In Search of Self

INTERDISCIPLINARY PERSPECTIVES
ON PERSONHOOD

Edited by

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Human Pharmakon: The Anthropology of Technological Lives

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This essay discusses the pharmaceuticalization of mental healthcare in Brazil and charts the social and subjective side-effects that come with the unregulated encroachment of new medical technologies in urban poor settings. I focus on how an abandoned young woman named Catarina talks about psychopharmaceuticals — the drug constellations that she was brought into — and how she tries to find, mainly through writing, an alternative to the deadly experiment she literally became. Her "ex-family," she claims, thinks of her as a failed medication regimen. The family was dependent on this explanation to excuse itself from her abandonment. In her words: "To want my body as a medication, my body." Catarina's life thus tells a larger story about shifting value systems and the fate of social bonds in today's dominant mode of subjectification at the service of global science and capitalism. But language and desire continue, and Catarina integrates her drug experience into a new self-perception and literary work. Her "minor literature" grounds an ethnographic ethics and gives us a sense of becoming that dominant health models would render impossible.

Without a known origin and increasingly paralyzed, a young woman named Catarina spent her days in Vita, an asylum in southern Brazil, assembling words in what she called "my dictionary" (Biehl 2005). 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 has been run by a philanthropic association headed by a local politician and a police chief. Over time, it became a dumpsite for people who, like Catarina, had been cut off from social life and formal institutions. Caregivers referred to Catarina as "mad" and haphazardly treated her — and the more than one hundred surplus bodies who were also *waiting with death* in Vita — with all kinds of psychiatric drugs (donations that were by and large expired).

The dictionary was a sea of words. Blended with allusions to spasm, menstruation, paralysis, rheumatism, paranoia, and the listing of all possible diseases from measles to ulcers to AIDS were names such as Ademir, Nilson, Armando, Anderson, Alessandra, Ana. Catarina writes to remain alive, I told myself. These are the words that form her from within. She is fighting for connections. Yes, a human form of life that is not worth living is not just bare (as philosopher Giorgio Agamben would have it in *Homo Sacer* [1998]). Language and desire continue. As Catarina wrote: *"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."*

Why, I asked her, 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."

Catarina had condensed the social reasoning of which she was the human leftover. I wondered about her chronology and about how she had been cut off from family life and placed into Vita. How had she become the object of a logic and sociality in which people were no longer worthy of affection and accountability, though they were remembered? And how was I to make sense of these intimate dynamics if not by trusting her and working through her language and experience?

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 difficulty 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 know how to be knowledgeable, but they don't know what suffering is. They only medicate." Catarina knew what had made her an abject figure in family life, in medicine, in Brazil — "I know because I passed through it."

"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? My brothers want to see production, progress. They said that I would feel better in the midst of other people like me."

You seem to be suggesting that your family, the doctors, and the medications 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 me 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 that "[h]e 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, plans, 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 forcefully learned to play — sister, wife, mother, worker, patient — 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 states 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."

"After my ex-husband left me," she continued, "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.*

Technological Lives, *Terrae Incognitae*

In this essay, I explore Catarina's ties to pharmakons and chart the interpersonal and medical crossroads in which her life chances took form. *"Not slave, but housewife. Wife of the bed. Wife of the room. Wife of the bank. Of the pharmacy. Of the laboratory. . . . 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 works through the many layers of (mis)treatment that now compose her existence. 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.

By working with Catarina I came to see that subjectivity is neither reducible to a person's sense of herself nor necessarily a confrontation with the powers that be. It is rather the material and means of a continual process of experimentation — inner, familial, medical, and political. Always social, subjectivity encompasses all the identifications that can be formed by, discovered in, or attributed to the person. Although identity-making mechanisms are quite difficult to detect, this process of subjective experimentation is the very fabric of moral economies and personal trajectories that are all too often doomed not to be analyzed. I am thinking here of a diffused form of control that occurs through the remaking of moral landscapes as well as the inner transformations of the human subject (Biehl, Good, and Kleinman 2007).

Subjectivities have quickly become "raucous *terrae incognitae*" for anthropological inquiry, writes Michael M. J. Fischer: "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" (2007: 442). According to Fischer, subjectivity continually forms and returns 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 (see also DelVecchio Good, Hyde, Pinto, and Good 2008). To grasp the wider impact of how technologies are becoming interwoven in the very fabric of symptoms and notions of well-being, we must account ethnographically and comparatively for the ways such life forms are fundamentally altering domestic economies and value systems in both affluent and resource-poor contexts (Reynolds Whyte 2009; Fassin and Rechtman 2009; Garcia 2008; Pinto 2008; Rofel 2007; Tsing 2004).

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. Many individuals and families have benefited from pharmaceutical assistance and income-distribution programs, for ex-

ample. An actual redistribution of resources, powers, and responsibility is taking place locally as part of these large-scale changes, and for larger segments of the population, one could argue, citizenship is increasingly articulated in the sphere of consumer culture (Biehl 2007; 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 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 capitalism. Throughout the essay, I probe the significance of some of Jacques Lacan's insights on the pervasiveness of the "discourse of the capitalist." In a 1972 lecture, Lacan said that capitalism was now the new discourse of the master and as such it overdetermined social bonds. Lacan spoke of the effects of an absolutization of the market: subjects do not necessarily address each other in order to be recognized but experience themselves in the market's truths and things. While these subjects have access to the products of science and technology, those countless objects are made to never completely satiate their desires (Biehl 2001; Declercq 2006; Lacan 1989; Zizek 2006).

A few years earlier, Lacan had stated that "[t]he consumer society has meaning when the 'element' that we qualify as human is given the homogenous equivalent of any other surplus enjoyment that is a product of our industry, a fake surplus enjoyment" (1991: 92). 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 be all proletariat patient-consumers, hyperindividualized psychobiologies doomed to consume diagnostics and treatments (for ourselves and surrounding others) and to fast success or self-consumption and absolute lack of empathy. Or, can we fall for science and technology in different and livelier and more caring ways?

By staying as close as I could, for as long as I could, to Catarina's struggles to articulate desire, pain, and knowledge, I also came to see the specificity and pathos of subjectivity and the possibilities it carries. While her sense of herself and of the world was perceived as lacking reality, Catarina found

in thinking and writing a way of living with what would otherwise be unendurable. Thus, subjectivity also contains creativity, the possibility of subject adopting a distinctive symbolic relation to the world to understand lived experience. By way of speech, the unconscious, and the many knowledges and powers whose histories she embodies, there is a subjective *plasticity* at the heart of Catarina's existence.

The currents of medical isolation and technological self-care that shape Catarina's existence represent actual global trends (Good et al. 2007; Ecks 2005; Lakoff 2006; Luhrman 2000; Martin 2007; Petryna, Lakoff, and Kleinman 2006). Technoscience enables novel types of experiments and interventions and allows people to imagine and articulate different desires and possibilities for themselves and others (Boellstorff 2008; Dumit 2004; Farmer 2008; Inhorn 2003; Petryna 2009; Rajan 2006; Rapp 1999; Whitmarsh 2008). Science and medicine are more than tools of control or even personified inanimate objects, but rather represent one actor in a process that always involves at least two sides acting on each other (Biehl and Moran-Thomas 2009; Turkle 2008).

"I need to change my blood with a tonic. Medication from the pharmacy costs money. To live is expensive." Catarina embodies a condition that is more than her own. People are increasingly grappling with the healing and destructive potentials of technology at the level of their very self-conceptions. While painfully wrestling with symptoms and drug side-effects, kinship ties are recast, patterns of consumption are redefined, and possibilities for alternate futures are opened from within sick roles. Technology thus becomes a complex intersubjective actor, with transformative potential that must be negotiated with and even cared for in order to actualize its fragile chance for a new beginning. As medical technology becomes a potential way to explore the new people we might be or the relationships we might imagine, Sherry Turkle notes: "Inner history shows technology to be as much an architect of our intimacies as our solitudes" (2008: 29).

Drug-Sets: 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," wrote Gilles Deleuze in a 1978 article titled "Two Questions on Drugs" (2006: 151). The use of illegal substances was then on the rise and, according to Deleuze, those who knew of the problem, users and doctors alike, had given up a deeper understanding of the

phenomenon. Some spoke of the "pleasure" of drug use, something quite difficult to describe and which actually presupposes the chemical. Others 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*. The philosopher 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 drugs, 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. Data from the government's database for health resource use between the years 1995 and 2005 show that the country's psychiatric reform was accompanied by a significant fall in the percentage of resources dedicated to psychiatric care (Andreoli, Almeida-Filho, Martin, et al. 2007). In 1995, for example, psychiatric hospital admissions accounted for 95.5 percent of the mental health budget, down to 49.3 percent in 2005. Meanwhile, there has been a dramatic increase in resource allocation for community services and for pharmaceutical drugs. 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 expenses with drugs 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. Catarina's travails are entry points into the anthropological communities and ways of being in the world that have emerged in the wake of this pharmaceuticalization of mental health in the service of a diffused form of governance and of market expansion.

Back to Deleuze, for a moment, to the time when psychiatric markets had not yet further confounded the drug scene. I have no grand philosophical aspirations and do not wish to reduce Deleuze's enormously complicated venture into a theoretical system or set of practices to be applied normatively to anthropology. Deleuze's insights on drugs elicit broader concerns on the relationships between power/knowledge, desire, and sublimation, which I share and want to explore in this essay. In emphasizing the powers and potentials of desire (both creative and destructive), the ways in which social fields ceaselessly leak and transform (power and knowledge notwithstanding), and the in-between, plastic, and ever-unfinished nature of *a* life, Deleuze lends himself to a richer interpretation of technological lives — how to chart and account for, at once as it were, the *determinants and dynamism* of the everyday and the *literality and singularity* of human becomings. In other words, Deleuze's cartographic approach makes space for possibility, *what could be* as a crucial dimension of what is or was. It brings crossroads — places where other choices might be made, other paths taken — out of the shadow of deterministic analytics (Biehl and Locke 2010).

For Deleuze, the question about whether drugs have a "specific causality" does not imply exclusively a scientific (i.e., chemical) cause on which everything else would depend. Likewise, Deleuze makes clear that he was not after a metaphysical causality or trying to identify transcendental organizational planes that would determine popular drug use. After all, Deleuze did not share Michel Foucault's confidence concerning power arrangements. In a 1976 article called "Desire and Pleasure," Deleuze reviewed Foucault's then recently published *The History of Sexuality* (1976). In that book, Foucault took a new step with regard to his earlier work in *Discipline and Punish* (1975): now power arrangements were no longer simply normalizing; they were constituents of sexuality. But "I emphasize the primacy of desire over power," wrote Deleuze. "Desire comes first and seems to be the element of a micro-analysis. . . . Desire is one with a determined assemblage, a co-function" (2006: 126).

Attentive to historical preconditions *and* singular efforts of becoming, Deleuze said that he pursued "lines of flight." For him "all organizations, all the systems Michel calls biopower, in effect reterritorialize the body" (2006: 131). But a social field, first and foremost, "leaks out on all sides" (2006: 127). In an interview with Paul Rabinow in the mid-1980s, Deleuze once again 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" (2006: 280).

The analytics of biopolitics and of normalization cannot fully account for the drug phenomenon, nor can the Freudian unconscious. The failure of psychoanalysis in the face of drug phenomena, Deleuze 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 tra-

jectories are inseparable from becomings (Deleuze 1997: 61-67). Deleuze thus distinguishes his cartographic conception of the unconscious from the archeological conception of psychoanalysis. "From one map to the next, it is not a matter of searching for an origin, but of evaluating displacements" (1997: 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" (1997: 63). 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 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). This project would require, it seems, a distinctive ethnographic sensibility and new analytical tools. This sensibility and the tools would address the ways drug consumption/dependence is at once a chemical, intimate, social, and economic matter, and how historical changes and technopolitical apparatuses coalesce around drugs in the emergence of new kinds of subjectivities and social pathways as well as new kinds of expertise and authority.

Deleuze is also concerned with the extent to which "microperceptions are covered in advance" and whether there is variation in dependence built into drugs (2006: 153). "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" (153). For Deleuze, two things must be distinguished: *the domain of vital experimentation* and *the domain of deadly experimentation*. "Vital experimentation begins when any trial grabs you, takes control of you, establishing more and

more connections, and opens you to connections" (153). 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" (153).

In what follows, I revisit my ethnographic data and Catarina's writing. I further explore (1) the treatment constellation (or "drug-set" in Deleuze's words) in which Catarina became the woman who no longer exists — "My ex did everything to get medication"; "I am a sedative" — and the knowledge she produced as an abandoned psychopharmaceutical subject; (2) how Catarina redirected her clinical and familial abandonment and invented a new name and an alternative existential stage for herself with whatever means she had available, particularly writing — "The pen between my fingers is my work. I am convicted to death" — writing as a therapeutic means, as a possibility of life: "To be well with all, but mainly with the pen."

Ethnography can indeed help to chart the set of symptoms the world is and how the world merges with women, men, and children. It can also account for the ways people activate their creative capacities in order to become physicians of themselves and of their immediate worlds, as Deleuze would put it — that delicate and incomplete health that stems from efforts to carve out life chances from things too big, strong, and suffocating (see Corin 2007; Doane 2003; Scheper-Hughes 2008). These efforts, in Deleuze's words, give people "the becomings that a dominant and substantial health would render impossible" (1997: 3).

The Body as Medication

People's everyday struggles and interpersonal dynamics exceed experimental and statistical approaches and demand in-depth listening and long-term engagement. 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 have 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 learned the truth and I try to divulge what reality is."

Catarina's free and elusive verse slowly began to shape the terms of my own inquiry and cognition. *"João Biehl, Reality, CATKINE."* I studied all the twenty-one volumes of the dictionary Catarina was composing and discussed the words and associations with her. Her knowledge revealed complicated realities. 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 worldliness, the literality of her words. With Catarina's consent, I retrieved her records from psychiatric hospitals and local branches of the universal healthcare system. I was also able to locate her "ex-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, family versions, and other 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. As her illness progressed and her marriage disintegrated, her eldest two children went to her husband's family, and her youngest daughter was given up for adoption.

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 Haldol, Neozine, Mogadon, and 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 "post-partum 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, lack of public funding, and the proliferation of new classifications and treatments, the 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 many 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 has softened over the years (mimicking psychiatric trends), she continued to be overmedicated with powerful antipsychotics and all kinds of drugs (such as Akineton) 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. She 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 by the fact that doctors actually did not bother to differentiate between the two in Catarina.

To say that this is "just malpractice," as a local psychiatrist puts 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." 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.

I visited the Novo Hamburgo psychosocial service where Catarina was serviced in 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, called Ondina. 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," said Simone Laux, the coordinator of the service, after I told her about Catarina and my work with her. By "five hundred Catarinas," she meant most of the female clientele of the service, which was treating around 1500 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 Wilson Souza, "but this has changed a lot, both diagnostically and numerically. There is an immense growth of mood disorders." Souza cited "unemployment, harsh struggle to survive, no opportunities for social mobility, urban violence" as contributing to this "epidemic of mental suffering." And he 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," continued Laux. "Most of them are not psychotic. But at some points in their lives, they had a crisis or were at risk of committing suicide. All of them have a story that resembles Catarina's." Daniela Justus, the service's psychiatrist, replied: "Catarina is not searching for a diagnostics, but for life." 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, I noted. "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, I was told, is made explicit in the culture of psychopharmaceuticals: "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," said Ruckert, "many times they say, 'No, I came here to get a medication for her.' They want to leave with a prescription."

In sum, the family crystallizes its way of being in the ways it deals with psychiatric drugs. "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," added Ruckert, "the patient quite often realizes that, given the continuing process of exclusion, she has already structured her own perception and codification of reality." *Rather than psychosis, out of all these processes a para-ontology comes into view — a Being beside itself and standing for the destiny of others.* The "irreversible" condition of the mentally afflicted gives consistency to an altered common sense (Geertz 2000). "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."

Biological Complex

In 2003, I was able to get the genetics service of the Hospital das Clínicas, one of the ten best in the country, to see Catarina. Fourteen years after entering the maddening psychiatric world, molecular testing revealed that she suffered from a genetic disorder called Machado-Joseph Disease, which causes degeneration of the central nervous system (Jardim et al. 2001). Her brothers had the same diagnostics. I was happy to hear the geneticists who saw Catarina say that "she 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 condition had evolved over time.

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 as 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. I also learned that after the onset, Machado-Joseph patients survive on average from fifteen to twenty years, most dying from pneumonia in wheelchairs or bedridden. Scientists have firmly established that the graver the gene mutation, the more it anticipates disease. And while the gravity of the gene mutation can account for 60 percent of the probability of earlier onset, the unknown 40 percent remains. Among siblings, Dr. Jardim told me, "the age of onset is almost always the same." How then to explain Catarina's early onset, in the late teens, and her brothers' onset in their mid to late 20s?

The various sociocultural and medical processes in which Catarina's biology was embedded, I thought, pointed to the materiality and morality of this "unknown 40 percent" — in other words: *the social science of the biological mutation.* To this Dr. Jardim responded: "At the peak of her suffering, they were dismembering her . . . this dying flesh is all that remained." Rather than being the residue of obscure and undeveloped times, Catarina's condition was part of a regularity, forged in all those public spaces and hazy interactions where a rapidly changing country, family, and medicine met.

In ancient Greece, every year two men — "true scum and refuse" — were chosen to be cast out of cities, as part of the festival of the Thargelia (Harrison 1921: 97). Initially, they were seen as the remedy for a city suffering from famine or pestilence; later, they became the means through which cities prevented mischief (Girard 1996). These men were called *pharmakoi,* and, for them, there was no return to the city. Historians disagree over the ways in which they were chosen for this scapegoat role and whether they were actively killed or simply allowed to die (Harrison 1921: 104, 105; Derrida 1981: 132).

Catarina is, in a literal sense, a modern-day *pharmakos.* The handling of her defective body was at the heart of the various scenarios people empirically forged and in which they saw themselves with her through institutions

such as medicine, city government, and law. Consider the words of her ex-husband: "After we married, they told me the problems the family had. My mother's cousin said 'Poor Nilson, he doesn't know what he has got his hands in.' I didn't believe it until I saw it. *Deus me livre* [May God free me from this]. . . . I got to know her relatives. An aunt of hers died of this problem, and so did some of her cousins. . . . *I told myself, 'Ah, that's how it is . . . they will see.*"

These were revenge-laden words — as if through Catarina the man had taught them all a lesson. In retrospect, Catarina has meaning not as a person but as a representative of a collective and its pathology. Her growing social irrelevance took form around this medical unknown and its physical expressions, allowing Nilson now to read family ties as a retaliatory exchange.

And what are your plans? I asked Nilson.

"To make my life. To progress. I am content with my family now. This 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."

Catarina is physically cast out, a stone set over her in life. As her naturalized destiny reveals, medical science has become a tool of common sense, foreclosing various possibilities of empathy and experience. Pharmaceutical commerce and politics have become intimate to lifeworlds, and it is the drug — the embodiment of these processes — that mediates Catarina's exclusion as a *pharmakos.* Both the empirical reality through which living became practically impossible for Catarina and the possibility of critique have been sealed up. As Catarina repeatedly told me: "They all wouldn't dialogue and the science of the illness was forgotten. I didn't want to take the medication. . . . Science is our conscience, heavy at times, burdened by a knot that you cannot untie. If we don't study it, the illness in the body worsens."

In *Plato's Pharmacy,* Jacques Derrida follows the term *pharmakon* as it is stands for writing in Platonic philosophy. Acting like a *pharmakon,* both as remedy and as poison, writing is the artificial counterpart to the truth of things that speech allegedly can apprehend directly. According to Plato, argues Derrida, writing is considered "a consolation, a compensation, a remedy for sickly speech" — "writing is the miserable son" (1981: 115, 143). While living speech is conformity with the law, writing is a force wandering outside the domain of life, incapable of engendering anything or of regenerating itself: "a living-dead, a weakened speech, a deferred life, a semblance of breath. . . . It is like all ghosts, errant" (143). For Derrida, however, writing

qua *pharmakon* is an independent order of signification. Operating as *différance* — "the disappearance of any originary presence" — writing is at once "the condition of possibility and the condition of impossibility of truth" (168).

The term *pharmakon* that Plato used has been overdetermined by Greek culture, Derrida points out: "All these significations nonetheless appear. . . . Only the chain is concealed, and to an inappreciable extent, concealed from the author himself, if any such thing exists" (1981: 129). The contemporary philosopher sees as a concealed connection between *pharmakon* as writing and *pharmakos,* the human figure excluded from the political body. Derrida thus brings to light the scapegoat figure of the *pharmakos,* which, interestingly, is absent from Platonic philosophical reflection. "The city body proper thus reconstitutes its unity, closes around the security of its inner courts, gives back to itself the word that links it with itself within the confines of the *agora,* by violently excluding from its territory the representative of an external threat or aggression. That representative represents the otherness of the evil that comes to affect or infect the inside by unpredictably breaking into it" (Derrida 1981: 133).

The figure of the *pharmakos* in philosophical thought is quite pertinent, but the place kept by the death of the Other in city governance also remains a key problem to be addressed. In speaking of Catarina as a modern-day *human pharmakon,* I argue that her life and story are paradigmatic of a contemporary familial/medical/political structure that operates like the law and that is close to home. Pharmaceutically addressed, she was now the evil cast out, both subjectively and biologically. In the end, Catarina was a failed medication that, paradoxically, allowed the life, sentiments, and values of some to continue in other terms.

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.

The being of the people in Vita is fundamentally ambiguous. This ambiguity gives the anthropologist the opportunity to develop a human, not philosophical, critique of the machine of social death in which these people

are caught (see Rancière 2004). This entails: (1) making explicit that Vita and zones of social abandonment elsewhere, in both poor and rich contexts, are not spheres of exceptionality but rather extensions of what is becoming of family, state, 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; (4) bringing into view the insights, ambiguities, and desires (alternative human capacities) they also embody and inquiring into how they can be part and parcel of the much-needed efforts to redirect care.

The Work of Sublimation

Catarina's vision was to be absolutely real. 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. In the following dictionary entry, for example, she tries to break open the reader's blindness and brings a Greek tragic figure and her three brothers and three children together with her renamed self and the always lacking clinical register:

> *Look at Catarina without blindness, pray, prayer, Jocasta, there is no tonic for CATKINE, there is no doctor for any one, 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." "In the United States, not here in Brazil, there is a cure, for half of the disease."*

Catarina's dictionary is filled with references to deficient movement, to pain in the arms and legs, 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 human-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 affection, not her name, is exchanged in that world: "*What I was in the past does not matter.*" Catarina disappears and a religious image stands in her place: "*Rheumatism, Spasm, Crucified Jesus.*" In another fragment, she writes: "*Acute spasm, secret spasm. Rheumatic woman. The word of the rheumatic is of no value.*"

Catarina knows 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 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 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, an over-the-counter antispasmodic medication) 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.* There is a science to Catarina's affects, a money-making science. As transmitters of this science, her signs and symptoms are of a typical kind.

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 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 (biperiden) is reflected in the new name Catarina gave herself: "*I am not the daughter of Adam and Eve. I am the Little Doctor. CATKINE.*"

Abandoned in Vita to die, Catarina has ties to pharmakons. Her desire, she writes, is now a pharmaceutical thing with no human exchange value:

> *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.*

I asked her, why did you invent this name?

"I will be called Catkine 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."

I find Gilles Deleuze's insights on "Literature and Life" (1997) quite helpful in this inquiry into Catarina's work with language. Deleuze 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" (1997: 1). He thinks of language as a gate through which limits of all kinds are crossed and the energy of the "delirium" unleashed. "Delirium" suggests alternative visions of existence and of a future that clinical definitions tend to foreclose. 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" (1997: 1). One can institute such zone of indifferentiation with anything "on the condition that one creates the literary means for doing so" (1997: 2).

For 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. *"I am a free woman, to fly, bionic woman, separated." "When men throw me into the air, I am already far away."* These trajectories are inseparable from her efforts of becoming. *"Die death, medication is no more." "I will leave the door of the cage open. You can fly wherever you want to." "I, who am where I go, am who am so." "To follow desire in solitude."*

Coda

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 happen "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 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 dwelt in the luminous lost edges of human imagination that she expanded through writing.

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. "Nobody will decipher the words for me. With the pen, only I can do it . . . in the ink, I decipher."

We might face Catarina's writing in the same way we face poetry. She introduces us to a world that is other than our own, yet close to home; and with it, we have the chance to read social life and the human condition via pharmakons differently. To engage with her life and writing is also to work upon oneself. "I am writing for myself to understand, but, of course, if you all understand I will be very content."

Catarina refused to be consigned to the impossible, 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. Out of this intricate ethnographic tension emerges a sense of the present as embattled and unfinished, on both sides of the conversation and of the text.

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PART F

The Sel