

# In the plot of the magic potion: psychiatric drugs and creativity in a psychiatric hospital in Rio de Janeiro

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### SUMMARY

This work proposes to map some disputes around the use and effectiveness of medicines - psychotropic drugs, in particular - as a form of psychiatric treatment, operating from three axes: 1. genealogy of the rise of the pharmaceutical industry and psychopharmacology to from the middle of the 20th century; 2. ethnography at the Municipal Health Assistance Institute Nise da Silveira, in Rio de Janeiro; 3. discussion of the consequences of biopolitics in the second post-war period, involving science, biomedicine, society and power. It is argued that the notion of agency can offer a better understanding of the controversies that emerge from this plot, shifting the understanding of the medication as a pre-determined object to the relationships that go through it and constitute it.

### KEY WORDS

Psychopharmacology, Biopolitics, Mental Health, Psychiatry, Medicines.

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## In the Plots of the Magic Potion: Psychotropic Drugs and Creativity in a Rio de Janeiro Psychiatric Hospital

**ABSTRACT** This paper proposes to map some disputes about the use and the efficacy of drugs — psychotropic drugs, in particular — as a form of psychiatric treatment. It operates from three axes: 1. genealogy of the rise of pharmaceutical industry and psychopharmacology from the middle of the 20th century; 2. ethnography at the Nise da Silveira Mental Health Institute, in Rio de Janeiro; 3. discussion about the effects of biopolitics in the second postwar period, involving science, biomedicine, society and power. It is argued that the notion of agency can offer a better understanding of the controversies that emerge from this plot, shifting the understanding of the medicine as a predetermined object to the relations that cross it and constitute it.

**KEYWORDS** Psychopharmacology, Biopolitics, Mental Health, Psychiatry, Medicines.

## INTRODUCTION

On a Tuesday afternoon, a multidisciplinary team of therapists belonging to a psychiatric hospital in Rio de Janeiro met to discuss the crisis of João, one of his many patients who currently lives in day care<sup>1</sup>. The coordinator, trained in psychology, started the session by sharing the case - described as a classic example of schizophrenia - with her co-workers in order to take some action in relation to her disorder. The man, a miner of popular origin, about fifty years old, had recently ingested a kilo of washing powder, under the justification of needing to clean himself inside. The act was followed by a severe vomiting crisis, causing great concern on the part of their family members, who brought the situation to the attention of the hospital staff.

Upon learning of her story, one of the social workers present at the meeting argued that the fact that John refused to take medication would be at the heart of the matter. The patient claimed to be disturbed by the doses of antipsychotics usually recommended to treat his schizophrenia. According to the professional, however, such refusal made him, at the same time, more susceptible to moments of crisis. Afterwards, a heated debate was promoted among the participants of the meeting. A psychology intern argued that it would be better not to recommend antipsychotics to João in this context of instability, proposing that the medication should be carried out only when his mood was more stabilized. Then, a second intern considered that, in any case, some negotiation with the patient would be necessary, since without medication he was at risk of committing acts harmful to himself. "We have to be careful not to invade it," he said. Another, more emphatic psychologist said that she was not advertising the drug, but that it could be irresponsible to give up medicating a specific patient, since it was a common procedure, constituting the treatment recommended by the institution. At the end of the meeting, I could still hear a last lament from another therapist: "the problem with the drug is that it empties creativity". João, in addition to being a patient, was also a renowned painter.

The question remained open, oscillating between positions more or less contrary or favorable to João's psychopharmacological treatment. Desirable and necessary in one moment, it quickly became dangerous and violating in the other. Perhaps because he was not the same. After all, there did not seem to be any consensus on the status of the drug in this context. On the contrary, it seemed to be more similar to the well-known Greek *phármakon* that, as described by Jacques Derrida (2005), had as the most fundamental characteristic is its own ambiguity, which may denote a medicine or a poison, being either beneficial or harmful.

This work proposes to map some disputes around the use and effectiveness of medicines — psychopharmaceuticals, particularly — as a form of psychiatric treatment

1 | All names present in this work are fictitious, as agreed with the institution in which the research was carried out. The project was registered on Plataforma Brasil under the title "Nise da Silveira and the genealogy of a rebel psychiatry in Brazil" and registration number CAAE 54861416.7.0000.5582. It was approved by the Ethics Committee in Research linked to UFRJ.

For this reason, it seeks to explore related graphic material and a doctoral research and recently concluded social manthropologies (Magaldi, 2018). Her field was defined by the network of actors, institutions and materialities involved in the life and work of Alagoas psychiatrist Nise da Silveira, known for her performance at the former National Psychiatric Center of Engenho de Dentro, in the north of Rio de Janeiro, from the mid-decade of 1940. Combating psychiatric interventions that he considered violent and ineffective, such as electroshock, lobotomy and insulin coma, the medical proposed expressive activities such as painting and modeling as a form of treatment for said mental illnesses, mainly inspired by Jungian psychology. Although she did not create an organized movement, she developed with her peers, and for decades, her own knowledge, which persists until today in the hands of followers and collaborators. In this sense, the study focused on the genealogy of this knowledge, from its emergence to its subsequent developments, which occurred after Nise's death in 1999, combining fieldwork (carried out in Nisian institutions), bibliographic research (involving the study of his work) and interviews (including some of his living disciples).

For the purposes of this article, a significant part of the investigation is evoked, which took place from fieldwork in the current psychiatric hospital of Engenho de Dentro, renamed, since 2001, as the Municipal Institute of Health Care Nise da Silveira. Heir to the old Psychiatric Center Pedro II, the oldest hospice in Brazil, the 8 thousand square meter territory is currently known for offering activities related to Brazilian psychiatric reform, particularly those focused on art and culture, under the inspiration of the name of the psychiatrist who christens the institution . Among such activities, two stand out here: <sup>1</sup>. those developed at the Museum of Images of the Unconscious (MIU), founded by Nise da Silveira in 1952 as an acervopictoric center for treatment. The unit, noseiodaqualseassaramascenas that introduce this work, offers free service to dozens of users of the mental health network, especially through expressive activities (painting and modeling); and those developed at the most recently inaugurated Hotelda Loucura (HL), a municipal public policy developed at the same institute inspired by the teachings of Nise da Silveira and emphasizing theatrical practices. Although both cases are characterized by a critical stance towards the therapeutic practices of biomedical psychiatry and by the proposal of “alternative” models of psychosocial care, which are not limited to medication and hospitalizations as a therapeutic response, these, far from being completely extinct, also they are present, giving rise to concerns such as that raised in the inaugural scene of this work.

In this sense, the objective pursued here is to apprehend ethnographically what are the tensions of coexistence between different therapeutic practices in mental health, biomedical or not, the public health system in Rio de Janeiro, taking as a privileged analytical thread the relationship between psychotropic drugs and creativity.

2] The native terms drug, psychiatric drug, medicine and medication will be used here in a generic and interchangeable way to designate substances industrialized pharmaceuticals for the treatment of mental disorders. Among these, those called antipsychotic, referring to the phenomena categorized under the psychopathology of schizophrenia and related conditions. Occasionally, however, also psychopharmacological categories other than antipsychotics, such as antidepressants, anxiolytics, benzodiazepines and mood stabilizers, among others, as well as its multiple combinations. This option has an ethnographic basis here, since these are the expressions used in the vast majority of situations experienced in the field. The times when these elements were named according to their specific categories, whether substantial or marketing, are called attention, but are an exception to the rule. From this observation, it is possible to apprehend that, for most subjects that emerge on the following pages – and in constant tension with the infinitesimal specifications present in the official manuals of psychiatry and psychopharmacology -, the differences between these elements are less relevant than their similarities, being those generally subsumed (although not totally reduced).

The article proceeds from genealogical notes on the rise of the pharmaceutical industry and psychopharmacology from the mid-twentieth century, as well as the subsequent anthropology of medicines. Then, we seek to analyze some cases referring to fieldwork carried out at the Municipal Institute Nise da Silveira. Finally, an attempt is made to compare this material with a bibliography referring to some transformations that the West went through in the period that followed the Second World War, concomitantly with the collapse of European policies and Nazi-fascism, involving science, biomedicine, society and power, in which a new biopolitics was conformed, according to Foucault (2009)<sup>3</sup>. In this configuration, of that pharmacopharmacology is only one of many devices, knowledge, technologies, modes of subjectivation and forms of association proliferate committed to the affirmation of the “vital” character of human beings, which articulate both the mechanisms of control and domination when the possibilities of emancipation, sociability and activism. It is maintained that the place of psychopharmacology in this plot can be better understood from the notion of agency (Vargas, 2006; 2008; Deleuze & Guattari, 1997), which allows the so-called psychotropic drugs to be understood neither as pre-substances -determined, neither as a posteriori social constructions, but because of the contingent relations they crossed and constituted.

#### HISTORY OF PSYCHOPHARMACOLOGY TO ANTHROPOLOGY OF MEDICINES

There is a certain unanimity among historians of psychiatry and point to 1952 as the inaugural year of the modern psychopharmacological era. It is customary to underline the synthesis of the first antipsychotic, chlorpromazine, as well as, to a lesser extent, that of the first antidepressant, imipramine, which appeared three years later (Pignarre, 2012). As David Healy (2002) points out, these drugs, initially better known as neuroleptics (term of Greek origin, designating neuro = nerve and leptic = leptomai, which means control, capture or containment), were created from the synthesis of the chlorpromazine in the early 1950s, involving primarily the biomedical research of the French chemist Paul Charpentier and its clinical application through the partnership between the surgeon Henri Laborit and the anesthetist Pierre Huguenard (1952), also of French origin. At first conceived for antihistamine purposes, it was soon supposed to be effective in the treatment of conditions considered psychotic.

This was confirmed to a great extent by the publications of another pair of French doctors, Jean Delay and Pierre Deniker, whose research gained repercussions at the II World Congress of Psychiatry (1955), expanding in the same period in Brazil and in the world. In the following years, Chlorpromazine started to be used generically in psychiatry, until it gradually consolidated as a specific base model for the treatment of schizophrenia - emphasis of this work - multiplying in new chemical variations. This trend was based

3] Biopolitics is thought here in the light of Michel Foucault's (2009) contributions regarding the emergence of an unprecedented modality of the exercise of power in modernity, no longer characterized by “making people die”, as in sovereign regimes, but by “making people live”. That is, through investment in life. In this modality, it is the living organism itself that starts to occupy the centrality of political plots, be it at the disciplinary level, in the individual bodies and in the institutions, whether at the biopolitical level, in the populations and vital mechanisms of the human species. In this process, health, birth, mortality, sexuality and reproduction became the target of surveillance, regulation and standardization, articulating knowledge, institutions and interventions under the aegis of medical and state practices.

especially in the formulation of what is referred to and infertility was due to an excess of brain dopamine, and that said drugs, natural blockers of this neurotransmitter, would have an anti-schizophrenic efficacy.

This conception did not fail to give rise to controversies, to the extent that long-lasting side effects resulting from dopamine blockade, especially of type Parkinsonian (tremors, stiffness, sluggishness, among others) were observed. Other adverse reactions included fever, changes in blood pressure, muscle stiffness, stupor and tachycardia. From the 1980s, antipsychotics started to be composed mainly in the form of cocktails, acting on systems other than the dopaminergic - influencing, for example, serotonin, among other neurotransmitters - in a supposedly more balanced way, including mixtures with antidepressants, anxiolytics, tranquilizers and benzodiazepines that appeared more or less concurrently since the 1950s. This reformulation gave rise to the so-called atypical or second generation antipsychotics, as opposed to the classic or first generation, with particular emphasis on clozapine. It was also accompanied by a prescriptive association with other classes of psychiatric drugs, developed in order to refine its therapeutic capacity.

This phenomenon, while giving psychopharmacology the possibility of being associated with the end of long hospitalizations in asylums, did not exempt it from the emergence of accusations for the purpose of its effectiveness and its spurious links with the market and public policies, especially in the last decades. According to Fabrizio Meloni (2011), if it is in the 1950s that the genesis of the psychopharmacological program is rooted, it is only in the last quarter of the twentieth century that the expansion of the production, distribution and consumption of neuroleptics will be established more forcefully. The author points to the emergence of a kind of pharmacological society in the wake of the second psychiatric or naturalist second round, which encompasses not only the proliferation of the drug industries, but also the rise of behavioral genetics, neurocognitive sciences, sociobiology and psychology evolutionary. It is a horizon in which the dream of making humans natural objects is aimed, spreading to all fields of knowledge, from philosophy to psychiatry. In this context, which reformulates the intersection between evolutionism, positivism and Darwinism constituting 19th century naturalism, the figure of the brain gains a central aspect.

The compromise between psychopharmacology and the re-psychologicalization of the psychiatric field since the 1980s appears mainly in studies dedicated to the transformation of DSM (acronym for the Manual of Diagnosis and Statistics of Mental Disorders) of the American Psychiatric Association, of considerable international influence, whose purpose is to develop a universal classification system. Marta Henning (2000), for example, points out that the first two versions of the DSM (1952 and 1968, respectively) present a psychosocial conceptualization of the mental illness, which is characterized by the use of

psychoanalytic vocabulary, referring to the symbolic nature of psychiatric symptoms. In 1980, with the edition of the DSM-III, a criticism of the classificatory imprecision and therapeutic inefficiency related to the contents of the previous manuals became evident. Such denunciation, according to the author, justifies the implantation of a new nosographic system, characterized by the predominance of a physicalist conception, underlying a descriptive reading of "symptoms" in detriment of the psychosocial context, equally inseparable from a pharmacological administration considered "efficient". This orientation leads to the definition of "disorders" based on the chemical alteration of behaviors, anchored in the postulate of a biophysiological substrate.

Such transformations have been described by some authors, especially committed to the field of psychoanalysis, from a critical perspective. Benilton Bezerra Jr. (2007), for example, points to the contribution of the counter-cultural movements of the 1960s and 1970s, especially with regard to biological interventionism and organicist conceptions of mental illness, understood as repressive and alienating. It highlights, in this context, works such as Michel Foucault (*History of Madness*) and Erving Goffman (*Asylums, Prisons and Convents*), responsible for denouncing the asylum as a control institution, contributing to a humanist and psychosocial conception of madness, which later it would also inspire movements for psychiatric reform. However, the author points to a progressive change in the situation in the last forty years, in which biology has become hegemonic as a basic science for psychiatry, eliminating from its scope the contributions of psychoanalysis and phenomenology. In this configuration, subjectivity comes to be understood according to the dictates of a reductionist materialism, which would find psychopharmacology its most evident device.

Other works, such as that of Philippe Pignarre (2001), seek to understand the emergence of the pharmaceutical industry without conforming to the condemnatory tone present in criticisms of psychoanalytic orientation. The author points out that traditions that call themselves "humanists" tend to dismiss psychopharmacology (and, in general, allopathic medicine) as a practice aimed at reducing the subject to his disease, often from the denunciation of the brutality underlying its use and the affirmation of the impossibility of measuring psychological suffering. Based on a socio-technical approach, Pignarre seeks an alternative that takes the trajectory of the drug seriously, suspending his accusations in order to reconstruct the relationships that make its diffusion possible. In this sense, the author describes the process by which psychopharmacology is constituted as a machine that operates from the double formula "molecule-indication", with consecutive tests of new substances considered more or less similar to the antecedents, performed mainly on live animals: tissues and cells (configuring "a little biology") emerge concomitantly with new diagnoses increasingly modified (configuring a "small psychology"). More than condemning such a process, the author proposes that the patient's perspective should take the final word about the industry, based on the formation of associations and expertise that produce knowledge about drugs.

This review of the authors indicates that the fight against all drugs considered psychotropic is marked by a series of tensions and ambivalences. It can be said that these oscillate between the denunciation of a reductionist treatment, possibly violent and immediate, and the affirmation of the user's excuse, the possibility of a greater role and the very condition of decline of medical hospitalizations that characterize the psychiatric form. Nesselin, Rogério Azize (2008) highlights that the quarrel between the defenders of psychopharmacology and their accusers revolves mainly around the idea of authenticity. Whereas, for the first, psychotropic drugs are intended to promote an enhancement and the freedom to reinvent each moment, for the second, they are artificial objects, potential promoters of a betrayal self, in which subjectivity is imprisoned in a kind of chemical cage.

A fruitful way to deal with this problem can be found through a particular approach to the anthropology of medicines, a field of study that was outlined mainly from the 1980s onwards. This period is concomitant with the moment of great industrial, commercial and global expansion of modern drugs that, if they began to be outlined with the invention of penicillin in the 1930s, gained greater diffusion in the second post-war period. The theme, which was already present in classical ethnology through the study of pharmacopoeias and healing rituals of native peoples (for example, in the works of Evans-Pritchard, Lévi-Strauss, Victor Turner, among others), found its place then analytical within the scope of urban anthropology, involving different approaches (Azize, 2012; Manica, 2012; Castro, 2012). Based on the idea of a social life of objects (Appaduraj, 2008; Kopytoff, 2008), the so-called biographical approach sought to investigate the different stages of the circulation of medicines, such as production and marketing, prescription, distribution, use and effectiveness, as well as their different value regimes (Van der Geest et al, 1996). Other lines sought to understand the link between medicines and the phenomenon of globalization, analyzing the economic, political and ethical impacts of their production on a global scale (Petryna, Lakoff & Kleinman, 2007).

For the purposes of this article, the socio-technical perspective that draws attention to the inexorable link between the biological and the social implicated in the production of medicines (Pignarre, 1999), as well as the multiple relationships between humans and non-humans configured in therapeutic networks, is worth mentioning here. (Akrich, 1995, 1996). According to these authors, it is sought to avoid the conception of the drug as a simple "cultural construction" that assigns meanings to a given object. The problem with this conception is the assumption of ontological stability of these elements, balanced only by the impression of different representations outside them. In contrast, it approaches a reading that seeks to put between parentheses dualisms as subject and object, and that suggests that the medicine cannot be defined, but rather constitutes a heterogeneous and complex bundle of relationships, from which they are generated. different notions of health and illness. Therefore, within the scope of this work, special attention is given to the dimension of the clinic, and not so much to the experimental, laboratory, regulatory or advertising dimensions, which may be dealt with in future works.

The point here is to understand, as Vargas (2006, 2008) suggested regarding the “drugs” genealogy, that the substances involved in the many situations presented here remain undetermined until they report to the agencies that constitute them as such. As proposed by Deleuze & Guattari (1997), an agency consists of a symbiosis defined by the co-operation of its heterogeneous parts. In other words, it is a sympathy, that is, a multiplicity that establishes relationships between different natures. This notion allows the psychotropic medication to be understood, and therefore, its use and effectiveness, as a socio-technical object that is more a contingent effect of its heterogeneous joints than of its intrinsic properties or external social representations, whether taken alone or in a stratigraphic manner. This perspective also eliminates the ontological singularity of the psychotropic drug as a distinct object of “drugs”, “spices” or any other substances, insofar as all these are characterized, if not by the same chemical composition, certainly by the need to a symbiotic constitution in a network of relationships. This means that it is mainly through these, between laymen and doctors, users and analysts, that moral, medical or legal sharing are engendered. It is in search of these tracks that now follows.

#### IN THE PLOT OF THE MAGIC POTION

In the mid-1940s, when Nise da Silveira founded her therapeutic studio in the former National Psychiatric Center, her population was approximately 2,000. Since then, that number has dropped dramatically. Currently, the institution has a rotating average of 100 inmates, mostly composed of subjects in short hospitalization, undertaken on an emergency basis, resulting from so-called outbreaks. A small portion of this number is made up of inhabitants of the MAP - Provisional Care Modules -, models of therapeutic residences that exist inside the complex, intended for those individuals who have no family maintenance or who have been hospitalized for so long that they simply have no home to return to. Within this hospital structure, the MII's painting and modeling studio continues to function, offering its activities for internal and external users of the mental health network in the municipality. On the one hand, its care model resembles that of a CAP - a psychosocial care center, a substitute service for psychiatric reform - in the sense that it is available for free on a daily basis in the health system. However, it is still a hospital institution, unlike reformist ideals of demanicomialization. Throughout the fieldwork carried out at the MII, involving his creative studio, his clinical meetings and the interruption of studies, the use of psychiatric drugs as a treatment method was a constant. Initially interested in the issue of the creative process, I realized with surprise that there were multiple therapeutic agencies there. In addition to the expressive activity itself (usually drawing, but also clay modeling, spontaneously recommended and without aesthetic criteria), medicines were added there. Its prescription was the responsibility of a psychiatrist who participated in the technical team or, alternatively, the hospital's nurse, who had her own medical team. If “taking shock” was a past thing for those users, from the times when they had been hospitalized compulsorily, the medicine had become the great tool for medical intervention, and which was also present there, concurrently with creative activities.

The studio is maintained every day by monitors and interns. In fieldwork based on previous research (Magaldi, 2014), accompany especially a monitor, trained in art therapy, and two interns, graduate students in psychology. There are around 15 to 20 clients, most of them from the poorest class, usually assisted by family members or caregivers<sup>4</sup>. The environment consists of work tables and creative materials such as sheets of paper, pens and colored chalk. It is not an art school, but a place that values spontaneous expression and creative freedom. The working conditions are silent and reserved, which does not prevent occasional conversations from surfacing.

On one of my first visits to the place, the feeling of invisibility among clients focused on their canvas and therapists unaware of my research intentions was quickly shattered by the agonized approach of Jonas, a man in his forties. "Doctor, can I speak privately?" His aging aunt was the only support he had in the world. Retired for "disability", he worried about a possible tenuous and lonely future.

The destinies of the conversation changed when I asked him with a certain movement, he dipped his hands in his bag and showed me a small book of Christian psalms. Prayers seemed to be his support in moments of delirium. But not only Before I could ask you about the expressive activities.

4| The notion of "customer" was suggested in the practice of Nise da Silveira's work to circumvent the term "patient", which could denote "passivity". This notion is also used in religious contexts, such as umbanda terreiros or in magic. In this case, a joke with the popular culture saying that "the customer is always right" is implicit. Justifying people who are considered "crazy" by the wider society seeks to add critical value to this work practice. On the other hand, the naming of the condition of these subjects generates an impasse. Nise da Silveira called her patients clients, while a user of the mental health network is the preferred term of the movement for Brazilian psychiatric reform. Based on the observation of their intersections during empirical research, we chose to use the three expressions interchangeably - client, patient and user-, also designating the tension and non-resolution of these grammars.

This time, it was a pack of blue pills. "I like the blue pills, but I'm afraid of the red ones", he said, and got lost in the list of names, mixing different pharmacological categories: "*diazepan, fenergan, haloperidol, haldol ...*". But he concluded, convinced: "*The medicine is important. First God, then the medicine, doctor*".

It caught my attention both the frequency with which psychotropic drugs were raised and the fact that, in these evocations, they are occasionally treated in a positive way, contrary to my presuppositions. The first question that monitors ask when the visitor arrives at the institution is whether he is well or not. I note a note from a client, Tomás, who once replied with a smile: "*I'm fine, taking a lot of medicine. It's like a car, you need to have a clutch, if not, it doesn't work!*".

However, the relationship with the drug was not always treated in a positive way. Once, when I arrived at the studio, I met Tomás in the beginning of a crisis. He breathed deeply, as if oxygen refused to enter his body, barely managing to hold his pencil. After stumbling to the bathroom three times in five minutes, he got up abruptly, abandoned the work materials and hurried off to the hospital ward, saying he was going to "*get medicine*", as if, in a moment of addition, there was no another possible procedure. The situation caused a furor among those present, who were unable to prevent him from leaving.

A similar "ambiguity" - a term that was later problematized, but which nevertheless emerged from thinking during fieldwork - in relation to psychotropic remedies was also manifested during the Study Group sessions, this time involving the therapeutic team at the same time, customers and the wider audience.

Once, at the end of the semester, the coordination decided to show an experimental video on the life and art of one of the institution's most celebrated clients. The recording featured an interview with João, who appears in the opening scene of this article. The middle-aged man commented effusively on his own works - mostly figurative drawings of faces and heads - laid out in series on a small easel. Before starting the film, the institution's coordinator exposed some traces of João's life story to the public, describing him as a typical case of schizophrenia. During the 1980s, the boy, a former army paratrooper, suffered an accident at work, which had caused serious neurological impairments. In the following period, he started walking aimlessly through the night, causing great concern on the part of his family. After a period of disappearance, it was discovered that he had walked hundreds of kilometers on foot between the states of Rio de Janeiro and Minas Gerais. After being found, he spent 11 years in hospital, undergoing a series of electro-shock sessions. In the 1990s, finally egressed from hospitalization, he learned about the work of the MII, starting to dedicate himself to painting and modeling as an external client.

In the video, João presented his works as if they were materializations of their visions and sensations. He claimed to feel his brain punctured, crossed by the surrounding environment. Their designs had frightening heads, some lying in cadaverous positions, others amid flames, as if they were inhabitants of a hellish underworld.

"If I didn't paint, my head would catch on fire, like a matchstick," he said in a voice that was both drunk and assertive. His therapist, who interviewed him during the recording, pondered his statements, asking if his views were delusional. "It is not a delusion, doctor, it is a real sensation", she exclaimed, in a complaining tone. At the end of the video, after showing more than 20 drawings, he shouted proudly: "I haven't taken any medicine for four months, but my psychological effort is better than an injection".

Following the documentary, the collective that participated in the group meeting - around twenty people, mostly psychologists or psychology students, but also three or four clients, in addition to coordinators of MII activities - engaged in a debate about João's delusions. The discussion revolved around the tension between, on the one hand, his "psychological effort", and on the other, his "medicines" and "injections". The coordinator started the conversation by addressing the client's suffering. "He feels holes and hears noises in his head. So you have to take medication. The problem, which is so medical, is not able to produce ", he lamented, emphasizing the decrease in the patient's creativity during the pharmacological treatment. "To treat it, you need to have a waist game, as the medicine is a double-edged sword", he concluded.

Then, a former client of the institution, a historical activist of the movement for psychiatric reform in Brazil, present at the group meeting, continued the coordinator's arguments. "I know this because I was electroshocked. The electroshock completely finished, I was in memory, empty. Electroshocks only go ahead for a moment, after all. "For him, it seemed as if the electroshock as the gas had a temporary silencing effect, being insufficient as therapeutic tools. However, even after the institution can weigh the frequency of its speech: "I think that there is a case. There are situations in which the states of the dosage are so fertile, that it is necessary to medicate. The medication is just like being broadcast ". The ex-client, pondering again, agreed with the psychiatrist, stating that the drugs can be resources to contain the "instinctive forces". "You need both sides", he concluded.

Outpatient, in sequence, opened its intimacy to the public. She said that, in the past, had great resistance to drugs, but said that today they were needed. "I used to think they were a quiet lion. Today, I see that they are my defense lion. They are the ones who will defend me ". On the other hand, the director of the MII then took part in the debate, redeeming a tone of fierce criticism of the meds, in reference to its history: "The first neuroleptics were made to hibernate. I've seen João wondering what his body would be like without the medicines. It's as if he misses his body. They are chemical strength shirts ". If, in the previous dialog, it was a patient that the critic and a professional from the institution that nuanced it, in this case, just the opposite occurred, showing that the positions of the game could change at each moment.

A social worker and monitor of one of the museum's workshops continued the critical debate from a historical perspective, but pointing to a certain transformation in the treatment situation. "Before, it was heavy. There was only Haldol. The individual had no voice. If you were in the electroshock queue with your relative, you ended up taking electroshock too". For her, contemporary pharmacology would be less imposing, and therefore, less reprehensible. The conversation continued with a psychologist, external to the institution, who drew attention to the distribution of drugs as a problem of the state's precariousness. "At SUS, they see 30 patients in 1 hour. That way, not knowing the patient, it's just medicine. The patients themselves don't even want to know and say, doctor, I just came here to get the prescription, I just came to get the medicine bag".

Other people began to put their opinions on the warm wheel, which was open to the participation of anyone who wished to speak. I remained silent, trying to understand how the denunciation of a psychiatry considered violent, ineffective, outdated and demeaning was there articulated to psychopharmacology and other physical-chemical interventions, such as electroshock. Before my eyes, however, that denunciation seemed to fall apart in a multiplicity of weightings, involving a reflection on the comprehensive public health system and the need to sometimes medicate. After all, were these people against or in favor of psychopharmacological treatment? What was your attitude towards biomedical psychiatric medication? Would it be possible to see some communion between his so diverse opinions, taking into account his so diverse social positions as therapists, psychiatric patients, students, psychologists and social workers? After all, what was the criticism of people engaged in the continuity of Nise da Silveira's medical-scientific project?

"Without the medicine, society does not accept it. The problem is that the median is a magic potion, as if it were the solution for everything", added the coordinator, so to speak at the end of the session. Think at the moment that, with that phrase, probably everyone there would agree - and in fact, this time, no one replied. The reference to Nise then ended the discussion. "This is where we remember Dr. Nise, the importance of affection, coexistence, work".

On a Tuesday morning, in a psychiatric hospital in the suburb of Rio, Dr. Paracelsus' famous alchemical lesson was learned: *dosis sola facit venenum*, that is, what makes the poison is the dose. And the dose, in the case in question, was not limited to the amount of chemical substance - minimal, controlled doses -, but to its insertion in an open game of relationships, involving its various mediators, which could have positive or negative effects depending on its results.

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Located a few meters from the MII, in the heart of the same psychiatric complex, it is not surprising that a similar branch unfolds at the Hotel da Loucura, the most recent breeding territory for Nisian psychiatry. The project, which operated between 2012 and 2016 on the basis of an occupation within the hospital, housed resident art collectives and offered theatrical workshops to anyone interested, patient or not. This observation was verified initially from a field work carried out with the project.

Even before starting to participate directly in his workshops, it was already possible to foresee the resistance of this group in relation to the tools of biomedical psychiatry. It was enough to walk through the colorful corridors of his main environment, on the second floor of the institute's former infirmary, to find indicative references to this care. It was the Special Control Receptacle, a kind of brochure that was deposited on a table in the lobby of the occupation. The "document" was printed on the model of a medical prescription distributed by the public health system, indicating the identification of the issuer (pharmacy) and the recipient (patient). The prescription place, however, was not filled by any chemical substance. On the contrary, there were poems by Bertold Brecht, Fernando Pessoa and excerpts from the writings of Clarice Lispector. "Of the Advantages of being silly", signed by the latter, said the one I randomly removed.

Would it be possible for the participants in that group to replace the psychiatric medication with a poem? Gradually, as in the MII, I was able to notice nuances regarding the apparent finding that the HL recipe seemed to indicate. This was mainly due to the frequency in their activities, notably the expressive action workshop, held inside the Engenho de Dentro hospital. The activity consisted of a series of interactive dramaturgical exercises, based on the spontaneity of movements and musical singing, with a view to the creation of theatrical scenes. In the midst of music and the movement of colorful fantasies that comprised both bases, mention was also made regularly of the pharmacological issue.

Among the many choirs sung by the group, one of them, which appeared frequently, drew particular attention: "It is better to sing than to freak out. Read the label on the black stripe!". These words, sung in a swirl and interspersed with other melodies, gave a slightly more accurate clue about their general position as to the use of drugs in the treatment of people in psychological distress. The issue lay there not in the disposal of the medicine, but in the fact that the black stripe should be known before its use.

It was mainly at the end of the workshops, when the excitement gave way to a round of debates, which the repeated questioning was most evident. There, there was a great apprehension, especially on the part of the health agents, about the overdose of drugs that caused some of their participants to weaken their own capacity to weaken their own capacity. This agony was revealed mainly in relation to hospital inmates. One agent was usually emphatic when criticizing the functioning of the provisional care modules, which house the complex's residents in the model of a therapeutic residence. According to her, these have become the new asylums: "They

are locked there, taking high doses of medication. When we pick them up for the workshops, they don't show any reaction ". Thus, although there was a consideration of the need for the medication, if it went beyond the limits - as it seemed to be customary - the activity of the workshop, which required volition and movement, would simply be impossible.

This type of discernment was not exclusive to the health agents who organize the project, but also manifested on the part of an audience external to HL who came to regularly attend their activities during the same period of the research. In particular, I became close to a young medical student at UFRJ and a therapist who has a background in journalism and art therapy and has worked for years with private consultations, focused on family constellation and energy alignment. Since I met them, because of our common interest in the project, they have expressed a critical stance in relation to what they considered hegemonic medicine. I find the notes of one of our first conversations together, after one of the theater rehearsals. We were sorry about the fact that that work always remains within the scope of the counterculture. My friend, a medical student, claimed that he could not compare the scale of that project's scope with pharmacology, which he was obliged to study in college. Medicine seemed inhumane to him, and in the university hospital, he was driven to a patient's anamnesis every hour, extracting all his tragedies and then going on to the next. He was not the only one to think so. My friend who worked with alternative therapies complemented it, saying that medicine became more and more specialized. She explained to me how there was a primacy of the parts: there will be a hand doctor, and the focus will be on sickness, not health. All other aspects of the totality of people are disregarded, including the whole of humanity. None of them believed that the drugs should be applied under any circumstances. What was, on the contrary, was the perception that these substances were entangled in spurious or inhumane practices.

At the end of the workshop, a young artist who participated in one of the resident artistic collectives showed me a video that he had recorded with his cell phone inside the hospital. Its title was *Smoked Unconscious*, and it showed a customer complaining to another, who did not want to give him a cigarette. In fact, for all of us who frequented the hospice, it was noteworthy how much smoking was a deliberate practice between interns and external. I asked him: wouldn't it be the cigarette a kind of drug? A cultural health agent, who participated in the whole, pondered: "they don't have to make the whole money, because they smoke cigarettes". The artist replied critically: "it is very bad that we keep giving cigarettes to them. They stay around, picking up stubs, like zombies ... ". I remained with an intermediate opinion: giving is bad, not giving is worse ... what if the client goes into an outbreak? That was when the agent concluded emphatically, enabling both cigarettes and medicines: "It's because you never saw anyone go into an outbreak. Antonia doesn't go into an outbreak, she gets angry. The person who goes into an outbreak can kill himself, or even kill a person. At these times, you must have medication. Sometimes there is no other way".

Some actors who use the mental health network, especially the most vociferating, in

different ways demonstrated discernment regarding biomedical therapeutic procedures. I remember here two cases in particular, for having had a more continuous and intense contact with them, but also, and above all, for the tension between their points of view. Antonia was around 40 years old, lived in a boarding school and was a frequent visitor to the hospital's workshops. Orphaned by father and mother, she had her own home in the West Zone and was known for her entrepreneurship as a seller of pies. For a normative look, it could be said that, for a madwoman, she seemed quite lucid. Once, even, a patient told me that "Antonia is different from the others, she is outgoing and independent". This does not mean, however, that she was always friendly. In contrast, it was common to see her in friction, either with health workers or with other actors. Among the many traits of his striking character, the fact of his denial of the use of medicines stood out. Emphatically, she said to me: "I don't take any medicine! Take medicine for what? To be retarded? I do not".

His perspective contrasted with that of Adriano. The friendly actor, who was also a poet, anti-asylum activist and resident of Lapa, participated in the same activities as Antonia. He, a little older, was genuinely interested in my work. "Do you study anthropology? How interesting, this research! I lived in the 80s, but it was very heavy for me ", he explained to me in our first contact. I soon discovered that Adriano was not an exclusive visitor to Hotelda Loucura's workshops. He, for his own sake, also regularly followed up with a psychiatrist, where he regularly treated himself with medication. Once, during an outbreak of Antonia, Adriano explained to me: "She is like that because she doesn't take any medicine. I take my medicine correctly, do analysis. She does not. The coordinator is not against the medicine".

In fact, Antonia's radical refusal was not approved by any member of the collective, including its coordinator. The doctor, both in the workshops and in different interviews, was frequently charged for his position regarding the use of psychiatric drugs. His answer was always emphatic: the drug must be used in controlled doses, constituting more of a response to emergency cases than the substantial treatment of mental illness. "The cure for madness is the theater", he always said. But theater and medicine ended up, in practice, coexisting.

## THE BIOPOLITICS OF PHÁRMAKON IN AN ETHNOGRAPHIC PERSPECTIVE

From the perspective of this work, it is possible to understand how the rise of psychopharmacology as a therapeutic device in contemporary psychiatry is part of a new biopolitics in which a series of socio-technical artifacts - prostheses, vaccines, anabolics, implants, transplants, grafts, organs “Artificial” - progressively start to constitute and be constituted through individual organisms and populations on a scale never seen before, with the most evident standard being the promise of constant improvement and reconfiguration of the human species. In this configuration, biomedicine starts to include in its scope of intervention a series of “problems” and “deviations” previously disregarded by its aegis (Conrad, 1992)<sup>5</sup>. The biomolecular perspective is extended to both classic clinical medicine procedures and the so-called “alternative” therapeutic modalities, which often need to seek support for their legitimacy in terms of functional properties and genetic codifications (Clarke et al, 2010; Rose, 2013). It is in this configuration that the phármakon transits, extending its networks of laboratories and distributors to psychiatric hospitals in the suburb of Rio de Janeiro, even those committed to the criticism of biomedicine.

Pharmaceutical productions are the subject of discussion of anthropological and philosophical reflection on biopolitics in the second post-war period. Authors such as Lara (2018) and Ignacio and Nardi (2007) suggest that, although Foucault did not experience the peak of psychotropic drugs, nor was he a witness or analyst of the great changes in the criteria for classifying mental illnesses since the 1980s. The proposal still allows us to critically consider these processes. His “great ending” and the medicalization that started in the 18th century, present in his first works (Foucault, 1997, 2004), gains new outlines to understand the emergence of psychopharmacology precisely from the later notion of biopolitics (Foucault, 1989, 2009), in which it configures a type of government that is as tolerable for individual bodies as for populations, articulating state and biomedical technologies.

Nikolas Rose and Paul Rabinow (2006) propose a definition of biopower that is composed of the articulation of a heterogeneous body of social actors, such as non-governmental organizations, activists, researchers, groups of doctors and patients, in constant negotiation for undertakings that have life as its telos, including new modes of individualization and conceptions of autonomy with their rights associated with health, life, freedom and possession of a form of happiness that, according to the authors, is increasingly understood in terms of body and vital.

In this one we see a rupture with the policies of eugenics, pointing to contemporary biopolitics as a field of action, or at least an indeterminate field, which hierarchies can be constantly negotiated and even reversed. Given this, it is possible to

5] As Peter Conrad (1992) described, anthropological interest in the phenomenon of medicalization arises in the 1970s, often from a criticism of inappropriate medical terms for “problems” and “deviations” previously disregarded as such. Among these different productions, in addition to the author himself, it is worth mentioning those by Michel Foucault, Georges Lantéri- Laura and Irving Zola, among others. Subsequently, the work developed in this area oscillated between the fierce denunciation of medical imperialism and milder approaches, which describe situations in which the demand for medicalization comes from the patients themselves, thus characterizing a procedural and not imperative phenomenon. More recently, Clarke et al. (2010), for example, suggest the term “biomedical composite” to address not only the configuration of medicalizable problems, but also under their understanding and intervention from the biomolecular perspective

see how much in a reorganization of medical power, it is articulated between biomedical research, the pharmaceutical industry and public health policies, configuring a new biopolitical order.

In another way, in a small and provocative essay, the philosopher Gilles Deleuze (2008) goes on to suggest that, in the same period, disciplinary societies have gradually become control societies. This new configuration would be concomitant to a generalized crisis of the confinement institutions, which would give way to forms of control in the open air. Pharmaceutical productions, together with nuclear formations, genetic manipulations and other technological innovations, would be just some of the devices committed to this process, revealed more widely in the rise of financial capitalism and embodied in the crises and reforms of companies, schools, hospitals and prisons.. A new regime of domination would have emerged from this phenomenon, moving from interns to controls, from molds to modulations, making the surveillance of bodies to be oriented at an increasingly molecular level.

Tensioning the perspectives of agency and domination, Donna Haraway (2002) describes, with respect to the same period, the configuration of a new regime in which life, capitalism and technology intermingle more and more deeply, thinking about the possibilities of resistance. Unlike Deleuze, the author focuses her attention on the dimension of biopower, more than that of the discipline, although, like that, it points to its insufficiency in the face of these recent transformations. The author suggests that biopolitics, as described by Foucault, is nothing more than a premonition for a much more open field, embodied in a cyborg policy, whose fundamental characteristic would be the possibility of mobilization and struggle in conjunction with computer artifacts and knowledge of cutting edge research. In other words, she proposes that, more than mourning the loss of a lost unit, it is necessary to assume the condition of cyborgs, that is, of the body as a simultaneously natural and artificial device, a hybrid of human and machine, which could even give rise to the insurgency of minority groups. In the image of the power prevalent in the Deleuzian arguments, the possibilities of resistance are contrasted here, which could include psychopharmaceuticals themselves.

Paul Preciado— who signed the *Testo Yonqui* book under the name Beatriz Preciado (2008) - amalgamates these reflections in what he defines as a pharmacopornographic regime. According to the author then, especially after the 1970s, a third type of capitalism would have arisen, subsequently to slavery and industry. It is a new government of the living at a global level, characterized mainly by the political and technical management of the body. In this era, knowledge such as psychology, sexology and endocrinology started to acquire material authority. Old concepts such as those of psyche, libido and conscience, femininity, masculinity, homo and heterosexuality start to gain tangible consistencies in marketable molecules

and human biotypes, as exchange goods for pharmaceutical multinationals. This technoscience, in conjunction with the market, would be responsible for transforming depression into Prozac, masculinity into testosterone, erection into Viagra, and so on, gaining the function not only of describing, but of creating reality, through true edible panoptics. In order to create loopholes in this logic, at the same time as without completely detaching herself, the author describes her own body self-poisoning based on synthetic testosterone, tensioning her gender identity to a border area.

In view of the review by these authors, it is clear that if there is common ground, it concerns the perception of a transformation of power regimes from the second half of the twentieth century, in which there is an ever greater overlap between organism and machine, power and technology, bodies, knowledge and interventions, tensioning the status of a nature radically separate from politics. Pharmacological productions appear in this configuration as one of their possible conducting wires, constituting both the condition of effect and instrument. Nevertheless, the complexity of thinking about this political policy unfairly in an apparent “ambiguity” that makes it able to designate both mechanisms of domination, surveillance and pressure as well as margins of resistance and resistance. In this way, medicines are also included in this hesitation zone.

Now, in the ethnography presented here, it seems that this ambiguity between domination and action is the characteristic of the controversies that mark the use and effectiveness of psychopharmacology. The homology between these controversies occurs precisely because this is one of the many devices of contemporary biopolitics, destined to the production of beings that are no longer defined by their exclusive nature or artificiality. What are psychotropic drugs, those substances that have been increasingly integrated into bodies and populations since the middle of the last century? Are these tools intended for invisible behavior control, species of edible panoptics? Or elements of a cyborg policy, which can be mobilized to resist subaltern groups and to shape a new type of human? Or even resources capable of articulating patient associations and new ways of experiencing happiness? Wouldn't it be easier to answer these questions if we shifted the question of what are psychotropic drugs to question how they intermingle in different networks of relationships?

The journey through the plots of the magic potion of this ethnography leads to some observations. Both in MII and HL, both from the perspective of their professional and their patients, the recognition of the indispensability of drugs (such as regular or emergency treatment) coexists with a concern regarding the dangers of their overdose, or their exclusive, violent and abusive resource. This coexistence, however, is not at all impassive, and can tend to varying degrees to the critical position or resignation, according to multiple situations.

This position is close to Nise da Silveira's own - which also allowed the application of minimal drugs, even though she maintained a critical illness that she called chemotherapy (Silveira, 1992) - and she continues to be present, albeit in a broader way, in other subjects involved in the therapeutic practices of this psychiatric group, as observed in such a psychiatric group. of the MII.

In all the cases mentioned here, it was demonstrated how, at certain moments, and from different actors, medicines appear willing to dope the bodies of their users, dulling their creativity, making them empty, demoralized, longing for a body that you can't go back. Here, it is the idea of the chemical straitjacket that emerges. In the other moment, which seems to be confused at all times, these "same objects" offer the defense, the necessary basis, the most prudent method, the promotion of well-being, the clutch that works, the God that protects, the only output.

It is not a paradox - or a term used several times in quotation marks here, an "ambiguity" - if the idea is shifted that these positions constitute different representations about the medicine, that is, different points of view on the same object invariable. Rather, what seems clear is that these "same objects" are not, after all, the same. The conjecture of stability of these elements - it is sustained - comes mainly from what Bruno Latour (1994) warns about the modern project of "purification" of things. Although this program has never been fully implemented - on the contrary, making "hybrids" proliferate, in the author's words - its hegemony tends to redistribute things between antagonistic, natural or cultural poles, obliterating its belonging and its own capacity to manufacture the product. through heterogeneous associations.

The encounter between body and psychotropic drug is only manufactured in assemblages that arouse concerns and give rise to multiple reactions. Therefore, what emerged in this ethnography were the controversies regarding the variations that these agencies can acquire in the relationship between therapists, patients and their multiple objects of mediation - in this case, psychiatric drugs. As Alerta Vargas (2006, 2008), any technical object (weapon, tool, drug, medicine or food) remains undetermined until it is reported to the agency that constitutes it as such.

Thus, it is true that the use of controlled-use psychotropics has as specificity the prevalence of medical indication, from a competent authority, as an alleged reason for its use. Its diffusion occurs through a philitarian, vertical and hierarchical system, differently from the use of "drugs", which propagate in an epidemic system. Nevertheless, the difference between medicines and "drugs" is similar to that between weapons (destined for destruction) and tools (destined to produce goods). As suggested by Deleuze & Guattari (1997), there is always a general convertibility between the two groups, making it difficult the establishment of an intrinsic

difference, that is, logical or conceptual. These elements exchange their determinations: “just as it is not the tool that defines work, but the reverse, it is not the drug that defines crime, nor is it the medicine that defines medicine: the drug supposes crime, like the medicine supposes medicine, and the tool supposes work ” (Vargas, 2006: 597).

This perspective meets the proposal proposed by Pignarre (1999), for whom the cure phenomenon takes place through networks that affect patients. These networks, if certainly chemical, acting in a possible way on biological functioning, are not exclusively. As the author says, drawing attention to the inseparability between medicines and human mediations, one can modify a biological activity regime, but one can never intend to stabilize it infinitely. It is also close to what Madeleine Akrich (1995, 1996) says, for whom the therapeutic action of the drug does not consist exclusively of a pharmacochemical effect, but of the configuration of a therapeutic network, whose composition includes professionals, patients and objects who perform their mediations (or, in terms of the socio-technical approach, human and non-human actors) 6. In this sense, therapeutic efficacy is understood more as a coordinated action than the medication itself, and it can acquire different degrees of harmony. To the extent that its reality is not previously given, the drug ceases to be a product in itself, to become the vector of relationships.

#### FINAL CONSIDERATIONS

This article sought to demonstrate the extent to which, in the coexistence of different therapeutic practices in a psychiatric hospital, what is at stake is not so much the perse medicine, but the agencements, as they are around these, variable and contingent, that conform concerns and morals. For it turns out that such arrangements, such as any game of connections, lines moving in several directions, can also short-circuit, converting your sympathy into dislike.

If the psychiatric medication appears in this ethnographic field as a potential that is not given a priori, and that can be beneficial for its users, its therapeutic performance can also be associated with the specific course of agonisms established in the configuration of a biomedicine that remains hegemonic, precisely for its institutionalization within the State (in the form of its distribution in public health units and its prescription by state agents in the biomedical profession) and its intrinsic relationship with the market (through the pharmaceutical industry).

This occurs even more clearly taking into account the inscription of the voltage, in

treatment of a precarious population, internal or external to the psychiatric institution. The extent of the medical violation remains an explicit or latent possibility for the parties involved. There is a shadow of treatment, which remains the possibility of qualifying it as "invasive", although, at the same time, "indispensable" and even "beneficial". It is concluded, therefore, that the coexistence of the therapeutic practices in mental health discussed here is not necessarily peaceful, at least in the analyzed ethnographic context, and that they cause a series of concerns about what is an appropriate or desirable treatment. This observation contributes to understanding the extent to which these substances are included, albeit in a tense way, in the investigated therapy. And it is because of this tension that, at the same time that John resists the pill, Jonah blesses it.

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