

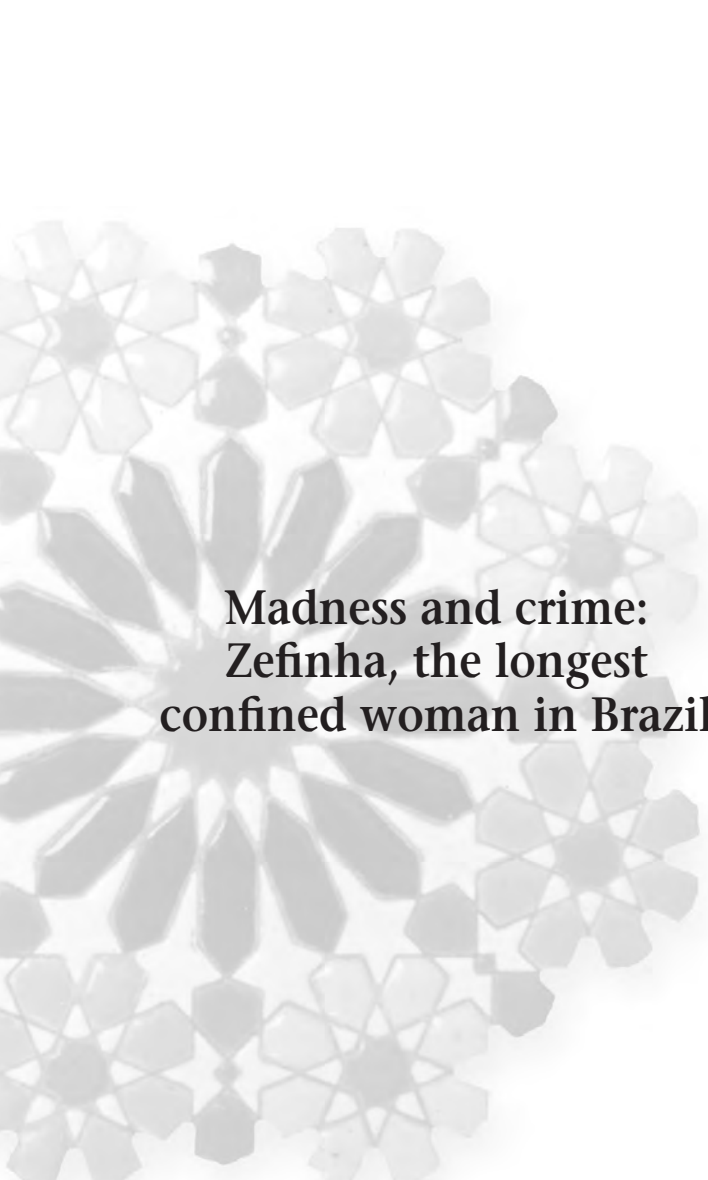
Revista História, Ciências, Saúde-Manguinhos



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DINIZ, Debora; BRITO, Luciana. Madness and crime: Zefinha, the longest confined woman in Brazil. **Revista Histórias, Ciências, Saúde-Manguinhos**, Rio de Janeiro, v. 23, n. 1, p. 113-130, mar. 2016. Available from: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-59702016000100113&lng=pt&nrm=iso>. Access on: 23 oct. 2017. doi: <http://dx.doi.org/10.1590/S0104-59702016000100008>.



Madness and crime: Zefinha, the longest confined woman in Brazil

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Received for publication in October 2014.

Approved for publication in May 2015.

Translated by Ana Terra and Debora Diniz.

<http://dx.doi.org/10.1590/S0104-59702016000100008>

DINIZ, Debora; BRITO, Luciana. Madness and crime: Zefinha, the longest confined woman in Brazil. *História, Ciências, Saúde – Manguinhos*, Rio de Janeiro, v.23, n.1, jan.-mar. 2016. Available at: <http://www.scielo.br/hcsm>.

Abstract

Living in a forensic hospital for the last 38 years, Josefa da Silva is the longest female inhabitant surviving the penal and psychiatric regime in Brazil. This paper analyses dossier, judicial proceedings, interviews and photographs about her. The psychiatric report is the key component of the medical and penal doubling of criminal insanity. Twelve psychiatric reports illustrate three time frames of the court files: abnormality, danger, and abandonment. The psychiatric authority over confinement has moved from discipline to security, and from disciplinary security to social assistance. In the arrangement between the penal and psychiatric powers, the judge recognizes the medical authority over the truth of insanity. It is the medicine of the reasons for Zefinha's internment that altered over the decades.

Keywords: crime; insanity; forensic hospital; anthropology of mental illness.

There are 23 forensic hospitals and three psychiatric wards in prisons in Brazil. Almost four thousand individuals inhabit these places, according to a national census taken in 2011 (Diniz, 2013). A large movement of political criticism, known as psychiatric reform, changed the mental health care practices in the country in the 1990's (Delgado, 2011). The forensic hospitals resisted the alternative models for mental health care and experienced their largest growth in 90 years from 2000 to 2010, when 1/4 of them were built.¹ The current model dates back to the late nineteenth century – hybrid institutions, subordinated to the police government of crime, but administered by officials with medical knowledge. In the mid-nineteenth century, psychiatry was consolidated as a field of social medicine in Brazil; it was in that context that mental institutions were conceived as spaces for psychiatric therapy in order to respond to a demand for controlling urban disorder and the deviant population (Machado et al., 1978). Forensic hospitals can be understood as the institutional extension of this model, with abnormality and danger as key categories.

Josefa da Silva, known as Zefinha, lives in one of these hospitals. Zefinha is not a pseudonym, but the acknowledgement that both her existence and the file are true: a testimony of abandonment (Diniz, 2015). Born on a small farm in the hinterland of Alagoas state, Zefinha is the longest female inhabitant surviving the penal and psychiatric regime in Brazil: she has been living in confinement for the last 38 years, two of them in prison and the other 36 in the forensic hospital. She suffers from schizophrenia. “I jabbed a woman, but it was just a little poke,” she explained what the penal register classified at times as attempted homicide, at times as bodily harm. “Schizophrenia” does not appear in the brief quotes attributed to Zefinha in the documents of her file. She does not describe herself as insane, but as someone “sick in the head” after the wrongdoing.² According to the forensic hospital, she is 56 years old; according to the first document in the file, she is 62. Zefinha is not a prisoner, but a patient; she was not convicted, but rather received a compulsory treatment order. She does not know when the judicial order that keeps her life in confinement will end.

As in Franz Kafka's story (2007), before the law that confines Zefinha sits a gatekeeper. The gatekeeper is not a concrete character from the judicial or biomedical powers, but a new economy of power that actualizes the psychiatric and penal Ubu, broadening its horizon of meanings (Foucault, 2010a). The Ubu-esque power is supported by discourses of truth with scientific status, and forensic psychiatry is one such discourse: grotesque and moved by the power to which it is directed, but oblivious of the knowledge that characterizes its specialists (Foucault, 2010a). In Zefinha's *corpus*, we will explore three metamorphoses of the psychiatric reports in which the economy of security gave insanity new meanings: upon arrival, “abnormality” (seven years of confinement); during long permanence, “danger” (21 years of confinement); in the remaining time, “abandonment” (eight years of confinement). The psychiatric authority over confinement has moved from discipline to security, and from disciplinary security to asylum and social assistance.³

Research corpus

We conducted an archival research on a single case. Zefinha can be no one but herself – the longest female inhabitant of a forensic hospital in Brazil. Writing about her has led us

to support the argument that “naming is protecting” (Diniz, 2015).⁴ Anonymizing Zefinha or covering up geographic and historical information that disclosed her localization could amplify the already high precarization regime imposed on her life. We first met Zefinha in 2010, while visiting the 26 penal and psychiatric units that house mentally ill offenders in Brazil. We collected the dossier of the longest inhabitant in each hospital. Zefinha lives at Judiciary Psychiatric Center Pedro Marinho (Centro Psiquiátrico Judiciário Pedro Marinho), in Alagoas, and is the only woman in the group of the longest inhabitants in the country. The longest male inhabitant has been confined for 46 years in a forensic hospital in the Northeast of Brazil. The dossier is not a medical record, but a piece midway between the police, judicial and biomedical powers. The documents are not confidential, and the gatekeeper of the dossier is the director of the hospital.

The research and the visit to Zefinha were authorized by the director of the hospital and by the district judge. The director revised the questionnaire and signed the informed consent. We had access to the dossier in 2014, by the time we talked to Zefinha, interviewed the director and took some photographs. Zefinha agreed to talk to us and allowed us to take pictures of the meeting. Before our visit, a national TV program had exhibited Zefinha. Unconstrained by ethical concerns about access to information, the program described her as “the longest and most aloof patient” (Barcellos, 20 ago. 2013). We met a woman that seemed older than her age, wearing blue clothes in a hospital where inmates are dressed in red (Figure 1).⁵ Zefinha sleeps in an individual cell, with bars on the window and a door locked from the outside



Figure 1: Clothes on the line, 2014 (Photo: Debora Diniz)



Figure 2: Security bar, 2014 (Photo: Debora Diniz)

(Figure 2). Beside the dossier, the conversation with Zefinha and the interview with the director, we made a copy of the criminal proceedings. This collection of documents – a dossier of the forensic hospital, judicial proceedings, interviews and photographs – compose Zefinha’s research *corpus*. We uncovered the names of the psychiatric experts and judges who decided her permanent stay in the hospital, even though that information is public. The research was reviewed by a research ethics committee.

Zefinha’s story is presented based on traces of her life, for only fragments of reality have been registered (Farge, 2009). The archive contains such traces; it is an inscription space where papers accumulate, it is the space of memory, says Jacques Derrida (2001). The *arkonte*, or power regime, determines the commencement and commandment of the printed

memory. The first page of Zefinha’s *corpus* is prophetic – “End of the treatment order,” asks the form; “never,” replies the handwritten answer. The conservative character of the file perpetuates that first inscription, made in 1978, but justifications for confinement are metamorphosed along the decades of updates in the archive.

The document excerpts that register the voice in the first person resemble the infamous characters described by Michel Foucault (2012b): news that challenges the frameworks of power that control them. Zefinha speaks in a scene of psychiatric evaluation, and her voice is interpreted by the psychiatrist. But she knows she does not speak only to those who inquire her during the medical examination – in Zefinha’s terms, “Doctor Judgment” is the one who orders that she be questioned. The report of the exam discloses Zefinha’s insanity to the Judiciary, but also points out her resistance to hospital discipline.

The reports are the central piece of our analysis. In general terms, they are divided into four parts. The first one, called Identification, registers name, age, date of birth, parents’ names, occupation, place of birth, civil state, educational level, religion, and address. In the second part, Criminal History, there is a direct interlocution with Zefinha’s wrongdoing.⁶ In the third part, Mental Assessment (also described as History of Current Disease), the expert describes Zefinha’s mental and physical condition. The fourth part is the Conclusion, which, together with the Introduction, registers the metamorphoses in the description of insanity, in the expert’s writing, and in the surveillance imposed to Zefinha.

Arbiters

Zefinha is kept confined due to a judicial decision known as compulsory treatment order. The judge is in charge of such order, but the sentence is based on psychiatric reports, which are revised periodically to assess the danger posed by the individual with mental illness. During the 36 years living in the forensic hospital, Zefinha underwent 12 psychiatric reports and

two social reports. The psychiatric report is a key element in the medical and penal doubling of criminal insanity; the judge recognizes the singular status of psychiatry to set the truth about insanity. Formally, the psychiatrist accepts the duty to assess the insanity, and the judge accepts the duty to decide freedom. The geography and the calendar of the reports are respected: the forensic hospital is the space where insanity is pointed out, and the rhythm is set by the criminal proceedings.

Psychiatric reports are “privileged judicial statements that include statutory presumptions of truth”, said Foucault (2010a, p.11). The effects of the psychiatric report double the crime committed in a condition of insanity, making the expert’s writing more than just the description of a mental state – it is a testimony of the secrets of mental illness. Even though Zefinha committed bodily harm, it was neither the seriousness of the crime nor her mental condition what led to her permanent confinement, but the secrets of danger uncovered by the psychiatric report.⁷ According to Foucault (2010a), the result is the emergence of the doubled figure of the physician-judge.

The judges of Zefinha’s case did not question the 12 psychiatric reports, but our hypothesis is not the conversion of the psychiatrist into a judge. New power configurations have organized the field of crime and insanity. Expert psychiatrist and judge are both arbiters – the first judges the mental illness; the second judges the proceedings. The psychiatrist has become the arbiter of insanity in the hospital, the one who identifies the mentally ill individuals among the outlaws, actualizes the mental illness through expert writing, and watches the inhabitants of the forensic hospital. The judge has become an arbiter in the criminal proceedings, and his concern is to work in accordance with the rules, particularly those of the report’s calendars. Psychiatrist and judge are neither caregivers nor vigilantes; they are both watchful against danger.

Foucault (2006, p. 322) also describes the psychiatrist as an arbiter “on the question of the reality or non-reality of the madness,” particularly after the crisis of reality imposed by hysteria. This judgment about which crime is committed by a sane or insane individual is kept in the current configuration of the psychiatric and penal power, for it is the responsibility of the expert to realize criminal insanity. However, the expert is the arbiter of both insanity and disciplinary security; he is the one that classifies and protects, though recognizing the judge as his partner in the mission to watch the dangerous subjects. His role is not only to watch the insane, but also to provide social defense, hence his double focus of attention: on the insane individual and on what is described in the reports as “social life.”

The anamnesis conducted by the expert arbiter follows a predetermined set of questions. The judge arbiter anticipates his objects of interest on the uncovered insanity, for he disregards the secrets of the illness – he does not need to know everything; he needs to know enough to guarantee the accuracy of the penal ritual. Therefore, more than describing signs and symptoms, the report predicts risks: it assesses the dangerousness of insanity. According to the reports, Zefinha is insane and dangerous, and her disorder poses many risks once outside the hospital walls. If the testimony of insanity is the responsibility of the psychiatric arbiter, the authorship of the sentence is the responsibility of the judge arbiter. The theme of the expert writing is not the hospital treatment of Zefinha, but the correction of insanity for the life after reclusion.

The liturgy of truth about criminal insanity has changed over the decades in which Zefinha remained confined, but the psychiatrist is not the only celebrant of the liturgical ceremony. Psychiatrist and judge are equally watchful against danger, but the arbitrating domains have changed – insanity and crime, condition and gesture. A new economy of power has reorganized both the disciplinary apparatus of insanity and the criminal proceedings: expert and judge work jointly to guarantee that the security order is actualized by former and current control tactics, such as medication, electroshock, or hospitalization. Both are arbiters of the technologies of life that guarantee security. In the reports about Zefinha, the reasons for hospitalization were lengthened – the altered psychomotricity upon arrival became dangerous insanity hindering social life. Almost four decades of confinement did not change the main function of the report, which is to evaluate not the danger, but the meanings of insanity – such meanings now belong to discipline and security, which is why the arbitrating domains of the psychiatrist and the judge do not overlap; both agree in the surveillance of danger.

Arrival: abnormal Zefinha

Zefinha was a young woman when her ordeal began. At the age of 18, she assaulted a neighbor and, after two years in jail, she was transferred to the forensic hospital.⁸ Upon arrival, her health condition was qualified as “normal” by the psychiatrist:

she replies gently to the invitation to be interviewed. She presents herself with good hygiene, neat hair and nails. She promptly answers the questions. Lucid and coherent. Augmented psychomotricity. Motor restlessness. Normal language and train of thought. Patient is oriented in time and space. Adequate mood. Normal memory, intelligence, and judgment. Good *rapport* (Dossiê..., 1978-2014 [first report, 1978]).

Nothing is said about Zefinha’s dangerousness in an analysis that investigated hygiene, intelligence, movement, and mood. Without danger, the confinement seems to serve to restrain the wrongdoing against the neighbor. Zefinha’s report has a record of criminal offense, but not insanity at this point.

This first report, from 1978, registers few excerpts of confession: “I stabbed her because she wanted to kill me... I regret what I did and could never do it again. After that, I began to have my mind sick.” Hearing the confession and the regret indicates that the confinement was disciplinary, but also that Zefinha was receptive to normalization. There is no history of wrongdoing or insanity in her youth; hence her memories aggregate facts that the legal papers do not take into consideration: “They say that her father put her here, and that she used to be raped by him,” the director of the hospital told us. The director did not work at the forensic hospital at the time Zefinha arrived, more than three decades ago, but repeats that story as a genesis for the abandonment.

The second report was made four years later, in 1982. Zefinha is now a different woman, “because of a *macumba* a woman inflicted on me, so I was never happy anymore.”⁹ She says she remembers the day the *macumba* overtook her body while she was asleep – an intense light reached her face in a dark room. The beginning of the illness is not a consensus between Zefinha and the psychiatry expert that diagnoses her: “She denies the attempted homicide

practiced by her” (Dossiê..., 1978-2014 [second report, 1982]). There is no record of family or friends; there are no testimonies of insanity or sanity outside the hospital. Zefinha is a single and lonely woman who barely attended school – cannot even write her name. When asked about relatives, she says that “beetles” told her they had died because they visited her. The beetles wander through her head and haunt her while she sleeps. Her family never came to visit.

The report has changed into a psychiatry document about a patient who does not want to answer questions anymore. The opening of the Mental Evaluation section asserts that Zefinha refuses to be examined, which makes the psychiatrist describe her as

uncooperative, augmented psychomotricity due to the delusional experience, [patient] mentions visual and auditory hallucinations, has persecutory delusion. Train and content of thought are altered, alterations in reasoning, flight of ideas, perseveration, incoherence, thought blocking, compulsion to think, retrograde memory of some life events compromised, anterograde memory also compromised, attention focused on her hallucinations and delusions, partially oriented about herself, the environment, and the time, inadequate judgment, affective indifference, impulsivity, verbal stereotypy, establishes reasonable *rapport* (Dossiê..., 1978-2014 [second report, 1982]).

Insanity is documented in the report, whose conclusion clearly classifies it: “Patient suffers from mental illness 295.3 (Paranoid schizophrenia), being unable to return to social life” (Dossiê..., 1978-2014 [second report, 1982]).

The third report indicates the end of the first cycle of evaluation of Zefinha’s insanity: she is no longer a normal woman, but a criminal insane with signs of unpredictability. The Mental Evaluation section describes her as

uncooperative. [Patient] presents good hygiene. Augmented psychomotricity. Mentions auditory and visual hallucinations, persecutory delusion. Altered form, train and content of thought. Lucid, incoherent, clingy, constantly requesting her discharge. Memory compromised. Partially oriented in time and space. Affective indifference. Impulsivity. Her behavior is variable and unpredictable, from total indifference to directed aggression (Dossiê..., 1978-2014 [third report, 1983]).

As for the diagnosis, the conclusion repeats the previous report, adding that Zefinha cannot leave, “even if under drug treatment.”

The third report contains traces of what Foucault (2010a) described as a childish discourse. Zefinha is “clingy,” someone who insists in requesting her discharge. The language of the evaluation changes when compared to the first report, behaving as a parody of medicine in a Ubu-esque narrative about fear: “At the heart of a mechanism in which judicial power solemnly clears a space for medical knowledge, it is Ubu who appears and who, while both alarmed and ignorant, now enables this double mechanism to function” (Foucault, 2010a, p.31). The report is a voice that witnesses, more than the abnormality of arrival, Zefinha’s insanity. “Clingy” is both a moral qualifier of the insistence on freedom and a reference to the “directed aggression.” It is an unpredictable insanity, hence potentially dangerous. The psychiatrist not only describes the woman’s body and her moral duplicate, but also antedates the judicial decision for the maintenance of confinement. Seven years have passed, and a new category moves Ubu: the danger of insanity.

Long permanence: dangerous Zefinha

The fourth report is a laconic piece. In 1985, Zefinha has no more than a name and an age (Figure 3). The power of medication is sovereign in the very brief text of the Current Mental Evaluation section: “Even under a considerable dose of neuroleptics (butyrophenone), she has been having acute psychotic episodes” (Dossiê..., 1978-2014 [fourth report, 1985]). There is no record of therapeutic practices offered to Zefinha. The conclusion introduces a category that had been silent in the files thus far: “Patient with paranoid schizophrenia, poses danger and ‘needs to be kept interned’, under use of neuroleptics” (Dossiê..., 1978-2014 [fourth report, 1985], emphasis in the original). At this point, Zefinha crosses a decisive border in her life: from unable to return to social life to dangerous.

Zefinha is insane and dangerous, but why should she be kept confined? Because “she poses danger,” says the report. The use of the verb “pose” to describe what could be a temporary consequence of psychosis definitely brings crime and mental illness together.¹⁰ Different from previous reports, the 1985 report no longer mentions the beetles, the *macumba* or the night light. It is the same psychiatrist from the first report that changes Zefinha’s description: internment has become a necessity. The 1985 report might represent an epistemological and historical division in Zefinha’s life. The Current Medical Evaluation section is brief: it describes Zefinha’s body and mental condition, and antedates the sentence of “Doctor Judgment”.

The Ubu-esque doubling mentioned by Foucault appears in the final words of the sentence that extends Zefinha’s treatment order: “Considering that the patient still poses danger, considering the expert report and the prosecutor’s legal opinion, I extend the patient’s treatment order for two more years” (Dossiê..., 1978-2014 [third sentence, 1985]). It is between being dangerous and posing danger that the psychiatric and penal doubling assumes new nuances in Zefinha’s future of long confinement. The fifth evaluation combines the previous assessments: return to social life and dangerousness have become completely meaningful in the conclusion of the report, “[patient] unable to go back to social life due to her high level of dangerousness” (Dossiê..., 1978-2014 [fifth report, 1985]).

In 1998, twenty years after the internment, Zefinha undergoes a sixth evaluation – the

first one with the judicial status of a report assessing her dangerousness; thus far, the examinations followed the hospital’s calendar. The Identification section of the report begins to be fully completed (Figure 4), and the home address is informed: “Residence: Forensic Hospital (for the last 18 years). Native of: Sítio Gavião – Major Izidoro – Alagoas” (Dossiê..., 1978-2014 [sixth report, 1998]).¹¹ The term “native of” after the place of residence was added to the form as

**EXAME MÉDICO PERICIAL
E PSIQUIÁTRICO**

I — IDENTIFICAÇÃO:

Nome: **JOSEFA MARIANO DA SILVA**

Idade: **32 anos** Nascimento:

Filiação:

e.

Profissão:

Naturalidade: Estado Civil:

Grau de Instrução: Religião:

Residência:

Figure 3: Identification report, 1985 (Centro Psiquiátrico Judiciário Pedro Marinho Suruagy)

a register of the unpredicted long permanence of Zefinha. She now inhabits another place definitively, which the expert hesitated to recognize as “residence.” After so long in the forensic hospital, life and confinement times are not those of chronology anymore, but those of the archive: Zefinha is 40 years old, but the Identification section informs 44, and she has been confined in prison and in the forensic hospital for 22 years, even though the document registers 18.¹²

A new opening section is added to the report: Reason for the Evaluation. The answer clearly reveals a turning point in the historical metamorphosis of the judicial and psychiatric powers: “patient is submitted to a new evaluation, as requested by the district judge of Maceió to assess the termination of dangerousness” (Dossiê..., 1978-2014 [sixth report, 1998]). Zefinha is not undergoing a routine examination, but a response to the judicial request repeated between 1994 and 1997 about her permanence in the forensic hospital (“I request that you inform this court, with the utmost urgency, what justifies the permanence of the defendant, Josefa Mariano da Silva... since 1983”).¹³ The document assumes another authority; it is not a routine piece of writing, but a reply to the arbiter of the criminal proceedings. The original scene of Zefinha’s insanity disappears, and other events attesting to her dangerousness are mentioned: “She tried to kill ward mates twice, hitting them with a chair, and the other time with a stick she took from a window” (Dossiê..., 1978-2014 [sixth report, 1998]). There is no register of punishment inflicted on Zefinha in the archive or in the judicial proceedings, but her resistance to normalization is inscribed in what seems to be the first judicial notification of the psychiatrist.

The Conclusion of the report announces a new metamorphosis of the psychiatric power due to the penal doubling:

the patient suffers from mental illness codified as F.20.0 (paranoid schizophrenia) in ICD and, despite the antipsychotic medication, constantly has psychotic outbreaks. She spends little time under psychiatric control. Her behavior is unpredictable. She is highly dangerous, and we believe she cannot return to social life (Dossiê..., 1978-2014 [sixth report, 1998]).

EXAME MÉDICO PERICIAL
E PSQUIÁTRICO

I — IDENTIFICAÇÃO:

Nome: **JOSEFA MARIANO DA SILVA**

Idade: **44 anos** Nascimento: **1953**

Filiação: **JOÃO BEZERRA DA SILVA**

e. **GRACINDA MARIANO DA SILVA**

Profissão:

Naturalidade: **ALAGOANA** Estado Civil: **SOLTEIRA**

Grau de Instrução: **ANALFABETA** Religião:

Residência: **MANICÔMIO JUDICIÁRIO (HÁ 18 ANOS)**

ORIUNDA: SÍTIO GAVIÃO - MAJOR IZIDORO - AL.

Figure 4: Identification report, 1998 (Centro Psiquiátrico Judiciário Pedro Marinho Suruagy)

Zefinha's profile has changed, for she is now schizophrenic, medicated, in constant outbreak, dangerous, unable to go back to social life, and also an unpredictable woman. The report includes an authoritarian "we" in reply to the judicial notification, and mentioning the outbreaks justifies the confinement based not on psychiatric therapeutics, but on the management of the crisis (Foucault, 2006) or, in the terms of the report, on "psychiatric control." Immediately after the report, the judge extends the treatment order for two more years.

The seventh evaluation recalls the memory of the file. The Mental Evaluation section is long and does a retrospective review of what the expert physicians understand as "therapeutic schemes" offered to Zefinha during her stay at the hospital. The retrospective is wailful: "The phase when she presented total remission of the symptoms was about 18 to 20 years ago, when we gave her *cerletti* (electroshock), and after this procedure was forbidden, her psychosis got worse, and she remains delirious since then" (Dossiê..., 1978-2014 [seventh report, 2000]). However, the report that registered the electroshock treatment did not mention the remission of symptoms – actually, that was exactly the period when it was first decided that Zefinha could not return to social life. Besides the incongruity of voices – even though the memoir is written by the same expert physician who had performed all previous evaluations of Zefinha thus far – the forsaking of electroshock as a therapeutic and disciplinary practice is regretted.

But what is the reason for the electroshock retrospective? The seventh evaluation takes place in 2000, when an intense political discussion happened in Brazil about psychiatric reform and about the meaning of psychiatric hospitals' focus on long-term internments. It is also when therapeutic approaches are confronted – the voice defending electroshocks can still be announced, even as a therapeutic murmur.¹⁴ In this context of medical and political criticism to psychiatry, cases of long-interned patients whose life was made precarious become evidence to one of the sides of the confrontation.

The language used in the Mental Evaluation section is filled with ambiguity and contradiction. The first sentence describes Zefinha's behavior during the examination – patient presents herself friendly and smiley for the interview – but immediately adds: "[she is] calm at the moment, but has unpredictable behavior, becoming aggressive unexpectedly" (Dossiê..., 1978-2014 [seventh report, 2000]). Zefinha is the figure of the criminally-insane, whose existence is needed to justify the internment model: she is polite, but unpredictable; friendly, but aggressive. Unpredictable and unexpected are the moods that expert psychiatry understood as diagnosable conditions to justify and antedate the extension of the treatment orders.

The Conclusion of the seventh report consolidates the epistemological shift identified in the sixth report as a description of the criminal insane: "Patient suffers from mental illness compatible with ICD 10, Topic F20.0, being unable to return to social life, given her unpredictable and hetero-aggressive behavior." Zefinha can no longer live outside the forensic hospital, for she poses threat: she is aggressive and unpredictable. Danger is actualized through aggression and the need to be watched – the economy of fear becomes prominent.

The forensic hospital justifies itself as a space and practice of discipline, control and surveillance, but in a different shape compared with the normalization technology. Zefinha is kept in the hospital, because the totalitarian institution that housed her for two decades

becomes a punitive institution of the biopower “to foster life or disallow it to the point of death” (Foucault, 2010b, 2012c; Agamben, 2008). Zefinha is still alive, but confined to control – the review of the therapeutic schemes has shown which normalization techniques were given priority (reclusion, medication, and electroshock). Based on the conclusion of the seventh report, the judge determines the renewal of Zefinha’s treatment order for three more years, for the “patient is still unable to rejoin society” (Dossiê..., 1978-2014 [sixth sentence, 2000]).

In 2001, the eighth report recovers the past – the dark room, the *macumba*, the electroshocks. We know that Zefinha received electroshock at least three times, and that her persecutory delusions never ceased. In order to prove Zefinha’s unpredictability, the report mentions threats she utters against her inmates, while making aggressive gestures: “Son of a bitch, you are saying you are going to kill me!” The Mental Evaluation section resembles the news of infamous men in the eighteenth century described by Foucault (2012b)– beauty and horror, banality and tragedy appear in the first paragraph presenting Zefinha to the medical anamnesis: “Patient presents herself for the interview answering our demand, asks several times the reason for the examination, we tried to explain, but she only understood when we said that after the interview she would receive some money every month. She said, “oh, sweetheart, then I will have some Coke every day”” (Dossiê..., 1978-2014 [eighth report, 2001]).¹⁵

The unpredictability of Zefinha’s aggressive behavior becomes the central issue of the expert writing. Besides the repetition of the diagnosis, unaltered for 20 years, the metamorphosis of Zefinha’s bodily performance is shown in order to conform it to the new signs of what criminal insanity meant for the prophecy of “never” made upon arrival. That arrangement of time and condition allows the transformation of what the psychiatrist sees as the risk

of medical discharge into diagnostic text: “[she is] calm at the moment, however, becomes irritated whenever her disease is approached, and says: ‘I’m no prisoner to reason or judgement’ – referring to her situation at the institution” (Dossiê..., 1978-2014 [eighth report, 2001]). But indeed, Zefinha is “a prisoner to reason or judgment”, an expression that describes her to herself, but also to the power that summons her – the expert physician and “Doctor Judgment” (Figure 5).

The conclusion of the report is a combination of observations, assertions, and recommendations: “Given her high level of dangerousness, she cannot rejoin society or manage herself, and should be kept under constant medical care in the hospital environment” (Dossiê..., 1978-2014 [eighth report, 2001]). The report mentions rejoining society, and not “social life” anymore. The text recognizes that the place where Zefinha lives is not part of society, but someplace else: a totalitarian space where the rules protecting others can be suspended due to the “high level of dangerousness” of a woman unable to self-care and requiring constant medical care.



Figure 5: Zefinha, 2014 (Photo: Debora Diniz)

Asylum: abandoned Zefinha

In 2004, in the ninth report, Zefinha is described as chronically ill, and her delusions are persistent. The prophecy of “never” has come true. The History of the Current Disorder section is ambiguous – 11 lines in two discordant paragraphs. The first one, which is no longer than two lines, describes Zefinha’s symptoms: “Chronically psychotic patient, presents persistent delusion, not responding to conventional neuroleptics” (Dossiê..., 1978-2014 [ninth report, 2004]). The second paragraph forgets the theme was the current state of the disorder and discusses the centrality of the family in psychiatry: “We always ask for family regular visitation, respecting each one’s financial possibilities, and try to keep the family ties, thus helping to improve their mental state... but we could not find her family members” (Dossiê..., 1978-2014 [ninth report, 2004]). But which family? Zefinha’s family never appeared and seems to have been abusive, as recalled by the director. The expert’s demand is for the family as a complement of the penal and psychiatric governing power over insanity.

From the chimerical model of good government, says Foucault (2009, p.139), “the family will become a privileged instrument for the government of the population.” Family is more than a component of individual discipline; it is also a central element in the governance of security. Based on such reorganization of family in the judicial and psychiatric doubling, Zefinha’s family appears in the description of her health state in the three last reports: “They have not visited her or sent news in years. She was ‘forgotten’ by them” (Dossiê..., 1978-2014 [ninth report, 2004]). Beyond behaviors, states, or body movements, Zefinha’s family is included in the realization of chronic insanity. The three subsequent reports (from 2006, 2009, and 2010) incorporate family as a domain of psychiatric assessment.

The family sought by the psychiatrist is not that of the violent father from the past – the family is looked for so that the arbiters of the law are able to close the liturgies of control, because the prophecy of the “never” torments them. In the words of the director, “Zefinha needs to be ‘socio-familiarized’”, a neologism pointing to the tutelary model that follows long permanence. In Brazil, the criminally insane cannot be confined for treatment for more than 30 years. The 30-year maximum sentence does not consider the moment the patient ceases to be dangerous or the depletion of treatment options, but a limit to the punitive system.¹⁶ Zefinha is chronically ill for psychiatry, insane and aggressive for the judicial powers, and “forgotten” by the family. She is insane, chronic, dangerous and “without children,” informs the penultimate report (Dossiê..., 1978-2014 [11th report, 2009]).

Zefinha is an abandoned woman. Being abandoned, says Giorgio Agamben (2007, p.36), means to be “excluded,” “exposed and threatened on the threshold in which life and law, outside and inside, become indistinguishable.” Being abandoned is to be cast out of the band, even if it is the band of the criminal insane. After 30 years in the forensic hospital, Zefinha is no longer a legitimate inhabitant. The arbiter of law and the arbiter of psychiatry have resigned before the norms and handed her over to another space for the surveillance of insanity – either the family or the asylum. Another jurisdiction of the economy of security is called on to watch her. Zefinha is a residue in the disciplinary space of the forensic hospital – the 30 years were not enough to domesticate her into social life (Figure 6).

Abandonment does not mean dementia. The expert’s realization of Zefinha’s insanity resists her description as demented, a condition in which there would be silence about the



Figure 6: Zefinha waits for the Coke, 2014 (Photo: Debora Diniz)

symptoms: “The demented person is therefore someone who corresponds exactly to the working of the asylum institution, since, by means of discipline, all the symptoms in their specificity have been smoothed out: there are no longer any outward signs, externalizations, or crises” (Foucault, 2006, p.324). The reports of abandonment register crises, symptoms and indiscipline, but do not consider Zefinha demented. If she were demented, her destiny would be outside the forensic hospital, free from residual institutions such as the asylum. But Zefinha is no longer that long-interned criminally insane woman whose dangerousness was discussed by the arbiters in expert reports and sentences – her discharge has been granted, so she is now a chronically ill, old and abandoned woman. The destiny of the abandoned

insane is not the forensic hospital anymore, but the asylum, be it a nursing home, a family house, or a rest home.

The last three reports are refinements of Zefinha’s description as the abandoned insane. Although she is still insane, her dangerousness is no longer at issue for the penal and psychiatric doubling, but rather for the asylum and public assistance doubling: “unable to self-care, [she] needs to be cared of and protected by the law. Furthermore, [she] cannot return to social life due to her dangerousness” (Dossiê..., 1978-2014 [tenth report, 2006]); “unable to self-care, [she] needs to be cared of and to receive continuous hospital treatment” (Dossiê..., 1978-2014 [11th report, 2009]); or “no family ties. Unable to return to social and familiar life. We recommend the continuation of hospital treatment” (Dossiê..., 1978-2014 [12th report, 2011]). These are delicate variations of a single theme – 30 years, one does not know where Zefinha should be sent to.

Psychiatric expert and judge have worked harmoniously for almost three decades of Zefinha’s confinement in the name of danger. Disciplinary security, the new form of government of criminal insanity, did not harm the double arbitrators. The judge’s sentence recognizes the family as an institution to guarantee justice: “the last psychiatric evaluation concludes quite explicitly that ... [she] is unable to return to social and family life; however, it would be extremely important for the improvement of her behavior if her family were found through the Judiciary, and if they came to visit her” (Dossiê..., 1978-2014 [seventh sentence, 2004]). Thirty years is the limit for arbitrating according to the legal system, therefore psychiatric expert and judge agree that, in the absence of the family, Zefinha’s destiny must be an ordinary psychiatric hospital or an asylum. The forensic hospital is no longer enough to make live and let die. The same psychiatrist that accessed Zefinha 30 years ago is the one who describes her as a forgotten and dependent woman.

Final considerations

The reports represent more than the passage of time and the persistence of Zefinha’s insanity: they mark the metamorphoses of dangerous insanity in Brazilian forensic hospitals.

Brief lines compose the reports, signed by physicians playing the role of experts. But what are they expert in? For Zefinha’s body, dominated by beetles, the expert evaluation changes with time, even though her insanity keeps categorized as paranoid schizophrenia. The evaluation changes not in terms of the diagnosis or the numbers from the manual for the international classification of diseases, but in terms of the conclusion about the need to segregate Zefinha from the world. It is not the medicine of classification that is altered, but the medicine of the reasons for internment (Figure 7).

SITUAÇÃO JURÍDICA PENAL	
	FLS. 2
Data da Entrada:	05/05/1978
Data da Prisão:	
Término da Pena:	NUNCA
Juízo:	
Sub-Juíze:	NÃO
Pena:	2 Anos de Medida de Seg.
Artigo:	Lesão Corporal
Med. de Segurança:	por 02 anos
Multa:	-
Comutação:	-
LIBERDADE:	-
Provisória:	-
Definitiva:	
Condicional:	
Indulto:	
Habeas-Corpus:	

Figure 7: Criminal juridical situation (Centro Psiquiátrico Judiciário Pedro Marinho Suruagy)

The psychiatric reports were divided into three time frames. The regime of surveillance justifies the writings in Zefinha’s evaluations – a regime imposed upon arrival to the abnormal body, which becomes a dangerous body given the unpredictability of insanity, and finally an abandoned body that needs care. It is the surveillance of the confinement space that is at issue in nearly four decades of expert arbitrating. The arbiter of the proceedings applies the rule of maximum duration of permanence in the forensic hospital, which Zefinha has already exceeded. The judge arbitrates about the need to send Zefinha to a residual institution: psychiatric hospital, home, or asylum are confinement alternatives. It is neither danger nor abnormality, but the condition of abandoned insane what eventually prevents Zefinha from moving through the world. She still needs surveillance, but now also due to her inability for self-care.

The prophecy of the “never” judgement made upon arrival came true in the insane and abandoned Zefinha. She spent more time during her life within the walls of the forensic hospital than outside them – in a paratopic place, given that their inhabitants are permanently denied the possibility of belonging (Huertas, 2014). The 38-year confinement regime marks the body of a woman whose insanity was actualized by abnormality and danger upon arrival.

In the arguments about the possibility of discharge, the insanity arbiter describes a body that is old, but still presents the symptoms of the psychiatric diagnosis received when young. What justified Zefinha's confinement was not the insanity represented in the classification manuals, but the power arrangement that guaranteed the penal and psychiatric doubling of surveillance of insanity for the economy of security. Despite decades of confinement, Zefinha remains insane, and the surveillance powers will have to decide about the space left to the abandoned insane. The judge tries to resolve an impasse, for Zefinha has nowhere to go. But she does have a desire: to drink Coke.

NOTES

¹ Four were built in the 1920's, one in the 1930's, one in the 1940's, one in the 1950's, two in the 1960's, four in the 1970's, five in the 1980's, two in the 1990's, and six in the 2000's (Diniz, 2013).

² The *International Classification of Diseases* (ICD-10), issued by the World Health Organization, is the official classificatory system adopted by the Brazilian state. However, since the seventh report about Zefinha, the psychiatric experts began to use the term "disorder" in her diagnostic classification. That term first appeared in the third edition of the *Diagnostic and Statistic Manual of Mental Disorders* (DSM-III), which points to the influence of that classificatory system in Brazilian psychiatry.

³ In the genesis of forensic psychiatry, in the nineteenth century, the danger of homicidal monomania took the place of medicine in the control of the social body and public hygiene (Foucault, 2012a). In this century, forensic psychiatry assumes a more punitive character in the control of criminal insanity.

⁴ In this and other citations of texts from Portuguese, a free translation has been provided.

⁵ The inhabitants of the hospital wear a red uniform. In the past, the color was blue. As a sign of memory inscribed in the body, Zefinha is the only one who wears blue.

⁶ The Criminal History section appears in only a few reports in 1983 and 1987.

⁷ Some of the psychiatric reports describe Zefinha's offense as "attempted homicide."

⁸ There is a lapse of information – the first 2 years of confinement are unknown. Zefinha refers to "the other prison"; however, one of the reports suggests that the institution was an ordinary psychiatric hospital. Nevertheless, Zefinha was accompanied by a female police officer in the psychiatric evaluation at the hospital. Given the traces in Zefinha's utterance and the presence of the police officer, we believe she was in prison.

⁹ *Macumba* is a Portuguese word whose pejorative meaning indicates a type of sorcery used to inflict harm on other people.

¹⁰ In the report in Portuguese, the verb is *possuir* ("to have").

¹¹ There are errors in the indication of dates in several of Zefinha's documents.

¹² In 2001, the hospital regularized the dates in Zefinha's documents by issuing a new birth certificate and identity document. Zefinha was civilly reborn after almost three decades of confinement.

¹³ This is the first judiciary document sent to the hospital to question Zefinha's long confinement. It registers the wrong date of internment.

¹⁴ The former electroshock room is nowadays the occupational therapy room.

¹⁵ In several excerpts of the expert reports, as well as in the interview with the director of the forensic hospital, Coke is presented as Zefinha's object of desire.

¹⁶ In 2005, the Brazilian Supreme Court declared that the 30-year limit for treatment orders is justified by the unconstitutionality of life imprisonment (Brasil, 23 set. 2005)

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