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EDUCATION AND MENTAL HEALTH: CONTRASTS BETWEEN BARBACENA AND NISE DA SILVEIRA'S THERAPEUTIC PEDAGOGYA

EDUCAÇÃO E SAÚDE MENTAL: CONTRASTES ENTRE BARBACENA E A PEDAGOGIA TERAPÊUTICA DE NISE DA SILVEIRA

EDUCACIÓN Y SALUD MENTAL: CONTRASTES ENTRE LA PEDAGOGÍA TERAPÉUTICA DE BARBACENA Y NISE DA SILVEIRA

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ABSTRACT: This article comparatively analyzes two landmarks in the history of Brazilian psychiatry: the Colônia Hospital of Barbacena and the work of physician Nise da Silveira. The central objective of the research is to compare these two historical events, highlighting the pedagogical and educational aspects of Nise's approach in contrast to the environment of abandonment and medicalization at the Barbacena Asylum. The discussion is grounded in Sustainable Development Goal 3 (Health and Well-Being), reinforcing the importance of inclusive practices in mental health. It is a qualitative, exploratory, and bibliographic study that brings together classical works, historical accounts, and contemporary research. The Colônia reflects exclusionary practices marked by overcrowding, neglect, hunger, and treatments limited to a few drugs. In contrast, Nise introduced non-invasive therapies such as painting, modeling, and interaction with animals, transforming care into an educational experience. It is concluded that pedagogical practices are essential to mental health and must be integrated into public policies.

KEYWORDS: Inclusive education. Mental health. Nise da Silveira. Barbacena. Therapeutic pedagogy.

RESUMO: Este artigo analisa comparativamente dois marcos da história da psiquiatria brasileira: o Hospital Colônia de Barbacena e o trabalho da médica Nise da Silveira. O objetivo central da pesquisa é comparar esses dois eventos históricos, destacando os aspectos pedagógicos e educativos da abordagem promovida por Nise, em contraposição ao ambiente de abandono e medicalização do Manicômio de Barbacena. A discussão é fundamentada no Objetivo de Desenvolvimento Sustentável 3 (Saúde e bem-estar), reforçando a importância de práticas inclusivas em saúde mental. Trata-se de um estudo qualitativo, exploratório e bibliográfico, que reúne obras clássicas, relatos históricos e pesquisas contemporâneas. O Colônia reflete práticas excludentes, marcadas por superlotação, descaso, fome e tratamentos restritos a fármacos. Em contraste, Nise introduziu terapias não invasivas, como pintura, modelagem e convivência com animais, transformando o cuidado em experiência educativa. Conclui-se que práticas pedagógicas são indispensáveis à saúde mental e devem integrar as políticas públicas.

PALAVRAS-CHAVE: Educação inclusiva. Saúde mental. Nise da Silveira. Barbacena. Pedagogia terapêutica.

RESUMEN: Este artículo analiza comparativamente dos hitos en la historia de la psiquiatría brasileña: el Hospital Colônia de Barbacena y el trabajo de la médica Nise da Silveira. El objetivo central de la investigación es comparar estos dos eventos históricos, destacando los aspectos pedagógicos y educativos del enfoque promovido por Nise en contraposición al ambiente de abandono y medicalización del Manicomio de Barbacena. La discusión se fundamenta en el Objetivo de Desarrollo Sostenible 3 (Salud y Bienestar), reforzando la importancia de prácticas inclusivas en salud mental. Se trata de un estudio cualitativo, exploratorio y bibliográfico que reúne obras clásicas, relatos históricos e investigaciones contemporáneas. El Colônia refleja prácticas excluyentes, marcadas por el hacinamiento, el descuido, el hambre y tratamientos limitados a pocos fármacos. En contraste, Nise introdujo terapias no invasivas, como la pintura, la modelación y la convivencia con animales, transformando el cuidado en una experiencia educativa. Se concluye que las prácticas pedagógicas son indispensables para la salud mental y deben integrarse en las políticas públicas.

PALABRAS CLAVE: Educación inclusiva. Salud mental. Nise da Silveira. Barbacena. Pedagogía terapéutica.

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INTRODUCTION

Established by the United Nations within the framework of the 2030 Agenda, the Sustainable Development Goals (SDGs) comprise a set of global objectives that embody the commitment to achieve sustainable development by the year 2030. Clear examples of such goals include protecting the environment and eradicating poverty. However, the SDGs go beyond these aims, as they also reflect a concurrent effort to build a peaceful and prosperous world for all, without distinction. Supporting this perspective, SDG 3—*Good Health and Well-Being*—is categorical in its self-description: “to ensure healthy lives and promote *well-being for all, at all ages*” (Nações Unidas no Brasil, s.d.).

This also implies that the SDGs cannot disregard marginalized populations. Among the many peripheral contexts to be considered, particular attention should be given to individuals with psychiatric conditions and to the most effective and comprehensive approaches for treating such pathologies.

Moreover, science serves as an instrument to improve life and plays a central role in a nation’s development (Zarbin, 2022). Taken in a broader sense, education can likewise be viewed as a means of improving life and is equally central to development. This reasoning converges toward the following idea: education is a way of promoting the well-being of psychiatric patients.

In this context, although pharmacological treatment should not be dismissed, historical experience shows that pedagogical methods and social inclusion tend to yield better results for mental health than medicalization alone—particularly in contexts marked by exclusion and isolation. Two emblematic and diametrically opposed cases illustrate this claim: the Barbacena Asylum and the psychiatric services led by Dr. Nise da Silveira.

Therefore, the purpose of this article is to compare these two historical events, emphasizing the pedagogical and educational aspects of Dr. Nise da Silveira’s approach in contrast to the environment of neglect and pure medicalization found in the Barbacena Asylum. The data used in this study derive from the Master’s dissertation in *Development and Society* defended in 2025 by Lucas Castilho Lopes, under the supervision of Professor Dr. Joel Cezar Bonin, in the Graduate Program in Development and Society at Alto Vale do Rio do Peixe University.

METHODOLOGY

This research is basic, qualitative, exploratory, bibliographic, and cross-sectional in nature. It is characterized as follows:

- Basic, because it generates knowledge relevant to the topic and to science as a whole, although without an immediate practical application (Prodanov & Freitas, 2013).
- Qualitative, since it involves abstraction and seeks possible explanations to establish configurations and cause-and-effect flows, without employing experimental studies (Prodanov & Freitas, 2013).
- Exploratory, as it aims to establish preliminary information on a given subject (Zambello et al., 2018).
- Bibliographic, as it relies on previously published materials such as books, articles, journals, dissertations, and theses (Prodanov & Freitas, 2013).
- Cross-sectional, because, unlike longitudinal studies, this research was conducted over a short period of time (Fontelles et al., 2009).

The criteria for source selection were defined according to the following parameters:

1. Thematic relevance: Only materials that directly addressed mental health, the history of psychiatry in Brazil, or pedagogical and educational practices in psychiatric treatment were included.
2. Historical and scientific pertinence: Priority was given to classical works that document the historical contexts of the Barbacena Psychiatric Hospital (Hospital Colônia) and the work of Nise da Silveira, as well as contemporary studies that update and expand this discussion.
3. Variety of perspectives: Both academic productions (books, peer-reviewed articles, theses, and dissertations) and institutional documents, historical reports, and primary sources were included to ensure analytical breadth and depth.
4. Availability across different formats: The sources were consulted in both print and digital formats, through academic databases and historical archives.

Accordingly, the *corpus* of the literature review comprised scientific, institutional, and historical documents carefully selected for their contribution to the critical analysis of the exclusionary medicalization practices represented by the Barbacena Psychiatric Hospital and the inclusive, pedagogical approaches implemented by Nise da Silveira.

The methodological procedure involved identifying, systematizing, and comparing the main aspects of the two contexts under study: (i) the model of isolated medicalization and social exclusion observed in the Hospital Colônia, and (ii) the proposal for psychosocial and educational rehabilitation promoted by Nise da Silveira. The comparative analysis was guided by the central objective of the study: to highlight the contrasts between exclusionary and medicalizing practices and inclusive practices grounded in pedagogical principles.

DEVELOPMENT

The Colônia Hospital and Isolated Medicalization

The Colônia Psychiatric Hospital, located in Barbacena, Minas Gerais, was founded in 1903 as part of the broader effort of that period to institutionalize individuals diagnosed with mental disorders (Galletto, 2024). The institutionalization trend that inspired the creation of the hospital was derived from European models, which were themselves influenced by the work of Philippe Pinel (Fernández Pérez, 2021).

Pinel (1745–1826), a physician devoted to psychiatry, sought to establish more humane treatment for the so-called “insane” (Wübben, 2023), particularly after a personal tragedy in which a close friend, suffering from mental illness, became lost in a forest and was attacked by a pack of wolves. This event deeply impacted Pinel and strengthened his advocacy for approaches that did not involve imprisoning the mentally ill (Taylor & MacDonald, 2022). The Pinelian method aimed to provide a safe environment where patients could receive supervision and engage in productive work (Galletto, 2024).

Although Pinel’s work contributed to the elimination of several practices characteristic of his time (e.g., bloodletting and emetic induction), he nonetheless maintained others that were far from ideal, such as cold baths and the use of straitjackets. Moreover, his approach perpetuated both alienation and confinement—practices later criticized by Michel Foucault (Galletto, 2024; Morse, 2024).

Within this framework, the *Hospital Colônia* emerged in southeastern Brazil, suffering from many of the same ills as its European counterparts. Among these, the most prominent was the overburdening of psychiatric institutions, which were overcrowded with patients confined to small, inadequate spaces. This was compounded by the chronic lack of staff to meet the growing demand (Galletto, 2024).

Such overpopulation was one of the key factors behind the minimal medical supervision actually provided to patients. With or without supervision, they suffered from cold and hunger, drank sewage or urine, ate rats and feces, and lived and slept naked. There was even a cemetery within the asylum grounds, attesting to the frequency of deaths (Farrow, 2024).

In this environment, the medical treatments offered were largely ineffective, and neglect prevailed—particularly when compared to current medical standards. At the *Hospital Colônia*, the pharmacy dispensed only two types of pills: chlorpromazine and diazepam (blue and pink, respectively). Two blue pills were given to those who complained of anxiety, while two pink pills were prescribed for those deemed in need of sedation (Arbex, 2019; Cordeiro, 2024).

However, this pharmacological approach was inconsistent with sound medical practice. According to Pazinato (2019), it is the physician’s duty to provide the patient with clear information about their health, illness, available treatments, and the implications of these

therapies, as well as a possible prognosis. While this does not absolve the physician of responsibility, it grants patients autonomy over decisions concerning their own bodies—an essential element of health education. Consequently, patients at the *Hospital Colônia* were kept in ignorance regarding their own conditions and were thus deprived of any meaningful participation in their treatment.

In this context, it becomes evident that overcrowding, combined with the chronic shortage of physicians at the *Hospital Colônia*, resulted in the disastrous prescription policy described above. This practice, which disregarded the individual needs of each patient, directly contradicted one of the fundamental principles of medical praxis: respect for patient autonomy. As Pazinatto (2019) asserts:

When a physician perceives that a patient lacks autonomy, there is a risk of underestimating them by failing to provide information in a clear and comprehensive manner. Furthermore, due to the vulnerabilities inherent in illness and its stages, the patient may, during treatment, lose part of their autonomy and become unable to deliberate on subsequent steps. In such cases, the physician's subjective perception becomes a crucial factor. (p. 238)

The case of Nise da Silveira and therapeutic education

In contrast to what occurred in Barbacena, a notable example of a positive Brazilian psychiatric experience can be found in the work of Dr. Nise da Silveira. This physician from Alagoas, much like Philippe Pinel, was critical of the clinical treatments applied to individuals diagnosed with mental disorders in her time. The key difference, however, lay in her efforts to adopt non-invasive and non-restrictive methods in the care of her patients (Gullar, 2024).

More specifically, Nise opposed the use of electroconvulsive therapy, insulin shock therapy (which consisted of inducing a comatose state through the administration of a high dose of insulin, from which the patient was expected to awaken “cured”), and lobotomy—a surgical intervention intended to manipulate specific brain regions to “reprogram” mental functions. Such procedures, aimed at restoring mental health through invasive means, are now entirely discontinued (Araripe et al., 2025).

Among the non-invasive approaches supported by Silveira were painting, modeling, and interaction with animals—particularly dogs and cats cared for by the patients themselves. The therapeutic spaces she developed were designed to foster a welcoming, hospitable environment characterized by extraordinary freedom (Lousa & Mikosz, 2022).

Her work led to the discovery of remarkable talents, such as that of Emygdio de Barros (1895–1986). After living with schizophrenia for twenty-three years, Barros began painting. At

first, his work depicted memories, but over time his compositions became increasingly structured and coherent—an uncommon trait among individuals with schizophrenia, who typically exhibit fragmented thought processes (Chan, 2008).

Even more strikingly, Emygdio de Barros had not spoken a single word in twenty-five years. Through Dr. Nise's therapeutic approach, he not only regained speech but also produced a prolific body of work that received acclaim from art critics. According to Gullar (2024), few artists achieved the same level of genius as Barros.

At one point, Emygdio enigmatically expressed a wish to receive an umbrella for Christmas. Silveira interpreted this as a metaphorical desire to leave the institution—a request she honored. Barros subsequently moved in with relatives but returned voluntarily years later, suitcase and umbrella in hand, explaining that he wished to paint again (Gullar, 2024). This episode stands as evidence of a more refined and humane therapeutic process, particularly when compared to the experience of Barbacena. While psychiatric diagnoses often require considerable time and inherently involve some degree of medicalization (Freitas & Reuter, 2021), the Barbacena case demonstrates that isolated pharmacological treatment alone is insufficient to address the complexities of mental health.

In the method developed by Nise da Silveira, the patient was observed not merely for control, but for genuine care—respecting individual will, identifying personal potential, and encouraging artistic expression, as exemplified by the painter Emygdio de Barros. Unfortunately, in the case of the *Hospital Colônia*, patients were also observed, yet such observation failed to influence medical decisions or inspire interventions that could prevent harmful behaviors or promote meaningful rehabilitation.

DISCUSSION

The comparison between the *Hospital Colônia de Barbacena* and Nise da Silveira's therapeutic pedagogy reveals two fundamentally opposing models of mental health care—models that also extend into the field of education for individuals experiencing psychological distress. In Barbacena, an asylum-based, exclusionary, and dehumanizing model prevailed, characterized by practices of isolation, neglect, and violence, resulting not only in the loss of health but also of dignity and life for thousands of individuals (Barbosa-Fohrmann & Aubert, 2023; Galletto, 2024). This context exemplifies what Foucault (1978) described as the *exclusionary function of disciplinary mechanisms*, which transformed the psychiatric hospital into a site of social containment, detached from any genuinely therapeutic or educational purpose (Lister et al., 2024).

In contrast, the work of Nise da Silveira represented a paradigm shift. Grounded in the appreciation of artistic expression and creativity as channels for communicating the unconscious, Nise developed a therapeutic pedagogy that recognized patients as subjects of knowledge and potential (Lousa & Mikosz, 2022; Oliveira, 2025). Her practice—particularly within the painting studio and the Museum of Images of the Unconscious—demonstrated that art could serve not only as a clinical tool but also as an educational instrument for self-awareness and the re-signification of subjectivity (Damião Junior, 2021).

While Barbacena symbolized a “living death” imposed by the asylum system (Tavares, 2021), Nise’s therapeutic pedagogy pointed toward life, social connection, and inclusion (Pedrosa et al., 2024). Within this framework, an explicit educational dimension emerges: as Corradi-Webster et al. (2025) observe, the Brazilian Psychiatric Reform was driven by the need to overcome exclusionary practices and to construct new spaces for social and civic learning for individuals in psychological suffering.

However, certain limitations must be acknowledged. Nise’s experience, despite its innovation, remained confined to specific institutional contexts and faced significant resistance from the psychiatric establishment (Pedrosa et al., 2024). Moreover, although criticism of the asylum model has been incorporated into public mental health policies since the 1990s, substantial challenges persist—such as the scarcity of substitute services and the enduring stigma surrounding mental illness (Roberts-Pedersen, 2024).

Therefore, the contrast between Barbacena and Nise da Silveira’s practice underscores how political and institutional choices shape not only mental health care but also the educational dimension of treatment processes. This reflection reinforces the urgent need for public policies that integrate health and education as instruments of emancipation, ensuring inclusion, citizenship, and dignity for individuals living with psychological distress.

FINAL CONSIDERATIONS

The cases of the *Hospital Colônia de Barbacena* and Dr. Nise da Silveira’s therapeutic practices reveal diametrically opposed approaches and their respective impacts on psychiatric patients. At the *Colônia*, there was not only an absence of recovery or rehabilitation but also an intensification of human suffering, resulting in physical, emotional, and social degradation. In contrast, Nise’s experience demonstrated significant progress—promoting clinical improvement, social reintegration, and the development of new abilities, as illustrated by the case of the artist Emygdio de Barros, who regained speech after decades of silence.

Given this evidence, it is imperative that *public mental health policies integrate pharmacological treatments with pedagogical, artistic, and educational approaches*, fostering

therapeutic spaces that stimulate patients' cognitive, emotional, and creative expression. Concrete proposals include: implementing therapeutic art studios in Psychosocial Care Centers; incorporating professionals from the fields of arts, education, and psychology into multidisciplinary teams; and developing national guidelines that formally recognize the educational dimension as an integral component of psychiatric treatment. Such measures could help reduce stigma, enhance patient autonomy, and promote community reintegration.

Nonetheless, this study has certain limitations. The analysis focused on two specific historical cases, which restricts the generalization of findings. Moreover, much of the available literature consists of historical accounts and qualitative studies, lacking a broad quantitative foundation or longitudinal evidence to substantiate the large-scale effects of pedagogical practices. Thus, further comprehensive and comparative research is recommended to evaluate the impact of these approaches across different psychiatric contexts, in order to support the development of evidence-based public policies.

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