The artistic-cultural field in Brazilian psychiatric reform: the identity paradigm of recognition

El campo artístico-cultural en la reforma psiquiátrica brasileña: el paradigma identitario del reconocimiento

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ABSTRACT This article presents the results of a qualitative study examining a series of artistic and cultural activities that emerged over the last years in Brazil in the context of psychiatric reform. Using both semi-structured interviews with users and mental health professionals as the authors of these activities, as well as participant observation in cultural and artistic events within the period 2007-2010, this study analyzes the role of recognition within the artistic-cultural dimension in the production of subjectivities different from those produced by the traditional psychiatric field.
KEY WORDS Deinstitutionalization; Art; Recognition (Psychology); Brazil.

RESUMEN Este trabajo presenta resultados de un estudio cualitativo que examinó una serie de actividades artísticas y culturales que surgieron en los últimos años en Brasil, en el contexto de la reforma psiquiátrica. A través de entrevistas semiestructuradas a usuarios y a profesionales de salud mental, en calidad de autores de dichas actividades, y de observación participante en eventos artístico-culturales en el período 2007-2010, se analiza el papel del reconocimiento de la dimensión artístico-cultural en la producción de subjetivaciones distintas de aquellas producidas por el campo psiquiátrico tradicional.
PALABRAS CLAVES Desinstitucionalización; Arte; Reconocimiento (Psicología); Brasil.

INTRODUCTION

The purpose of this article is to analyze the impact that artistic and cultural activities carried out in the psychosocial arena have on the subjectivities of members of the psychiatric care system.

The backdrop of this discussion is the process of Brazilian psychiatric reform. Over the more than thirty years of its history, the reform has increasingly valued the "sociocultural" dimension (1) and so has not limited itself to dismantling the asylum model of care, but has created a territorial service network capable of offering the population care alternative to the biologicist and medicalizing model of traditional psychiatry. Indeed, confrontation with sociocultural structures that are still deeply rooted in the psychiatric tradition of our society must necessarily be part of the post-asylum policies of mental health (2).

Based on the data collected in a research study focused on artistic and cultural experiences which emerged in Brazil at the beginning of this century, the article presents a theorization regarding the recognition of autonomy in esthetic and cultural experiences, as well as the relationship of autonomy to the psychiatric discourse and its implications in the expansion of psychiatric deinstitutionalization.

THE PROBLEM

Our starting point is the assertion that because of the process of psychiatric reform, conditions currently exist that favor the strengthening of the autonomy of artistic and cultural productions from the "field of psychosocial care." This perspective is grounded in the basic assumptions of the Brazilian psychiatric reform.

The first challenge to providing this autonomy with a theoretical expression comes from deeply rooted ideas that must be overcome. We appeal to overcoming such ideas in a theoretical plane based on needs that emerge from the practice itself. As the care model becomes increasingly less hospital-centered and moves closer to the everyday lives of people, a set of diverse experiences of a sociocultural nature emerge: artistic workshops dispersed throughout the city, art therapy groups in health units, carnival groups in which users and health professionals blend with the community, concerts organized in frequented spots of the city, theater performances, cultural exhibitions in conferences, and so on. But do these experiences constitute a new field or do they simply serve therapeutic purposes?

We can perceive that at present something different from what used to happen in the past is occurring. Artistic presentations are no longer the typical shows offered by total institutions in which residents exhibit products created over weeks and months within the institution's workshops for an audience made up of family and friends. Now, users of the services showcase their works in the same venues as renowned artists, such as the traditional Canecão stadium in the city of Rio de Janeiro, where part of the participant observation took place.

A detail that cannot be ignored is the demand for recognition that exists. We know the importance such demands have and the role they play in the struggle for psychiatric reform, such as the human rights of individuals diagnosed with a psychiatric condition who demand "treatment in freedom." Hence, the recognition of the individual as the creator of artistic and cultural products suggests that demands for new rights have come into play.

If we look at the history of psychiatry we can see that artistic productions from within asylums have always awakened the curiosity of the general public. However, as health care begins to be provided outside of psychiatric hospitals, that is to say, in the territory, something new happens. Esthetic and cultural productions made by psychiatric service users demand an assessment using esthetic criteria; that is, individuals demand they not be treated as crazy people who, among their other odd qualities, also make things that appear to be art.

The problem we are introducing in this section will be dealt with in parts. First, we will address the epistemological conditions that were created by the process of psychiatric reform in Brazil. In order to so, we will take as a reference the "Basaglian" strategy of a systematic search for the psychiatric deinstitutionalization of psychical disorders. We understand that demands for the autonomy of artistic and cultural activities from discursive practices that reinforce psychiatric

tendencies contribute to the deinstitutionalization process. Secondly, in order to account for the autonomy of the artistic and cultural field and its subjectifications, the concepts of *autonomy* and *field* will be analyzed.

The psychiatric reform and territorial care

Care within the territory generates a new context for interactions that are influenced by content of an esthetic nature. The following question therefore arises: how can we explore the sociocultural resources that are being produced?

The idea of psychiatric reform is traditionally limited to the rationality with which care services are organized. This way of understanding the reform is likely owing to the fact that the important international experiences emerged from processes that were predominately, if not exclusively, limited to political, administrative and technical changes (1). Therefore, we have to overcome the obstacles such a point of view imposes if we wish to evaluate the role that artistic and cultural activities have in the creation of new forms of subjectification.

It was largely from the experience carried out in Trieste (Italy) under the direction of Franco Basaglia that a new aspect was introduced in the context of psychiatric reform: the need to overcome the strictly administrative and care-centered approach to (pathological) psychical phenomena.

Basaglia (3) considered that psychiatry had put the human being in suspense in order to focus on an abstract object: the illness. In doing so, psychiatry created a set of conceptual, legal, political and ethical mechanisms based on illness, relegating the human to the background.

Consequently, Basaglia's strategy was to produce a radical shift in the traditional conceptualization of psychiatric reform. How would he do this? On the one hand, the concept of mental illness itself had to be questioned, something that did not happen in other reform experiences in Europe and the US. On the other hand, it meant not thinking about insanity solely in terms of healing, since that would imply continuing in the same traditional ideological field that identified insanity with mental illness. As Brazilian psychoanalyst Joel Birman highlights:

...it is about transforming the relationship that western society has with insanity, which is materialized in the asylum and in social exclusion, since they are both key elements for the control of social marginalization and its political implications. (4 p.240) (a)

We specifically have to reject the idea of "psychiatry as an ideology," as Basaglia used to emphasize (3). Such an attitude produces at least two consequences. The first is that we cannot fetishize the care model, as the model needs to be constantly adapted to the dynamics of the concrete needs of social subjects. The second, as Rotelli mentions, is that it is essential to dismantle

...the set of scientific, legislative, and administrative devices, as well as those codes of reference and power relationships, that are constructed around illness as an object. (5 p.30) (b)

In other words, it is not about denying the existence of institutional violence in the asylum through new forms of managing exclusion using a softer and subtler *modus operandi*, with new multidisciplinary teams, services and technologies (psychotherapy, family therapy, art therapy, etcetera). In Basaglia's opinion, those new strategies and devices characterize an "ideology of tolerance" (6 p.80).

Basaglia's critical perception astutely identified the capacity of the psychiatric institution to incorporate criticisms of the antipsychiatry and psychiatric reform movements in the sixties and seventies as a condition for institutional adaptation: the *aggiornamento* [refreshment] of psychiatry. In other words, the model is changed so that the institutional power itself remains unchanged. The *Diagnostic and Statistical Manual of Mental Disorders* (DMS-5) and the International Classification of Diseases (ICD-10) continue to be bibles for psychiatry and even society in general.

Therefore, how can the art produced within the psychiatric context of our times escape the psychiatric framework? Historically, the relationship between psychiatry and art has been predominantly characterized by the systematic attempt to reduce the esthetic aspect to a therapeutic resource. Art therapy is a prime example. The first scientific claims regarding the art of the

insane were authored by Pinel, who in his *Traité medico-philosophique sur l'aliénation, ou la manie* (7) analyzes two cases of people whose behavior included the production of drawings or paintings. It is worth paying attention to some important details described by Pinel. In the first of his reports, drawing was a byproduct of the patient's intense interest in the sketch of a perpetual motion machine. Believing that his patient would be benefitted if he were able to make the machine he imagined, Pinel obtained the necessary equipment and materials to assemble it inside the patient's asylum room. The success achieved by these esthetic means for therapeutic purposes is alluded to in the sub-section title Pinel chose: "*Heureux expedient employé pour la guérison d'un maniaque*" (7 p.66), translated into English in the 1806 edition as "A happy expedient employed in the cure of a mechanician [maniac]" (8 p.125).

The second case informed by Pinel involves an artist (sculptor) that had gone mad. The incompetence of the specialists of the Hospital of Bicêtre prevented them from realizing the advantages of esthetic resources as a therapeutic method, which resulted in the patient's utter renouncement of art (8 p.187-288).

In Pinel's own words, the history of psychiatry records the origin of the integration of art into psychiatry:

> At the commencement of convalescence, and on the dawn of returning reason, it frequently happens, that the taste of the individual, for his former pursuit of science, literature or other subjects unfolds itself. The first ray of returning talent ought to be seized with great avidity by the governor, and tenderly fostered, with a view of favouring and accelerating the development of the mental faculties. (7 p.201) (c)

In Pinel's opinion, this is not art in itself, but art as a means, with presumed therapeutic purposes. Indeed, within a hospital environment it is common to frame all phenomena within expected psychiatric parameters. However, with care provided in the territory, where individuals face different and necessary frames of reference for experiences, subjecting such esthetic experiences to the polarized thought of "normal" and "pathological" is a visibly reductionist procedure.

It is true that there are historical experiences in which psychiatry patients obtained social visibility through art produced in environments highly regulated by psychiatric discourse, such as asylums (9). The first book that acknowledges the art produced by mentally ill patients from an esthetic point of view and not a clinical perspective was published in 1907 in France under a very suggestive title: *L'Art chez les fous* (10). The author, psychiatrist Paul Meunier, had to use the pseudonym Marcel Réja – the name of a well-known art critic – to obtain recognition from the public interested in art. As a consequence, Réja placed the images of this collection outside of psycho-pathological parameters, a fact that radically defied the prejudices of society in his times.

The history of art shows how the appropriation of the idea of art produced by the mentally ill was important to several avant-garde movements in the first decades of the last century. *Expressionism* in Zurich and *Dadaism* in Switzerland were two artistic movements that revolutionized esthetics at the beginning of the 20th century because they explored the connections between art and mental illness (9). The most renowned book in this regard was written by the psychiatrist Hans Prinzhorn, translated into English as *Expressions of madness* (11). In the mid-twenties, in the clinic of the Universität Heidelberg (Germany) where he worked, Prinzhorn collected nearly 4,500 works of art made by approximately 350 patients of psychiatric hospitals in Europe and the US. His analysis was based on the idea that the art made by the mentally ill and the esthetic innovations produced by art vanguards of the 20th century were closely related.

Years later in Brazil two experiences made history, one carried out by Osório Cesar and the other by Nise da Silveira. In São Paulo, Osório Cesar in his article "A arte primitiva nos alienados" (12) made reference to the diverse expressive manifestations of the patients of the Juqueri Psychiatric Hospital, including drawings made on the walls and floors of the ward with pieces of coal or sharp objects. Osório Cesar described these productions as "decorative art." Between 1948 and 1949 in the then recently inaugurated Modern Art Museum of São Paulo (MASP), works by the patient-artists of the Juqueri Psychiatric Hospital and of the Psychiatry Center of the Engenho de Dentro neighborhood of Rio de Janeiro were put

on display. Also in 1949 in the Juqueri Psychiatric Hospital, the *Sector of Visual Arts* was created, which years later would be called the *Free School of Visual Arts*.

In Rio de Janeiro in 1946, Dr. Nise da Silveira created the Sector of Occupational Therapy and Rehabilitation (SOTR) in the Psychiatric Center of Engenho de Dentro. In that context, inside one of the biggest asylums in Brazil, Dr. Nise developed a clinical practice known as occupational therapy which was counterhegemonic to the predominant psychiatry of that time (13). The *Museum of Images of the Unconscious*, created by Dr. Nise within the Psychiatric Center of Engenho de Dentro, offers to the general public, and especially to the art world, a collection composed of hundreds of pieces of art made by patient-artists that explores the impact of art on the marginalized creator (an outsider) and the gaze of the observer (14).

In comparison with the past, the current artistic and cultural production is composed mainly of patients outside of the psychiatric hospital. And that is a major difference. It is not a coincidence that patients are called "users" of the care services, a term that puts emphasis on the potential and diverse social roles that the psychiatric patient may assume, among them the role of consumer. This places us in structural conditions very different from those in which production occurred within asylum walls; we live in conditions totally different from those of Réja, Prinzhorn, Osório Cesar and Nise da Silveira.

When guided by normative criteria for the creation of objective and subjective conditions for the "autonomy" and "self-fulfillment" of subjects that have any mental condition of a psychiatric nature, the field of psychosocial care becomes a field of possibilities for the creation of institutional conditions to help individuals cease depending on the role of user/ill person and have their social identity guaranteed.

When Basaglia was asked about the best place to hold "therapeutic workshops," he answered: the "territory" (15 p.401). And it is not a coincidence that Basaglia envisioned the territory as the privileged place to exercise the optimism that characterizes the practice of deinstitutionalization as opposed to the pessimism of the psychiatric rationality.

When the focus moves towards the territory, the conditions for aperture include the whole polysemy of human manifestations in their diverse appearances, that is to say, the social ontology in the sense presented by Arendt (16 p.39). Although it may sound repetitive, we must highlight that it is in the territory where the insurmountable human plurality in intersubjective transactions is found, due to the fact that in the territory psychiatric rationality is simply one among others at play. Thanks to its very nature, the esthetic rationality is open to multiple and diverse ways of expression and contents to be disseminated.

The formation of the artistic and cultural field within the field of psychosocial care

A significant representation of that tendency can be found in the artistic and cultural expressions recently evaluated by art and culture professionals who were appointed by the Brazilian Ministry of Culture under an agreement signed with the *Laboratório de Estudos e Pesquisas em Saúde Mental e Atenção Psicossocial* (LAPS) [Laboratory of Studies and Research in Mental Health and Psychosocial Care], during the period of 2009-2010 (17). It must be emphasized that the evaluation criteria used for these pieces of art were not those established by psychiatry. Of the 400 works submitted, 55 were selected – because there were only 55 awards available – and their esthetic quality was publicly evaluated (18). Although the majority (59%) were from the south-east region of Brazil, a large number of works from other regions were also submitted. The types of expressions were varied, including urban interventions, literature, audiovisual arts, dramatic arts, visual arts, music, and even others more difficult to categorize because of the diversity of media utilized.

For over two centuries, starting with the birth of modern psychiatry, the art produced by the mentally ill was mostly confined within asylum walls; but in the last few years, the esthetic productions of service users are included in society's everyday life, that is, production occurs in the territory. In the Psychosocial Care Centers (PCC), experiences connected to art are multiplying (19). At the same time, radical changes regarding what is considered art and the broader reception of works beyond art critics and historians create parallels between art produced in clinical situations

and art produced outside of official artistic circles (20). Art made by people considered culturally as *outsiders* is now recognized on a global scale. The concept of *outsider art* was coined by Roger Cardinal as an equivalent to the French term *art brut* (21). According to Professor Colin Rhodes, current president of the European Outsider Art Association (EOA), works produced outside of the principal school of modern western art are considered "*outsider art*."

> At first encompassing work by non-professional self-taught artists, psychiatric patients and mediums, nowadays its scope embraces people with learning disabilities and others who do not have access to mainstream art world systems of training, production and consumption. (22)

So, why do we insist on the concept of a field autonomous with respect to the field of psychosocial care? The reason is that its activities and social actors tend to be guided by a rationality different from that of the psychosocial care field. That is to say, its actors express the struggle for the recognition of certain types of subjectification that appear to be different from those included in the psychiatric field. To say it in a more objective way: the psychosocial care field, which surpasses the asylum model of care, is itself surpassed dialectically.

Demands for recognition lie at the heart of differentiating between the "fields" of esthetics/culture and of psychosocial care. These demands put into evidence evocative situations in the everyday life of contemporary society related to the social transformations needed to create an ethically superior society; at the outset, recognition does not necessarily have anything to do with psychiatry. Some such examples are the achievements made with at-risk youth who participate in social programs that emphasize the recognition of their life experiences (23), or the role of recognition in the historical struggles of feminism (24). Another example is a very recent phenomenon: the role of social networks in the struggles for recognition of different social groups that are excluded from political participation, and the impacts of which we witness every day, as in the case of Brazil at the end of the first half of 2013.

In theoretical terms, the work of Axel Honneth – a philosopher who renews the critical theory of the Frankfurt School – is noteworthy, especially his book *The Struggle for Recognition: The Moral Grammar of Social Conflicts* (25), in which he explains the identity model of recognition.

As Paul Ricoeur rightly states (26), Honneth's work is no longer about considering identification solely as distinction: one is not the other. Nor is it about identification procedures in which the self takes the place of something in general: the unfolding of identity between "sameness" (what makes the individual a social being) and "selfhood" (what characterizes the individual as a unique being), by means of which identity is opposed to diversity. On the contrary, it is about identity as a result of processes of *"mutual recognition"* that undergo a transition from dissymmetry to reciprocity, under its intimate figure of mutuality. The argument that Honneth uses is that in mutual recognition the path towards self-recognition is present, and therefore, so are the forms of subjectification (27).

Honneth's starting point is the theory of communicative action developed by his teacher Jürguen Habermas (28,29), who proposes that the structures intersubjectively shared – in their dimensions of culture, society and personality – are reproduced through "communicative action." In other words, it is in the place intersubjectively shared by language where meaning, norms of interaction and subjectivity itself find their conditions of formation and realization. Honneth further understands that the normative premise of all communicative action, rather than the consensus linguistically reached by two or more people emphasized by Habermas, must be understood in terms of social recognition. Communicative action, as a mediator of interactions, is based on the parameters of mutual expectation, in which the actors will be recognized as moral people and by their social conquests.

> [Although] the experience of social recognition represents a condition upon which the development of human identity depends, its denial, i.e., disrespect, is necessarily accompanied by the sense of a threatening loss of personality. (30 p.71-72)

Honneth's project lies in trying to search, in the development of problematic interactions, the

source of the expansion of autonomy and self-fulfillment of individuals. The struggles for social recognition initially appear in negative forms, as experiences of humiliation and disrespect. Nevertheless, these negative experiences are implicitly based on demands for recognition. Honneth states that experiences related to disrespect should be considered positively because they entail violated normative expectations.

The identity paradigm of recognition, in the sense proposed by Honneth, seems to be appropriate to give theoretical expression to the importance of the demands for the recognition of the autonomy of the esthetical and cultural rationality on which this article is focused. At the same time, the notion of field is sustained in Pierre Bourdieu's work (31- 33), which contributes to a better understanding of the following phenomena:

a. Structured spaces as hierarchies or positions. In that sense, between the "psychosocial care" and "artistic-cultural" fields, we can identify hierarchies or positions that range from that of art therapy patients (in the field of psychosocial care) to that of "individual artists" (artistic-cultural field).

b. The notion of *field* refers to specific interests that adjust to the positions that structure the field. In the positions of patient-users, the interests regarding art cannot be the same as the implicit positions occupied by artist-users.

c. Each *field* tends to value its own *capital,* be it economic, cultural or social. Whereas in the field of psychosocial care each type of *capital* is estimated with relation to the pathological, in the artistic-cultural field an esthetic rationality diminishes the importance of the pathological. In other words, its social actors (user-artists and health professional-artists) are armed with resources that are recognized in esthetic and cultural terms.

d. Finally, a *field* is not a closed space; its borders are blurry, more symbolic than real. Thus, we can take into account that, even though it is in contact with the field of psychosocial care, the artistic-cultural field, that by its very nature demands resources for psychiatric deinstitutionalization, maintains close links with the field of human rights, the field of social movements, etcetera.

METHOD

The methodology adopted is in keeping with the epistemological principle that a research study cannot be separated from the researcher's insertion within the field. Ethnographic data collection techniques were used. In this sense, Spradley states that:

> ...ethnography is the work of describing a culture. The essential core of this activity aims to understand another way of life from the native point of view. (34 p.3)

For a type of problem like ours, it is essential to understand the cultural forms considered to be on the margins of society, as in the case of so-called "outsider cultures," within which the experiences of users of psychiatric services are certainly included. At the same time, Van Maanen suggests that ethnography has become a method

> ...that involves extensive field-work of various types including participant observation, formal and informal interviewing, document collecting, filming, recording, and so on. (35 p.103)

Such an investigation strategy turned out to be important for us, because we could make use of these diverse resources legitimized by the ethnographic method. Finally, Berg (36 p.174) refers to another important aspect, the distinction established between "micro-" and "macro-ethnography." We can say that we have carried out a "micro-ethnography" because we have focused on a small set of artistic and cultural experiences that stand out of late in the process of the psychiatric reform and, based on these specific experiences, we make more universalizing considerations.

During the period 2009-2011, the research team actively accompanied the "users" in different events in which they were taking part. At these events, a number of the research techniques mentioned above were employed. Of special importance were the concerts that formed part of the program *Loucos por Música* (37-39). Due to logistical limitations, participant observation was only carried out at the musical and theater shows of

groups from Rio de Janeiro. All of these activities took place in public spaces and were filmed in part, with the permission of the artist-users. Another important source of information was the results of the *Prêmio Cultural Loucos pela Diversidade,* a contest that was organized under an agreement between the LAPS, the Fundação Oswaldo Cruz (FIOCRUZ) and the Secretaria da Identidade e da Diversidade Cultural do Ministério da Cultura (SID-MinC) (40), in which 55 artistic-cultural productions were selected as prize winners out of the 400 individual, group and institutional works submitted.

Finally, semi-structured interviews with 11 people (9 users and 2 health professionals) were carried out. They were members of the projects *Harmonia Enlouquece*, *Sistema Nervoso Alterado*, *Grupo de Teatro Os Nômades*, *Cancioneiros do IPUB*, and *Rede Parabolinóica* (Belo Horizonte), as well as one independent artist (Florianópolis).

The ethical issues related to the different stages of research were previously submitted to the Ethics Committee of FIOCRUZ (protocol No. CAAE-0149.0.031.000-09, approval No. 137/09) and all the interviews were preceded by the interviewee's informed consent.

The interviews tocuhed upon the following areas:

a. The interviewees, their history and their personal and family experiences, without inducing the description of their own stories as "patients."
b. How they learned of the cultural project in which they were participating at the moment of the interview.
c. The importance that participating in the project has to them, their families and their friends.
d. Their perspectives for the future, their life projects.

RESULTS AND DISCUSSION

The asylum institution

Six of the artist-users stated that they entered the field of psychosocial care after a prior stay in an asylum, therefore having been assigned the identity of a psychiatric "patient" and having lived in the structural and structuring conditions typical of a "total institution" according to the meaning given by Goffman (41). However, three interviewees were part of a generation of users who had never been admitted into a mental hospital, representing a small example of the tendency of the care network, which is expected to be grow more pronounced as the reform continues.

The memories of those who had lived in an asylum were marked by violence, humiliation and disrespect. It was common for them to share stories of feeling that they had lived part of their lives as prisoners, constantly asking themselves when they would get out. Condemned to the role of the mentally ill, the only option they had was to play that role well – as they expressed it – or be subject to punishment. As long as they were considered by others to be crazy, and thus incompetent, they defined themselves according to these parameters. On the other hand, the two health professionals that were part of the artistic groups expressed how they felt when they were no longer considered solely as "doctors": experiencing themselves as artists or creators of cultural products was strong enough to change their way of *being-in-the-world* and, when acting as health professionals in the "field of psychosocial care," they could no longer do so in the same way.

The "field of psychosocial care": opening up to demands for recognition

As is widely agreed, psychiatric reform is a process that creates the structural conditions for normative expectations to interact with and be submitted to a consensus process in order to be considered legitimate. These conditions represent opportunities for new perspectives in relation to the limitations found within the walls of the asylum.

In our work we could see that the "artistic-cultural field" is separate from the "psychosocial care field." The social actors do not stop fighting for their activities to be recognized as art and for their artistic and cultural activities – such as dance, theater, poetry, music, painting – to be developed without ideological-institutional control. Those who had a history of hospitalization in an asylum were asked if they found differences between such activities in the hospital and the same activities

in the territory, and they often made the same assessment: they used to feel infantilized, like children in a kindergarten; now, in the territory, they feel they are changing "for the better."

Their abilities awaken and come into action, although there are always examples of experiences "that didn't go anywhere" because "not everyone has the same ability" to perform such-and-such activity, or because the activity or group itself ceased to exist, which is possible to understand using Bourdieu's notions of "positions" and "capital." It is very common to hear the phrases "we all come into this world with a talent" and also "it's difficult to find your own talent, but it is more difficult for the world to recognize what you have to give."

In spite of successes or failures, the artistic and cultural experiences are intended to be guided and ordered by an esthetic rationality itself. It is important to underline how an esthetic rationality brings about the creation of new perspectives. The interviewees frequently stated that thanks to these artistic and cultural activities they were recognized and they recognized themselves in ways other than as people limited by mental illness. What is important in their work is whether the lyrics of a song are good or not, and that is what the audience feels as spectators of their presentations. Each participant is concerned about how the last show of the group turned out. If someone is unable to come for whatever reason, the group shows its concern, because an absence in the rehearsals feels like a failure.

Clash of perspectives

As autonomy from the "psychosocial care field" is gained, the formation of the "artistic and cultural field" becomes conflictive. How can we recognize art and culture in autonomous terms when their phenomenological emergence is part of the experiences framed in psychological or psychiatric terms? It is not unusual for conflicts between members of the medical care team to appear, when one professional complains that another is not doing his or her job as a therapist. It is common to hear that "one person was pulling in one direction, and the other person in the opposite direction." New logics in the distribution of activities in the formation of the artistic and cultural field leads to tensions in the logics of the distribution of those same activities when they are conceived in (psycho)therapeutic terms.

Recognition and new subjectifications

Demands regarding self-esteem and lack of respect vary in each personal and collective story. That is why life experiences and their respective subjectification processes have been so decisive in the interview fieldwork. When they feel recognized as "artists," they see the world from a different perspective, interpret the past in a different way. One very eloquent phrase is worth highlighting: *"Yesterday was a time of darkness, when I compare my past to the renaissance that the performing arts has given me."*

The artistic and cultural field and outsider art

The formation of the artistic and cultural field is aimed at the creation of a community with shared values. Conditions are set for the art of "artist-users" to be integrated into the art produced by different artists who are in the position of outsiders. At the moment this article was being finished, three interviewees (artist-users) were being officially accredited as musicians and proposals were being discussed regarding the creation of multimedia exhibition rooms for works made by artist-users and artists living in poor neighborhoods (*favelas*) of Rio de Janeiro. The creation of a webpage was also being discussed as a means for disseminating the works and debating ideas about "outsider art."

Diverse mechanisms contribute to a horizon of shared values; this is significant considering that the notion of esteem itself changes according to the mechanisms that make a person *estimable* in the artistic and cultural field. In other words, the notions of prestige or considerations related to what is *estimable* depend on the existing axiological pluralism. As social actors, artist-users are invited to participate in many different events: at scientific conferences, volunteer work days, university lectures, presentations in a concert hall in which they share the stage with established bands

and artists; as actors in episodes of a widely-viewed soap opera, as exhibitors in an art gallery, and even as samba composers for the carnival group in their neighborhood.

And, it is worth underlining, they are invited to participate not as crazy people, but rather as people who, despite their problems, are capable of interacting with other people. The individual is considered for what he or she does, says or presents to society, as the artist-users generally express with pride.

According to the contemporary esthetic rationality, there are no longer pre-established criteria about what art is. Adorno stated as much in the first paragraph of his *Aesthetic theory:* "It is self-evident that nothing concerning art is self-evident anymore, not its inner life, not its relation to the world, not even its right to exist" (42) (d).

When we asked one of the interviewees about his creative process, he summarized it in an expression worth repeating: *"what I do is a whole hepatic or evolutionary 'congemination'* [sic]... *Now I wonder, what is that?"*

CONCLUSIONS

When we place at the center of psychiatric deinstitutionalization the recognition of the autonomy of the artistic-cultural field with respect to the psychosocial care field, some important phenomena become visible. One such phenomenon is the need for the normative criteria of deinstitutionalization to be objectified according to the *autonomy* and *self-fulfillment* of the individuals. These aspects also involve – in normative terms – both the users of the services and their families and

social support networks, as well as mental health professionals.

This process of formation of the artistic-cultural field seems to be capable of confronting current paradigms that emphasize the psychological and psychiatric. This represents a challenge for science but, above all, fodder for social demands regarding the demedicalization of everyday life.

The LAPS investigation joins initiatives that try to open new perspectives for radicalizing the process of psychiatric reform in Brazil. After all, the "cure" so sought after via the psychiatric treatment of individuals is in truth a way of *being-in-the-world* that is dynamic and that constantly demands the creation of structural conditions that ensure autonomy and self-fulfillment at a personal and collective level.

The principle of recognition developed by Honneth and Ricoeur to us is a category fundamental to understanding that in the same way that our most authentic identity needs to be recognized, otherness also calls out for recognition. The diversity inherent to the esthetic rationality that produces meaning in the artistic-cultural field seems to be the producer of forms of subjectification that are an alternative to the discursive practices of psychiatry.

Finally, this article addresses only a part of the problem presented by the study. The strengthening of the artistic-cultural field introduces immense challenges. One of them is knowing to what extent the paradigms that compete for clinical hegemony in the psychosocial care field represent an obstacle to deepening deinstitutionalization, a fact that can be exemplified when we hear said in a judgmental tone: "what does culture have to do with health?"

FINAL NOTES

a. Own translation from original text: "*procurar transformar a relação da sociedade ocidental com a loucura, que está cristalizada no asilo e na exclusão social, já que constituem elementos fundamentais de controle da marginalidade social e de suas implicações políticas*" (4p.240).

b. Own translation from original text: "*um complexo de aparelhos científicos, legislativos, administrativos, de códigos de referência cultural e de relações de poder em torno de um objeto específico para o qualforam criados: a doença*" (5 p.30).

c. Original text: "*C'est lors de la convalescence et aux premières lueurs du rétablissement que commencent souvent à se renouveler les goûts primitif de l'homme et son amour pour les beaux-arts, les sciences ou les lettres, s'il s'est jadis distingué dans cette carrière. Ce premier réveil du talent doit donc être saisi avec avidité par le surveillant de l'hospice, pour favoriser et accélérer le développement des facultés morales*" (7 p.201).

d. Original text: "*Se tornou claro que tudo o que se relaciona com a arte já não é evidente, tanto em si própria como em sua relação com o todo, e inclusive o seu direito de existir*" (42).

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