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MENTAL HEALTH AND SEGREGATION. WHEN A SUBJECT IS TURNED INTO A DISPOSABLE OBJECT.

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RESUMEN

The “Dark Gods” syntagm, which is found in the last lesson of *Seminar XI* (1964 [1995]), is used as a baseline to articulate it with mental health and segregation processes. To this end, the article briefly reviews the evolution of what may be included under the label of mental health. The starting point is Cabred’s project, which encourages the creation of asylums under the Open Door system. From there, the article notes the transition from the asylum system to the enactment of mental health legislation. The “Dark Gods” syntagm is then articulated with the segregation processes that contribute to turning a subject into a disposable object.

PALABRAS CLAVES

Psychoanalysis | Mental Health | Segregation

INTRODUCTION

Undoubtedly, a milestone in the history of the country regarding the “mental health” syntagm is the project promoted by Dr. Domingo Cabred at the beginning of the 20th century, which resulted in the creation of large asylums intended to give a humanitarian treatment to the alienated. The project included several Argentinian provinces, and in Córdoba it was characterized by the creation of Asilo Colonia Regional Mixto de Alienados in Oliva, Bell Ville Hospital and Santa María de Punilla Hospital. The asylum in Oliva city boasted for several years the quality of being one of the largest asylums in the world. With the passing of time, these institutions suffered a transformation that turned them into places that in their manicomial logic bring about segregation.

At the beginning of the 21st century, mental health acts are passed both nationally and in Córdoba intended to oppose to any way of reproducing the asylum logic.

In *Seminar XI* (1964 [1995]), Lacan warns that the offering to obscure gods of an object of sacrifice is something to which few subjects can resist succumbing. Based on that warning, a few comments are made regarding mental health, particularly in Córdoba

CABRED AND HIS PROJECT

Without the intention that this text becomes a historical review, it briefly deals with the evolution of what may be included under the label of “mental health”.

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Cabred's project promoted the building of an asylum for the alienated not only in Oliva, but also in the cities of Bell Ville and Santa María de Punilla (Córdoba), Luján (Buenos Aires), as well as in Santa Fe, Chaco and Río Negro.

As stated by Maldonado, Pedraza & Naidés (2002), the Asilo Colonia Regional Mixto de Alienados in Oliva (currently, Hospital Dr. Emilio Vidal Abal) was established on July 4th, 1914. However, its foundation stone was laid on December 10th, 1908, at a ceremony attended by Dr. Domingo Cabred—the project's mentor—the Governor of Córdoba, Dr. Ortiz y Herrera, and the President of the Republic, Dr. Figueroa Alcorta.

The speech delivered by Cabred at that moment indicates that early in the 20th century it was necessary to build asylums to meet the increasing demand for hospitalization that exceeded the capacity of the institutions in Capital Federal to provide assistance. In his speech, he mentions that in 1895 there were 1608 alienated people living in national asylums and that in 1908 the number rose to 4632. He points out that due to the measures implemented by Pinel in the last decade of the 18th century, in Europe, the alienated were released from chains, but they still remained in completely closed asylums that looked like prisons.

In the mid-18th century, Sibbald, Mitchell, Clouston, Rutherford and others created in Scotland the Open Door system. As per Cabred's words, the Asilo Colonia Regional Mixto de Alienados fully meets the requirements of modern treatment based on scientific and humanitarian principles. Located in six hundred hectares [1,483 acres] and made up of wings separated by gardens, asymmetrically arranged, without a surrounding wall that hides the horizon, it is a place where the illusion of freedom will be perfect. Dr. Figueroa Alcorta, for his part, also delivered a speech emphasizing that the time of exorcisms and stakes as well as confinement cells, bars and walls was fortunately over.

The prevailing spirit at the beginning of the 20th century was that treatment to the alienated should be more humanitarian and supported by scientific bases. The main foundation supporting this plan of action were the then widespread principles of moral treatment. Based on this, it was proposed to prohibit the use of straitjackets and to release patients from the ties that bounded them to control wrath episodes.

The Asylum began operating on July 4th, 1914, according to Cabred's project as a system based on the therapeutic trilogy: freedom, work, and physical and moral well-being, in an open door institution with 99 patients coming from Hospicio de las Mercedes in Capital Federal (currently, Hospital Borda).

Before the end of the year 1914, there were already 1177 patients in the Asylum coming from different regions of the country as well as from abroad. By 1939, there were 4300 patients in the Asylum, which caused its temporary closure in 1940. After a quarter of a century of existence, 22,000 souls had walked by its wings. When in 1965 the first health census was held in the country, it confirms that out of the 32,000 inpatient beds in the country, one third of them belonged to institutions created by Cabred (Maldonado, *et. al.*, 2002).

FROM CABRED'S PROJECT TO MENTAL HEALTH LEGISLATION

The illusion of freedom, which would be perfect as per Cabred, suffered the same destiny as all illusions: disillusion.

In the late 1960s in the United Kingdom, Cooper coined the term "anti-psychiatry" to question the practices of conventional psychiatry. Under the same name, a movement arose challenging the existence of mental hospitals considered just a place of segregation and confinement. David

Cooper, Ronald Laing, Franco Basaglia, and Thomas Szasz were part of that movement in sharp contrast to the psychiatric system. Argentina was not unaware of what happened in the old world. Cooper's project was essentially political and counter-cultural, in tune with the year 1972 in Argentina. It assumed revolution was around the corner. At that time, any change in mental health was considered vain if it was not matched by a social change. This ambitious political project was hindered not only by David Cooper's personal problems (who left the country soon after that). Argentina swiftly came into a series of events that truncated any possibility of continuing with projects that today would be referred to as demanicomialization. (Vainer, 2000)

Once democracy was restored in 1983, after the last and sinister civil-military dictatorship, multiple attempts were made to resume the line of work commenced in the early 1970s in cities like Río Negro, San Luis, Buenos Aires, and Córdoba, among others.

At the start of the 21st century, the National Mental Health Act No. 26,657 (Ley N° 26.657) was passed in the year 2010, and the same happened in Córdoba with Act No. 9848 (Ley N° 9848). More than a century elapsed between the passing of National Act No. 4953 on July 28th, 1906, fostering the creation of mental hospitals and the enactment of the new Mental Health Legislation struggling to close such hospitals and tending to a mental health care system in which hospitalization is not the main tool.

After one hundred years since Cabred promoted the creation of asylums with the intention of providing the alienated with humanitarian care based on scientific foundations, these institutions have undergone a transformation, being more than once servile to segregation.

To illustrate this point, it suffices to quote three journalistic articles that highlight what is currently happening with the monovalent hospitals, the so-called *manicomios**. The first article deals with what happens nationally, whereas the second one focuses on highlighting some of the aspects the Mental Health Reviewing Entity (Órgano Revisor de Salud Mental, ORSM) revealed in its visit to Hospital Dr. Emilio Vidal Abal (HEVA). The last of these articles sets out the situation at HEVA. In the first article, Lipcovich (June 2nd, 2015) states that a report made by the Legal and Social Studies Center (Centro de Estudios Legales y Sociales, CELS) shows that the National Government's position is at least ambiguous, if not of resistance towards the implementation of Act No. 26,657 and towards the closure of mental hospitals by the year 2020. It also shows that the Government of the City of Buenos Aires has a manicomial mental health policy with segregational models, typical of asylums. CELS report ends up warning that if the institutional transformations necessary for the implementation of the Act do not occur, the Act will be dead letter.-

In the second article, Litvinoff (September 30th, 2015) mentions that ORSM was very critical after its visit to HEVA, as it was noticed that at siesta time [*after lunch*], patients are locked in their rooms, and that it is even possible that they receive medication to that end. It also points out the existence of discipline methods.

Finally, Ferraras (January 12th, 2017) mentions that, since 2012, legislator Liliana Montero has been filing reports to the Executive Authority of Córdoba and lodging criminal complaints due to the state of abandonment of the patients at Hospital Dr. Emilio Vidal Abal. The legislator shows in her report that the building infrastructure of the hospital is deplorable and that the patients live under indignity and overcrowding conditions.

*Translator's Note: The Spanish term "manicomios" refers to mental hospitals and was intentionally left in Spanish for easy reference to the terms "manicomial logic", "manicomial mental health policy", and "demanicomialization" used in this document.

SEGREGATION AND THE DARK GODS

There is something profoundly masked in the critique of the history that we have experienced. This, re-enacting the most monstrous and supposedly superseded forms of the holocaust, is the drama of Nazism (...) no meaning given to history is capable of accounting for this resurgence—which only goes to show that the offering to obscure gods of an object of sacrifice is something to which few subjects can resist succumbing, as if under some monstrous spell. Ignorance, Indifference, an averting of the eyes may explain beneath what veil this mystery still remains hidden. But, for whoever is capable of turning a courageous gaze towards this phenomenon—and, once again, there are certainly few who do not succumb to the fascination of the sacrifice in itself—the sacrifice signifies that, in the object of our desires, we try to find evidence for the presence of the desire of this Other that I call here the *dark God*. (...) It is the eternal meaning of the sacrifice, to which no one can resist, unless animated by that faith, so difficult to sustain, which, perhaps, one man alone has been able to formulate in a plausible way—namely, Spinoza, with his *Amor intellectualis Dei*. [...] the reduction of the field of God to the universality of the signifier, which produces a serene, exceptional detachment from human desire. (Lacan, 1964 [1995], p. 282-283)

Articulating this quote with Lacan's remarks in his seminar on ethics, Apartin (2015) says that enjoyment as evil entails evil to the other, and that this means going beyond the pleasure principle. She then continues saying that such evil living inside the other lives inside the subject as well, and it is articulated with The Thing, *Das Ding*, guaranteed by moral law and the real. Regarding the law, she mentions that it includes in an extimate way the point of enjoyment of the person who enunciates it, and that is insurmountable both at the subject level and at the culture level.

Lacan in *Seminar XI* (1964 [1995]) says that this moral law is simply desire in its pure state, that very desire that culminates in the sacrifice. It is possible to articulate that this desire that culminates in the sacrifice and in which one seeks to find evidence for the presence of the Other, of the Dark God, leads to segregation processes. If it is difficult for subjects not to succumb to the offering of an object of sacrifice to these deities, then segregation in the form of concentration camps or extermination introduced by Nazism in Europe or by the civil-military dictatorship in Argentina sounds plausible. However, these two examples do not cover the full range of segregation processes. Far from aiming to be exhaustive, mental hospitals, monovalent institutions that still have open doors, should also be included. These open door institutions are far from Cabred's project, closer to disillusion, and ready to perpetrate segregation evidencing a logic that results in turning a subject into a disposable object of culture

WHEN A SUBJECT TURNS INTO A DISPOSABLE OBJECT

(...) the term "concentration camp" renders speakable, on which it seems that our thinkers, in drifting from humanism to the terror, have not sufficiently concentrated. Let me summarize by saying that what we have seen emerge from this, to our horror, represents the reaction of precursors in relation to what will unfold as a consequence of the rearranging of social groupings by science and, notably, of the universalisation science introduces into them. Our future as common markets will be balanced by an increasingly hard-line extensions of the process of segregation. (Lacan, 1967 [2012], p.276)

Lacan's remark is still valid for current time. In his remark there is a clear reference to concentration camps, sadly famous in terms of turning a subject into a disposable object, and to the role science played in those camps. Furthermore, it hints that the other side of capitalism is segregation. Segregation processes have to do with hatred to the Other, they point out the real in the Other, they involve intolerance to the Other's way of enjoying as segregation deprives subject of his/her own enjoyment.

As Naparstek (2006) points out, the Nazis, who segregated people enjoying in a similar way, were the precursors of segregation, either in a ghetto, a concentration camp, or a mental hospital. In good faith and wishing the best for an alcoholic or drug addict subject, or one whose neighbors

report as being “insane”, this subject is hospitalized and placed with others who enjoy in the same way.

The mental hospital, however, with all its differences from concentration camps and as currently articulated will continue being a place of disposal to send those subjects whose particular way of enjoying is not tolerated by the Other, as long as their transformation is not achieved.

Back to Mental Health Legislation, beyond the conquest they imply, it is not licit to get one’s hopes high because we should remember—common places, what a temptation!—that every law has its loophole. Regulations do not control what happens at institutions dedicated to the treatment of drug-addict subjects, such as NGOs, neither do they control nursing homes. Moreover, National Mental Health Act makes explicit its limitations regarding hospitalizations generated pursuant to Section 34 of the Criminal Code, which sets forth that:

The following persons are not punishable: 1°. Persons who at the moment of committing the act are unable to understand the criminality of such act or to direct their actions due to the inadequacy of their reasoning faculties or morbid disturbances of their faculties, or because of their irreproachable state of unconsciousness, factual error or ignorance. In case of mental derangement, the court may order the confinement of the actor in a mental hospital, which shall not leave without a judicial order, with a hearing held at the prosecution authorities, and with prior report of the experts stating that the patient is not in danger of causing harm to self or others.

This article is full of consequences, as it sheds light on how, beyond current legislation on mental health, in the interplay of the latter and justice, conditions are laid down for segregation processes to occur. Since the subject is unfit to plead for not being in possession of his/her mental faculties, either due to a morbid state or to the effects of intoxication, and he/she is unable to understand the criminality of the act, the case is dismissed. However, a mental health warrant will be issued for the subject under the legal label of “implementation of a safety measure”. Cases like these ones leave no option but hospitalization. On a case by case basis, evidence will show that for some people this is an appropriate measure; however, for others it will be evident that the grounds for hospitalization, which causes it, is the decision to separate from society those subjects whose particular way of enjoying cannot be stood by the Other.

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