Revista Interamericana de Psicología/Interamerican Journal of Psychology
2022, Vol., 56, No. 2, e1691

History of Psychology in Brazil: the different meanings of degeneration (1903-1930)

Alexandre de Carvalho Castro [a1], **& Cristiana Facchinetti** [b] [2]

Centro Federal de Educação Tecnológica Celso Suckow da Fonseca, Rio de Janeiro, Brasil [a]*; Casa de Oswaldo Cruz/Fiocruz, Rio de Janeiro, Brasil* [b].

ABSTRACT

The purpose of this article is to analyze the records related to the diagnosis of degeneration (concept derived from *Traité des dégénérescences*, by Bénedict-Augustin Morel, published in 1857), based on documents from institutions for the insane according to the Assistência aos Alienados no Brasil program (Brazilian Assistance to Individuals with Mental Illnesses). The aim of this work, with a theoretical framework, is to assess interpretative asymmetries related to theories of degeneration at the beginning of the 20th century. Emphasis is given to the particularities of interpretation of the theory of degeneration in the Brazil, which may be attributed to the policies introduced by the newly settled Republic regarding racial mixing in the local society as a result of the trafficking of enslaved Africans before the abolition of slavery (1888). Intellectuals started to explain the Brazilian reality through race, which often led to the diagnosis of people's degeneration of psychophysiological nature. However, according to a diachronic perspective, the term *degeneration* has had different meanings, mainly within the period covered by this article, during which Juliano Moreira, a doctor with black and white ancestry and a Kraepelin scholar, occupied the role of director of the Hospício Nacional de Alienados (National Institute for Individuals with Mental Illnesses), from 1903 to 1930.

Keywords
degeneration, history of psychiatry, history of psychology, history of the psy-knowledge, scientific racism

RESUMO

O propósito deste artigo é analisar registros relacionados ao diagnóstico de degeneração (conceito oriundo de Bénedict-Augustin Morel, em *Traité des dégénérescences*, de 1857), em documentos psiquiátricos da Assistência aos Alienados no Brasil. A preocupação teórica desta investigação consiste em examinar as assimetrias interpretativas relacionadas às teorias da degeneração ao longo do início do século XX, uma vez que, ao contrário de outros países, uma interpretação particular da teoria da degeneração teve lugar no cenário brasileiro. Esse aspecto pode ser atribuído às políticas republicanas sobre a miscigenação da sociedade brasileira, devido ao tráfico de africanos escravizados, anterior à abolição (1988). Alguns intelectuais começaram a interpretar a realidade brasileira com enfoque racial, o que marcou os registros de degeneração com descrição de características físicas. O termo *degeneração*, no entanto, inicialmente interpretado em um referencial racista, numa perspectiva diacrônica, passou a ter significados diferentes no período em que Juliano Moreira, um médico com ascendência negra e branca, ex-aluno de Kraepelin, se tornou director do Hospício Nacional de Alienados, de 1903 a 1930.

Palavras-Chave
degeneração, história da psiquiatria, história da psicologia, história dos saberes-psy, racismo científico

1 Correspondence about this article should be addressed **Alexandre de Carvalho Castro:** o.aken@uol.com.br

2 ***Conflicts of Interest*:** The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

História da Psicologia no Brasil: Os diferentes significados de degeneração (1903-1930)

Introduction

The purpose of this article is to provide theoretical analysis for the concept of *degeneration* and demonstrate how it is evidenced in psychiatric records at the beginning of the 20th century in Brazil and, more specifically, in the Assistência a Alienados do Rio de Janeiro (Brazilian Assistance to the insane) (Venancio & Cassilia, 2007). The historicization of the concept of *degeneration* concept does not imply considering it in an essentialist way, on the contrary, it is assumed that it should be understood based on the relations established with other discursive references in which it is placed. Hence, this article deals with this concept as a linguistic sign, and explores how it is registered in a particular document (Latour, 2000). Such a relational process is precisely what allows us to show that these discursive references, in Brazil, are often marked by a scientific racism bias (Castro, 2015; Castro, 2019).

One of the tasks carried out by the researcher on the History of Psychology is to explore and examine historical documents, applying the appropriate techniques for handling and analysis. One has to establish a theoretical approach, follow steps, group data, organize information, create categories, prepare summaries and discuss the results (Sá-Silva et al., 2009). In the case of clinical documents, one should be concerned with undertaking data anonymization to protect individuals' and their families' privacy.

For this research, in addition to finding the theoretical framework guiding the analysis, that is, Latour's (2000) concept of *circulating reference* (a series of references that circulate in different records and notes of a scientific investigation), an immersion in reading books from that period was required to understand the different appropriations of the concept of *degeneration* (Nina Rodrigues, 2008; Moreira, 2005). This discussion on concepts, however, will be more detailed in the following topics.

As for the raw material for this historical study, in the last 30 years, research in the field of History of Psychology foci broadened to look at sources previously not regarded as material for analysis by more traditional trends in history. The concept of *historical document* has been greatly widened, transcending the historiographical tradition according to which only official documents, such as theses, and historical books from the specified time period, could be accepted as factual evidence of events (Dosse, 2001). Since then, many studies started to regard as documentary sources any recorded

information that could be used to study a certain historical context, which may vary from a written daily note on one single sheet of paper from a notebook, to secrets revealed in a personal journal (Burke, 1990; Le Goff, 1992).

Supported by such a trend, we have mapped out the primary sources of Brazil's first psychiatric hospital, *Hospício Nacional de Alienados* (National Hospital for the Insane, hereinafter called HNA, as per the Portuguese acronym), medical records, and patients' files containing the diagnosis of degeneration, and we have selected those that allowed us to demonstrate the different appropriations granted to the concept in the country for almost 30 years.

Regarding the analysis, the focus has been on questioning the material record outlined on the concept of *degeneration* (concept derived from *The Traité des dégénérescences*, by Bénedict-Augustin Morel). The key point is that in Brazil, the meanings of degeneration are asymmetric in this clutter of notes, papers, folders, paper sheets, notebooks, and marks conventionally associated with the term *document*.

The records related to the History of Psy-knowledge are distinguished from other historiographical approaches. As a matter of fact, records that are relevant in this area of study are identified by science focused on mental health, the flag of knowledge and practices that, at a certain point in history, have made up the psy world (Facchinetti & Jacó-Vilela, 2019). This contingency creates problems and opportunities which are not always explicit as we conduct the research, but that should be explained clearly.

The key questions are what a record is and what it means. Once it is captured as a historical record, does it keep its identity relations as something enduring? Or does data metamorphose into something completely different throughout time? That concern with the nature of the document is explained insofar as, stuck in an epistemological perspective, the unwary researcher could adopt, implicitly and *a priori*, essentialist aspects towards the document's stability, failing to assess its relationship with the context – be it the text itself, or society from that time as a whole.

Take, for instance, a document from the 1920's that has hypothetically been kept intact for years in an archive. From the physical characteristics standpoint, this document is exactly as it was in the past. However, although it has an ideal configuration, that is, it is absolutely identical to what it used to be, paradoxically, the document has turned into something different. Basically, this is explained by the fact that in 1920, that text kept dialogical relations with the scientific circle where it was placed, but today, as it becomes a record of historical value, it acquires new features. The question we propose is: after

all, is the old record still a scientific record in 2020? Or could it be that whatever was considered scientific in 1920 is no longer regarded as such one hundred years later?

There is no absolute symmetry between both readings, the one from one hundred years ago and today's. In the 1920's, the document was scientific, in the 2020's, the document is a primary source of historical investigation. The document remains unchanged in physical terms, which is not the case in terms of scientific structure. According to Latour's terminology (2000), the circulating references have changed.

Bruno Latour (2000) analyzed some of these questions related to the field of History of Science when he raised the rhetorical question: where were microbes before Pasteur? His investigation addresses the ontological asymmetry between language and nature, as well as the gaps between the words and the world. Therefore, not only the microbe, but also the scientific article is subject to transmutations depending on how they are considered since they can be understood as *the thing itself*, or as conceptual propositions designed in a particular social scientific context. That means that by reading Pasteur's work, some people may either ascertain or deny the existence of microbes before Pasteur, depending on what they regard as the *microbe itself* or the *microbe-concept*. Still, somebody else could conclude that microbes have grown after 1864 and have been everywhere ever since.

We consider that if these questions are not appropriately verified, although their purpose is to emphasize conceptual tensions, they risk sounding as badly put, especially because they contemplate artificial essentialisms. In that sense, as we discuss the topic at hand – the meaning of the record of a document considered historical – it is important to highlight in which conditions such a scientific record was created.

In light of this debate, the purpose of this article is to analyze, from the perspective of the concept of *circulating reference* (Latour, 2000, p. 24), the records that refer to the diagnosis of degeneration in documents from the main institutes for the insane submitted to *Assistência aos Alienados no Brasil* (Brazilian Assistance to the Insane).

The period targeted in the research has been chosen for a very specific reason. The first institution responsible for psychiatric assistance was *Assistência Médico-Legal a Alienados* (Medical-Legal Assistance to the Insane), established on June 21st, 1890. It was replaced when Decree 17.805, as of May 23rd, 1927, created the *Assistência aos Psicopatas do Distrito Federal* (Assistance to Psychopaths), which in turn was reestablished as *Serviço Nacional de Doenças Mentais* (National Service for Mental Illnesses) in 1941 and, later, to the *Divisão Nacional de Saúde Mental* (National Division

for Mental Health), by Decree 66.623, as of May 22nd, 1970 (Venancio & Cassilia, 2007). This research is focused on the initial period, mainly the period when Juliano Moreira was the director of the HNA and of the Assistance to the Insane.

The relevance of this study is related to the fact that there has been in Brazil a distinctive interpretation of the theory of degeneration requiring further investigation. This interpretation may be explained by the broad racial mixing in the local society. However, these views have also been influenced by the fact that, at the beginning of the 20th century, research on degeneration embraced the public policies laid out in the initial period of the Brazilian Republic, when several proposals were outlined to reframe a mixed-race country (Hochman, 2012).

The degeneration record as circulating reference

In the chapter — *Circulating Reference* — of the book *Pandora's Hope: Essays on the Reality of Science Studies*, Latour (2000) describes how a group of scientists working in Brazil attempted to answer a scientific question. They have resorted to several diagrams, labels, records, notes, and other tools to help them classify and systematize their object of study. In that sense, such references started to circulate, since this recording technique enables scientists to take note of codes in their notebooks and compare them with other codes and texts, and, finally, produce a scientific report. Latour (2000, p. 24) named that chain of links between scientific records *circulating references*. Supported by his proposal, this article is intended to analyze how the concept of degeneration as a *circulating reference* has also been placed in several types of records.

By applying Latour's terminology, his concept should be useful in explaining how the psy-knowledge has been structured in Brazil. Analysis based on circulating references is crucial to encourage a more critical attitude towards the constitution of objects of science in mental health interventions. The practices and processes adopted in Brazilian psychiatric hospitals at the beginning of the 20th century include a long chain of words, codes, records, and texts carefully forged to be combined and formulate the concept of *degeneration* as a circulating reference. Hence, it is important to assess how references to *degeneration* circulate in these records, extended to a great number of practices and objects which, according to Latour's semiotic sense, are closely related.

Latour's approach is hardly discussed in theoretical psychology (Sørensen, 2012). Therefore, this article is an important contribution to introducing Latour in the debate on the concept of *degeneration* from the History of Psychology's perspective. This article

makes it evident that, in Brazil, it is possible to notice differences in meanings influenced by scientific racism as we assess *degeneration* records on notes, paper sheets, files, and psychiatric hospitals' documents.

In general terms, it is possible to conjecture how degeneration records were created in Brazilian psychiatric hospitals at the beginning of the 20th century. Let's say, for instance, a young, black, single lady, from a poor family, with a unique life story, is taken to the hospital by her relatives or friends. The obvious reason for that measure is presented by her and the others in terms of personal struggles and emotional problems. Therefore, at some point of her admission, there will be a record attesting her presence in the institution.

That record will be made on a sheet of paper or in a chart previously set up for that purpose. That form, in turn, is an essential resource in the asylum environment. For that black woman, now duly registered — and classified — it becomes something else: a linguistic sign consistent with the uses and characteristics of the psychiatric institution. Here is a good example:

In 1917, the black woman Julia da Cruz[3] was brought by the police to the Observations Pavilion, the asylum's entrance, and also the place where potentially insane patients were screened. For the doctor on duty who welcomed her, there wasn't much to observe in this 35-year-old *widow*. Julia had been diagnosed as epileptic (and, therefore, automatically regarded, at the time, as extremely dangerous), and an alcoholic, having arrived at the hospital drunk. Within only nine days, she had already been admitted as insane at the Asylum, but not before the doctor stated that she showed the typical black race stigma.[4]

The *degenerative stigma*, in the above black woman example, is clear evidence of the racist influence present in the theory. The consequence of transferring the degeneration record from Julia's surveillance file to her medical charts, after her admission to HNA, is that, as it is transferred, the clinical view from the evaluation by the first to diagnose her condition joins a new chain of files, medical charts, texts, among other documents, which consolidate the view of her suffering from the scientific racism standpoint. This is explained by the fact that the alienist (psychiatrist), either through

[3] Alias. Patients' names have been changed to protect their identities.

[4] There is a database with handwritten documents produced at the HNA and the Observations Pavilion, coordinated by Cristiana Facchinetti: http://historiaeloucura.gov.br/index.php/pavilhao-de-observacao-do-hna

direct observation or interviews, tries to put the patient's life experience together by making use of signs. As a matter of fact, based on particular signs, which are physical in the case of Julia, but also visible in her misbehavior — since the police have taken her for surveillance after a street fight — he builds up a standardized record where the diagnosis seems to sum up everything you need to know about Júlia.[5]

Oftentimes, the diagnosis is provided through non-systematic reports, where stories, places, facts, feelings, people, contradictions, etc. are intertwined. Medical charts are thorough as there are criteria applied to include the compatibility between the recorded signs and the scientific conventions and the theoretical models expressed by causes, symptoms, and prognosis. In addition, it also enables comparison between different charts and records.

Take the case of Nario Alves, a 30-year-old *Army soldier* admitted to the *Hospício Nacional* in 1904, sent by the Army itself. The soldier was quite tall and considered extremely dangerous to society. He was transferred to the *Manicômio Judiciário* (Judicial Asylum) in 1921, the year the institution was established. The doctor looked for information on the patient's past in order to reach a diagnosis. Based on data collected in interviews, the doctor informs that the fact that Nario had been a *sexual pervert since his childhood* had contributed to his mental illness: *he has been an inveterate masturbator* ever since. As stated by the doctor, *From the period between childhood fantasies and the reality of adult life, nothing particularly stands out apart from the already noted sexual misconduct.* However, such a past anticipates the latent homosexuality and the degeneration process that has kept him in the HNA for decades, and later in the Judicial Asylum, making it unnecessary to provide another diagnosis in his medical charts. Given his *degenerative depravity*, his penis was *relatively undeveloped compared to the size and dimensions of his body.* It is important to highlight that the signs of hormonal abnormalities were evidenced by the fact that Nario's *left testicle was larger than the right one*, although doctors were not able to explain whether such *testicle structural defect* was *congenital* or not. As a result of so many *immoral traces*, the doctor certified that the patient's *solitary vice* and *active and passive pederasty* were the main characteristics of

[5] The diagnosis of epilepsy, also described as circulating reference in many of Júlia's files was, in the first decades of the 20th century, filled with medical-social prejudice. In Brazil, that prejudice resulted from the notion that epilepsy inherited the old association with demonic possession. In addition, medical Science at the time stated it was associated with violence and crime, of congenital and degenerated nature (see Santos, 2008). The diagnosis weighed as heavily as a criminal sentence since the illness was seen as a damn legacy, making both the individual and his/her family tainted by the label of degeneration, addiction, and libertinage, as seen in Neves (2010).

his degenerative illness. *In summary, the surveillance sheet informs us about other physical traits confirming the degeneration diagnosis*, such as the patient's *shaggy beard* and his asymmetrical visage. There is another factor that draws the doctor's attention: the soldier *has a tattoo, the symbol of his bravery and courage depicted by a dagger slicing through a heart,* distinguishing him as an inveterate degenerate, which is exactly what he is (Oswaldo Cruz Foundation, 2008).

By reading these reports, we must take into consideration not only the voice of patients quoted in the middle of the notes but also that from their relatives and neighbors, also featuring as actors in these documents. That is evidenced by the examination's medical report below related to the case of a woman who murdered her husband.

> One of the neighbors (...) reported to the police officer that 'it does not seem possible that a normal person, a woman with that age and education as was the accused (...), could commit those acts'; another one declared (...) 'that the first time the deponent saw the accused, she did not have the impression of facing an abnormal person, since she talked lucidly; however, when she saw her at the police station, she noticed an extreme nervousness'; yet, another one said (...) 'ever since the first time the accused showed up at the deponent's house she seemed to be an abnormal person.' Finally, another witness (...) declared that 'by the way the accused showed at the police station, the deponent got the impression that she was a bit unstable. (Cited in Facchinetti et al., 2010, p. 739)

As oral accounts, quotes from neighbors and relatives described in clinical documents bring us to the personal experience level, and they are prone to ambiguity, fluidity, inaccuracy, and doubt. However, as soon as this experience is recorded as words written on medical charts, it is transmuted into a sign of this woman's illness. It becomes the repository of an agreed code in a theoretical framework in which the enforcement of predetermined categories prevails. As a result, the doctor who organizes these reports in his medical examination informs us that the criminal is:

> criminally unimputable since as a lady in distinctive conditions and social status, affected by menopause, she is currently showing signs of contradiction with her previous habits, as well as disorders in her character and actions, facing constant domestic conflicts, unstable in managing life, with no fixed address, showing clear evidence of deviations of ethical nature, leading to the felony. (Cited in Facchinetti et al., 2010, p. 739)

As a matter of fact, in a scientific process focused on addressing mental illnesses, the scientist may resort to tests, forms, and past medical charts as pieces of a jigsaw puzzle or, if you will, as elements of a synoptic-comparative diagram. This is one of the advantages of transferring the reality setting into language, from referent to sign. Once the patients' data is recorded, it is effectively displaced, classified, labeled, and preserved. In another example:

> Admitted for the second time. The first time was on February 15, 1897, diagnosed as suffering from psychic degeneration and alcoholism. It is currently a case of paranoia. At a confused state of mind, she shall be confined at the Asylum for due treatment. Claimant: Chief of Police from Distrito Federal. Origin: brought by her daughter who made a request for her to be confined at the Hospital, as apparently, she has not regained her mental faculties. (Oswaldo Cruz Foundation, 2008)

Therefore, as we have seen, after the initial filling out of forms or records in one hypothetical later interview the psychiatrist may go from the concrete to the abstract in a matter of minutes, from life to paper, from the person to the sign, in a circular movement which also turns in the opposite direction. He looks at the patient and then at the medical charts. And vice versa. With ink, a pen, or a pencil he can continuously amend the transition of records for insane patients with new notes, deletions, additions, etc.

The form always makes it easier to manage interpretations pointing to the person herself, but the linguistic sign, in itself, is not the diagnosed person. The word replaces reality: the expression *degenerative stigma* written on the form replaces the person regarded as degenerated, but as a sign, the word is neither prone to alcoholism nor the target of morbid influences or atavism. A sign simply displaces/transforms something. And that transformation creates a pattern data to be synchronically compared with profiles from other patients, or diachronically with the patient's own profile.

In any case, the notes taken by the alienist on the form do not represent his final goal as an end in itself. The purpose of observing, interviewing, examining, and diagnosing a patient is not limited to writing a sign on a sheet of paper. On the contrary, the form is not the final step of the process, but a reference that will enable other developments. Based on a linguistic sign entered on a form, the psychiatrist now has a referent that will give rise to, for instance, a report, which, in turn, will hypothetically result in standardized guidance for procedures, and so on.

The entry on the patient's form organizes and encodes his/her experience/life conditions. Based on that sign, the same alienist who made the classification (or another

one who shares the same nosological conventions is able to decode that sign) takes measures, prescribes drugs, performs interventions.

Hence, at the first moment, the form is an abstraction, as it turns the reality from the patient's life into something abstract. In the case of a degenerative stigma, for instance, it may stem from a mere anatomical structure. Patient João do Lyrio, for example, diagnosed as an imbecile[6] and throwing *alcoholic tantrums*, confined by the police in 1905, originally coming from the Penitentiary, had some physical traits that immediately evidenced his degeneration: "Psychic degeneration stigma. Morel's ears. Infantilism. [...] Childish ideas. Amnesia. Low intellectual level. Exaggeration of the patellar reflex" (Oswaldo Cruz Foundation, 2008).

The diagnosis may occasionally turn into a table, including the patient in a family context structured in a genealogical diagram, which could likewise refer to new symbols. Consequently, at this second stage, the form gets the concreteness that may enable the inscription of another sign — from exam results, such as, for instance, a positive result in the Wassermann reaction — to the name of an illness (syphilis) and the name of a drug. Hence, the original reference to *degeneration* on a drug prescription would circulate according to a new record, and this new sign (the medication) would no longer correspond to the previously mentioned nosological chart, but rather to an ingeniously prepared chemical formula.

Such a configuration is, therefore, a paradox: the form is an abstraction, however, it remains as an object. In view of the concreteness of the form, the signification of that sign-diagnosis becomes mobile and can be filed, moved, referenced, and absorbed by others.

The bottom line to highlight here is, following this sequence of steps, data abstracted from a concrete domain will, at a subsequent step, become concrete data available to new abstractions. That series of elements where each one of them takes the role of a sign for the preceding one, and of a concrete element to the subsequent ones, is the definition of what Latour coined *circulating reference*. That is a reference that is

[6] Particularly at the turn of the 20th century, imbecility or mental disability, or even idiocy, were regarded by the eugenicists as one of the main mental disorders. In addition to the behavior considered abnormal and their low scores in IQ tests, they would be socially pernicious, given their amorality, promiscuity, criminal tendency, and social dependency. On that matter, see, for example, James W. Trent Jr. *Inventing the Feeble Mind: A History of Mental Retardation in the United States* (Los Angeles: California University Press, 1995). Hence, also in Brazil, the number of patients diagnosed as imbeciles was increasingly higher, and they were considered a threat to civility and to the modern project of the nation.

active throughout a series of transformations, displacements, and rearrangements. In that sense, the reference — the patient form, for example — is not only a concrete certainty of the truthfulness of an established diagnosis, but a technical procedure that allows for some stability, that makes it possible for a meaning to remain unchanged throughout a series of transformations: the sign written on the form gives rise to another sign written on a medication prescription, which in turn is the basis for a report, with new signs, and so the process goes on.

The signs and references are written in such a way as to imply the possibility of circulating, which becomes an information protocol. Entering a degeneration diagnosis on a form is a transformation that somehow materializes an experience based on a sign, according to the nosological convention in place. From that point, a document or medical chart is emerged, possibly subject to new overlaps and combinations, in rearrangement chains in which the psychiatrist may change or displace that sign articulating new propositions. Therefore, once those entries are clearly classified and aligned, they produce the circulating reference. That is a process in which the sign, either as a proposition or statement, circulates and is appropriate in a network, supporting itself or supporting other texts, files, and documents.

The degeneration record as a historical reference

As we have seen, the reports or medical charts are records used as the basis for analysis in the History of Psychology. In a way, a psychiatric record is equivalent to an attempt to wrap up whatever is regarded as reality – mental illness supposedly registered for an individual – the current terms and terminology. That is, there is an attempt to convert the world into words, assuming a correlation between the ontological levels of reality and language, the correlation between the world of things/people, and the world of signs. However, from the scientific standpoint, such entries should not be conceived separately, as they are constituting chains of circulating references.

There is, at times, a series of steps considered part of the initial registration of a patient. After filling out the first form, new entries are aligned with the preceding and the following ones to enable reference relationships through successive transformation layers. In fact, in a Brazilian psychiatric institution at the beginning of the 20th century, a reference could circulate in constant replacements, in repetitions and reutilizations, as per the premises mentioned so far.

It is important to highlight that Historians do not always have a clear view of all this semiotic domain related to circulating references, since most of the time they only have access to one or another element of the transformation chain: the sign entered on a few documents. This contingency raises a few problems that are not always explained in the psy-knowledge historiographical approaches, mainly the positivist biased ones.

The first problem is related to the following question: in what ways is the psychiatric record building a lasting representation to talk about the world? Well, that linguistic sign may be understood as construction, in the sense that the psychiatrist has entered that information as he/she performed his/her work. However, it is also a convention, since without the coding and decoding agreed according to a particular nosological chart, the words employed in the patient's medical charts would not allow for any other meaning. This problem should be seriously considered by those who seek to study the historical-institutional dimension of the *psy-field*, as the responsible for entering the information on the document is not exclusively the individual who produced it, but a social group that, at some point in history, has created a standard for a proper connection between sign and reality. In addition, the social groups and their conventions are neither perennial nor remain exactly the same when moved from one place to another. Hence, the same word, the same sign, may encompass several meanings depending on the time and the place.

There is a very clear example of the above regarding the term *degeneration* in the context of the Brazilian Assistance to the Insane, between 1903 and 1930, when Juliano Moreira was the institution's director. Records that used to be interpreted as degenerated from a racial framework ceased to be so in some cases or at least acquired new meanings. That is, records of changes evidence not only the scientific, supposedly internalist, but also speak of the network containing the internal and external borders to the Sciences and how that affects *psy* interpretations (Facchinetti & Muñoz, 2013).

A second issue is related to the number of references where the sign has originally circulated. According to Latour (2000), a basic characteristic of the *circulating reference* chain is its need to remain reversible. The steps prior to and after the sign registration should be traceable. Hence, the medical charts produce the report which, in turn, refers to the medical charts. Nevertheless, according to the historical approach in which a record is an object of study, the sign is not reversible in the same sense and within the same original criteria since a new chain of referents is established. As a result, in the scope of alienism in the turn to the 20th century, there was one circulating reference; for a

Historian performing research one century later, the chain of referents — where the formerly sign is currently circulating — is something totally different. The Historian holds a sign that establishes a dialogue with other historiographical contexts, according to a dynamic markedly different from that of the original circulating reference. An alleged ill person in 1896 becomes another one in 1916, and yet another one in 2016, since the new reference chain where it is hypothetically placed, in its turn, points to new referents.

Let's have a look at the different understandings and new referents attached to the idea of degeneration that could exemplify more clearly what we are trying to describe here. From the second half of the 19th century, doctors and other intellectuals started to interpret the Brazilian reality based on race. In this process, the racial mixing of the Brazilian people, seen as a typical local phenomenon due to a historical and social dynamics of a Portuguese-owned colony that used enslaved people brought from Africa, has dictated degeneration as determining factor for the present and the future of the Republic (Ortiz, 1983; Oda, 2009).

But then, what was the meaning of degeneration after all? Since the publication of the *Traité des dégénérescences physiques, intellectuelles et morales de l'espèce humaine*, by Bénédict Augustin Morel (1809-1873), degeneration has been described as a *sick deviation* from the perfect primitive human race, heritable transmissible by men's actions and free will (Coffin, 2003). The resulting degradation would make individuals and their descendants unable "to fulfill their role in humanity" (Morel, 1857/2008, p. 500).

Valentin Magnan (1835-1916), in a time when general medical practice and mental health medicine had already bowed before the new empirical and positivist scientific ideal created from the concept of experimental medicine by the end of the 19th century, retrieved Morel's degeneration theory, but with the purpose of placing it in a new framework (Rosenberg & Golden, 1992). According to Magnan, degeneration was a decrease in the psychophysical state of an individual's resistance provided by a permanent and progressive stigma that turned individuals and their descendants into incapable people leading to the annihilation of the species (Magnan & Legrain, 1895).

Magnan's proposition was particularly interesting to Brazilian mental health medicine in view of its polygenist concept for races. The alienist suggested that the racial mixing of humans from races at different evolutionary stages produced degeneration, that is, a decrease in the resistance of individuals in their biological struggle for life. Therefore, in his view, mixed-raced individuals did not embody a harmonic mixing, but abnormality

resulting from the imbalance from joining two bodies at different levels of evolution, leading to the conception of a new life distinguished by unbalancing and differences between these two bodies at levels expressed in their cerebral functions (Magnan & Legrain, 1895; Serpa Jr., 2010). As we can see, Magnan's picture of degeneration was based on new theories and medical references — neurophysiology and anatomical pathology — and the Morelian metaphysics disappeared, giving room to this new guise. Morel and Magnan circulated freely among Brazilian intellectuals, increasingly widening Arthur Gobineau's, Louis Agassiz's, and Gustave Aimard's anthropological debate (Ramos & Maio, 2010).

The debate was heated in those days. Some Brazilian authors, like Romero, were against that pessimistic view of racial mixing, and adopted a different position, suggesting racial mixing as a civilizing process, and considering the mixed-race individual "part of a necessary and useful transition [to the] superior type" (Romero, 1888, p. 305). Some even started to support the idea of gradual racial whitening in Brazil as a solution favorable to modernization (Venancio & Facchinetti, 2005), but there was no consensus reached on the idea as others opposed it. Nina Rodrigues, for instance, claimed that the increase in social requirements set by the modernization process would make the barbarian and wild side emerge within the mixed-race population, including the degeneration to anthropological (physical) and sociological inequalities that could never possibly be restored (Schwarcz, 2009).

In Brazil at the beginning of the 20th century, the Republican modernization plan included not only a sanitation and physical hygiene project, but also a moral project for the population. The new view on the city and its population, regarded as degraded due to the lack of health and education policies, attracted scientists and doctors to the heart of social policies (Castro et al., 2018). In the case of scientific racism and its consequences to degeneration theories, the wide range of Juliano Moreira's work in Rio de Janeiro's psychiatry should be considered a paradigm shift in local psychiatry. Appointed as director of the National Hospital for the Insane in 1903, and since 1911 responsible for the Brazilian Assistance to the Insane until his retirement (1930), Juliano was throughout his entire career an advocate of Kraepelin's *modern scientific psychiatry*. Supported by Kraepelin's theoretical references, Juliano rejects the relationship between illness and racial origin, suggesting a *scientific scrutiny of the mental pathos* to *classify, treat and propose* preventive collective measures. Opposed to Nina Rodrigues' thesis on racial mixing as a degenerative factor (Moreira, 1907), which was popular in Brazil's scientific

scene at the time, Juliano suggested that the degeneration was related to individuals instead of collectivities; and that the illness was universal instead of particular. According to the doctor, and based on Kraepelin's thoughts, if it was true that there have been autonomous tropical mental disorders, that was better explained by the social conditions in these regions rather than to their status in the tropical zones (Moreira, 1913) or the local race (Moreira, 1907). Problems faced by the Brazilian race were not due to "defects in our population attributed to racial mixing and the like[, but to a legacy of] poor quality education" (Moreira, 1907, p. 102). Such a view was part of a wider debate on interpretations, deadlocks, and paths for the country ruled by sanitation ideas. Psychiatry, together with mental hygiene, education, and sanitation measures, would gradually create the required conditions for the development of a nation of healthy citizens (Venancio & Facchinetti, 2005).

Juliano Moreira's ideas on the illness and the relationship with degeneration, however, would lose ground in the Brazilian scene in the 1930s due to the rise of a Nazi and eugenic German, which influenced the West as a whole.

Records, references, and reductionism

Another point of interest in the record as a historical reference is to emphasize the demands from reductionism. The term *reductionism* may be used in several senses. From the perspective developed in this article, however, reductionism describes the process through which the researcher makes excessive and inadequate simplifications. That is, a reductionist analysis takes the part as a whole. From an introductory approach, it seems obvious that the description made on the psychiatrist's record is reductionist, since the hospitalized patient is more than the sign limiting him/her. However, these findings do not account for the complexity of the problem. That is to say, on the one hand, transferring the patient's life experience to a medical chart through a sign alluding to that experience implies loss of materiality and singularity. On the other hand, there are potential gains. The reason for this is the chart allows for more compatibility, stability, and standardization. Juliano Moreira and colleagues, for example, have even called attention to the fact that the psychiatric diagnosis should refer to nosography ideal types, providing stability to be supported by the clinical examination (Moreira, 1919).

Therefore, as the person goes through the sign, it is not possible to exclusively allude to a reductionism, since in addition to reducing the person's materiality, there is also an amplification of the standards within the chain of references.

There are reductionism aspects, but there are also broadening aspects. The problem is that, if the Historian does not take a careful look, such a record may lead to further reductionism. Actually, the difficulty in understanding the paradox of a record that originally reduces as much as it amplifies its meaning poses risks to the psy-knowledge Historian. Mainly because the Historian could take a reductionist picture of the record without noticing that the record at hand was part of a huge standardization domain.

The analysis of *degeneration* records developed so far enables the characterization of the chain of referents based on ideas alluding to conventions established by social groups to the circulating reversibility of scientific analysis and standardization of classifications stemming from it. Hence, putting all these discussions together allows us, once again, to raise the problem that, actually, has been so far the analysis referential: how should the documental record for degeneration be considered in the scope of *psy-knowledge* history research?

In this case, it is crucial to realize that the scientific record should not be reduced to the ontological scope of the document but rather interpreted mainly as chains of reference through which it has circulated or, perhaps, still circulates. The sign has synchronously moved through circulating references that supported the psychiatrist in the past, but from the moment it is regarded as an object of study in History, the sign starts circulating through another chain of references, now guided by its own historiographical reference. In other words, it means that other referential aspects replace the psychiatric reference from that period.

Ultimately, the sign registered on the patient form may have different meanings depending on who is looking at it: the psychiatrist or the psy Historian. For the psychiatrist from the past, the sign represented a referent in a circulating reference chain that was traceable, standardized, and subject to the scientific conventions established by the mental medicine of the period. For the Historian, the sign is something completely different, even though whatever he/she has in their hands, most of the time, is just the materiality of a few records, and not the entire chain of elements either preceding or following it.

Final considerations

The points highlighted here are important since they put static records and ideal files into perspective, to the essentialists' satisfaction. However, in addition, they enable social analysis from small hints, from changeable signs, from meanings that are opposed

to each other. Therefore, with the purpose of examining the records for degeneration present in documents kept by the main institutions for the insane subject to the Assistance to the Insane based on Latour's circulating reference theory, this article aimed at analyzing how social and cultural factors have influenced the different meanings of *degeneration* as a psychiatric disorder in Brazil. Hence, the key is, in terms of historical research, to think of meanings and social groups that are not long-lasting, but constantly changing, in a conjuncture where the only effective permanence is impermanence.

In that sense, the understanding of the meaning of a documental record herein presented, in the scope of the research in Brazil, may imply changes of horizons. The reason lies in the fact that the dynamics of research are not restricted to merely realizing that there is a boundless abyss, for example, between a degenerated's medical chart and a patient regarded as degenerated. Certainly, it is important to clarify the dimension of language as a prerequisite for any research guided by such methodological bias.

That being said, one should question the implications of regarding, based on the linguistic bias, the degeneration record as a sign that establishes dialogical relationships inside the chains of circulating references. Actually, the perspective highlighting that dialogical dynamic may be applied with considerable relevance in the assessment of records in the History of *Psy-knowledge*. Mainly in the face of a discursive approach that gathers, absorbs, and reiterates another one's responses. A linguistic sign like *degeneration*, for example, alludes to an analysis in which it is possible to verify frequent reinterpretation processes, since the potential diachronic analysis of the medical charts may show a sudden replacement for other signs originated from new conceptual guidance and nosological paradigms. The Historian must be aware of the highlighted symptoms and signs in order to fully understand the context in which the author states his/her truth: is it a discussion defined by the notion of sin — a Morelian type of degeneration? Or are we looking at unbalanced people: avant-garde artists, brilliant writers, haughty and smart 'mixed race' individuals? Or, on the contrary, are we looking at an individual who, due to a lack of education, would not know how to protect him/herself, going through a life of alcohol abuse and excessive sexual drive, and by becoming an alcoholic and a syphilitic, for example, has transmitted the diseases to his/her descendants. Therefore, based on a dialogical analysis of signs, the historical investigation engages in a conversation with the very text from the records, that points to ratifications as much as rectifications as they are constantly written and re-written in the chains of circulating references.

In short, in theoretical research, a sign referred to as *degeneration* and visible in different records, could potentially take conflicting directions. That fact, far from being a problem or an obstacle, is what enables a more consistent analysis, inasmuch it is exactly that asymmetry in different records that catches the interest of the researcher and becomes the core of the investigation.

The sign *degeneration* stated on a medical report or clinical book at the *Hospício Nacional de Alienados*, may not always have the same meaning when displayed in several different records throughout the years. The reasons for this allow us to review not only the nosological parameters related to scientific racism but also a great part of Brazilian social history. Therefore, in view of these questions, there is an opportunity for a more critical historical analysis, leaving behind the view that insists on establishing internalist and externalist boundaries or even evolutionary interpretations, since the critical analysis by authors and documents often reveals how different models endure amid the hegemony of another model. Hence, it is the Historian's responsibility to listen to Lombrosian's, Morelian's, and Kraepelian's theories amid the daily practices at the asylum, as well as the disputes and controversies that had arisen between doctors increasingly explicit when there are changes in diagnosis in transfers, contradictory clinical examinations, etc.

Therefore, as the researcher overcomes the idealizations that perpetually reify words, terms, expressions, and sociocultural environments, there is a possibility to imagine another object actually interesting for the historical analysis. Well, if signs have their meanings changed according to the context, the social conjuncture, whenever changed, also changes its sign.

In fact, focusing on the static mediation supposedly provided by the sign results in losing sight of what really matters, especially because changes in the meaning of words and signs may evidence crucial social changes, but also transitory stages regarded as subtle and ephemeral. Therefore, it is possible to say that whenever a new word appears in a psychiatric record, for example, that signals not only a modification in discourse but also a social transition.

The introduction of another kind of note in a surveillance book at the *Hospício Nacional de Alienados*, for example, may define not only a new psychiatric classification supported by Kraepelin, in view of the guidance from 1903 by Juliano Moreira, but may also denote wider political disputes, even under a social macrostructure. The change of a sign made on an ordinary piece of paper or form may — who knows? — demonstrate the

existence of conceptual conflicts over the alleged negative contribution of racial mixing and degeneration of the Brazilian people.

References

Burke, P. (1990). *The French Historical Revolution. The Annales School 1929–89.* Polity Press.

Castro, A. C. (2015). De narizes extraídos por Machado: eugenias raciais, traços faciais e teorias psiquiátricas no Brasil oitocentista. *Revista Latinoamericana de Psicopatologia Fundamental, 18*(2), 339–357. https://doi.org/10.1590/1415-4714.2015v18n2p339.11

Castro, A. C. (2019). Memórias póstumas da loucura mulata: as apropriações de Machado de Assis sob o corte patológico. *Historia, ciencias, saude--Manguinhos*, *26*(3), 863–877. https://doi.org/10.1590/s0104-59702019000300008

Castro, A. C., Facchinetti, C., & Portugal, F. T. (2018). Techniques, knowledge and psychological practices in First Republic of Brazil (1889-1930). *Psicologia em Estudo*, *23*(1), 3–12. https://doi.org/10.4025/psicolestud.v23.e37446

Coffin, J, (2003), *La transmission de la folie (1850-1914)*. D'Harmathan.

Dosse, F. (2001) *A história à prova do tempo: da história em migalhas ao resgate do sentido*. UNESP.

Facchinetti, C., & Muñoz, P. F. N. de. (2013). Emil Kraepelin na ciência psiquiátrica do Rio de Janeiro, 1903-1933. *Historia, ciencias, saude--Manguinhos*, *20*(1), 239–262. https://doi.org/10.1590/s0104-59702013000100013

Facchinetti, C., Ribeiro, A., Chagas, D. C., & Reis, C. S. (2010). No labirinto das fontes do Hospício Nacional de Alienados. *Historia, ciencias, saude--Manguinhos*, *17*(suppl 2), 733–768. https://doi.org/10.1590/s0104-59702010000600031

Facchinetti, C., & Jacó-Vilela, A. M. (2019). Psicología en la asistencia brasileña a los insanos en la primera mitad del siglo XX. *Universitas Psychologica*, *18*(5), 1–15.

Hochman, G. (2012) *A era do saneamento: as bases da política de saúde pública no Brasil*. Hucitec.

Latour, B. (2000) *Pandora's Hope: Essays on the Reality of Science Studies.* Harvard University Press.

Le Goff, J. (1992). *History and memory*. Columbia University Press.

Magnan, V. & Legrain, P. M. (1895). *Les Dégénérés: état mental et syndromes épisodiques.* Rueff.

Moreira, J. (1907). Moléstias mentais. *Archivos Brasileiros de Psychiatria, Neurologia e Sciencias Affins, 1*(1), 431–432.

Moreira, J. (1913). Seção de Psiquiatria: Congresso de Medicina de Londres. *Archivos Brasileiros de Psychiatria, Neurologia e Medicina Legal, 1*(1), 273–274.

Moreira, J. (1919). Classificações em medicina mental. *Archivos Brasileiros de Neurologia e Psiquiatria, 1*(1), 93–115.

Moreira, J. (2005). A seleção individual de imigrantes no programa da higiene mental. *Revista Latinoamericana de Psicopatologia Fundamental*, 8, 364-369.

Morel, B. A. (2008). Tratado das degenerescências na espécie humana [Original work published 1857]. *Revista Latinoamericana de Psicopatologia Fundamental*, *11*(3), 497–501.

Moya, E. (2006). World war: La apuesta multinaturalista de Bruno Latour. *Isegoría*, *0*(34), 225–241. https://doi.org/10.3989/isegoria.2006.i34.12

Neves, M. de S. (2010). Grand mal seizures in the cemetery of the living: the diagnosis of epilepsy at Brazil's National Hospital for the Insane. *Historia, ciencias, saude-Manguinhos*, 17(Suppl 2), 293–311. https://doi.org/10.1590/s0104-59702010000600002

Rodrigues, N. (2008). Mestiçagem, degenerescência e crime. *História, Ciências, Saúde-Manguinhos*, 15, 1151-1180.

Oda, A. M. G. R. (2009). Passado e presente na psicopatologia da paranoia. *Revista Latinoamericana de Psicopatologia Fundamental*, *12*(4), 159–765. https://doi.org/10.1590/s1415-47142009000400011

Ortiz, R. (1985). Da raça à cultura: a mestiçagem e o nacional. In: Ortiz, R. *Cultura brasileira e identidade nacional* (pp. 36-44). Brasiliense.

Oswaldo Cruz Foundation (2008). *Data base Psi-coc* [Database record]. Casa de Oswaldo Cruz. http://hpcs.bvsalud.org/vhl/temas/historia-saberes-psi/

Portocarrero, V. (2002). *Arquivos da Loucura: Juliano Moreira e a descontinuidade histórica da psiquiatria.* Fiocruz Press.

Ramos, J. S. & Maio, M. C. (2010). Entre a riqueza natural, a pobreza humana e os imperativos da civilização, inventa-se a investigação do povo brasileiro. In: Maio, M. C. & Santos, R. V. (Eds.). *Raça como questão: história, ciência e identidade no Brasil* (pp. 25-49). Fiocruz Press.

Romero, S. R. (1888). *Estudos sobre a poesia popular do Brazil.* Laemmert.

Rosenberg, C. E. (1992). Framing disease: illness, society and history. In: Rosenberg, C. E. & Golden, J. (Eds.). *Framing disease: studies in cultural history (*pp. 13-26). Rutgers University Press.

Sá-Silva, J. R., Almeida, C. D., & Guindani, J. F. (2009). Pesquisa documental: pistas teóricas e metodológicas. *Revista Brasileira de História & Ciências Sociais*, *1*(1).

Santos, N. M. W. (2008). Memórias de um velho hospício: práticas de exclusão vs histórias de vidas, narrativas em conflito. In: Pesavento, S. J. & Gayol, S. (Eds.) *Sociabilidades, justiças e violências: práticas e representações culturais no Cone Sul/ séculos XIX e XX* (pp. 225-254). UFRGS Press.

Schwarcz, L. M. (2009). Nina Rodrigues: um radical do pessimismo. In: Botelho, A. and Schwarcz, L. M. (eds). *Um enigma chamado Brasil* (pp. 90-103). Companhia das Letras.

Serpa, O. D. de, Jr. (2010). O degenerado. *Historia, ciencias, saude--Manguinhos*, *17*(suppl 2), 447–473. https://doi.org/10.1590/s0104-59702010000600011

Sørensen, E. (2012). The mind and distributed cognition: The place of knowing in a maths class. *Theory & Psychology*, *22*(6), 717–737. https://doi.org/10.1177/0959354312436869

Stepan, N. L. (2004). Eugenia in Brazil: 1917-1940. In: Hochman, G. and Armus, D. (Eds.) *Care, control, cure: historical essays on health and disease in Latin America and the Caribbean* (pp. 331-391). Fiocruz Press.

Trent, J. W. Jr. (1995). *Inventing the feeble mind: a history of mental retardation in the United States.* California University Press.

Venancio, A. T. A. & Cassilia, J. A. (2007). História da política assistencial à doença mental (1941-1956): O caso da Colônia Juliano Moreira no Rio de Janeiro. *Proceedings of XXIV Simpósio Nacional de História*, São Leopoldo, Brazil, 15-20.

Venancio, A. T. A. & Facchinetti, C. (2005). Gentes provindas de outras terras – ciência psiquiátrica, imigração e nação brasileira. *Revista Latinoamericana de Psicopatologia Fundamental, 8*(2), 356-363. https://doi.org/10.1590/1415-47142005002011

Received: 2021-08-10
Accepted: 2022-05-05