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“CATKINE...Asylum, Laboratory, Pharmacy, Pharmacist, I and the Cure”

Pharmaceutical Subjectivity in the Global South

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Catarina cries and wants to leave
Desire, watered, prayed, wept
Tearful feeling, fearful, diabolic, betrayed
My desire is of no value
Desire is pharmaceutical
It is not good for the circus

—*Catarina Inês Gomes Moraes*

DRUG-SETS AND VITAL/DEADLY EXPERIMENTATION

“Clearly no one knows what to do with drugs, not even the users. But no one knows how to talk about them either,” Gilles Deleuze (2006, 151) stated in a 1978 article entitled “Two Questions on Drugs.” The use of illegal substances was then on the rise and according to Deleuze, both users and caregivers had given up research and a deeper understanding of the phenomenon. People either spoke of the “pleasure” of drug use (something that is quite difficult to describe and that actually presupposes the chemical) or evoked extrinsic factors (sociological considerations such as communication and incommunicability and the overall situation of the youth). For Deleuze such drug-talk was of little help, and addiction therapeutics remained *terrae incognitae*. He instead posed two questions:

(1) Do drugs have a specific causality, and how can we explore this track?

(2) How do we account for a turning point in drug use, when all control is lost and dependence begins?

Deleuze's answers were tentative, yet he sketched a few ideas and concepts that I find useful for my own inquiry into the widespread and largely unregulated use of legal substances—psychiatric drugs—among the urban poor in Brazil today. Psychiatric categories and treatments are utterly enmeshed in local worlds, altering forms of care and people's lives and desires—at times deleteriously, cementing foreclosures, and at other times allowing new openings.

According to the Brazilian government's database for health resource use between 1995 and 2005, the country's psychiatric reform was accompanied by a significant fall in the percentage of resources dedicated to psychiatric care (Andreoli et al. 2007). For example, psychiatric hospital admissions accounted for 95.5 percent of the mental health budget in 1995 and decreased to 49.3 percent in 2005. Meanwhile, resource allocation for community services and for pharmaceutical drugs has increased dramatically. Drug provision rose from 0.1 percent in 1995 to 15.5 percent in 2005—a 155-fold increase in the national budget. Second-generation antipsychotic drugs were responsible for 75 percent of the drug expenses in this period. Interestingly, the rise in drug allocation was followed by a relative decrease in the number of psychiatrists hired—psychologists and social workers have been hired at three times and twice the rates of psychiatrists from 1995 to 2005, respectively. Here, as elsewhere, human relationships to psychopharmaceuticals are increasingly constituted outside the clinical encounter (see Jenkins, this volume; Ecks, this volume). And one wonders how this pharmaceuticalization of mental health care (in the service of a diffused form of governance and of market expansion) affects social bonds and subjectivities.

Before proceeding, a few caveats: I have no grand philosophical aspirations, and I do not wish to reduce Deleuze's enormously complicated conceptual venture into a theoretical system or a set of practices to be applied normatively. My engagement with Deleuze's reflections on drugs is biased—they elicit broader concerns that I share and that I want to explore here: the subjectivity of milieus, the primacy of desire over power, and a cartographic rather than archaeological approach to the unconscious. I find Deleuze's idea of "maps of trajectories and intensities" especially relevant to the ethnography of psychopharmaceuticals—their local encroachment and how they become interwoven in the very fabric of symptoms and

identities (Biehl and Locke 2010). In emphasizing the ways in which social fields ceaselessly leak and transform (power and knowledge notwithstanding), the potentials of desire (both creative and destructive), and the in-between, plastic, and ever-unfinished nature of a life, Deleuze inspires efforts to chronicle how people live with *pharmakons* and conceptualize technological self-care.

Let's stay close, for a moment, to Deleuze's reflections at a time when psychiatric markets had not yet further confounded the drug scene. For him the question about whether drugs have a "specific causality" does not imply exclusively a scientific (that is, chemical) cause on which everything else would depend. Likewise, Deleuze makes clear that he was not after a metaphysical causality or identifying transcendental organizational planes that would determine popular drug use. After all, in his work Deleuze challenged a general confidence concerning power arrangements and broke open deterministic analytics. He made this clear in a 1976 article, "Desire and Pleasure," in which he reviewed Michel Foucault's then recently published *The History of Sexuality* (1978). In that book, Foucault took a new step with regard to his earlier work in *Discipline and Punish* (1977): now power arrangements were no longer simply normalizing; they were constituents (of sexuality). But "I emphasize the primacy of desire over power," wrote Deleuze (2006, 126). "Desire comes first and seems to be the element of a micro-analysis.... Desire is one with a determined assemblage, a co-function."

Attentive to collective historical preconditions and singular efforts of becoming, Deleuze said that he pursued "lines of flight." For him "all organizations, all the systems Michel [Foucault] calls biopower, in effect reterritorialize the body" (2006, 131). But a social field, first and foremost, "leaks out on all sides" (127). Deleuze emphasized that he and Foucault did not have the same conception of society. "For me," he said, "society is something that is constantly escaping in every direction.... It flows monetarily, it flows ideologically. It is really made of lines of flight. So much so that the problem for a society is how to stop it from flowing. For me, the powers come later" (280).

The analytics of biopolitics and of normalization cannot fully account for the drug phenomenon, nor can the Freudian unconscious. The failure of psychoanalysis to address growing drug use and dependence, Deleuze (1997, 61–67) argues, "is enough to show that drugs have an entirely different causality" than sexuality or the Oedipal theory. The libido follows world-historical trajectories, be they customary or exceptional. And real and imaginary voyages compose an interstitching of routes that must be

read like a map. These internalized trajectories are inseparable from becomings. Deleuze thus distinguishes his cartographic conception of the unconscious from the archaeological conception of psychoanalysis. "From one map to the next, it is not a matter of searching for an origin, but of evaluating displacements" (63). Every map is a redistribution of impasses, breakthroughs, thresholds, and enclosures on the ground. "It is no longer an unconscious of commemoration but one of mobilization" (ibid.). Unconscious materials, lapses, and symptoms are not just to be interpreted, but rather it is a question of identifying their trajectories to see if they can serve as indicators of a new universe of reference, "capable of acquiring consistency sufficient for turning a situation around." Maps should not only be understood in terms of extension, of spaces constituted by trajectories, adds Deleuze: "There are also maps of intensity, of density, that are concerned with what fills the space, what subtends the trajectory" (64).

Thus, when it comes to studying the lived domain of drugs, Deleuze brings desire into view as part and parcel of drug assemblages. He speaks of specific "drug-sets" engendered by the flows of drugs and people and of the need to map their territory or contours. "On the one hand, this set would have an internal relationship to various types of drugs and, on the other, to more general causalities" (2006, 151). Deleuze is particularly concerned with "how desire directly invests the system of perception" of both drug users and nonusers (families and experts, for example) and how systems of perception (especially space-time perception) are connected to more general external causalities (contemporary social systems, chemical research, and therapeutics). A distinctive ethnographic sensibility and new analytical tools are required for us to be able to address drug consumption and dependence as a combined chemical/intimate/social/economic matter and chronicle the particular ways historical changes and technological apparatuses coalesce around drugs and in the emergence of new kinds of subjectivities and social pathways (Jenkins, this volume; M. Good, this volume; Ecks, this volume; B. Good, this volume).

Deleuze (2006, 153) is also concerned with the extent to which "microperceptions are covered in advance" and whether there is variation in dependence built into drugs. "The drug user creates active lines of flight. But these lines roll up, start to turn into black holes, with each drug user in a hole, as a group or individually, like a periwinkle. Dug in instead of spaced out" (ibid.). We must attend to and distinguish the domains of *vital* and *deadly experimentation*, with an eye toward the subjective thresholds when vital turns deadly. "Vital experimentation begins when any trial grabs you, takes control of you, establishing more and more connections, and

opens you to connections" (ibid.). This kind of experimentation can blend with other flows, drugs, and dangers. "The suicidal occurs when everything is reduced to this flow alone: 'my hit,' 'my trip,' 'my glass.' It is the contrary of connection; it is organized disconnection" (ibid.).

In this chapter I explore how a socially abandoned young woman named Catarina talks about drugs—the drug flows and temporary constellations or "drug-sets" that she was brought into. I also inquire into Catarina's attempts to transcend, mainly through writing, the deadly psychopharmacological experimentation she literally became.

Not slave, but housewife
 Wife of the bed
 Wife of the room
 Wife of the bank
 Of the pharmacy
 Of the laboratory

Catarina embodies a condition that is more than her own. "*The abandoned is part of life.*" Her "ex-family," she claims, thinks of her as a failed medication regimen. The family is dependent on this explanation as it excuses itself from her abandonment. In her words: "*To want my body as a medication, my body.*" Catarina fights the disconnections that psychiatric drugs introduced in her life—between body and spirit, between her and the people she knew, in common sense—and clings to her desires and to the vitality of sexuality. She works through the many layers of (mis)treatment that now compose her existence, knowing all too well that "*My desire is of no value.*" While integrating drug experience into a new self-perception—the drug Akineton, which is used to control the side effects of antipsychotic medication, is literally part of the new name Catarina gives herself in her notebooks: CATKINE—she keeps seeking camaraderie and another chance at life.

Recovery of my lost movements
 A cure that finds the soul
 The needy moon guards me
 With L I write Love
 With R I write Remembrance

THE CAPITALIST DISCOURSE AND SUBJECTIVITY

Although the current understanding of subjectivity as a synonym for inner-life processes and affective states is of relatively recent origin,

subjectivities have quickly become “*raucous terrae incognitae*” for anthropological inquiry, writes Michael M. J. Fischer (2007, 442): “landscapes of explosions, noise, alienating silences, disconnects and dissociations, fears, terror machineries, pleasure principles, illusions, fantasies, displacements, and secondary revisions, mixed with reason, rationalizations, and paralogics—all of which have powerful sociopolitical dimensions and effects.”

Catarina’s “little pieces of writing” evince pain and an ordinary life force seeking to break through forms and foreclosures and define a kind of subjectivity that is as much about swerves and escapes as about determinations. By working with her, I came to see that subjectivity is neither reducible to a person’s sense of herself nor necessarily an expression of subjection or a confrontation with the powers that be. It is rather the material and means of a continuous process of experimentation—inner, familial, medical, political, and conceptual (see Biehl, Good, and Kleinman 2007; Jenkins 2004). Subjectivity continually forms and transforms in the complex play of bodily, linguistic, political, and psychological dimensions of human experience, within and against new infrastructures and the afflictions and injustices of the present. The study of individual subjectivity both as an art of existence and as a material and means of sociality and governance helps to recast totalizing assumptions of the workings of collectivities and institutions. It also holds the potential to disturb and enlarge presumed understandings of what is socially possible and desirable.

In many ways, Catarina was caught in a period of political-economic and cultural transition. Since the mid-1990s, Brazilian politicians have deftly reformed the state, combining a respect for financial markets and innovative and targeted social programs (Biehl 2007). Many individuals and families have benefited from pharmaceutical assistance and income distribution programs, for example. An actual redistribution of resources, powers, and responsibility is taking place locally. Due to these large-scale changes for larger segments of the population, one could argue, citizenship is increasingly articulated in the sphere of consumer culture (Caldeira 2000; Edmonds 2007). Yet without adequate investments in infrastructural reforms, many families and individuals are newly overburdened as they are suffused with the materials, patterns, and paradoxes of these various processes and programs, which they are by and large left to negotiate alone.

I am particularly interested in how psychiatric drugs become part of domestic economies—the ways they open up and relimit family complexes and human values—and the agency that solitary and chemically submerged subjects such as Catarina/CATKINE express and live by. Catarina’s

life thus also tells a larger story about the fate of social bonds and the limits of human imagination in today’s dominant mode of subjectification at the service of global science and capitalism.

I probe throughout the significance of some of Jacques Lacan’s insights on the pervasiveness of the “discourse of the capitalist.” He uses the term “discourse” to emphasize the transindividual nature of language, the fact that speech always implies another subject. In a 1972 lecture (unpublished translation), Lacan said that capitalism became the new discourse of the master, and as such it overdetermined social bonds (see Declercq 2006; Žižek 2006). He spoke of the effects of an absolutization of the market: subjects do not necessarily address each other to be recognized but experience themselves in the market’s truths and commodities—increasingly a bioscientific market (see M. Good and Saris in this volume; Petryna 2009; Rajan 2006; Martin 2007). Although people might have access to the products of science, those countless objects are made to never completely satiate their desires or the desires of those who mediate the access to technologies (Biehl 2001).

A few years earlier, Lacan (1991, 92) stated, “The consumer society has meaning when the ‘element’ that we qualify as human is given the homogeneous equivalent of any other surplus enjoyment that is a product of our industry, a fake surplus enjoyment.” And, as Catarina suggests, these days one can conveniently become a medico-scientific thing and *ex-human* for others. In the contemporary version of the astute capitalistic discourse, we seem to all be proletariat patient-consumers, hyperindividualized psychobiologies doomed to consume diagnostics and treatments (for ourselves and surrounding others) and to experience fast success or self-consumption and lack of empathy. Or, can we fall for science and technology in different and more lively and caring ways?

THE WORLD INSIDE HER

Without a known origin and increasingly paralyzed, a young woman named Catarina Inês Gomes Moraes spent her days in Vita, an asylum in southern Brazil, assembling words in what she called “my dictionary.” Her handwriting was uneven and conveyed minimal literacy. “I write so that I don’t forget the words,” she told me in January 2000, three years after I first met her in this institution of last resort. “I write all the illness I have now and the illnesses I had as a child.”

Vita was initially conceived as a Pentecostal treatment center for drug addicts, but since the mid-1990s it was run by a philanthropic association headed by a local politician and a police chief. Over time it became a dump

Why, I asked Catarina, do you think families, neighbors, and hospitals send people to Vita?

"They say that it is better to place us here so that we don't have to be left alone at home, in solitude...that there are more people like us here. And all of us together, we form a society, *a society of bodies*." And she added, "Maybe my family still remembers me, but they don't miss me."

I picked up the dictionary and read aloud some of her free-associative inscriptions:

Documents, reality, truth, voracious, consumer, saving, economics, Catarina, pills, marriage, cancer, Catholic church, separation of bodies, division of the estate, the couple's children.

The words indexed the ground of Catarina's existence; her body had been separated from those exchanges and made part of a new society.

What do you mean by the "separation of bodies"?

"My ex-husband kept the children."

When did you separate?

"Many years ago."

What happened?

"He had another woman."

She shifted back to her pain: "I have these spasms, and my legs feel so heavy."

When did you begin feeling this?

"After I had Alessandra, my second child, I already had difficulties walking.... My ex-husband sent me to the psychiatric hospital. They gave me so many injections. I don't want to go back to his house; he rules the city of Novo Hamburgo."

Did the doctors ever tell you what you had?

"No, they said nothing." She suggested that something physiological had preceded or was related to her exclusion as mentally ill and that her condition worsened in medical exchanges. "I am allergic to doctors. Doctors want to be knowledgeable, but they don't know what suffering is. They only medicate."

Catarina's words did not seem otherworldly to me. They rather carried the force of literality. She spoke of real struggles and the multiple therapeutic itineraries that became the life of her mind.

"When my thoughts agreed with my ex-husband and his family, everything was fine," Catarina recalled, as we continued the conversation later that day. "But when I disagreed with them, I was mad. It was like a side of me had to be forgotten. The side of wisdom. They wouldn't dialogue, and

the science of the illness was forgotten. My legs weren't working well.... My sister-in-law went to the health post to get the medication for me."

According to Catarina, her physiological deterioration and expulsion from reality had been mediated by a shift in the meaning of words in the light of novel family dynamics, economic pressures, and her own pharmaceutical treatment. "For some time I lived with my brothers.... But I didn't want to take medication when I was there. I asked: why is it only me who has to be medicated?"

You seem to be suggesting that your family, the doctors, and the drugs played an active role in making you "mad," I said.

"I behaved like a woman. Since I was a housewife, I did all my duties, like any other woman.... My ex-husband and his family got suspicious of me because sometimes I left the house to attend to other callings. He thought that I had a nightmare in my head. He wanted to take that out of me, to make a normal person. I escaped so as not to go to the hospital. I hid myself; I went far. But the police and my ex-husband found me. They took my children. I felt suffocated. I also felt my legs burning, a pain, a pain in the knees and under the feet."

Catarina added, "He first placed me in the Caridade Hospital, then in the São Paulo—seven times in all. When I returned home, he was amazed that I recalled what a plate was. He thought that I would be unconscious to plates, pans, and things and conscious only of medications. But I knew how to use the objects."

Through her increasing disability, all the social roles Catarina had inhabited—sister, wife, mother, factory worker—were being annulled along with the precarious stability they had afforded her. To some degree these cultural practices remained with her as the values that motivated her memory and her sharp critique of the marriage and the extended family who had amputated her as if she had only a pharmaceutical consciousness. But she resisted this closure, and in ways that I could not fully grasp at first, Catarina voiced an intricate ontology in which inner and outer state were laced together along with the wish to untie it all: "Science is our consciousness, heavy at times, burdened by a knot that you cannot untie. If we don't study it, the illness in the body worsens.... Science...if you have a guilty conscience, you will not be able to discern things."

She continued, "After my ex-husband left me, he came back to the house and told me he needed me. He threw me onto the bed saying, 'I will eat you now.' I told him that that was the last time.... I did not feel pleasure though. I only felt desire. Desire to be talked to, to be gently talked to."

In abandonment, Catarina recalled sex. There was no love, simply a

male body enjoying itself. No more social links, no more speaking beings. Out of the world of the living, her desire was for language, *the desire to be talked to*.

THE PSYCHIATRIC AURA OF REALITY

From 2000 to 2003, I took numerous trips to southern Brazil to work with Catarina, sometimes for weeks, sometimes for months. Catarina's puzzling language required intense listening. And I had chosen to listen to her on a literary rather than on a clinical register. Since the beginning I have thought of her not in terms of mental illness but as an abandoned person who, against all odds, was claiming experience on her own terms. She knew what had made her a void in the social sphere—"I am like this because of life"—and she organized this knowledge for herself and for her anthropologist, thus bringing the public into Vita.

I give you what is missing.

João Biehl, Reality, CATKINE.

Catarina created a new letter character that resembled a "K" and with it a new name for herself such as CATAKINA, CATKINA, CATIEKI, and CATKINE. She explained, "K is open on both sides. If I wouldn't open the character, my head would explode."

I studied all the twenty-one volumes of the dictionary Catarina was composing and discussed the words and associations with her. In her recollections and writing I found clues to the people, sites, and interactions that constituted her life. As an anthropologist I was challenged to reconstruct the world of her words so to speak. With Catarina's consent, I retrieved her records from psychiatric hospitals and local branches of the universal health care system. I was also able to locate her family members in the nearby city of Novo Hamburgo.

On a detective-like journey, I discovered the threads of her life. Everything she had told me about the familial and medical pathways that led her into Vita matched with the information I found in the archives and in the field. As I juxtaposed her words with medical records and family versions and considerations, I was able to identify those noninstitutionalized operations that ensured Catarina's exclusion and that are, in my view, the missing contexts and verbs to her disconnected words. The verb "to kill" was being conjugated and she knew it: "*Dead alive, dead outside, alive inside.*"

Catarina was born in 1966 and grew up in a very poor place in the western region of the state of Rio Grande do Sul. After finishing fourth grade, she was taken out of school and became the housekeeper as her youngest

siblings aided their mother in agricultural work. The father had abandoned the family. In the mid-1980s two of her brothers migrated and found jobs in the booming shoe industry in Novo Hamburgo. At the age of eighteen Catarina married Nilson Moraes, and a year later she gave birth to her first child. Shady deals, persistent bad harvests, and indebtedness to local vendors forced Nilson and Catarina to sell the land they inherited to take care of Catarina's ailing mother, and in the mid-1980s the young couple decided to migrate and join her brothers in the shoe industry. In the coming years she had two more children and began to have difficulties walking. As her condition progressed and her marriage disintegrated, her eldest two children went to her husband's family, and her youngest daughter was given up for adoption.

Nilson, the ex-husband, spoke openly about Catarina. "It's all past," he stated in an interview in 2001. "It is not even in my mind." He then added, "She received medication. In Porto Alegre, they also gave her medication for the head. She didn't want to take it though—she threw it into the toilet and flushed it down. All that medication. At home, she didn't continue her treatment. She didn't help herself."

And what are your plans? I asked Nilson.

"To make my life. To progress. I am content with my family now. This [new] woman doesn't give me the problems I had before. A person must help herself. As I said, the doctor gave Catarina treatment so the illness would not come back. It was just a matter of taking the medication, but she didn't help herself.... What has passed is over. One must put a stone over it."

In my ethnographic forays I could see how medical science had become a tool of common sense, foreclosing various possibilities of empathy and experience. Pharmaceutical commerce and politics had become intimate to lifeworlds, and it was the drug—the embodiment of these processes—that mediated Catarina's exclusion. Both the empirical reality through which living became practically impossible for Catarina and the possibility of critique had been sealed up. As Catarina had repeatedly told me: "They all wouldn't dialogue, and the science of the illness was forgotten. I didn't want to take the medication."

Catarina had become too much of a burden for her family, a history tangled by the complications of disease, poverty, and fear, and was frequently hospitalized and overmedicated with powerful antipsychotics. Yet exploring her medical records, I uncovered something unknown. Catarina actually suffered from a rare neurodegenerative disorder that caused her to lose her ability to walk and, over time, shut her down. It was a disease that had afflicted Catarina's mother and, as in Catarina's case, also

presented itself after childbirth. Reaching this diagnosis took me through a maze of medical hoops, and as the picture of her disease became clearer, I took her to a geneticist and neurologist who finally made the correct diagnosis and provided the best possible care.

As fieldwork came to a close, Oscar, one of Vita's volunteers on whom I depended for insights and care, particularly in regard to Catarina, told me that things like this research happened "so that the pieces of the machine finally get put together." Catarina did not simply fall through the cracks of various domestic and public systems. Her abandonment was dramatized and realized in the novel interactions and juxtapositions of several contexts. Scientific assessments of reality (in the form of biological knowledge and psychiatric diagnostics and treatments) were deeply embedded in changing households and institutions, informing colloquial thoughts and actions that led to her terminal exclusion. The subjects in Vita are literally composed by morbid scientific-commercial-political changes. Following Catarina's words and plot was a way to delineate this powerful, noninstitutionalized ethnographic space in which the family gets rid of its undesirable members. The social production of deaths such as Catarina's cannot ultimately be assigned to any single intention. As ambiguous as its causes are, her dying in Vita is nonetheless traceable to specific constellations of forces.

Once caught in this space, one is part of a machine, suggested Oscar. But the elements of this machine connect only if one goes the extra investigative step, I told him. "For if one doesn't," he replied, "the pieces stay lost for the rest of life. They then rust, and the rust terminates with them." Neither free from nor totally determined by this machinery, Catarina dwelled in the luminous lost edges of human imagination that she expanded through writing. By exploring these edges alongside a hidden reality that kills, we have a way into present human conditions or, better, the conditions of the possibility of survival and of a decent life.

All these materials, experiences, and ideas found their way into my book *Vita* (Biehl 2005) alongside an institutional analysis of why and how zones of social abandonment proliferate in contemporary urban spaces. In the book I show that the family is increasingly the medical agent of the state (providing and at times triaging care) and that medication has become a tool for such deliberate action. Free drug distribution is a central component of Brazil's universal health care system, a democratic gain of the late 1980s. Increasing calls for the decentralization of services and the individualization of treatment, exemplified by the mental health

movement, coincide with dramatic cuts in funding for health care infrastructure and with the proliferation of pharmaceutical treatments.

In engaging with this new regime of public health and in allocating their own overstretched and meager resources, families become *proxy psychiatrists*. Illness breaks intimate household relations with a deadly force. Families can dispose of their unwanted and unproductive members, sometimes without sanction, on the basis of individuals' noncompliance with their treatment regimens. Psychopharmaceuticals are central to the story of how personal lives are recast in this particular moment of socioeconomic change and of how people create life chances vis-à-vis what is bureaucratically and medically available to them. Such possibilities and the foreclosures of certain forms of human life run parallel with market exploitation, gender domination, and a managerial-style state that is increasingly distant from the people it governs.

The ethnography of Vita and Catarina also makes it painfully clear that there are places today, even in a state founded on the premise of guaranteeing human rights, where these rights no longer exist, where the living subjects of marginal institutions are constituted as something other, between life and death. Such places demonstrate how notions of universal human rights are socially and materially conditioned by medical and economic imperatives. Vita also confirms that public death remains at the center of various social structures, animating and legitimating charity, political actors, and economic strategies.

I am glad I met Catarina before I read philosopher Giorgio Agamben. Building on the works of Arendt (1958) and Foucault (1978), Agamben (1998, 4) has significantly informed contemporary biopolitical debates with his evocation of the *Homo sacer* and the assertion that "life exposed to death" is the original element of Western democracies. This "bare life" appears in Agamben (1998, 109–110) as a kind of historical-ontological destiny—"something presupposed as nonrelational" and "desubjectified." This analytic, however, falls short in the face of the anthropology of Vita and Catarina. Here the zone of abandonment and the supposed *ex-human* are immediately connected to politics and to economics. Moreover, as Gilles Deleuze and Felix Guattari (1986, 17) put it, "The individual concern thus becomes all the more necessary, indispensable, magnified, because a whole other story is vibrating within it." And it is the task of anthropology to identify the elements of this other story, thus moving away from the overdetermined and toward the incomplete: alternative human becomings intruding into reality.

Whether in social abandonment, addiction, or homelessness, life that no longer has any value for society is hardly synonymous with a life that no longer has any value for the person living it (Biehl 2007; Bourgois and Schonberg 2009; Garcia 2008). Language and desire meaningfully continue even in circumstances of profound abjection. Against all odds, Catarina and so many others keep searching for human contact and for ways to endure, at times reworking and sublimating symptoms in their search for social ties. Such difficult and multifaceted realities and the fundamentally ambiguous nature of people living them (see Rancière 2004) give anthropologists the opportunity to develop a human, not abstractly philosophical, critique of the nonexceptional machines of social death and (self-) consumption in which people are caught. This entails (1) making explicit that zones of social abandonment, in both poor and rich contexts, are not spheres of exceptionality but rather extensions of what is becoming of family, state, and medicine—they are the negative nature, so to speak, of common sense in this moment of capitalism; (2) illuminating the paradoxes and dynamism involved in letting the other die; (3) repopulating the political stage with *ex-humans*; and (4) bringing into view the insights, ambiguities, and desires (alternative human capacities) they also embody and inquire into how they can be part and parcel of the much-needed efforts to redirect care.

THE BODY AS MEDICATION

Catarina was first hospitalized at Porto Alegre's Caridade Hospital on April 27, 1988. The psychiatrist who admitted her recalled what he heard from the neighbor who brought her in: "Patient experienced behavioral changes in the past weeks, and they worsened two weeks ago. Patient doesn't sleep well, speaks of mystical/religious matters, and doesn't take care of herself and the house. She says that God gives signs to her when people mock or doubt her, and that she has received a gift of transmitting her thoughts to people." The doctor reported that she "had no clinical ailments and no psychiatric history." Catarina was placed in a unit for chronic schizophrenic patients. The doctor prescribed haloperidol (Haldol), levomepromazine (Neozine), benzodiazepine nitrazepam (Mogadon), and biperiden (Akineton). At discharge, her diagnosis was "acute paranoid reaction."

In multiple admissions at the Caridade and São Paulo hospitals between 1988 and 1995, the diagnosis given to Catarina varied from "schizophrenia" to "postpartum psychosis" to "unspecified psychosis" to "mood disorder" to "anorexia and anemia." In tracing Catarina's passage through

these psychiatric institutions, I saw her not as an exception but as a patterned entity. Caught in struggles for deinstitutionalization of the mentally ill, lack of public funding, and the proliferation of new classifications and treatments, local psychiatry didn't account for her particularity or social condition. Thus she was subjected to the typically uncertain and dangerous mental health treatment reserved for the urban working poor. Clinicians applied medical technologies blindly with little calibration to her distinct condition. Like most patients, Catarina was assumed to be aggressive and thus was overly sedated so that the institution could continue to function without providing adequate care.

Although Catarina's diagnosis softened over the years (mimicking psychiatric trends), she continued to be overmedicated with powerful antipsychotics and all kinds of drugs to treat neurological side effects. On several occasions nurses reported hypotension, a clear indicator of drug overdose. Consider this entry from March 9, 1992: "Patient is feeling better, dizzy at times. Keeps saying that she needs to sign her divorce. She says that she is no longer hearing God talking to her. As patient walks, she stumbles and leans against the walls. Patient complains of strong pains in her legs."

For Catarina, as for others, treatment began with a drug surplus and was then scaled down, or not, through trial and error. As I read her medical records, I could not separate the symptoms of the psychiatric illness from the effects of the medication, and I was struck that doctors actually did not bother to differentiate between the two in Catarina.

To say that this is "just malpractice," as a local psychiatrist put it, misses the productive quality of this unregulated medical automatism and experimentalism: Pharmaceuticals are literally the body that is being treated. And the process of overmedicating Catarina caused many of the symptoms that she called "rheumatism" in the dictionary. As doctors remained fixated on her "hallucinations," the etiology of her walking difficulties, which nurses actually reported, remained medically unaddressed. The medical records also showed that her husband and family were difficult to contact, that they left wrong telephone numbers and addresses, and that on several occasions they left Catarina in the hospital beyond her designated stay.

In July 2002 I visited the Novo Hamburgo psychosocial service where Catarina was serviced between hospitalizations. I found the following record by a nurse, written on December 12, 1994: "I drove Catarina home. But as she now lives alone, I left her at the house of her mother-in-law. Catarina was badly received. The mother-in-law said that Catarina should die because she was stubborn and aggressive, didn't obey anyone, and didn't take her medication."

"We have at least five hundred Catarinas in here right now," Simone Laux, the coordinator of the service, said after I told her about Catarina and my work with her. She reaffirmed the ordinariness of the story I was reassembling. By "five hundred Catarinas" she meant most of the female clientele of the service that was treating about fifteen hundred people a month. About half of the clients got free psychiatric medication at the city's community pharmacy. "When the service began in the late 1980s, it was meant to deal mainly with schizophrenia and psychosis," reported psychologist Wildson Souza, "but this has changed a lot, both diagnostically and numerically. There is an immense growth of mood disorders." He added, "We don't have statistics, but we see that the social field is breaking down and the population is getting sicker and sicker." Souza cited "unemployment, harsh struggle to survive, no opportunities for social mobility, urban violence" as contributing to this "epidemic of mental suffering." He also suggested that the service had become the vanishing social world, the welfare state, and the social medicine that was no more: "Many factories are closed; people don't have jobs or health plans or family support.... They need some form of recognition and help, and they demand it from SUS [the universal healthcare system]. Nothing is isolated."

"We have three women's groups here," Laux said. "Most of them are not psychotic. But at some point in their lives, they had a crisis or were at risk of committing suicide. All of them have a story that resembles Catarina's." The other health professionals who had gathered for a collective discussion then began to tell tales of "women's historical subjugation," female bodies entangled in realities of migration, poverty, and violence. "Once a woman came with a machete cut in her head. The husband of another one had raped all their children. Many report that, according to their husbands, they are always inadequate." The common pattern was that "he is the owner of her life, in all possible ways." I was again struck by how historically entrenched power relations in heterosexual households were woven together with social death. After briefing the group on Catarina's trajectory, Daniela Justus, the service's psychiatrist, replied, "Catarina is not searching for a diagnosis, but for life."

Dr. Justus said that she also worked at the Caridade hospital for several years and mentioned different outcomes of the same illness. "What a difference there is when a family supports the patient. I have had a schizophrenic patient in my private practice for more than twenty years. He had only one hospitalization and had started his own family. Of course, it is a different social class." I told her that Catarina used to say, "I am allergic to doctors."

"She is right. That's the minimum attitude she could have developed. It is a must to trust the patient. The ideology and politics of a psychiatric hospital are not to trust. Patients are treated like animals. Minimal medical effort and social control through medication." I noted that Catarina's story shows that the patterning of the "mass patient" and her dying at the crux between abandonment and overmedication are both public and domestic affairs. "Indeed," replied psychologist Luisa Ruckert, "families organize themselves so that they are no longer part of the treatment and care." The major exception is when cash is involved, stated Andreia Miranda, the service's occupational therapist: "Families keep their mentally ill relatives as long as they can manage their disability income."

Dr. Justus then expanded on the family's role in fostering illness: "When patients improved—and we saw this quite often at the Caridade—families discontinued treatment, and the person had to be hospitalized again." Crisis situations were constantly induced. The relation between the family and mental illness is made explicit in the culture of pharmaceuticals. In Dr. Justus's words, "In our group sessions, we can see that the fragility of a minimal social integration is revealed in everyone's relation to the medication, the fight over its discontinuation, the lack of money to buy it, or the problems with forgetting to take it." Families, in fact, come into the service demanding medication. "When I ask them to tell their story," psychologist Luisa Ruckert added, "many times they say, 'No, I came here to get a medication for her.'" Ruckert added that when she is coordinating an initial group meeting, people often ask her, "Why is the psychiatrist not here?" As if I were not sufficient for a first treatment. They want to leave with a prescription.

In sum, the family crystallizes its way of being in the ways it deals with medication. "Bottom line, the type of ethics the family installs," said Ruckert, "serves to guarantee its own physical existence." The decision to make persons and things work or to let them die is at the center of family life. And science, in the form of medication, brings a certain neutrality to this decision-making process. "In the meetings," Ruckert added, "the patient quite often realizes that, given the continuing process of exclusion, she has already structured her own perception and codification of reality." She suggests that, rather than psychosis, a para-ontology comes into view out of all these processes—a Being beside itself and standing for the destiny of others. The now "irreversible" condition of the mentally afflicted gives consistency to an altered common sense. "She died socially," said Laux, pushing the conversation back to Catarina. "That is the pain that aches in us...when we realize this: she cannot opt to live."

RHEUMATISM / SCIENCE / SINTHOME

Catarina's vision was to be absolutely real. "I know because I passed through it. I learned the truth and I try to divulge what reality is," she once told me. But while trying to speak, she was overwhelmed by the chemical alterations of drugs, layers and layers of chemical compounds that other people used to work on her and drug side effects that were her body and identity now. To speak the unspeakable, she resorted to metaphors and to writing. She wrote to remain alive, I told myself.

Catarina wanted her words and desires to have human exchange value. In the following dictionary entry, for example, she asks the reader to leave his or her blindness behind and to look at her as one sees in a prayer. After Jocasta (Oedipus's mother) comes into view there is CATKINE, her renamed self, for whom there is no possible medicine. Catarina/CATKINE then names her brothers and children. There is no doctor for this family complex:

Look at Catarina without blindness, pray, prayer, Jocastka, there is no tonic for CATKINE, there is no doctor for anyone, Altamir, Ademar, Armando, Anderson, Alessandra, Ana.

Medical science is part and parcel of Catarina's existence—the truths, half truths, and misunderstandings that brought her to die in Vita and upon which she subsisted.

Pharmacy, laboratory, marriage, identity, army, rheumatism, complication of labor, loss of physical equilibrium, total loss of control, govern, goalkeeper, evil eye, spasm, nerves.

Catarina's dictionary is filled with references to deficient movement, to pain in the arms and legs, and to muscular contractions. In writing, as in speech, she refers to her condition by and large as rheumatism. I followed the word "rheumatism" as it appeared throughout the dictionary, paying close attention to the words and expressions clustered around it.

At times Catarina's writings relate her growing paralysis to a kind of biological and familial marker, alluding to a certain "blood type becoming a physical deficiency," "a cerebral forgetfulness," and an "expired brain and aged cranium" that "impede change." Most of the time, however, Catarina conveys the man-made character of her bodily afflictions. In the following inscription, for example, she depicts rheumatism as a mangling of the threads people tinker with:

People think that they have the right to put their hands in the mangled threads and to mess with it. Rheumatism. They use my name for good and for evil. They use it because of the rheumatism.

Her rheumatism ties various life-threads together. It is an untidy knot, a real matter that makes social exchange possible. It gives the body its stature, and it is the conduit of a morality. Catarina's bodily affliction, not her name, is exchanged in that world:

What I was in the past does not matter.

I find Catarina's elaboration on "rheumatism" akin to Lacan's theoretical investigation of "Le Sinthome" (an ancient way of writing what would later be called "symptom"). In his 1975–1976 seminar, Lacan (2005) elaborated on the sinthome as the enigmatic fourth element that tied the imaginary, the symbolic, and the real together. With a nature of their own, symptoms convey the inextricably knotted processes of identity. They are the support of subjects trying to organize the complex relationship between body and language. In Lacan's (2005, 120) words, "We recognize ourselves only in what we have. We never recognize ourselves in what we are."

In classic psychoanalysis symptoms are brought to the analyst and might be dissolved through interpretation and analytic work—but the sinthome, Lacan argues, testifies to the persistence of the traumatic Real. Trauma is an event that remains without the possibility of symbolization. Or as Žižek (1989, 75) puts it, the sinthome is "an inert stain resisting communication and interpretation, a stain which cannot be included in the circuit of discourse, of social bond network, but is at the same time a positive condition of it." Lacan (2005, 68) said he learned from James Joyce ("he was the sinthome") that it is only through art and "these little pieces of writing" that we can "historically enter the Real," undo supposed truths, and reinvent and give substance to the sinthome. As Lacan (2005, 140) states, "it is the knot that gives writing its autonomy."

Listening as readers and writers, rather than clinicians or theoreticians, our own ethnographic sensibility and openness become instrumental in spurring social recognition of the ways the afflicted think through their conditions (Corin 2007; B. Good, Subandi, and Good 2007; Kleinman 2006). While Lacan builds on Joyce, anthropologists bring back the everyday stories and writings of characters that might otherwise remain forgotten with attention to the ways their own struggles and visions of themselves create holes in dominant theories and policies (Biehl and Moran-Thomas 2009).

Catarina knows, for example, that there is a rationality and a bureaucracy to symptom management: "*Chronic spasm, rheumatism, must be stamped, registered.*" All of this happens in a democratic context, "*vote by vote.*" We must consider side by side the acute pain Catarina described and the authoritative story she became in medicine and in familial common sense—as being mad and ultimately of no value. The antipsychotic drugs

Haldol and Neozine are also words in Catarina's dictionary. In a fragment she defiantly writes that her pain reveals the experimental ways science is embodied:

The dance of science. Pain broadcasts sick science, the sick study. Brain, illness. Buscopan, Haldol, Neozine. Invoked spirit.

An individual history of psychiatric and neuro-social science is being written here. Catarina's lived experience and ailments are the pathos of a certain science, a science that is itself sick. There has been a breakdown in the pursuit of wisdom, and there is commerce. The goods of psychiatric science, such as Haldol and Neozine, have become as ordinary as Buscopan (hyoscine butylbromide, an over-the-counter antispasmodic drug) and have become a part of familial practices. As Catarina's experience shows, the use of such drugs produces mental and physical effects apart from those related to her illness. These pharmaceutical goods—working, at times, like rituals—realize an imaginary spirit rather than the material truth they supposedly stand for: medical commodities are then supposed subjects (see Jenkins's elaboration on the "pharmaceutical imaginary" in this volume's introduction). There is a science to Catarina's affects, a money-making science.

In Catarina's thinking and writing global pharmaceuticals are not simply taken as new material for old patterns of self-fashioning. These universally disseminated goods are entangled in and act as vectors for new mechanisms of sociomedical and subjective control that have a deadly force. Seen from the perspective of Vita, the illnesses Catarina has experienced were the outcome of events and practices that altered the person she had learned to become. Words such as "Haldol" and "Neozine" are literally her. As I mentioned earlier, the drug name Akineton is reflected in the new name Catarina gave herself:

I am not the daughter of Adam and Eve. I am the Little Doctor.
CATKINE.

In August 2002, fourteen years after entering the maddening psychiatric world, molecular testing revealed that Catarina suffered from a genetic disorder called Machado-Joseph Disease, which causes degeneration of the central nervous system (Jardim et al. 2001). I was happy to hear the geneticists who saw her at the Clínicas Hospital say that Catarina "knew of her condition, past and present, and presented no pathology." Dr. Laura Jardim was adamant that "there is no mental illness, psychosis, or dementia linked to this genetic disorder. In Machado-Joseph your intelligence will

be preserved, clean, and crystalline." Of course, biopsychiatrists could argue that Catarina may have been affected by two concomitant biological processes, but for me the discovery of Machado-Joseph was a landmark in the overwhelming disqualification of her as "mad" and shed light on how her terminal abandonment evolved over time.

Acute spasm, secret spasm. Rheumatic woman.

The word of the rheumatic is of no value.

While reviewing the records of the one hundred families that are cared for by Dr. Jardim's team, I found that spousal abandonment and an early onset of the disease were quite common among women, just like it had happened with Catarina, her mother, her younger aunt, and a cousin. Affective, relational, and economic arrangements are plotted and realized around the visible carriers of the disease, and these gendered practices ultimately impact the course of dying. Dr. Jardim agreed that there was a "social science" to Catarina's condition and mutation into an *ex-human*: "At the peak of her suffering, they were dismembering her...this dying flesh is all that remained."

Rheumatism, Spasm, Crucified Jesus.

Saint CATKINE.

ABANDONMENT, LITERATURE, AND HEALTH

Deleuze (1997, 1) says that writing is "a question of becoming, always incomplete, always in the midst of being formed, and goes beyond the matter of any livable or lived experience. It is a process, that is, a passage of Life that traverses both the livable and the lived." He thinks of language as a system that can be disturbed, attacked, and reconstructed—the very gate through which limits of all kinds are crossed and the energy of the "delirium" unleashed. The "delirium" suggests alternative visions of existence and of a future that clinical definitions tend to foreclose. Language in its clinical state has already attained a form, says Deleuze: "We don't write with our neuroses. Neuroses or psychoses are not passages of life, but states into which we fall when the process is interrupted, blocked, or plugged up. Illness is not a process but a stopping of the process" (3).

The radical work of literature, however, moves away from "truths" and "forms" (since truth is a form in itself) and toward intermediate, processual stages that could even be virtual. Writing is inseparable from becoming, and becoming "always has an element of flight that escapes its own formalization" (Deleuze 1997, 1). To become is not to attain a form through imitation, identification, or mimesis but rather to find a zone of proximity

where one can no longer be distinguished from a man, a woman, or an animal—"neither imprecise, nor general, but unforeseen and nonpreexistent, singularized out of a population rather than determined in a form" (ibid.). One can institute such zones of indifferentiation with anything "on the condition that one creates the literary means for doing so" (1997, 2).

While I tried to restore context and meaning to Catarina's lived experience of abandonment, she was herself producing in the dictionary a theory of subjectivity that was ethnographically grounded. Consider this stanza:

Catarina is subjected
To be a nation in poverty
Porto Alegre
Without an heir
Enough
I end

In her verse Catarina places the individual and the collective in the same space of analysis, just as the country and the city also collide in Vita. Subjection has to do with having no money and with being part of a nation gone awry. The subject is a body left in Vita without ties to the life she generated with the man who, as she states, now "rules the city" from which she is banished. With nothing to leave behind and no one to leave it to, there remains Catarina's subjectivity—the medium through which a collectivity is ordered in terms of lack and in which she finds a way to disentangle herself from all the mess the world has become. "*In the United States, not here in Brazil, there is a cure, for half of the disease.*" In her writing she faces the concrete limits of what a human being can bear, and she makes polysemy out of those limits—"I, who am where I go, am who am so."

According to Deleuze, the real and the imaginary are always coexisting, always complementary. They are like two juxtaposable or superimposable parts of a single trajectory, two faces that ceaselessly interchange with one another, a mobile mirror "bearing witness until the end to a new vision whose passage it remained open to" (1997, 63). In Catarina's words, real and imaginary voyages compose a set of intertwined routes in which I, You, and It coexist in variable relations:

When men throw me into the air, I am already far away.
I am a free woman, to fly, bionic woman, separated.
I will leave the door of the cage open. You can fly wherever you want to.

Actualized by literature, this mobile mirror reveals beneath persons the power of an impersonal, Deleuze (1997, 3) writes, "which is not a generality but singularity at the highest point: a man, a woman, a beast, a stomach, a child... It is not the first two persons that function as the condition for literary enunciation; literature begins only when a third person is born in us that strips us of the power to say 'I'..." The shift to the indefinite—from *I* to *a*—leads to the ultimate existential stage where life is simply *immanent*, a transcendental field where man and woman and other men and women/animals/landscapes can achieve the web of variable relations and situated connectedness called "camaraderie."

In 2001 Catarina's brothers, who were also showing signs of Machado-Joseph Disease, and her in-laws (now caring for one of her daughters) agreed to have her over for a Christmas visit. After the visit, Alencar (who aided Oscar in running the infirmary), told me, "The sentimental tie they had for her died. They received us for fear of some kind of legal sanction. By law the family remains responsible for the person." He elaborated on how this death of affection was integrated into people's mannerisms and superficiality, creating a ply of appearances: "Catarina tried to demonstrate affection, but her own daughter...the way she looked at her mother with no empathy. I was kind of shocked. They want to pass as good persons. But there is no affection. They dissimulate and live their own way."

For the family members the death of affection sanctioned the expulsion of Catarina. This void, and the hope that it would be otherwise, now provided the foundation for her daily existence in Vita. Her writing was the spelling out of this condition, I thought. In Alencar's view, she wanted to return to confirm that this was not so, "but then she feels this death and does not want to open it up." She is left only with the killing. That is what I heard in his sore recollection of the visit.

Catarina described the trip as "worthwhile": "We were well treated. My mother-in-law made lunch and my sisters-in-law were there too." Then she corrected herself, saying, "My *ex*-mother-in-law and *ex*-sisters-in-law...*for they are no longer.*" She had presented herself as belonging to another man: "I told my *ex*-mother-in-law that I had a boyfriend. I said his name was Clóvis and that we were dating for a year." Catarina was indeed having an amorous relationship with the infirmary's nurse, a fifty-five-year-old man who also ran Vita's pharmacy.

Catarina said, "I felt something good inside. But Alessandra, she was very... It seemed that she had a strong urge to get running, to go and stop a fire. I thought that there would be time left..." She didn't finish the

sentence about her daughter and mentioned that her brother Altamir was "a little ill.... He was concerned with me. He is very concerned with the work, with the debts. He wants to pay that debt."

A fraternal concern is said to still exist, but it now lags behind other forms of indebtedness. She then shifted her account to existence in Vita and what she saw as the realm of the possible: "Yesterday, there were worms in the meat. I cannot take this anymore. If I get pregnant, I don't want to stay here."

After her brief return to the domestic world she had been banished from, the fantasy of a pregnancy that Catarina had alluded to in previous conversations had become her vision of another body and future. I asked her to pause and think this through, but she didn't hear me and continued talking about a salvific child and blood renovation: "I am paralyzed here. After five months of pregnancy, I will walk normally again. My blood, my blood from menstruation will all go to the child. And then my blood will be new as well."

This fantasy has acquired such symbolic value for Catarina because she has such a lack of ties, I thought. I told her that a pregnancy would not solve her health problem.

She disagreed. "Yes, it will. Because then the world will pay attention. The innocent has more force, and all will support."

She wanted to say, as I understood, that the ataxia was not all she was. She was more than that and death: "I must have health in the body's torso.... It is only [in] the legs that I am ill."

She added that she now wrote her name as CATKINE: "There, in Novo Hamburgo, it is Catarina. Here it is CATKINE." In her dictionary she had taken up this new name along with Clóvis's family name: CATKINE GAMA.

Why did you invent this name?

"I will be called this now. For I don't want to be a tool for men to use, for men to cut. A tool is innocent. You dig, you cut, you do whatever you want with it.... It doesn't know if it hurts or doesn't. But the man who uses it to cut the other knows what he is doing."

She continued with the most forceful words: "I don't want to be a tool. Because Catarina is not the name of a person...truly not. It is the name of a tool, of an object. A person is an Other."

The next day I went to bid her farewell. She was weeping: "For I have to be here the whole time."

She continued to write profusely. It was a way of keeping her mind open, she said, a way of seeing a little past the situation. "It's a work....It has a beginning and an end."

If you were to write a story, Catarina, what would it be?

"The story of the three little pigs."

Again, the animal appeared in her imagination. I asked why.

"A cousin told us this story when we were kids."

And if you were to invent a story?

"Then I would invent...the story of the seven little guinea pigs from India."

Who are they? What do they do?

"After they are washed, they run under the table and stove to hide...and they are cozy together in a corner."

In speaking of animals, Catarina engages the human warmth she longs for.

And if it were about people, what story would you write?

"If it were a story about people it would be a Western.... A story of people shooting at each other...killing...and the others having to bury the dead."

Is there any other possible story?

"This is the beginning and the end."

"LOVE IS THE ILLUSION OF THE ABANDONED"

It is in Vita (which means life in a dead language) that Catarina/CATKINE writes "*Die death, medication is no more*" and envisions a possibility of life:

To follow desire in solitude.

Love is the illusion of the abandoned.

While indicting the laws of her destiny, she also wrote of her powers under a new name, sex in abandonment, and a certain sightlessness that comes with the body of the Other:

I am the driver. I speak magic and I conquer man. Clóvis Gama. We do what is in our reach. Pleasure in the bones. Desire in the nerves. Rheumatic woman. Acute spasm, secret spasm. Acute pang, pang in the chest. The servant of the Lord. Love. I served a man not a toy. CATKINE Ikeni Gama. Abandoned. Padding. Closed pussy open. Angel, if you have a body. Come close. Mask me.

We toast, I recall love, relation, a hug, a kiss. Cataract, conjunctivitis, eye drops.

Prescribed medication had mediated Catarina's expulsion from the world of exchanges (as if she were ignorant of the language she spoke) and

was now the thing through which she recounted bodily fragmentation and withering. This was what she was left with: "enjoyment enjoying itself [*se goza gozo*]," as she wrote. "*Pleasure and desire are not sold, cannot be bought. But have choice.*" The opportunity to "restart" and a human choice were all she wanted. This was what Catarina affirmed in her love stories.

I dated a man who volunteered as a security guard here. He bought me a ring and a bracelet, shampoo, many things. We met at night and had sex in the bathroom. But people were trying to separate us. Vera began to say that he was her boyfriend, too. So I gave him the ring back. He refused to take it back. I said, "I will not throw this into the garbage," so I put it in my suitcase. After we split, he had other women here.... But as far as I am concerned, I was not his prey. I didn't fall to him. I wanted it. I have desire, I have desire. I am with Clóvis now.

Catarina refused to depict herself as a victim. Her body experienced, along with hunger, spasms, and pain, uncontrollable desires, an overflow unthinkable in terms of common sense. Facing death in Vita, she also spoke of the vitality of sexuality and affirmed agency.

"Clóvis and I have sex in the bathroom and in the pharmacy," she confided. "It is a secret, but not so well kept." For her, desire and pleasure were gratifying, "a gift that one feels." During sex, she said, "I don't lose my head, and I don't let my partner lose his head. If it is good for me, I want to make it good for him, too." She was, in her own words, "a true woman [*mulher de verdade*]."

Female reproducer, reproduces, lubrication, anonymous reproducer, to fondle the aggressive lust, and manias.

Scientific decadence, kiss, electricity, wet, mouth kiss, dry kiss, kiss in the neck, to start from zero, it is always time, to begin again, for me it is time to convert, this is salvation day, Clóvis Gama, CATKINE, Catakina Gama, Ikeni Gama, Alessandra Gomes, Ana G., to restart a home, a family, the spirit of love, the spirit of God, the spirit becomes flesh inside.

"CATKINE...ASYLUM, LABORATORY, PHARMACY, PHARMACIST, I, AND THE CURE"

Catarina's expulsion from reality was occasioned by novel domestic economies and her own pharmaceutical treatment saturation. It was literally

impossible for her to find a place in family and public life. Archival research and the ethnography of her kin and of the local health care system exposed how Catarina's presumed madness was intimately related to changing political and labor regimes as well as pharmaceutical forms of knowledge and care that suffused her intimate relationships.

I have pointed throughout to a growing pharmaceuticalization of public and mental health and charted social side effects that come with the encroachment of drugs in urban poor settings. In psychiatric care, many times drugs are literally the body being treated. Psychopharmaceuticals mediate abandonment through the scientific truth-value they bestow and the chemical alterations they occasion. They work as moral technologies through which families and local medical practitioners do the triage work of the state. In engaging with these new regimes of health and in allocating their overstretched and meager resources, poor families learn to act as proxy-psychiatrists.

There was a money-making science to Catarina's affects and social dying, and the ethnography of "drug-sets" can help us to identify how scientific identifications become widely available and the concrete ways in which they replace social bonds. While providing care for some, psychiatric truths/things also void certain forms of human life and meaning-making in family and medicine. Anthropological work is well qualified to understand this tension, bringing us closer to the politics and ethics involved in the on-the-ground deployment of psychiatric categories and treatments—increasingly outside the clinic, in homes, and in people's solitary relationships to technology.

This is not to say that mental disorders are basically a matter of social construction, but rather that such disorders *do* take form at the most personal juncture between the subject, her biology, and the intersubjective and technical recoding of "normal" ways of being in local worlds. Hence, mental disorders also implicate those people claiming to represent common sense and reason, and it is their responsibility to address their embroilment in the unfolding of these disorders over time. I believe that mental health professions and interventions could benefit from anthropology's people-centered evidence, which, as ever, clarifies the inescapable knotting of biology, social environment, medicine, *and* the desire for care.

Literality was key to Catarina's literary work. The more I learned of the literal conditions of Catarina's life, the more I seemed able to decipher some of the poetics in the puzzling string of words that composed her dictionary. Marked off as mad and left for dead, yet claiming understanding and desire, Catarina resignified the circuits in which her abandoned experience took

form and recast life as potentially inexhaustible. By way of her speech, unconscious, and the many drugs and knowledges and powers she embodied, Catarina had a plastic power as she engaged all this and tried to make her past and present life real. She redirected disciplinary clinical elements into a literary therapeutic mean, and there was a unique force to the impersonal in her thought and writing.

As Catarina expressed the impasses, truths, and half truths of what was happening to her, her body experienced (along with spasms, pain, hunger, and uncontrollable desires) an overflow that was unthinkable in terms of common sense. While exposing Vita as a place of total annihilation, she also created a distance and wrote a new name for herself, CATKINE. In the dictionary, she constantly placed this name in relation to those of others she meets in Vita, like Clóvis and Luis Carlos, or people she knew in the past, like Valmir. They were counterparts to the null, the leftover place she was in.

Catarina remarked that other people might be curious about her words, but she added that their meaning was ultimately part of her living: "There is so much that comes with time...the words...and the signification, you will not find in the book. It is only in my memory that I have the signification. And this is for me to untie." Catarina refused to be an object of understanding for others, yet she also challenges us to inquire into the benefits that can come from anthropological knowledge-making, especially the ways care might be reimagined and redirected. As she said, "Nobody will decipher the words for me. With the pen, only I can do it...in the ink, I decipher.... I am writing for myself to understand, but, of course, if you all understand I will be very content." And she anticipated an exit from Vita. It was as difficult as it was important to sustain this anticipation: to find ways to support Catarina's search for ties to people and the world and her demand for continuity, or at least its possibility.

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