THE SILENCE THAT WORDS HOLD

LULA WANDERLEY

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Art, in the contemporary world, seems to have lost its precise limits, approaching creativity itself in the search for a poetics/politics for life. An invitation from Nise da Silveira (the psychiatrist who created the Museum of Images of the Unconscious) made me extend the limits of art to psychiatry, creating continuity between ethics and aesthetics. With that, I approached Lygia Clark and her research on art/body/psyche, looking for a new approach to suffering. The creativity at the beginning of the Brazilian Psychiatric Reform movement (a social movement aiming at cultural changes in the relationship with the mad [*os loucos*]) welcomed my proposals, and I was able, by bringing the experience of those who suffer to that of the artist and therapists, to create a poetic and experimental psychiatry that would lead me to a passionate political and cultural activism.

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When I met Rosa, she had been admitted to the ward of a university hospital and was waiting for a sequence of twelve prescribed electroshocks. The resident doctor who attended to me was bent over the patient and took the opportunity to give me a class on the benefits of electroshock, all the while watching curiously, from the "corner of the eye," for my facial expression; he wanted to know how horrified I was. I paid little attention, absorbed as I was in the memory of my meeting with Júlio, another client, in his dusty house: Why should we allow

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ourselves to trust so much in the effectiveness of a relationship with a machine?[1] At the time, impassive, I did not comment on the proposed treatment—after all, I was just passing through. I reinforced, however, the idea of parallel and simultaneous work by a physiotherapist: it would bring a human touch to the treatment. I was just there to meet her because I had news: when she left the hospital, she would live in a house, assisted by Espaço Aberto ao Tempo (Space Open to Time; EAT).[2]

Rosa was born in Recife. She was forced to migrate, at the age of two, to the poor communities of Rio de Janeiro due to her mother's internment in a psychiatric hospital. Raised by her father and stepmother, she married young and, after the birth of her second daughter at the age of twenty-six, had a severe psychotic crisis that was revealed when she tried to throw the newborn out the window. Prevented by the nurse, she was admitted to the old Hospital Psiquiátrico Pedro II, today the Instituto Municipal Nise da Silveira. After a long hospital stay, she remade her life with a new husband, now with the support of constant outpatient treatment. A new separation, coinciding with the collapse of her home due to the rains, led to another crisis, and her symptoms worsened over time. With successive losses that led to successive emotional collapses, Rosa moved further and further away from everyday family realities and approached the beds of psychiatric hospitals—places that the illness imposed on her. She was always motionless, lying in bed, or displayed unpredictable dissociated behaviors, such as storing feces in the refrigerator.

When I met her, she seemed absent: always lying down, she had the immobility of someone who cannot express an affective contact through the body with the surrounding world. Rosa was described, at the time, as a "psychiatric patient with severe catatonic symptoms." She had been transferred to a university hospital after the disqualification/

1 Translator's note: The Justice department ordered Wanderley to visit Júlio because he had not left his house for years, allowing only his mother to deliver his food. For more on Júlio, see Lula Wanderley, *No silêncio que as palavras guardam: O sofrimento psíquico, o Objeto Relacional de Lygia Clark e as paixões do corpo*, ed. Kaira M. Cabañas (São Paulo: n-1 edições, 2021), 60.

2 Translator's note: Espaço Aberto ao Tempo is a transdisciplinary space that Wanderley created in 1988 as part of his search for new ways of caring for individuals who experience psychic suffering. EAT is located on the grounds of the Instituto Municipal Nise da Silveira (formerly the Centro Psiquiátrico Nacional Pedro II) in the neighborhood of Engenho de Dentro in Rio de Janeiro, Brazil.

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bankruptcy of an affiliated psychiatric clinic (a clinic that, although a private initiative, maintained an agreement with the state), where she was taken without the prospect of being discharged.

Eight months after that brief visit, I met Rosa again. She had been brought to EAT to expand our contact and responsibility for her treatment. In a wheelchair, Rosa had a contracted body (even her hands were closed): Rosa definitely did not walk anymore. She compensated for the loss of mobility with a “sharp/penetrating gaze,” whose wandering seemed to delineate permanently strange spaces. She also had, in rare but anticipated moments, impulses to address the other in spasmodic and sudden verbal communication. In such moments she expressed aggression or sought to draw nearer to the world through food or surprised us with her shameless and inappropriate way of expressing her sexuality. A primary/undifferentiated/amorphous sexuality, much more a reflection of the shattering of the body than the search for multiple directions for pleasure. Rosa started to be closely monitored by a resident nurse, whose mission was to create strategies to expand her world little by little. One of those strategies was to bring her to EAT to see me. It was up to me to create languages that Rosa could use for affective communication/approaching the world—thus, my role was merely that of a participant in the broader work developed by Nurse Reyna.

Rosa came irregularly once a week. I would always pick her up at the entrance to EAT and bring her to my office. There, facing Rosa, I tried everything to get her to talk to me (anxiety about speech is human nature), but I didn’t even know how or how much she listened to me: Rosa was all gaze.

I followed that undulating look, which could go from a detail on my shirt to the window at the back of the room and which probably sought to order a space convulsed by the daily experiences of fragmentation. Creating a choreography of looks, I signaled to Rosa my affective willingness to care for her.

Then I began, while following her gaze, to touch her, sneakily and delicately, with objects constructed from the language of *Nostalgia do corpo* (*Nostalgia of the Body*, 1966) developed by Lygia Clark: small water bags filled with thin/light shells, a plastic bag containing thin seeds, bags full of air . . . Rosa did not refuse the touch/involvement of the body and received it with the same sharp/penetrating gaze. Given Rosa’s fear of being touched—she was someone with minimal experience of the body—I was careful in how I engaged her body with the

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Objeto relacional (*Relational object*), which summons into existence a corporeal presence. The touch did not take away the intensity that came from her eyes, which gave me the impression that our gazes were immersed in all the other senses.

Surprisingly, this ritual, with its almost playful lightness, was broken by a new movement by Rosa, who began to offend me in an abrupt, naive way. Every time I touched her, she said I "was ugly," that I "had horrible hair," "a clown nose," "a 'gay' walk." The offenses were disconcerting, but they gave me certainty that I was already present in the space organized by the gaze. What Rosa felt in the subtle touch of the *Objetos* that surrounded her body is a secret that her gaze did not reveal, but certainly it allowed the creation of a space of silent/invisible exchange between us: exchanges between the vision of oneself and the view of the outside world.

Suddenly, Rosa surprised us even more with a new movement: at the end of each meeting, she began to need to recount her life. To dive into her history, she chose as her interlocutors anonymous people with defined roles: doormen, drivers, janitors. Rosa had an integral vision of the EAT: her desire, and not the functional organization of the service, was what determined the proximity and distance of people.

When this impulse first occurred, I was astonished by the fluidity of her speech. On leaving our room, I left Rosa to wait with the doorman until the driver came to pick her up. Suddenly, Rosa started to ask about his personal life: if he was married, if he was studying, where he lived. . . . Then she started telling her own story of being a candy seller at Central do Brasil (Central Station). She narrated even the minutiae: what kinds of sweets she sold and how she prepared them, the route she took to go to Central. . . . Three more times, Rosa completed this ritual exchange of stories with her interlocutors. Rosa became immersed in space and, simultaneously, plunged into the temporal flow of her story. Space opened up to time and expanded her universe of exchanges with the world as other [*com o mundo outro*]. Before Rosa came to live in a residence managed by EAT, which would have allowed her to continue her work, pneumonia brought short her life. I know that repeated psychotic crises of a catatonic nature do not lead to definitive paralysis of the lower limbs. Probably the series of electroshocks, which in the years of Rosa's hospitalizations were the standard treatment for her crises, caused or aggravated previously unidentified injuries that left her in a wheelchair and produced weaknesses that led to her death.

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This history of Rosa counterposes two bodily approaches: electroshock and the reconstruction of the body through the touch objects of a particular sensoriality. In this confrontation, I refuse value judgments as if they were opposing elements, although they imply underlying, contrary ideologies. While writing this text, I remembered the work we did with a woman with severe delusional anorexia. I participated, using the touch of *Objetos relacionais*, in parallel and simultaneous to three other clinical treatments—including a series of electroshocks—without conflict. The therapeutic practices were mere instruments within a larger life-saving project. What I question in the history of Rosa is the moment and the way in which the electroshock was proposed. Why was such an incisive, reductionist, and dangerous approach the first choice, with claims to be the exclusive one? This technicist reductionism, always in vogue in authoritarian moments of the country's social life, brings with it another reductionism: the search by the forces of medical hegemony for practical methods of control over the clinic, understood as the ethics of the encounter—singular and plural, as the exercise of freedom should be. I do not believe an enduring way out of psychological suffering can be found when the proposal is, a priori, the efficiency of the [treatment's] relationship with a machine.

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