
**MENTAL DISABILITY AND ALTERITY IN VAN GOGH'S
FRAMEWORK, CONTRIBUTIONS TO LAW N°13.146 OF 2015**

**DEFICIÊNCIA MENTAL E ALTERIDADE NA MOLDURA DE VAN
GOGH E CONTRIBUIÇÕES DA LEI N°13.146 DE 2015**

TACIANA MARCONATO DAMO CERVI

Doutora em Direito pela UFRGS, Docente Permanente do Programa de Pós Graduação Stricto Sensu em Direito, Mestrado e Doutorado na URI Campus Santo Angelo. Pesquisadora em Bioética e Biodireito. Assistente técnica do Comitê de Ética em Pesquisa na URI/Santo Angelo. Orcid iD: <https://orcid.org/0000-0002-7140-4817>

JANETE ROSA MARTINS

Doutora em Ciências Sociais pela UNISINOS/RS, Mestre em Direito pela UNISC/RS e Especialista em Direito Público e Bacharel em Direito pela UNIJUI – Ijuí/RS, Professora da Pós-Graduação Stricto Sensu em Direito – Mestrado e Doutorado e da Graduação em Direito, Editora da Revista Direito e Justiça: Reflexões Sociojurídicas, ORCID <https://orcid.org/0000-0002-8014-8237>; e-mail: janete@san.uri.br

THAMI COVATTI PIAIA

Doutora em Direito pela UFRGS. *Visiting Scholar* na Universidade de Illinois, Urbana-Champaign, EUA. Estágio pós-doutoral na Universidade de Passo Fundo. Professora na Graduação e no Programa de Pós-Graduação Stricto Sensu - Mestrado e Doutorado em Direito da Universidade Regional Integrada do Alto Uruguai e das Missões – URI. E-mail: thamicovatti@san.uri.br. ORCID: (<https://orcid.org/0000-0001-7123-0186>)



ABSTRACT

Objective: the study analyzes the biography of Vincent Van Gogh, the way the artist was allowed to live his art and the contributions of this perspective in the context of the paradigm proposed by the Statute of the Person with Disabilities in Brazil.

Methodology: the research adopts the method of inductive approach and the dialectical procedure method through indirect research, bibliographic and documentary review.

Results: the study denotes the evolution of psychiatric treatments that start from the assumption of madness, passing through the notion of disorder and then mental disability. In practice, there are several repercussions observed: perceived as crazy, the currents were relevant means for its containment; later, in the context of mental disorder, isolation remained a way to protect society; at the same time, the understanding of the vulnerability of the subject in a context of mental disability allows progress in the consideration of his existential autonomy. In this perspective, there is a paradigm established about existential autonomy and family support or people close to Supported Decision Making through advice for business issues. It is also noteworthy, curatorship as an extraordinary measure.

Contributions: the research identifies the biography of Vincent Van Gogh as mentally handicapped and the accompaniment of his brother Théo in the meeting of the paradigm proposed by the Statute of the Disabled Person. A family context of assistance is glimpsed in the artist's life that allowed the painter to develop his art, although belatedly recognized. In this bias, there is a clear context of Supported Decision-Making identified in the support offered by Theo, who, recognizing the peculiar vulnerability of the mentally handicapped, begins to consider Vincent van Gogh's interests in facing difficulties as the main ones.

Keywords: Disabled Persons Statute; Mental Disability; Van Gogh.

RESUMO

Objetivo: o estudo analisa a biografia de Vincent Van Gogh, o modo como foi permitido ao artista viver sua arte e as contribuições dessa perspectiva no contexto do paradigma proposto pelo Estatuto da Pessoa com Deficiência no Brasil.

Metodologia: a pesquisa adota o método de abordagem indutivo e o método de procedimento dialético por meio da pesquisa indireta, de revisão bibliográfica e documental.



Resultados: o estudo denota a evolução dos tratamentos psiquiátricos que partem do pressuposto da loucura, passando pela noção de transtorno e então, de deficiência mental. Na prática, são diversas as repercussões observadas: percebido como louco, as correntes foram meios pertinentes para a sua contenção; posteriormente, no contexto de transtorno mental o isolamento permaneceu como forma de proteger a sociedade; contemporaneamente, a compreensão da vulnerabilidade do sujeito em um contexto de deficiência mental permite o avanço na consideração de sua autonomia existencial. Nesse viés, tem-se um paradigma firmado sobre autonomia existencial e de suporte familiar ou de pessoas próximas para a Tomada de Decisão Apoiada por meio do aconselhamento para as questões negociais. Destaca-se ainda, a curatela como medida extraordinária.

Contribuições: a pesquisa identifica a biografia de Vincent Van Gogh enquanto deficiente mental e, o acompanhamento de seu irmão Théo no encontro do paradigma proposto pelo Estatuto da Pessoa com Deficiência. Vislumbra-se na vida do artista um contexto familiar de assistência que permitiu ao pintor o desenvolvimento de sua arte, embora tardiamente reconhecida. Nesse viés, tem-se um claro contexto de Tomada de Decisão Apoiada identificado no suporte oferecido por Theo que, ao reconhecer a vulnerabilidade peculiar do deficiente mental passa a considerar como principais os interesses de Vincent Van Gogh no enfrentamento das dificuldades.

Palavras-chaves: Deficiência Mental; Estatuto da Pessoa com Deficiência; Van Gogh.

1 INTRODUCTION

The research investigates mental disability within the legal context given by the Disabled Person Statute. With the aid of an unusual approach, the work has its starting point in the story of the life of Vincent Van Gogh (1853-1890) to comprehend the context in which his art could be developed, despite its late recognition. In the light of this, the study investigates mental disabilities through history as the current state observed in Brazil with the Disabled Person's Statute being in effect.

Thus, this work seeks to answer the following question: What is the contribution of Van Gogh in the comprehension of mental disability and legal answers through Law nº13.146 in effect in Brazil since 2015?



To fulfill that goal, the research adopts the inductive approach method as well as the indirect technique of bibliographic and documental review.

2 VAN GOGH AND ART - MADNESS AT THE DAWN OF EXPRESSIONISM

Vincent Van Gogh was born March 30, 1853, in Groot Zundert, the Netherlands, being the second of seven children having received the name of his family's firstborn who died at the age of six. He had a close relationship with his younger brother, Theo. Van Gogh's family traditionally engaged in the painting trade although his father was a Calvinist minister (MARTINS,2017). Growing up in this context he became a minister but devoted himself to painting. The vibrant colors handled by the artist convey emotion. Brush strokes in yellow, green, and blue are abundantly present, reflecting the painter's emotions through the expressiveness of colors. The letter of June 25, 1889, states:

I have a very yellow and bright wheat field, perhaps the brightest canvas I have ever painted. Cypresses always worry me, I wish to make with them something like the sunflower frames, thus it astonishes me that one has not made them yet as I see them. (VAN GOGH, 2003, p.211).

His work constitutes the link in the movement's transition from impressionism to expressionism and this is the reason for its late recognition. Both the critics and public were used to works of Renoir, Degas, Pissaro and, especially Monet, characterized by recording the effects of light through pure colors and romantic settings, which naturally, generated resistance to new perspectives proposed by Van Gogh that inaugurated the registration of life with the boldness of pigments, complementary colors, as well as the harshness of life in field. (MARTINS, 2017).

A recurring question is the style developed by the artist which highlights the presence of halos on the portrayed objects, as in "Starry Night on the Rhone" of 1888 and, "The Starry Night" of 1889, works in which stars are highlighted painted in vibrant



yellow surrounded by halos. In this aspect, it refers to the usual treatment for mental problems at that time, based on digitalic plant or foxglove - *Digitalis Purpurea*. (YACUBIAN, 2010).

Although there is no record of the plant's use in Van Gogh's medical treatment, it is noted that it is present in 1890's paintings representing the melancholic Dr. Gachet, leaning on the table holding his head with right hand. As Yacubian points out, in one of them, the doctor holds a branch of digitalis in his left palm and, in the other one, has in front of him a vase with water and two branches of the herb. (YACUBIAN, 2010).

According to Lee's studies, the intoxication by digitalis is capable of generating fatigue, abdominal pain, anorexia, nocturnal restlessness, mental confusion, disorientation and delirium. Furthermore, a greenish-yellow vision, as cloudy and with spots surrounded by halos, as found in the above-mentioned works. As the author points out, the foxglove that appears on the canvases alluding to Dr. Gachet was used in psychiatric treatments in the last decades of the 19th century and its toxic effects may have dictated Van Gogh's technique. (LEE, 1981).

The bitterness that accompanied the painter is reflected in his letters, carefully held by Theo's wife, Johanna Van Gogh-Bonger and, later published. (JAMÍS, 2003). These are correspondences that sealed the brother's complicity and reveal the unconditional way in which Vincent was assisted by his brother until his last days. Effectively, the brother acted as patron, bearing the costs of the production of the canvases as well as Vincent's subsistence and medical treatment.

See the letter of August 1889:

Yesterday I started working a little bit again - a thing I see from my window - a field of yellow stalks that are being drafted, the opposition between the violet tilled land and the strips of yellow thatch, with hills in the background. The work distracts me infinitely more than anything else and if for once I could throw all my energy into it, this would possibly be the best medicine. The impossibility of having models, a bunch of other stuff, nevertheless, prevents me from getting it. Anyway, I need to try taking things a little more passively and be patient. (VAN GOGH, 2003, p.213).



One can notice an artist aware of his inconsistency and with desire to accomplish something special. In such letters, the painter tells about his unhappiness and insecurity, about his uncorresponded loves and, yet, everything he knew from third-party reports about the mental crisis that afflicted himself, such as walking astray, attacking people, acting violently, and then not remembering a thing. It is also verified, the record of a desire for an effective treatment for ailment that afflicted him, of the advice given by his brother and the constant exchange of information about techniques he used in his paintings.

In the spirit of that, the Letter nº298 sent to his brother Theo, whose excerpt is noted as an epigraph in this academic production, reveals the artist's firm intention to produce something innovative, and in a certain way, understood as a legacy through all his dedication into painting.

The fact that Theo followed his father's craft in the art trading, provided constant contact with the painters and decorators of the time, which allowed the proximity between Vincent and Paul Gauguin (1848-1903) - the French painter who claimed to express himself according to his own subjectivity. The friendship between them strengthened the consecration of expressionism since they valued the register of art as an inner force and, together they had plans to make possible an artist's colony in south of France, this one that the artist called "future atelier" - or "friend's home". In this place, the painter imagined the decoration in triumphant yellow - the color of perfection. (MARTINS, 2018).

The rupture of this friendship is one of the versions for mutilation of Van Gogh's right ear, revealed in 1889 in paintings called "Self-portrait with ear patch and pipe" and "Self-Portrait with ear patch" the result of the self-inflicted mutilation. (MARTINS 2017).

In Arles, in the south of France; he spent his last seventy days, a period known for the intense productivity with the production of a work per day. Nevertheless, the frequent episodes of seizures terrified the residents of the town which began to seize him. For some time, Van Gogh considered subjecting himself to the Asylum of Saint-



Paul de Mausole in Saint-Rémy. During this period writings to Theo were also intensified.

During his period at Saint-Rémy Asylum he wrote several letters to his brother Theo which reveal part of his suffering which if cross-referenced with current medical intel would indicate "diagnosis of temporal lobe epilepsy, syphilis, digitalic or lead poisoning, acute intermittent porphyria, Ménière's disease, glaucoma, schizophrenia, and bipolar disorder, among several other psychiatric diagnoses". (YACUBIAN, 2010, p.8).

According to Pull's notes (2005), there is a close relationship between mental disorders and artistic creativity, usually in chronic states. Likewise, Sass (2001) points out that innovation and artistic sensitivity are also considered as underlying characteristics of schizophrenic traits. The same author mentions the aptitude to inaugurate something in the universe is the result of detachment from the conventional, a characteristic seen in persons with a schizotypal orientation.

In the search of his art's revelation, Vincent Van Gogh projected his own personality on canvas inaugurating the expressionist movement, even though it was belatedly recognized. On July 27, 1890 the artist shot himself in the chest, wounding himself severely and dying two days later. His last work consisted of a wheat landscape with crows.

Through this, we have a general line of Vincent Van Gogh's life story, so that from the next section on one can perceive the evolution of the consideration of the interests of disabled persons.

3 MADNESS, DISORDER, MENTAL DISABILITY

In the social imaginary, mental deficiency resulting from disorders are linked to the idea of madness, criminality, and incapacity. Nevertheless, it's imperative to highlight that in some historical circumstances, persons were not excluded as, for



example, in ancient Greece when Socrates and Plato highlighted the mystical aspect of craziness as enunciating something divine thus a few privileged men could access divine truths. (GALENDE; KRAUT, 2006).

The perception of mental disorder as something bad or representative of evil is consolidated in the Renaissance period, in such fashion that those affected were definitively excluded from social life, just as it already happened with lepers. Thus, madness became the object of medical knowledge only from the 18th century on, when creating hospital-centric therapies, which have not translated action in a positive sense on sick persons and into the disease itself, but rather revealed the ideal context for the establishment of disciplinary measures through surveillance and permanent recording of the treatment. (FOUCAULT, 1979).

In this period, a disability did not allow the disabled to contribute to the society and eugenic policies were justified. As Palácios and Bariffi highlight (2007), this consolidates dispensation and, therefore, the isolation of these persons as something that would lead to social well-being.

The scientification of psychiatric treatments received attention starting with the contribution of the alienist Philippe Pinel (1745-1826), director of Bicêtre and Salpêtrière hospitals, who proposed not to chain or bind the patients. According to him, the freedom movement would be a condition for convalescence (FOUCAULT, 2002).

Despite advances in the understanding of mental disorders, politics of exclusion did not change throughout history, being the perceptible product of psychiatric hospitalizations, with more losses than actual gains.

From the 20th century on, due to the two World Wars, the significant number of mutilated persons has given rise to a biomedical view of disability with an individual perspective of the physical and mental health analysis. Within this context, Ferraz and Leite refer to the consolidation of a rehabilitation model as the clinic attempts to normalize the patient, so that the healing process would be *conditio sine qua non* to avoid the exclusion of persons with disabilities. (2015).



It stands out between 1917 and 1935 the development of four methods to produce physiological shock, tested and used in psychiatric practice in the European continent: Malaria-induced fever, to treat neurosyphilitic-paralysis; insulin-induced coma and seizures to deal with schizophrenia; metrazol-induced seizures to manage schizophrenia and affective psychoses, and electroconvulsive shock therapy. Also, according to Miranda (2014), lobotomy arises - surgery in frontal lobes of the brain to remove a small fraction, interrupting connections of the abnormally attached cells.

The advent of psychoses treatment using physiological shock increased the opposition between two schools of thought in psychiatry: the psychological and biological. The Psychological School interprets mental illness as stemming from deviations in personality, problems arising during growth, in control of internal impulses and other external factors (MIRANDA, 2014).

This school, typified by psychoanalysts, was founded by Sigmund Freud (1856-1939) at the beginning of the 20th century. The founder of psychoanalysis was responsible for the first revolution in scientific therapy of madness with the theory of mind. The approach has shown itself to be relevant for mental disorders of mild or medium severity but had little effect on the treatment of more serious mental illnesses, such as psychoses (MIRANDA, 2014).

The Biological School, on the other hand, considers that mental illnesses, particularly psychoses, are caused by pathological, chemical, or structural changes in the brain. Due to these distinctions, the therapeutic approaches adopted by each school are markedly different. The success of shock therapy due to, surely, causing some drastic changes in the brain's internal environment and, therefore, in nerve cell function, was a strong argument for the biological causes of many mental illnesses. (MIRANDA, 2014).

It stands out in this period, the establishment of standards that disregarded diversity through a standard of health that should be achieved by everyone and, to the extent of its impossibility, the consequence would be the inevitable exclusion through isolation within psychiatric hospitals. Overall, the medicalized view of disability



promoted the marginalization of disabled persons who could not even participate in the world of labor, being the object of welfare practices.

Within this bias, the process of medicalization of health in hospitals is perceived as a means to strengthen the clinic and biopower of the concerned, forged for domination of the social body through medical knowledge. From this scenario, existential aspects are transformed into diseases and persons into patients, as well as consumers of therapy and medicine industries. Thus, the social coexistence of persons with psychic suffering becomes restricted, so that those with severe or cruel disorders are excluded from any social environment. The coding process of madness makes the pathological disorders associated with danger. (FOUCAULT, 2002, P.148-9) to allow medical intervention supported by observation and symptomatology recording.

The conformation of positive law takes the same course with the legal framework regarding persons with disabilities, astraying them from civil autonomy, as focusing on external care and social security, having the business representation founded on the institute of guardianship. (BRASIL, 1916). It is noted then, that the paradigm of prescindence and its passage to that of rehabilitation did not consider changes as the elimination of inequalities and exclusion.

The Alienists - psychiatric physicians of the time, sought to understand madness from speculative contours, given the lack of scientific knowledge in the area. The patients were isolated from society by having their movements restrained by chains or special clothes, brain trauma, convulsions, and fever were resources for alleviating mental disorders. Thus, electric shock therapies and the extraction of the frontal lobe surgeries, nowadays characterized as lobotomy, constitute registers which can be found within medical literature. (GALENDE; KRAUT, 2006).

Sanity and madness were historically elaborated concepts within diverse sociocultural contexts thus scientifically there was not an accepted psychiatric approach to the questions of mind at the time. The World Health Organization - WHO, started to manifest itself about the impossibility of exclusive care of mental health



issues through specialists due to the dimension taken by hospital-centric crises only between the 1970s and 1980s. (WHO, 1993).

In addition, there is the The Declaration on the Rights of Disabled Persons, which states about the consideration of rights and interests of mentally disabled and establishing that they must enjoy "to the maximum degree possible, the same rights as other human beings". (UN, 1971). With this bias, then appears the medical nomenclature "mental disorder" replacing other terms such as disease or illness, in order to promote a descriptive diagnostic approach, that is, recognizable by symptoms or behaviors (WHO, 1993).

Mental disorders are found in literature as a result from a variety of factors, such as genetic constitution, resulting from stress with altered brain functions, they can also result from physical and psychological aggression, or even factors within a person's own personality. In this sense, the WHO (1993) presents the medical classification of mental disorders, which does not derive from a determined cause, but from biological, cognitive and, above all, socio-cultural factors.

Thus, they are defined as mental disorders, the states of depression understood as persistent feelings of sadness, despondency, fatigue; the states of mania, indicated by irritability, ideas of grandiosity, increased activity, accelerated thinking and speaking, as well as decreased sleep. (POLANCZYK, 2009).

In addition, in accordance with determinations of the WHO, the mental disorder is considered as well, exaggerated anxiety, identified by a chronic and incessant high level of anxiety, the so-called irrational fears; that too much anxiety can lead to panic syndrome, characterized mainly by the fear of being alone in public places or originate the social phobia, with the fear of going through humiliating circumstances or, still, the obsessive-compulsive disorders, characterized by repetitive ideas and thoughts. Another disorder mentioned is schizophrenia, characterized by auditory, visual, gustatory, or olfactory hallucinations. (WHO, 1993).

Despite the brief indication of disorders, it is observed that they constitute general diagnostic guidelines, in such a fashion, that, through specific issues, the



physician may identify definitive disorders. In that sense, there are still many unfoldings of the mentioned disorders, having each of them an identification code.

In this period, advances in follow-up of the insane/mental patient can be perceived and psychiatric treatments as the representative entities of persons with disabilities manage to promote visibility to the discussion, achieving significant results through a movement to expand the awareness of the rights of persons with disabilities. That happened in Australia in 2001, when Tom Shakespeare, a disability rights activist, recorded considerations about the importance of movement he represented, in his lecture entitled "Understanding Disability", as quoted:

To recognize the expertise and authority of persons with disabilities is very important. The movement of persons with disabilities is all about speaking up for ourselves. It is about what it's like to be a person with an incapacity. It deals with what it's like to have this or that kind of injury. It's about demanding that we are respected as the real experts on inabilities. It is summed up in the motto Nothing About Us, Without Us. (SASSAKI, 2007, P.20).

From that moment on, the motto "Nothing About Us, Without Us" started to be spread through the Strategy Users Group of the British Ministry of Health, demanding inclusion of persons with learning disabilities in public health services, employment, social services, habitations, housing associations, assistance consumers, service providers, inspection and others. After that, the demand for public policies generated the program that bears the same name as the movement - "Nothing About Us, Without Us" which acts to recognize individuality of each user and, care agreed upon with him and his family, adapting to persons needs the services provided to citizens. Overcoat, the program sought to produce knowledge about disability from hearing of the user's experiences, as the program's name suggests. (UNITED KINGDOM, 2001).

The following year, the first international document that declares the motto of disabled persons movement in a phrase making it clearer in its meaning appears. This is the Madrid Declaration of March 23, 2002 that inaugurated the understanding "Nothing About Persons with Disabilities, Without Persons with Disabilities" and was



approved at European Congress on Disability. One of the main points found in the statement is that:

at all levels of decision making, governments need to establish or strengthen regular mechanisms for consultation and dialogue that enable persons with disabilities through their organizations to contribute to the planning, implementation, monitoring and evaluation of all actions. (EUROPEAN UNION, 2002).

The debates in Madrid generated discussions in other corners of the world and expansion of the idea of considering the rights of persons with mental disabilities. Thus follows the Sapporo Declaration expressing in Japan: "We are the experts on our situation, and we must be consulted at all levels on all initiatives pertinent to us" (UN, 2002); and the Caracas Declaration, based on the consensus that the direct participation of the beneficiaries of public policies and services depends on the strengthening of civil society for the strengthening cooperation between government agencies and associative movements. (UN, 2002).

The turning point that marks the transition to effective consideration of the rights of disabled persons, considered within this work the mental disability, is the Convention on the Rights of Persons with Disabilities - CRPD, signed in New York on March 30, 2007. It expresses the need for each government to respect persons with disabilities by recognizing their diversity so that it can adjust legislation and administrative practices to ensure that disabilities pass to be regarded as just a part of diversity. (UN, 2007).

The CRPD is an instrument of broad recognition of the human rights of persons with disabilities from a civil perspective, cultural, political, social and economic rights. As such, it outlines in its article 3, the principles of respect for the inherent dignity and individual autonomy, non-discrimination, equal opportunities between men and women, and accessibility. Also, a guarantee of respect for differences and for evolving disabled children's capacities in order to preserve their own identity.



The importance of this Convention is also due to the fact that it constitutes a tool for interpretation of other international conventions and treaties, even for countries that have not ratified it. In that aspect, ratifying states are determined to eliminate discrimination against persons with disabilities, adopt laws and other appropriate measures, or repeal them, and mainstream the issue in relevant public policies and programs. With that, we move to the implementation of a social model of disability that shifts the paradigm of disabled persons as an object to recognition of the subject from involvement of these persons in a human rights perspective, as verified in Brazil in the following section.

4 MENTAL DISABILITY UNDERSTANDING FROM LAW N. 13.146/2015

IBGE data from the most recent Census shows that about 6.7% of the population, or almost 12.5 million Brazilians, declare themselves to have some degree of difficulty or to be afflicted by mental, intellectual disability. (IBGE, 2010). Within this context, one of the fundamental issues concerning disability is the inaccessibility to essential rights, as can be seen in the World Report on Disability when it states that persons with shortage are unequally denied equal access to health and employment services, as well as to education and political participation, based on their disability.

Another aspect pointed out is the violation of dignity in terms of violence and abuse, prejudice and when they lose their autonomy, subjected to sterilization even involuntarily or while institutionalized. Therefore, the understanding of disabling has been going through a transition stage, identifying the gradual establishment of the social model surpassing the clinic model, with the substitution of stigma of defect and incapability¹. (FERRAZ; LEITE, 2014).

¹The social model is based on two arguments - the distinction between limitation of the body or mind as an inherent condition of a person and the limitation generated by disability, coming from cultural and civil obstacles that generate exclusion". (FERRAZ; LEITE, 2014).).



On this path, while the clinic model offers rehabilitation and normalization through medicinal treatments, the social model presents a perspective in which disability is seen as a personal attribute that must be respected, showing that ailment is found in the inaccessible environment, whether for structural reasons or in interpersonal relationships.

In the context of the Statute for Persons with Disabilities - SPD, Law nº13.146/2015, which revoked a considerable part of articles 3 and 4 of Law n. 10.406/2002, it is observed that having a mental disorder of any kind does not automatically place the subject on the list of those who are incapable, so that he or she may have his or her capacity restrained for certain acts. (BRAZIL, 2015).

From the interdiction process, is determination of the limits of subject's incapacity to perform certain acts, so that it is precisely on the guardianship and interdiction that is greatly reflected the change of the inability system since the EPD came into effect.

That is because the rule becomes the guarantee of the exercising of legal capacity by the mental disorder inflicted on equal terms with other peers, as referred to in article 84 of 2015's Law. Then, the custody measure becomes exceptional and is adopted only when necessary, that is, as an extraordinary measure.

As a result, the Statute revoked several provisions of art. 1767 of the Civil Code, which stated that persons with mental disorders would be subject to care. Contemporarily they are no longer so that only when the need for it is verified. Thus, it is verifiable in article n. 84, §3rd states that the safekeeping "shall be proportional to needs and circumstances of each case, and must last for as short a time as possible". (BRAZIL, 2015). In such a measure, the concrete situation is taken into consideration when ruling out the ruling of absolute incapacity by means of a full limitation of a person's capacity.

The aforementioned statute also established the institute of curatorship as an average granted in interest of the person with mental disorder, producing effects only as to the property aspects and keeping existential issues such as sexuality, family,



children, work, and voting unattainable. Another important change to be considered is Supported Decision Making as an alternative model to wardenship. It stands out as a quota of legitimacy for persons with disability, as can be seen in article 1.783-A, § 2º, reinforcing their autonomy by indicating at least two persons of their trust to provide support in any of the acts of civil life. (BRAZIL, 2002).

Those are persons who have significant connections to a disabled person, in order to help him/her by providing sufficient information and clarification to make decisions. In this aspect, it is worth pointing out the provisions of article 1,783-A, § 1st, which refers to the need for a term firming the commitment accepted by supporters and the term of validity, as well as the limits of their actions in accordance with the needs of the applicant. (BRAZIL, 2002).

On this path, the practice of acts by disabled persons happens according to his or her own interests from assistance provided by suitable subjects chosen by them. The measure can also be constituted judicially, according to general provisions in Article 1.783-A, § 11th. Thus, the judge must hear the applicant, supporters of disabled persons, the Public Prosecutor's Office, and the multidisciplinary team, as noted in § 3rd of the aforementioned article. (BRAZIL, 2002).

It is important to note the importance of the institute when it comes to valid legal business done, because from the limits verified in the term signed by supporters, there will be no possibility of arguing the agent's incapacity seeking the annulment of line. In this bias, the possibility of a supporter's signature in a representative document legal transaction is also considered, as highlighted in article 1.783-A, § 5th. (BRAZIL, 2002).

In case of divergence between the disabled person wishes and the consideration of those who support him, the will of the former prevails, given that law refers to the need for a decision to be made by judge, after hearing Public Prosecutor's Office, when the business deal may involve "risk or relevant loss to the supported party", as can be seen by reading paragraph sixth. (BRAZIL, 2002).



In such circumstances it is appropriate the supporters keep some record of direction in which they manifested themselves in providing support, seeking to safeguard their conduct from being considered negligent in the future.

Therefore, a change towards a solidary paradigm can be observed, propitiated by Law 13.146/2015, which promoted the consideration of the interests of disabled persons through a set of changes, especially with a new capability understanding that reflect existential scope, relationships, and employment.

In the spirit of that, Brazil starts to establish public policies to eliminate discrimination against community with disabilities in the most diverse aspects of social life, allowing disabled persons to participate in life in society, contributing to the whole in their possibilities.

The legislative change observed allows for new perspectives to the development of the personality of disabled persons in Brazil, both in terms of autonomy for existential issues and the possibility of making decisions supported by a negotiating bias. It is possible that this has not had an appropriate perceived effect nationwide just yet, given the vastness of the country and poor access to information given to disabled persons.

Thus, from the consideration of the interests of disabled persons , a legislative turn has been applied in Brazil, promoting a new perception of disability, which passes through the social system. In this aspect, the importance of a support network that is aware of the need to improve autonomy for the person with disabilities is perceived. Indeed, the rescue of Van Gogh's life and work is due, thus the artist had his brother's support throughout his life allowing your skills to be developed and the work to be done.

5 FINAL REMARKS

In an analysis of Vincent Van Gogh's biography, the figure of Theo has been perceived as the artist's link to the world. The support offered by his brother while he



was in France studying allowed the painter to meet other painters, as well as to exchange experiences. During his hospitalizations the assistance of his brother is seen in artist's letters that show the vulnerability in which he found himself, but equally the acknowledgement of his brother's efforts and the family he started.

We can see then that the support offered to Van Gogh reflects the contemporary institute of Supported Decision Making, as provided for in the Statute of the Person with Disabilities. Thus, the importance of relief offered by persons close to them and, especially, by the family stands out, since, by virtue of trust provided, the person afflicted by mental suffering can make life choices related to business, for example.

In this way, we can see the ideal context for conduction of cultural changes, important for effective promotion of the legislation analyzed so that the public policies are really ordered in accordance with the new social paradigm of disability, far from exclusion and interments.

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