

Between (In)Sanity and Racial Denunciation: Narrative Adventures and Misadventures in *Madhouse Diary* and *The Cemetery of the Living* (1956), by Lima Barreto / *Entre a (in)sanidade e a denúncia racial: aventuras e desventuras narrativas em Diário do hospício & O cemitério dos vivos* (1956), de Lima Barreto

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ABSTRACT

The present study, resulting from a doctoral research, focuses on the autobiographical work of Lima Barreto, *Madhouse Diary* and *The Cemetery of the Living* (1956), analyzing the narratives therein that address the intersection between mental health and racism in Brazil in the early 20th century. Lima Barreto, one of the first black writers to describe the reality of a Brazilian asylum as a patient, offers a critical analysis of life in Brazil at that time; and the author highlights the presence of an oppressive system manifested in the supposed “care” directed at those deemed “alienated” or “crazy” — a system that is particularly more humiliating when directed at black and non-white people, in general. In doing so, this study does not propose definitive conclusions about Barreto’s thought, but highlights the spaces occupied by psychological and psychiatric thinking in Brazilian society of that period, as depicted in the narratives of Lima Barreto’s selected work.

KEYWORDS: Lima Barreto; Mental Health; Racism; Autobiographical Narratives Analysis; Black Ancestry Literature

RESUMO

O presente estudo, resultado de uma pesquisa doutoral, focaliza a obra autobiográfica de Lima Barreto, *Diário do hospício & O cemitério dos vivos* (1956), analisando as narrativas ali presentes que abordam a articulação entre saúde mental e racismo no Brasil do início do século XX. Lima Barreto, um dos primeiros escritores negros a descrever a realidade de um manicômio brasileiro, enquanto paciente, oferece uma análise crítica da própria vida no Brasil daquela época; e o autor destaca a presença de um sistema opressor que se manifesta no suposto “cuidado” direcionado às pessoas consideradas “alienadas” ou “loucas” — sistema este, em verdade, particularmente mais humilhante quando direcionado a pessoas negras e não-brancas, em geral. Ao fazê-lo, este estudo não propõe, outrossim, conclusões definitivas sobre o pensamento barretiano, mas destaca os espaços ocupados pelo pensamento psicológico e psiquiátrico na sociedade brasileira daquele período, conforme retratado nas narrativas da obra selecionada de Lima Barreto.

PALAVRAS-CHAVE: Lima Barreto; Saúde Mental; Racismo; Análise de Narrativas Autobiográficas; Literatura de Ancestralidade Negra

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Introduction

Afonso Henriques de Lima Barreto, better known as Lima Barreto, is an author from the literary period known as Brazilian Pre-Modernism, who lived in Rio de Janeiro's society between the last two decades of the 19th century and the first two decades of the 20th century (Schwarcz, 2010; 2011; 2017; Prado, 2012; Resende, 2017). Throughout his notable literary production, two autobiographical works stand out, published together, titled *Madhouse Diary and The Cemetery of the Living* (officially and originally published in 1956).¹ In these works, Lima Barreto describes his experience as a psychiatric patient, confined to the *Hospital Nacional de Alienados* [National Hospital for the Alienated], an asylum belonging to the *Santa Casa de Misericórdia* [Holy House of Mercy] in Rio de Janeiro, in the capital of the state (Schwarcz, 2017) — with the main focus of his writing being his second hospitalization, which occurred between December 25, 1919, and February 2, 1920.

Historically speaking, these works may be regarded as the first Brazilian written records authored by a psychiatric patient (or, in current terms, a user of Mental Health services), portraying life inside an “insane asylum” (or lunatic asylum, sanatorium, or psychiatric hospital, among other possible terms) (Schwarcz, 2017).

At the same time, when observed from a critical perspective, these works can also be considered some of the first literary records, written by a black man, to reflect on the relationship between poverty, racism, and madness in Brazil, deviating from the normative and medical-eugenic explanatory models that the Nina Rodrigues School had established within the national scientific discourse (Schwarcz, 1993). Let us note: instead of pondering the “concept of madness” based on craniological, phrenological, and anthropometric references, as *Antropologia Criminal Brasileira* [Brazilian Criminal Anthropology] (or the so-called “*Teorias Bioantropológicas da Criminologia*” [Bioanthropological Theories of Criminology]) of the early 20th century categorically sought to affirm (Schwarcz, 1993), these works seem to point toward a much more critical

¹ For the original study, we used the newest Portuguese version of the book: BARRETO, Afonso Henriques de Lima. *Diário do hospício & O cemitério dos vivos*. São Paulo: Companhia das Letras, 2017. However, for this English translation, and throughout this entire text, the version of the book cited, already duly translated into English and published by Convivim Editorial in 2023, was: BARRETO, Afonso Henriques de Lima. *Madhouse Diary and The Cemetery of the Living*. Trad. José Cláudio Awn. Criciúma: Convivim Editorial, 2023.

and humanized analytical direction, where the concrete living conditions of various individuals, socially stratified into different ethnic-racial groups, appear to have a far greater impact on their subjectivity and mental health than “the size and proportion of different people’s brains” (Schwarcz, 1993, pp. 48-49; translated by the author).

Based on these preliminary observations, largely historical and critical in nature, *Madhouse Diary and The Cemetery of the Living* (2023),² by Lima Barreto, are chosen as our seminal works, essential sources for our dialogue. This is because the primary objective of the present study is to identify the narratives produced regarding the relationship between mental health and racism in early 20th century Brazil, and Barreto’s autobiographical work appears in a privileged position to enable the achievement of this objective.

However, beyond the general objective outlined in this study, there is a set of ethical-political provocations that also drive us, stemming from a set of uncomfortable questions that we have similarly raised: is there, in the Health Sciences and the Social and Human Sciences, a history of recognizing the relevance of Mental Health issues, especially when understood through historical-critical readings that highlight the social, economic, and political dimensions that traverse these issues? If such a history exists, do ethnic-racial issues find passage and visibility as not merely allegorical or tangential elements, but rather as structural components in the analysis of the Mental Health of the Brazilian population? And if the Health Sciences and Social and Human Sciences do not give proper centrality to these issues, can Black Ancestral Literature provide the necessary tone to (re)center this debate — taking as a prime example, in this study, Lima Barreto and his writings?

Thus, far from aiming to present conclusive answers to the aforementioned ethical-political provocations, they serve as a justificatory foundation for the present study, which sought, through the theoretical-methodological application of the Autobiographical Narratives Analysis (Schütze, 1976; 2014; Jovchelovitch; Bauer, 2002) to Lima Barreto’s *Madhouse Diary and The Cemetery of the Living* (2023),³ to fulfill the primary objective previously outlined — recognizing, from the outset, the social and scientific relevance of studying Lima Barreto not only as a critical author of early 20th

² For reference, see footnote 1.

³ For reference, see footnote 1.

century Brazil but also as a foundational author of Black Ancestral Literature in our country (Nascimento, 2018; Vasconcelos, 2018). Let us now proceed to appreciate the findings of the present research.

1 Theoretical-Methodological Considerations: The Research with Lima Barreto

For this study,⁴ we take Barreto's writings in *Madhouse Diary and The Cemetery of the Living* (2023)⁵ as bibliographic research material, read and subjected to the Autobiographical Narratives Analysis (Schütze, 1976; 2014; Jovchelovitch; Bauer, 2002). In this reading, we sought to identify the so-called "individual trajectories (or narratives)" and merge them into "collective trajectories (or narratives)." These collective trajectories (or narratives) should express general issues that are revealed in individual trajectories (or narratives), but which are not limited to the narrator's experience — something that can be known through indexed data, derived from preliminary research on the time-space in which the narrator is located. Thus, it is expected that the trajectories (or narratives) *converted* into collective ones speak about *movements of narrating* realities and/or contexts to which not only one individual, but a collectivity, a group of subjects experiencing certain conditions, are subject and/or circumscribed.

These collective trajectories (or narratives), when seen in light of the indexed data, investigated prior to and in parallel with the research, create conditions for outlining "analytical outcomes," which are essentially another way of naming "analysis categories." These outcomes then enable the researcher to present their main findings and the conclusions derived from this process (Schütze, 1976; 2014; Jovchelovitch; Bauer, 2002).

That said, in this research, we consider that there are, in fact, fifteen (15) distinct literary narratives in Barreto's work, all produced by Lima Barreto himself from an undeniably autobiographical perspective. Let's consider:

⁴ This study, in turn, is derived from a doctoral research project titled *Saúde Mental e Relações Étnico-Raciais no Brasil: Narrativas de Lima Barreto, Leituras Historiográficas e Elucubrações Ulteriores* [Mental Health and Ethnic-Racial Relations in Brazil: Lima Barreto's Narratives, Historiographical Readings and Later Elucidations], authored by Rocha (2022). In this article, we prioritize a central excerpt from the project, drawn from the section *Análise e Discussão dos Resultados: Narrativas de Lima Barreto e Elucubrações Ulteriores* [Analysis and Discussion of Results: Lima Barreto's Narratives and Later Elucidations].

⁵ For reference, see footnote 1.

a) In *Madhouse Diary*, the first set of selected narratives, we have a collection of memories and reflections, written in the first person and openly autobiographical, about the experiences of a psychiatric patient in an asylum. These were produced by Lima Barreto during his second hospitalization at the National Hospital for the Alienated — between December 25, 1919, and February 2, 1920. This collection is not always cohesive or uniformly written; at times, the writer merely records notes, while at other times, he develops more elaborate thoughts about his life story and his experience in the asylum. These narratives are arranged into ten (10) distinct sections or chapters, nine (09) intentionally written by Lima Barreto, and one (01) final chapter, which was not officially considered by the author, as it appears in the form of compiled notes, to be further developed later. This last chapter included contributions from other researchers who, posthumously, helped maintain this compiled work of Barreto. Nevertheless, the entire work seems to serve as the foundation for Lima Barreto to develop a later work — which indeed partially occurred with the writing of *The Cemetery of the Living*;

b) *The Cemetery of the Living*, in turn, is the second set of narratives in the selected scope. It is formally divided into five (05) chapters, all equally authored by Lima Barreto. Interestingly, these narratives, constructed after his hospitalization, present a much more cohesive and fluid structure, with ideas organized in a way that reflects the rhythm of the narrative and the events that unfold, accompanied by pertinent reflections. Although *The Cemetery of the Living* is also written in the first person and has a (veiled) autobiographical nature, it reveals itself as a novel, whose character suffering the described hardships is named “Vicente Mascarenhas” — not Lima Barreto. However, this does not obscure the autobiographical — or autofictional — sense of Lima Barreto’s writing, as Vicente Mascarenhas is merely a lyrical self, an *alter ego* of Lima Barreto himself, as evidenced by the observation of the original manuscripts, where the author repeatedly writes and erases his own name, replacing it with that of his main character.⁶

⁶ In Portuguese: “Em *Diário do hospício*, primeiro conjunto de narrativas do escopo selecionado, temos um agregado de memórias e reflexões, escritas em primeira pessoa e de caráter assumidamente autobiográfico, acerca das experiências de um paciente psiquiátrico em um manicômio, produzidas por Lima Barreto durante a sua segunda internação no Hospital Nacional de Alienados — ou seja, entre 25 de dezembro de 1919 e 02 de fevereiro de 1920. Trata-se de um conjunto nem sempre coeso ou de redação uniforme, em que o escritor, às vezes, meramente registra apontamentos, tanto quanto, às vezes, desenvolve raciocínios mais elaborados sobre a sua história de vida e a sua experiência manicomial. Estas narrativas estão dispostas, assim, em dez (10) seções ou capítulos distintos, nove (09) intencionalmente escritos por Lima Barreto, e um (01) último que não foi oficialmente considerado pelo próprio escritor, pois se apresenta na forma de compilado de notas, a serem desenvolvidas posteriormente, e que contou com as contribuições de pesquisadores outros que, *post mortem*, colaboraram na manutenção deste compilado barretiano. Toda a obra, todavia, parece servir de base para que Lima Barreto desenvolvesse uma obra posterior — o que, de fato, acabou ocorrendo (parcialmente) com a escrita de *O cemitério dos vivos*”; “Já *O cemitério dos vivos*, por sua vez, é o segundo conjunto de narrativas do escopo selecionado. Divide-se, formalmente, em cinco (05) capítulos, todos igualmente de autoria de Lima Barreto. Curiosamente, estas narrativas, que foram construídas posteriormente à sua internação, apresentam-se com um encadeamento muito mais coeso e

Thus, it can be seen, generally speaking, that both works and their fifteen (15) related narratives present, at various times, a certain sense of incompleteness. In *Madhouse Diary*, we believe this is because Lima Barreto regarded it more as a set of notes to be explored later — therefore lacking greater organization of writing and ideas. In *The Cemetery of the Living*, however, this effort to organize writing and ideas is more evident, possibly due to the fact that this latter work was indeed conceived by Lima Barreto as a synthesis of his experience at the National Hospital for the Alienated — a work, unfortunately, left unfinished due to his death on November 1, 1922, at the age of 41, from a heart attack.

These observations, however, only reinforce the immersive nature of the text within the asylum context, broadening our perception of its value and its power to reconstruct a certain reality based on what is literarily narrated in each of the aforementioned fifteen (15) narratives. Hereafter, in the following sections, we will present some key narrative fragments from our analysis of both works, through summaries combined with the five (05) analytical outcomes derived from our analyses, as will be observed below.

2 Theoretical-Analytical Considerations: Movements of Narration and Analytical Outcomes

From the analysis of Barreto's narratives, we observe that certain concepts gain strength either through their persistent repetition, the forcefulness of their reflection, or the atrocity of their description. In all these cases, they reveal, in Lima Barreto's readings of the asylum and the ethnic-racial issues present therein, conceptions that we consider

fluido, com as ideias organizadas na forma de reflexões que se concatenam ao ritmo da narrativa e aos fatos que vão se sucedendo, acompanhados de pertinentes reflexões que lhe dizem respeito. *O cemitério dos vivos*, contudo, apesar de também escrito em primeira pessoa e de caráter (veladamente) autobiográfico, revela-se como um romance, cujo personagem que padece dos sofrimentos narrados chama-se “Vicente Mascarenhas” — e não Lima Barreto. Este é um dado que, entretanto, não escamoteia o efetivo sentido autobiográfico — ou autoficcional — da escrita de Lima Barreto, na medida em que Vicente Mascarenhas é apenas um eu-lírico, *alter ego* do próprio Lima Barreto, como se vê da observação dos manuscritos originais da obra, em que o escritor, por diversas vezes, escreve e rasura o seu próprio nome, substituindo-o pelo de seu personagem principal.” – The original manuscripts are available for researchers to access at the *Fundação Biblioteca Nacional* [National Library Foundation]. Although we formally used the 2017 edition of the works in question, as said previously, in this research, we also referred to the observation of the original manuscripts to make certain considerations, recognizing the historiographic significance of this observation. Access to these manuscripts is unrestricted and can be made through the collection of the aforementioned Foundation.

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collective, insofar as, as narratives, they are not mere personal reflections on his own trajectory — as we discussed in the Theoretical-Methodological Considerations — but rather subjective memories that represent a time and space in which his writing took place. These narratives thus configure a certain collective (re)production of a given reality and context.

In light of this, what stands out in the selected reading of Lima Barreto are five (05) fundamental movements of narration — expressions of what we have already called collective trajectories (or narratives) — that the writer seemingly intended to record in his writings, based on what he experienced and observed about the racialized and racist asylum context to which he was subjected, namely:

a) The first movement we identify in his narrative is the attempt to present possible definitions for the phenomena of “alienation,” with a focus on madness and alcoholism. Throughout the fifteen (15) analyzed narratives, we see the writer’s effort to present, at times, more theoretical arguments, and at other times, freer and more subjective reflections — both aiming to explore madness and, to some extent, describe it.

b) The second movement, which dialogues with the first, is the conjecture about the links between madness, alcoholism, poverty, and working conditions (inside and outside the asylum). The writer also seeks to reject easy, obvious, or totalizing answers about what triggers madness, using his own life experiences, as well as those of his fellow psychiatric patients and the professionals working there, to show how madness seems to hover particularly over the poor (and, indirectly, the black population) and those subjected to the worst working conditions.

c) The third movement involves pointing out certain stereotypes and stigmas constructed about black and mixed-race individuals, not only among doctors, nurses, and asylum guards but also among the psychiatric patients themselves and across various sectors of society. Being black or mixed-race in Brazil is described as a warning sign for madness and criminality, a fact that does not escape the writer’s attention or narrative.

d) The fourth and penultimate movement strongly connects to the previous one, highlighting the existence of a kind of (black) aesthetic in the psychiatric hospital that suffers from a certain critical invisibility in terms of evaluation by those who run the asylum institution. More than pointing to scientific assumptions suggesting a greater “natural degeneracy” for the black and mixed-race population of Brazil, Lima Barreto details how such ideas are already in effect in constructing the Brazilian asylum population in the early 20th century, where black bodies are

already the majority in the asylum space — something that must be narrated, brought to light, and recognized as part of reality.

e) Finally, the fifth and perhaps most recurrent movement in Barreto’s narrative relates to his constant and persistent criticism of alienists and psychiatric knowledge. While criticizing a Eurocentric medical practice focused on reproductions, the writer invites (if not calls upon) us to embrace a greater freedom of thought, one oriented toward the national concerns of our country and our people (especially black and Indigenous). However, he observes that this is a process from which Psychiatry of the time increasingly distances itself, and he attributes this to a certain “*Cultura do Doutor*” [Doctor’s Culture] — even if this is not entirely hegemonic among all doctors.

It is worth noting that the way we organize and present these movements does not represent a chronological or even bibliometric synthesis of Barreto’s narrative in *Madhouse Diary* and *The Cemetery of the Living*. Rather, it represents an effort to produce relevant analytical outcomes in line with the objectives of this research — an effort grounded, as previously mentioned, in the methodological propositions of Schütze (1976; 2014) and Jovchelovitch and Bauer (2002).

Thus, we believe that these movements described above provide sufficient basis to configure our dimensions of analysis for this moment, which we have termed, in keeping with the selected method, “Analytical Outcomes” and which will be presented hereafter, condensed in the following table:

Table 01: Analytical Outcomes Derived from Madhouse Diary and The Cemetery of the Living

Nº	Analytical Outcome	Summary Description
01	Definitions of Alienation, Madness, and Alcoholism	It encompasses the writer’s narratives in an attempt to define alienation, highlighting madness and alcoholism. It includes both more theoretical conceptions as well as more subjective ones, sometimes even in the form of digressions.
02	Multicausality Madness-Alcoholism-Poverty	It encompasses the writer’s narratives that link processes of mental deterioration to poverty, misery, hunger, unemployment, and poor working conditions, among other factors. These conditions are notably associated with alcoholism as well.
03	Stereotypes and Stigmas about Black and Mixed-Race People	It encompasses the writer’s narratives regarding derogatory remarks and scientific theories reproduced about black and mixed-race individuals. Within the asylum, this appears both among professionals and patients, and highlights connections with scientific racism.

04	The (Black) Aesthetic of the Psychiatric Hospital	It encompasses the writer's narratives, especially those produced in <i>The Cemetery of the Living</i> , regarding the majority black presence in asylums. Direct, visual, and demonstrative accounts of this majority presence are presented, attesting to scientific racism.
05	Alienist Ethics, "Doctoral Culture," and Psychiatric Polarities	It encompasses the writer's narratives in which criticisms are directed at science, psychiatrists, and other professionals at the asylum of the time. It accuses the presence of a coloniality of national medical thought and points to freedom as the ultimate goal.

Source: Author's Elaboration, 2024.

That being said, and in line with the final steps outlined for the effective execution of the Autobiographical Narratives Analysis (Schütze, 1976; 2014; Jovchelovitch; Bauer, 2002), let us proceed to the discussion in summaries of each of these conclusions, always with the necessary illustrations derived from selected narrative fragments.

3 Theoretical-Discursive Considerations: Between (In)Sanity and Racial Denunciation

3.1 Definitions of Alienation, Madness, and Alcoholism

In the Barretian narrative, the considerations about alienation are diverse, oscillating between more critical readings and others more speculative — where madness and alcoholism are more specific forms of this manifestation. Regarding madness specifically, at times the writer's narrative presents a definition of something in the realm of mystery, expanding human consciousness and our understanding of ourselves and our subjectivity. Thus, madness is not necessarily seen as something bad or harmful to the subjects' lives, as it can provide some individuals with an alternative way of seeing the world and the relationships within it.

The writer also understands madness as something of indefinable nature, as seen in passages like: "What to say about madness? Immersed among nearly twenty madmen, one does not have an overall impression of it" (Barreto, 2023, p. 55).⁷ Interestingly, to Lima Barreto, madness can also be an expression of mystery — illustrated in the excerpt: "(...) surrounded by mystery, perhaps the hallucinations I had, the conspicuous and tainted people might attribute them to inheritance, to alcohol, or any other factor within reach. I

⁷ For reference, see footnote 1.

prefer to go further...” (p. 52).⁸ This view demonstrates that, for the writer, madness should not be regarded solely as a representation of suffering. It embodies something subjective that occupies an intangible place, beyond what science can fully grasp.

These opinions on madness, despite maintaining a much more humanized view than many scientific perspectives of the time, diverge from the generalized readings of the medical-eugenic knowledge of the period. For Psychiatry of that time — evident in Arantes (2008a; 2008b; 2008c; 2010), Schwarcz (1993; 2011; 2017), and Bosi (2007)—madness was synonymous with irrationality and incapacity for the free exercise of citizenship and social rights. Thus, despite his intentions, Lima Barreto could not restrict himself to this sole interpretation of the phenomenon, having to confront these other more “scientific” readings. However, to the writer, modern sciences lost sight of mystery, and the modern scientist, doctor, or alienist “reads the books from Europe, from the United States [U.S.], perhaps; but does not read nature” (Barreto, 2023, p. 37).⁹

Thus, the writer presents reflections on madness that are also views of it as reflections of moments of “insanity,” where life appears too suffering for different men and women. Madness can also be seen as a form of confusion — especially when confined to the asylum, where “the ideas and the meaning of the phrases of each interlocutor go in their own direction” (p. 49)¹⁰ — but also as a greater result of pain and suffering, where irrationality emerges almost as an escape from what is faced in the so-called “normality.” This positions the mad as a social outcast, representing someone who, for one reason or another, could not handle the hardships of life to which all are, to some extent, subjected; making the mad, in the Barretian analysis, a “castaway, a flotsam of society” (p. 193).¹¹

In doing so, Lima Barreto centers a social analysis of madness — which is also defended by contemporary authors such as Lancetti and Amarante (2006) and Dimenstein and collaborators (2017) — and shows a considerable disinterest in the medical-eugenic descriptions and hegemonic psychiatric perspectives of modern sciences, to the point of ridiculing them. The writer considers, for example, unacceptable to use heredity as a criterion for measuring the “potential risk” of a person going mad and challenges us to investigate elements that, from his perspective, and considering his own life, might be

⁸ For reference, see footnote 1.

⁹ For reference, see footnote 1

¹⁰ For reference, see footnote 1.

¹¹ For reference, see footnote 1.

much more interesting and representative of the human condition than merely biology or genetics.

The same applies to alcoholism. For the writer, treating alcoholism merely as an organic, hereditary syndrome empties the social meaning of possible uses of alcohol and the trajectories leading a person to alcoholism. Looking at himself and also speaking about other companions, Lima Barreto recounts how poverty, humiliation, and fears resulting from these can also fuel the process of “leading someone to drunkenness” — making alcoholism a matter of social interactions and the resources established by individuals as mediators of sociability (Santos; Verani, 2010; Martins; Amaral, 2012) — and not just a consequence of having an alcoholic father or grandfather, for instance.

It should not be overlooked that the writer seemed to differentiate the madness manifesting in alcoholism from “madness proper” (or psychosis, to be more specific). At times, he questions why he is necessarily confined with other men who, in his view, exhibit much more constant and intense delusions than his own. If we look at this quickly and with some disregard, we might see in the writer-patient a certain presumption regarding his condition. However, at other times, especially in his later narratives, he delves into the suffering he perceives resulting from his alcoholism and recognizes its gravity. As we can see, he even acknowledges: “My inventive and creative capacity, my technical knowledge, and my pretension were insufficient to create a *Nautilus*, and I drank cachaça” (Barreto, 2023, p. 84, author’s emphasis).¹²

This shows that, although he chose a social analysis of madness and alcoholism, rather than a strictly organic or biological one, Lima Barreto did not ignore the suffering that could come with such conditions. On the contrary, he acknowledges suffering as present and seems to seek to broaden the possible interpretations we can make about it. This rejection of medical-eugenic theories and psychiatric perspectives on defining madness and alcoholism opens the way to an interesting concept underlying Barretian narrative: there is, in Lima Barreto, a view that health and illness, including alienation and its various manifestations, cannot be thought of without their inherent social, economic, and political processes; processes that occur in life, which is complex and endowed with many facets.

¹² For reference, see footnote 1

Madness and alcoholism in Lima Barreto, however, also escape this duality (social *versus* biological) presented. Both are more than just expanded forms of seeing the world, or sufferings structured in social relations, or uncontested truths of science. Madness and alcoholism are also forms and expressions of suffering and humiliation, even as responses to previous sufferings. Especially alcoholism is seen by the writer as a phenomenon that led him to other sufferings and emerged as a kind of “only way to deal with his pain.” Thus, while there is an ambivalence in these psychic expressions between mystery, sociability, and science, there is also a very real and present pain in the lives of those afflicted. The description given by the character Vicente Mascarenhas of possible causes leading to his condition reveals what we argue: his madness and alcoholism are intertwined with his familial and professional sufferings.

I was in my thirties, had a son who was inevitably illiterate, a mad mother-in-law, and a reputation as a drunkard, tolerated in the department that bored him, poor, and I saw life as closed. Young, I could not rely on my youth; educated, I could not make my education count; cultured, I was seen as a bum by everyone and suffered the greatest humiliations. Life no longer had flavor, and it seemed that hope was abandoning myself. After drinking continuously for a week, one night, I woke up in such a way, shouting, and the next day I spent in such terrors that my nephew André, who was already employed and helped me a lot, had no choice but to ask the police to take me to the asylum. That was the first time (p. 161).¹³

If this is the case, psychiatric handling of madness and alcoholism can also produce suffering and humiliation; something that Lima Barreto refers to repeatedly throughout his narratives. Through the treatment given to these phenomena by alienists, new defining contours will appear, revealing them as mere expressions of humiliation — such as seen in: “This passage several times in the asylum and other hospitals gave me a certain painful anguish of living that seems to be without remedy to my pain” (p. 67)¹⁴ — and, as a psychic response to such humiliations, we will see these views on madness and alcoholism composing a nearly constant desire for death and self-erasure.

This view of Psychiatry as a producer of suffering and mental illness is not new. It appears both in understandings of the psychiatric hospital as an iatrogenic environment

¹³ For reference, see footnote 1.

¹⁴ For reference, see footnote 1.

— producing madness (Lancetti; Amarante, 2006) — and in understandings of the psychiatric hospital as a hygienist and segregating environment, turning social isolation (almost) into a form of punishment and political persecution. What is interesting here is how Lima Barreto points out this sense of humiliation as derived from being in the asylum, and not simply from his alcoholism, in the early 1920s, when this criticism will be better grounded within the framework of the Psychiatric Reform in Brazil, only decades later (Lancetti; Amarante, 2006).

Finally, in this regard, there is one last aspect worth noting: there is, in madness, something of an intangibility and complete inaccessibility. More than mystery, more than resulting from sociabilities, more than an object of science, more than reverberations of suffering and humiliation, it is also something that our efforts will never fully synthesize into a single and unidirectional explanation. It transits through all these previous dimensions but can be mimicked in many others, and any effort to present it in a unified tone will, in the words of the writer-patient himself, be “childish.” As such: “there are many forms of madness, and some allow the patients moments of true and complete lucidity” (Barreto, 2023, p. 59).¹⁵

3.2 Multicausality Madness-Alcoholism-Poverty

In his narratives, Lima Barreto seeks to conjecture possible linkages between madness, alcoholism, poverty, and working conditions (both inside and outside the asylum), observing different subjects at various moments. However, similar to his approach to defining alienation, madness, and alcoholism, when the writer attempts to reject scientific explanations that propose biological certainties for the onset of madness, he also explores these issues from a predominantly social perspective, considering how concrete living and subsistence conditions may be as closely related to madness and alcoholism as supposed organic or biological predispositions.

To achieve this, the writer-patient revisits facts from his own life and recounts stories and experiences of fellow patients and professionals who inhabit and co-construct the psychiatric institution. This approach reveals how madness particularly seems to surround the poor (and, collaterally, black people) and those subjected to worse working

¹⁵ For reference, see footnote 1.

conditions. Reflecting on his own life, for example, Lima Barreto notes that his alcoholism, as a manifestation of illness and suffering, is directly related to his “lack of money.” He states: “All the financial difficulties I suffer are due to it [the addiction], and because of these difficulties, I turn to drinking” (p. 46).¹⁶ It is interesting to note the circularity in this fragment, where the interlocutor indicates that his financial difficulties arise from his excessive alcohol use, and it is these financial difficulties that compel him to continue drinking.

For Social Sciences in Health, when considering what leads to the development of diseases and ailments in an individual or a community, we always start with a perspective on human vicissitudes and the social, economic, political, historical, cultural, and environmental contexts in which different subjects and/or collectives are situated (Dimenstein *et al.*, 2017). Similarly, while observing Lima Barreto’s narrative with historical caution, we can suggest that the writer attempts a comparable movement. He presents his own stories, such as the fragment above, and also comments on the asylum, noting: “Everything is of unparalleled poverty” (Barreto, 2023, p. 38),¹⁷ and that mad people generally come from “the poorest layers of our poor people” (p. 38).¹⁸

Lima Barreto compels us to recognize that there is an evident relationship between madness, alcoholism, and poverty, though not as an uncontested causal point, but as a variable present in the reality of most psychiatric patients he encountered and recorded in his memories. It is not that Lima Barreto claims poverty as an essential condition for the development of madness or alcoholism, nor that he argues that everyone affected by poverty will inevitably become mad or alcoholic. Rather, the writer, through his observations, does not deny the evident association between the majority of patients at the National Hospital for the Alienated and their socioeconomic conditions, predominantly coming from poorer and less privileged social and ethnic-racial strata.

This same social and economic disparity among most patients is also reported as creating treatment asymmetries within the asylum environment. This is illustrated by what he refers to as a “class difference” in the asylum, exemplified by the following narrative fragment: “The guards, especially those in the pavilion and the poor section, regard the madmen as having no right to respectful treatment, as inferior beings, whom

¹⁶ For reference, see footnote 1.

¹⁷ For reference, see footnote 1.

¹⁸ For reference, see footnote 1.

they can treat and do whatever they want with” (p. 66).¹⁹ Thus, beyond the pre-illness dimension where we could locate the correlation between madness, alcoholism, and poverty, we must also address the impacts of these socioeconomic conditions on psychiatric patients even after their illness and subsequent hospitalization/institutionalization.

It is also noteworthy that the writer occasionally uses these arguments to reject hereditary hypotheses regarding madness, insanity, and alcoholism. In this rejection, he includes other possible causal associations, such as family suffering — highlighted in his own words as the “moral shock of my father’s progressive madness” (p. 46)²⁰; and the frustrations of not having achieved some of his dreams, such as gaining widespread recognition in *carioca* society as a great writer — which would only occur posthumously, and which he described as a “feeling of not being able to have the freedom to realize the ideal I had in life” (p. 46).²¹ Such “hypotheses,” if we dare to name them, indicate Lima Barreto’s suspicion that madness and alcoholism are not easily explained — as discussed in the previous moment of the text — and point to a multicausal horizon for their investigation. This perspective is supported by contemporary studies, such as those by Magda Dimenstein and collaborators (2017), which highlight a social determination of health in general, and more specifically, a social determination of Mental Health.

Regarding his own life, it is important to note that the writer acknowledges many causes “influencing why I started drinking” (Barreto, 2023, p. 49)²²; but, among all possible causes, he identifies as most affecting him “a feeling or premonition, a fear, without reason or explanation, of an ever-present domestic catastrophe” (p. 49).²³ By domestic catastrophe, Lima Barreto describes contexts of helplessness, where he falls ill without being able to care for himself; where his father falls ill and dies without him being able to provide the necessary care; or where he becomes unemployed without access to a job commensurate with his education and skills. All these variables seem to constitute a kind of multicausality of madness and alcoholism in Lima Barreto’s narrative, where

¹⁹ For reference, see footnote 1.

²⁰ For reference, see footnote 1.

²¹ For reference, see footnote 1.

²² For reference, see footnote 1.

²³ For reference, see footnote 1.

poverty and working conditions play a central role, producing subjective and/or emotional repercussions that cannot be disregarded.

While the writer does not agree with considering scientific responses as absolute truths, as noted earlier, he also does not propose that social and economic conditions, as well as subjective and/or emotional factors, inevitably lead an individual to madness. If he did, he would fall into clear contradiction with his narratives. However, by repeatedly highlighting the influence of these conditions on his possible alcoholism, as well as Vicente Mascarenhas, his character and *alter ego*, it is evident that Lima Barreto believes poverty and misery, along with their respective subjective and/or emotional repercussions, are elements that should not be disregarded in analyzing each case in *Mental Health* (Dimenstein *et al.*, 2017).

Regarding working conditions within this equation, it is also worth noting his ideas about labor specifically in the asylum environment and what we contemporarily refer to as iatrogenesis (Lancetti; Amarante, 2006). Analyzing the working conditions of asylum professionals, and suspecting that they are also susceptible to madness, Barreto's narrative leads us to reconsider the relationship between work and madness — which does not align with the scientific racism notion of a possible “contagious nature of madness”; nor with the forced labor patients were subjected to, which we will address in subsequent considerations. Instead, it is the daily routine, relationships, sufferings, and humiliations present there that lead him to ponder whether asylum workers are, in one way or another, more prone to madness; and that, even if he is “not a psychologist, nor a psychiatrist, nor anything like that; (...) this hypothesis is not entirely foolish” (Barreto, 2023, p. 72).²⁴

Finally, a last note: we do not find in Barreto's narrative passages where he centrally includes issues of race and racism in this multicausal equation. However, this does not mean that these correlations are absent from the dynamics we are unpacking; after all, as seen in his narratives, particularly in *The Cemetery of the Living*, the majority of the asylum's population is poor, and also predominantly black — which alone is an important point to consider, and which will be revisited here later.

²⁴ For reference, see footnote 1.

3.3 Stereotypes and Stigmas about Black and Mixed-Race People

Although most analyses of the early 20th century focus on the contributions of medical-eugenic sciences to the formulation of scientific racism discourses in health (Schwarcz, 1993), Lima Barreto also presents ideas and observations on these issues from the period when they were most prevalent, and from the perspective of a psychiatric patient. In his narratives, the writer records his impressions of the stereotypes and stigmas directed at blacks and mixed-race individuals within the asylum space — evident both among the medical professionals and his fellow patients.

First, it is important to highlight the writer's observation regarding the dominance of racialized and racist thinking in the sciences. For instance, he notes that “all national anthropologists attribute the defects and qualities of the race to the visible traits and signs” (Barreto, 2023, p. 123).²⁵ The choice of the term “anthropologist” is curious, as it implies a tendency to overuse anthropological concepts. Considering the influence of Nina Rodrigues's *Criminal Anthropology* on society, for example, we see not only an excess in what anthropological theory could claim at that time but also a similar excess in its impact on social imagination regarding race and racism in Brazil.

These Rodriguesian anthropological ideas and those of his followers not only gave rise to scientific discourses on the heredity of conditions associated with madness and criminality and the “natural degeneracy of the black race” but also led to their expansion, creating a collective mindset that prevailed in social ideology for many decades, maintaining eugenics, craniology, and scientific racism in the consciousness of both “men of science” and the Brazilian people as a whole (Schwarcz, 1993). Lima Barreto exemplifies this in his narrative through Vicente Mascarenhas's discourse, presenting the idea that, in social imagination, all black people are more prone to madness and criminality; or, as the writer himself puts it, “every person of color must necessarily be a rascal” (Barreto, 2023, p. 143).²⁶

Regarding the stereotypes and stigmas present, it is also worth noting issues related to work and nudity. In Barreto's narrative, there is a certain sense of dehumanization of the psychiatric patients' bodies, which can largely be justified by the

²⁵ For reference, see footnote 1.

²⁶ For reference, see footnote 1.

same discourse that underpins the dehumanization of black bodies. Thus, in all instances where forced labor and non-consensual nudity are depicted as degrading and humiliating actions, it becomes evident how this might relate to the fact that the psychiatric population is predominantly black and mixed-race, potentially a legacy of the enslavement processes and the treatment of African peoples forcibly brought to Brazil.

It is also crucial to remember that, in Barreto's view, all this does not occur in isolation and without varying perspectives. For example, when discussing his interactions with Juliano Moreira — a psychiatrist and also a black man — the writer describes a relationship that was significantly better than other medical-patient interactions he had experienced. Barreto does not speculate whether this improved medical-patient relationship might be related to Juliano Moreira being black, nor does he make any remarks about the racial-ethnic identity of the doctor in question. However, he does highlight the fundamental difference in the relationship between the two (as black men), especially when compared to his relationships with all the other doctors he mentions (all of whom were white).

3.4 The (Black) Aesthetic of the Psychiatric Hospital

Based on the stereotypes and stigmas constructed about the black and mixed-race population in Brazil, there is believed to be a correlation between scientific racism and the higher rates of hospitalization/institutionalization of black individuals in psychiatric hospitals in Brazil. However, this idea is not exactly new among intellectuals in Mental Health and Ethnic-Racial Relations, as extensively detailed in Costa (2007). What is less common are perceptions coming from psychiatric patients/users of mental health services, making Lima Barreto's insights into these issues particularly valuable.

The writer carefully observes the asylum environment in which he is situated, unequivocally noting the higher presence of black and mixed-race individuals in that space. To convey this, he uses vivid imagery, resulting in intense descriptions of this predominant presence. Through his narration, he highlights the overwhelming presence of black individuals in the psychiatric hospital.

First, Barreto bases his observations on the perception of class divisions within the asylum. These divisions are evident not only in the professional-patient interactions

but also among the patients themselves. Despite these divisions, he believes that all those interned are, to a greater or lesser extent, in a sort of cemetery, doomed to a form of living death. He states: “Here, in the asylum, with its class divisions, clothing, etc., I see only a cemetery: some are in a coffin, others in a shallow grave” (Barreto, 2023, p. 74).²⁷

Associated with this image of the asylum as a cemetery, Barreto describes the environment as a place of profound sadness — sadness so intense that it becomes visible and tangible. In the asylum, there is “only suffering, pain, misery, and sadness enveloping everything, sadness that nothing can dispel or lessen” (p. 152).²⁸ This sadness is accompanied by a profound silence, which Barreto emphasizes. He asserts that what makes being in an asylum particularly difficult is not the noise of the patients’ delusions but rather the silence: “What everyone thinks is that the worst thing about a mental asylum is the noise, the madness of the patients, their loud delirium. It is a mistake. (...) the mysterious horror of madness is the silence” (p. 167).²⁹

In this portrayal of the asylum as a locus of sadness and silence, Barreto brings forth his perception of the asylum’s racial composition. In dialogue with the harms caused by stereotypes and stigmas about the black and mixed-race population, he describes the asylum as a space deeply rooted in these same stereotypes and stigmas — where the mad black individual is “the complete type of the humblest *specimen* of our society” (p. 163, emphasis added).³⁰

The black individuals are the predominant presence in the courtyard, dining room, and rooms, and this presence is evident despite the Psychiatry’s denial of its racial criteria in institutionalization (Costa, 2007). Barreto notes that the blackness of many patients leads to an image where “*everything is black*” (Barreto, 2023, p. 168; emphasis added).³¹

Moreover, the asylum itself maintains this predominantly black and painful image. At times, Barreto uses imagery reminiscent of historical cruelty towards black people, such as the slave ship. Describing the transportation of patients to the asylum by the police, Barreto compares it to “a heavy cart panting like an old ship on the cobblestones” (p. 144).³² This metaphor evokes the image of the slave ship, which Barreto uses to

²⁷ For reference, see footnote 1.

²⁸ For reference, see footnote 1.

²⁹ For reference, see footnote 1.

³⁰ For reference, see footnote 1.

³¹ For reference, see footnote 1.

³² For reference, see footnote 1.

convey the sadness of the asylum in a manner similar to his other descriptions of the asylum's environments and contexts.

Barreto's vivid portrayal of the black presence in the asylum also extends to a metaphor of a cut, emphasizing how this vision is striking and dominates the perception of those who observe the asylum, stating: "*The black is the most cutting, most striking color*; and seeing a group of naked black bodies makes other colors fade in our minds" (p. 168, emphasis added).³³ These cutting images are also present in the form of a denunciation of abandonment, where Barreto describes a space with almost no hygiene, care, or will, resulting in a vision of "almost death in life," akin to a sentence of "you shall not go further," which mirrors the idea of the asylum as a "cemetery of the living," where the "desire for death" prevails.

For discussions on ethnic-racial issues, Barreto's narratives and perceptions about the (black) aesthetics of the psychiatric hospital are some of the most valuable in his work. This is especially important given that Barreto's observations were made in 1920, at the height of the penetration of racialized and racist medical-eugenic thought in sciences and society, from the perspective of a psychiatric patient. While contemporary efforts may deny the ethnic-racial aspect as fundamental to the development of the "madness industry" in Brazil (Costa, 2007), revisiting Barreto's literature and narratives can serve as a crucial historical tool for producing memory and justifying an anti-racist perspective in contemporary Psychiatric Reform and Anti-Asylum Struggles.

3.5 Alienist Ethics, "Doctoral Culture," and Psychiatric Polarities

The Barretian narrative, perhaps more pointedly than with any other subject, meticulously examines and scrutinizes early 20th-century psychiatric practices, drawing both from the personal experiences of its author and from the observations and opinions he formulated through his readings and understanding of issues related to madness and alcoholism. In one way or another, what is crucial to emphasize here is how much the practice of alienists seems to be the subject of profound contemplation on the part of Lima Barreto, who, in a role reversal, and with considerable acidity, will describe, assess, and conclude various things regarding alienists and their science and profession.

³³ For reference, see footnote 1.

Let us begin with an investigation into what we are calling the “Alienist Ethics.” There are several passages where the author seeks to observe what underpins psychiatric practice, what its *ethos* of scientific and professional production is. He reflects that there seems to be something in the fundamental mechanism of psychiatric asylum intervention — the internment — that distances it from the modernity of scientific thought. He tells us that when confronted with the insufficiency of their knowledge in the face of madness, psychiatrists continue to appeal to “the process of the Middle Ages: reclusion” (Barreto, 2023, p. 71).³⁴

In this way, he occupies himself with critiquing internment and social isolation as the primary tools of psychiatric intervention at the time, denouncing that these methods do not benefit the patient, nor do they serve to investigate or “cure” their condition. He reflects that these methods are much more concerned with depriving the mad of coexistence with the world, reducing their life experience to the confined environment of the asylum — something that, moreover, causes him a clear fear that it might happen to him as well. Through such observations of alienist practices, the writer asserts that in the know-how of this science and profession, there is nothing less than inefficacy: “I have known madmen, and madmen’s doctors, for nearly thirty years, and I strongly doubt that the honesty of any of them would allow them to say that they have cured even one” (p. 74).³⁵

It is worth noting that the science and profession of alienists or psychiatrists, indeed, relied on three fundamental practices throughout its history in the 20th century: medicalization; invasive interventions on the human body (such as electroshock therapy and lobotomy); and internment and social isolation through asylum institutions (Schwarcz, 1993; Lancetti; Amarante, 2006; Costa, 2007). Let us briefly consider each of these three fundamental practices:

- (a) *Medicalization* consists of the use of psychopharmaceuticals as a means to control the manifestation of certain signs and symptoms. Initially, their use was meant to reduce the intensity of some manifestations of psychic suffering and/or mental illness in individuals, allowing psychodynamic and/or psychosocial interventions to assume a therapeutic role immediately after such effects. However, historically, it is known that this was not always the reality. Many times, in both global and

³⁴ For reference, see footnote 1.

³⁵ For reference, see footnote 1.

national sanitary and psychiatric history, medication ended up being used as a “subjective buffering” device, often being, along with internment and social isolation, the only strategies employed for individuals in psychiatric conditions (Lancetti; Amarante, 2006; Costa, 2007).

- (b) *Invasive interventions*, on the other hand, peaked in the transition from the first to the second half of the 20th century, with electroshock therapy — nowadays renamed electroconvulsive therapy (or ECT) — and lobotomy — nowadays renamed to as psychosurgery — as their two main representatives. However, due to their frequent use in punitive contexts and even as forms of torture, as well as the scant scientific evidence supporting their efficacy, these interventions were ultimately classified as “barbaric.” Today, their use remains highly controversial and is the subject of significant discursive disputes within the medical and health sciences fields (Lancetti; Amarante, 2006; Costa, 2007).
- (c) *Internment and social isolation* were among the earliest practices in Psychiatry, dating back to the era of the French alienist Philippe Pinel — one of the reasons why Lima Barreto refers to them as “Medieval practices.” These methods were based on the assumption that by removing an individual from their social environment, it would be possible to subject them to a set of therapies in a hygienic and isolated space, thereby “curing” them and only then returning them to their original social environment. However, drawing on the perspectives of Social Sciences in Health, it is now understood that this premise contained a fundamental and egregious error: humans are subjectively forged through socialization, and thus their sufferings and illnesses are as well. To operate under the logic that psychic suffering and mental illnesses could be “cured” outside of social environments was, therefore, profoundly incoherent. Additionally, internment and social isolation often served more as tools for social hygiene and the removal of so-called “mad” individuals from society than as actual care projects (Schwarcz, 1993; Lancetti; Amarante, 2006; Costa, 2007).

Thus, Lima Barreto’s analysis of psychiatric practices of the time, which favored internment and social isolation, leads us to the conclusion that, even during that historical period, the writer already identified these as insufficient practices. He perceived them as part of a professional and scientific ethic that was not truly focused on patient care — something also addressed in studies by Arantes (2008a; 2008b; 2008c; 2010), Bosi (2007), and Schwarcz (1993; 2011; 2017).

Consequently, the writer understands that this lack of modernity in interventions did not stem, initially, from the alienists’ unwillingness to explore other ways of caring for those afflicted by madness, alienation, and alcoholism, but rather from a lack of critical capacity to engage with these so-called “scientific innovations.” This points to a

strong presence of coloniality of thought. In this regard, he often criticizes both the absence of a focus on national issues in literature and science — something evident in both his own life and in the lives of some of his main characters, such as Vicente Mascarenhas and Major Policarpo Quaresma (Arantes, 2008b; Marinho, 2010) — and the unreflective “euphoria” surrounding possible scientific novelties, without the necessary and urgent contextualization of these innovations to the time and place where they were to be applied.

Regarding the first critique, the writer asserts: “Our society is utterly idiotic. Never has there been such a lack of taste. Never has there been so much apathy, so much lack of intellectual initiative and autonomy!” (Barreto, 2023, p. 77).³⁶ Concerning the lack of contextualization of knowledge imported from abroad, such as from the U.S. and Europe, he concludes that alienists are “mere repeaters of the assertions of European notabilities” (p. 135).³⁷ In both of these reflections, he highlights what, in dialogue with Dussel (1993) and Quijano (2005), we call the *coloniality of thought* — or, in other words, the *coloniality of alienist and/or psychiatric know-how*. Thus, Brazilian alienists/psychiatrists faced a grave problem regarding their own self-conception, as they “abdicate the right to criticism, to examination, to free inquiry; it is as though we were returning to the *regime* of authority” (Barreto, 2023, p. 135, emphasis added).³⁸

This coloniality, as we interpret in Barreto’s narrative, underpins what we henceforth call the “Doctoral Culture.” Lima Barreto understands that this colonized behavior reflects a pressing doctoral vanity not only within the psychiatric field but throughout Brazilian science. He summarizes this for Psychiatry: “The asylum holds a particular admiration for doctoral titles” (p. 197).³⁹ The writer accuses that there is a desire for titles and intellectual ostentation that distances us from the possibility of confronting, directly, the problems and issues relevant to our professional and scientific practices in health within the national reality — especially in the field of Mental Health.

This vanity ends up merely reinforcing the alienist ethics centered on ineffective practices that the writer had criticized and we previously highlighted, preventing us, as intellectuals and Mental Health professionals, from developing good care practices aimed

³⁶ For reference, see footnote 1.

³⁷ For reference, see footnote 1.

³⁸ For reference, see footnote 1.

³⁹ For reference, see footnote 1.

at the people we wish to care for. Moreover, it may also conceal a certain fear of confronting the intangible nature of madness, a subject the writer also touched on earlier. In the vanity of titles, there may be a distancing that ultimately breeds disdain for the human being and their vicissitudes, a distancing born from our inability to fully probe this same human being and these same vicissitudes. Initially, this “Doctoral Culture,” let us note, might have merely produced distancing and ineffective practices among alienists. However, what we have seen is that it has also contributed to the contemporary perpetuation of harmful logics and discourses that continue to alienate people from their social rights, curtail their freedom, and result in even more suffering for those already enduring intense psychic suffering and/or severe mental illness (Lancetti; Amarante, 2006; Costa, 2007). For Lima Barreto, this “culture,” which continues to underpin internment and social isolation as supposed “care tools,” has a consequence already considered and personally experienced by the writer during his own internment: the desire for death, the annihilation of the self.

Here, we arrive at a fundamental critical point: this is not merely a discussion about the paths and missteps of a science and profession from the perspective of a psychiatric patient. It is also a meditation on the subjective impacts that such “alienist ethics” and “Doctoral Culture” have produced on the people who should receive effective care from the health and Mental Health sciences — whether in 1920 or today. Lima Barreto shows us this, in 1920, through his own realization that, as the subject-object of Psychiatry’s knowledge and practices, he had lost control over his own body: “I had lost all social protection, all right over my own body, I was like an anatomy amphitheater cadaver” (Barreto, 2023, p. 194).⁴⁰

At this point, we also highlight the so-called “Psychiatric Polarities” — for this narrative is not monolithic; it does not apply to all the psychiatric professionals Lima Barreto encountered. Once again, mention must be made of Juliano Moreira, with whom the writer was able to experience another perception of care, a medical interest in his life and well-being. Barreto openly mentions that Juliano Moreira treated him “with great tenderness” and had him “sit by his side.” In such examples, we observe the mimicry of a repositioning, of another possible way of interacting with those afflicted by alienation, madness, and alcoholism — mimicry, in short, of another possible psychiatric polarity.

⁴⁰ For reference, see footnote 1.

Conclusion

The analysis of Lima Barreto's autobiographical work, *Madhouse Diary and The Cemetery of the Living* (2023),⁴¹ reveals an incisive critique of life in early 20th-century Brazil, highlighting the complex relationship between mental health and racism that the text uncovers. The author exposes an oppressive system disguised as “care” directed at those deemed “alienated” or “insane” during the 20th century, where, notably, this so-called “care” turned out to be exceedingly humiliating, especially when applied to Black individuals.

By unearthing the intertwined narratives of mental health and racism in Lima Barreto's work, we uncover that he not only documents his own experience in the asylum but also offers a sharp critique of the psychological/psychiatric thinking of that time. Thus, far from delivering definitive conclusions, Barreto's work sheds light on the limited and often flawed framework through which psychiatric thought sought to understand and address mental health issues, exposing the complexities and injustices embedded in asylum practices targeting individuals (particularly Black people) in early 20th-century Brazilian society.

That said, and by way of conclusion, we believe the objective of this study has been met, while also acknowledging its limitations — such as the need for a deeper comparison of the selected works with others by the author, which could broaden our understanding of his views on psychiatry, madness, and racism in general. It is suggested that future research should delve into other works by Lima Barreto (and even his encounters with Juliano Moreira, another significant historical Black figure mentioned earlier and always worthy of note), focusing on the same intersection proposed here. This would allow for the detection of other narrative ventures and misadventures within the vast critical legacy of Barreto's literary contributions. Hopefully.

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⁴¹ For reference, see footnote 1.

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Research Data and Other Materials Availability

The contents underlying the research text are included in the manuscript.

Reviews

Due to the commitment assumed by *Bakhtiniana. Revista de Estudos do Discurso* [*Bakhtiniana. Journal of Discourse Studies*] to Open Science, this journal only publishes reviews that have been authorized by all involved.

Review I

The article “Between (In)Sanity and Racial Denunciation: Narrative Adventures and Misadventures in Madhouse *Diary and the Cemetery of the Living* (1956), by Lima Barreto,” aims to highlight, as stated in its abstract, “the spaces occupied by psychological and psychiatric thought in Brazilian society of that period, as portrayed in the selected narratives” of the author. Indeed, throughout the paper, the researcher draws a parallel between the mentioned “psychological and psychiatric thought” and the referenced literary works. To achieve this objective, specific, relevant, and up-to-date bibliographical sources are selected, both regarding the scientific (or ostensibly scientific) foundations of the early 20th century in Brazil concerning mental illness and the critical reflections on Lima Barreto. It is true that this second group of publications is less prominent in the work. However, this circumstance is justified, in my opinion, by the careful reading of Barreto's works, frequently evoked to illustrate or problematize aspects of the prevailing psychological and psychiatric thought, in relation to which the writer, as the study suggests, is in some respects ahead of his time. An example of this, as indicated in the title, is the tension he establishes “between (in)sanity and racial denunciation,” a subject of contemporary reflection, as the researcher addresses. This is an important contribution of the article, which benefits significantly from clear and elegant writing, enhancing the relevant and equally clear methodological considerations present from the very first pages. Therefore, publication is recommended. APPROVED.

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Review II

The text is well-constructed and technically contains all the necessary elements for publication in an academic journal. It has a strong focus on aspects of Social Medicine and Psychiatry but lacks a multidisciplinary perspective. For example, it merely narrates

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the relationship with his father without delving into two important issues in Lima Barreto's biography and his hospitalization in the asylum: the fact that his father was the director of an asylum for the mentally ill on Ilha do Governador (which, historically, placed his siblings and himself in a subjective position of proximity and potential for resolving issues related to alcoholism), and, importantly, Lima Barreto's level of frustration stemming from social and personal failures (particularly his repeated rejections at the Polytechnic, which prevented him from earning an engineering degree). Since the author limits their observation to the works *Diário do hospício* & *O cemitério dos vivos*, a broader analysis of Lima Barreto's complete writings would offer more elements for interpretation. The article should be approved, with a revision (especially regarding the title). Although it has limitations, given the sparse bibliography and the wealth of analyses and books produced around the centennial of Lima Barreto's death, it is still a valuable contribution. However, it does not present thematic or methodological innovations for discourse analysis. We recommend that the author expand the bibliography on Lima Barreto and on the two works analyzed in this article. APPROVED.

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