

### From pregnancy to sterilization: a cartography of an orphan mother experienced in a Clinic at the Street

Da gestação à laqueadura: cartografia de uma mãe órfã vivenciada em um Consultório na Rua (resumo p. 14)

De la gestación a la ligadura de trompas: cartografía de una madre huérfana vivida en un consultorio en la calle (resumen: p. 14)

**Luiz Gustavo Duarte**<sup>(a)</sup>

<guto.luizduarte@gmail.com> 

**Flávia Maria Araujo**<sup>(b)</sup>

<araujoflavia.m@gmail.com> 

**Maira Sayuri Sakay Bortoletto**<sup>(c)</sup>

<mairuska@gmail.com> 

**Regina Melchior**<sup>(d)</sup>

<reginamelchior@uel.br> 

**Alberto Durán González**<sup>(e)</sup>

<betoduran80@gmail.com> 

<sup>(a, b)</sup> Pós-graduando do Programa de Pós-Graduação em Saúde Coletiva (doutorado), Universidade Estadual de Londrina (UEL). Rodovia Celso Garcia Cid, PR-445, Km 380, Campus Universitário. Londrina, PR, Brasil. 86057-970.

<sup>(c, d, e)</sup> Departamento de Saúde Coletiva, Centro de Ciências da Saúde, UEL. Londrina, PR, Brasil.

This article aimed to map the affections in scenes that occurred in an experience in a Clinic at the Street (CnaR) through the realization of a cartography. Mapped territories, with the intercession of Neil Gaiman's Sandman used as a cognitive device for the discussion of reality-fantasy, have highlighted ways of life that challenge traditional methods of care production, while making visible micropolitical captures that led to production of control and framing. Therefore, it was noticeable in the CnaR a potency of production of new ways of care, but at the same time, there are micropolitical captures for the control of street dwellers, conspiring aggressively to produce needs of sterilization and de-motherhood as well as the kidnapping of babies by the State.

**Keywords:** Homeless person. Cartography. Motherhood.

## Initial cartographic incursions

This article aimed to map the affections from an experience in a Clinic at the Street (CnaR) in a large municipality in the south of the country. This city has a network of health facilities ranging from primary care to hospitals and outpatient centers of regional reference. The city has a social assistance network that besides the Social Assistance Reference Centers (CRAS) also has specialized services, one of them being the POP Center (Specialized Reference Center for Homeless Street Population).

The CnaR is currently within primary care, and was created in the municipality in 2012 implementing a proposal to assist the homeless persons in street situation. Throughout the services, it is articulated with other points of the health care network, with the social assistance network, besides the creation of other formal networks with other autarchies and social movements. In it, there are currently as professional categories: nurses, nursing auxiliaries, psychologists, social workers, social educators and dentists, fitting in the modality II of the ordinance of the Ministry of Health, which stipulates a minimum staff of six professionals, being three of higher level and three mid-level level, exception made of the physician<sup>1</sup>.

This service was the place where the study began, in the second semester of 2019, after a approval opinion given by the Research Ethics Committee (CAEE 97495718.6.0000.5231). The immersion in the field was carried out by the Clinic at the Street Team (eCnaR), covering case discussions, visits, matrix processes, besides other activities that took place in the CnaR. It was in this process that the team and the persons living on the streets approached and bonded with each other for approximately one year.

For this study we opted for the in-world researcher approach, assuming that there is no neutrality in relation to the object and that the researcher does not observe reality in a neutral way, without interfering or being affected by what he experiences. The researcher takes into consideration the affections and motivations in the meetings that are carried out, so that this produced knowledge has a direct implication in the transformation of the reality in which they are involved<sup>2</sup>.

Seeking to give visibility to the knowledge learned through the affections of the meetings, the methodological approach chosen was cartography. The concept of cartography used drew its inspiration from Gilles Deleuze and Félix Guattari<sup>3</sup> in a parallel with the term originated from geographic studies in the making of maps, re-signifying it within the production of knowledge through a composition of maps by territories of sensations, perceptions and affections. This mapping is not established as a search for the essence of things or their purpose, but as they are currently presented in those existential territories and their micropolitical relations. Given his characteristic of paying attention to the languages found, accompanying and doing at the same time in these territories, the cartographer devours all of this and, as Rolnik<sup>4</sup> quotes, is an anthropophagist, who seeks to diagram the strategies of desire in the social field directly linked to existence, not following any standardized protocol, but using countless possible sources and inputs to map these territories.



Therefore, encounters were constituted as part of the method, enabling deterritorializations as affections to affect the body, occurring before, during and after the researcher's insertion in the field, in order to reterritorialize this process. In this way it becomes the very production of maps, and together with it, the recognition of the invention of new worlds<sup>5</sup>. Affections here are understood by the Spinozian concept of *affectio* interpreted by Deleuze as the state of a body while suffering the action of another body, differentiating itself from *affectus*, a non-representative mode of thought that can be translated as affection, which is the continuous variation of the force of existence. Although different, they interrelate in such a way that the encounters that the bodies suffer will imply in the very formation of ideas and transition in the force of existing<sup>6</sup>.

Within this theoretical system, cartography recognizes that production is always inserted in the product, both in the production of society itself and of the individual. It is in the diagrammation of this multiplicity of productions that cartography appears, not as an effort to map all the possible processes resulting from the syntheses present there, but rather to diagram what the affectation in the body of the researcher allowed to happen.

A cartographic journal was used as a research field tool. Similar to a field journal it has pertinent notes on events, notes and information, but differs in the prioritization of the register of affections experienced by the meetings, opening possibilities of multiple ways out, both of affections and senses. Multiple methods of annotation are used, be it in notebooks, digital files or drawings, constituting an empirical material that contemplates multi-media, multilingual, multi-voices and multi-times<sup>7</sup>.

This theoretical proposal has progressed not only in the elaboration of the study and in the experience of the field, but also in the analytical process and scientific writing. Regarding this aspect, we consider important to point out that the cartographic production takes place in this search for mapping of territories in the social machines that produce and reproduce codifications and over-codifications by certain flows of the axiomatic in the modern capitalist state.

Under this approach it was possible to produce knowledge by intertwining academic references with operators of literary production, in this case, choosing the work *Sandman*. In the creation of Neil Gaiman, 1989, published by the seal *Vertigo Comics*, we get to know the story of the Lord of Dreams, the ruler of dreaming, a being called endless, who existed even before the gods themselves and who will exist after. Beyond Dream there is Destiny, Destruction, Delirium, Desire, Despair and Death, all being brothers. In *Sandman*, as by Teixeira<sup>8</sup> quotes, the author manages to update ancient myths to the language of contemporaneity at the same time that he uses a mass communication medium to do so. Each one of the endless act in our lives, crosses us, reaches us in some point of our existential territories, with some having their kingdoms more easily accessed by humans, like dreaming or the kingdom of Delirium. Starting from these domains and territories this narrative has been sewn together, relating the stories and mythological characters of Sandman's fabulations with the experiences and affections in the CnaR.



## A pregnancy in dreaming

Hippolyta Hall got pregnant in the dream of her husband who thought he was the lord of dreams, yet he was already dead, it was a scam of Morpheus' servants. After the true lord of dreams discovered, expelled the impostor and warns Hippolyta, henceforth *Lyta*<sup>(6)</sup>, "(...) this child is mine. Take good care of him, and one day I will come and get him"<sup>9</sup> (p. 330). *Lyta* has no choice but to let go of the territories she once walked and reorganizes her life in order to protect her son, who was to come, in the search to counteract his already dictated future. After birth she protects her son, *Daniel*, never distancing herself. But in a moment of tiredness he is kidnapped, as she feared since her pregnancy. Despite the kidnapping, *Lyta* doesn't give up; she goes after her son because she considers that nobody, not even an endless, has the right to separate them. In this search, *Lyta* walks through various territories, culminating in the acceptance of vengeance by the Furious<sup>(6)</sup>, who will lead to the death of the Sandman himself<sup>9</sup>.

The *Lyta* that the researcher met intertwines with *Lyta* of Sandman, in a mix that is part of the map of territories constructed, and from this I tell the story of the *Lyta* cared by the CnaR of the municipality. In the discussions of the CnaR, the story of *Lyta* always resonated, returned, echoed, arrived in conversations without asking permission and ran over what was on the agenda. *Lyta* is a black woman, between 30 and 40 years old, in street situation, at the moment of her eighth pregnancy, accompanied by the social assistance network and the POP Center, as well as the health network in services such as the CnaR and the Center for Psychosocial Attention (CAPS), since she also has mental disorders.

She was born into a poor family, growing up with her father, mother, brother and twin sister. According to his reports, during his childhood she remembers her father's drinking habit, as well as abuses, mainly from his brother. These abuses resulted in a pregnancy at 15 years of age, by her brother, but the child died soon after birth due to genetic alterations. This history with the family continued to be permeated by fights and discussions, culminating in her fleeing to the streets as a teenager.

The movement to and from the streets became characteristic of her way of life, unfolding her existence through various territories. *Lyta* was once married, living with her ex-partner, in her father's house, in hideouts, transiting between streets of cities and farms in a real nomadic life. It is a way of life that expresses the non-homogeneity of these street dwellers. No concept seems to encompass *Lyta*'s uniqueness, exemplifying how slippery definitions become when faced with an existence, and it is not possible to hold on to them for long. This problem of definition had already been addressed in other studies, where terms such as walkers and beggars could not cover the range of situations and singularities that involve the existence of those who live on the street<sup>11</sup>.

A crowd is perceived, as Negri<sup>12</sup> develops conceptually, escaping the limitations of traditional definitions. It is an immanence of the immeasurable multiplicity of bodies, contrasting before homogenizing or reductionist concepts like people, that is,

<sup>(6)</sup> *Lyta* and *Daniel*, Sandman characters are written in italics in order of their differentiation.

<sup>(9)</sup> There are three furious ones: Tisiphone, Alecto and Megeira. They live in Erebo, the second region of Tartarus. They are older than any deity and exist as personifications of vengeance<sup>10</sup>. When *Lyta* was a hero before she became pregnant, she was also known as Fury.



it is opposed to a transcendent concept. The concept is a subversive interpretation of Spinoza, affirming that when we pay attention to these bodies we are not in front of such a multitude, but that the whole body is a multitude, merging and hybridizing.

From this crowd of Lytas, to which we were unveiled, the desire to be a mother was always explicit. Lyta was in her eighth pregnancy at the beginning of the experience, having no child living with her, because the outcome of her previous pregnancies were either abortions and stillbirths, or ended in foster homes by the State. Of all these painful, tiring and aching processes, something remained of them: the desire to be a mother. The present pregnancy was no different, the desire was there as Lyta's driving force taking her through countless territories that made it possible for her to realize the much dreamed of place of being a mother.

In those territories through which she settled, she ended up producing a deterritorialization of her own care providers, as they realized that Lyta was following the recommendations, such as staying in a psychiatric institution, attending prenatal care, and controlling drug use. Each acceptance by Lyta was a small surprise that demonstrated a little of what was expected of her, when with each new encounter she let them know expectations and produced other relationships and, simultaneously, the workers of the different services that assisted her strived to reinvent themselves in order to propose new approaches. This showed that Lyta had built something different in this pregnancy, in the search for a different result: her son in her hands.

## Daniel's kidnapping

In the hope of leaving the hospital with her son in her arms, Lyta followed all the orientations and interventions of the teams until the moment of her admission. However, at the moment the pregnancy exits Lyta's dreams and her son, Daniel, is born, she is confronted with the institutional reality. Lyta is discharged and leaves the hospital alone, returning to her father's home, but without her son, who was discharged only days later, going directly to a foster home.

During this period, the speeches heard by the CnaR were conflicting, always driven by talk of a possible abstinence, coupled with some psychotic disorder that would subject Lyta to some more aggressive behavior. This image of the person with a mental disorder that is necessarily aggressive and dangerous, that needs to be controlled and managed due to its dangerous essence has already been worked on by Schiffler and Abrahão<sup>13</sup>: repetitive assistance without building new spaces and ways of caring cannot establish new processes, and consequently the episodes of escape, aggressiveness and discussions become recurrent.

Lyta was found by the eCnaR living with her father in a house. In an impacting, unforgettable scene, from afar one could already see the smoke coming out of her cigarette contrasting with the tears on her face. Lyta cried. Lyta was desperate. The gate was locked with a chain, her father had left and she had no key. The researcher talked to her across the gate. Her speech hurt us all who were there, it had the ability to recreate in everyone there a tiny part of the injuries she had in her inside. That tiny part was enough to fully carry away the researcher's emotion.



In the face of the despair in Lyta the conversation was difficult. Even though she spoke little, all the speeches and talks previously heard about her fell apart at the meeting. At that moment, the characterization of the woman with a possibly aggressive mental disorder, the drug user who left the hospital to use drugs, the user with difficult access, among other characterizations that sought to legitimize such frameworks, were nothing more than constructions in the search to standardize and rationalize Lyta's different way of living. There, in the meeting, none of the previous answers to her actions justified the suffering and despair that was witnessed.

Part of these protocolized and standardizing causalities also went through Lyta's body, evidenced by her speech:

[...] I won't do anything because I know I'll get there and the judge will hit the gavel, and I'll lose the child anyway. (Lyta)

She was already agencied at that moment by this subjectivation<sup>(h)</sup>, where there was no other way for people in her situation, except to accept the fact that her pregnancy was in favor of another. The repetition was already in the gardens of Destiny<sup>9</sup>.

This production of control appears with what Foucault<sup>15</sup> called biopolitics. It is a force in the non-legal conception of power that acts to appropriate biological processes, control them and modify them, forming itself from liberalism in a principle of government rationalization, taking place in the quantification, being deaths or births, playing with comparisons in order to predict the future, in order to let life to enter the domain of explicit calculations suffering the action of power-knowledge.

This action of the power-knowledge about life found Lyta and her situation. The institutions exerted their strength in the search for Lyta's control. These institutions are homogenizing forces generating mechanisms of control without allowing other ways of living. Public health, through this technology of power, is then legitimized by its technocratic discourse of regulation, where a force to discipline and create docile bodies has its space also occupied by a movement that makes biological processes part of an ensemble that alters modes of living and dying<sup>16</sup>.

As Foucault<sup>17</sup> puts it, biopolitics is a "statization of the biological" that establishes itself as a massificating technology using demographic and statistical techniques to control morbidity and birth rates, creating a different way of perceiving the body, breaking away with seeing it as an individual body in order to see it as a multiple body, which is translatable by what is called population. With Lyta's recognition as part of a population, she becomes a multiple body, reducible to rationalist interventions. Her desire to be a mother, allied to her way of life that does not contemplate biopolitical captures, is seen as a problem by institutional devices.

In the face of all this despair and the estrangement of her child, Lyta is an orphaned mother, a situation characterized by women who are not considered competent to be mothers, by living on the street or with mental disorders. It is used against her the assumptions of a supposed dangerousness or an anticipation of what could be

<sup>(h)</sup> Subjectivation here is understood according to the process of subjectivation-de-subjectivation of schizoanalysis proposed by Deleuze and Guattari, where influenced by hard or malleable segmental lines subjectivity is produced in relationships and lines of flight<sup>14</sup>.





a crime at some point, applying a legal intervention in order to kidnap the babies of these insufficiently controlled mothers. This eligibility is based on the risks described in the legal instruments themselves, seeking legitimization in the compulsory removal of these babies<sup>18</sup>.

After the meeting, there was an intensification in the search to understand this moment lived by Lyta, with the participation in a discussion that took place in the home where Daniel was, where services such as the CnaR, the foster home, Primary Care Health Unit, POP Center, Court of Justice and Hospital were present. In the debate that took place, the crowd that Lyta is, emerged with assumptions, the elaboration of theories and referrals. They talk about her leaving the hospital due to drug use, speculation about the child's father, about her mental health, among several other matters. In this diversity of points of view, the recognition of the desire to be a mother was always constant, crossing everyone who was there, even though it was an institutional environment permeated by formal and legal frameworks.

This affectation is an echo of the very same biopolitics reflected in what is called de-motherhood, which can be defined by the agency of the violation of the rights of both women and children, in teleological justifications established in a purpose of a supposed greater good, such as the future well-being of the child. This violation takes place in crossings by health, social service, or judicial teams, where protocols, as the authors cite, are not failing but are being carried out precisely because they were built in the perspective of failure<sup>19</sup>.

It is from this place that the deterritorialization of professionals in relation to the territories that Lyta created during that time happen, since no matter how much they sought and produced other forms of care, the response that is institutionally given was focused on de-motherhood, breaking bonds, violations of rights and productions of suffering, with the protocol emerging as a solution in an institutional agency that acted in the perspective of Lyta's failure.

At the same time that Despair<sup>9</sup> continues to watch through one of her windows, Lyta begins to walk through a domain that human beings have easy access to, the domain of Delirium<sup>9</sup>. The domain of this endless "is open to visitation, but human minds are not cut out to understand its domain"<sup>10</sup> (p. 245), where time does not obey our conventions, which is made clear at the entrance with a carved sign written "*Tempus Frangit*"<sup>(i)</sup>. While walking through this domain, she spoke many things that at first sounded disconnected; adding to her suffering, fear of loneliness and insomnia. These conditions eventually brought her closer to a referral to CAPS of the municipality for an evaluation. After the consultation they requested hospitalization, which Lyta refused because it was in the same municipality.

In the quest to clarify the reasons for this process, eCnaR visited both Lyta and CAPS. During this period, it was possible to get in touch with Lyta's medical records at CAPS, which allowed for a new vision, since there was a history of care since her adolescence with many suicide attempts, sexual violence and use of psychoactive substances.

<sup>(i)</sup> *Tempus Frangit*, a word in Latin, has as its possible translation "Time Breaks", a play on words with the expression *Tempus Fugit* (Time Flies).



Lyta always remained with one foot in Delirium's domain, sometimes failing to organize her time very well, interpreting our reality in ways that were not understandable to the researcher in the field, but in his affects it was noticeable the feeling of guilt. A guilt for having been a victim of violence throughout life, for using drugs, for getting pregnant, for not following the behavior they expected from her, for not being able to stay with their child, in short, the guilt always reaching their body, reducing their potency.

And the encounters continued, with Lyta stopping the use of medication in some moments, failing to follow the recommendations of the services, while always being open to them. In any case, everything she seemed to do was guided by her desire to get closer to her baby again, so much so that even after her moment of denial about the lawsuit, she ended up changing her mind and attended the hearing. Little by little Lyta found her way in institutional circles, searching within what was offered her some way to at least see her son. It was done in the effort to accept the recommendations, hospitalizations, medications, and care in the hope of getting back in touch with Daniel. However, after a month she had adapted her speech, she no longer spoke of staying with her baby, but of at least getting to see him.

In the face of the entire path taken with her during the meetings provided by the CnaR, Lyta talked about her life, her dreams, her fears. All those affections that hit her body were still being gestures in the ideas to gradually be verbalized. Now she was affected by the weight of the framing and legal control over Daniel, now she was going beyond her desire to be close to Daniel and talking about the absence of limitations in this struggle.

Lyta lives together with cases that other women who are on the streets also live with, such as aggressions, abuses, or situations generated by institutions characterized by difficult access, stigma, and prejudice<sup>20</sup>. As an abnormal of desire, Lyta suffers from violence that runs through the various flows and influences the segmentarities of her life, and in this cartography that she builds, of territories to survive, she searches for ways of living that allow for a minimum motherhood, a minimum contact with her baby that had been conceived in her dreams and has not yet had the opportunity to inhabit the same world as her.

## The eugenic flows

During the case discussion held after Daniel's birth, a debate that always appeared was based on the need for sterilizing Lyta, presented as one of the possibilities of care that the service needed to offer her. The women's sterilization procedure appeared as the solution among some professionals in a movement to imagine "how good it would be if she accepted! Not all the professionals present approved or reiterated the proposal, however it remained in evidence even being contradictory to Lyta's desire.

In the last days of the researcher's experience, Lyta had already started the follow-up for contraceptive application. At the time of application, the nurse questioned about the interest in performing the sterilization, and to the surprise of both the researcher and the team, she accepted. Lyta, an orphan mother, who never had the opportunity to





exercise the motherhood she had always wanted, suddenly agreed with her sterilization. The finalization of this sterilization process will not be described here, since the experience did not contemplate this period. What will be discussed are the institutional procedures, the norms and the captures that came into confrontation with Lyta's desire.

At the moment of accepting the sterilization, a play of forces was visible where the desire had been captured. Despair at this moment was still watching her, accompanying her, but from a more considerable distance, her anguish was no longer in this domain as before. Lyta still had her moments of fear, anguish, yet her desiring machine had already been tamed, framed, and there was no room even for despair.

Historically, in health, there are captures and framing. If in the past we had a differentiation from the normal or crazy for the presence or absence of reason, nowadays with the production of desire in the modern capitalist state, differentiations begin to be guided by desire, and what operates is a life guided by an aesthetic mode<sup>(i)</sup> without space for other ways of living. This production of desire operates through the capture of countless segments of life such as churches, family, leisure, among others, seeking to homogenize these social machines by organizing the flows under a strict axiom for the benefit of the capitalist system, so that it immanently produces its own limits, constantly expanding and having the State as regulator of these flows<sup>21</sup>. When someone acts on the deviation of this capitalistic desiring force, the field of health is on the outlook, therefore corroborating the fact that those who deviate are unable to get an offering of existential connections, being taken by society to a "non-human" place<sup>22</sup>.

<sup>(i)</sup> An aesthetic way of life, understood by the conditions that subjectivities are produced through the capitalist machine, modeling customs, expressions, routines and ways of living.

Lyta is an abnormal of desire, that from the moment she needed a concrete offer of health services, the institutions acted in the search of producing the standardized desire as normal, acting in a capture for her to start operating in another aesthetic way, in a way of life in which sterilization becomes one of the only options. At the moment of renouncing new pregnancies she sees herself without perspectives of another mode of existence. The options for living are few, considering that Lyta still lived with her father, a place where she suffered countless forms of violence, to have a fixed address in order to remain "look nice" by the control systems, especially the judiciary. In an attempt to see again Daniel, she remained in a violent environment. In this situation, returning to the streets did not seem to be within her options, even being violated in countless ways, because she knew that if she left that place, the chances of seeing her son would be reduced.

Among the use of psychotropic drugs, offers of internment, the perspectives to stay with Daniel were disintegrating, while she was at risk of getting pregnant again due to the violence she suffered and, then, Lyta accepts the possibility of sterilization that was always on the agenda by the health services.

In parallel, we bring here a case that became public knowledge in Brazil, referring to Janaína, a person living on the street compulsorily sterilized, resulting from a public civil action by the Public Ministry, when under a justification of vulnerability had the procedure performed during her delivery, without consent. This case expresses the technical coldness of the judiciary, in a naturalization of the compulsory sterilization

in people who do not express the homogenized ways of living, who are not in control of this biopolitics. In the pursuit of control, they produce violence in people such as poor, indigenous or intellectually disabled women<sup>23</sup>.

The proposal of sterilization has always been on the agenda, but unlike the Janaína case, Lyta was not under judicial process for this, still sharing similarities with the aforementioned case. These similarities appear in a movement that occurs even before the judicial decision that made the Janaína case public. They are in the flows that agencied the professionals and in the pathways that they traced. Within the limited possibilities, the ways of living and solving the problems are also reduced, and from the absence of options the sterilization began to become a natural way in the offer of the health system, morally reflected in the case of Lyta.

This pathway, besides having elements of hygiene, is characterized by a medicalization of the space of the society in a control of norms of behavior and organization of spaces of the city. It seems to have its strongest genealogical propensity in eugenics. Francis Galton coined eugenics, from Greek etymology, in 1883 from *eu* (good) and *genus* (generation), guiding a promise of elevation of morals and happiness through the control of heredity. Over time it has become a controversial term understood in countless ways, yet a common core definitions can be identified by a natural explanation of social inequalities, aiming, through rationality, objectivity and neutrality, towards a change in the future of nations<sup>24</sup>.

The term eugenics was suppressed in publications and disclosures after World War II due to the practices of negative eugenics used by Nazi Germany, but it was not exclusive of that regime. It extended through various parts of the world, being adopted by various methods, it appeared by the so-called negative, positive, or preventive eugenics. Despite having different methods, the desired end was the same, an evolved society without unwanted individuals<sup>25</sup>.

This theory was expressed as a symbol of modernity, evolution and civilizing progress through the control of reproduction in the search for a society where only those considered good biologically and morally would populate it<sup>26</sup>. Brazil had its own Brazilian eugenics movement in the twentieth century that was linked for a period to public health physicians and psychiatrists, who, even after internal methodological disagreements, continued to publicize the eugenics proposal, gaining strength during the Second World War through the influence of German methods and ideals<sup>25</sup>.

After the end of the war the term became unfamiliar, but eugenic proposals still resonate in contemporary times, such as in schools through selection and exclusion from school, in the death of young poor people in the periphery of cities<sup>26</sup>, or in the case of Lyta, by controlling bodies acting on their reproduction, without need of using judicial means, carried out through framing and selection.

In the modern capitalist state, there are flows that seek to produce certain subjectivities in order to agency ways of living. In the present case, these flows acted producing attempts to interrupt future pregnancies, controlling their reproduction, giving agency to their desire in the search for a de-motherhood, at the same time that they imply a society model in which people like Lyta do not deserve to populate, characterizing a eugenic flow.



In the face of Lyta's nomadic living, countless ways of producing life and solving problems were possible, but from the moment a eugenics flow passed through it, the solutions were reduced and the possibility of controlling reproduction emerged. Drug users, people with mental disorders and living on the street have their options reduced, with their desires agencied by these mechanisms. Lyta's desiring machine is contained to a point in which her desire to be a mother is metamorphosed into her desire not to reproduce.

A legal decision made possible the sterilization of Janaína, however Lyta's case exposes a functioning that was not executed as a legal decision, but rather agencied with the same purpose in the micropolitical relations, in the flows for agenciating desire, where Lyta decided for her sterilization. When Lyta's desire to be a mother is suppressed and crushed to the point where she herself resorts to permanent sterilization, this eugenic flow crosses her and captures her, in the same way when institutions see the sterilization of women as one of the only ways out.

Until the end of the field experience at the CnaR, Lyta was still waiting for the sterilization procedure, she was still walking through the domains of Despair and Delirium, her dreams were already becoming more and more distant, without an answer from the judge about visits or custody of her son. The desire to be a mother no longer had space in her existence, now she lived with her son far away, in an environment where she suffers abuse, but in which she needs to remain, in an exercise to please the morality of the institutions, in order to demonstrate that she has a physical address in the hope to see Daniel again.

## Towards the quest for new futures

Just like *Lyta* de Sandman, the Lyta who we got to know in this experience also had her son kidnapped and began a tireless search for Daniel. Delirium, despair and anger mark this mapping of the fury that is Lyta, suffering in her body all the afflictions resulting from institutional framings and controls for being an abnormal of desire.

When she becomes a mother orphaned by Daniel's kidnapping, both Lyta and the CnaR professionals feel betrayed, falling into impotence in the face of the biopolitical agencies that involved her situation. As Morpheus sealed the future of *Daniel's* kidnapping, Lyta as a street dweller also seems to have her fate sealed when she became pregnant, since no matter how much she followed all the recommendations, the same end was still in sight.

In addition to the pain of Daniel's estrangement, Lyta was still dealing with violence in her home in a tangle of rhizomatic relationships that evaded the usual definitions. Even in this escape from definitions, a homogenizing action falls upon her with a eugenic flow in the micropolitical relations restricting her options, making the sterilization as one of the few ways out.

All these mapped scenes show situations of capture and control that occur everyday, even with team professionals seeking to make differences in their relationships with users. The team weaved and reinforced nets in an effort so that Daniel could be born,



and in this effort they were also frustrated by the impossibility of Lyta retaining her baby. From this point on, it is visible that there are still acting machines that produce homogenization and prevent different ways of living, like Lyta's.

The social context researched in this study demonstrated a complex network of flows and connections that just one research was not able not reveal in its fullness. There is a need to understand that it is key to produce knowledge through multiple theoretical and methodological references, therefore explaining new analytical perspectives regarding the movements and events that occur both with the street dwellers and with the CnaR itself as a public policy and agent of production of difference.

### **Authors' contributions**

All authors actively participated in all stages of preparing the manuscript.

### **Funding**

This research was carried out with the support of the Coordination for the Improvement of Higher Education Personnel - Capes through a student grant.

### **Conflict of interest**

The authors have no conflict of interest to declare.

### **Copyright**

This article is distributed under the terms of the Creative Commons Attribution 4.0 International License, BY type (<https://creativecommons.org/licenses/by/4.0/deed.en>).



#### **Editor**

Rosamaria Giatti Carneiro

#### **Associated editor**

Mónica Petracci

#### **Translator**

Félix Héctor Rigoli

#### **Submitted on**

02/18/20

#### **Approved on**

10/27/20

## References

1. Brasil. Ministério da Saúde. Portaria GM/MS, nº 122, de 25 de Janeiro de 2011. Define as diretrizes de organização e funcionamento das equipes de Consultório na Rua. Brasília, DF: Ministério da Saúde; 2011.
2. Abrahão AL, Merhy EE, Gomes MPC, Tallemborg C, Chagas MS, Rocha M, et al. O pesquisador in-mundo e o processo de produção de outras formas de investigação em saúde. *Lugar Comum*. 2013; 39:133-44.
3. Deleuze G, Guattari F. Mil platôs: capitalismo e esquizofrenia. Oliveira AL, Guerra Neto A, Costa CP, tradutores. 2a ed. São Paulo: Ed. 34; 2011. v. 1.
4. Rolnik S. Cartografia sentimental: transformações contemporâneas do desejo. Porto Alegre: Sulina, Editora da UFRGS; 2011.
5. Costa LB. Cartografia: uma outra forma de pesquisar. *Rev Digit LAV*. 2014; 7(2):66-77.
6. Deleuze G. Cursos sobre Spinoza (Vincennes, 1978 – 1981). Fragozo EAR, Castro FEB, Cardoso Júnior HR, Aquino JA, tradutores. Fortaleza: EdUECE; 2009.
7. Slomp JH, Merhy EE, Rodrigues MR, Seixas CT, Bortoletto MSS, Baduy RS, et al. Contribuições para uma política de escritura em saúde: o diário cartográfico como ferramenta de pesquisa. *Athenea Digital*. 2020; 20(3):e2617.
8. Teixeira RC. Sandman – mitologia para as novas gerações. *Rev Comum*. 2005; 11(25):187-97.
9. Gaiman N. Sandman: edição definitiva. Martins J, Denardin F, tradutores. 2a ed. Barueri: Panini Books; 2010. v. 1.
10. Graves R. Os mitos gregos. Klabin F, tradutor. 3a ed. Rio de Janeiro: Nova Fronteira; 2018. v. 1, v. 2.
11. Rosa AS, Cavicchioli MGS, Brêtas ACP. O processo saúde-doença-cuidado e a população em situação de rua. *Rev Lat Am Enfermagem*. 2005; 13(4):576-82.
12. Negri A. Para uma definição ontológica da Multidão. *Lugar Comum*. 2005; (19-20):5-26.
13. Schiffler ACR, Abrahão AL. Interferindo nos microprocessos de cuidar em saúde mental. In: Gomes MPC, Merhy EE. *Pesquisadores IN-MUNDO: um estudo da produção do acesso e barreira em saúde mental*. Porto Alegre: Rede UNIDA; 2014. p. 89-104.
14. Cassiano M, Furlan R. O processo de subjetivação segundo a esquizoanálise. *Psicol Soc*. 2013; 25(2):373-8.
15. Foucault M. Nascimento da biopolítica. Curso no *Collège de France* (1978-1979). São Paulo: Martins Fontes; 2008.
16. Neves CAB, Massaro A. Biopolítica, produção de saúde e um outro humanismo. *Interface (Botucatu)*. 2009; 13 Supl 1:503-14.
17. Foucault M. Aula de 17 de março de 1976. In: Foucault M. *Em defesa da sociedade*. São Paulo: Martins Fontes; 2005.
18. Souza CMB, Pontes MG, Jorge AO. Mães órfãs: o direito à maternidade e a judicialização das vidas em situação de vulnerabilidade. *Saude Redes*. 2018; 4 Supl 1:27-36.
19. Belloc MM, Cabral KV, Oliveira CS. A desmaternização das gestantes usuárias de drogas: violação de direitos e lacunas do cuidado. *Saude Redes*. 2018; 4 Supl 1:37-49.
20. Rosa AS, Brêtas ACP. A violência na vida de mulheres em situação de rua na cidade de São Paulo, Brasil. *Interface (Botucatu)*. 2015; 19(53):275-85.

21. Deleuze G, Guattari F. O Anti-Édipo: capitalismo e esquizofrenia. Orlandi LBL, tradutor. 2a ed. São Paulo: Editora 34; 2011.
22. Merhy EE. Anormais do desejo: os novos não-humanos? Os sinais que vêm da vida cotidiano e da rua. In: Lancetti A, Chioro A, Vargas B, Zapparoli C, Petuco DRS, Castilho EWV, et al. Drogas e cidadania: em debate. Brasília, DF: Conselho Federal de Psicologia; 2012. p. 9-18.
23. Costa FV, Mares DAGV. Laqueadura compulsória: análise da transdisciplinaridade do “caso Janaína” a partir do estudo etnográfico realizado por Paula Miraglia. Rev Jurid UNI7. 2019; 16(1):79-96.
24. Boarini ML. Higiene e raça como projetos: higienismo e eugenismo no Brasil. Maringá: Editora da Universidade Estadual de Maringá; 2003.
25. Wergner R, Souza VS. Eugenia ‘negativa’, psiquiatria e catolicismo: embates em torno da esterilização eugênica no Brasil. Hist Cienc Saude Manguinhos. 2013; 20(1):263-88.
26. Gualtieri REC. Educar para regenerar e selecionar. convergências entre os ideários eugênico e educacional no Brasil. Estud Soc. 2008; 13(25):91-110.

---

Este artigo buscou mapear os afetos em cenas que ocorreram em uma vivência em um Consultório na Rua (CnaR) por meio da realização de uma cartografia. Os territórios mapeados, junto com a intercessão da obra “Sandman” de Neil Gaiman, que foi utilizada como dispositivo cognitivo de discussão da fantasia-realidade, evidenciaram modos de viver que desafiam os métodos tradicionais de produzir cuidado, enquanto tornaram visíveis capturas micropolíticas que levaram à produção de controle e enquadramento. Diante disso, foi perceptível no CnaR uma potência de produção de outros modos de cuidado ao mesmo tempo que as capturas micropolíticas para controle do vivente da rua agem agressivamente maquinando a produção da necessidade de esterilizações e desmaternizações com o sequestro de bebês pelo Estado.

**Palavras-chave:** Pessoa em situação de rua. Cartografia. Maternagem.

---

El objetivo de este artículo fue mapear los afectos en escenas ocurridas en una experiencia en un consultorio en la calle (en portugués, Consultório na Rua - CnaR) por medio de la realización de una cartografía. Los territorios mapeados, juntamente con la intercesión de la obra Sandman de Neil Gaiman utilizada como dispositivo cognitivo de discusión de la fantasía-realidad, pusieron en evidencia modos de vivir que desafían los métodos tradicionales de producir cuidado, puesto que dieron visibilidad a capturas micropolíticas que llevaron a la producción de control y encuadre. Ante esto, fue perceptible en el CnaR una potencia de producción de otros modos de cuidado, al mismo tiempo que las capturas micropolíticas para control de la persona que vive en la calle actúan agresivamente maquinando la producción de la necesidad de esterilizaciones y desmaternizaciones juntamente con el secuestro de bebês por parte del Estado.

**Palabras clave:** Persona en situación de vivir en la calle. Cartografía. Maternaje.