

Resistance, innovation and clinical practice in Nise da Silveira's thoughts and actions

Eliane Dias de Castro^I; Elizabeth Maria Freire de Araújo Lima^{II}

^IOccupational therapist, Ph.D. in Communication Sciences; currently preparing her post-doctorate dissertation, Laboratory of Studies in Psychology of Art, the Institute of Psychology, Universidade de São Paulo; a Professor, Course of Occupational Therapy, Medical School, Universidade de São Paulo. São Paulo, SP. <elidca@usp.br>

^{II}Occupational therapist, Ph.D. in Clinical Psychology; currently preparing her post-doctorate dissertation, Nucleus of Studies of Subjectivity, Program of Post-Graduate Studies in Clinical Psychology, Pontifícia Universidade Católica de São Paulo; a Professor, Course of Occupational Therapy, Medical School, Universidade de São Paulo. São Paulo, SP. <beth.lima@usp.br>

ABSTRACT

In the 40s hegemonic psychiatry in Brazil turned to scientific and technological innovations and to the consolidation of an organic vision of mental illness. Within this context, Nise da Silveira researched the development of a clinical practice in the field of occupational therapy and analyzed results with an open mind. She organized and cared for the spaces and time required to develop mental patients' creative capacities, experimentation and artistic learning. The high number and quality of the drawings and paintings produced in her studios triggered intense scientific and artistic interest. Her work changed the monotonous and repetitive activities conducted within the framework of a mental hospital by bringing them closer to patients' actual needs and creating new possibilities of activity and participation in the world. Her work is a benchmark for current practices in occupational therapy. Art, culture and madness have acquired new meanings after her.

Key words: Occupation therapy. Mental health. Art. Madness.

Introduction

During the 40's Brazilian hegemonic psychiatry turned to scientific and technological innovations such as electroshocks and neurological operations and sedimentation of an organic view of mental disease which would open the path to an increment in neuroleptic drugs one decade later. Within that context, moved by the strength of her righteous indignation at the treatment offered to patients in psychiatric wards and by her belief that "*there, where the human waste of a utilitarian society is dumped, there are subjects*" (Quinet, 2000, p.209), a psychiatrist invested in research and development of a clinical practice in occupational therapy. She believed that such an investment was part of her concerns about the paths psychiatry had taken and was committed to creating therapeutic procedures with a humanitarian nature to treat schizophrenia.

This is the intellectual and sensitive adventure, one of the most beautiful and potent undertaken in Brazil, that we will present and analyze here and which stands for a unique experience in the Brazilian art, psychiatry and occupational therapy. This article is a development of historic and theoretical studies conducted and updated on understanding the clinical situation of occupational therapy which takes place at the interface of art and health promotion and it is a tribute to Nise da Silveira at the one hundredth anniversary of her birthday.

The organization of the Occupational Therapy Sector

At the beginning of the 40's, when Nise da Silveira started to work at former National Psychiatric Center – currently Pedro II Psychiatric Center in Rio de Janeiro – the polarization in the first decades of the century which divided psychiatry between ergotherapeutic practices and the development of scientific and organic bases no longer existed. Ergotherapy had been condemned to a limbo and the ongoing practices were based on electroshocks, lobotomies and, later, on therapies with chemicals and drugs. Nise frontally opposed to those procedures and since the very beginning fought against the psychiatry practiced in her time. She thought that the psychical life should be thought as a constant interaction process with the things surrounding each human being. Psychopathology, in a phenomenological dimension, would consist of plans of experience, ways of living and being in the world. She was interested in penetrating in schizophrenics' inner world, getting closer to them, to get in touch with their pain and, at the same time, to improve their living conditions. To do that she started to manage a sector that had no funds at the National Psychiatric Center, the Occupational Therapy Sector, a method that at that time was meant only to "entertain" or contribute with the hospital's economy.

To fight against psychiatry she followed this other path, Occupational Therapy, and, to support her choice, Nise undertook to strengthen that method and give it scientific foundations by transforming it into a research field. Thus, she tried to build up occupational therapy with scientific characteristics by giving the work an intrinsic orientation: she had theoretical and clinical concerns. During the 28 years she led the Occupation Therapy and Rehabilitation Sector (STOR) at the Pedro II Psychiatric Center (1946-1974) several researches were conducted with the objective of, among others: recording the results gotten from the activities; proving the efficacy of this kind of treatment; investigating adverse effects of traditional psychiatric treatments; proving schizophrenics' creative and learning capabilities. During that period seventeen nuclei of bookbinding, cabinet making, art-craft, dressmaking, music, dance, theater, etc. were created, where were offered activities able to strengthen patients' ego to allow a progressive increase in their relationship with the social environment and to serve as a means of

expression. Nise believed that *"if there is a high degree of conscience constriction, often enough only the hands will be able to fantasize."* (Jung apud Silveira, 1981, p.102).

When she worked with patients she tried to create an environment of freedom, without any coercion, where through several activities symptoms could find an opportunity to be expressed and, as she used to say, to lose their destructive potential. She thought that *"the exercise of multiple occupational activities revealed that the inner world of a psychotic encloses unsuspected wealth and it keeps it even after many years of disease, which goes against the concepts currently accepted"* (Silveira, 1981, p.11).

The Psychiatric Center sheltered 1,500 inpatients who would usually be left alone at the hospital's yard. The ateliers attracted to their different areas people with a daily experience of an empty and meaningless life. That was the beginning of a fight for a number of changes in the hospital's environment and in the ways patients were treated. Nise used to say that the hospital collaborated with the disease and believed that occupational therapy had an important role to perform in changing that environment. The number of patients who would attend the sector was small, perhaps due to *"psychiatrists' lack of acceptance of the occupations as therapeutic agents"* (Silveira, 1981, p.24).

There was a fragile articulation between the STOR and the other medical services: psychiatrists would not prescribe this treatment to their patients and those who would come to the sector would do it because they wanted to or because they had been invited by some monitor. Psychiatrists' lack of interest would cause the end of several workshops.

From the painting atelier to the museum of images of the unconscious

Among many nuclei of activities there was the painting atelier. According to Mavignier (2000), who at that time worked at an administrative area of the Hospital, it was at one show of STOR's art-craft works that he proposed Nise da Silveira to organize a painting atelier for the inmates. As the idea was actually an old project of Nise, Mavignier requested his transfer to the sector and there together they worked to implement the idea. The Painting Atelier soon became famous and reached a special position and started to be the target of a differentiated investment by the psychiatric area. Nise used to say that all the activities conducted at the Occupational Therapy Sector were expressive, but she observed that the people who would come to the painting atelier *"had a drive to configure images which would survive even when the personality had disaggregated"* (Silveira, 1992, p.63).

By following up the painting and clay-molding ateliers Nise was able to understand better the psychical dynamism present in schizophrenia and also to reflect constantly on the conditions of the psychiatric treatment and hospitalization. The difficulties she found led her to passionate studies, frequently articulated with other fields of knowledge such as art, psychology, mythology and literature. She would say that *"creativity is the best catalyst to make opposites come closer. Through creativity sensations, emotions and thoughts are acknowledged and associated, and even internal turmoil is given a shape"* (Silveira, 1981, p.11).

Nise was surprised with the quantity of works produced and the manifestation of creativity that resulted in an incredibly high number of paintings, contrasting with the reduced production of their authors outside the atelier. The quality of many drawings, paintings and pieces of clay

molded fascinated and made the psychiatrist and the monitor of the atelier very enthusiastic. Mavignier was there, according to his report, as a painter, not as a psychiatrist. He was interested in “*artists to be discovered and in looking for them at the hospital yards and wards.*” (Mavignier, 2000, p.247)

His presence also helped giving the space a character of a true painting atelier to where he would bring his technical knowledge of materials and his aesthetic sensibility. Additionally, Mavignier had a fundamental role in the unfolding of the work because he was the first link between the experience in the STOR, located in Engenho de Dentro, a neighborhood in Rio de Janeiro, and the group of plastic artists in Rio de Janeiro which, as much as himself, was starting to work in the field of plastic arts, Abraham Palatnik and Ivan Serpa among them. Together they assembled and organized the first series of drawings and paintings.

The quantity and quality of the works led them to organize the first exhibit of those productions in 1947 at the Ministry of Education in Rio de Janeiro. Mário Pedrosa, who visited and wrote about that exhibit, as from then started to attend the painting atelier. In 1949 that critic took those works to Leon Degand, the director of the Museum of Modern Art of São Paulo at that time, who was impressed by the works produced and proposed that they were exhibited in the Museum he ran. “*It was an attempt to get in touch with people who might be interested in that amazing problem that excited us so much.*” (Silveira, 1981, p.14).

It is worth highlighting that art critics were much more interested in the phenomenon of the plastic production of the inmates of Engenho de Dentro than Brazilian psychiatrists, the initial interlocutors who Nise was trying to reach. She would also call the attention to the fact that most psychiatrists would deny that there was any artistic value in the works made by the inmates and insisted on the idea that they were “psychopathologic art” and would only look for symptoms and reflexes of psychical ruin in them. It is a fact that Nise was always discreet as to taking a position about the aesthetic quality of the works produced in the atelier and left that task to the critics and dedicated herself to the scientific study of the problems that the productions raised. However, she would see as natural the fact that among her patients there were some with artistic capacities:

There will always be sick people who are artists and those who are not, as much as among the individuals who keep themselves within the blurred borders of normality, only some of them do have the strength to created shapes powerful enough to trigger emotions in those who contemplate them (Silveira apud Gullar, 1996, p.96).

After the first exhibits, and once the production of the painting atelier increased everyday, the Museum of Images of the Unconscious was create to organize and record the material with care and criteria – which allowed the development of a number of researches on those images and which led to the organization of those productions. In a unique gesture in the Brazilian culture involving artists and art critics in the process, Nise treated her patients’ works according to museum’s procedures. Despite keeping herself always within the field of psychiatry, Nise looked for partnerships in the field of the arts. By showing an exceptional capacity of articulating different fields of knowledge, since the very beginning she proposed that the Museum became an open Center of Studies not only for psychiatrists, but also for anthropologists, artists and art critics interested in the creative activity. One could think that the mere idea of creating a museum comes from a contamination by the art field. Indeed, it was a moment of aesthetic ebullition which culminated with what Mário Pedrosa called “*the fashion of museums*”: the Art Museum of São Paulo was created 1947, the Museum of Modern Art in 1948, the MAM in Rio de Janeiro in 1949, and the first Biennale took place in 1951 (Pedrosa, 1995).

Nise would invite professionals from other areas to participate in the practical work of the atelier and would put together interdisciplinary proposals. She thought that studies of arts, myths, religions and literature allowed contacts with ways of expression of the deepest human emotions (Silveira, 1981).

Those partnerships connected the works made at the ateliers with the world of the arts, thus allowing that other viewers found other meanings in them, making visible lines and languages that would not be seen by medical specialists. But the Museum did not have only the objective of organizing the works. When the experience in the ateliers of the Occupational Therapy Sector became known in the artistic scene, Nise da Silveira and her team faced more and more complex problems: how to help the artists revealed in Engenho de Dentro find a less tragic fate and simultaneously preserve their work? A Museum created like that would have also to be a shelter and would only be complete with a community.

Therefore, if in the path of its development this *Museum* ended up by becoming a hybrid museum which could also be taken as an Art Museum, its existence was linked to a scientific, clinical and artistic interest considering its collections and their producers. Additionally to the creation of the Museum, exhibits of the works produced in the ateliers of Engenho de Dentro became frequent in psychiatry meetings and congresses and also in spaces dedicated to the arts: in MASP in São Paulo, in Paris, Zurich, Rom, etc., always attracting a significant number of visitors. Little by little works and artists started to be separated from their origin and from a psychiatric institution and entered a path towards the cultural scenario as we can see when we read statements of visitors of the Uncommon Art Exhibit in the XVI Biennale of São Paulo and see how those works started to affect the public (Frayze-Pereira, 1995).

Those exhibits had the power to talk to their visitors and to make them ask: how could crazy people, locked up in a restricted life inside large mental institutions, produce such beautiful works of art.? For Nise, there was an answer:

Because the experiences faced by the patients and the wealth in their inner world, invisible for those who only see the misery of their external aspect, (...) point at the need of a reformulation of the attitude towards those sick people and of a radical change in the sad places that are psychiatric hospitals. (Silveira, 1992, p.18)

Thus, the works produced at the ateliers and their exhibits were also weapons to fight against the mental hospitals and the hegemonic psychiatric treatment. They were allies in a fight for a cultural transformation of a certain conception of mental illness and getting mentally ill.

The exhibits of the works of the Museum's collections were a strategy to find places for those productions, to make them get into the cultural production cycle where psychiatric patients would become artists – the artistic production that was coming up could be understood as a fact of culture. Today, the Museum has about 350 thousand works sheltered in a tight space for its technical assets; they stand for an international and fundamental reference of the human revelation of the “*dangerous statuses of being*”; they perform an important role in the cultural transformation towards a more tolerant society able to get richer with its own differences.

For Néilson Aguilar, the *Museum of Images of the Unconscious* is a kind of product of the modern art and, among other similar institutions, it is the oldest and the most successful collection created in an occupational therapy program (Aguilar apud Cancino, 1999).

Theory and clinic in Nise's occupational therapy

In 1966 Nise da Silveira published in *Revista Brasileira de Saúde Mental* a report called "20 anos de Terapêutica Ocupacional em Engenho de Dentro", which later became a book called *Terapêutica Ocupacional: teoria e prática*. The discussion is introduced with a research on theoretical foundations of Occupational Therapy based on several authors and, next, the history and basic principles of the work done in the Psychiatric Center Pedro II is presented.

Nise believed that occupational therapy performed an important role in changing the hospital's environment and in transforming the very psychiatry provided that activities were used with a clinical objective instead of targeting on benefiting the institution in the sense of conducting activities useful to the hospital or which would become products able to be sold. In her own words: "we'd rather help our patients instead of having them help the hospital" (Silveira, s/d, p.24).

In a broad sense, the clinic of occupational therapy's objective was finding activities able to serve patients as a means of expression: "we will have to start at a non-verbal level". That is where occupational therapy fits in by offering activities able to allow expressing non-verbally the experiences of those who are immersed in the depths of the unconscious (Silveira, 1981, p.102).

Psychiatry was interested in *meeting* patients, in setting up some kind of relationship with them, in opening space where they could tell their truth. Nise thought that "all activities are expressive. The point is to know how to observe an individual performing them. The way he holds a hammer or a saw, how he works with a loom or even cuts the thread to sew can tell us a lot" (Silveira, s/d, p.30). This emphasis on the expressive nature of activities may have been the trait that led her to come closer to the arts.

Among the activities carried out at the Occupational Therapy Sector, one, as we have already seen, called Nise da Silveira's attention: painting. That psychiatrist was surprised to verify that the very act of painting could acquire in itself therapeutic qualities. She thought that:

The images of the unconscious formalized in a painting could be somehow treated even if there was not a clear insight of their deep meanings. By dealing with them, by making them with their own hands, patients would immediately feel them less scary and later, even harmless. They would lose their sources and disintegrating energetic charges. (Silveira, s/d, p.32)

Therefore, painting unveiled that the whole world of a psychotic person could find a shape if it could find means of expression able to bring it closer to the conscious mind, and painting started to be seen as a tool for patients to use to reorganize their inner world and, at the same time, to rebuild their relationship with the external reality. To understand this phenomenon the psychiatrist used Jung's psychology and its conception of symbol as a psychological mechanism able to transform psychical energy.

The presence of very harmonious images in patients' plastic productions called the attention of the psychiatrist; they were built around a center and with figures that were somehow linked to ancestral myths. Motivated by those images, she started to write letters to Jung to discuss their meanings. Jung answered that some of those images were mandalas, indicating an unconscious trend towards compensating the inner chaos and a search for a central point in the psyche as an

attempt to rebuild a split personality. He thought that a mandala served to a conservative purpose, being a way to reestablish a preexisting order. But that symbol "*also serves to a creative purpose of shaping and expressing something that does not exist yet, something new and unique*" (Franz, 1987, p.225).

Nise da Silveira thought that the most important thing that happened in her studies on the psyche's dynamics was her meeting with Jungian psychology and its investigative method. It was by observing the activities of her patients that Nise abandoned classic psychiatry and Jung offered her new working tools.

Jung's ideas on the dynamics of mental phenomena are close enough to the systemic conception. Jung conceived the psyche as a self-regulating dynamic system characterized by fluctuations between two opposite ends. So, he considered the psychological process a vital process, a manifestation of life's basic dynamics.

Another assumption present in Jungian psychology, which guided Nise's practice and thoughts, refers to the concept of reality which Jung deemed a reunion of external and internal perceptions, rational and irrational phenomena solely encompassing the data provided by the senses, both direct and indirectly, and which composed a whole in itself. He understood that human unconscious is part of nature, is something objective, real, genuine: "*the products of the unconscious' activities deserve credit because they are spontaneous manifestations of a psychological level which are not controlled by the conscious mind and are freely expressed*" (Silveira, 1992, p.158).

Jung recognized the aspects of personal nature present in the unconscious, but he believed that the unconscious had in it some deeper strata of the psyche common to the whole humanity. Therefore, he would distinguish two levels in the unconscious psyche: a personal unconscious related to each individual's personal history and a collective unconscious which composed a link and a tie between an individual and the humanity. Deeper strata of the unconscious allowed recognizing the existence of:

Inherited functional dispositions inherent to the very psychological structure, nuances where representations corresponding to humanity's primordial experiences are shaped, moved under different aspects by men at all times. (Silveira apud Frayze-Pereira, 1995, p.94)

Through observations and investigations with a mythological and historical nature, Jung updated us on the importance of the symbols elaborated by the unconscious and recognized their expression in the production of images, in fantasies and delusions. He thought that only through images libido can be captured alive instead of frayed due to forceful attempts of rational interpretations. Psyche expresses itself through images, affections and ideas that condensate intense experiences of the humanity. Thus, according to Jung, to know and understand the psychological organization of an individual's global personality it is important to assess symbolic dreams and images which will guide us in the discovery of the unconscious and which, in addition to presenting memories of a distant past, also contain entirely new elements and creative ideas of new propositions for people and for the whole humanity.

Capra (1988) stresses that Jung's idea of collective unconscious not only links an individual to the whole humanity, but also to the whole cosmos. In this sense we, human beings, are inextricably linked to what is beyond us: beyond our personal history, affective network and set

of ties that connect us to the world are associated to the cosmic forces and make us extremely complex. This was a pioneering conception in the scientific community at the time.

Nise believed that it took patience and tact to follow up patients' creative production and things should not be hurried up. In her experience the Jungian psychology, literature, art and mythology had given her tools to understand the metamorphosis of a human being and to investigate the restless path of a man looking for his myth. With those studies Nise had an understanding of the psyche as a living system, with its own, self-regulated dynamics which moved towards cure and health. Additionally, she also created a method to read the images that emerged from the artistic production of the patients who attended the painting and clay-molding ateliers of the Occupational Therapy Sector in Engenho de Dentro. What Nise proposes, in a path that goes from the psychological to the artistic, is not only an archetypical reading of artistic productions, but also a reading of the psychological through the constituting mechanisms of the arts. According to her, "*the willingness to shape the world is much deeper in the expressions of the unconscious*" (Frayze-Pereira, 1995, p.15).

When we read her books *Images of the Unconscious* and *The World of the Images* we can see that her way of working presupposes studies associated to the sensitive experience of an individual who has allowed himself to be affected by careful clinical observation articulated with an effort of thinking and reflecting.

The development of a method to read images used in the *Museum of Images of the Unconscious* introduced a novelty in the way how psychiatry or even psychoanalysis had been seeing psychotic patients' productions. Nise used to say that "*we have to recognize that psychotics' plastic production goes beyond distorted and veiled representations of repressed personal contents (...) Seldom will a painting be a mere reflex of symptoms*" (Silveira, 1981, p.51). This method goes beyond recording symptoms and enables us to understand that when an individual paints he does not only expresses himself; rather, he creates something new, produces a symbol, and that production's effect transforms both the psychological reality and the reality shared.

The reading of the work proposed by Nise and accomplished in the organization of the artistic production of the Museum has been incorporated into the history of those productions and is a part thereof, thus establishing a concrete work of reflection upon them. When we study the readings proposed, we enter the density of a symbolic field composed by that psychiatrist's work and by the creations of the authors who she followed up with so much dedication. For Frayze-Pereira (1995, p.106), the reading of the work is: "*a job, not decoding; it is establishing the sense instead of merely unveiling a meaning which we assume has been already deposited inside the work*".

In the ambit of the complex relations between art and literature in a production we can say that Nise's proposal extended the understanding of the works produced during her clinical activity. The care and delicacy used to organize and maintain those productions have favored contemplation which, in addition to transcending the clinic, stood for a gift to a broader public through artistic exhibits, thus opening a path for those productions towards our culture. Those gestures created, in a healthy way, a path of recognition for those productions and a sensitive experience at collective level which multiplies the ways of understanding and the points of view of this analysis: "*Visible-invisible, the work will always be a transcendence related to the knowledge one may have of it*" (Frayze-Pereira, 1995, p.102).

We may also think that Nise's clinical and theoretical work would also transform clinical and practical conceptions with which actions and creation would start to be approached as constitutive elements of the experience of being alive independently from how much psychologically compromised a patient was and how long he had been "ill". Her attention to the construction of environments able to facilitate creation made her work also with the organization and times of institutional spaces, and mainly with the qualification of professionals who would assist patients with her. For her for any activity to have a therapeutic function it should be carried out in an environment of a welcoming atelier which, different from the hospital environment where it was inserted, would become a significant space which triggered approximations and contacts able to disrupt the creative process. Those ateliers were prepared by monitors so that they could shelter inmates and their pains, silences, rhythms and, simultaneously, could stimulate their expression.

The constant presence of a monitor did not aimed at interfering with patients' work, but to offer affection as catalyst to stimulate creativity and allow restoring bridges of communication with the world where they lived. Nise used Spinoza's concept of affection that would be produced with a good encounter and she associated it to the idea of a trigger of the healing process – by borrowing the idea of a catalyst from chemistry, i.e., substances whose presence speeds up the velocity of reactions. She believed that the therapeutic process should be followed proper, careful and attentively with human presence and sensibility to perceive and observe patients' expressions and manifestations, which is essential to shelter experiences, not to speed up things and to stimulate creative processes, which could only be developed if in the environment where a patient lived he could find affective support. She would say that, "*hardly ever will a treatment be efficient if the patient does not have someone by his side representing a point of support in which he makes an affective investment*" (Silveira, 1981, p.68).

In this sense she valued the monitor as a human being, his or her sensibility and intuition, which would favor a potent artistic experience. However, even considering that theories are worth less than "*the effort impregnated with sympathy to get inside a patient's inner world*" (Silveira, s/d, p.18), qualifying monitors was always a major issue for Nise da Silveira. She organized several courses for monitors who worked in the ateliers. She though qualification should be continuous, including knowledge in several areas, from psychiatry and psychology to mythology, art and anthropology. The objective was that monitors could understand the psychotic process, the healing process activated by the artistic activity, and were able to make connections between the images produced, the inmate's emotional status and the cultural productions of other periods and places by studying the series of images. Nise qualified professionals in several areas of knowledge, thus creating an interdisciplinary experience.

In her psychiatric practice another issue would worry her: the fact that patients were committed to the institution many times indicated the need that the treatment offered better preparation to an individual who had experienced a psychotic crisis. For years Nise thought about the importance of creating an institution able to bridge the psychiatric hospital and life in society. Stimulated by her willingness to enable better conditions of assistance to psychiatric patients, she created Casa das Palmeiras, founded in 1956, a pioneering example of an indispensable intermediate step between the psychiatric hospital and the social environment. The main method used at Casa das Palmeiras was occupational therapy carried out, according to Nise, in a broad sense and with a new name. Casa das Palmeiras represented an intermediate step between the routine of the hospital system, de-individualized, and the life inside the society and the family, with its inevitable and multiple problems, where patients are not accepted easily. In an act of freedom the expression "the emotion of dealing" was used to rename the Occupational Therapy developed in the work of Casa das Palmas and, as said the author:

In this sense we aim at coordinating intimately hand and eye, sentiment and thinking, body and psyche, the first step towards the specific whole that will come to be the personality of each healthy individual. In the search for achieving such coordination we resort to the activities involving the existing creative function more or less dormant inside all individuals. (Silveira, 1986, p.11)

Final considerations

Nise da Silveira's work, with great sensitivity and delicacy, opened space for "crazy" manifestations and creations and stated the importance of reading those productions carefully and with interest. She introduced other logic in the assistance to psychotics, thus generating a conflict in and out the mental hospital and triggered a deep process of resistance, innovation and cultural transformation. When she displaced the emphasis from the hegemonic psychiatry to occupational therapy, she also displaced the main focus of researches in the field between art and insanity, from psychopathologic and symptomatologic investigation of the patients' productions to the construction of a method of treatment for inmates and to a research on that method and its effects.

So, the therapeutic issue gained relevance and even exceeded the importance of the diagnosis function. The clinical innovation took place through experimentation, invention and creativity, through affection, care, understanding and construction of pathways towards autonomy. When Jung visited the exhibit at the National Psychiatric Center in Zurich in 1957 he pointed out the difference of those works related to other collections of psychiatric hospitals because they had harmonious shapes and colors which, according to him, were not usual in schizophrenics' works and he asked about the quality of the environment where those patients painted. Mário Pedrosa seems to answer that question when he says:

The first thing to verify [in those artists] – more or less talented, more or less suffering from their ailments – is that none of them could be what they are or were outside isolation (...) In isolation any of them might have been destroyed by life. The society in Engenho de Dentro, with such precarious resources, has given them an anchor for their lives. (Pedrosa, 1980, p.11)

In the creative atmosphere of the working spaces of Nise da Silveira care was taken to support emotionally those who attended them, which would be stronger due to the presence of artists and other professionals who helped articulating the atelier's productions with a broader artistic circuit involving more comprehensive audiences to appreciate the work, thus allowing a new aesthetic experience to the imagination of the Brazilian audiences.

Her life was marked with pioneering actions occurred approximately forty years before the beginning of the Brazilian Psychiatric Reform. Her actions configured criticism and resistance to the hegemony of the psychiatry of that time. To guarantee fundamental transformation essential to the life of the patients assisted she conducted unique and consistent studies and researches and enabled Brazilian occupation therapy to have a field of theoretical and clinical foundations properly guided where she recorded the results gotten, observed and proved aspects of the treatment and organized and took care of the insane patients' creative and artistic capacities.

Her work characterized a union with her life and engendered a true cultural reinvention. By consistently deepening her studies she tried to articulate several areas of knowledge to understand existential statuses of the human beings, which could be better understood and allowed re-

dimensioning the intelligibility of the world. In studies and approximations to Nise's life and work we can identify a proposition that has resonances in the contemporary scientific development because the pillars and expansions of her work support a simultaneous understanding of Man in his universality and diversity. And it leads, as says Morin (1998), to a possibility of redefining social ties, a return to the subject, to the valuation of ethic, to a re-dimensioning of the imagination and the opening of the reason.

Currently, Nise's work mirrors the maturity of someone who, in the scientific entanglement of our time, was able to keep alive the spirit with open principles and horizon by observing and researching tirelessly. Resonances felt contemporarily: the works produced in the Art and Health Promotion interface are related to the construction of accessibility to action and creation in the world of populations, groups and subjects that are left aside of socio-cultural experiences; and, in the act of the artistic productions, they articulate fragments of stories lived in creative moments, thus originating an extensive production that brings singular transformations to patients' lives; those are experiences that promote a communicational circle, qualify them linguistically and insert subjects in a field of daily inventiveness. What Nise accomplished is a reference for current practices. Her story produced in contemporary occupational therapy a positive contagion that makes continuity remain even if her physical presence no longer exists. After her work, art, culture and madness have definitely gained new senses and new meanings.

References:

CANCINO, C.A. Imagens do inconsciente. **Folha de São Paulo**, São Paulo, 12 nov. 1999. Ilustrada, p.E4.

CAPRA, F. **O ponto de mutação**. São Paulo: Cultrix, 1988.

FRANZ, M.L. O processo de individuação. In: JUNG, C.G. (Org.). **O homem e seus símbolos**. Rio de Janeiro: Nova Fronteira, 1987. p.158-229.

FRAYZE-PEREIRA, J.A. **Olho d'água: arte e loucura em exposição**. São Paulo: Escuta & Fapesp, 1995.

GULLAR, F. **Nise da Silveira: uma psiquiatra rebelde**. Rio de Janeiro: Relume-Dumará, 1996.

MAVIGNIER, A. O início do ateliê de pintura. In: AGUILAR, N. (Org.). **Imagens do inconsciente: mostra do redescobrimto**. São Paulo: Associação Brasil 500 anos Artes Visuais, 2000. (Catálogo - Fundação Bienal de São Paulo). p.247-9.

MORIN, E. A ética do sujeito responsável. In: CARVALHO, E.A. (Org.). **Ética, solidariedade e complexidade**. São Paulo: Palas Athena, 1998. p.65-77.

PEDROSA, M. A Bienal de cá pra lá. In: ARANTES, O.B.F. (Org.). **Política das artes: textos escolhidos I**. São Paulo: Edusp. 1995. p.217-83.

_____. **Museu de imagens do inconsciente**. Introdução. Rio de Janeiro: MEC/Funarte, 1980. (Coleção Museus Brasileiros, 2).

QUINET, A. Arte virgem: a função da pintura na psicose. In: QUINET, A. **Teoria e clínica da psicose**. Rio de Janeiro: Forense Universitária, 2000. p.209-19.

SILVEIRA, N. **Imagens do inconsciente**. Rio de Janeiro: Alhambra, 1981.

_____. **Casa das Palmeiras: a emoção de lidar**. Rio de Janeiro: Alhambra, 1986.

_____. **O mundo das imagens**. São Paulo: Ática, 1992.

_____. **Terapêutica ocupacional: teoria e prática**. Rio de Janeiro: Casa das Palmeiras, s/d.

Translated by Helena Bononi

Translation from **Interface - Comunicação, Saúde, Educação**, Botucatu, v.11, n.22, p. 365-376, May/Aug. 2007.