

## Mad Identities

### Why do We Archive? Ethical, Political, and Technical Reflections on Art Collections in Psychiatric Institutions

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#### Abstract

This article begins with the question: “Why do we archive?” It reflects on art collections produced within contemporary psychiatric institutions in Portugal. It explores the ethical, bureaucratic, and political dimensions involved in the care and circulation of these works, created by people with lived experience of madness. Considering efforts to deinstitutionalize large psychiatric hospitals, the article examines specific cases of still-operational Portuguese institutions that house artistic archives. It problematises the status of these productions, which often oscillate between becoming defunct archives, being discarded, or circulating within art brut and outsider art circuits, raising questions regarding artist rights and the use of these works following the death or discharge of their creators. The analysis is structured around two main axes: first, the role of psychiatric institutions in light of the challenges posed by reforms to Mental Health Law; and second, the circulation of these artistic expressions and their contemporary discourses, with a focus on the Portuguese context. Finally, the article emphasises the urgent need to reconsider the management and preservation of these artistic archives, highlighting the tension between protecting privacy and providing access to the memory of institutionalised subjects, and questioning the current role of asylums as custodians of these cultural and human legacies.

**Keywords:** psychiatric institutions, artistic archives, deinstitutionalisation, Portugal, mad studies

#### How to Cite:

Gil Franco, S., (2025) “Why do We Archive? Ethical, Political, and Technical Reflections on Art Collections in Psychiatric Institutions”, *Disability Studies Quarterly* 45(1). doi: <https://doi.org/10.18061/dsq.6876>

#### De-hospitalising the Archives

The question “Why do we archive?” was posed to a group of professionals working in art studios embedded within Portuguese psychiatric institutions during an online *Conversation Series on Art and Mental Health*.<sup>1</sup> Among these professionals were visual artists employed as art facilitators in different institutions, an

occupational therapist, and a psychiatrist in training. The question led to diverse pathways of reflection – ethical, bureaucratic, and political – particularly in the context of the institutionalized origins of these art collections, but also in the practical and technical considerations regarding the care of art objects. This article explores some of these reflections, taking Portugal as its focus of study.<sup>2</sup> What should be done with drawings, canvases, sketches, writings, ceramics, and other objects following the death or deinstitutionalisation of their creators – or, indeed, after the closure of the institutions? In many instances, these objects and ideas lack a defined destination and are either discarded, occasionally preserved in improvised institutional archives, or circulated through exhibitions of *art brut* or outsider art. These questions resonate with the reality of countless piles of artistic objects accumulated in psychiatric institutions, where (in most cases) no formal plan for preservation, study, remembrance, or even recognition of authorship exists. These objects, which I shall term art — to avoid hierarchical distinctions based on the aesthetic and conceptual criteria of the art market, a topic that has sparked debate in Portugal in recent years, as we will shortly discuss — were produced in studios within psychiatric institutions, some under the guidance of occupational therapy services, others were made with creative autonomy.

The article follows two complementary pathways, both oriented around the dilemmas surrounding such artistic expressions in contemporary contexts. The first addresses the role of the psychiatric institution, examining the practical and conceptual challenges in light of the recent Portuguese Mental Health Law reform, which advocates the deinstitutionalisation of asylums. In this context, the article draws on fieldwork conducted in some Portuguese psychiatric institutions to understand the practices and protocols adopted in art studios and art collections. The second focuses on the circulation of art, exploring narratives and trajectories related to these productions, with a particular emphasis on the recent Portuguese context. In both approaches, these art objects are analysed through the lens of the present, but with the past questioned whenever needed to provide understanding. Although the specific object of inquiry is the body of art collections created by mad people, the broader focus lies in the persistence of institutions grounded in asylum-based principles in the present day.

To initiate the discussion, I present the case of J.P., which serves as a catalyst for the debate.<sup>3</sup> He was a man who had been institutionalized in a psychiatric hospital for decades, during which he produced hundreds of drawn poems (or poetic drawings). His output included a pile of papers – around 1,400 that could be counted – in addition to notebooks and other sheets dispersed among the institution's staff. J.P. used to walk through the asylum writing poems with simple rhymes, many of them accompanied by colourful drawings made with felt-tip pens or coloured pencils. When J.P. died, he left his sheets and ideas as his legacy

within the institution; his family did not come to claim them, and thus the institution kept them. There is, within this institution, a space dedicated to artistic expression, where institutionalized people draw, paint, or listen to music through headphones, while others write on laptops or in daily notebooks. It is a small emancipatory space, a liberatory presence, within the institution. Many of those who attend this space have already participated in exhibitions, held either in the institution's own spaces or in alternative venues. Most of these individuals – nearly all of them men – have spent decades in the institution, often with little or no contact with the outside world, as the asylum is in a remote and hard-to-access area. Those who are able, whether by vocation or medical recommendation, attend the space dedicated to the arts.

The case of J.P. highlights several central issues that this article seeks to discuss: (1) medical institutions often lack formalized statements of the author's wishes regarding the use of works in exhibitions, publications, studies, or other forms of dissemination; (2) following the death or deinstitutionalization of the author, many of these works become dormant archives that are extremely difficult to access or, as I have observed during my research, are sometimes discarded; (3) institutions continue to face difficulties in distinguishing between expressions produced freely and autonomously and those generated as part of clinical interventions, which require different models for the protection of personal data; and (4) given that J.P. remained in the asylum until the end of his life, the question arises: Who holds the rights to his works?

On the one hand, institutions claim to protect the right to confidentiality of the authors – and also to safeguard the works from possible misuse by curators of outsider art or researchers aligned with critical perspectives who seek to revisit institutional history. On the other hand, such protection may result in the denial of access to the memory of those who were interned by these institutions, or even to their participation in the circulation of art. If there is no explicit authorisation for the dissemination and study of the works, then why archive them? The issue is not limited to evaluating whether artistic expressions produced in art studios or therapeutic contexts should be subject to the same institutional requirements as clinical records. It is, above all, a matter of reflecting on the role of the asylum itself as manager of these collections and holder of the power to decide their fate.

This article is grounded in the premise that psychiatric asylums can no longer be justified. With the development of the technological, pharmacological, and conceptual apparatus of the psy complex, combined with the struggles for the human rights of people with lived experience of madness and/or psychiatric institutions, the continued existence of “total institutions” reflects an institutional persistence that is no longer supported by contemporary knowledge or

practice.<sup>4</sup> The concept, “total institution,” widely disseminated by Erving Goffman (1961), as well as through the initiatives of the anti-asylum and anti-psychiatry movements, remains relevant by highlighting the persistence of regimes that segregate individuals classified as “patients” from life in society. These regimes which had been contested for decades, and centuries in some places, attempted to impose strict rules of coexistence, rigid schedules, the submission of individuals to medical control, a moralising routine, and predetermined spaces.<sup>5</sup>

Although incarceration persists, deinstitutionalisation is a recommendation of the World Health Organization, adopted by the National Mental Health Plan in Portugal. However, the precariousness of public services, the lack of consensus among political sectors, and the interests of the private sector allied with the moral prerogatives of religious orders – which dominate hospitalisations in Portugal – continue to create some evidence for the perceived necessity of these institutions in contemporary times. At the *International Conference on Community Mental Health* (2025), various proposals for deinstitutionalisation were presented, including evaluations of historical mistakes and successes.<sup>6</sup> One point agreed upon by the speakers was that hospitals should not be places of residence; the lack of support (familial, legal, social) can no longer be considered a reason for prolonged institutionalisation. Tina Minkowitz – President of the Centre for the Human Rights of Users and Survivors of Psychiatry – emphasised in her speech that people should never be hospitalised in asylums when experiencing individual crises and questioned how to reverse the harm and damage caused by prolonged institutionalisation. Deinstitutionalisation and the creation of new possibilities for care were already an urgent matter brought forth by the Convention on the Rights of Persons with Disabilities in 2006.<sup>7</sup> The *World Mental Health Report: Transforming Mental Health for All* (2022) suggests the use of the term “community-based mental health care” for alternative models of mental health assistance provided outside psychiatric hospitals, recognising that “Good and supportive community-based health care is organised around the health needs and expectations of people, not diseases.”<sup>8</sup> We know, however, that processes of deinstitutionalisation remain incomplete in Portugal, as in most countries, where they continue to be critiqued. To deinstitutionalise means, above all, to equip society to integrate people with lived experience of psychiatric systems, but this often is an elusive goal.

Given this article’s central focus on artwork produced by incarcerated individuals, it is particularly relevant to consider that the large hospital-asylums are being restructured into alternative forms of care and treatment.<sup>9</sup> Important questions arise when we consider the major issue of the archives and collections of closed psychiatric hospitals, including: Where should clinical records, documents, art collections, architectural structures, personal belongings, furniture, and so forth

go when institutions close? Regarding clinical records and other medical documents, I start from the premise that they need to be deinstitutionalised – or rather, *de-hospitalised*. The history of psychiatry or psychiatric asylums cannot be told fully when the archive is managed and administered by the asylums themselves, which hold the control and the power to “allow discourse.”<sup>10</sup> The critical historiography of madness in Portugal emerged relatively late in comparison with broader European as well as North and South American traditions. Although reformist currents in psychiatry in Portugal were already present in the 1960s and 1970s – for instance, through the work of physicians Carlos Caldeira and João dos Santos, who advanced the first initiatives towards community psychiatry, or Eduardo Cortesão, who introduced group-analytic theory into hospital contexts – such interventions were primarily clinical and reformist in nature rather than historical in scope. Systematic historical research, particularly of a critical kind, is a more recent development.<sup>11</sup> Above all, detailed studies grounded in sustained archival research remain relatively scarce.

It is, therefore, possible to assert that in Portugal there remains a rich field of research to be explored. Critical investigations of psychiatric archives, social and critical histories of madness, and a critical reading of medicine and society as a whole all need further exploration in the Portuguese context. Engaging with the history of psychiatric archives matters for various intersections: political, social, artistic, medical, among many others. It is urgent that the historical archives of psychiatric institutions – such as the case of Miguel Bombarda Hospital in Portugal – be transferred to institutions specialised in the preservation, study, and utilization of archives.<sup>12</sup> Re-institutionalisation of these archives is a fact. However, some spaces are more appropriate for exercising control, based on current legislation, over data protection and access to documents. We must not be overly enthusiastic. We also know that archives are also institutions of control, which often incorporate documents into archives that remain inaccessible.<sup>13</sup>

The main problem encountered in accessing the medical records and art works of institutionalized people, based on the experience of this research in Portugal, was the fact that the materials were not organised as an archive. In the case of clinical reports, this research approached three psychiatric institutions with the aim of conducting a study focused on the late-nineteenth and mid-twentieth centuries.<sup>14</sup> What followed were exhaustive situations involving many exchanges of emails, authorisations, signatures, completion of forms, and many unfinished stages. It is important to note that the three institutions contacted had quite different evaluation tools and methods through their Boards of Directors and Ethics Committees. Institutions A and B, both private, claimed that their archives were not organised and that they lacked human resources to support my research, thus making its development impossible. In the case of Institution A, it was also

claimed that my research was not of interest to the institution itself, and the Ethics Committees of Institution B reiterated that my research “made no sense, as it would not find what it was looking for in the clinical reports.” In the case of Hospital Miguel Bombarda (HMB), which closed in 2011, the difficulties generated by authorisations and forms prevented me from completing the process before writing this article.<sup>15</sup>

Regarding objects with attributed authorship, such as paintings, drawings, and writings, the issue is of a different nature. Who holds the right to manage them? What should or should not be kept confidential? How can therapeutic objects be distinguished from works of art (if indeed such a distinction should be made)? This research approached the same institutions – A, B, and HMB – for access to existing art collections. These are quite distinct collections, with institutions A and HMB possessing a deeper historical background, being older collections. In the case of institution B, which authorised the research with a few reservations, the collection belongs to an art studio approximately 20 years old and still in operation.<sup>16</sup> Therefore, it is a collection under active and daily construction.

### Psychiatric Institutions

The reform of the institutional psychiatric system in Portugal, ongoing since the 1960s, has taken on significant contours since 2010. There are currently two public psychiatric hospitals, both of which lost their autonomy in 2024 and have been integrated into the Local Health Units of their respective regions.<sup>17</sup> However, private institutions for mental healthcare still exist in Portugal today. More specifically, these are asylum-type institutions as defined by the United Nations Committee on the Rights of Persons with Disabilities.<sup>18</sup> In general, these private institutions, maintained by religious orders, continue to operate within an asylum-based system, some of them located far from urban centres, in areas originally chosen in the late nineteenth century to align with both mental hygiene principles and the moralisation of bodies considered diseased.<sup>19</sup>

In conducting this research, I visited a few of these public and private institutions with the aim of locating art collections and understanding how they organise, safeguard, or dispose of the artistic works created by institutionalised individuals. I was particularly interested in how they understand (if at all) intellectual property and the authorship rights of these works. In addition to institutions A, B, and HMB mentioned earlier, art collections were also identified at institutions C (public) and D (private). These are collections with markedly different dynamics: those at HMB and institution C being the oldest, while the remaining collections consist of works archived only in recent decades.<sup>20</sup> It is important to highlight that all these institutions — except for HMB, which is now closed — employ visual arts

professionals to work in the art studios, which operate within the occupational therapy services but with creative autonomy.

In summary, these art studios are institutionally designated as spaces for occupational therapy, yet they operate with distinctive internal dynamics. All the contracted visual artists reported exercising considerable autonomy, devising their own methodologies. Nonetheless, the studios are largely framed by the institutions as extensions of therapeutic practice and, in some cases, activities remain under the direct supervision of occupational therapists. The methodologies observed reveal significant heterogeneity. Institution D, which only integrated an art studio into its services in 2022 through an external partnership, relies on a model in which the visual artist proposes general themes to all participants, working exclusively with paper as the support, while varying materials and techniques. The methodology is based on the study of known artists or exercises in visual language. As a result, outcomes tend to converge stylistically, though occasional works display more individualised expression. Institution C adopts a rehabilitation-oriented framework, combining suggestions of themes and materials with experimental practices. Its studio includes facilities for ceramics, painting, and drawing, and is embedded within broader rehabilitative programmes. According to the artist employed there, the high turnover of participants – linked to shorter hospitalisation periods in this public institution undergoing reform – hinders the development of long-term projects, except for the few cases involving extended admission. This circumstance is singular; in the other institutions, participants are predominantly long-term or permanent residents. Institution B exhibits a great methodological dynamism. Many of its participants have attended the art studio for years, and the projects developed are markedly diverse. Here, authors are encouraged to produce from their own visual languages and desires. The studio environment is characterised by individuals engaged in personal projects, occasionally collaborating with peers, with canvases and paper serving as the principal supports. A structured routine of group discussions and presentations has been established to promote interaction and collective learning. Notably, this institution affords special prominence to writers and poets, some of whom have published books.

Given the insufficient conservation and dissemination of the works and their authors, the issue of archiving artworks recurs: there is a shortage of space, a lack of human resources, and a limited appreciation of the value of these works as agents of memory and belonging. At institution D, I was informed that any archive (other than clinical records) older than five years must be discarded, which also applies to the artistic works produced by institutionalised individuals. The intention to create a small archive of artworks is a recent development in most of the cases. Institution C assigned the visual artist responsible for the studio the

task of selecting and discarding works according to what she considers their aesthetic and artistic value. A decision was also made that all new works produced must be taken away by the authors; if they are not, they are either discarded or reused in the creation of new works. In this case, the institution understands that creating an art collection is not part of its mission, and that the production carried out within the institution serves a therapeutic function. Institution B, under the care of the visual artist working in the studio, has stored all works for around twenty years, from small sketches to large-scale paintings, amassing thousands of papers and hundreds of canvases. In this specific case, the visual artist demonstrates a desire to create a collection that recovers the history of the art studio, with particular concern for preserving the memory of the individuals involved. However, there remains a lack of any plan on the part of the hospital administration for the preservation or valorisation of the collection and its artists. Although some exhibitions have been held, the works invariably return to the archive without any clear prospect for their future dissemination or safeguarding.

Among the general issues observed, these institutions have only recently begun to recognise the importance of distinguishing between occupational production and expressions regarded as possessing “artistic value”. Of the institutions consulted, only B and C recognise that in the case of an artwork being sold, the full amount should be returned to its author; whereas other institutions organise fairs for the sale of works, in which cases the authors/artists generally receive either a partial amount or no compensation at all, based on the rationale that proceeds should revert to the institution to cover the cost of art materials. Institution D sells the artwork to the author themselves or families at a price below market value. There is no shared understanding among these institutions regarding the right to intellectual property protection of the artworks; what is done is whatever proves possible — or whatever is improvised.

The desire to create visibility and value for the art works appears to be an emerging concern among the institutions. However, when it comes to intellectual property, little has been done. Attention is directed primarily toward the potential for commercialisation and public exhibition of the works, which, in some cases, seems to combine with the construction of a positive institutional image. Nevertheless, this does not necessarily entail an effective recognition or valorisation of the institutionalised individuals as authors. Many of the works are sold, donated, or used as decorative elements in offices and institutional corridors, without any clear recognition of authorship or any form of symbolic or material return for the artists involved.

A significant example may be found in the museum located within one of these institutions. Among its regular activities, the museum organises temporary exhibitions of works produced by participants in the institution's art studio. At the conclusion of these exhibitions, it is customary for a portion of the works to be absorbed into the museum's collection, thus forming a collection. While this practice may, in principle, provide improved conditions for the preservation of the artworks, it nonetheless raises important legal concerns. No formal agreement exists between the authors of the works and the museum. This absence of formal documentation runs counter to accepted museological standards, which generally require, at the very least, a deed of donation or a loan agreement to safeguard intellectual property rights and to ensure the traceability of the artworks. Moreover, the museum in question lacks adequate human resources to maintain a systematic inventory of its collection, further complicating the identification and attribution of artworks to their respective authors. This situation points to a systematic practice of contractual and documentary negligence in relation to the artistic production of institutionalised individuals in psychiatric contexts.

This practice is by no means new. Numerous art collections have emerged in psychiatric hospitals and have gone on to form museums since the late nineteenth century – for instance, the Prinzhorn Collection, the Osório César Collection, and the Bethlem Museum of the Mind, among others.<sup>21</sup> Yet between these collections and contemporary understandings of madness lie long trajectories and shifts in the rights of persons with lived experience of psychiatric incarceration. The issue of authorship is a persistent challenge. In the case of J.P., a request was submitted for the investigation of his collection of drawings and poems. However, since the author is deceased and contact with the family was not facilitated, the institution did not authorise the investigation. In accordance with the provisions of the General Data Protection Regulation (GDPR), it is understandable that access be denied. The problem that arises, however, is: What should be done with such works? During the *Conversation Series on Art and Mental Health*, these issues were raised in an attempt to identify viable solutions, though the group did not reach a consensus. Some participants argued that donation protocols should be established between the institution and the authors while the latter are still alive, or with the consent of their families. Yet this is not a simple solution, since psychiatric institutions — once again — do not have a museological vocation, and, on the other hand, cannot assume ownership of the authors' intellectual property. In any case, such decisions tend to reinforce the asylum as the holder of power over the works. Other participants considered that institutions should not bear this responsibility, and that older archives should remain part of the institutional memory, whereas newer ones should be the responsibility of the authors themselves. This brings to the fore the issue of belonging. One of the institutions

visited does not allow patients to keep their drawings or paintings in their rooms, citing concerns about clutter hindering cleanliness. The rooms are white boxes containing beds and bedside tables that hold a few medicine boxes, a few personal items – a watch, a photograph, a small radio, a rosary – and little else.

### The Institution Art

An interesting fact: since beginning my doctoral research in art history on the relationship between art and madness in Portugal, I have been asked countless times: “Did you find any artists in the hospital?” It is as if the notion of “discovery” were intrinsic to the interest in this theme – as though uncovering a great artist, immersed in their own creative universe and isolated from cultural production networks, were the ultimate aim of any research into the intersections of art, madness, and psychiatry. The issue surrounding these art collections is more ethical than aesthetic. The notion of “giving voice to the excluded” has increasingly come under scrutiny, as it becomes apparent that, by exposing a voice silenced through imprisonment, institutionalisation, or other forms of segregation, we risk falling into the trap of retrieving from anonymity a history frequently entangled with fantasies and myths – a phenomenon that has long characterised the reception of *art brut*.

The notion of *art brut* only arrived in Portugal in the late 1970s, when Jaime Fernandes, a self-taught artist, was “discovered” at the Miguel Bombarda Hospital.<sup>22</sup> The relevance of introducing the phenomenon of *art brut* in this article lies in the fact that, in Portugal, the concept is widely employed to refer to any artistic expression produced by individuals in psychiatric confinement, both past and present. The Miguel Bombarda Hospital collection, for instance, is invariably associated with the term *art brut*. However, in conducting the study and inventory of this collection, I encountered a highly heterogeneous set of drawings and paintings: many works dating from the 1920s to the 1940s were visibly produced under medical instruction, as they contain clinical notes and descriptions; others, from the 1980s and 1990s, were copied from magazines and newspapers; more recent works reflected systematic series of drawings produced within occupational therapy services, yet lacking any autonomy that might convey subjectivity; and several appeared, by contrast, to have been created autonomously. This somewhat indiscriminate use of *art brut* to categorise the artistic production of individuals with experience of psychiatric commitment remains a persistent issue.

In Portugal, in recent years, *Manicómio* – an agency and art gallery – has played a central role in defining the value of art produced by individuals with lived experience of psychiatric systems, albeit with a distinguishing feature: the artists – rigorously discovered and selected – are represented and go on to work in artistic

residencies.<sup>23</sup> This space has gained media visibility by self-identifying as “the first space for the creation and innovation of *art brut* in Portugal” – although at other times it rejects such classifications and refers to itself as a space for contemporary art.<sup>24</sup> Beyond curatorial projects, the institution promotes debates on mental health, organises exhibitions, sells artworks, and develops parallel initiatives such as *Consulta sem Paredes* [Clinic without walls].<sup>25</sup> In many ways, it functions as an agency-gallery-startup that bridges the artistic community with lived experience of madness, the art market, and art institutions.

This new proposal in Portugal has prompted reflection within psychiatric institutions. Some have become more attentive to artistic promotion and have begun to organise small exhibitions or fairs to showcase work produced in occupational therapy sessions or art studios, while others — with more ambitious approaches — have managed to realise exhibitions, projects, and partnerships. The distinction lies in the fact that *Manicómio* selects artists based on what it perceives as artistic quality — according to standards grounded in the contemporary art market — whereas psychiatric institutions work with both “good” and “bad” artists who attend their occupational therapy services and expressive arts studios. Therefore, not everything produced in the art studios and occupational therapy services of psychiatric institutions is understood as art by *Manicómio*. In such cases, the problem becomes that of the psychiatric institution.

In the context of this article, special attention is given to the project *Nós, os Loucos* [We, the Mad], developed by *Manicómio*, which promotes art workshops in psychiatric institutions with a pre-selected group of institutionalised participants. At the end of these processes, some of the works produced are incorporated into exhibitions and into *Manicómio*'s private collection, according to aesthetic and curatorial evaluation criteria. Although these works are included, there is no formal purchase or donation protocol signed with the authors, which places the initiative within a more informal and selective framework of integration.<sup>26</sup> This dynamic points to differentiated regimes of visibility: on the one hand, artists who are represented and invited to participate in residencies gain financial and professional recognition; and on the other, participants whose contributions remain confined to peripheral projects lack broader acknowledgement. In the latter case, individual authorship rights are neither formally attributed nor institutionally safeguarded, reinforcing hierarchies of value and legitimacy within the artistic field.

In this scenario, aesthetic criteria play a decisive role, even in contexts marked by vulnerability. The distinction between those recognised as artists – with access to the art market, professional representation, and circulation – and those positioned

as “participants” or “creative patients” illustrates some of the challenges and limits of curatorial practices that seek inclusivity but still operate within the broader structures of the art world. In this sense, *Manicómio* can be understood as occupying a role similar to that of a “talent scout” in the contemporary art scene, identifying creators whose trajectories are shaped by distinctive experiences of madness and confinement. More broadly, the distinction between major and minor artists can be seen as a continuation of historical collecting practices, which often regarded works by institutionalised people as the products of “lesser artists,” without necessarily granting them full recognition of intellectual property rights. While curatorial and institutional discourses frequently emphasise the value of these creators, the structures in place may still sustain a fragile market for authors who often face conditions of vulnerability, whether due to prolonged institutionalisation or limited access to the art market. In this light, the idea of “non-participatory” collecting continues to influence the way outsider art is imagined and positioned within the cultural field.

Although a relatively recent phenomenon in Portugal, the selection and commercialisation of works produced by institutionalized people has broadened in scope and acquired increasing cultural and market value. This is already a well-developed market in many countries. Established by the art dealer Sandford L. Smith in the early 1990s, the Outsider Art Fair — “the only fair dedicated to self-taught art, *art brut* and outsider art” — takes place annually in New York.<sup>27</sup> The persistence of these fairs, alongside auctions and the numerous exhibitions and collections of outsider art or *art brut*, demonstrates that a strong circulation for outsider expression still exists.<sup>28</sup>

The Outsider Art Fair operates like any other event within the art circuit. The expressions of infamous subjects, hidden through institutionalisation, imprisonment, or other forms of segregation, have gradually given way to new profiles of outsiders such as Indigenous art and self-taught artists.<sup>29</sup> It is important to emphasise, however, that despite the presence of therapeutic institutions, these fairs are managed and sustained by insiders – specifically gallerists and collectors – who contribute to defining both the aesthetic value of outsider art and the degree of marginality represented. *Art brut*, and subsequently outsider art, established a model of what it means to be marginal, particularly in relation to madness.

Major collections of *art brut* or outsider art were often assembled without the direct involvement or formal recognition of most of the artists or their families, and financial compensation for the purchase, sale, or exhibition of works was not always ensured. The visibility accorded to these artists was frequently framed through the idea of giving prominence to so-called “infamous lives,” a premise

from which a consolidated market gradually emerged around works originating in asylums and prisons. Historically, artists categorised as “mad,” particularly those subjected to long periods of institutionalisation, had limited access to intellectual property rights, artistic agency, and autonomy over their creative processes. In many cases, curators, collectors, and intermediaries shaped not only the circulation of the works but also the narratives attached to them, including biographical or clinical details that were selectively mobilised according to the expectations of markets or exhibiting institutions. Such narratives often included references to delusions, crimes, fantasies, or traumatic episodes, contributing to the construction of an image of marginality that at times reinforced the exceptional status of the authors. Within this framework, suffering could be interpreted as symbolic capital and vulnerability as a source of cultural value, sustaining an aesthetic of exception that engaged only partially with the rights and perspectives of the artists themselves.

One can note a tendency in *art brut* exhibitions to present, alongside each work, a brief mad biography of its author. The result is an assemblage resembling a nosographic catalogue of twentieth-century psychiatric categories, interwoven with references to murders, abuses, sacrifices, and mystical elements. While the works are rich in both content and form, the curatorial approach tended to frame them systematically through the lens of marginality. These dynamics invite reflection on the curatorial practices surrounding artworks created by people with disabilities, highlighting the importance of rethinking them in light of political critiques of representation.

It must be acknowledged, however, that the concepts of *art brut* or outsider art contributed significantly to the reformist project in psychiatry by increasing the visibility of institutionalised individuals and highlighting instances of abuse and arbitrary internment. A similar effect was observed with other initiatives, such as, for example, the *imagens do inconsciente* (images of the unconscious) concept developed by Dr Nise da Silveira in Brazil. Through a systematic study of works produced by patients at the *Hospital Nacional dos Alienados* (Rio de Janeiro), Dr Silveira demonstrated that institutionalisation and psychiatric practice based strictly on biological concepts could inhibit imaginative expression, an effect that could be mitigated through regular practices of artistic expression. It should be noted, however, that the collection of the Museum of the Images of the Unconscious, as initiated by Dr Silveira and maintained to the present day, was never intended for commercial purposes or inclusion in the mainstream art circuit. From the 1940s onwards, different concepts began to provide a new interpretative framework for such productions: they were no longer seen merely as records of delirium or documents of madness but recognised as legitimate expressions of artistic creation. These initiatives aligned with psychiatric reforms by generating

alternative forms of visibility within the psychiatric institution, while simultaneously evidencing that institutionalised individuals were capable of creativity and artistic expression.

Looking at this scenario reminds me of the initial debate in Alfred Gell's, *Art and Agency*.<sup>30</sup> The desire to find something more virginal or authentic in the minds of the mad than what a crisis-ridden modernism could achieve created a vast conceptual framework that brought together psychoanalysis, phenomenology, and aesthetics in an effort to identify symbolisms or logical characteristics in the drawings and paintings of mad subjects. The analysis of the content of the works represents a kind of conceptual safeguard that guides us towards a self-explanatory foundation of the concept of *art brut*. But it is in aesthetics that the mad artist is justified. Even today, the expression of mad subjects is pursued as an art form outside the norm of cultural art, recalling Dubuffet.<sup>31</sup> This brings us back to Gell's strategy for solving the problem of art in anthropology: art is not culture, it is a social element — "Aesthetic judgements are only interior mental acts; art objects, on the other hand, are produced and articulated in the external physical and social world." And if Gell is in search of answers concerning "primitive art," then we are not so far removed here: the mad person in art history has always been a kind of new primitive. Far from aiming to establish an "anthropology of art in madness," the path outlined by Gell helps us to see how the strategies created by outsider art or *art brut* have always been self-enunciative — that is, there is no outsider way of producing art, but there is an insider way of characterising this art as a social element. Replacing "culture" with outsider: "I think the desire to see the art of other cultures aesthetically tells us more about our own ideology and its quasi-religious veneration of art objects as aesthetics talismans, than it does about these other cultures."<sup>32</sup>

Lead yourself!

Maria Adelaide, who identifies as a Portuguese woman living with schizophrenia, declared in a firm voice that there was no participation of people with lived experience of madness and institutionalisation in the drafting of the most recent Mental Health Law in Portugal, approved in 2023.<sup>33</sup> Adelaide is one of the voices behind *Lidera-tu!* [Lead yourself!], a project aimed at promoting leadership skills and empowering individuals with lived experience of madness.<sup>34</sup> The initiative is grounded in the disability justice principle, "Nothing about us without us." With the support of the *Associação para o Estudo e Integração Psicossocial* (AEIPS), *Lidera-tu!* created a National Platform for People with Lived Experience of Mental Illness.<sup>35</sup> This platform seeks to foster a sense of community among its members, serving as a space for sharing experiences and promoting rights.

Life in psychiatric institutions often disrupts access to social interaction and alternative forms of care. Many of the individuals institutionalized in psychiatric hospitals are now covered by the *Lei do Maior-Acompanhado* [Law on Supported Decision-Making], a legal framework that “aims to ensure their well-being, recovery, full exercise of all their rights, and fulfilment of their duties, except where legal exceptions or court rulings apply.”<sup>36</sup> However, legal updates, legislative revisions, and even the broader legal apparatus do not always reach those who have been institutionalised for extended periods. Upon entering the gates of asylums, one’s autonomy is often lost; anything a person says in opposition to the institution is likely to be interpreted primarily as a symptom, a delusion, or, as commonly phrased in Portugal, simply as “bad temper.” Adelaide’s statement encapsulates the urgency of moving beyond the biomedical paradigm toward a more participatory model.<sup>37</sup>

In Portugal, it is common to use the term “*doente*” [literally “sick” or “ill”] when referring to individuals with lived experience of madness, particularly those who are institutionalised. This reduction of the person to their perceived illness is evident not only in services but also in how associated heritage is treated. A telling example is the petition submitted to the Lisbon City Council recommending the reopening of the “*Museum of the Art by the Mentally Ill and Neurosciences*” (in literal translation).<sup>38</sup> During the council session, the word “sick” was used repeatedly, while the word “person” was never mentioned. The proposal to reopen the museum under that name lacks museological grounding and is shaped by a nostalgic view of the past, marked by stigmatizing terminology that conflicts with contemporary discussions on disability and mental health.

The curation of artworks produced by mad and disabled people must be fundamentally reconsidered through a political lens of representation.<sup>39</sup> Attention must be redirected from framing disability as spectacle towards practices of listening, co-authorship, and restitution, in order to challenge the extractivist structures that remain embedded in everyday life.<sup>40</sup> In the Portuguese context, such a shift in the perception of art created by people with experiences of psychiatric incarceration cannot occur without engaging critically with the policies underpinning psychiatric reform. In this light, categorising works as *art brut*, outsider art, or any other label becomes a secondary concern, while the continued reliance on the psychiatric asylum as a model of treatment represents an unresolved and pressing problem.

The exhibition of artworks by institutionalized people has, in recent years, become a topic of ethical concern, often overlooked by the mainstream art world. Nurin Veis, director of the Museums Victoria Research Institute, highlights how the recurring difficulties in archiving artworks stem from structural limitations – such

as insufficient conservation efforts, lack of resources, and an overall limited appreciation of these works' cultural and memorial significance.<sup>41</sup> Veis, in developing a set of guidelines for best practices in exhibiting artworks produced by mad and psychiatrically incarcerated people, suggests that, whenever possible, consent from the authors should be sought prior to exhibiting their work. I completely agree on this point; however, here we encounter a trap: psychiatric institutions, both historically and still today, have not taken care to formalize consent with the authors in order to establish whether they wished (or wish) to have their works and names exhibited or studied. We are caught in a dilemma imposed by psychiatric power: either exhibit without consent or archive the works of institutionalized individuals indefinitely. Authorship is another commonly debated issue in discussions on the dissemination of dead authors. Should we cite the names of authors, or preserve their anonymity? Are we not at risk, in denying authorship, of falling back into the very dilemma of the "patient" versus the "person"? On the other hand, in exhibiting these works, are we not also at risk of revealing information that the authors consider private and wish to keep from the public gaze.<sup>42</sup>

The creation of the General Data Protection Regulation (GDPR) has brought several new challenges to the study of memory and psychiatric archives. The article "*Recherche: comités d'éthique, le risque d'une 'bureaucratie de la vertu'*" raises an important question: What exactly are institutional ethics committees seeking to protect when it comes to medical – particularly psychiatric – archives? <sup>43</sup> The authors note that, in recent years, these committees have gained significant influence in the French research landscape – a trend increasingly noticeable in the Portuguese context as well. The declared aim of these bodies is to ensure from the outset that a study or experiment causes no harm to those involved, even when those individuals are deceased and known only through archival records.

The authors argue that, in the specific case of psychiatric archives, the GDPR has sometimes functioned as a source of excessive bureaucratization, hindering qualitative research and imposing regulations that do not always align with the humanities. In Portugal, no specific mechanisms have yet been developed to support the construction of a critical memory of madness through its material heritage. As a result, the GDPR has been applied broadly, without clear criteria, as evidenced in my research. In Institution A, from which I requested access to an art collection, the GDPR was invoked to justify the denial of access, without any detailed assessment of the research objectives or ethical framework. Decree-Law No. 80/2018, which "establishes the principles and rules applicable to ethics committees operating within healthcare institutions..." does not specifically address research centred on historical clinical archives or other documents, photographs, or art collections held by psychiatric institutions.<sup>44</sup> The legislation is

broad, and allows for multiple interpretations – contributing to inconsistent or even restrictive applications of the regulation in contexts of historical and cultural research.<sup>45</sup>

These committees are intended to prevent the repetition of abuses and constraints between researchers and institutionalized individuals. What this investigation highlights is that these committees are composed primarily of individuals who work within the psychiatric institution – psychiatrists, psychologists, and hospital administrators – and often in defence of maintaining the archives silence.

Psychiatric reform refers to political, social, cultural, administrative, and legal efforts to transform society's relationship with madness. In this regard, there can be no psychiatric reform as long as the power to “allow speech” remains under the control of the institutions. De-hospitalising the archives, including art collections, is an important step toward a decentralized reform that is more open to society. This does not mean excluding psychiatric experience from the debate but rather including other ways of thinking.

Researchers and institutions in Portugal have not yet reached definitive answers regarding what should be done with psychiatric archives, or which information ought to be made public and which should remain permanently confidential. It is crucial to approach archives and collections as informing past histories and present narratives. The ways in which archives are mobilised reveal much about contemporary institutions and their roles. Art studios and art collections within psychiatric institutions are fairly common in Portugal and are spaces of considerable importance for the socialisation of institutionalised communities. Observations from art studios show that authors are deeply engaged in their own creative processes, producing work with distinct content and form, seeking out materials and developing highly individual narratives. For many institutionalised people, the art studio represents their only daily activity outside the routines of cleaning, institutional obligations, and healthcare. Equally striking is the commitment and dedication of the visual artists and therapists who manage these spaces; notably, they are almost exclusively women. These practitioners are instrumental in producing liberatory spaces within institutions characterised by isolation. In recent years, collaborative initiatives with museums and other artistic venues have gained prominence, although the visibility afforded to these works continues to be constrained.

It is important to emphasise the necessity of including associations of people with lived experience of madness, alongside families and activists, in debates concerning these archives and collections – thereby reclaiming the participation demanded by Adelaide. Several measures could be considered by psychiatric institutions to ensure the recognition of the artistic expressions of institutionalised

people. These may include tasks such as incorporating usage statements for works intended for research, exhibition, or other purposes; engaging in dialogue with authors to understand their expectations, methods, and themes; and, whenever possible, creating simple inventories of works. Such modest, everyday practices may help to ensure that, in the future – whether through the deinstitutionalisation or death of the author, or the closure of the institution – works are safeguarded and clearer decisions can be made regarding their use. Moreover, these measures may help prevent both the works and their authors from being subsumed into the fetishised value systems of the art market around madness. Considering the asylum-based status of many institutions, the value of these works does not lie only in their commercial worth or in their circulation within the narrow sphere of the contemporary art world, but rather in their capacity to mobilise people around something that still belongs to them. These works, created voluntarily in spaces dedicated to art, are records of memory that should not be confined to the institutional space or subject to the institution's will to disclose or conceal them.

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1. The *Conversations series – Art and Mental Health* (Ciclo de Conversas – arte e saúde mental) was initiated with the aim of bringing together workers and facilitators from art studios and occupational therapy workshops within Portuguese psychiatric institutions to engage in dialogue. The goals were to recognise the work carried out, discuss practical considerations, and develop strategies for collaboration. The series was comprised of six sessions, all conducted online, each lasting approximately two hours. The central themes addressed during these meetings included: methodologies applied in art studios and occupational therapy; organisation and preservation of collections; copyright and intellectual property; and the circulation and exhibition of artworks.↵
2. In this context, the sense of ethics refers to a reflective awareness of one's position and responsibility within institutional and artistic practices. At the same time, the term "ethics" is also used to describe formal institutional procedures, particularly those overseen by the Ethics Committees of psychiatric institutions.↵
3. Without authorisation to study the artwork and history of this deceased author, I use only invented initials.↵
4. In this article I'll prefer the term 'lived experience of madness', following the recommendation of Associação Lidera-Tu, which I will present in more details later. At times, I also use terms such as 'survivors', 'madness', or 'mad people', rather than the more conventional labels 'mental illness' or,

more broadly, 'mental health', in line with the perspectives of mad studies: "Madness refers to a range of experiences – thoughts, moods, behaviours – that differ from, challenge, resist, or do not conform to dominant psychiatric constructions of 'normal' versus 'disorders' or 'ill' mental health... madness [is] a social category alongside other categories such as race, class, gender, sexuality, age, or ability, which define our identities and experiences." Robert Menzies, Brenda A. LeFrancois, & Geoffrey Reaume, "Introducing Mad Studies," in Bren A. LeFrançois, Robert Menzies, and Geoffrey Reaume, eds. *Mad Matters: A Critical Reader in Canadian Mad Studies* (Canadian Scholars Press, 2013), 10.↵

5. Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (Anchor Books, 1961), xiii. See also, Michael Rembis, *Writing Mad Lives in the Age of the Asylum*. (Oxford University Press, 2024), <https://doi.org/10.1093/9780197604861.001.0001>.↵
6. The conference took place in Lisbon, organised by AEIPS – Associação para o Estudo e Integração Psicossocial, on 25th, 26th, and 27th March 2025. Among the speakers were José H. Ornelas (conference organiser), B.A. Lefrançois, Sam Tsemberlis, Tina Minkowitz, Olga Kalina, Dainius Puras, and others.↵
7. States Parties to this Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that: Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement; Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community; Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs. Available at: <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>. Accessed August 7th, 2025.↵
8. World Health Organization and the United Nations (Office of the United Nations High Commissioner for Human Rights), *Mental Health, Human Rights and Legislation: Guidance and Practice* (World Health Organization,

2023),

190, <https://www.who.int/publications/i/item/9789240049338> (accessed August 7, 2025).↵

9. This has already been happening and can be experienced in Portugal through associations and community centres that support people with lived experience, as well as through the Socio-Occupational Forums. There is a substantial body of critical literature on the developments of community psychiatry, particularly regarding its practical implementations. For the purposes of this article, it was important to bear this in mind, despite the gaps that persist in Portugal concerning a fully realised experience of deinstitutionalisation. The following references are relevant to this debate: P. Frias and M. Pinto da Costa, *Community Psychiatry in Portugal: A Critical Review* (2020), <https://www.who.int/publications/i/item/9789240049338>; A. Neto, P. Santos, and T. Maia, *Ao Encontro da Comunidade – Reflexões sobre Psiquiatria Comunitária, Cultura e Alteridade* (2014); T. Roquette, *Psicologia Clínica Psicodinâmica ao Serviço da Psiquiatria Comunitária: 14 Anos de Experiência* (2012).↵
10. Sarah Handley-Cousins' chapter, for example, examines the case of psychiatric archives in the U.S., revealing the need to reconsider the criteria for researchers' access to 'hidden' information. Sarah Handley-Cousins, "Silence and Stigma: How Archival Restrictions Threaten Histories of the Mentally Ill in the United States," in Jenifer L. Barclay, Stefanie Hunt-Kennedy, and Jaipreet Viridi, *Crippling the Archive: Disability, History, and Power* (University of Illinois Press, 2025), 268.↵
11. In recent decades, important contributions have been produced at the Centre for Social Studies of the University of Coimbra, many under the authorship or supervision of Professor Pedro Hespanha. Further notable work includes that of Professor Luís Quintais on forensic psychiatry archives, as well as studies by Professors Ana Leonor Pereira and Rui Pitta. Among the principal references, I would indicate: Hespanha, Pedro, Sílvia Portugal, Cláudia Nogueira, José Morgado Pereira, and Maria José Hespanha. 2012. *Doença Mental, Instituições e Famílias: Os desafios da desinstitucionalização em Portugal*. Coimbra: Almedina. A recent case is the publication of the book *Coisas de Loucos* (2020) by journalist Catarina Gomes, which revisited certain clinical records of former patients at the Hospital Miguel Bombarda to gather information about their diagnoses and biographies. Nevertheless, it is worth noting that the book did bring some visibility to issues surrounding asylum practices in Portugal. Gomes, Catarina. 2020. *Coisas de Loucos*. Tinta da China.↵

12. Miguel Bombarda Hospital is Portugal's first psychiatric institution, founded in 1848 under the name Rilhafoles. It was later renamed in honour of the physician and director of the institution who was assassinated in 1910, during the establishment of the republic. The institution closed in 2011, sparking significant controversy that continues to this day regarding the fate and use of its architectural and movable heritage, including a collection of artistic expressions by patients (drawings, paintings, texts...) comprising approximately 4,000 objects.↵
13. Achille Mbembe, "The Power of the Archive and Its Limits," in *Refiguring the Archive*, Carolyn Hamilton et al., eds. (David Philip, 2002), 19.↵
14. The primary objective was to locate notes concerning the expressions of patients within the medical texts of clinical records, considering that these three institutions encouraged artistic expression during the period under study. In this case, clinical records of specific individuals were not requested.↵
15. In this article, I will not name the institutions investigated, as some of the content may be sensitive for them. The only hospital whose name will be mentioned is Miguel Bombarda, as it has been closed since 2011 and presents distinct descriptive challenges. At present, the entirety of this institution's movable collection is under the care of the São José Local Health Unit. For more information on the art collection of Miguel Bombarda Hospital, see the article: Stefanie Gil Franco and Clara N. Forte, "Entre O Marginal E O Institucional: a Outsider Art e o Arquivo psiquiátrico do Hospital Miguel Bombarda," *Revista De História da Arte e da Cultura* 5, no. 1 (2024): 66–89, Campinas, SP, <https://doi.org/10.20396/rhac.v5i1.18643>.↵
16. The main reservations concerned contact with the author-artist-inmates who attend the space.↵
17. Coordenação Nacional das Políticas de Saúde Mental (CNPSM). 2024. *Reforma da Saúde Mental em Portugal: Três Anos de Transformação*, coord. Miguel Xavier.↵
18. World Health Organization and the United Nations, *Mental Health, Human Rights and Legislation*, 3.↵
19. These religious institutions were historically divided between "brothers" and "sisters," which consequently segmented care between men and women — a division that persists to this day, with few exceptions. The *Instituto São João de Deus*, dedicated to male care, according to recent data, operates eight establishments and is responsible for "80% of the responses related to psychiatry and mental health, where people are

- institutionalised” (Available at: <https://agencia.ecclesia.pt/porta/igreja-sociedade-ordem-hospitaleira-aposta-no-combate-ao-estigma-o-medo-associado-a-saude-mental/>. Accessed August 7th, 2025). On other hand, the *Irmãs Hospitaleiras do Sagrado Coração de Jesus*, whose mission is to care for women, manage twelve hospitals distributed across various regions of the country, including the archipelagos of the Azores and Madeira. Another example of a private institution is the Conde de Ferreira Hospital — the first major psychiatric institution purpose-built in Portugal — owned by the Santa Casa da Misericórdia do Porto, which still maintains a system of long-term inpatient care.↵
20. Institution B also holds an art collection dating back to the early 20th century; however, it is currently under the care of the Museum affiliated with the institution and has received limited public attention or scholarly study.↵
21. Prinzhorn Collection <https://www.sammlung-prinzhorn.de/en/museum/hans-prinzhorn>; Osório César Collection:<https://visite.museus.gov.br/instituicoes/museu-de-arte-osorio-cesar/>; <https://museumofthemind.org.uk/>.↵
22. For further reading on Jaime Fernandes, I recommend the following sources: Stefanie Gil Franco, “Jaime Fernandes Simões e a construção de narrativas sobre a art brut em Portugal,” *MODOS. Revista de História da Arte* 4, no. 3 (2020): 15–30, <https://doi.org/10.24978/mod.v4i3.4588>; João Pedro Frois, “The Bestiary Art of Jaime Fernandes,” *Raw Vision*, no. 90 (2016): 30–34; João Pedro Frois, ‘Animals Portrayed as Princes’: The Ballpoint-Pen Drawings of Jaime Fernandes,” *Epidemiology and Psychiatric Sciences* 25 (2016): 211–13, <https://doi.org/10.1017/S2045796016000081>; Andreia Magalhães, coord., *Jaime. I Saw One of My Female Dogs with Wolves* (Centro de Arte Oliva – Câmara Municipal de São João da Madeira, 2021).↵
23. *Manicómio*, in Portuguese, is a term for ‘psychiatric asylum’, often carrying a pejorative connotation. The choice of this name appears to be intentional, aiming to create a sense of estrangement. According to the project’s official webpage: “We are a space for artistic creation and innovation in Lisbon. Through multiple projects that bring together art, creativity, social transformation, and mental health, the project places at its centre contemporary artists and creatives with mental illness, who are often excluded due to society’s stigma towards madness.” (author’s translation. Available at: <https://manicomio.pt/sobre-nos/>. accessed August 7th, 2025).↵

24. Dubuffet, the creator of the concept of art brut, would almost certainly disagree: the first legitimate space for the creation of this type of art is precisely the asylum institution. *Manicómio*, at times, appears to operate within an ambiguous sphere of self-perception, as suggested on its website, where it raises the question: “*Art brut* or contemporary art?” Available at: <https://manicomio.pt/> (accessed August 7th, 2025). The institution’s own leadership, at different moments, rejects the term *art brut*, considering it “stigmatizing”, while also using it strategically to attract the interest of a particular audience.↵
25. A proposal that brings psychological and psychiatric care into public spaces, such as museums and community centres, offering services at accessible prices.↵
26. According to personal communication with the management of *Manicómio*, there is a “Memorandum of Understanding” signed by the psychiatric institution that hosts *Nós, os Loucos*.↵
27. Available at: <https://www.outsiderartfair.com/> (accessed August 7th, 2025).↵
28. Daniel Cassady, "Outsider Art Is Increasingly Moving to the Art Market Mainstream," *ArtNews*, January 29, 2025, <https://www.artnews.com/art-news/market/outsider-art-market-christies-1234730643/>. (accessed August 7th, 2025).↵
29. As Michel Foucault argues, these “infamous men” are so called precisely because of the “infamy” of their lives: they are obscure, anonymous, or semi-erased figures in history, yet through their “encounter with power”—psychiatric power, in this case—they became part of the domain of discourse. From Foucault’s perspective, the archive is of paramount importance, as it reveals these neglected histories, whether through legal proceedings, letters, police reports, or medical and judicial records. In his essay *The Lives of Infamous Men (La vie des hommes infâmes, 1977)*, Foucault explains that these are not individuals of social prominence, who led banal or miserable lives, but whose existence was documented because they represented, in some way, a danger, a deviation, or a scandal to the social order. *Art brut* has served perfectly in making these infamous lives socially visible, bringing the histories of these subjects into contact with the art circuit, in a complex interplay of power between psychiatric practice and the curatorial and collecting practices of the art world.↵
30. Alfred Gell, *Art and Agency* (Oxford University Press, 1998), 3.↵

31. Jean Dubuffet, *L'Art brut préféré aux arts culturels* [*Crude Art Preferred to Cultural Art*] (Gallimard, 1949).↵
32. Gell, *Art and Agency*, p. 27↵
33. The speech took place on 24 March 2025 during the Community Mental Health Conference: Deinstitutionalisation, Diversity and Inclusion. For more information, see <https://www.aeips.pt/conference2025/>↵
34. <https://www.lidera-tu.pt/> (accessed August 7th, 2025).↵
35. To learn more: <https://www.lidera-tu.pt/plataforma-nacional/> (accessed September 15<sup>th</sup>, 2025)↵
36. My translation. Available at: [https://www.pgdlisboa.pt/leis/lei\\_mostra\\_articulado.php?nid=2925&tab\\_ela=leis&nversao=](https://www.pgdlisboa.pt/leis/lei_mostra_articulado.php?nid=2925&tab_ela=leis&nversao=) (accessed August 7th, 2025). To learn more about the legislation from a critical and sociological perspective, it is recommended to consult the EQUAL project: <https://equal.iscsp.ulisboa.pt/> (accessed August 7th, 2025).↵
37. Which reminds me of Chamberlin's testimony: "I've been a good patient, and I've been a bad patient, and believe me, being a good patient helps to get you out of the hospital, but being a bad patient helps to get you back to real life." Judi Chamberlin, "Confessions of a non-compliant patient," *Journal of Psychosocial Nursing and Mental Health Services* 36, no. 4 (1998): 49–52.↵
38. This is a proto-museum located in the Panopticon Building of Miguel Bombarda Hospital, featuring drawings and paintings by former inpatients, as well as some photographs and objects. The museum was established by former staff members during the institution's final years and was closed around 2018 due to lack of suitable conditions. See: <https://www.am-lisboa.pt/302000/1/026219,000643/index.htm> (accessed on August 7th, 2025).↵
39. Many authors have engaged with the issues surrounding the field of disability studies and the arts. Some of the references that inspire the ideas presented in this article are: Petra Koppers, *Studying Disability Arts and Culture: An Introduction* (Palgrave Macmillan, 2014); Tobin Siebers, *Disability Aesthetics* (University of Michigan Press, 2010), <https://doi.org/10.3998/mpub.1134097>; Amanda Cachia, *What Can a Body Do?* (Cantor Fitzgerald Gallery, Haverford College, 2012).↵
40. I can mention several institutions that have been engaging with these themes in ways that are not always aligned, yet remain critical and

constructive, and, importantly, demonstrate a political and social commitment: Gugging Museum (Vienna, Austria); Atelier Gaia (Rio de Janeiro, Brazil); Outside In (Brighton, UK); LaTinaia (Florence, Italy); Creative Growth Art Center (California, USA); Manicómio (Lisboa, Portugal); among others.↵

41. Veis, Nurin. “The Ethics of Exhibiting Psychiatric Materials.” In *Exhibiting Madness in Museums*, 1st ed., edited by Catharine Coleborne and Dolly MacKinnon, 55–68. London: Routledge, 2011. Also consider: Catherine Coleborne and Dolly MacKinnon, *Exhibiting Madness in Museums: Remembering Psychiatry through Collections and Display* (London and New York: Routledge, 2011), <https://doi.org/10.4324/9780203807101>.↵
42. Veis. “The Ethics of Exhibiting Psychiatric Materials”, 55.↵
43. Yoann Bazin and Julienne Brabet, “Recherche : comités d’éthique, le risque d’une ‘bureaucratie de la vertu’ ?” (published September 17, 2019), EM Normandie / Université Paris-Est Créteil Val de Marne (UPEC). Available at: <https://theconversation.com/recherche-comites-dethique-le-risque-dune-bureaucratie-de-la-vertu-118365> (accessed 08th August 2025).↵
44. My translation. Available at <https://diariodarepublica.pt/dr/detalhe/decreto-lei/80-2018-116673880> (accessed 08th August 2025)↵
45. As the decree states: “From the perspective of safeguarding human life and its quality, ethical issues extend into social, philosophical, theological, political, and economic domains, often involving complex and difficult integration. Within this context, health ethics committees have marked a decisive step forward, enabling a shift from purely theoretical reflection on ethical problems to the establishment of consensual norms aimed at protecting human dignity and integrity.” Available at <https://diariodarepublica.pt/dr/detalhe/decreto-lei/80-2018-116673880> (accessed 08th August 2025).↵