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## ***Quem atirou em nós, errou*** **Whoever shot at us, missed the target** **by Veridiana Zurita**

The experience of coloniality in Brazil is systemic, material, symbolic, intersubjective, routinized and capable of affecting an entire social organism. The socio-economic etiquette inherited from centuries of colonialism is molecularly perceived in the tropics, or current expanding pastures. Coloniality is everywhere, as the resistance to colonial rationality. "The real resists."<sup>1</sup> We were never so colonial. As a white, middle-class woman, descendant of Italian and Spanish immigrants, I was educated, from head to toe, by Eurocentrism. I carry and I am carried by privileges that denounce the historical maintenance of subaltern relations. I am part of a social class constituted at the expense of the racialisation of the other and through the universalisation of one's own, since white has never been racialised. The upper-middle-class white is here and now the incarnate privilege of a racial superiority that colonialism has naturalised and that coloniality gives continuity to.

The account of my experience as an artistic researcher is therefore that of someone who had, among many others, the privilege of transiting between Brazil and Belgium for years. In Brazil I have always been "the gringa"<sup>2</sup> for being white, in Europe I have never been "the Brazilian" for being white. But it is not only whiteness that locates me as a universal subject, neurotic pathology also awards me belonging to a hegemonic subjectivity.

### WHITE-HETEROSEXUAL-NEUROTIC-MAN-CISGENDER the mirror we can't handle anymore

For Anibal Quijano, colonialism ends as a historical period of domination, but coloniality expands and gives continuity to colonial power structures to the present day: "The notion of coloniality links the process of colonisation of the Americas to the constitution of the capitalist world-economy, conceiving of both as integral parts of the same historical process."<sup>3</sup> In this sense, coloniality transcends the historical end of colonialism through the maintenance of colonial logic, which, based on the relations of dependence between the global north and south, becomes a rationality, a reason for the world. Brazil has always been a blatant example of the continuity of these relations of dependence in material, symbolic and intersubjective spheres. What we inherited from colonialism was a whole organisation of life. Quijano unfolds the concept of coloniality to understand the maintenance of

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<sup>1</sup> [https://www.youtube.com/watch?v=wx\\_Pd-rpEhc](https://www.youtube.com/watch?v=wx_Pd-rpEhc) *O Real Resiste*, de Arnaldo Antunes (2019)

<sup>2</sup> 'gringo' is a common term used in Brazil to refer to foreigners. Originally, it is a non-derogatory term used to refer to US citizens (Folklore says it was generated when the US invaded Mexico, wearing green uniforms, and the people shouted at them "Green Go Home").

<sup>3</sup> DO COLONIALISMO À COLONIALIDADE pag.2 (Wendell Ficher Teixeira Assis speaks about the concepts of Anibal Quijano)

colonial logic in all its aspects. He talks about the colonality of power while maintaining a pattern of world power that is articulated primarily through the "racial classification of the world's population after America."<sup>4</sup> The racialization of the other was crucial for colonialism to define the model subject within the pattern of power and its social organisation. "All this bumpy process implied in the long run a colonization of cognitive perspectives, of ways of producing or giving meaning to the results of material or intersubjective experience, of the imaginary, of the universe of intersubjective relations of the world; in short, culture"<sup>5</sup> From there, the global-world-system is articulated through the control of all aspects of life's organisation. "Thus, in the control of labor, its resources and its products, is the capitalist enterprise; in controlling sex, its resources and products, the bourgeois family; in the control of authority, its resources and products, the nation state; controlling intersubjectivity, eurocentrism"<sup>6</sup>

Colonial rationality, which racialised groups and subgroups of people, inaugurated, with the creation of America, the notion of "I" (equality) and "other" (difference), "I" as the reference centre of the world and the "other" as the margin, periphery. With the creation of the idea of race an egocentric-self is born, reference of itself and in search of the same. If man, cisgender, white, heterosexual was constructed as an emblematic subject of Eurocentrism, neurotic subjectivity becomes a defining element of this hegemonic equation of subject. White-heterosexual-neurotic-man-cisgender. For all these markers it was necessary to build its opposite, hence the modern-cultural project and its logic of dual thinking and domination between man and woman, white and black, hetero and homosexual, neurotic and psychotic.

It is from this place of neurotic, female, white, Latin American subjectivity that I first arrived at the Dr. Guislain Psychiatric Hospital in Gent, Belgium in 2014. Working with madness is, in fact, the slap in the face to understand the depth of the colonial hole. I had to go to the north of Western Europe to understand how colonial rationality invaded, expropriated and commodified subjectivity. For the European to configure itself as a superior identity the non-European needed to be widely identified and defined. In order to understand the colonised, it is necessary to understand the subjectivity of the coloniser.

## (DON'T) EAT THE MICROPHONE

unlearning neurotic normality or eating norms

I arrive at Dr. Guislain Psychiatric Hospital with an artistic research project. My proposal was to act in the language fissure between neurotics and psychotics. I enter their space. They are gathered for the morning meeting. I join THEM in a near circle. Now it's my turn to speak. I-SPEAK<sup>7</sup>. At first, I stumble upon the hegemony that carries me. I present an articulated project, a priori, typical of those who project a situation detached from the emergencies of the territory. My speech is precise and articulated enough to handle the theoretical euphoria, but imprecise for those who listen to me. To speak, it is necessary to listen. Their language is Dutch, mine is Portuguese. OUR only access is English. The global language. We communicate outside of OUR mother tongue which is only one of the many

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4 Colonialidade do poder, Eurocentrismo e América Latina, pag. 06 (Anibal Quijano, 2005)

5 Coloniality of Power, Eurocentrism, and LatinAmerica, page 06. (Anibal Quijano, 2005)

6 Coloniality of Power, Eurocentrism, and LatinAmerica, page 06. (Anibal Quijano, 2005)

7 In portuguese EU-FALO implies a relation between the act of speaking and the erected pênis. In portuguese "Falo" means both "Speaking" and "Pênis".

differences there. I speak another language and also make my thinking objective in a neurotic way. I-objective. I am a stranger there, but normal anywhere else. There, neurotic hegemony is alien. Alien to THEM and now, suddenly, to me. I. THEM

I watch myself as I speak. Estranging (my) language. The hegemonic language is interrupted. I feel out of language and alone in neurotic hegemony. Alone in efficiency. Alone in the logic of projections, of projects, projections of projects already projected, projections of desired desires, projects of neurotic acceleration, acceleration of achievements, achievements of success. The neurotic language can be colonising even when leaving the mouth of a Latin American in the middle of northern Europe. The neurotic, as the hegemonic subjectivity, colonises. It is as if I watch language being spoken by a mouth that no longer wants to speak. And they observe my speech, phallic, failed, without mirroring my neurosis. The neurosis, without a mirror, goes into despair. It's like a spoiled child with no reference to confirm it. The less I'm mirrored, the more the hegemony of a certain language is denounced. I have no voice that isn't a projection. I keep talking since silence is the greatest fear of the neurotic. I keep being choreographed by words that simulate their right pronunciation in my mouth. And then I'm finished. End of speech. I stop. And with the addicted ignorance of the neurotic, which pleases to be applauded, I wait for confirmation as a pet of myself. Some look at me with suspicion, others observe, others simply look at me as if I hadn't been speaking, others don't even look at me. We stand there, estranging each other, but we remain, in the suspension of strangeness. What the group shows me is that we don't need to solve the stranger, much less the embarrassment towards that which can't be identified. The anxiety about the language hole is mine alone. For them, there is no mad euphoria of interaction or fear of silence.

It's from that hole that I started over. What followed—from the first moment of suspension, where my speech was not a mirror but an object of strangeness—was a whole exercise of unlearning. The project had to be unlearned. To unlearn. To maintain the suspension of silence, to hold back the anxiety of neurotic confirmation, to create conditions so that the strangeness is not solved immediately, to suspend the encounter and the conversation even before it is completed by the productivist<sup>8</sup> acceleration. This seemed to be the language fissure between neurotics and psychotics. Beyond these two poles, it was an opening between the boundaries of the psychiatric and the artistic institutions, a fissure between the inside and outside of institutional structures. To unlearn the discipline of social contact performed between neurotics on a daily basis. There, together with deviants from a normalised system, medicated by an institution seeking healing, such neurotic social ways were interrupted, estranged. To estrange the normal became a fissure that I could not let go of. What is it like to say: "hello, how are you?", not because you really want to know how the other one is, but simply because asking that question is "what we do". There, asking "hello, how are you?" would have an unregulated answer. A real answer: "No, I'm not okay". After all, we know, we're not okay at all.

What we did for five years was to create situations of conversation. Finding listening was critical. We met in the garden. On the outside. The architecture of the psychiatric institution already made it clear that the discipline of "cure" is in every brick, door, in the arrangement of tables and chairs. The conversations had no beginning, no middle, no end, not even the space had a defined entrance or exit. The invitation was for an encounter with no decisive demand. There was coffee. Over the years the conversation grew larger. The space be-

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<sup>8</sup> Productivism is the belief that measurable productivity and growth are the purpose of human organisation (e.g., work), and that "more production is necessarily good".

came an installation, an apparatus of objects that were being added. Microphones, voice effects, instruments, record players, typewriters, *relational-objects*<sup>9</sup>, a mobile kitchen, costumes, stones. A whole ecology of objects was being configured in the garden. Artists, patients, architects, activists, philosophers, musicians, psychoanalysts, schizoanalysts and researchers were invited to participate in the sessions we call "(Don't) Eat the Microphone". We improvised encounters, conversations, meals, collective texts, suspended social roles while the patient—daily "served" in the psychiatric institution—could cook and take care of the group, or the Chi-Kung<sup>10</sup> master (recently out of a crisis) held open sessions to start our meetings, or even when Lygia Clark's *relational objects* were used by the patient in the psychoanalyst's body, or even when a young therapist who was overwhelmed by the change in behaviour of his patient—who had escaped from confinement in an outbreak state—was found in the garden, calmed down by improvisation with the microphone. What we improvised was a space of care where the so-called "mental illnesses", disorders, phobias, fears, were collective responsibility. The space was collective responsibility. Taking care of it, was like taking care of who was in it and of a system of sick relationships. People who came from outside—from the neurotic world that performs well the capitalist fiction of the subject—went into crisis during the sessions. There, they realised that the normality of the (no) social relations that had domesticated them was impossible. Impossible because interrupted, discontinued. Estrangement of the normal. What was improvised in the garden, year after year, was a conversation that took the "mental illness" out of the individualised subject and put it in the wheel as a common problem. Looking at mental illness as a symptom of society was a practice of politicisation.

We wondered if the institution was sick. In one of the sessions, Gino (a patient who had lived in the institution for over fifteen years) picks up the microphone, and as if raping he says: *There is a big head, an omnipotent head. It works from top to bottom. He has the power to deal with the money but not the time to have contact with the context where the money is invested. He's the boss. The reality of patients, nurses and doctors doesn't matter. His decision is absolute. We are all isolated from each other, the boss isolated from his employees, the employees from the patients, the patients from each other. We lock ourselves in the room. Isolated and individualised. We watch each other. Everyone denounces what's deviant to please the power. The chief watches the doctors, the doctors watch the therapists, the therapists watch the nurses, the nurses watch the patients, the patients watch each other. We all work here, we are all employees of the institution. We watch. Everybody's gossiping. I feel empty, I can't understand the other person and when I want a hug I'm afraid of vulnerability.*

Monolithic hierarchies, individualisation of care, fear of the other, fear of the vulnerability that the contact with the other represents. Gino's narrative gives an accurate diagnosis of the disease of co-opted institutions, produced and reproduced by neoliberal ideology. Moreover, Gino diagnosed the neoliberal rationality itself: the "generalisation of competition as the norm of conduct and of enterprise as the model of subjectivation."<sup>11</sup> This rationality, the reason for contemporary capitalism, has been expanding since colonialism as a global-world system. If colonialism has imposed eurocentrism as the reason of the world and the foundation of capitalism's expansion, neoliberalism is the apex performance of such hegemonic reason.

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<sup>9</sup> Relational-Objects inspired by the work of artist Lygia Clark (1920-1988)

<sup>10</sup> Chi-Kung is a Chinese meditation practice and exercises.

<sup>11</sup> *The New Way of the World: On Neoliberal Society*, page 17. (Pierre Dardot and Christian Laval, 2016)

## THE REASON OF THE WORLD

your illness is your fault

What neoliberal rationality understands is that individualising mental illness camouflages the very global-world system that generates it. To individualise care means to make the individual responsible for the disease itself and for its cure. But it means, above all, mutilating society as a collective body that mobilises itself: "There is no such thing as society, what there is and always will be are individuals." Thatcher's slogan echoes the rise of neoliberalism in Europe as well as the Pinochet dictatorship in Chile and Reagan's US imperialism.

The hegemony of this neoliberal rationality can be perceived when we move between the global north and south of capitalism. What is perceived is not only a hegemony that spreads but also that which resists it. In the displacement between the global north and south one can perceive that the expansion of this reason that individualises all aspects of life is accompanied, historically, by forms of resistance to such rationality.

The artistic practice "(Don't) Eat the Microphone" has been formulated over the years as a device to politicise mental health and to resist the individualisation of care. It is not a proposal of "cure" of those called "patients" and much less sessions of "art therapy" where the "artist" stimulates the "patient" in the production of something "artistic". Art, not as an accessory but as a quality of sociability. "(Don't) Eat the Microphone" is a proposal to "hack" the institution, shaking its logic of segregation between what is inside and outside it, as well as the power structures and hierarchy of its internal social roles. With "(Don't) Eat the Microphone" we propose another space where relationships can be improvised outside the logic of efficiency. And this takes time. Another perception of time where the space-of-the-other can also be improvised outside of social roles pre-established by institutional functioning. It is this kind of suspension that the practice of "(Don't) Eat the microphone" rehearses. It is always a rehearsal. Be it the rehearsal of another-I, where the subject unlearns himself, be it the rehearsal of another-space where subjects can imagine other worlds. An outside that articulates within the institution.

In 2019 "(Don't) Eat the Microphone" is installed in the psychiatric institution Colônia Juliano Moreira (Rio de Janeiro-BR). The insertion of the same apparatus, now being experienced on the outskirts of capitalism, reveals that neoliberal rationality makes everyone ill, whether in a city considered the epicentre of progressive left politics in Belgium, or in a militia<sup>12</sup>-dominated neighbourhood abandoned by public power in Brazil (or even worst, when public power and the militia are working together). In this transposition, of the same artistic practice that wants to collectivise care and politicise mental illness, it is clear that the modern civilisation-colonial-project gave continuity to its power structures between north and south, materialising in fact the coloniality relation proposed by Quijano. Coloniality not only implies an economic dependence relationship between the centre and the periphery of capitalism, but also the dependence on a scientific thought, originated in the North and applied in the South. Neoliberal rationality is the culmination of this hegemonising reason. However, the differences between the ways in which each territory is slaughtered by or resists the neoliberal blow are significant.

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<sup>12</sup> Militia (in Portuguese Milícia) are clandestine paramilitary groups made up of current and former police officers which carry out both vigilante and organised crime activities. In the favelas, the militia acts as the facto authorities, building infrastructure and enforcing their own brand of law, order and market.

The history of madness in capitalism is marked by the violation of human rights of people affected by the construction of madness, its organisation and control. Identifying, diagnosing and managing madness are stages of social control within the project of domination and power of modern/colonialism responsible for the expansion of capitalism in the world. The way we deal with madness—and everything that deviates from Eurocentric normality—is the product, and at the same time a resource, of a global-world-system that has been configured since the colonisation of the Americas until today.

In Brazil, the management of madness has always been updated through the relationship between race, division of labor and the arrival of forensic medicine<sup>13</sup> as a European scientific model in the period of the abolition of slavery. It is from the end of the 19th century that forensic medicine formulates a psychophysical model that racialises the "deficiencies" of the supposed black race as a way to legitimise the control of this race in society. Together with criminology and psychiatry, forensic medicine develops as a systematic mechanism for maintaining the power of the white dominant class over the black population.

With the abolition of slavery, the criminalisation of madness became an efficient instrument for updating the colonial/modern/capitalist project. With the weakening of more visible barriers of separation and exclusion it was necessary to create more subtle, invisible, virtual mechanisms of social control so that new structures of hierarchisation and subordination could be established.

Through the historical construction of the black body as a "dangerous body", making it an "object" of forensic medicine and psychiatric research, it became the headquarters and producer of pathologies such as madness. The management of madness ensured the permanence of white supremacy in the organisation and social control of Brazil.

The creation of madness and its maintenance in the West was characterised primarily by the need to socially position all those deviant from the expanding capitalist economic system. In Brazil the marginalisation of bodies that were in no way used for the profitability foreseen by capital was, and still is, accentuated by the racialisation of bodies.

## THE MUSEUM AND THE HOSPITAL:

Institutions are drowned by the neoliberal turnaround

My first contact with the territory of Colonia Juliano Moreira (BR) was not a déjà vu of the abyss of language experienced in the Psychiatric Hospital Dr. Guislain (BE). There the abyss is racial. I, the white and neurotic woman, being presented by the white and neurotic curator to a group of patients of the public mental health network, mostly black. This is not a mere detail, it is the materialisation of the historical privilege of whiteness. However, what materialises there is not a stable relationship of racialisation and subordination. In that context, there is a visible drive in the deconstruction and decolonisation of power structures and social control. The Pólo Experimental<sup>14</sup> is not a space marked by the tutelary logic of a psychiatric hospital, it looks like a house, a space of coexistence, where

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<sup>13</sup> Forensic medicine: The branch of medicine dealing with the application of medical knowledge to establish facts in civil or criminal legal cases, such as an investigation into the cause and time of a suspicious death. Also known as forensic pathology.

<sup>14</sup> Experimental Pole

users are artists and craftsmen, where the studios are organised by those who use them, the kitchen is cleaned by those who cook in it and a whole dynamic of relationships that compose a logic of its own within the institution.

It is the Pólo Experimental that I use as a reference to trace some differences between the psychiatric contexts where "(Don't) Eat the Microphone" happened. But perhaps it is best to start with the Museum. Yes, in both institutions there is a museum. Both in the Dr. Guislain Psychiatric Hospital and in the Juliano Moreira Colony there is an intersection between the cultural and psychiatric institutions. In one of them, the museum is created to document the history of psychiatry in Belgium, more specifically the inventions of Joseph Guislain, white, rich, doctor and psychiatrist. In the other, the museum is named after the artist Arthur Bispo do Rosario, black, poor, crazy, internalised in the Colony Juliano Moreira, where he produced all his works during the 49 years of hospitalisation. The history of both museums is complex and goes through phases of distance and closeness to the psychiatric institution with which they are connected. Geopolitically, we have two museums on continents characterised by crucial differences. On the one hand, Belgium experiences neoliberal policies at the centre of capitalism and on the other, Brazil is experienced as a neoliberal laboratory on the periphery of capitalism. The consequences that any institution suffers because of neoliberal policies, be it in the global north or south, are remarkable. However, the impact that austerity policies have in the territories of the coloniser and the colonised is incomparable.

Both the museum and the psychiatric hospital are coopted throughout the neoliberal turnaround until illness and creativity become capital. From then on, the institution begins to deal with the extreme individualisation of its workers so that they can, in efficient and productive time, manage and undertake the production of what guarantees profit. Both institutions, a museum and a psychiatric hospital, in both countries, Brazil and Belgium, deal with the precariousness exacerbated by the demand for profit. But in fact, the structures very well defined by primitive accumulation take longer to collapse than those already eroded at their origin by continuous expropriation.

## A HOLE IN THE NARRATIVE

lets look the other way

But there is a hole in this narrative, a contradiction, a fracture that runs away from the tendency to see Europe as a possible survivor of a catastrophe that itself has created. The forms of resistance against the neoliberal turnaround that are being formulated in Latin America are an example of this fracture that can redirect our Eurocentric gaze towards alternatives formulated on the periphery of a system that makes us sick on a daily basis. "It is time to free ourselves from the Eurocentric mirror where our image is always, necessarily, distorted. It is time to finally stop being what we are not"<sup>15</sup>

What I mobilised during five years of work with the "(Don't) Eat the Microphone" project at Dr. Guislain Hospital seemed to be already mobilised in the first five minutes at the Pólo Experimental. In Ghent there was a great effort to bring patients and hospital staff to the garden where we improvised a meeting, a collective care space. The disconnection between cultural and psychiatric institutions was also clear, even if they were architecturally glued together. There was a greater tendency to succumb to the neoliberal rationality of

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<sup>15</sup> Coloniality of Power, Eurocentrism, and LatinAmerica, page 24. (Anibal Quijano, 2005)

every man for himself. And even if the discomfort and illness caused by individualisation were clear and shared, there seemed to be no mobilisation strategies so that the collective desire could interrupt the rush, career, success, efficiency, private life and all the failures implicit in such hegemonic parameters of relationship.

The first five minutes of encounter with the context of the Pólo Experimental already said a lot about the pulse of a collective desire that resists a historical process of violent transformations. In the suburb of Rio de Janeiro, in Jacarepaguá, there is a territory crossed by several transformations and happenings: the invasion and expropriation of an indigenous territory, the installation of the agricultural colony Engenho Velho, the creation of the Colônia Juliano Moreira and its translation of the colony-agricultural ideology in the conception of a colony hospital, decades of violence inside the insane asylum followed by the transformations claimed by the anti-manicomial struggle, the creation of psychosocial centres that could replace the compulsory internments of those deviants, the opening of the Museu Bispo do Rosário, its Pólo Experimental and a whole process of negotiation between market art and political art, as well as a succession of territorial transformations and urban expansion that can map the history of the country.

There at the Pólo Experimental, in a space of coexistence very close to the woods, composed of a group of people who circumvent the tutelary relationship of psychiatric institutions and mobilise the construction of a common space, we set up a temporary radio to talk about mental health and capitalism. We invited the users themselves, who soon became the hosts and mediators of the conversation. From cleaners to directors, workers in various sectors between the museum and the psychiatric hospital were invited to talk, researchers, artists, activists, and surprise appearances. For two weeks we met to improvise a conversation that could also point out strategies of resistance at a time in Brazil when the colonial project is exacerbated, discriminatory, exploitative and which now sees the façade of an always restricted bourgeois democracy fall.

The conversation was a demonstration, or as one participant put it, "a hole in the capital". We got together without producing anything that would generate profit. We gathered to conspire, to awaken the vein of indignation, to align discomfort and fears and to question social roles that maintain the protagonism of speech. We passed the microphone around, sang songs of lost love, played drum sounds of Zumbi dos Palmares<sup>16</sup> denouncing the marginalisation of the periphery and the centrality of the *elitised* spaces of the "wonderful city". We were reminded by the many texts written on the cardboards that the "*normotic*"<sup>17</sup> is the normal in a sick system", that "conversation is a utopia", that the "inner walls must fall" just as the sternum ones already are, that we need to "face the reality of the hole" as well as the hole of reality, that "thinking bothers", that "society is asleep", that "we get the norms but we do not gain freedom", that "today is the dog who pisses on the pole" and even that the "heart beats seventy minutes per second" We recognised that confabulating together organised us as a collective voice. We mobilised empathy when we recognised our own illnesses in the illness of the other.

We shook the director out of his comfort zone, who faced with the suspension of the social roles, could not stay, lost the protagonism and left in the rush of those who have no time to listen. We brought ease a woman who didn't have to take her medication after the conver-

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<sup>16</sup> Zumbi dos Palmares, was a Brazilian quilombola leader, the last of the leaders of Quilombo dos Palmares, the largest of the quilombos of the colonial period.

<sup>17</sup> Normotic was, according to a visitor, the pathology of the normal.

sation had already lowered her blood-pressure. And when she didn't have a conversation, she'd have music. Something we always had at meetings in Belgium, but there in Rio de Janeiro, once again, the music surprised me by the collective intensity. When we sang, we sang the same song together. It was the samba. I found out that the group had a carnival block, which they themselves called the Colonial Empire (Império Colonial,). The colonised in fact appropriated the title of the coloniser. Devouring oppression and turning it into parody.

The samba of the Colonial Empire affected me, evoking in me a certain hope in the collective strength of those voices singing the chorus "WHOEVER SHOT AT US, MISSED THE TARGET". I watched myself when faced with the danger of romanticising madness and precariousness as heroic forces that could pull us out of the civilising hole we are in. Attentive to this danger, I noticed there a power in the quality of sociability that is more than a palliative comfort for the social isolation that makes us sick. What we were doing there was a practice of 'effective' collective care and not 'efficient' in neoliberal terms. Effective because it created subjective, symbolic, discursive and affective conditions to materialise problems and alternatives in common. Being together, every day, taking care of a space, where we eat, write, debate, denounce and even sing is an alternative to collective fears and to terrors that want us to believe they are individual.

## SABOTAGE THE RATIONALITY THAT MAKES YOU SICK

The social alienation that sets in with neoliberal rationality needs to be sabotaged. Gino's diagnosis is not only limited to psychiatric institutions but to all spheres of life co-opted by productivity, management and economic efficiency. Individualised and tutored by private investment, we become these subject-islands, nourished by fears and phobias and by the slogan that to win in life is to defeat the other. The other is my fear and my adversary.

This meritocratic logic, of the self-capable because alone, is forged in psychology by the culture of self-help. The perfect marriage between economic logic and its systematisation in the subjective sphere. The culture of self-help, its logic of happiness and overcoming, is the psychological manual of meritocracy. This fiction of the super-I, free, autonomous, capable, productive, determined, competitive, is the hegemony of a rationality that accepts no other. What such fiction manages to do is to unite in the subject two functions that are primordial for the production of capital; in this case, happiness. The subject becomes an insatiable consumer of an image-idea of happiness and, at the same time, the one who produces and reproduces such image-idea. The culture of the *selfie* is emblematic in this logic where the subject is producer, consumer and constant vigilant of the image-idea of happiness. He not only re-enacts the simulations of happiness, but becomes the very hand that labours so that the image is captured, shared and consumed. "Being happy" is not enough, it is necessary to produce the image that proves happiness. In this routine of *posts* and *stories* in fleeting time—where those who produce such images need to accelerate their production, as the eye of the beholder accelerates its capacity for consumption and desire of the desired—the limits of the subject are becoming hardened, the limits of normality are closing more and more. Being deviant from this wacky logic that sells itself as normal becomes commonplace, as does the proliferation of mental disorders generated by the impossibility of "being happy". The culture of selfie would be like a constant self-colonisation. Not only because it imposes a universal subject that must be replicated, but because it enslaves life by the tireless production of an unattainable image. This selfie-

subject, at the service of a subjectivity of pleasure, with life always ready to be shared, life undertaken in order to be posted, a constant *life as result*, has become such solid, fixed, insurmountable reference that we become peripheral to it within ourselves.

To listen to madness and contemporary disorders such as depression, is to listen to the symptoms of a sick society. In this listening, we experience a recurrent perception; that within madness or disorders, the lucidity of those who can no longer perform a fiction that has become the norm settles in. Bodies that can't take it anymore. To interrupt the inertia that makes up an idea of society is to interrupt a system that makes us sick. It is necessary to interrupt this narrative of success, wake up from this nightmare of *selfie*, this euphoria of sharing the self, unlearn the entrepreneurial logic of oneself, decolonise the imaginary of self-vigilance and strengthen counter-hegemonic connections.