. The question that guides this study is: How did psychiatric discourse contribute to the extermination and silencing of black and poor bodies in Brazil? As stated by Foucault (2014, p. 183), "[...] psychiatric knowledge is not only a science of the soul, but a technique of social framing and standardization of behaviors". And, for him, "[...] the asylum produces insane people because it isolates them, controls them and withdraws their speech, under the pretext of curing them" (Foucault, 2014, p. 224).

> In the period of colonization unchallenged by armed struggle, when the sum of the harmful excitements exceeds a certain threshold, the defensive positions of the colonized collapse, and they then find themselves in large numbers in psychiatric hospitals. There is, therefore, in this calm period of successful colonization, a regular and important mental pathology produced directly by oppression. [...] The truth is that colonization, in its essence, already presented itself as a major supplier to psychiatric hospitals. [...] Because it is a systematized negation of the other, an obstinate decision to deny the other any attribute of humanity, colonialism forces the dominated people to constantly ask themselves: 'Who am I, in reality?' (Fanon, 2022, p. 286-287).

Therefore, the theoretical choice by authors such as Fanon, Mbembe, Foucault, Arbex, Davis, and Bento, among others, is not accidental but strategic to build a radical critique of the psychiatric institution as a technology of racial exclusion. It is necessary to excavate the racial background of medical-psychiatric knowledge[21], which is often camouflaged under scientific neutrality. As Szasz (1970, p. 27) denounces, "[...] mental illness is a myth, an ideological construct used to control deviants." And yet, "[...] modern psychiatry is a form of coercion disguised as therapy" (1970, p. 35).

[21] Medical-psychiatric knowledge has consolidated itself as one of the main instruments of social control in modernity, by instituting normative criteria of normality and deviation, which allowed the classification, diagnosis and confinement of subjects considered dangerous, unproductive or morally deviant. Throughout the nineteenth and twentieth centuries, this knowledge acquired the status of scientific truth, legitimizing exclusionary practices such as compulsory hospitalizations, invasive treatments, and prolonged institutionalizations, often without ethical support or consent. Psychiatry, by allying itself with state power, began to play a disciplinary role, not only in mental health care, but in the regulation of bodies and behaviors, functioning as a technology for governing life and subjectivity. Psychiatric knowledge, therefore, is not neutral, but crossed by values, interests and power structures that produce and reproduce inequalities. See: Foucault, M. *The abnormals: course at the Collège de France (1974-1975).* São Paulo: Martins Fontes, 2006.

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Whether one looks at the Colônia as a field of death or observes the discourse of contemporary mental health, the fact is that racism remains a structuring axis of care and punishment policies. One cannot talk about madness in Brazil without talking about the color and class of the hospitalized bodies. As Scheper-Hughes points out (undated, p. 112), "[...] social death is a continuous process for the poor and blacks in the Brazilian peripheries.", as she reinforces, "[...] institutional psychiatry can be understood as a form of invisible structural violence" (Scheper-Hughes, undated, p. 115).

Before it is said that the Colony is an outdated chapter in history, it is necessary to remember that Brazil still has psychiatric hospitals and that the asylum logic is reinvented in shelters, private clinics, and systems of deprivation of liberty. As Mbembe (2018, p. 122) reflects, "[...] necropolitics adapts to modern forms of control, operating through the differential management of unwanted existences." And, according to him, "[...] it is not just about killing, but about letting die, killing slowly" (2018, p. 124).

That said, it is reaffirmed that this work intends to contribute to the construction of a critical epistemology of madness, which integrates race, gender, and class in its analysis. The asylum, like the Colônia, was not only a place of treatment but a space of social and symbolic disappearance. As Arbex (2013, p. 46) writes: "[...] the dead of the Colony were erased from history, as if they had never existed." And, paraphrasing his scathing denunciation: "[...] Brazil built a holocaust with trains and white coats, and the world pretended not to see it" (2013, p. 17).

METHODOLOGICAL PATHS FOR A CRITICAL ANALYSIS OF RACIALIZED MADNESS: A QUALITATIVE, BIBLIOGRAPHIC, AND COMPREHENSIVE APPROACH

Before analyzing the content and data collected in this study, it is essential to explain that the research in question is qualitative, following the epistemological foundations proposed by Minayo (2007). As the author points out, qualitative research "[...] works with the universe of meanings, motives, aspirations, beliefs, values and attitudes" (Minayo, 2007, p. 21), which is especially relevant for investigating phenomena such as psychiatric exclusion and structural racism. Therefore, it is an approach aimed at the deep understanding of socially constructed meanings. Although many studies resort to quantitative methodologies for their objectivity, this research chose to capture "[...] a level of reality that cannot be quantified" (Minayo, 2007, p. 21), this being the most appropriate

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way to access the symbolic, political and historical layers that surround the Barbacena case.

> Qualitative research removed social research from the emphasis on explaining cause and effect and put it on the path of personal interpretation. Qualitative research is known for its emphasis on the holistic treatment of phenomena. [...] These two views are correlated with an expectation that phenomena are intrinsically related to many coinciding actions and that understanding them requires a broad change of contexts: temporal and spatial, historical, political, economic, cultural, social, personal. [...] The feature set and sequence of events are seen by those close to him as (in many ways) unprecedented, an important singularity. Readers can be easily drawn to this sense of uniqueness when we provide experiential accounts (Stake, 2011, p. 42).

However, it is important to clarify that the present work is also classified as bibliographic and descriptive research, according to the methodological conception of Gil (2008). According to the author, "[...] the bibliographic research is developed based on material already prepared, consisting mainly of books and scientific articles" (Gil, 2008, p. 50), which is in line with the documentary nature of this study. In addition, according to Gil, "[...] the researcher starts from the analysis of a previously systematized theoretical material, not having direct contact with the reality he studies" (2008, p. 44), reinforcing that this study did not involve interviews or empirical collections, but rather the critical analysis of sources already produced. In this way, the theoretical construction and the systematization of knowledge were carried out from the reading of academic works, historical documents, and investigative reports.

For this reason, the Hospital Colônia de Barbacena was delimited as the object of study, an emblematic psychiatric institution whose symbolic and structural effects cross the fields of medicine, politics, and institutional racism in Brazil. The choice for this case is justified by its historical impact, being an icon of social exclusion under the justification of madness. Thus, a comprehensive Weberian-based analysis was used, considering that "to understand means to interpret the meanings that the subjects attribute to their actions" (Weber apud Minayo, 2007, p. 62) and that such meanings are historically situated. In addition, "[...] the comprehensive method is based on the effort to capture the meanings that guide social practices" (Minayo, 2007, p. 63), which allowed a critical interpretation of the process of racialization of madness and the pathologization of difference.

However, the analysis carried out was not limited to the observation of the facts but was based on a dense theoretical articulation with classical and contemporary authors who problematize disciplinary power, medicalization, and structural racism. The contributions of

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Michel Foucault, Frantz Fanon, Achille Mbembe, Cida Bento, Daniela Arbex, Erving Goffman, Thomas Szasz, R.D. Laing, Nise da Silveira, and Franco Basaglia, among others, were used. According to Gil (2008, p. 49), "[...] the use of diversified sources enriches the analysis and allows the researcher a more critical and comprehensive view of the object". In addition, as the author points out, "[...] descriptive research has as its central concern the detailed exposition of the characteristics of a given phenomenon" (2008, p. 27), and this is the objective pursued here when narrating, historicizing and interpreting the sociopolitical meanings attributed to the Barbacena asylum.

Therefore, the analytical work undertaken took place through central categories that emerged from the literature used and from the reports on the Colony, such as structural racism, asylum device, medicalization of difference, racialized madness, and necropolitics. In order to ensure a methodological treatment consistent with the nature of the phenomenon studied, what Minayo defines as "[...] interpretative analysis, based on theoretical and empirical categories that are built during the reflective reading of the data" (2007, p. 83). For this, the methodological path was flexible, because, according to the author, "[...] qualitative research is not carried out from a rigid script, but through a continuous process of interpretation" (Minayo, 2007, p. 23), which allowed the categories of analysis to be adapted as the data emerged from the sources.

However, it is worth recognizing the limitations of this study. As this is an eminently bibliographic research, no interviews with survivors were conducted, nor were direct observations in contemporary psychiatric institutions. This methodological delimitation, although coherent with the theoretical objectives of the work, restricts the possibility of capturing the experiential dimension of the subjects affected by the practices analyzed. As Gil (2008, p. 57) points out, "[...] bibliographic research does not replace field research, but serves as a basis for its future realization". In addition, "[...] it allows an initial critical view of the theme, which is fundamental for further investigations" (2008, p. 58), and this is the horizon that is glimpsed for the unfolding of this analysis.

Consequently, the choice for the qualitative approach was not due to convenience but rather due to its epistemological capacity to understand realities crossed by multiple symbolic, political, and historical determinations. Although objectivity is a valued criterion in the sciences, it is necessary to recognize, as Minayo (2007, p. 24) states, that "[...] in qualitative research, the object of study is constituted by meanings, and not by data that can be measured". Thus, in order to investigate the institutional exclusion devices that

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operated at the Hospital Colônia de Barbacena, it was essential to make use of "[...] strategies that allow capturing the subjective meanings of social practices" (Minayo, 2007, p. 65), which only the qualitative approach makes possible.

> Knowledge of the meanings, values, attitudes and social representations of the various social actors involved, as well as the internal logic of their discourse and practices, requires the researcher to be able to grasp the meaning that these actors give to their actions, relationships and the world. [...] It is in this process that the commitment to the interpretation and reconstruction of meanings is outlined, not as an objective datum, but as a product of the interaction between subject and object in the research process (Minayo, 2007, p. 65).

Therefore, it is reaffirmed that the qualitative nature of this research is fully justified in the face of the proposed analytical challenge: to understand how institutionalized psychiatry has articulated itself with structural racism to legitimize the exclusion of black and poor bodies in Brazil. In line with this proposal, Gil (2008, p. 64) argues that "[...] clarity regarding the methodological choice is essential for the reader to understand the limits and scope of the investigation". And, according to him, "[...] it is necessary for the researcher to be critically aware of his theoretical position, because social research is not neutral" (Gil, 2008, p. 65). In this sense, the present study is part of the critical tradition, committed to denouncing the forms of symbolic and material violence that are hidden under the cloak of technical and institutional knowledge.

PSYCHIATRY AND RACISM: THE PSYCHIATRIC HOLOCAUST IN THE BARBACENA ASYLUM AND RACISM AGAINST BLACKS IN BRAZIL

Although the official history of medicine celebrates the emergence of the clinic as a civilizational landmark, Michel Foucault proposes a critical reading of the constitution of psychiatry as modern knowledge. For the author, the medicalization of difference operated not as a humanitarian advance, but as a disciplinary mode of social control. As he points out, "[...] mental illness, in the meanings we now attribute to it, then becomes possible" only with the central figure of the doctor in the asylum (Foucault, 2014, p. 918). And he also points out that "[...] madness will be punished in the asylum, even if it is acquitted outside it", because the asylum has become a "judicial space" where one is "accused, judged and condemned" (2014, p. 918).

For this reason, the birth of the clinic represents, according to Foucault, the beginning of a new form of knowledge production that scrutinizes, regulates and separates

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bodies. The clinical gaze becomes, then, a power device that transforms the subject into an object of continuous surveillance. As he describes: "[...] the hospital thus becomes, in Foucault's words, the *a priori* of modern medicine" (Foucault apud Amarante, 1998, p. 36). In this sense, the psychiatric hospital does not emerge as a neutral space of care, but as a place for the imposition of norms, because "[...] medicine makes madness at the same time visible and invisible" (Amarante, 1998, p. 42).

> Foucault, in *The Birth of the Clinic* (Foucault, 1977), describes the transformation of the hospital (etymologically inn, lodging, hotel) into a medicalized institution, through the systematic and dominant action of medical discipline, organization and scrutiny. The hospital thus becomes, in Foucault's words, the *a priori* of modern medicine. [...] The disease unfolds by regrouping – diversification of its symptoms, inscribing in the hospital space as many subdivisions as there are major behavioral syndromes that it presents. A science is founded from the moment the population of the insane is classified: these prisoners are effectively sick, because they parade symptoms that only remain to be observed (Amarante, 1998, p. 36).

Therefore, psychiatry is born imbricated in the logic of exclusion and moralization of difference, articulating itself with a disciplinary reason. The constitution of the figure of the physician as a moral and scientific authority took place in parallel with the medicalization of alterity. According to Foucault, "[...] the classical internment had created a state of alienation that only existed outside [...] Pinel and Tuke [...] internalized alienation" (2014, p. 897). In addition, he points out that "[...] true psychic treatment [...] presupposes that the patient is reasonable and finds there a solid point to approach him from that side" (2014, p. 897).

However, it is in the figure of Philippe Pinel[22] that we find the founding paradox of psychiatry: at the same time liberating and regulating, his symbolic gesture of breaking the chains of the inmates founded a new model of containment. As Foucault observes: "[...] Pinel was invested with an extraordinary moral power [...] to assess the medical dimensions of madness, to free victims and to denounce suspects" (2014, p. 884). But

[22] Philippe Pinel is often remembered as a central figure in the history of psychiatry, especially for his symbolic gesture of freeing the insane chained in the Hospital of Bicêtre, in France, at the end of the eighteenth century. Considered one of the founders of modern psychiatry, Pinel proposed a more humanized approach to the treatment of the so-called insane, introducing what he called "moral treatment", based on dialogue, discipline and continuous vigilance. However, although his performance represented an advance in relation to previous brutal practices, many scholars, such as Foucault, point out that this change did not abolish institutional violence, but only reformulated it under new codes. What was once physical force became moral control, instituting a new rationality about madness, still based on the exclusion and normalization of deviant subjects. See: Foucault, M. *History of madness in the Classical Age* (7th ed.). São Paulo: Perspectiva, 2014.

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also, "[...] liberation takes on a paradoxical meaning here [...] the muteness of all imprisons it in the restricted use of an empty freedom" (Foucault, 2014, p. 919).

> Pinel's asylum, removed from the world, will not be a space of nature and immediate truth like Tuke's, but a uniform domain of legislation, a place of moral syntheses where the alienations that arise at the outer limits of society are erased. The whole life of the inmates, all the behavior of the guards in relation to them, as well as that of the doctors, are organized by Pinel so that these moral syntheses can be carried out. [...] This prohibition, strictly observed, produces on this man so full of himself a much more sensible effect than the chains and the cell; he feels humiliated by abandonment and new isolation in the midst of his full freedom (Foucault, 2014, p. 918-919).

Thus, Pinel represents a watershed: founder of the modern clinic, he also embodies the moral control that has come to govern the treatment of the insane. His discourse is ambivalent: he promotes humanization, but inscribes madness in the field of bourgeois norms. As he himself writes: "[...] the true human treatment of madness [...] presupposes that the patient is reasonable" (1809, p. 36). And he also argues that "[...] alienation is not a loss of reason, but a contradiction within it", revealing the effort to bring deviation back to rational logic (1809, p. 37).

Therefore, the asylum space becomes, under Pinel's logic, a territory of moral syntheses, where healing passes through obedience and adaptation to dominant values. Foucault is incisive in pointing out: "[...] the Pinel asylum is a uniform domain of legislation, where the alienations that arise in the outer limits of society are erased" (2014, p. 918). And he reinforces that "[...] the entire life of the inmates [...] are organized by Pinel so that these moral syntheses are carried out" (Foucault, 2014, p. 918).

Consequently, the institutionalization of madness not only removes the subject from social life, but inscribes him in a space of moralization and discipline. As Amarante observes, "[...] the Pinelian model is criticized for its closed and authoritarian character" (1998, p. 38). And this model also served as a basis for the colonies of the insane, who "[...] in spite of their principle of freedom [...] they are no different from Pinellian asylums" (Amarante, 1998, p. 39).

However, Foucault's analysis of the birth of the psychiatric hospital allows us to see how medical knowledge is not neutral, but deeply articulated with practices of exclusion. According to Foucault, "[...] madness only escaped the arbitrary to enter an indefinite process [...] whose only way out is the eternal resumption in the internalized form of

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remorse" (2014, p. 918). And he concludes that "[...] the doctor becomes the essential figure of the asylum [...] and commands the entry into this space of control" (2014, p. 918).

> To silence, to recognition by the mirror, to this eternal judgment, it would be necessary to add a fourth structure proper to the asylum world, as it was constituted at the end of the eighteenth century: it is the apotheosis of the character of the doctor. Of all, it is undoubtedly the most important, because it will authorize not only new contacts between the doctor and the patient, but a new relationship between alienation and medical thought and, finally, command the entire modern experience of madness. [...] Now he has become the essential figure of the asylum. He commands entry into the asylum. [...] Since the end of the eighteenth century, the medical certificate had become more or less obligatory for the internment of the insane. [...] However, and this is essential, the doctor's intervention is not made by virtue of a knowledge or a medical power that he would hold [...] but as a sage (Foucault, 2014, p. 926-927).

Nevertheless, Erving Goffman expands this diagnosis by proposing the concept of "total institutions" to describe the spaces where individuals are hospitalized and submitted to a standardized and controlled life in all aspects. For him, these places operate the depersonalization of the subjects, eliminating their individuality. According to Goffman (1961, p. 13), "[...] The central characteristic of the total institution is the barrier to the external world, both physical and symbolic." And he adds that "[...] in these places, the individual is obliged to perform prescribed roles, according to a rigid hierarchical logic" (1961, p. 16).

> The psychiatric hospital represents a type of such establishment that is uniquely conducive to the development of intimate life. [...] The stigma of mental illness and involuntary hospitalization are the means by which we respond to these infractions against the norm of correction. [...] From the patient's point of view, refusing to exchange a single word with the staff or with his fellow inmates may be a sufficient testimony that he rejects the institution's concept of who he is. In short, psychiatric hospitalization prevents all the patient's maneuvers and tends to remove from him even the most common expressions by which human beings resist the domination of organizations: insolence, silence, murmured comments, indocility, the malicious destruction of certain elements of the internal environment[23] (Goffman, 1961, p. 135-136).

Therefore, the emergence of psychiatry cannot be dissociated from its social function of normalizing and excluding. As Foucault emphasizes: "[...] mental medicine was born from the intersection between reason and exclusion, in a movement of domestication of deviance" (Foucault apud Amarante, 1998, p. 54). And, as Amarante reinforces: "[...] the

[23] Our translation. See references.

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constitution of mental illness is inseparable from a paradigm of social dangerousness" (1998, p. 56).

That said, although the official discourse on psychiatry has for decades supported the idea that hospitals are therapeutic spaces, the Barbacena Colony has revealed itself as the opposite extreme: a center of institutionalized exclusion. The hospital functioned as the end of the line for those considered "misfits", and its moral architecture was based on exclusion. As Arbex (2013, p. 18) states, "[...] about 70% of the inmates had no psychiatric diagnosis; they were poor, illiterate, most of them black, homosexuals, alcoholics, prostitutes, pregnant girls, women who lost their virginity out of wedlock." And he reinforces that "[...] at least 60 thousand people died within the walls of the Colony. Most of them had been stuffed into the carriages of a train, forcibly interned."

> Since the beginning of the twentieth century, the lack of medical criteria for hospitalizations was routine in the place where everything was standardized, including diagnoses. [...] Like her, the estimate is that 70% of those assisted did not suffer from mental illness. They were just different or threatened public order. For this reason, the Colony has become a destination for disaffected people, homosexuals, political activists, single mothers, alcoholics, beggars, blacks, the poor, undocumented people and all kinds of undesirable people, including the so-called insane. The eugenicist theory, which supported the idea of social cleansing, strengthened the hospital and justified its abuses. To rid society of scum, getting rid of it, preferably in a place that the eye could not reach (Arbex, 2013, p. 18).

As exposed in the text, the Barbacena Colony should be understood as a space of social segregation that operated under the appearance of healing, but whose real objective was the silencing of uncomfortable bodies. As Arbex (2013, p. 17) reports, "[...] when they arrived at the Colony, their heads were shaved, and their clothes torn off. They lost their name, they were renamed by the employees." And he adds: "[...] It is estimated that 70% of those assisted did not suffer from mental illness. They were only different or threatened public order" (2013, p. 18).

Thus, the asylum became the stage of a silent genocide, where daily deaths were naturalized by the institutional structure. According to the author, "[...] In the periods of greatest crowding, sixteen people died each day. They died of everything – and also of invisibility" says Arbex (2013, p. 64). In addition, "[...] between 1969 and 1980, 1,853 bodies of asylum patients were sold to seventeen medical schools in the country, without anyone questioning it" (2013, p. 65).

And if death was everyday, it was also profitable. The management of death, the commercialization of bodies and the omission of the State reveal the asylum as a

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biopolitical apparatus[24] for the production of death. As Arbex (2013, p. 66) describes, "[...] when there was an excess of corpses and the market shrank, the bodies were decomposed in acid, in the courtyard of the Colônia, in front of the patients". And he adds that "[...] nothing was lost, except life" (2013, p. 66). Thus, as Mbembe (2018 p. 5-6) states:

> [...] The ultimate expression of sovereignty resides, to a large extent, in power and the ability to dictate who can live and who must die. Therefore, killing or letting live constitute the limits of sovereignty, its fundamental attributes. To be sovereign is to exercise control over mortality and to define life as the implantation and manifestation of power. [...] War, after all, is both a means of achieving sovereignty and a way of exercising the right to kill. If we consider politics a form of war, then it tends to work in the name of the destruction of people and the creation of worlds of death, in which vast populations are subjected to living conditions that give them the status of 'living dead'.

In this way, the asylum was also a space of violence and "violent systematic wars" that especially affected poor people, children, women, blacks. Arbex narrates: "[...] At least thirty babies were stolen from their mothers. [...] patients were able to protect their pregnancies by passing feces over their bellies so as not to be touched" (2013, p. 67). And he cites the case of Débora Soares: "[...] ten days after giving birth, she was adopted by an employee of the asylum" (2013, p. 68). That said, Ângela Davis (2018) forcefully articulates violence against black women with institutional and state violence – a theme directly related to the context of women hospitalized and raped at the Hospital Colônia de Barbacena:

> [...] Many aspects of the black female condition yesterday and today appear as fundamental data for us to think about our reality from a black feminist point of view. Aspects related to the experience of black women during slavery, for example – such as when the author describes a common scene in the period, in which an enslaved and recently given birth black woman is whipped, and blood flows from her body along with the milk from her breast – confront a narrative that makes the experience of black women invisible and questions the true meaning of motherhood, as a feminine condition for racially identified women. The correlation between the categories of oppression of gender, race, and class anticipates,

[24] The critical analysis of the asylum from the perspective of biopolitics reveals that these institutions functioned as true apparatuses for the management of life and death, controlling populations considered deviant under the pretext of care and treatment. By internalizing the logic of discipline and control, the asylum has become a privileged instrument of modern power, operating on the border between the normal and the pathological, between the included and the excluded. Michel Foucault points out that, in this context, madness ceased to be just a clinical phenomenon to become a political category, over which the State exercises its power of standardization, surveillance and punishment. In this way, the asylum shows how psychiatric knowledge, allied to state strategies, served to manage undesirable bodies and regulate social life, instituting a biopolitics of exclusion. See: Foucault, M. *In defense of society: course at the Collège de France (1975-1976).* São Paulo: Martins Fontes, 1999.

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> therefore, the debate on intersectionality, a fundamental concept for thinking about our experience today (p. 85).

Soon, the Colony was not just a hospital, but a carefully maintained extermination camp. As Basaglia states when visiting the institution: "[...] I was in a Nazi concentration camp today. Nowhere in the world have I witnessed a tragedy like this" (Arbex, 2013, p. 73). And the author adds that "[...] no violation of the most basic human rights can be sustained for so long without our omission" (2013, p. 74).

Therefore, the asylum operated as a state containment device, institutionalizing death in life. As Arbex (2013, p. 75) reports: "[...] what happens in the Colony is inhumanity, planned cruelty. In the asylum, the human character of a person is taken away, and he ceases to be a person." And he concludes that "[...] it is allowed to walk naked and eat shit, but protest in any form is prohibited" (2013, p. 75).

> The intrinsic link between society and madness/subject who goes mad is artificially separated and adjectivated with moral qualities of dangerousness and marginality. Thus, a correlation and identification between punishment and therapy is instituted, in order to produce a moral pedagogical action that can restore dimensions of reason and balance. In this way, the relationship that is established between the subject who heals and the object of intervention removes the subjective and historical-social totality from a classificatory reading of the limit given by medical knowledge. [...] It is the passage from a tragic vision of madness – perfectly integrated into the social universe of the renaissance – to a critical vision, producing reduction, exclusion and social death (Amarante, 1998, p. 25).

And even though the denunciations have been made, the social and institutional silence has allowed the horror to continue. As the author says, "[...] The hospital was armored. Hiram not only managed to enter the Colony, but also to awaken in society the need for mobilization" (Arbex, 2013, p. 122). And he recalls the testimony of a photographer: "[...] that is not an accident, but a mass murder" (2013, p. 125).

Nevertheless, the asylum also functioned as a deposit for "disaffections", that is, people who became uncomfortable for those who held power. According to Arbex (2013, p. 18), "[...] they were wives confined so that the husband could live with his mistress, daughters of farmers who lost their virginity before marriage, men and women who had lost their documents". And he adds: "[...] some were just shy. At least thirty-three were children" (2013, p. 18).

Thus, as Arbex (2013, p. 92) points out, "[...] the Colony has become a destination for disaffected people, homosexuals, political militants, single mothers, alcoholics, beggars,

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blacks, the poor [...] and all kinds of unwanted". And the conclusion is inescapable: "[...] sixty thousand people lost their lives in Cologne. [...] There are now less than 200 survivors of this silent tragedy" (2013, p. 93).

In this context, although psychiatry presents itself as a neutral and therapeutic science, its history reveals a deep link with the devices of exclusion, for example, racial. The association between madness and the dehumanization of the black subject is not only symbolic, but functional within psychiatric institutions. According to Fanon (2008, p. 83), "[...] the black man is compared to the animal, he is infantilized, transformed into an object that the white man can manipulate, evaluate, classify." And he adds: "[...] racism takes away from blacks not only their dignity, but also their status as subjects" (2008, p. 84).

> [...] I would like to transform the black man into a being of action. This is important because of the barriers to freedom in racist and colonial environments. The problem becomes more acute in the chapter on psychopathology, where the modern world does not have a coherent notion of what a normal black person or a black adult is. Pathological behavior is often presented as 'authentically' black. If a black man or woman does not behave as such, they would be considered 'inauthentic', which results in a confirmation of the pathology. The effect of this was common at a time when, in the English-speaking world, adult blacks, men and women, were called 'boy' or 'girl', but it still influences popular culture today, to the extent that black adolescents dominate the representation of blacks (Fanon, 2008, p. 16).

For this reason, the racialization of madness operates as a form of erasure of black subjectivity, marking these bodies as deviants from the white, bourgeois, and colonial norm. According to Fanon (2022, p. 286), "[...] colonization, in its essence, already presented itself as a great supplier to psychiatric hospitals". And he also observes that "[...] colonialism forces the dominated people to constantly ask themselves: 'Who am I, really?'" (2022, p. 287).

Therefore, madness, in the context of structural racism, is not just a clinical symptom, but a political construct that determines who can be considered sane or insane. Mbembe (2018, p. 17) states that "[...] in the economy of biopower, the function of racism is to regulate the distribution of death and to make possible the murderous functions of the State." And he explains that "[...] racism is a technology intended to allow the exercise of biopower, 'this old sovereign right to kill'" (2018, p. 17).

Thus, the modern State, through its psychiatric institutions, defines and administers the bodies that must be kept alive or left to die. According to Mbembe (2018, p. 71), "[...] necropolitics allows for the organization of zones in which security is guaranteed only by the extermination of enemies." And he adds: "[...] these death zones are not exceptions,

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but increasingly, regular structures of the administration of black, indigenous, and marginalized populations" (Mbembe, 2018, p. 73).

Nevertheless, this necropolitical logic of the administration of life and death is sustained by a silent institutional mechanism that maintains racial privilege. This is what Cida Bento calls the pact of whiteness[25]. According to the author, "[...] the narcissistic pact of whiteness acts to silence the inequalities that it itself produces and sustains" (Bento, 2022, p. 32). And she points out that "[...] the effects of this pact are observable in institutions, in school curricula, in personnel selections, and, above all, in unequal access to health and justice" (2022, p. 33).

> Public, private and civil society institutions define, regulate and transmit a mode of operation that makes homogeneous and uniform not only processes, tools, value systems, but also the profile of their employees and leaders, mostly male and white. [...] This phenomenon has a name, whiteness, and its perpetuation over time is due to an unspoken pact of complicity between white people, which aims to maintain their privileges. [...] The forms of exclusion and maintenance of privileges in the most different types of institutions are similar and systematically denied or silenced (Bento, 2022, p. 36).

Therefore, the pact of whiteness operates as an invisible matrix that structures the production of psychiatric knowledge and justifies racial exclusion in institutional spaces. According to Bento (2022, p. 41), "[...] The places of power are occupied by white people and the places of exclusion are mostly black. This segregation is naturalized as if it were a consequence of individual merit." And she points out: "[...] whiteness has as one of its strategies the denial of the existence of racism, which makes it even more dangerous and difficult to unveil" (2022, p. 42).

In addition, institutional racism is perpetuated through technical language, which camouflages structural inequalities under the cloak of scientific neutrality. For Fanon (2008, p. 112), "[...] colonial psychiatry pathologized the resistance of the colonized and treated their revolt as delirium." And he observes that "[...] the objectification of blacks by colonial knowledge transforms them into something to be controlled and silenced" (2008, p. 113).

[25] The concept of the pact of whiteness, formulated by Cida Bento, describes the conscious and unconscious mechanisms of maintaining the privileges of white people to the detriment of the black population, operating in a silent and structural way in various social spaces, such as the labor market, educational institutions, and the health and justice systems. It is an unspoken agreement, but widely practiced, which naturalizes the exclusion of blacks from spaces of power and decision-making, while preserving the places of privilege of whites, regardless of their merit or competence. This pact is sustained by a network of complicities that avoids confronting structural racism and blocks the social and political ascension of blacks, perpetuating historical inequalities under the appearance of neutrality and meritocracy. See: Bento, M. A. da S. *O pacto da branquitude* (2nd ed.). São Paulo: Companhia das Letras, 2022.

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> This is how the history of institutions and society has been built, where the presence and contribution of black people have become invisible. Public, private and civil society institutions define, regulate and transmit a mode of operation that makes homogeneous and uniform not only processes, tools, value systems, but also the profile of their employees and leaders, mostly male and white. [...] This phenomenon has a name, whiteness, and its perpetuation over time is due to an unspoken pact of complicity between white people, which aims to maintain their privileges. [...] It is evident that whites do not hold secret meetings at five in the morning to define how they will maintain their privileges and exclude blacks. But it is as if this were the case: the forms of exclusion and maintenance of privileges in the most different types of institutions are similar and systematically denied or silenced (Bento, 2022, p. 36-37).

Consequently, madness becomes, for black bodies, a metaphor and a tool of exclusion, as their humanity is constantly placed under suspicion. As Mbembe (2018, p. 79) states, "[...] in the areas where necropower is installed, death is not an event, but a permanent condition of life." And he emphasizes: "[...] to be black in societies founded on racialization is to live under constant threat of annihilation" (Mbembe, 2018, p. 81).

Although many institutions claim to be democratic, the permanence of racist practices shows that psychiatry has not escaped the colonial logic. For Bento (2022, p. 132): "[...] technical discourse is often used as a neutralizer of the power relations that sustain racial inequality." And she reiterates that "[...] As long as we do not break with this pact, we continue to reproduce a system of veiled institutional apartheid" (2022, p. 133).

Thus, the racialization of madness shows that psychiatry, far from being neutral, is part of a larger mechanism of social control that legitimizes the symbolic and physical extermination of black bodies. Fanon (2022, p. 271) argues that "[...] colonial psychiatry never wanted to understand the colonized; his role was to keep him under control." And he adds: "[...] the silence of black people is not just the absence of speech, but a speech interdicted by white power" (2022, p. 273).

> The truth is that colonization, in its essence, already presented itself as a major supplier to psychiatric hospitals. In different scientific works, since 1954, we have drawn the attention of French and international psychiatrists to the difficulty of correctly 'curing' a colonized person, that is, making him homogeneous to a colonial-type social environment. Because it is a systematized negation of the other, an obstinate decision to deny the other any attribute of humanity, colonialism forces the dominated people to constantly ask themselves: 'Who am I, in reality?' (Fanon, 2022, p. 271).

That said, although the asylum has historically presented itself as a therapeutic space, authors such as Franco Basaglia have opened up its function of exclusion, especially of subjects considered socially deviant. When analyzing the institutional reality,

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Basaglia states: "[...] the psychiatric hospital is the place where the violence of social exclusion takes place under the guise of care" (Basaglia, 1987, p. 75). And he adds: "[...] psychiatry transforms deviance into pathology, legitimizing the confinement of the poor, blacks, dissidents and wanderers" (1987, p. 82).

Therefore, Basaglian's critique of the asylum is also a denunciation of the power structures that authorize the incarceration of racialized bodies. According to him, "[...] the psychiatric institution is the repressive response of a society incapable of dealing with difference" (Basaglia, 2011, p. 123). And he reinforces: "[...] the asylum is the mirror of a society that prefers the silence of the excluded to the complexity of their listening" (2011, p. 127).

> The asylum concretizes the metaphor of exclusion, which modernity produces in relation to difference. [...] The tradition initiated by Franco Basaglia [...] brings within it the need for a historical-critical analysis of society and the way it relates to suffering and difference. It is, above all, a 'political' movement: it brings the *polis* and the organization of economic and social relations to the place of centrality and assigns to social movements a nuclear place, as concrete social actors, in the confrontation with the institutional scenario that they simply perpetuate/consume or question/reinvent (Amarante, 1998, p. 53).

However, this criticism is not limited to the European camp. Paulo Amarante, when discussing the Brazilian Psychiatric Reform, shows that the Basaglian tradition had direct resonance in the struggles against the asylum model in Brazil. As he explains: "[...] the asylum concretizes the metaphor of exclusion that modernity produces in relation to difference" (Amarante, 1998, p. 34). And he adds: "[...] medical knowledge transforms behaviors into pathologies, moralizes difference and legitimizes exclusion" (1998, p. 35).

Thus, the traditional psychiatric model is confronted by a new ethic, which seeks to dismantle the alliance between science and exclusion. For Amarante, "[...] it is urgent to review the relations that underlie psychiatric practice, marked by tutelage, hierarchy and symbolic violence" (1998, p. 36). And he points out that "[...] the critical tradition of psychiatry incorporates social movements as central actors of transformation" (1998, p. 37).

However, it is not only Basaglia or Amarante who denounce psychiatric knowledge as an instrument of control. Thomas Szasz, for example, points out that "[...] the concept of mental illness is a myth created to justify the medicalization of conduct" (Szasz, 1994, p. 31). And he adds: "[...] psychiatric discourse serves to label and neutralize behaviors that threaten the norm" (Szasz, 1994, p. 37).

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> Psychiatry is not, as is commonly believed, a neutral medical specialty focused on the diagnosis and treatment of diseases. It is, rather, a technology of social control disguised as medicine. The 'mentally ill' is not a patient in the traditional sense, but a person who disturbs or threatens the established order. [...] Labeling someone as mentally ill is a rhetorical and political maneuver: it means placing them outside rational discourse, depriving them of credibility and rights. And in racially stratified societies, such as the North American or the Brazilian, this labeling falls disproportionately on members of subaltern groups, especially blacks, who are perceived as 'dangerous' or 'deviant' by their mere presence (Szasz, 1994, p. 58).

Therefore, by treating difference as a symptom, psychiatry acts as an instance of repression and normalization. As Szasz observes: "[...] modern psychiatry is a form of moral coercion disguised as medical science" (1970, p. 12). And he emphasizes: "[...] involuntary hospitalization is the psychiatric equivalent of political imprisonment" (Szasz, 1970, p. 19). In addition, R. D. Laing brings an existential and phenomenological critique to psychiatry, highlighting that "[...] the madman is not a sick person, but a being in existential crisis" (1968, p. 43). And he argues that "[...] madness can be a path of resistance to the insane world of imposed normality" (Laing, 1968, p. 51).

In other words, Laing rejects the idea that mental suffering is something to be cured in a disciplinary way. According to him, "[...] psychiatry denies otherness by imposing medical narratives that annul the singularity of the subject" (Laing, 2010, p. 87). And he concludes: "[...] pathologizing what is different is an act of epistemological violence" (Laing, 2010, p. 89). That said, the Brazilian Psychiatric Reform cannot be understood only as a health policy, but as a project to confront forms of institutional oppression. Amarante states: "[...] the critical tradition calls into question the neutrality of psychiatric science and reveals its link with projects of social exclusion" (1998, p. 38). And he argues: "[...] the citizenship of users must be at the center of mental health policy" (1998, p. 39).

> In this sense, deinstitutionalization is not restricted, much less confused with dehospitalization, insofar as dehospitalization only means identifying transformation with the extinction of hospital/asylum organizations. While deinstitutionalizing means understanding institution in the dynamic and necessarily complex sense of practices and knowledge that produce certain ways of perceiving, understanding and relating to social and historical phenomena. [...] The Italian trajectory led to the establishment of a radical break with psychiatric knowledge/practice, to the extent that it reached its paradigms. Also according to Amarante, such a rupture would have been operated both in relation to traditional psychiatry (the alienation device) and in relation to the new psychiatry (the mental health device) (Amarante, 1998, p. 61).

Therefore, it is urgent to racialize the anti-asylum critique. The intersection between race, class and psychic suffering was made invisible for a long time, but it is what sustains

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incarceration As Basaglia points out: "[...] the poor and blacks have always been the main inhabitants of asylums, not because they are crazy, but because they are unwanted" (1968, p. 56). He concludes: "[...] the asylum is an invention of society to hide those it refuses to recognize as its own" (1968, p. 60).

> This moment reveals the exclusionary social structure and underlies three pillars of criticism of the Basaglian tradition: 'the link of dependence between psychiatry and justice, the class origin of the people hospitalized and the non-neutrality of science' (Barros, 1994:60). In reality, the problem of psychiatric institutions revealed one of the most fundamental issues: the historically constructed impossibility of dealing with difference and those who are different. In a universe of equality, the mad and all majorities made minorities gain identities that reduce the complexity of their existences. An identification between difference and exclusion is made in the context of formal freedoms, and in the case of madness, the medical device is allied to the juridical one in order to base laws and, thus, regulate and sanction tutelage and social irresponsibility (Amarante, 1998, p. 62).

As we can see, this passage contributes to deepening the argument that the asylum served as a space of containment of the "different", especially blacks and the poor, whose existence questions the racist social order. Amarante's critique, directly inspired by Basaglia, shows how the asylum is a political construction that articulates science, justice, and exclusion. Although the asylum discourse has been disguised as scientific knowledge, the experience of the Barbacena Hospice reveals a device of racial exclusion disguised as care. The hospital functioned as a mechanism of "social cleansing", in which poverty and blackness were captured under the logic of hygienism. According to Nancy Scheper-Hughes (2004, p. 22), "[...] the institutions of the State produce categories of disposable human beings [...] who are kept alive only to die slowly, on the margins of social dignity." He adds, "[...] these people live on the verge of death, deprived of food, care and recognition, situated in a zone of moral indifference" (Scheper-Hughes, 2004, p. 27).

Therefore, it is no exaggeration to say that the asylum operated as a symbolic concentration camp where racialized bodies were dehumanized and forgotten. Necropolitics, according to Achille Mbembe (2018, p. 28), "[...] refers to the contemporary forms of submission of life to the power of death [...], in which vast populations are subjected to conditions of existence that give them the status of living dead." He concludes that "the goal is the maximum destruction of people through the creation of worlds of death, where living is only a form of prolonged death" (2018, p. 30). That said, Achille Mbembe accurately substantiates the analysis of the asylum as a symbolic concentration camp and the racialization of death as an institutionalized policy:

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> [...] The contemporary forms that subjugate life to the power of death (necropolitics) profoundly reconfigure the relations between resistance, sacrifice, and terror. I have tried to demonstrate that the notion of biopower is insufficient to account for the contemporary forms of submission of life to the power of death. In addition, I have proposed the notion of necropolitics and necropower to account for the various ways in which, in our contemporary world, firearms are deployed to provoke the maximum destruction of people and create 'worlds of death', unique and new forms of social existence, in which vast populations are subjected to living conditions that give them the status of 'living dead'. I have also underlined some of the repressed topographies of cruelty (plantation and colony, in particular) and suggested that necropower blurs the boundaries between resistance and suicide, sacrifice and redemption, and martyrdom and freedom (Mbembe, 2018, p. 70).

Now, what was seen in Barbacena was precisely this creation of a "world of death" authorized by the State and sustained by traditional psychiatry. The hospital produced the disappearance of the undesirables through the institutionalization of abandonment. As Scheper-Hughes (2004, p. 41) points out, "[...] The extreme suffering of impoverished, racialized or mentally ill populations is treated as a natural fact, and not as a result of political decisions." And he warns: "[...] the refusal to see these bodies is, in itself, an act of social violence, a type of negligent murder" (2004, p. 44).

However, the function of the asylum goes beyond physical confinement: it acts in the symbolic production of racial inferiority. Racism, as a technology of biopower, legitimizes the making of death as part of the social order. According to Mbembe (2018, p. 42), "[...] racism is above all a technology designed to enable the exercise of biopower [...] it regulates the distribution of death and makes possible the murderous functions of the state." He adds: "[...] Racism is the condition for the acceptability of making die. It makes murder not only possible, but legitimate and desirable" (2018, p. 43).

However, institutionalized psychiatry maintained alliances with this structural racism[26], naturalizing the disappearance of blacks as part of a project of public order. In Barbacena, the inmates were called "mofinos", "bichos" or "restos Scheper-Hughes (2004, p. 57) states that "[...] The use of dehumanizing language within hospices is not accidental, but part of an active process of symbolic elimination." He observes: "[...] institutionalization

[26] Structural racism refers to the way racism is ingrained in institutions, social norms, daily practices, and power relations, functioning as a cog in which racial inequality perpetuates racial inequality in a systemic and lasting way. Unlike prejudiced individual attitudes, structural racism operates in a diffuse and silent way, naturalizing the exclusion of the black population from spaces of privilege and access, such as higher education, leadership positions, the judicial system, and health services. This form of racism does not depend on the conscious intention of individuals, but is manifested in the concrete results of public policies, institutional decisions, and the unequal distribution of opportunities. According to Silvio Almeida, understanding racism as structural is essential to face its root causes and break with the mechanisms that reproduce it on a daily basis. See: Almeida, S. *Structural racism.* São Paulo: Pólen, 2019.

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operates as a pedagogy of abandonment, teaching society to forget those it has decided not to want" (Scheper-Hughes, 2004, p. 60).

Nevertheless, it must be recognized that this policy of death was racially directed. Black inmates made up the majority of abandoned patients, deprived of family or legal defense. Mbembe (2018, p. 47) argues that "[...] The function of racism, within necropower, is to make some bodies killable without scandal – bodies that are not needed, whose death is silent and effective." And he concludes: "[...] the black person is, in this device, the one whose death does not require mourning, whose life does not require justification" (Mbembe, 2018, p. 49). Laing (2010) theoretically bases his assertion about institutional abandonment, the racialization of disappearance, and the production of the "madman" as someone devoid of voice and legitimate existence:

> Others perceive him as absent, dead, unreal, false, or invisible. He feels unreal or 'dead'. It is difficult to express the extreme intensity of the present anguish when the world and others have become unreal, ghosts and shadows, when the subject himself sees himself as a specter without a corporeal form. [...] He is gripped by terror, unable to locate himself in a world from which he feels fundamentally alien. In this condition, he is not only rejected by the world but also radically separated from any social reference point that might reintroduce him to a meaningful existence (p. 116).

Consequently, the Barbacena asylum must be understood as part of a larger project of social control, where madness was racialized to legitimize the incarceration of poor and black people. According to Scheper-Hughes (2004, p. 72), "[...] psychiatric hospitals are factories of slow death, spaces for the administration of uselessness, where time does not cure, it only erases." And he reinforces: "[...] the poor, especially blacks, were institutionalized not because they were crazy, but because they did not serve any productive purpose for society" (Scheper-Hughes, 2004, p. 75).

Thus, it is urgent to recognize that the asylum is not only an outdated structure but an active symbol of Brazilian necropolitics. The psychiatric device served the logic of the disappearance of black bodies, transforming suffering into silence and exclusion into the rule. As Mbembe (2018, p. 53) summarizes, "[...] Sovereignty consists in the ability to decide who can live and who must die – and this is precisely what is seen in the institutional structures that regulate suffering, such as asylums." And he reaffirms: "[...] in the necropolitical logic, the State abandons the undesirables to death, but still watches over them – in a cruel management of the end" (2018, p. 55).

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Although the Hospital Colônia de Barbacena has been officially deactivated, its marks remain imprinted in the logic that structures the current mental health services. The legacy of asylum extermination still operates in the invisibility of black bodies and the maintenance of a hygienist model disguised as care. According to Daniela Arbex, "[...] the chronic hospitals of the public network are 'final institutions', in an allusion to the 'final solution' of Nazism" (2013, p. 157). He denounces: "[...] they do not seek to know where the corpses that fed the anatomy rooms of the colleges are manufactured" (2013, p. 158).

However, the persistence of this racist structure is also revealed in the absence of specific public policies that address racial inequality in mental health. According to Paulo Amarante, "[...] the fact that it is an external service does not guarantee its non-asylum nature, as it can reproduce the same mechanisms or characteristics of traditional psychiatry" (1998, p. 189). He adds: "[...] to date, mental illnesses are among the main causes of hospitalizations and occupy the first place in public spending on hospital care in Brazil" (1998, p. 191).

> One might think that the natural antonym of the schizophrenic process would be a process of personal growth and development, but this is not the case. What tends to happen is not the emergence of a person but the continuation of disorder in a social context that no longer requires locked doors or mechanical restraints. The environment may seem less coercive, but the assumptions and judgments that underpin it remain the same. One fails to realize that what is called 'treatment' can be, in fact, the perpetuation of alienation under the guise of care and that the person's voice continues to be drowned out by institutional discourse (Laing, 2010, p. 110).

Thus, even with the advance of the Psychiatric Reform, institutional racism was not properly addressed. The racialization of psychic suffering continues to be naturalized. Djamila Ribeiro (2017, p. 54) states that "[...] the denial to blacks of the condition of subjects of knowledge [...] is a phenomenon that occurs due to the lowering of self-esteem that racism and discrimination cause." And he adds: "[...] These processes constitute forms of annihilation of cognitive capacity and intellectual confidence", a process that Sueli Carneiro names as epistemicide (2017, p. 55).

Therefore, institutional epistemicide is a continuation of the policy of death that prevailed in Barbacena, where blacks were incarcerated for "inadequacy" to the white and colonial norm. According to the complaint documented by Arbex, "[...] the Colony was the one that caused the most victims in the country, about 60 thousand Brazilians between 1930 and 1980" (2013, p. 199). And she emphasizes: "[...] the tragedy he produced is far

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from being overcome" (2013, p. 199). Therefore, to speak of institutional racism in Brazilian mental health is also to recognize the absence of qualified listening to black subjects. As Ribeiro (2017, p. 59) points out, "[...] It is not about including black people in the molds already given, but about recognizing that their knowledge and experiences are also legitimate forms of knowledge." And he reinforces: "[...] place of speech is, above all, a political and epistemological exercise in the restitution of the humanity of those whose voice has been historically silenced" (2017, p. 61).

Therefore, the silence that fell on Barbacena and that falls today on black bodies in mental health services is a political project. According to Amarante (1998, p. 173), "[...] Many new services drew attention to the aspect of quality, but it was realized that they could reproduce the same mechanisms as the asylum." He warns: "[...] social participation, by itself, is not a guarantee of democratization or rupture with the traditional psychiatric model" (1998, p. 174).

> The psychiatric patient is not just an individual in suffering. He is an individual in suffering who has been declared mentally ill and, thus, placed within a social context in which his behavior and speech are no longer considered meaningful. [...] Once this is done, your words become symptoms, and your actions are reclassified within a medical discourse. Their suffering, thus framed, becomes unintelligible except through institutional categories. In this way, society guarantees that he will not be heard – and that what he could say, if he were allowed to, would not matter (Laing, 2010, p. 104).

Nevertheless, the State remains negligent in the face of the racial inequality that structures health devices. Arbex (2013, p. 165) reports that, even after decades of denunciation, "[...] In 2004, strong cells, restraint instruments, and many, many padlocks were found in psychiatric hospitals. He concludes that "[...] the alert to the risk of 'gross and silent reproduction of the asylum model' was then given" (2013, p. 166).

However, there is a growing movement that seeks to racialize debates on mental health, demanding that the SUS recognize racism as a social determinant of madness. Djamila Ribeiro's (2017, p. 63) criticism is blunt: "[...] Racism is not a problem of blacks, but a responsibility of whiteness, which has historically benefited from exclusion." He states: "[...] to deconstruct privileges is to recognize the existence of structures that, for centuries, have organized power unequally" (2017, p. 64).

Therefore, it is urgent to include in the institutional debate the knowledge produced by black subjects, historically treated as "objects" of psychiatric knowledge. Amarante (1998, p. 162) writes: "[...] The trajectory of deinstitutionalization is characterized by the

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emergence of new services and strategies [...] but not necessarily by a radical rupture." And he concludes: "[...] the non-asylum nature of a service is in the logic that sustains it, not in its physical form" (1998, p. 162).

As soon as we recognize the asylum as part of a project to erase black people, we will be able to propose anti-racist public policies that value care in freedom and listening to silenced voices. According to Arbex (2013, p. 170), "with the future transfer of 120 patients to the residential modules [...] The cycle of the basements of madness ends." But she warns: "the end of the patients will not be the last chapter of the story that is just beginning to be revealed" (Arbex, 2013, p. 171).

CONCLUSION

The path developed in this research allows us to affirm that the psychiatric discourse, historically articulated with disciplinary power and structural racism, operated not only as a technology of diagnosis and treatment but, above all, as a political device of exclusion. The Hospital Colônia de Barbacena, by compulsorily interning thousands of black people, the poor, women, and other subjects considered deviant, shows how institutionalized psychiatry served to maintain the racial and social order. And, even under the pretext of science and cure, psychiatric knowledge acted as a tool for silencing, legitimizing violence, and managing death, especially of those bodies marked by racial difference and social marginality.

But still, it is possible to observe that this articulation between madness and race produced a specific form of psychiatric necropolitics, in which the exclusion of the black person was legitimized by clinical categories disguised as technical neutrality. As revealed throughout the analysis, the asylum not only confined bodies but symbolically produced dehumanization, erasing identities, subjectivities, and histories. The asylum, in this sense, was not a medical error but the faithful portrait of a society founded on racial exclusion as the norm and the denial of the humanity of the other as an institutional policy.

However, it cannot be ignored that the Brazilian Psychiatric Reform, although it inaugurated new paradigms of mental health care, failed to racialize its practices and discourses. Thus, even after the official end of institutions such as the Colony, disguised forms of institutionalization persist, in which racism continues to operate silently. The permanence of whiteness as a matrix of power and decision in public mental health policies reaffirms that racism is not a remnant of the past but an active structure of the

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present. And, as Cida Bento points out, whiteness operates as a silent pact that naturalizes exclusion and blocks the effective transformation of institutions.

Therefore, it is necessary to affirm that the psychiatric discourse did contribute to the extermination and silencing of black and poor bodies in Brazil. This contribution was not only due to direct violence but also to the production of knowledge that pathologized difference and transformed suffering into a crime or abnormality. By racializing madness, Brazilian psychiatry contributed to consolidating a model of society that kills in a slow, symbolic, and institutionalized way. The denial of access to listening, citizenship, and ethical care was part of a project that not only excludes but also erases memories and subjectivities.

Therefore, confronting this legacy requires more than the deconstruction of the asylum model: it requires the dismantling of the racial pact that sustains exclusionary practices and the recognition of silenced voices in the corridors of psychiatry. The anti-asylum critique must incorporate the racial dimension into its foundations because without it, there is a risk of reproducing, in a new guise, the same mechanisms that sustained the psychiatric holocaust in Barbacena. The intersectionality between madness, race, and class must therefore guide not only criticism but also the construction of a radical politics of care, reparation, and justice.

Therefore, this study not only answers our starting question but also reaffirms the need for a new epistemology of madness – one that recognizes psychiatry as part of the historical machinery of racial and social exclusion. To do this, it is necessary to listen to those who have been silenced, reconstruct their histories, and, above all, transform the institutions that still operate today as zones of symbolic death. May the Barbacena Colony not be remembered only as a mistake of the past but as a permanent warning about what the State is capable of doing when suffering is racialized and life is classified as disposable.

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