"We have always been in crisis"
An ethnography of austere livelihoods in Northern Portugal
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CHAPTER 3

Embodied Crisis: Affliction, Self-Medication and Recognition

One might think one’s misfortunes distinct, but the true horror lies in their universality.

- Colson Whitehead, *The Underground Railroad*, 2017

I begin with an ethnographic observation: in every single household I worked with, at least one but usually several of the household members were extensively using or even addicted to psychotropic drugs and other pharmaceuticals. More often than not, family members combined anti-depressants or mood stabilizers with other, non-psychoactive drugs (usually painkillers, antihistamines or sedatives). The level of medication of the local population was thus significantly higher than that commonly expected across the European Union (Eurostat, 2014). The drugs were used to medicate a wide variety of symptoms: physical pain, mental health troubles, stress, exhaustion, overexertion and many more. In most if not all these situations, the quick relief that medications offer was reached for as people attempted to keep up with the daily tasks necessary to continue making a living.

This was the situation for the family of Lara and her children. Lara, who was born in 1971, is the owner of a textile workshop. Ricardo, her oldest son, is a high school graduate who works as a day labourer. He and Lara have both been diagnosed with bipolar disorder. Both hold a prescription for mood stabilizers and also, during their depressive phases, take the anti-depressant drug, Xanax, which they acquire online without a prescription. During the months that I lived in this household, their use of Xanax was almost daily, and they shared it with other family members, when requested, especially Lara’s two daughters. Often, Lara would lament that she could not get out of bed in the morning without being able to look forward to her daily “happy pill”.

Moreover, Lara suffers from a chronic dry cough and skin eczema caused by decades of unprotected exposure to the chemicals used in cloth dyeing. She habitually over-consumes her prescription drugs to the extent that, by the middle of her monthly dose, she needs an early replacement. Lara, along with her son and other family members, reaches for over-the-counter painkillers and sleeping pills, as well as marijuana, when their medications run out. Ricardo meanwhile, frequently becomes angry or even aggres-
sive towards his younger sisters when he discovers that they have misappropriated his Xanax. Although he too smokes marijuana, he consumes alcohol much more frequently.

When queried about their self-medication, Lara’s family, like many others, referred to emotional and bodily registers that highlight what can best be summarized as affliction: pain and injuries, psychological disorders, stress, exhaustion and chronic diseases, as well as more affective dispositions like anger, aggression, or even violence. All of these afflictions seem to be managed by recourse to drugs. In other words, people may be addicted to substances, but addiction does not register within their self-conception or even as a problem in their lives. Rather, what does register is their feeling of being afflicted. This affliction is combined with the knowledge that, the time to actually engage these afflictions—to treat, remedy or cure them—is fundamentally lacking. As Lara summarized: “I run around all day already, trying to do everything. And then, at the end of the day, I am tired, so tired. Maybe even too tired to make a tea for my cough, or a hot compress for my skin eczema… not if I can also just take a pill”. Medication then serves the purpose of remaining functional on a daily basis, and offers “fast relief by buying time”, as is also suggested by Vuckovic’s seminal study of by women’s pharmaceutical use in the United States (1999).

In addition to buying time and alleviating the symptoms, medications mask a variety of conditions of affliction that, more often than not, are rooted in mental health problems to the same degree that they are rooted in physical illness. I will freely admit that in the course of fieldwork, I was unprepared, and deeply affected by, the display of such entrenched accounts of pain and affliction. I struggled to place it, theoretically or otherwise, in the context of ethnography and the livelihood crisis. Gradually, I came to think of such corporeal registers as part of the profound effects that the livelihood crisis has on people’s bodies and minds. These were, it seemed, signs that the crisis of livelihood had become embodied in a very intimate way and was causing social, physical and psychological suffering (Tilly, 1978; Auyero, 2009). It is precisely these notions of a ‘crisis gone intimate’ that interest me in this chapter.

Standing on the shoulders of scholars of structural violence (Scheper-Hughes and Bourgois, 2004; Farmer, 2005, 2006), my aim in this chapter is to bring to view the experience of affliction: How it manifests in such a way as to be both muted and expressed as well as elided or denied validity and entitlement. Additionally, what does it tell us about the health effects of the crisis of livelihood? The core theme of this chapter thus revolves around disease and affliction, not addiction or medication. Of course, drug addiction and self-medication are relevant issues in the health of my informants, but my aim is to foreground the afflictions these drugs are used to medicate, rather than addiction itself. Following the work of Bourgois (2003) and others (Hansen, Boigois& Drucker, 2014; Petraya, 2002; Lakoff, 2006), I understand addiction as a result of the illness-poverty trap (Nguyen and Pescard, 2003: 447), which must be deconstructed in order to see the functions of addiction in this trap.

To explore this, I draw on several bodies of work in anthropology, critical feminist theory, critical race studies and philosophy. As already stated, the backbone of this chapter is provided by an anthropological approach to structural violence with its as-
associated focus on a deeply materialist approach to “the ethnographically visible”. To showcase the way in which the agency to meaningfully affect one's social, medical and economic situation is severely constrained in the context of austerity and the livelihood crisis, we need to not merely look at agency and social formation, but at what is concretely materially and socially present and available to those who suffer the livelihood crisis. Drugs, pain and affliction are visible, as are dwindling incomes, overcrowded housing conditions and confliction social relations. Discrimination, structural violence and durable inequality, on the other hand, are not concretely apprehensible to my informants (Bourgois, 2003; Hansen, Bourgois & Drucker, 2013), nor are the rollback of social provisions, punitive state-led regulation and exploitative working relations.

In the following, I suggest that far from being individual dispositions, the illnesses and afflictions that household members express and medicate are directly linked to their living situation and dwindling income, that is, to their social relations and material conditions. The previous chapters highlighted the economic and social facts of the crisis of livelihood by considering the return to the home: a liminal, safer space where home-based businesses, subsistence farming, petty commodity production and petty rent could all continue in spite of state control. In this chapter, I consider what the livelihood-crisis produces in emotional, affective and subjective terms.

Linking corporeal affects and their medicalization to material conditions and social relations allows me to contribute to a growing body of ethnographic research detailing the intricate intertwining of precariousness, subjectivity and public health. Such analyses are important, moreover, because expanding the concept of social reproduction to include the sphere of individual bodies and their well-being, ties capitalism's disciplining of the body back in with the capacity to work, that is, with labour power (Federici, 2006, 2010). Looking at affliction as an ethnographic reality therefore reties its root causes not only to structural violence, but to the institutions and states that are themselves presumably responsible for medical and psychological care (Fisher, 2009).

Medication or drugs may arguably be designed to induce complacency and to keep people working (Bourgois, 2003; Lader, 1987). But, at least in Guimarães, drug use was not accompanied by a silent acceptance of the injustices that people were dealt. As Sidney Mintz observed already 40 years ago, the ability to execute meaningful agency is also related, inversely, with the ability to resist marginalization and other forms of oppression. Therefore, this chapter focuses in on one of the many adverse outcomes of structural violence, in which it comes to be embedded in both the social relation and the material fabric (Farmer, 2005) as affliction. By making affliction the core theme of this chapter, I hope to drive home not only the altering material conditions and social relations brought on by the crisis of livelihood, but also, the crisis' deeply personal, even intimate consequences: the “hidden injuries” of crisis, if you will (Sennett & Cobb, 1972).

This chapter charts the crisis of livelihood in Lara’s household, but focuses less on the mode of livelihood-making and more on the consequences that this mode has in terms of corporeality. After an in-depth engagement with the embodiment of crisis, I
will explore what people ‘do’ with their afflictions: the instances where is muted and internalized, and those where it is publically expressed. I suggest that publically voicing and displaying affliction can be viewed as a quest for recognition that aims to make visible the structural violence of austerity, institutional neglect and livelihood crises. While the following chapters take up the question of resistance to marginalization and crisis therefore, this section considers both those whose affliction make resistance unlikely, and those who aim to express and contest it.

Studying Embodiment and Affliction

I understand the cases that I will present as part of a larger, emergent structure of feeling—a depressed, anxious, suffering, and angry structure of feeling. This is, broadly speaking, a consequence of both the livelihood crisis and of the breakdown of future visions. In the previous chapters, I employed future vision as a concept when discussing the break-down of Elvira’s life narrative. For the purposes of this chapter, however, it is necessary to briefly deepen the theoretical implication of combining Williams’ (1977) structure of feeling with the psychoanalytic and sociological insights derived from scholarship on structural violence, discrimination and depression.

I borrow Raymond Williams’ famous concept of “structures of feeling” (1977) to denote the emergent (and residual) bodily dispositions and ways of relating that occur in response to the livelihood crisis. Williams was interested in the edges of representation or rather, the affective dimension of social orders. He advocated that, unlike the feelings that are storied by official discourse and that we are told to care about (like freedom, individuality, happiness, and success), the emergent structures of feeling offer insights into the lived and felt experiences of that which may be occurring on the fringes of these dominant and sanctioned forms of emotion—on the fringes, that is, of totalized ‘ideologies’. Similarly, in the cases I will discuss, the emotional and physical registers used to express the breakdown of future visions—the emergent structure of feeling they denote—appear as alternative or oppositional affects when compared to the dominant official narratives of crisis as opportunity, or hope (compare introduction).

Recall that future vision implies the ability to safely project oneself into the future, a notion that seems almost nonsensical given the eternal open-endedness of crisis situation as defined by Koselleck (1975). It is in this sense that I use an emergent structure of feeling to come to terms with how the crisis of livelihood makes for a subjective, ontological and corporeal experience. Raymond Williams’ theories are necessary, I felt, because they allow for taking on board and simultaneously looking beyond the recently celebrated ‘affective turn’ in social and cultural theory and its apparently seamless recovery of “the body” (Lock, 2017), as both an object of inquiry and simultaneous subject of emotion, affect and psychology.
Williams’ theories were the only ones capable of making sense of the often confusing and contradictory ethnographic experiences and encounters that structured my fieldwork. Examples of this would be the way that virtually all members of Lara’s household were erratic, never kept appointments, often forgot what they had said only a minute earlier, went into seemingly inexplicable tantrums over benign comments or events, and made completely contradictory statements without being aware of it. By relying on Williams’ insights, I came to view these instances as expressions of the erratic, contradictory nature of the family’s exposure to structural violence, and the intimate consequences of the livelihood crisis. Moreover, conceptually, this combination of approaches allowed for taking seriously the public expressions of affliction as requests for recognition (Fraser, 2003).

What is more, both modern medicine and the legal-criminal state apparatuses treat people as individuals: either by medicating an individual disease or by persecuting a specific crime. In these treatments, there is little or no concern for the societal structure these individuals are implicated in (Fassin, 2012; Fisher, 2009). This observation is relevant to the case at hand, because Lara and her family are also struggling with the freedoms and abilities (nominally) afforded by modern liberal citizenship, because they continuously clash with their lived experiences. As we shall come to see, they are institutionally and educationally pushed to conceive of themselves as individuals who hold authority and responsibility over their own lives. They want to abide by these directives but struggle to do so given what is concretely materially and socially available to them on a daily basis (Mintz, 1997).

All too often when examining official and institutional discourses on health, mental health and affliction, the onus of the burden of proof is placed the individual. When an account of a lived experience of structural violence meets a structurally liberal and morally-classed discourse of medical “professionalism” (Fisher, 2009) it all too often results in a ‘pathologization’: Here those suffering from poverty and affliction, those at the receiving end of structural violence, are recast as somehow deserving of it (Li, 2017), at the very least because they are not taking active initiative to “pull themselves up by their own bootstraps, or […] move to areas of high growth and new opportunity” (Li, 2017: 1249).

Writing against such pathologization requires that we locate ethnographic realities by showing very clearly what is materially and socially available to our informants, thereby highlighting how initiative and agentic action may be constrained, as Mintz invites us to do. But it requires also that we work against the common assumptions that mental health issues are a matter of active choice, or the result of choosing to feel bad. If, as anthropologists, we are happy to acknowledge that poverty and structural violence can have tangible and physical effects—why should mental illness be any different (Dewachi, 2015)? In so far as crisis situations always contain their own temporality (Makropolous, 2016), showcasing the effects that the open futures of crisis situation have in physical but notably also psychological terms appears paramount.
The Personal Consequences of the Livelihood Crisis

I focus here on the case of Lara's household but their experiences can be seen as symptomatic for most of the multi-generational, downwardly-mobile households I worked with in Guimarães. Sociologically, it is however important to note that Lara's family are *retornados* from Angola, and as such arrived in Guimarães (the ancestral village of Lara's father) with a certain amount of highly sought after know-how in cotton manufacture, as well with seed capital provided by the *Institute for Assistance to Returning Nationals*. Upon arrival, they faced the hostility and aversion of neighbours and acquaintances who felt that the state was giving the already privileged *retornados* the support that they themselves had been demanding for years. Still today, the accusation goes around that *retornados* have what they have because they first exploited the colonies and then were supported by the state in their escape and building of a new life. Without reifying such prejudices, we must note that the large piece of land and lump sum payment Lara's parents received upon arrival in Guimarães permitted building a home and buying some extra land outside the city.

Moreover, the skills they brought also turned out to be in demand in Guimarães. Lara's father, a cotton exporter in Angola, was able to secure a white collar job at a nearby factory, where he was hired to do the quality control of raw material and finished products. It thus seems fair to say that Lara's parental generation had access to seed capital that other locals lacked, and which enabled them to build a life in Portugal that, for one generation at least, seemed to have made them better off in economic and social terms than many other families in the vicinity. This situation ceased to be true with the arrival of the 1990s recession. Today, except for Lara and her daughter Eliana, all the family members are officially unemployed. Lara's parents, as well as her great aunt are retired and receive (low) state pensions. These pensions and Lara and Eliana's wages constitute the family's only stable monthly income and are generally used to pay the monthly gas, water and electricity bills.

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19 *Retornados* (lit: returnees). Refers to the approximately 600000 nominally Portuguese citizens who “returned” to mainland Portugal between 1974-76 during and directly following the decolonialization of the Portuguese colonial empire. The largest numbers hailed from Angola (prox. 31%), Mozambique (28%) and Guinea Bissau (10%). Many of these returnees had been born and raised in the colonies, and were frequently better off in economic, social and educational terms than their continental counterparts. The early *retornados* were even wealthier because they left before the empire fell and were thus able to bring with them the riches accumulated in the colonies. For a sociological study on the *retornado* phenomenon and the difficulties in integrating a group of people that was socially freer, better educated, richer and generally more liberal, see Pireas and Sila (1987). Upon their “return”, those who had little or no financial means were initially housed in pensions adjacent to the ports and their accommodations, as well as an allowance for their daily needs were covered by the *Instituto de Apoio ao Retorno de Nacionais* (IARN: Institute for Assistance to returning Nationals). When it became evident that wealth accumulated in the colonies would not always be released by the newly independent states to be brought home, the IARN initiated a far-reaching support program that distributed *retordados* across the country. This relocation was paralleled by programs for emergency clothing and food subsidies; long-term credit options for constructing liveable homes and schools; and secondary education scholarships. For an exhaustive list of the programmes available, consult Sereno (2012).
As the youngest daughter, Lara never left her ancestral home but stayed “in-house” (compare Brettell, 1989, 1991; as well as footnote no. 32) bringing her husband into the house after their wedding. In return for this decision—demanded by her father prior to the marriage—Lara agreed to care for her parents in their old age, which she has done. She also secured herself a vague ownership interest in the house and property, ensured that she could keep using one garage as a workshop and assumed responsibility for its care and management up to the present time.

One of the most common strategies for livelihood making in Guimarães was petty rent. In the case of Lara’s household, as incomes dwindled and revenue from Lara’s workshop bottomed out, spare rooms were hastily furnished and advertised online. When I moved into the house in May of 2015, they were renting only one room, mine, and preparing to make another one available to rent. As petty rent proved a successful strategy where many others did not, further attempts were made to capitalize on rent extraction. Lara and her partner at the time limited their own use to only one bedroom in the cellar, giving up their office to Lara’s daughters, Eliana and Maria-José, to share. While Ricardo, the son, was asked to move into the attic, where he would sleep among the boxes and dust, so that his room could be rented out. Meanwhile, one month’s worth of pension money was used to purchase the materials necessary for constructing a studio on top of the garages and Ricardo ceased his usual day labour work for a month in order to build it.
Meanwhile, Lara’s great aunt, her mother’s sister, moved into the room upstairs so the downstairs one could be let, while Lara’s parents, who had always lived in the first floor front room with a view over their property, decided to go live at their farm outside the city—a decision that came to be reversed when winter hit and both fell ill with bronchitis, because the farm house could not be properly heated.

In sum, in a matter of ten months, five rooms (three of them doubles) and a studio were made available to rent, and the number of household inhabitants more than doubled, rising from nine to nineteen. The large piece of land the family owns relatively close to the city centre means they were able to expand the house to have rooms to rent with relative ease—another factor which sets them apart from the relatively crammed structures making up most of the other homes in the neighbourhood. The result of these home-made constructions however is a hotchpotch of various extensions, extra rooms and structures from a variety of materials that sprawl outward from the main house in all directions. Figure 7 contains sketches of the house, property and floorplans: the original two-storey house with a cellar and attic; the garages and workshop added in the 1980s; its first, two storey extension towards the back built in the 90s; and the final bedroom added at the back of the kitchen in 2012. Figure 8 shows the different bedrooms across the floors.

Although proving a relatively stable source of income, of the average €800 per month more that the family now made (compared to the 120 they had charged for my room), around 300 of it was eaten up by a massive hike in electricity, water and gas bills. In the first couple of months, the remainder largely went to paying overdue bills and debts to various service companies; covering the hike in property tax that came with a re-evaluation of their property (compare the following chapter); fixing the leaky roof; and making the attic and farm liveable. In sum, then, the extra cash that came in, did not immediately improve Lara’s household’s financial situation. Only after a period of about 7 months, when most the immediate debt had been repaid, could the income be used towards much needed investments, such as fixing the car, paying obligatory contributions for medical treatments, dentists visit and so on.

**Entrapment and the collapse of the public-private divide**

The increase in residents and associated decrease in space also involved a direct cost for family members. Not only did their immediate kin relations become more conflictual as space shrank, but also their physical and psychological health suffered from the added stress and anxiety. Personal space, private time and basic comfort were lacking because everyone was sharing rooms in inadequately small spaces not really fit for human habitation. It went even to the point that, when Lara and her then partner split up, they were forced to keep sharing a bedroom and bed since there was simply no other available place for him to sleep in the house. The ten weeks that it took for him to arrange a new place to live were among the most unpleasant and stressful for all the members of the house: fights and shouting at all hours of the day and night were common, and those living in adjacent rooms sought refuge with earplugs and sleeping pills in order to get their nightly rest.
Moreover, the needs and wants of paying tenants, in order to keep them happy, were routinely privileged over those of family members: Their laundry would be the first to be washed and family meals would be rescheduled in order to enable their access to the kitchen and cooking facilities. The siblings were sent out at all times, no matter what they were doing, in order to purchase more towels or when the cooking oil had been used up. As a rule, tenants were not asked to adjust their behaviour or consumption patterns. This often meant that Lara’s children went to work without having had coffee or breakfast because the small kitchen could not host any more people.

Maria José (1996), Lara’s younger daughter, discovered the downside of having paying tenants most starkly. She was trying to pay for a vocational training course in physiotherapy by offering massages and spa treatments, sometimes in the homes of her clients. Since this was not always possible, some years ago, before any tenants were present, half of the living room had been sectioned off in order to provide a treatment room in which she could receive clients. Since the treatments she offers are mainly meant to be relaxing, the sheer noise from the adjacent kitchen and living room, now used by 19 people, began interfering with her clients’ ability to relax. Things got worse when, sometime in the winter months, there began, often, to be no hot water available for her treatments. Only a few weeks later, she and her clients suddenly sat in complete darkness as the electricity grid had yet again collapsed from the strain of supporting ten individual heaters.

Maria José tried to make the argument to her mother and grandparents that, since her treatments brought in paying customers, the needs of the spa should take precedence over the heating and water use of others. These demands got her into direct conflict with her sister, Eliana (1995), who managed the online platform used to attract clients and was responsible for having brought in several of the tenants. A compromise was reached when Maria agreed not to have clients at the ‘peak hours’ (on weekend afternoons and weekdays after 7pm) and, in return, the family members would limit
their electricity and water use during the remaining treatment times. Note that the tenants were not asked to adjust their usage or behaviour. For Maria José, this also meant that she spent a lot less time seeing clients, earned less money, and has been struggling to pay for her vocational training course ever since.

The increase in house inhabitants had more than just material consequences. Unlike her brother and sister, Maria José self-describes as an introvert. She doesn't like the constant presence of other people, prefers to read and be left alone in her room. But that room is one that, of course, she now shares with her sister, who also needs to use it. Since Maria also attended all the theory classes for her courses online, with practice classes taking place only once a week, she spent more time around the house than most family members. She helped in her mother's workshop and did her share of the work around the house, but otherwise kept to her room. Often, late at night or in the early hours of the morning, when the house was quietest, she could be found roaming the vegetables garden, or walking in circles in the living room. I once met her on one of these rounds and, in a burst of emotion I hadn't expected from a woman I knew as being quiet and shy, she blurted out

[I'm] always here! I'm freezing and hungry in my room and I can't do anything about it because doing so would mean possibly alienating the guests and we can't afford that! It's like I am a trapped animal waiting to be fed and watered!... the continuous noise, the people... And nothing, NOTHING ever works. I need to get out. Seriously. But then, there is nowhere I can even go.

This example shows, perhaps the most clearly, the toll that the situation can take on people's well-being. When two adult women are sharing a room barely large enough to fit their two beds in, as if they were 'little girls happily bunking together', private time and personal space are virtually obliterated. In Maria's case, the resultant stress and feeling of entrapment is aggravated by the lack of a public space, or even a professional setting, to seek recourse to: her work and office are both in the house, as is her family and practically her whole social life. The separation between private and public as well as personal and professional falls away. This results, paradoxically, in a feeling of isolation, while in the overwhelming presence of others and is combined, at the same time, with a sense of being caught in a situation one can never escape from.

Given all these circumstances, the inhabitants of Lara's household often struggled to get adequate rest or quiet time. A good night's sleep especially became difficult for those not resorting to medication to attain one. As a result, conflicts and resentment increased and tempers flared even more frequently, with demands for quiet in the house being voiced in an often rude and angry manner. Of course, different family members had different ways of coping with such strain, but in general terms, resolution to the conflicts tended to be sought in drugs, both legal and illegal. This took the form of marijuhana and sleeping pills for Maria José and her sister; alcohol, prescription drugs and Xanax for Lara; and for her husband, and for Ricardo a mix of everything available.
Oscillating between Stress and Anxiety, Overwork and Inactivity

Like her younger daughter, Lara too runs a home-based business: a sewing workshop in the house’s garage. She opened it when the factory in which she had been a dyer downscaled and finally closed altogether. In line with the norm I described in the chapter on petty entrepreneurs, the subcontracting agreements she enters into, stipulate a turn-around time period of maximum ten to 14 days between the submission of an order and its collection, a deadline that is generally unachievable for a seamstress working alone. Lara’s workshop therefore relies on unpaid family labour to meet the deadline whenever orders are incoming. During the finishing of an order, the garage, living room, and sometimes even the kitchen of the house are filled with sewing machines and piles of cloths. During this time, Lara runs between the machines staffed by her mother, great-aunt and daughters and tries to manage the chaos.

Even though, if averaged annually, Lara earns about the same as she did in the factory, opting for a home-based textile workshop still constitutes a dramatic shift in her life because it meant the letting go of stable employment and placed more of a burden on herself and her family. She earns the same average income but works a lot more hours, and more irregularly, always on stand-by and hoping for the next order to come. As with Elvira, the working assignments that Lara is forced to take on are highly stressful due to the permanent unpredictability of income and work as well as the related impossibility of ever meaningfully planning her own time. At the same time, when orders are incoming, the pressure to complete them on time is almost unbearable, so much so that Lara resorts to medication in order to manage. When she needs to stay awake to manage her workload or finish an order, Ritalin, nicotine and caffeine-laced chewing gum help her to stay awake. When there are no orders and she is worried, Xanax and sleeping pills help her to relax.

No matter how much she self-medicates, however, her medical condition sometimes takes over. During a memorable all-nighter trying to complete an order, her chronic eczema caused her to have an attack of scratches—a common stress response—and she took some muscle relaxants to put herself to sleep. Her daughters skipped their own work the next day so they could finish the order before the noon collection deadline. In this instance, Lara’s physical condition made it impossible for her to cope with the workload and associated stress. In her incapacity to fulfil her work obligations, she comes to depend on her kin to do so. Lara then ends up in a peculiar predicament of guilt and anxiety, well summarized by one of her often repeated laments: “either I’m freaking out because of the order and take my meds to be able to work, or I have too much time to think about how unfair I am being in depending so much on my daughters and elders… and then I don’t sleep unless I take pills”. This statement does much to bring out her apparently continuous teetering between the two extremes of overwork and stress, inactivity and anxiety.

Lara’s case, unlike Elvira’s (described in chapter two), showcases the humiliation felt from depending on unpaid family labour to fulfil work obligations. Lara’s humiliation and sense of guilt are aggravated by the fact that she not only depends on her offspring—a relatively normal, even expectable relation—but also on her elders for whom she feels the responsibility to care for. Unlike in the oral arrangement, where Lara is entitled
to inherit the house and property in return for taking care of her parents, in this case, the order of dependence is reversed: maintaining livelihood comes to depend on the oldest generation in an undue manner, both for their pensions as cash income, and for their time and expertise for petty production. This fact leaves Lara endlessly anxious, humiliated and with an ultimate sense of failure to satisfy generational expectations.

Another striking aspect in the comparison between Lara and Elvira’s particular self-conceptions as individuals. For Elvira, the buying into an entrepreneurial ideology means that she believes herself to be the agent of her own fortune, that is, in charge of her own time and work routines. Lara too, thinks of herself as an individual, but this does not seem to translate into an aspiration for social advancement. Instead, Lara describes both her work and her health as an individual problem that she is tasked with finding resolutions to. “Everyone else seems to be able to do this, right…” she would say. “it just feels wrong. But everyone is doing this, everyone else is able … so why not me? It’s just about finding something that works for me, you know…? I have no other option to make money… so screw how I feel about it, anyway”. This is one way in which Lara frames her understanding of her various illnesses as individually distinct, a tendency I explore more below. Her immediate resolution to the stress and exertions she faces, however, appears to lie in self-negation: a denial of her own feelings about her work and life as well as a stubborn insistence that these emotions must, at all costs, be superseded by economic rationality, even if she needs to rely on drugs to do so.

Torn between Exploitation, Emotional Labour, and Familial Care

The other of Lara’s two daughters, Eliana also teaches English informally at a private academy as well as working, officially part-time, in the food court of a local mall. Her contract is for 20 hours a week at minimum wage but includes a clause allowing her employer up to 15 extra hours of “on call” time, for which she must report to within an hour’s notice. Most of the time, she only finds out her schedule 48 hours before the shift and, more often than not, the times that she is called in on the spot occur on her otherwise free days. In reality, this contract means that she often spends ten or eleven hour days, out of the house and around the mall, while only actually working and getting paid for a total of five or six. Even on a normal six-hour work day, her shifts are during peak hours around lunch and dinner time (noon to 3pm; and 6pm or 7pm to 8pm or 9pm). She does not get paid for any down time between shifts, even though the distance from her home to the mall makes it unfeasible for her to go home during the break.

The contractual clause under which Eliana is called to work outside her shift is a derogation and only legally allowed to be used in ‘extreme’ cases, like when a staff member calls in sick at the last minute. During the time I knew her, Eliana was always on call. The shop was chronically understaffed. Instead of only being used in exceptional circumstances, her employer used the emergency clause as a routine measure to keep the place open and running. The emergency had become the norm, and those of Eliana’s colleagues who protested this blatant and unlawful exploitation, generally found that
their three month temporary contracts did not get extended. Eliana describes this experience as “constantly having the threat of unemployment dangling over my head”.

In fact, in an attempt to keep this job, Eliana worked overtime so much that her English teaching commitments became compromised. One day, after working a double shift at the mall, she arrived late to a class she was teaching and found that the manager had sent her pupils home with some excuse. Ellie was not to teach this class again and, when she tried to protest, was directly told that she had no contract, no rights, and no position from which to complain, since she couldn’t even prove she had ever worked there.

What is important to the case here is that after being fired, Eliana’s health declined and she spent the following week in bed with bronchitis. Only after her mother and great-aunt had convinced her to take some left-over antibiotics and she had managed to sneak a few Xanaxes off her brother, did she return to work in the mall. At this point, she had missed several on the spot call-ins and her employer had threatened contract termination should she not show up to the next shift. She thus went to work running a fever and high on painkillers. On more than one occasion, she demanded Xanaxes from her brother, insisting that, she, too, faced workplace abuse and exploitation.

Besides her waged work, Eliana’s responsibilities, like those of her sister, mother and grandmother extended to the entanglements of responsibility and care inside the household. These included the help her mother needed in the sewing workshop, work in the vegetable garden with her grandfather, assistance to the paying tenants, as well as her share of the household chores. Her case, maybe more profoundly than all the others, displays the burden inherent in the factual impossibility of meeting all these demands. Like other members of the younger generation, Eliana felt that she was expected to hold down an abusive, dead-end service sector job, worry about her education and future, while also staying responsible for the caring and help of others at home.

As was the case in Sra Maria’s household, a similar ambivalence arises from the absence of men as classical breadwinners. On the one hand, Eliana embraces her public presence and ability to contribute to the family income in a more sustainable manner than her brother and father ever did. On the other hand, the dependence on the home to make ends meet, and her effective entrapment within it, is also experienced as a limitation for her public self. While the need to pass on so much of her income toward family sustenance may not make it impossible to imagine a desired future, it does make actualizing this future appear unattainable. Repeatedly, Eliana described this experience as one of being “torn”. Not only did her responsibilities collide so that she had trouble choosing which ones to give priority to, knowing she would be unable to meet them all.

What is more, Eliana felt that all her responsibilities included a demand on her emotional disposition: “Like, at the job I have to smile, no? You are treating a customer. You have to be friendly. And all around you, on TV, in the food court, people are happy and laughing. So I smile because no one cares how I feel at the time, anyway... But at home, too. I can’t go around being horrible to the tenants or my mother, even if I feel bad”. Unlike the emotions she is confronted with and told to care about, such as happiness, what structures her experience is having to pretend to feel them, in order to keep up appearances.
Trying to negotiate the complex interplay of self-interests and self-worth; mutual obligation and care; family solidarity; and strained financial capacities results in Eliana experiencing fragmentation. Familial and work requirements demand that she be in a good mood, in direct contradiction to how she might be feeling, while, simultaneously, she is confronted with a popular culture that centres on happiness (Ahmed, 2010). “It’s the pretence that I hate”, she says. To summarize, for Eliana, “torn” seems to describe an emotional and physical register that refers to the burden she experiences, both psychologically and physically. In order to keep up appearances, then, as well as in order to keep working, Eliana relies on Xanax, weed and, increasingly, alcohol to function on a daily basis.

Releasing the Anger of Day-Labour
Since graduating from high-school at the age of 16 in 2008, Ricardo (1992), Lara’s 1st child and only son has been ‘hunting and gathering jobs’ at the semi-urban periphery of Guimarães. Being a day-labourer was not his first career choice: until his graduation, he had expected to join the bedlinen factory in which his father worked. However, at the time of his graduation, the company had gone under, his father had retired early, and Ricardo was faced with the task of needing to quickly begin contributing to the family income. His sisters were still enrolled in school and desired to go on to University and vocational training, so no income was expected of them in the near future. Day labouring stood as one of the few options for him besides migration or returning to school for a degree or vocational training. Ricardo’s rationale was also that day labouring was preferable because it generates income directly, a common theme among many of the other young men he works with. At the end of the working day, Ricardo would have cash to take home, a part of which he gave to his mother for bills and groceries. How much he should contribute is a contentious matter, however, not least because his earnings vary from day to day and week to week, but, in any case, day labouring still brought in cash that they desperately needed. In any case, this arrangement still left him with more disposable cash than he ever had before. He spent almost all of it on cigarettes, drugs and alcohol.

Now 24 years old, Ricardo still shows up daily at the corner café that is the local ‘market’ for people seeking day labourers. Monday through Saturday, between 15 and 50 men gather there at sunrise. They drink coffee and wait for the trucks of employers or foremen to pull up. As a potential employer’s vehicle arrives, groups of men crowd around the car, elbowing each other out of the way and pointing to themselves to signal their availability. Many employers add to the frantic atmosphere by shouting out their hourly or daily wages—a strategy used to undercut the going rate of pay for specific jobs by bargaining with several workers, with the ‘winners’ offering the lowest bid.

Employment opportunities for day labourers vary seasonally with the two primary sectors being in agriculture and construction. Commonly, the men wait for several hours before they are hired and, more often than not, the men waiting far outnumber

20 Chapter 5 explores the affective labours necessary for negotiating the livelihood crisis in more detail
the jobs available so that one can go days or even a full week without securing a job and income. In virtually all the cases that I became familiar with, day labour arrangements were unstable; provided no benefits or workplace protections; paid poorly; and were characterized by workplace abuses such as the non-payment of wages, lack of regular breaks, and occasionally dangerous working conditions. By custom, the pay rate for a job is not agreed upon until all the men have been chosen, the work site has been seen and the hours and duration have been made clear. As is the norm, the longer a job lasts, the lower the daily pay will be. However, jobs that last upward of three days are still preferred by virtually all the day labourers because they save one from having to stand at the corner, hoping to be picked.

Around dark, the corner café fills up again as the men are dropped back off there. They then order beers and compare their daily work, payment rates and tasks. It is not uncommon for fights to break out in this bar around closing time, and the next morning men with black eyes and swollen jaws are often picked up before the others when the employer’s trucks arrive. One night in the fall of 2015, Ricardo is arrested for public drunkenness, assault and vandalism. He and two other day labourers were apprehended fighting outside their local bar, having kicked a parasol and thrown stones at some passing vehicles. When the police arrived, they attempted to resist arrest and so had an assault charge added to their criminal record. The police report quotes Ricardo as saying “I needed to release it”. Yet the question as to what “it” was that needed to be released remains unanswered.

Some context is needed to qualify this statement. Like his mother, Ricardo suffers from bipolar disorder, for which he takes psychiatric medication. At the time of his arrest, he had been off his prescription medication for some time and his Xanax had run out several weeks before because he was giving some of his supply to his mother and Eliana. “I can’t wait to go back to just not feeling. I crave that numbness” was how he had described his state of mind over dinner, only a few days prior to the arrest. From this statement, we may infer that, like his mother, Ricardo resolves the negative feelings towards his work by self-denial. His self-negation is propped up by his use of drugs, which enable him to embrace the lack of recognition and abuses of being a day-labourer.

In the days that led up to the arrest, Ricardo had been lucky enough to secure a week-long assignment refurbishing a building for a private subcontractor. Ricardo’s tasks included building the scaffolding and supporting the carpenters and painters by bringing their materials, paint and tools up and down. The work was hard and, at 100€ for seven straight ten-hour days, on the low end of the pay scale for unskilled labour.

Ricardo found the work not just hard but blatantly intolerable due to its low pay, lack of workplace safety, routine verbal abuses and extreme time pressures. All of these constitute pretty much the usual workplace conditions for day labourers. What made it truly intolerable was the extremely hazardous working conditions: Painters were using outlawed, lead-based paint without adequate respiratory protection, and builders worked several meters above the ground without ropes or barriers on the scaffold. Upon realising what the conditions were, Ricardo, along with some of his day labourer co-workers, went to the foreman and tried to renegotiate the pay. The man abused
them verbally, using insults and discriminatory remarks about their upbringing, class and family backgrounds. When Ricardo came home after the first day, he commented that this was the most “unsafe” job he had ever had.

Ricardo's work in day labouring, then, continuously put him in a situation in which he was humiliated for standing at a street hoping, sometimes begging, to be picked up for work, to then be abused and insulted at work. The psychological damage done in the situation was exacerbated by working conditions in which his bodily integrity was constantly being jeopardized. His safety was at stake not just because he might not be paid unless he argues with the boss, or not rehired unless he proves his willingness to overexert himself, but because the work itself is downright dangerous. It involves putting one's physical and, by extension, mental wellbeing on the line in order to earn a meagre income. Given this context, we may grasp what Ricardo could have meant when he spoke of “letting it out”.

Within the everyday struggle to survive another day of humiliation, pain and danger, Ricardo is not able to plan for the future. As in the case of his sister or the petty entrepreneurs from the previous chapter, the immediacy of daily concerns supersedes and makes impossible any kind of future vision. Ricardo's case thus deepens the analysis of the shift in temporalities I highlighted previously: In order to have a political project, one must have a vision, a sense of projecting oneself forward in time with a purpose—an objective that Ricardo found almost laughable whenever I asked him how he imagined the years to come.

Emergent Structures of Feeling

As should be evident from the above cases, Lara's household and many others like hers, are experiencing a crisis of livelihood that takes a direct toll on their physical and psychological well-being. The attempt to make a living regardless of this crisis pushed family members deeper into blatantly exploitative or unjust working situations that frequently exposed them to stress, anxiety, and depression in their own home. In the privacy of the family and household, the experiences of abuse, injustice and exploitation often meet a living situation that is already stressful and crammed. As I have shown, maintaining themselves physically and emotionally becomes costly, sometimes impossible for family members.

We can learn several things about the personal consequences of the crisis of livelihood from Lara's family. Their case highlights that affliction comes about largely due to the way that everyday livelihood depends entirely on the body, that is, on its capacity for endurance, exertion, and ‘resilience’. Living day to day makes future planning improbable and political projects unlikely. In the absence of a future vision that is worth struggling for, the only resource available to Lara's family is their own bodies and the amounts of pain and suffering they can bear. From this perspective, the most intimate consequence of the crisis of livelihood is mental and physical self-exploitation. So strong are the afflictions that results from it, that they become unbearable unless medicated by a variety of drugs.
To those who experience them, livelihood activities such as petty rent, home-based production, day labouring, and informal working arrangements can involve dangerous encounters, in which their physical and mental soundness is literally on the line. Here, the crisis of livelihood comes to impact people within the deep fissures of their mental and bodily integrity: their identity, subjectivity and personhood. To be sure, these are experienced differently by each individual. But they also produce what I would suggest are highly comparable structures of feeling. As people try, and sometimes fail, to make a living, they also struggle to preserve their bodily integrity, guard their self-worth, meet their responsibilities to each other and maintain a sense of belonging in the world, that is their future vision. In the mix of this multitude of clashing values, and people’s changing ability to meet all the demands placed on them, affliction emerges as the structuring theme. Subsequently self-medicating this affliction presents itself not as one of many possibilities but, in fact, the only solution immediately available to maintain both livelihood and the body.

I want to suggest that one way to consider the overwhelming presence of affliction and its medicalization and addiction is as the structural violence of austerity gone intimate, into families and households. The crisis of livelihood is ‘taken home’, if you will, both into the private sphere of the family, as well as into the deeply intimate realm of the individual bodies and subjectivities. Here, the crisis of livelihood becomes corporeal in that it goes under the skin, invading the very tissues of body and mind. Depression, anxiety and illness mark one side of this intimate experience of violence, while anger and aggression mark the other. On both sides, affliction, pain and medicalization are seemingly accepted as immutable givens in the fabric of life, stitched together with overexertion, stress, and overburdening sadness. Herein, we see the contours of an emergent structure of feeling. A structure of feeling that is ex vi termini, deeply imbricated with both the livelihood crisis and systemic violence exacerbated by austerity.

Existing in this reality makes not just for uncertain livelihood, but for a mode of subjectivity structured by the uncertainty and anxiety that defines crisis situations, too. Herein, both body and mind appear as fragmented. On the one hand, as Eliana’s case displays, there is a dilemma of care and responsibility, of being torn between a cash income and family obligations, as well as between temporalities, the present and the future. Herein, bodies come to epitomize the crisis of livelihood and its associated afflictions in the most direct way. They emerge both as the sites of the multiple struggles, in that too many differing demands are placed on them, and as the only possible resolution to these struggles, in that each of them is constantly driven to become more flexible, more resilient, and more creative in order to meet these very demands. In the sheer impossibility of their attempt, it appears hardly surprising that people become depressed, and subsequently turn to medication.

What we seem to end up with then, is a paradox, well epitomized by Maria José, in which residents are spatially way too close, even crammed in together, and yet, at the same time, experience terrifying emotional isolation. While all the residents in the household I described are diagnosed with some form of illness, sharing this common denomi-
nator apparently does nothing to alleviate their situation. On the contrary, their collective affliction comes to be individually medicated by a health system, and subsequently by themselves, as the diagnosed symptom of a particular person. The connection between the commonality of affliction and its systemic, equally shared causes is thus tethered.

The intersection of the return to the home with these particular emotional and physical dispositions begins to form a structure of feeling that might be representative of the general trend of declining public health in times of austerity (Suckler & Basu, 2013). At the same time and of equal importance, however, (self-)medicated affliction also serves a function both for the maintenance of livelihood and the entire system—an observation that the following section explores.

Embodying Crisis: Trading Health for Livelihood

As we have seen, resorting to medication suggests itself as the only viable avenue to cope with the daily struggle brought on by the dual forces of exploitative work and illness. As Ricardo takes Xanax to be able to bear the abuses and humiliations of being a day labourer, so does Lara’s chronic illness and incapacity to fulfil her expected role leave her too anxious to function without drugs. Meanwhile her daughters, forced to live together in unreasonably close quarters, feel “torn” or “trapped” by their situation and seek the remedy in isolation, sleeping pills and drugs. What we see here, then, are people resorting to medication and drugs in order to be mentally and physically fit for work in the broadest sense. Although not always successfully so, it appears as though the members of Lara household self-medicate primarily in order to be fit for continuing to pursue the avenues of livelihood-making that remain available to them in the current context.

Next to offering a compelling case for the intimate consequences of a crisis of livelihood then, Lara and her family also epitomize a core dilemma of capitalism: the trade-off between, on the one hand, maintaining physical and psychological health and, on the other, continuing to secure an income—a livelihood. More generally, although affliction is a factor in the lives of so many people, I did not meet a single person in Guimarães who was not in some way working or generating an income. To me, this fact is crucial because it is in this context that self-medicating in order to work takes on a naturalized character, in that it is simply the eternal reality that family members have to accept. What I wish to highlight with this case is that the dilemma of social reproduction is here articulated on the level of individual bodies. In fact, it occurs at the very expense of that body’s health and sanity. Not only does the crisis of livelihood here become borne by the overexertion of individual bodies. But this case also ties with Federici’s (2014) intriguing extension of Harvey’s analysis of expanded reproduction, because Federici challenges us to detail what expanded reproduction looks like from the perspective of the intimate sphere of the body.

Self-medicating to be fit for work ensures the continued production of surplus value and the reproduction of labour power without the need for state regulation, or subsidy. This has two immediate consequences. First, self-medicating to be capable of work
suggests that exploitation has become naturalized to the same extent that work itself has. Household members are depressed and anxious because they are forced to engage in income strategies that humiliate them, while, at the same time, convinced that their inability to withstand these is the fault of their own mental illnesses. They are blaming themselves for being unfit to cope with injustice and exploitation, instead of interpreting the exploitation they experience as a systemic defect brought on by a strategy of accumulation that is itself unjust and exploitative.

Here, there is a blurring of the relationship between people's work as a cause of affliction, and people's work as a function in the system of expanded reproduction that produces affliction in the first place. In their interpretation of their activities, the protagonists of this account focus on work, instead of the system's inherent shortcomings, as the exclusive problem. Their vision doesn't extend to include the entirety of the social order and how they are implicated in reproducing it through their own actions. Therefore, they feel unfit to work, yet drug themselves into capability anyway, without seeing how they are being acting upon by a system whose primary interest lies in keeping them working. In other words, their interpretations make for a momentary semi-penetration of the social order, which, borne out of a self-referentiality inherent in depression, in itself ends up having a supportive function for that system. As in the previous chapter, the neoliberal prerogatives (Rose, 1990) that are in place to push people into accepting responsibility for something they have no control over, lead to anxiety, affliction and depression as the dominant affects of contemporary capitalism (Matthews, 2019; Sennett, 1998).

Second, their blinkered vision is for making a living is, of course, highly functional to the system. In as much as one of the austerity state's dominant features has been the attempt to withdraw from the responsibilities of social reproduction and delegate them to individuals and families, Lara's household is a textbook case. Self-medication in order to work assures the continued production of surplus value and the reproduction of labour power without the need for direct intervention. But additionally, and perhaps more importantly, it has a distinctive disciplinary effect. Framing mental and physical illness purely in terms of individual culpability not only transfers shame and blame onto the individual but also makes for distinctions in social relationships. People have different capabilities in coping with abuse, exploitation or depression. They are hence differently able to continue working. This becomes a source of resentment, often antagonism. It also undermines the possibility for collective solidarity, further obfuscates the universality of affliction and feeds into the myth of individual economic empowerment.

Registering Affliction

Popular conceptions of drug abuse and self-medicalization tend to treat both as a “new opium of the masses” (Lader, 1978; Lakoff, 2006). This ‘opium’ is designed to induce complacency and ensure people's continued availability to the extractive needs of capital
in an environment that offers little material basis for contentment. While the people I worked with in Guimarães were certainly fulfilling the latter of these two inducements, they invariably voiced their afflictions in an effort to make them visible. To be sure, abusive, exploitative working conditions and structurally violent regulations compounded people’s suffering and hence their need for drugs. But the drugs did not, on any visible or ethnographically analysable level, keep people silent or complacent. Instead, medication was an actively chosen avenue that allowed them to continue their livelihood activities; it was also a choice that was actively discussed and talked about. The public expression of intimate crisis goes against the complacency trope commonly associated with drug use and its these expressions that I try to come to terms with in this section.

**Anger as Agency?**

Attempting to deal productively with the time following his arrest, during which he could not work, Ricardo wanted to do something “useful with all that rage”. Ricardo went to city hall to file an official complaint about the abusive and unsafe working conditions at the building site where he was working before his arrest. The registry clerk who took down his complaint let him finish speaking, but then explained to him the severity of the allegations he was voicing and the need to prove these with video or photographic evidence. Acceptable evidence included notarized witness accounts or, ideally, testimony from one of the professionals, who were not day-labourers. The reason given was that day-labourers could not be trusted to give truthful accounts, as it was “within their vested interest to overstate the danger of the situation so as to weasel a higher pay out of their employers” (Ricardo quoting the employee). He added that the main contractor was a well-regarded person around town and he did not think him capable of such shameless abuses.

Realizing he wasn’t being believed, Ricardo went from upset to angry to shouting, insisting the clerk take up his report anyway, and insisting that his statements were as valid of those of a vocational carpenter with a working contract. The episode culminated in Ricardo being escorted from the building by security guards and the senior clerk, who cheerily noted that raising one’s voice was rude and therefore unacceptable behaviour that didn’t warrant responses. In the aftermath of this episode, Ricardo felt even more humiliated and worthless than before. But he was also much angrier because “they treated me as if my experiences were not real […] as if, because I talk angrily about how I live and because I am only a lowly day labourer, what I say wasn’t real”. Unlike his mother and sisters’ shame at their afflictions, Ricardo wanted people to see his pain and thus be understood as legitimately angry. He was dismayed to find his experiences dismissed due to the manner of their presentation, and the lack of recognition for his profession.

I want to suggest that it was Ricardo’s anger that made it possible for him to reclaims agency and subjectivity in a way that the self-referential logic of depression, the internalization of injustice, cannot. In doing so, his anger became a tool for Ricardo to render his intimate crisis publically visible. Whereas the anxiety, isolation, and depression we see among Lara and her daughters could fit within the self-
referential, internal cycle of depression, shame and guilt, Ricardo’s anger appears, at least temporarily, to break this pattern.

At least theoretically, anger as agency thus breaks with the complacency trope advocated by literature on (self-) medication, as well as with Mintz’ relation between agency and structural violence. But, at least in Ricardo’s case, failed to have the desired outcome. In this instance, expressing his anger while making his affliction publically visible to those in power, was far from a liberating experience. Although he thought of himself as doing precisely what no one expected or thought him capable of, seeking recognition became an additional source of shame for Ricardo. Although he used his anger to propel him towards action, and orchestrated it to make visible his affliction as a result of injustice, Ricardo came away from the situation worse off emotionally than was before. He tried to affect meaningful change and to execute agency but found that his agency was unable to resist marginalization and injustice.

**Public Affliction, Private Cures?**

The interpretation of anger as contributing to the formation of valid agency seems irreconcilable with classical western medicine’s treatment of disease and disorder. Fisher (2009) insightfully suggests that modern medicine, undergirded by the liberal capitalist emphasis on the individual (and its body as labour power), must necessarily treat illness as an individually discrete phenomenon. This occurs because in medical treatments performed by medical professionals, the social context involved is not visible. Yet even if the social context were visible, it would remain not only inapprehensible but, more importantly, untreatable by any of the diagnostic and therapeutic tools available to modern medicine.

The treatment of affliction and illness as problems of the individual, links the making public of affliction to the perils and pitfalls of liberal forms of recognition (Coulthard, 2014; Bell, 2016). Referring to addiction treatment in the Western world generally, Klingmann and Bergmark (2006) argue that “modernity imposes on people an expectation of living an evidence-based life” (Bell, 2016, para. 12). By this they mean that in order to be accepted as legitimate, any account of lived experience must be accompanied by medically accepted data, documentary proof or other institutionally accepted evidence. Unless supplied in this way, any statement of fact carries with it the “basis for distrust” (1232) and thereby the possibility of de-legitimization. While asking for evidence does not necessarily discredit an emotional account of injustice, it does shift the burden of proof to levels unattainable for people whose only verification of fact is their own lived experience. In trying to “discipline experience” (Coulthard, 2014: 43), then, asking for evidence is a way to render experiences legible within the legal, juridical or medical frameworks available for “registering victimhood” (Fassin, 2012: 121) in the liberal state. The people in this account are thus forced to place their lived experience in legally recognized categories of victimhood, for which they do not qualify. Not because, they are not subjected to injustice, but because lived experience can not be disciplined into categories. In this way, demand-
ing they fit into categories becomes a form of de-legitimization: a way to negate the ontological validity of lived experience.

Building on this analysis, I suggest that when Ricardo expresses his experiences he is making his intimate crisis publically visible. In doing so, he and his family are expressing a subjectivity that is carved out of the lived experience of injustice, depression, and affliction. This is a fragmented and isolated subjectivity that, while highly functional for the cycles of capital accumulation, leaves the family nonetheless diminished. As they continue working and self-medicating, their public expressions of affliction encounter what Williams (1977) termed “dominant culture”. In other words, they encounter the affective and emotional image storied by hegemonic ideologies and popular media—in short, the liberal capitalist discourse on individuality that Fisher identified.21

In the case here described, Ricardo pitched his lived experience as an account of inequality and structural violence against the Portuguese state regulations. Yet his affliction goes under the radar of the dominant ideology because it lies outside of and contrary to the individual affects and medical conditions that liberal capitalism can apprehend. Confronted with a structure of feeling that is contrary to the dominant affects put forth by public culture, the liberal state’s reaction to accounts of violence is a demand for documentary proof. Here, expressions of a lived experience, structured by affliction, encounter the liberal construction of personhood as individually discreet. This discourse exercises a moral and structural power (Coulthard, 2014) and delegitimizes everything outside of what can be apprehended.

In other words, liberal forms of recognition thus demand that Lara and her family fit into a bureaucratic box, which they do not because they cannot discipline their experience in this evidentiary way (Fraser, 2003, Coulthard, 2014, Bell, 2012). Here, the onus of the burden of proof for their exposure to injustice and discrimination is placed on the discriminated persons. It demands that they dredge up their affliction for inspection, only for it to then be dismissed wholesale as not meeting the required level of evidence. So, the austerity state responds to the personal consequences of the crisis of livelihood with a denial of the existence of a crisis—denial, that is, of injustice and affliction.

Privatizing Affliction

Throughout this chapter, I have tried to make clear that, in order to understand the preponderance of afflictions in the field, they need to be placed in the social, economic and political context in which they emerge. I have tracked their causes as being the result of

21 Fisher termed it “capitalist realism”, referring to the ritualistic compliance, in the institutionalized structures of workplaces, the media “as well as residing in the heads of individual […] that there is no alternative to capitalism” (Ref Fisher). This has helped, in the UK as elsewhere in Europe, to naturalize the ideological backdrop of neoliberalism, i.e., the logic of individualism, often with the help of ideological state apparatuses and neutralize any opposition to it.
the personal consequences of the crisis of livelihood, broadly summarized as physical and psychological disease. I then provided a charting of each of the household members’ individual afflictions: Lara is depressed, stressed, ill and anxious; Maria José is resigned, despairing, and angry; Eliana is ill, over-exerted, tired, stressed, and volatile; Ricardo is bipolar, angry, and violent. In showcasing how all four of them try to deny these feelings and relegate them to the status of mere emotions in order to keep working, I highlighted the livelihood crisis’ exacerbation of their affliction. All these are different sides of the same coin: instances of internalized pain, in which the blame and shame brought on by injustice come to be part of their self-conception. Here, bodies come to epitomize the crisis of livelihood in the most direct way. Confronted with the pressure to make a living by any means necessary, self-medication becomes the only avenue to continue bearing the suffering.

The experience of state-sanctioned injustice, combined with the conditionality of citizenship rights, are here seen to be ‘taken home’ into the most intimate sphere of the family and the household. I displayed the emergence of livelihood-crisis subjectivities—carved out from experiences of discrimination, injustice and downward pressure—that revolve around an embodiment of contradictions that are lived on a daily basis. Exacerbated by the austerity conjuncture, depression and the internalization of blame and shame emerge as the current structure of feeling. In the same way that petty entrepreneurs come to adopt systemic and structural shortcomings inherent to the system of production as defects of their own, so too, do Lara and her family assume the blame and shame for their afflictions as personal weaknesses. In both cases, the connection between a system of production and individuality that is itself unjust is severed, and people come to embrace its inherent flaws as faults of their own. The result is a depressed, anxious, and suffering structure of feeling, compounded by the absence of any future vision of betterment.

In the broadest sense, this structure translates into a resigning of oneself to a lack of perspectives. Because the struggles of the present demand all one’s energy simply in order to survive, the future remains a temporality beyond consideration. Crisis as uncertainty and anxiety thus becomes the structuring factor in people’s daily experience, so much so that a “new order” (Koselleck, 1975) to come after crisis can not even be considered. This is perfectly epitomized in their acceptance of the abusive, over-demanding and exploitative working arrangements that all four protagonists of this chapter are prone to. Here, the vision of a future is replaced with the never-ending, self-referential cycle of depression and infliction in the everyday. Such a construction of daily life moreover presents depression as necessary, even logical, because it extends into every conceivable horizon, seemingly without escape: a silently suffering continuation of livelihood that, especially because of its silence, is highly effective in sustaining the social order.

In contradistinction to the complacency of psychotropic drugs, I have displayed one way in which people try to execute meaningful agency in the hopes of emancipation from injustice. Herein, my informants openly and publically express their anger and afflictions as a quest for recognition. Instead of viewing agency as useless
and pointless, anger attempts to break out of the ostensible complacency induced by medicalization as an opium for the masses.

In Ricardo’s example, anger was unsuccessful in producing recognition. This is because in both the public discourse of the dominant culture and professional medical treatments, all the affective, physical and emotional responses that the current living situation begets are treated as individually discreet: only the individual has the responsibility and authority to affect their private emotions. This privatization of affliction has perfidious consequences: systemic crisis makes people ill and they treat the resulting affliction with drugs to enable them to continue to be able to exploit their body as labour power. The crisis of livelihood necessitates the non-stop continuation of work in order to live, to such an extent, that mental health is consistently traded in for it. The social, political and economic causes of affliction are sidestepped at the same time as affliction is individualized and pain internalized.

Lara and her family want to believe that they have the full right to partake in the offerings of liberal capitalism. But, just like the protagonists of previous chapters, they now struggle to deal with the breakdown of their livelihoods; the lack of material means; the associated demise of their future visions; and the sense of abandonment and overburdening drudgery to get by; all while they are pushed to accept personal responsibility for the crisis of livelihood that is largely systemically sustained. The premise of individuality that underlies the modern state’s treatment of its constituents thus emerges as continuously at odds with Lara and her family’s lived experience.

As a result of the clash between the state-led disciplining that aims to drive people to conceive of themselves as individuals, Lara and her families’ livelihood crisis make it effectively impossible for them to actualize any of these ideals. Continuously exposed to these demands anyway, they almost inevitably experience a maddening tear: between their subjective experience of crisis and what they are told it is, between health and livelihood, between assuming personal responsibilities for systemic defects, between attempting to execute agency to resist injustice and a dismissing of their experiences as invalid evidence of injustice. What is more, their mode of livelihood makes not just resistance to marginalization, but the very recognition of the way they live by any institution or element of the state unlikely.

Treating afflicted people as discreet persons with individual illnesses, moreover, emphasizes their distinctiveness, in a manner that is all but empowering. Pointing to diseases as problems of the individual and thereby as within their authority to treat, manage and control, drives home to people how they are different from, rather than similar to each other. And in doing so, it burns any bridges that could be built towards a collective awareness of the livelihood crisis and austerity. Treating the effects of the livelihood crisis as individually distinct also inhibits people’s ability to conceive of them as systemic faults that are collectively experienced. Yet it is precisely such a collective awareness that would be necessary to contest these ongoing crises—a challenge I hope to have begun here. The following two chapters take up the issue of contestation to the question of what, if any, collective struggles exist in the context of the livelihood crisis.